DEPARTMENT OF SOCIAL DEVELOPMENT

PROCEDURE MANUAL FOR THE REVISED GENERIC INTERVENTION PROCESSES TOOLS

CASE WORK, GROUP WORK & COMMUNITY WORK

November 2019

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ACRONYMS

COW	Community work
CW	Case work
CYCC	Child and youth care centre
CYCW	Child and youth care worker
DCPO	Designated child protection organisation
DIC	Drop-in Centre
DOH	Department of Health
DSD	Department of Social Development
DSW	Designated social worker
FBO	Faith based organisation
FCS	Family violence, child protection and sexual offences
GCBS	Government Capacity Building Support
GRW	Group work
IDP	Individual development plan
MDT	Multi-disciplinary team
NGO	Non-government organisation
NPO	Non-profit organisation
SACSSP	South African Council for Social Service Professionals
SW	Social worker
SAW	Social auxiliary worker
SSP	Social service practitioner
SWS	Social welfare services

GLOSSARY

Allied worker[1]	These are workers who carry out social service functions but are associated with other sectors such as education, health, police or justice. Those who form the allied workforce perform a myriad of functions that enhance, support or coordinate with those functions carried out by the social service workforce at the micro, mezzo and macro levels.
Case management	A collaborative process practiced by social service workers that supports or guides the delivery of social service support to vulnerable children and families and other populations in need. It begins when a person or family is identified as having a vulnerability or is in a difficult situation requiring support or assistance. Case management involves a social service worker or para professional social service worker who collaboratively assesses the needs of a client (and when appropriate the client unit) and arranges, coordinates, monitors, evaluates and advocates for a package of services[1] [and supports].
Case work	A social work method that utilises a variety of skills, techniques and other aids to facilitate the clients' participation and decision-making in efforts to improve their social functioning.
Case manager	Case Manager refers to a trained and supervised individual who has been tasked with the responsibility of providing case management services and making sure the case management process is followed through from beginning to end. Case Managers work as a team with the client and other actors to develop and implement the case plan.
Case transfer	In some situations, cases are not terminated but are transferred to another organisation. The transfer of a case indicates that the full responsibility for coordination of the case plan, follow-up and monitoring of the client is being handed over to another organisation (as distinct from referral where these responsibilities remain with the original SW).
Community work	Community work is a social work method involving a joint, planned action of a geographical or functional community and a social service practitioner to promote the social functioning of the total community.
Group work	A social work method whereby a group achieves group objectives within a group context by the purposeful application of group processes and interventions.
Informed assent	The expressed willingness to participate in services. This applies to younger children who are by definition too young to give informed consent, but old enough to understand and agree to participate in services. Even for very young children (those under 5 years old) efforts should be made to explain in language appropriate to their age, what information is being sought, what it will be used for, and how it will be shared
Informed consent	The voluntary agreement of an individual who has the capacity to give consent, and who exercises free choice. Consent should always be sought from clients. To provide "informed consent", the person giving it must be able to understand what they are consenting to. In cases involving children, consent should be sought from the child's parent/caregiver.
Mandatory reporting	The term used to describe legal or statutory systems that require service providers to report certain categories of crimes or abuse e.g. sexual violence, child abuse, older person abuse.

[1] *Concept Note: Strengthening Integrated Case Management, 2018; and Adapted from: Core Concepts and Principles of Effective Case Management: Approaches for the Social Service Workforce, Global Social Service Workforce Alliance, 2018.*

Multi-disciplinary team	A team of more than two practitioners from different professional backgrounds with different areas of expertise to organise and carry out work to address the holistic needs of the client.
Primary caregiver	Refers to the person who is exercising day-to-day care for a child or children. He or she is a parent, relative, family friend or guardian; it does not necessarily imply legal responsibility. This may apply to foster parents, including those who "adopt" a child spontaneously, as well as those who do so formally.
Primary client	The person who is the main recipient of case work services. In cases involving children, especially statutory cases, the child is always the primary client. The primary client could also be a family member of a person in need of services but who refuses services e.g. wife of a husband with substance abuse disorder.
Reporter	A person who reports a case on behalf of a client. This person could be a relative, friend, allied professional or service provider.
Social Service Practitioner	Any person registered or who is studying toward practicing a social service profession or a social service occupation. The generic term covers both professionals and people practicing an occupation. Including Social Workers, Social Auxiliary Workers, Probation Officers, Child and Youth Care Workers, Auxiliary Child and Youth Care Workers, Community Development Practitioners, Auxiliary Community Development Practitioners, Early Childhood Development Practitioners and Community Based Personal Care Workers.
Service provider	Refers to organisations such as NGO's, which render social development services to individuals, groups and communities.
Identifying information	Refers to Personally Identifiable Information (PII) about an individual, couple or family which distinguishes it from others, e.g. date of birth, contact details, employment / schooling and household members.
Significant other	A person who has great influence on the other's behavior and self-esteem.
Social Auxiliary Worker[2]	A practitioner who is registered to assist a social worker to enhance the aim of social work practise.
Social Worker[3]	A person who is registered or deemed to be registered as a social worker in terms of the Social Service Professions Act 110 of 1978.
Social work supervision[4]	Social work supervision is an interactional and interminable process within the context of a positive, anti-discriminatory relationship, based on distinct theories, models and perspectives on supervision whereby a social work supervisor supervises a social work practitioner by performing educational, supportive and administrative functions in order to promote efficient and professional rendering of social work services. This principle of supervision applies to other occupations.
Supervision[5]	Is a process by which an experienced worker is given responsibility by the organization to coach and mentor another less experienced worker or workers in order to meet certain organizational, professional and personal objectives, which together promote the best outcomes for service users.
Strategic Focus Area	The strategic focus areas for social welfare services are linked to changes in the social environment both internationally and nationally.

[2] *Department of Social Development, Policy for Social Service Practitioners 2017*
[3] *Department of Social Development, Policy for Social Service Practitioners 2017*
[4] *Department of Social Development, Policy for Social Service Practitioners 2017*
[5] *Department of Social Development, Policy for Social Service Practitioners 2017*

OVERVIEW

The review of the data collection tools for the Social Welfare Generic Intervention Processes emanated from the need for a consistent approach to documentation of social welfare services delivered.

Information Management was highlighted in the White Paper for Social Welfare Services (1997), as a service enabler and it was noted that current practices are not standardised and are difficult to monitor and evaluate.

Subsequent to the adoption of the White Paper for Social Welfare Services (1997), the Framework for Social Welfare Services (2013) was developed, which unpacks services to beneficiaries in terms of strategic focus areas, basket of services, levels and systems of intervention, life stages and generic intervention processes.

PURPOSE AND SCOPE OF THE PROCEDURE MANUAL

This Procedure Manual provides information on the activities and administrative/documentation tools for the three primary methods of social work interventions provided for in the *Department of Social Development's (DSD) Generic Intervention Process Model for Social Welfare Services (SWS)*, namely: case work, group work and community work.

The purpose of this Procedure Manual is to promote a professional social work service. There has been a tendency in the past for social work services to focus on quantity over quality. For this to change, information is needed on the different processes that must be followed by social workers (SWs) and social auxiliary workers (SAWs) to reach quality outcomes for clients. This will also help planners and policy makers to determine and support realistic caseloads for SWs.

In 2017, The Directorate Service Standards, Quality Assurance and Governance conducted a review of the implementation of the existing SWS generic intervention tools, which have been in use in the sector since 2013. Gaps were identified and changes were made to the tools following a consultative process in all provinces.

The generic SWS intervention processes remain the same, however the SWS tools have been reviewed, and method specific tools have been developed for:

- Case work (CW);
- Group work (GRW); and
- Community work (COW).

The Procedure Manual provides guidance on the intervention processes and the different administrative tools for case work, group work and community development. **A problem-solving and reflective practice mind-set is required for the implementation of the processes and completion of the tools. The tools are not the service; they are an aid to guide the provision of the service and provide a record of the activities undertaken in providing the service** (see *Practice Aid 1: Guiding Principles for Practice and Purpose of Social Work Documentation* below).

WHO IS THIS PROCEDURE MANUAL FOR?

The Procedure Manual is for SWs and SAWs working in DSD service points and other settings. However, they are also relevant for SWs and SAWs working in non-profit organisations (NPOs) that provide social welfare services, particularly those NPOs required by the provincial DSD to use the standardised CW, GRW and COW forms.

Role of SAWs in implementing generic intervention processes
The SAW scope of practice is generally understood to be a support to SWs, but 'support' can be, and is, interpreted in many different ways depending on the setting. The role of SAW in this Procedure Manual is defined in relation to their current scope of practice.

Role of supervisor
The supervisor has a critical role to play in monitoring compliance with implementing the SWS intervention processes and tools as outlined in this Procedure Manual and supporting SWs and SAWs in providing a quality, professional service. It is recognised that there are different contexts and circumstances for providing this supervision e.g. office-based or long distance (telephonic, email etc.).

RECOMMENDATIONS FOR IMPROVED OUTCOMES

For this "system" to function optimally, the following recommendations are made, i.e.

- All Generic Intervention Processes should be implemented by Social workers and Social auxiliary workers under the guidance of a Social work supervisor
- Social auxiliary workers should have a confidential space in which screening should be conducted
- Social auxiliary workers should be capacitated to know in which circumstances to make external referrals
- A standardised file plan should be implemented so as to store and retrieve files
- Service points should have a central registry for case, group and community work files, which is restricted
- There should only be one file per client, even if services are rendered in more than one strategic focus area
- In some situations, is it accepted that the gender of people may not match their biological sex, such as for transgender or intersex persons. If this is the case, it may be more correct to ask the gender of clients rather than their sex

Integrated approach to service delivery
While these Procedure Manual focus specifically on generic processes for **social work** practitioners it is with the understanding that an integrated approach to service delivery involving different social service practitioners (SSPs), such as child and youth care workers (CYCWs) and community development practitioners (CDPs), and allied workers (e.g. nurses, teachers, police) is necessary to meet the prevention, early intervention, pre-statutory and statutory needs of clients. For case work in particular, an integrated approach to service delivery may require working in a multi-disciplinary team (MDT). The Procedure Manual also provides guidance on mechanisms that can be put in place to support a MDT approach to service delivery (see Section 8.2).

Structure of the document:
The document has five main sections:

- Part 1: Generic Intervention Processes and Tools
    - Case Work
    - Group Work
    - Community Work

- Part 2: Instructions for completing Tools
    - Case Work
    - Group Work
    - Community Work

- Part 3: Monthly Reporting

- Part 4: Practice Aids

- Part 5: Generic Intervention Process Tools
    - Case Work
    - Group Work
    - Community Work

Part 1 provides information on the purpose of each process, including workflow activities, tools and roles and responsibilities. Part 2 provides instructions on how to complete each tool. Part 3 describes the reporting requirements and Part 4 contains practice aids to guide and support implementation.

Part 5 contains all the Generic Intervention Process tools referred to in this Procedure Manual.

PART 1:
GENERIC INTERVENTION PROCESSES AND TOOLS

PART 1.1: CASEWORK

Overview

Case management is an approach to case work service delivery that attempts to ensure that clients (especially those with complex, multiple problems) receive all the services (or a basket of services) they need in a timely and appropriate fashion. Although case management is not provided exclusively by SWs it is a major part of case work practice (see *Practice Aid 4: Key Concepts in Social Work Case Management*).

A *Case Work Generic Intervention Process Flow* and *data collection tools* have been developed for each social work case management step, namely:

- Screening – first contact/initial engagement
- Intake – preliminary / initial assessment
- Assessment – comprehensive assessment
- Planning and contracting – development of an intervention plan
- Intervention – implementation of intervention plan
- Evaluation – evaluation of outcomes
- Termination – case closure

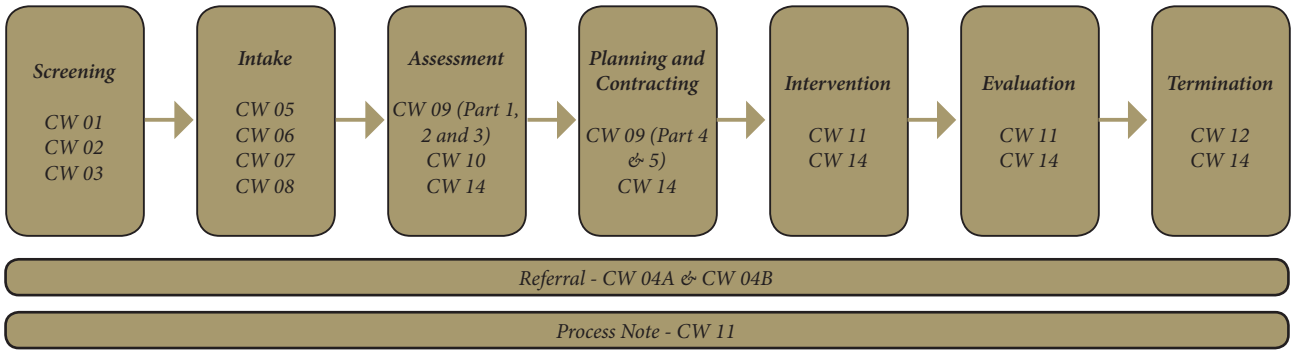


Diagram 1: Summary Case Management Processes and Tools

The Table below provides additional information on the **seven generic intervention case work processes**, their purpose, the previous forms (SWS) used for generic case management (SWS tools), and the revised generic case work forms and tools (CW tools).

Note that in some instances, it may be necessary to use a programme specific tool as opposed to the generic tool - refer to Practice Aid 5 & 6.

Table 2: Generic Case Management Processes and Forms

Generic Case Work Process	Purpose	Previous SWS Forms	Revised Generic Case Work Forms & Tools	Cross Cutting
Screening	Verify that client meet organisation's criteria for enrolment in the service. If criteria not met, refer	Reception Register SWS01	Screening Register CW 01 Reporting form CW 02 Identifying Information form CW 03	Process note CW 11 Internal Referral Form CW 04A External Referral Form CW 04B Central Case Work Register CW 14 Monthly Report Tool
Intake	Initial assessment of client's situation and needs.	Intake Form SWS02	Intake form (with consent) CW 05 Problem codes CW 06 Risk prioritisation level CW 07 Intake Register CW 08	
Assessment	Comprehensive assessment of client's situation and needs.	Assessment Report SWS05	Assessment, Planning and Contracting Form: Part 1,2 & 3 CW 09 Problem codes CW 06	
Planning and contracting	Based on assessment of needs, decide on case goal/s and who will do what and by when.	Plan of Action Form SWS06	Assessment, Planning and Contracting Form: Part 4 & 5 CW 09 Intervention codes CW 10	
Intervention	Guided by the case plan: refer and connect client to resources; provide direct interventions (if relevant).	Process Note SWS04	Process Note CW 11 Problem codes CW 06 Intervention codes CW 09	
Evaluation	Reassess the client's needs and identify barriers to achieving case goals. Following options should be considered following an evaluation, i.e. - Referral - Alternative intervention - Continue with current intervention - Termination	Counseling Evaluation Report SWS07	Evaluation Report CW 12 Assessment, Planning and Contracting Form: Part 4 & 5 CW 09 Intervention codes CW 09	
Termination	Client 'exits' the service due to the following: case goals have been met; client has needs that the organisation cannot meet; client no longer wants the service; client moves to another area; client dies.	Counseling Evaluation Report SWS07	Termination Report CW 13	

Identification of vulnerable and at risk persons for case work/ case management services

The **identification** of vulnerable and at risk persons precedes the case work steps described in this section.

There are a number of ways that vulnerable and at risk persons who may need case work services can come to the attention of the organisation, including:

- **Household assessments** – generally organised and led by community development practitioners, other SSPs may be involved as members of the assessment teams.
- **Outreach work in communities e.g. door to door visits, visits to schools** – mostly undertaken by child and youth care workers (CYCWs) and caregivers working in communities.
- **Mandatory reporting requirements as stipulated in various Acts** e.g. Children's Act, Child Justice Act, Criminal Law (Sexual Offences and Related Matters) Amendment Act, Older Persons Act (see *Practice Aid 5 and 6: Mandatory Reporting Requirements in South African Laws* for details).
- **Referral from another social service organisation or service provider** e.g. health, education, correctional services, police, judiciary – referrals can also come from SSPs working in these allied service settings.
- **Referral from family or community member**.
- **Self-referral** by child or adult.

STEP 1: SCREENING

Purpose of screening

Screening is a process which ensures prospective clients are welcomed, are in the right place, and are attended to in an appropriately prioritised order by the correct person. Other functions of screening are: basic data collection from the client or person making the referral (reporter) and early identification of additional needs. The screening process can be understood as a gatekeeping process. The person conducting the screening needs to ask the right questions to make sure the right people go through the "gate". This assumes practice knowledge

Screening is often the first contact with the client or the person reporting the case. This is also the first opportunity to begin to build rapport with the client and build a foundation for a good helping relationship. It involves giving people information about the organisation and what help can be offered either by the organisation or by another service provider. Screening should be conducted in a private place and/or in a manner where the person can share their information without being overheard by other people.

Sometimes DSD/NPOs will receive prospective clients that **do not meet their eligibility criteria**. These people should be immediately referred to another relevant service provider and, where applicable, provided with information about other services they can turn to for support.

It is important for the person conducting the screening to know about the services provided by the DSD service point/NGO, eligibility criteria for accessing these services as well as existing/available government and NGO service providers (see *Section 8 on Referrals* for more information).

Workflow activities, tools and responsibilities for screening

Note:

- The receptionist/customer care officer (where present, depends on the office) is responsible for directing the person to the SAW/SW for screening. **Screening is not an administrative activity** so it is necessary for a SAW/SW to complete this process.

Activity	Tool	Responsibility
1. Greet the person (client, care giver, reporter or service provider) in a welcoming manner and explain that you are a SAW and that you are performing screening. Note that Clients do not know the different roles of staff in an organisation and will usually tell their full story to the first person they encounter (often the receptionist or SAW during Screening), it is therefore critical to explain the roles of the SW and SAW to the client.		SAW – if there is no SAW, then a SW can complete this process
2. Complete the *Screening Register CW 01* for everyone entering the office. If someone other than the client reports the case, first complete the *Reporter Form CW 02* and then transfer the relevant information to the Screening Register.	Screening Register CW 01 Reporter Form CW 02	SAW – if there is no SAW, then a SW can complete this process

Activity	Tool	Responsibility
3. Decide on screening action:		SAW – if there is no SAW, then a SW can complete this process. Intake officer – provide guidance where needed if SAW is uncertain regarding external and internal actions, in particular referrals.
3.1 External Action – to be taken if the person is not eligible for services from DSD/NPO and needs to be referred to another service. Complete the *External Referral Form* for this referral. Explain to the person why the referral is being made and provide practical information on how to access the service provider e.g. physical address.	External Referral Form CW 04B	
1.2 Internal Action – to be taken if the person is considered eligible for services from DSD or is already an existing client:		
If the person is an existing client (and has a Client Card) retrieve the person's file, and update their *Identifying Information Form. If the client does not have a client card, enquire if he/she* is aware of who their social worker is, and refer the person to the relevant social worker. If the client is unable to recall details of the social worker, locate the client on the Central Register (CW 14).	Identifying Information Form CW 03	
If the person is not an existing client, complete the Identifying Information Form and refer the person for intake.	Identifying Information Form CW 03	
4. Place Screening Registers in a **Screening Register file** (preferably lever-arch). If the office has more than one SAW/SW completing screening registers, their individual daily screening registers should be stapled together so there is a complete set of screening registers per day.	Screening Register CW 01	SAW – if there is no SAW, then a SW can complete this process Supervisor – checks the Screening Registers and file for completeness

Include for screening / reporter:

- ***If a matter is urgent / emergency***
- ***If it is a prominent person***
- ***If saw does not know what to do***

STEP 2: INTAKE

Purpose of intake

Intake refers to the Preliminary / *initial assessment* to identify:

- The client's risk level.
- The capacity of the client to address their unmet needs.
- The capacity of the client's family and social network to address these needs.
- The capacity of the organisation to meet these needs.

During an Intake assessment, the SW considers not only the immediate risks that the client/client unit faces, but also their strengths, resources and protective influences. Intake is not about completing the form.

The Intake assessment provides an opportunity to determine if:

- A comprehensive assessment is needed (and likely to a long-term case). Comprehensive assessments

must be undertaken for all emergency and high risk cases.

- Other legislated programmatic assessments and/or processes need to be followed (see *Practice Aid: Legislated programme specific case management tools* below.

- Issues can be resolved through a short-term intervention or at intake level. Short-term interventions are typically those that can be resolved in less than a month (although may be longer for administrative cases) and include, but not be limited to the following types of cases:
    - Letter for refugee.
    - Application for national student fund.
    - Social Relief of Distress.
    - Mild risk issues - ideally any mild risk services should be with the SW long-term provided there is a community-based service available. For mild risk cases the SW should review if the case can be referred for prevention and early intervention services.

- The case should be closed if it is apparent that there are no concerns e.g. perhaps identified/registered in error or the case is transferred to another agency better able to assist and support.

For cases that will be continuing, SW's should conclude the Intake assessment by discussing the next steps with the client. Regular monitoring should begin at this point, depending on the risk level, with home visits or phone calls to ensure that the situation remains stable e.g. twice a week for emergency cases.

Workflow activities, tools and responsibilities for intake

Activity	Tool	Responsibility
1. Intake SW receives the completed Identifying Information Form (CW 03) in a blank file cover from the SAW		Primary responsibility of the SW, *but* SAW can support the SW in the intake process by recording information in the Intake Register and following-up on referrals.
2. Interview the client and complete the generic Intake form.	Intake Form CW 05	SW
3. Identify the problem code and determine risk level.	Problem Codes CW 06 Risk Prioritisation Codes CW 07	SW
▪ If **emergency case**, SW takes immediate action and informs supervisor: - Do the immediate work to manage the case - Make immediate referral if required	External Referral Form CW 04B	SW – with SAW support where applicable Supervisor – provides guidance where possible.

Activity	Tool	Responsibility
▪ If **high or mild risk case**, send completed Intake form to supervisor for review and case allocation. Inform client that case will be allocated to a case manager.	Intake Form CW 05	SW Supervisor – reviews and approves or amends intake action; for cases requiring comprehensive assessment allocates the intake case to a SW; monitors SW caseloads to ensure equitable distribution of cases/allocation of work.
▪ For **short-term cases** to be managed at intake level, carry out the planned actions and document using the Process Note.	Process Note CW 10	SW – with SAW support where applicable
Submit intake form for recording on the Intake register.	Intake Register CW 08	SAW – or SW if no SAW available
For short-term cases, file the intake form and other records in the office Intake file		SAW – or SAW if no SAW available

STEP 3: COMPREHENSIVE ASSESSMENT

Purpose of comprehensive assessment

A comprehensive assessment follows the Intake assessment and provides a more in-depth and holistic view of the clients' situation, **including that of their family**. A comprehensive assessment looks beyond just the basic and immediate needs. Factors considered during a comprehensive assessment depend on the scope of the service of the organisation.

Comprehensive assessments typically assess:
- Developmental needs.
- Family relationships and dynamics, including parenting/caregiving capacity for cases involving children.
- Social and cultural context – including the attitude of the community to the persons' challenges e.g. psychosocial disability, physical disability, substance abuse, and gender-based violence.
- Economic factors – such as the poverty level of the family and living conditions, sources of income including employment and income-generating activities.
- Previous efforts to address the presenting problem/needs.
- Community / family influences – such as presence of other supportive adults, the availability of assistance for the beneficiary, and other protective mechanisms in the community.

A comprehensive assessment should not only consider risks and harm factors but also identify possible protective influences and strengths. The comprehensive assessment is the basis on which all other case management services are provided.

The time needed for a comprehensive assessment varies according to the context and the needs of the beneficiary. Rushing an assessment may mean that crucial information is ignored, while taking too long might mean that someone at risk is placed at further risk of harm. An assessment provides a 'snapshot' of a service users' situation and well-being, and as such changes over time, as more information becomes known or the circumstances of the client changes. Some assessments for statutory cases have prescribed assessment periods. With other types of cases, the period in which the assessment should be completed, should be

informed by the risk level of the case. Assessments should be revised and updated during the formal case review process (Step 6).

Information on the assessment can come from a variety of sources including observations and interviews with the client and his/her family (office-based, home visit or other community settings), available reports/ information on the client and discussions with other agencies who know the client.

It is important to make a distinction between an investigation and an assessment, as these terms are often used interchangeably:

- Investigation includes all information gathering using various tools and methods– it is an on-going process which starts at intake.
- Assessment involves critically interpreting all the available information to identify the needs of the client and the nature of the issues affecting him/her (see Box below).

Tip: When undertaking assessments, it is normally more helpful to identify needs rather than services required (known as needs led assessments). For example, you could say a child is in need of education rather than saying a child needs to go to school. There are many different ways of providing a child with an education (such as tutors and education clubs) – school is just one-way. Especially where resources are scarce, expressing needs can be helpful in encouraging people to be creative about finding solutions rather than being focused on the lack of services. The other danger in service-led assessments is that you may end of just allocating services that exist rather than focusing on meeting needs e.g. related foster care placement

Workflow activities, tools and responsibilities for comprehensive assessment

Activity	Tool	Responsibility
1. Schedule an appointment to meet with the client to conduct the assessment. *Note: for a comprehensive assessment it is likely more than one appointment may be required to complete the assessment.*	Client Card (see Practice Aid?)	SW and/or SAW
2. Complete Section 1, 2 & 3 of the *Assessment, Planning and Contracting Form* based on analysis of findings. Where required, use available specialised assessment tools. **NB: Every contact/interaction you have in relation to the assessment must have an accompanying process note (CW 11)**	Assessment, Planning and Contracting Form CW 09 Problem Codes CW 06 Risk Levels CW 07 Process Note CW 11	SW - with active involvement of client SAW can play a supportive role e.g. gathering additional administrative information needed from the client (ID, birth certificate, school report) or other sources Supervisor – for complex cases discuss approach to assessment with the SW and provide guidance; participate in complex/specialised assessment processes where needed.
3. Agree with the client on the time and place for the next meeting to develop the Plan of Action (CW 09 Part 4 & 5). Write this information on the *Client Card* and diarise details of the session	Client Card (see Practice Aid?) Calendar / Diary	SW
4. Record details of the case on the *Central Register (CW 14)*.	Central Register CW 14	SAW or SW if no SAW available

STEP 4: PLANNING AND CONTRACTING

Purpose of Planning and Contracting

The Plan of Action (CW 09 Part 4) is to be completed once the assessment has been done, including consulting with the client(s) and other relevant sources of information. The plan should be based on the findings of the assessment, and reflect what should happen to meet the identified needs, who should do it, and when the actions should take place.

The Plan of Action should include a plan for routine monitoring (follow-up) of the client's situation, with frequency depending on the risk level and needs of the beneficiary, as well as a formal case review/evaluation (see Step 6).

The client, and family where appropriate, should be fully involved together with the SW in the development of the Plan of Action. Where possible, with cases involving children, the child should be provided with a simple written copy of the plan that they can understand. This is especially important when some of the case actions are their responsibility to take forward.

In some cases, the SW may convene a formal case conference that involves the other significant people in the client's life as well as other service providers and relevant authorities where possible and appropriate (see Practice Aid 16 and 17).

Workflow activities, tools and responsibilities for planning and contracting

Activity	Tool	Responsibility
1. Schedule an appointment to meet with the client to conduct the planning and contracting exercise. *Note: more than one appointment may be required to develop the Plan of Action.*	Client Card Diary	SW and/or SAW
2. Complete **CW 09 Section 3 and Section 4** of the *Assessment, Planning and Contracting Form* based on findings of Assessment.	Assessment, Planning and Contracting Form CW 09, Part 3 & 4 Intervention Codes CW 10 Process Note CW 11	SW - with active involvement of client SAW can play a supportive role e.g. identifying possible service providers for referrals, gathering additional information needed from the client Supervisor – review and approve plan. Sign–off the Plan of Action for all cases.
3. Agree with the client on the time and place for the next follow-up meeting or, if direct services are to be provided, the time and date for the first appointment. Diarise these dates and include appointment dates on the *Client Card*.	Client Card Diary	SW
4. Record dates, intervention codes and due date for evaluation on the *Central Register*.	Central Register CW 14	SW or SAW

STEP 5: INTERVENTION

Purpose of intervention

Once the Plan of Action is developed, it is then possible to move onto the next stage – **Intervention**. Implementing the Plan of Action relate to the actions taken to coordinate the implementation of the plan by the SW responsible for the case, working together with the client/client system, the community and any other service providers to ensure the client receives the necessary services to achieve the set goals**.**

Case follow-up is an on-going activity carried out regularly during the Intervention stage with the client to check that specific actions have been taken and services provided. Monitoring is often used instead of the term 'follow-up' to describe the same function (see *Practice Aid 13: Case Follow-up*). Follow-up is not the same as Evaluation (see Step 6), which is a formal, structured case work process step / part of the Generic Intervention Processes.

The SAW, working under supervision of the SW, can provide a supportive role in implementing the Plan of Action e.g. following-up on referrals and conducting home visits to gather information needed from the client. The supervisor plays a role during the intervention stage through discussing the case progress during formal supervision sessions and providing the necessary support as required.

Workflow activities, tools and responsibilities for intervention

See Case Work Intervention Process Flow for sequencing.

Activity	Tool	Responsibility
1. Coordinate the implementation of the Plan of Action (as per the dates identified) to ensure that all planned activities are implemented to meet the clients' needs and to reduce risk. Complete a *Process Note* for each engagement.	Process Note CW 11	SW - with support from SAW where applicable and active involvement of the client
2. After each engagement, prepare process note and submit for capturing on *Central Register*.	Central Register CW 14	SW or SAW

STEP 6: EVALUATION

Purpose of evaluation

The formal review of a case – **evaluation** – provides an opportunity to reassess the client's needs, identify barriers to achieving case goals, and ensure that plans continue to be relevant to their needs.

Case evaluation is an on-going process throughout the life cycle of the case, until the case is terminated. Following an evaluation, the Plan of Action will either continue to be implemented as planned (continuation), revised (alternative intervention), referred or closed (terminated). It may be necessary to do a reassessment of the clients' circumstances using the processes in Step 5 and/or Step 6.

A formal evaluation of the Plan of Action should be done on the date as determined / agreed during the Planning step (see CW 09 Part 4), often together with their supervisor and the client to see if the case is progressing towards the goals and specific objectives that have been set, or whether additional or different services are needed.

Case evaluations **must** be conducted as a joint exercise between the SW and the client (and family members /client systems where appropriate). The evaluation meeting can take place at the office or during a home visit.

It may be helpful for other members of the multi-disciplinary team involved in the case to also participate and for a supervisor or someone not directly involved in the case to chair the review. Complex cases such as those managed over an extended period of time, or involving many actors in their implementation, may require a case conference as part of the case evaluation (See Practice Aid 17).

The SAW can support the SW with case evaluations by assisting with scheduling the meeting, participating in the evaluation meeting and recording the details in the *Central Case Work Register.*

Workflow activities, tools and responsibilities for evaluation

See Case Work Intervention Process Flow for sequencing.

Activity	Tool	Responsibility
1. Schedule and conduct evaluation and decide on **Action**:	Evaluation Report CW 12	SW Supervisor – participates in evaluations of complex cases
1.1 If continuation of the intervention, continue with current interventions, but set new date for evaluation using Process Note CW 11	Process Note CW 11	SW
1.2 If alternative intervention, revise / rewrite *Plan of Action,* enter into a new contract and implement revised Plan of Action	Process Note CW 11 Assessment Report CW 09, Part 4 & 5	SW
1.3 If referral, complete *Referral Form*	Referral Form: 04A or 04B	SW and/or SAW
1.4 If termination, complete Termination Report (CW see Step 7.	Termination Report CW 13	SW Supervisor
2. Record details of the case on the *Central Register*.	Central Case Work Register: CW 14	SW or SAW

STEP 7: TERMINATION

Purpose of termination

The final step in the case management process is **Termination**. Termination of cases is necessary to ensure that cases are not unnecessarily held open for prolonged periods of time, and dependency is created. However, it is important to recognise that the amount of time a case may be open, will vary greatly depending on the client's needs and circumstances. When cases are very complex and especially where risks are very high, it is likely that a case will remain open for a long time. This is quite acceptable.

Termination should be a **planned process** with the client, and the reasons for terminating the case should be discussed with the client. The ways in which the organisation can continue to serve the client, should the need arise should be clarified (for example, if the situation deteriorates or new issues arise that the client can't cope with, then the case can be reopened).

In all instances, the termination/closure of a case **must be authorised by a supervisor**. This is to ensure that cases are not closed prematurely.

Termination does not mean that all case documentation is destroyed as cases can be reopened at any time whenever new information becomes available or the client's situation changes. It is important to have a functioning file registry so that closed case files can easily be retrieved.

Workflow activities, tools and responsibilities for termination

See Case Work Intervention Process Flow for sequencing.

Activity	Tool	Responsibility
1. Conduct formal evaluation of the case with the client. If termination is the appropriate action then agree with client on termination date.	Process Note: CW 11	SW
2. Review the case with a supervisor and obtain approval to close the case *(***supervisor must sign the *Termination Report*).**	Termination Report: CW 13	SW Supervisor
3. Review all the documents/records in the client's file and make sure the file is complete.		SW Supervisor
4. Record details of the case on the *Central Register CW 14*.	*Central Case Work Register CW 14*	SAW or SW
5. Safely store the closed case file. Move the file to a 'closed file' cabinet if there is one.		SAW or SW

Case Transfer

Case transfers are one of the reasons for case termination. Cases are often transferred to other DSD service points/organisations when clients (mainly children) move to another area, but still need case plans to ensure their protection. Transfers also take place when the original SW or organisation are no longer best placed to lead, manage and coordinate the handling of the client's case e.g. the admission of an older person or person with severe disability to an institution for permanent care.

As with case termination, case transfers must also be a planned process with the client. A clear plan for hand-over to the receiving organisation needs to be in place. This plan must be clearly communicated to the client. The decision to transfer the case **must be discussed with and approved by the supervisor**.

Activity	Tool	Responsibility
1. Complete an *External Referral Form* for the receiving organisation, contact the organisation and make arrangements for the case transfer.	Internal Referral Form CW 04A External Referral Form CW 04B	SW, supported by SAW
2. Review the case with a supervisor and obtain approval to transfer it *(***supervisor must sign the *Termination Report*).**	Termination Report: CW 13	SW Supervisor
3. Review all the documents/records in the client's file and make sure the file is complete.		SW Supervisor
4. Copy the most important sections of the case file and file in 'closed file' cabinet; and make a transfer file for the new organisation.		SAW or SW
5. Get confirmation of service uptake from the receiving organisation before officially closing the case.		SAW or SW
6. Record details of the case on the *Central Register*.	Central Register CW 14	SAW or SW

PART 1.2: GROUPWORK

Overview

Group work is an intervention method of social work directed at individual change through purposeful group experiences, and to cope more effectively with personal, group or community problems.

It is a form of voluntary association of members benefiting from cooperative learning that enhances the total output of the activity than when done individually. It aims to cater for individual differences, develop skills (e.g. communication skills, collaborative skills, critical thinking skills), generic knowledge and socially acceptable attitudes or to generate conforming standards of behavior and judgement, a "group mind".

Groups can be formed for therapeutic, supportive, developmental or educational purposes at prevention, early intervention and response/statutory levels. Guiding principles for all types of groups are provided in *Practice Aid 18: Guiding Principles for Group Work*.

The Table below provides information on the different stages/steps of a group, the SWS tools which were previously used for group work, and the revised generic group work tools.

Generic Intervention Process /group work stages	Previous SWS Form	Revised Generic Intervention Forms	Cross Cutting
GROUP WORK			
Pre Group interview/ Assessment	None	Various assessment tools (including CW 09) could be considered, e.g. Pre-tests / questionnaires / observation / interviews / focus group discussions	Process note GRW 03 Internal Referral Form CW 04A External Referral Form Monthly Report Tool
Group Work Planning	None	Group work proposal GRW 01	
Group Work Contracting	None	Group work contracting GRW 02	
Group Work Implementation	Process Note SWS04	Group Work Process Note GRW 03 Agenda	
Group Work Evaluation	Counseling Evaluation Report SWS07	Group Work Evaluation GRW 04	
Group Work Termination	None	Group Work Evaluation GRW 04	

A summary of the processes and the purpose of each are as follows:

- Pre group interview /assessment – identification of group members
- Planning – identification of focus and structure for the group work intervention / plan
- Contracting – formalizing the expectations of group members and agreeing on terms of engagement
- Intervention – implementation of intervention plan
- Evaluation – evaluation of outcomes
- Termination – closure of group work intervention

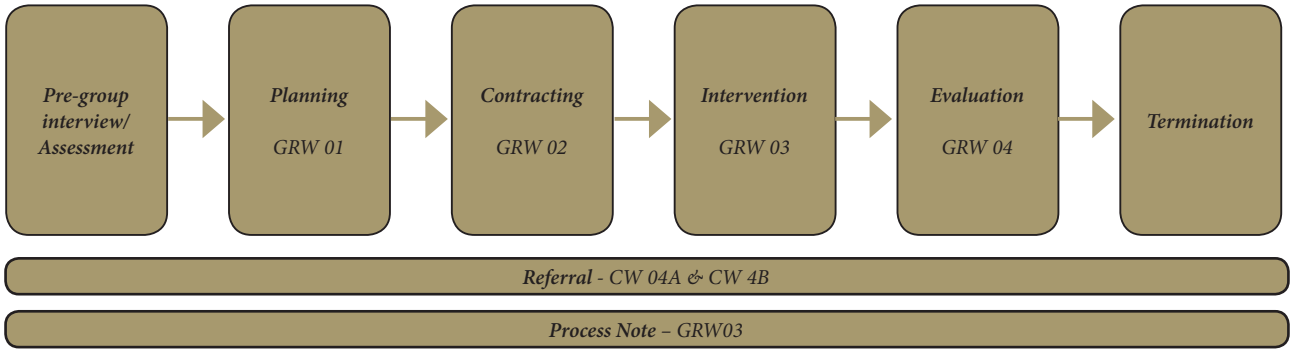


Diagram 2: Summary Group Work Management Processes and Tools

STEP 1: PRE GROUP SESSION

Purpose of Pre Group Session

Screening, assessing and selection of members

The SSP shall conduct a pre-group interview with each prospective member for purposes of screening, assessing, orientation and selection of group members whose needs and goals are compatible with the established goals of the group; who will not impede the group process and whose well-being will not be jeopardized by the group experience.

Not all clients are equally suited for all kinds of groups, nor is any group approach necessary or suitable for all clients. Matching each individual with the right group is critical for success. Before placing a client in a particular group, the pre-group interview should consider:

- The client's characteristics, needs, preferences
- The program's resources
- The nature of the group or groups available

Techniques such as pre-tests / questionnaires, case work assessment reports, observation, and focus group discussions can also be very helpful.

(See *Practice Aid 21: Pre-group interview* for more information).

Pre Group session activities, tools and responsibilities

Activity	Tool	Responsibility
Identification of prospective group members, using a recognised method / tool	Pre-tests / questionnaires or case work assessment reports or observation or interviews or focus group discussions	SW and/or SAW
Documentation of engagements or findings	Group work Process Note GRW 03 or Group work Proposal GRW 01	SW and/or SAW

STEP 2: GROUP WORK PLANNING

Purpose of group work planning

In forming a group, the SSP must begin by clarifying the rationale for the group. Considerable time should be devoted to planning. Therefore, planning should begin with the drafting of a detailed proposal. The proposal should identify a clear focus and structure for the group work intervention informed by an assessment of the needs and challenges of the target group. All group work interventions need an explicitly stated aim or goal. Any group work intervention that does not have an explicitly stated aim or goal is at risk of lacking purpose and direction.

When planning a group, consideration needs to be given to the following aspects:

- Open or closed group.
- Time-limited or on-going group.
- Frequency.
- Duration.
- Group size.
- Content of sessions
- Session activities.
- Venue.
- Logistics and resources.
- Selection of group members
- Facilitators.

See *Practice Aid 19: Planning group interventions* below for details.

Group work planning tools and responsibilities

Activity	Tool	Responsibility
Plan the group intervention and record the details in the Group Work Proposal Form.	Group Work Proposal Form GRW 01	SW and/or SAW Supervisor – review and approve group work proposal.
File the Group Work Proposal.		SW and/or SAW

STEP 3: GROUP WORK CONTRACTING

Purpose of group work contracting

The purpose of group contracting is to obtain a commitment from group members (agreement and rules) to participate in the group. A group contract is a document that a group creates to formalise the expectations of group members. The contract should include the purpose of the group, the expectations of the group and behaviours that are crucial to the group's effectiveness.

Group work contracting activities, tools and responsibilities

Activity	Tool	Responsibility
Hold first group session to contract with the group - members are introduced; purpose/ function of the group is agreed on; group rules established including confidentiality.	Group Work Contract GRW 02	SW and/or SAW
Document the first group session using the *Group Work Process Note*.	Group Work Process Note GRW 02	SW and/or SAW
File Process Note on Group Work File		SW and/or SAW

STEP 4: IMPLEMENTATION STAGE AND MONITORING

Purpose of implementation stage and monitoring

This step involves the implementation of the planned group intervention and on-going monitoring of the group as a whole and individual members within the group. See *Practice Aid 22: Key considerations in implementing group work sessions*.

It is important for each group implementation session to have a written programme. See *Practice Aid 20: Suggested template for group work intervention*.

In the implementation stage, attention needs to be given to *maintaining group membership*. Some members drop-out after a few sessions, or groups dissolve and stop functioning before achieving the goals and objectives set by the group. This could be due to a variety of reasons including stagnation, a loss of vitality, loss of member interest, interpersonal conflict, undefined aims, unclear and unclarified roles of members.

Strategies to maintain active group membership include: involve group members in identifying and organising topics for discussion; use a social medial group e.g. WhatsApp to keep in contact with members; organise informal social events to give the members a chance to get to know one another in a more relaxed atmosphere; and evaluate the group's progress with the members after every 3 – 4 sessions and identify areas for improvement or adjustment.

Group implementation stage and monitoring activities, tools and responsibilities

Activity	Tool	Responsibility
Implement sessions as planned in the group work intervention programme/ proposal. Record attendance using the attendance register. Continuously evaluate the group progress, and progress of individual members, after every session	Group Work Agenda Group Work Attendance Register GRW 04	SW and/or SAW
Document each session using the Group Work Process Note	Group Work Process Note GRW 03	SW and/or SAW Supervisor – provides debriefing of sessions during supervision
File the session process note in Group work file, and a copy in group members who are part of the SW's case load	Group Work Process Note GRW 03	SW and/or SAW Supervisor – checks records for completeness

STEP 5: EVALUATION

Purpose of evaluation

Decide whether to continue or terminate the group. A group work evaluation form should be completed at the end of the group work intervention.

Group work evaluation activities, tools and responsibilities

Activity	Tool	Responsibility
Beginning phase ▪ Pre-test based (expectations). ▪ Rate functioning at the beginning of the group.	Interview captured on Group work process note GRW03 and /or questionnaire	SW and/or SAW
Mid-session evaluation The leader requests members to provide feedback on the group thus far and the changes they feel need to occur to make future sessions more useful.	Group Work Process GRW 03	SW and/or SAW
Conduct the outcome evaluation with members using the Group Work Evaluation Form. **Outcome evaluation** ▪ Measures the level of individual change that occurred by being part of the group. ▪ Member satisfaction questionnaire.	Group Work Evaluation GRW 04 Group Work Process Note GRW 03	SW and/or SAW Supervisor – review the evaluation outcome with SW/ SAW
File Group Work Evaluation report and process notes. Close file.		SW and/or SAW Supervisor – review documentation for completeness

Step 6: TERMINATION

Termination of groups must be a planned process with members. A termination date should be set and announced at the outset, so that the members will have a clear idea of the time limits under which they are working, with periodic reminders during sessions. For open-ended groups, if at some point it is decided that the group is no longer needed, then a planned process to end the group should be put into place. See *Practice Aid 23: Structured approach to termination of groups* for details.

***Group* work termination phase activities, tools and responsibilities**

Activities	Tools	Responsibilities
Conduct a group termination session to discuss: ▪ Thorough review of what has been accomplished. ▪ Members talk about the changes have taken place in them and in the group. ▪ Agree on termination	Process report GRW 03	SW and SAW
Compile termination report and submit for supervision sign off. Close the file.	Termination report	SW and SAW

PART 1.3: COMMUNITY WORK

Overview

Community work:

- Is a planned process to mobilise communities to use their own social structures and resources to address their own problems and achieve their own objectives, with the goal of improving living environments and quality of life.
- Is aimed at bringing about social change through community development, social planning, community education, social marketing and social action practice models (see *Practice Aid 25: Community work practice models*).[2] Different community work models are applied depending on the assessment of community members' needs.

Communities can be defined geographically or functionally. The focus of community work includes the general residents of a geographical area and/or specific target groups in a geographical community. Specific target groups can be identified according to the life cycle approach (e.g. youth), or specific vulnerable groups (e.g. neglected children) or specific focus areas (e.g. people living with HIV and AIDS).

Community work practice requires SWs and SAWs to be able to assess community functioning and design specific interventions through focusing on participation and fostering empowerment, emancipation and change through collective action. The community work process is about people in communities creating opportunities for growth and change, and is closely related to work for human rights.

The four generic community work intervention steps include:

- Needs assessment and planning.
- Intervention.
- Evaluation.
- Disengagement.

The Table below provides information on the four generic community work steps; the previous SWS forms used for community work, and the revised generic community work tools.

Generic Intervention Process Step	Previous SWS Form	Revised Generic Intervention Forms	Cross Cutting
COMMUNITY WORK			
Needs Assessment and Planning	Community profile SWS 08	Community Work Planning COW 01 Community profiling done by CDW	Process note COW 02 Internal Referral Form CW 04A External Referral Form Monthly Report Tool Process note
Intervention	Process Note SWS 04	Community Work Process Note COW 02	
Evaluation	Evaluation Report SWS 10	Community Work Evaluation COW 03	

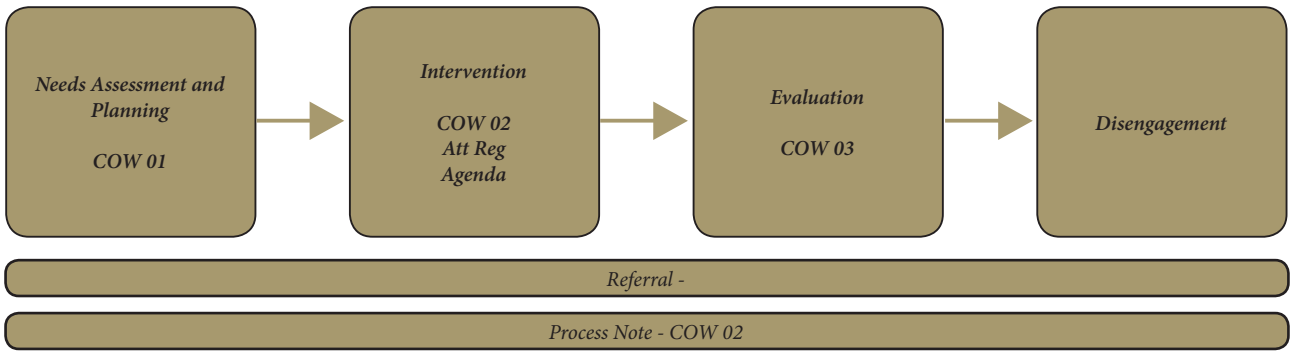


Diagram 3: Summary Community Work Processes and Tools

STEP 1: NEEDS ASSESSMENT AND PLANNING

Purpose of needs assessment and planning

Get to know the community:

- Obtain demographic information e.g. population, services, trends, target groups.
- Determine community resources (assets) - physical, social, financial, natural.
- Identify key community role players.
- Document the community profile report.

During the needs assessment and planning step, the SW/SAW focuses on exploring a range of alternative solutions to identified problems; thinking more about:

- Fundamental causes of the problem.
- Community goals and projects to achieve them.
- Involvement of community members and task teams.
- Empowerment and benefits to community.

Needs assessment activities, tools and responsibilities

Activity	Tool	Responsibility
Consult demographic information / community profile / Municipal IDP / statistics / community members etc. to identify needs	Community Work Process Note COW 02	SW and / or SAW
Confirm identified **needs**.	Community Work Process Note COW 02	SW and/or SAW Task Team
Establish a **task team** (either from the community or relevant stakeholders – depending on nature of activity).	Community Work Process Note COW 02	SW and/or SAW Task Team
Develop a business plan with **objectives**, (linked to identified goal) **budget,** & **other resources** required, **role players** and **timelines** (duration and frequency).	Community Work Planning COW 01	SW and/or SAW
Submit and request approval for the plan.	Community Work Planning COW 01	SAW and/or SW Supervisor – review and approve community work planning.

Activity	Tool	Responsibility
File the community work planning in Community Work File	Community Work Planning COW 01	SAW and/or SW
Record in Central Community Work Register		

STEP 2: INTERVENTION

Purpose of intervention

Implementation of the plan (programmes and projects) through various sessions/contacts.

Intervention activities, tools and responsibilities

Activity	Tool	Responsibility
Implement activities as per the plan. Record all activities/contacts made.	Community Work Process Note COW 02	SW and/or SAW
File the process notes		

STEP 3: EVALUATION

Purpose of evaluation

Review the objectives of the initial plan by reviewing the initial plan **with participants.**

Although monitoring and evaluation should take place throughout the process, a final evaluation by the social service practitioner together with the service beneficiary/group/ community must determine if the service beneficiary's determined outcome was achieved and whether they are ready for termination.

Evaluation activities, tools and responsibilities

Activity	Tool	Responsibility
Review progress and achievement of objectives by retrospection in collaboration with participants.	Community Work Process Note COW 02	SW and/or SAW
Plan the follow up actions with participants. Jointly decide the best way forward. Options include: ▪ Continuation of the programme/ project; ▪ Identification of an alternative programme/project to implement; or Termination.		SW and/or SAW
Complete programme evaluation report.		SW and/or SAW
File the evaluation report and process notes		SW and/or SAW

PART 2:
INSTRUCTIONS FOR COMPLETING TOOLS

PART 2.1: INSTRUCTIONS FOR COMPLETING CASE WORK TOOLS

SCREENING

Instructions for completing screening tools

Information on the completion of the following tool is provided in other steps:

- Internal Referral Form CW 04A – see Section 8 Referrals
- External Referral Form CW 04B – see Section 8 Referrals.

CW 01
SCREENING REGISTER

The Screening Register is used to capture information on each potential client/person reporting a case **in person** at the service point/organisation. The numbers 1 or 0 indicate if yes or no. 1 = yes; 0 = no.

Guidance on specific sections:

1. Introduction: Briefly explain your name, title and details of the organisation and that you will be asking a few basic questions to be able to determine if the person is in the correct place and how best to respond to their request. Note that clients do not know the different roles of staff in an organisation and will usually tell their full story to the first person they encounter (often the receptionist or SAW during Screening), it is therefore critical to explain the roles of the SW and SAW to the client.
2. Date of screening: This is a daily register, so the date should be for one day only. Format: dd/mm/yyyy
3. Name of SAW/SW: There should be one Screening Register per SAW (or SW where applicable). The name of the responsible SAW/SW should be on this form. The Screening Register is used to capture information on each potential client/person reporting a case **in person** at the service point/organisation. The numbers 1 or 0 indicate if yes or no. 1 = yes; 0 = no.

Guidance on specific sections:

1. Introduction: Briefly explain your name, title and details of the organisation and that you will be asking a few basic questions to be able to determine if the person is in the correct place and how best to respond to their request. Note that clients do not know the different roles of staff in an organisation and will usually tell their full story to the first person they encounter (often the receptionist or SAW during Screening), it is therefore critical to explain the roles of the SW and SAW to the client.
2. Date of screening: This is a daily register, so the date should be for one day only. Format: dd/mm/yyyy
3. Name of SAW/SW: There should be one Screening Register per SAW (or SW where applicable). The name of the responsible SAW/SW should be on this form.
4. No: Every day the daily screening register starts at #1. This does not refer to the number of people present at the screening, it is a consecutive number to enable DSD/NPO to easily see at the end of the day how many screenings were conducted.
5. ID/DOB: Only write the persons DOB if they do not have an ID number.
6. Is this a new client or existing client? When asking the person the reason they are at the office, don't ask if they are there for intake, as they won't know what it is. If they need to see a SW, and have not been to the office before, then indicate that they need intake. If the person has never received services from the office they are a **new client**. If the person has received services in the past or is currently receiving services, they are an **existing client** and there should be a file for them. If the person's file can't be found and their SW can't be, then refer the person for intake.

7. Is this a new client or existing client? When asking the person the reason they are at the office, don't ask if they are there for intake, as they won't know what it is. If they need to see a SW, and have not been to the office before, then indicate that they need intake. If the person has never received services from the office they are a **new client**. If the person has received services in the past or is currently receiving services, they are an **existing client** and there should be a file for them. If the person's file can't be found and their SW can't be, then refer the person for intake.
8. Is the person screened a primary client, caregiver, reporter or service provider?

- *Primary client* – The person who is the main recipient of case work services. In cases involving children, especially statutory cases, the child is always the primary client. The primary client could also be a family member of a person in need of services but who refuses services e.g. wife of a husband with substance abuse disorder.
- *Caregiver* – Refers to the person who is exercising day-to-day care for a child or children. He or she is a parent, relative, family friend or guardian; it does not necessarily imply legal responsibility. This may apply to foster parents, including those who "adopt" a child spontaneously, as well as those who do so formally.
- *Reporter* - A person who reports a case on behalf of a client. This person could be a relative, friend, allied professional or service provider e.g. aunt who comes in to report her teenage niece who is pregnant.
- *Service Provider* - Refers to organisations such as NGO's, which render social development services to individuals, groups and communities

9. Screening action:

- *Internal* - To be taken if the person is considered eligible for services or is already an existing client
  - If the person is an existing client, retrieve the person's file, and update their *Identifying Information Form*. If the file can't be found then refer the person for intake.
  - If the person is not an existing client, but is eligible for services, complete the *Identifying Information Form CW 01.*
- *External* – If it is found that DSD is not the appropriate service provider, the person should be referred to the most specialised organisation available to provide the service, depending on the availability of specialist service providers in each setting as well as the nature of the case.

CW 02
REPORTER FORM

For reporters **first complete** the *Reporter Form CW 02* and then transfer the relevant information to the Screening Register. This is to avoid the person having to repeat the same information twice. Indicate that you need to ask some basic information about the reporter, in the event that the SW would need to contact him/her at a later stage to gain additional information.

Indicate to the reporter that the information shared will be confidential and that the reporter can choose to remain anonymous. The relevant information in the *Reporter Form CW 02* can then be transferred to the Screening Register.

Section 1: Details of person reporting a case
If the person prefers to remain anonymous, then still request information on their relationship to the client. Need to capture the relationship even if name not provided.

Section 2: Details of case/client
This is information on the **client** not the reporter.

Section 3: Relevant information
Provide a narrative of what the reporter tells you. This is information the person reporting the case tells you.

Section 4: Action taken

- *Internal referral* – this could be to intake or to a group work programme or community work programme where available and applicable.
- In some instances, where the service provider is reporting a case, the reporter form should be used for a service provider

CW 03
IDENTIFYING INFORMATION FORM

Purpose/general instructions
Complete **only once it is determined that DSD is the appropriate service provider** i.e. complete after *CW 01: Screening Register*. NB: the *Identifying Information Form CW 03* does not have to be completed if the person is not a client or will not be "intaked".

Information is required on the primary client/s, caregivers (if client is a child), and other household members. Information on all household members, including those not related to the client is important as this can help provide a full picture on potential risks as well as supports. Information on significant others not living in the household is important to know as these could be potential sources of support for the client.

- This form contains all the information that used to be on the old SWS intake form.
- Information is required on the primary client/s, caregivers (if client is a child), and other household members.
- After the client has been 'intaked' the *Identifying Information Form CW 01* should be placed separately on inside sleeve of the case file.
- If the client already has this identifying information form on file there is no need to complete it again, but request the client to update the information.
- Recommended to be completed by SAW.

Guidance on specific sections:

Section 5: Significant others not in the household
- *Related or unrelated*: Some people may think that significant others only refers to related members, but this can include unrelated household members e.g. step parent, long-term lodger.

Section 7: Updates to identifying information
This information could include changes to, for example, contact details, household composition or employment status.

REFERRAL

Instructions for completing referral tools

CW 04A
INTERNAL REFERRAL FORM

Case referred to: The Internal Referral form is **not** for referring cases to the intake SW. It can be used to refer clients to existing specialised programmes within the organisation. It can also be used to refer a client from social work services to community development services or to a group work programme or alternatively to transfer a case to another DSD service point (see below)

Action required: Describe the service that the client requires.

Relevant information/observations

CW 04B
EXTERNAL REFERRAL FORM

Details of the client: For confidentiality purposes, the SSP may complete only the preferred first name that the client/caregiver wishes to be used. If there are concerns for safety or confidential information included below, do not complete identifying details such as name, and ID/DSD reference number

Social welfare services (focus areas): This section includes the broad categories contained in the Problem Codes (CW 06) for which services are required. Tick the relevant box/es.

Consent and information sharing: Briefly describe service required and any relevant information that client has consented to share with service provider: Ensure sufficient information is provided for the service provider to provide the relevant service and avoid sharing details not required for the provision of that specific service.

Risk Level: The risk level is determined in the intake or assessment process, or the evaluation process.

Feedback required from service provider: As a general rule, feedback should always be provided for emergency or high-risk cases (see risk levels for the time-frames for feedback).

REFERRAL TRACKER

General instructions

- There should be one Referral Tracker per Service Point.
- No referral is successful unless the SW/SAW can show that the client accessed the service for which they have been referred. The Referral Tracker helps to ensure that the SAW/SW follow-up on referrals.
- To support follow-up on referrals and ensure that services are provided the Referral Tracker must be completed for all external referrals.
- For some referrals e.g. Home Affairs, it will be very difficult to get an update from an official, so a follow-up call will need to be made to the client.

Guidance on specific sections

Date for feedback (if applicable): Depending on the nature of the case, including the risk level, the referral form may specify when feedback from the receiving organisation is required. A response to Emergency Risk level cases is required within 24 – 48 hours.

Follow-ups on referrals should be made: It is often difficult to get feedback from service providers and a few attempts may need to be made to determine if the client received the requested service. A minimum of three attempts should be made, particularly for emergency and high-risk cases.

Details
For offices that can only use hard copy registers will be very difficult to include this detail as very little space provided. Ideally, an electronic referral tracker should be implemented.

INTAKE

Instructions for completing intake tools

Information on the completion of the following tool is provided in other steps:

- External Referral Form CW 04B (see Section 8 Referrals).
- Internal Referral Form CW 04A (see Section 8 Referrals).

CW 05
INTAKE FORM

This is a generic intake form to be completed for **all cases**, even those referred from other Departments or service providers. The form can only be filled-in after the intake interview is completed.

Introduction:

- Briefly explain at the start of the intake interview your name, title and the purpose of the intake interview and be sensitive to the fact that the client will already have shared some information about their needs/concerns and received some information about the organisation during the Screening process.
- This is also the opportunity to briefly explain the client's rights in the process including participation, confidentiality and their right to services and information, dignity and respect.
- In some cases there may be multiple clients in one case. Depending on the circumstances, it may be possible to interview all these clients together. If not possible at this intake interview, engagement with all the clients in the case should be planned for the assessment stage.

Presenting problem(s) and expectations of the client:

- Ask the client to explain their main concerns and expectations and coping skills applied. It is important at this stage to begin to identify the client's strengths and support systems as well as any efforts they may have made in the past to find solutions to their concerns. It is also important to give the client an opportunity to express what their expectations are of how their concerns will be resolved and the role of the organisation in this process.

Preliminary / Initial Assessment by the social worker:

- The preliminary initial assessment is the SW's hypothesis based on what the client shared during the intake interview. It does not require the social worker to indicate an intervention or plan of action. Preliminary assessment involves making sense of information in terms of how it relates to the situation of the client, their needs and risk level.

Risk levels:

- Assign a risk level to the case based on the preliminary/initial assessment. Refer to the Risk Prioritisation Level CW 07. The motivation for this risk level should be evident from the description of the presenting problems (s) and the preliminary/initial assessment.

Primary problem code and other problem codes

- Assign a primary problem code and other problem codes. Refer to Problem Codes CW 06. The motivation for problem codes should be evident from the description of the presenting problems (s) and the preliminary/initial assessment.
- When clients have multiple and complex unmet needs and concerns, it might be difficult to identify a single primary problem code. Use your professional judgement and if still unsure, discuss with a supervisor or other colleagues.

Intake Action:

There are a number of actions that can be taken following the Intake interview including:

- *Emergency action*: required in emergency risk level cases where immediate and decisive action needs to be taken to save the client's life or protect the client from further harm. If emergency action is required, discuss options with the client and explain the reasons for an emergency action and take client's consent. If client does not consent, but social worker believes emergency action is required, consult with supervisor to determine action to be taken. A comprehensive assessment is to be completed after emergency action. The form requires additional information to be provided on the nature of the emergency action.
- *Referral for comprehensive assessment internally*: in cases with multiple and complex needs that need case management services.
- *Case consultation (with Supervisor):* in cases where the social worker is unclear about how to proceed with the case and/or unsure about the risk level.
- *External referral*: for cases where the organisation is not able to provide the services that the client needs and/or the client is not eligible for the organisation's services.
- *Issue resolved, no follow-up required*: Some cases can be resolved immediately at the Intake stage. For these cases a Process Note (CW 11), as well a Termination Report CW 13 should be completed. All the information on this case should be stapled together filed in a separate Intake file.
- *Comprehensive assessment not required*: Some cases can be resolved at the Intake stage, although may require the client returning to the office to provide additional information and/or additional action on the part of the social worker e.g. young person needs for a letter from DSD to support application for financial aid. This does not require a comprehensive assessment but does need a home visit to assess the living conditions to confirm that the person qualifies for financial aid. In these cases, Process Note CW 10 should be used to document actions taken for the case and the case closed (terminated) using the Termination Report CW 12. All the information on this case should be stapled together filed in a separate Intake file. For these types of cases, reasons must be provided as to why a comprehensive assessment is not needed.

Consent:

- *Do you consent to the intake action*? As part of the intake process, it is important to determine whether the client agrees with the social worker's recommended intake action.
- *If the SW is required to take action without client consent document reasons why*: for example, client poses a threat to himself/herself or to others.
- It is also important to determine if the client is willing to share information with other service providers (particularly where external referrals are needed) and/or members of the multi-disciplinary case management team e.g. the SAW. Doing so involves obtaining **informed consent** from the client (or in the case of younger children who are by nature or law too young to give informed consent, but old enough to understand and agree to participate in services, the child's "**informed assent**" is sought (see *Practice Aid 7 & 8: Informed Consent and Informed Assent and Obtaining informed consent/ assent from children* below).
- In some situations, securing informed assent or consent may not be possible due to mandatory reporting requirements, however the principle of seeking permission to proceed with the assessment or any of the other case management stages should also be adhered to.

Details of key people to be interviewed for assessment purposes:

- If a comprehensive assessment is to be conducted, identify the key people who need to be included in the assessment process. This does not need to be an exhaustive list, but provides the starting point for planning the assessment.

Recommendation by supervisor

If the supervisor does not agree with the intake action, e.g. says that a comprehensive assessment is needed, then the return date for this must be included as well. The return date is needed for any action required by the supervisor, but in particular for the assessment report as this date should be captured in the Central Register.

CW 06
PROBLEM CODES

Problem codes have been categorised in terms of the Strategic Focus Areas as defined in the Framework for Social Welfare Services[6]:

- Poverty alleviation
- Social integration and cohesion
- Family preservation
- Care and protection of vulnerable groups
  - Children
  - Persons with Disabilities
  - Older Persons
- Prevention treatment, care and support for Substance abuse
- Support for mental and social health/wellness
- Prevention of crime
- Victim empowerment
- Prevention of HIV/AIDS and care of and support for HIV/AIDS sufferers

The intake form (and other subsequent forms) requires the SW to identify primary and secondary problem codes based on what the client presents.

There are currently ninety six (96) problem codes. In the event that a suitable problem code is not available, a code for "other" has been provided for to cater for those specific cases. The problem codes will be updated from time to time to reflect new/emerging social problems.

CW 07
RISK PRIORITISATION LEVELS

Case work/case management works best if there is a well-defined and shared understanding amongst organisations and SSPs of the different categories of risk and the urgency needed to respond to the level of risk the beneficiary is experiencing.

Below is the description of a generic risk prioritisation framework for all social welfare services[7]. A risk priority level should be assigned to each case at Intake in order to ensure cases are handled in a timely manner. Time limits and prioritisation categories are context and programme specific.

Emergency risk level	Person in immediate danger or currently being harmed. Response required **within 24 hours** with follow-up twice a week
High risk level	Person at high risk of harm or danger. Response required **within a week** and follow-up at minimum every two weeks
Mild risk level	Mild to low risk of harm, but functioning in daily life or relationships impaired. Response required **within 3 weeks** and follow-up at least once every one to three months

The Risk prioritisation level CW 07 provides information on the types of cases that are considered emergency risk level, high-risk level and mild risk level. These categories should be used as guidelines and should not replace the professional judgement of a SW/Case Manager.

Note that the Risk Levels will be updated from time to time to reflect new/emerging social problems and that the list provided is not exhaustive, but aims to provide a framework to classify risk levels.

CW 08
INTAKE REGISTER

Once an Intake Form has been completed and allocated by the Supervisor, the Intake Form should be captured on the Intake Register. All fields appearing on the Intake Forum is reflected on the Intake Register, with the exception of Life stage, Race and Gender, which is captured on the Identifying Information Form (CW 03).

The Intake Register should be completed per service point and could be done both manually and electronically. If done electronically, document should be printed on a periodic basis and placed in lever arch file.

Complete Intake Register only once an Intake Form (CW 05) has been completed and case has been allocated.

Guidance on specific sections:

Intake Number: This should be a *consecutive number* followed by the *year*, e.g. 1 / 2019, separated by a / Surname: This will be the surname(s) of the primary client(s) reflected on the Intake Form.

Life stage / Race and Gender: Information to be obtained from Identifying Information Form (CW 03) and if yes, reflect a "1"

Intake Action: Refer to Intake form. Note that more than one Intake Action may be selected.

Allocated to (Social Worker First Name and Surname): Refer to section on Intake Form "Recommendation by Supervisor" and reflect the name and surname of the social worker to whom the Supervisor has allocated the case.

Return date for Intake Action: Refer to "Return date for Intake Action" field on the Intake form

Status: Provide an indication of the progress / status of the intake, e.g. intake closed.

ASSESSMENT

Instructions for completing comprehensive assessment tools

Information on the completion of the following tools are provided in other steps:

- Problem codes CW 06 – see Step 2 Intake.
- Process Note: CW 10 – see Step 2 Intake.

CW 09: PART 1, 2 & 3
ASSESSMENT, PLANNING AND CONTRACTING FORM

This is a lengthy assessment tool as it provides a means to view the client and his/her family holistically. Assessment is an iterative process, going back to the client and other sources over a period of time to get a complete picture. The assessment process can take place over a period of 4 – 6 weeks, longer in complex cases. It would be highly unusual to complete a comprehensive assessment in one session, and it is likely that the assessment would be incomplete.

It is important to remember that the assessment tool is primarily an aid to conducting assessments, in addition to providing a record of the assessment. Sometimes SWs make the mistake of thinking it is more important to fill in forms than listen to the client. If possible, it is best to use the assessment tool as a guide for the assessment interview/s and only fill in the tool after the meeting so that the focus can be on listening to what the person is saying.

Before starting the assessment, it is important to determine whether the client wants to receive your services. Doing so involves obtaining **informed consent** or **informed assent** from the client (see Practice Aid 7 & 8: Informed Consent and Informed Assent). The client may have given consent during the intake phase, but they are now entering a new phase of the process and this may also be the first time they are working with you.

The different sections in the assessment report should include the findings from interviews with the client and other family members/professionals as well as observations of the client, their home environment etc.

The assessment report is structured as follows:

Part 1: Client's identifying information
Part 2: Process of completing the assessment, including persons and documents consulted
Part 3: Assessment findings, inclusive of an Overview of the situation of the client(s), Strengths of and problem solving of the client(s), Psychosocial issues, Education, Safety and security, Health and Nutrition, Economic issues, basic needs and legal needs, and the Assessment summary
Part 4: Planning
Part 5: Contracting

Part 1: Client's identifying information: Briefly explain at the start of the interview Your name, title and organisation and the purpose of the interview, as well as the client(s) rights in the process including participation, confidentiality and their right to services and information, dignity and respect. Note: in some cases, there may be multiple clients in one case, such as family interventions or siblings placed in foster care

Part 2: Process of completing the assessment: List all engagements with the client(s) below (if needed, attach additional page), engagements with Other persons consulted during the assessment and planning including other social service professionals, other professionals, family or friends of the client. If case conference or consultation was conducted please note below and documents consulted such as school report cards, court reports etc.

Part 3.1: Overview of the situation of the client(s): Briefly describe the client(s)'s main concern(s)/issues and their expectations - when relevant make reference to the client(s)'s life stage. What is the impact of the issue on the client(s), their daily life and if relevant, their family?

Part 3.2: Strengths of and problem solving of the client(s): Explain to the person being interviewed that you are going to ask them some questions about how the client has tried to resolve or cope with the situation and their strengths? How has the client tried to resolve the problem or issue? What are the main strengths of the client(s) including life skills, coping mechanisms or problem solving used by the client(s), spirituality/religion or other beliefs? What are things that the client(s) values in their life, or that gives them hope or sense of purpose?

Part 3.3: Psychosocial issues: Explain to the person being interviewed that you are going to ask them some questions about the clients relations with their family and community and their daily life including Social relations and integration and functioning in daily life, Sources of stress, emotional and behaviour problems

Part 3.4: Education: Introduce the subject to the person being interviewed – for instance, "I am now going to ask you some questions about your children's education. Briefly describe the education background of the client(s), and if they are still in school or university their current studies and grade. Briefly describe if the children in the household are attending school, any challenges they face, and if they are not in school why not.

Part 3.5: Safety and security: Introduce the subject to the person being interviewed – for instance, "I am now going to ask you some questions about how safe you and your family feel in your daily life". Briefly describe if the client(s) and/or their family feels safe in daily life in their home and community, and if not why not. Describe any current or previous experiences of violence, abuse or exploitation. If the client(s) has experienced violence, abuse or exploitation, describe whether they informed anyone, and if they received any help or services describe what help or services they received. If client is unsafe or currently experiencing violence, assess their safety and risk and develop a safety plan.

Part 3.6: Health and Nutrition: Briefly describe any medical issues for the client(s) or members of their household that impact on the client(s), including illness, injury or disability. Does the client(s) have access to needed medical services, and if not why not?

Part 3.7: Economic issues, basic needs and legal needs
Client's access to basic needs: Important to include this in the assessment as unmet basic needs have a major impact on social well-being.
Does the client need help in accessing documents? - This is a holistic assessment, SW plays a role in linking the client to different services.

Part 3.8: Assessment Summary
Problems and strengths - Summarise the key challenges, issues and/or needs to be addressed. Briefly summarise the key positive coping mechanisms, personal skills or resources and social support that can help in addressing the key issues.
Problem codes - Reflect all relevant problem codes
Risk levels - Describe and select risk level

PLANNING AND CONTRACTING

Instructions for completing planning and contracting tools

Information on the completion of the following tool is provided in other steps:

- Process Note: CW 11 – see Step 2 Intake.
- Central Register 14 – see Step 2 Intake.

CW 09 PART 4 & 5
ASSESSMENT, PLANNING AND CONTRACTING FORM

Overall goal

- The overall goal should be based on the findings of the assessment and the Plan of Action should respond to the issues identified in the assessment.
- The SW can transition into planning by summarising for the beneficiary what they understand to be the key needs according to the discussions. Check whether the client agrees with this summary and whether there is anything they missed or would like to add. The goal can be long term or short term. The goal should also include the timeframe when it is estimated to achieve this goal.
- Discuss and set personal goals with the client related to needs identified in the assessment. This is important to foster the person's own sense of personal agency and empowerment. It is important to identify short-term and realistic goals.

Views of the client(s): Active participation by the client in case management means their input is needed in the formulation of the aims, tasks and measures specified in the Plan of Action, with responsibility for the performance of some of its steps being assigned to the client. The inclusion of the client at the assessment stage gives them the opportunity to realise and analyse their own strengths and difficulties. In this section, briefly describe the views of the client(s) to address the issues identified in the assessment, including if relevant, how their views or wishes changed during the process, and/or if their wishes differ from the action plan below, explain the reasons for this.

Issues to be addressed: The Plan of Action must be informed by the unmet needs identified in the assessment.

Planned intervention including intervention codes

- Provide information on what services and supports are available and what can be expected from these resources. This includes providing information on direct services that can be provided by the SW and services that need referrals. For referrals, information should be provided on the referral process and the likely outcome of the referral.
- The list of Intervention Codes CW 10 should be consulted to complete this section. **These interventions include ones that are to be provided directly by the SW and interventions that may be referred to other service providers.**
- Document the plan in a simple way – by writing down what actions need to be taken, by whom and when. Having this written down is important for follow-up/monitoring the case implementation and for the formal case reviews.

Due date for Intervention

- Identify dates on which the planned interventions would be implemented and diarise these dates
- Ensure that the planned dates for interventions are reflected on the Client Card

Responsibility

- Identify who will be responsible for facilitating the intervention or service. For example, the SW/Case Manager will be responsible for providing direct services and making referrals.
- Active participation by the client in case management means responsibility for the performance of some of the interventions being assigned to the client. What actions will the client take responsibility for? It is best if the clients' share of responsibility in the Plan of Action reflects the maximum of which they are capable. In other words, clients should do everything that they can do for themselves.
- Discuss accompaniment for referrals. The client may want someone to accompany them to the other organisations/actors they will go to for help.

Due date for Evaluation
Identify a date, following the implementation of all activities on the Plan of Action, on which evaluation with the client will take place using the Evaluation Form (CW 12) - see Step 6.

PART 4: CONTRACTING
This section deals with obtaining informed consent/assent from the client to share information with other service providers and to participate in the intervention. See *Practice Aid 7 & 8: Informed Consent and Informed Assent*.

Review of assessment, planning and contracting plan by supervisor: Both the SW/Case Manager and the client should sign the case plan. The Case Managers supervisor should also sign the case plan.

CW 10
INTERVENTION CODES

Interventions are divided between cross-cutting and programme specific. Cross cutting interventions refer to those which are implemented by more than one programme, and as a result could not be duplicated under each programme. For each cross-cutting intervention, identify which programme it refers to (see programme codes A to G). For instance, individual counselling for older persons would be 1A.

Interventions that are programme specific (not covered in the cross-cutting interventions), are primarily delivered under one programme. Note first the intervention number then the programme – for instance, inter-generational programmes would be 40A.

IMPLEMENTATION OF INTERVENTIONS

Instructions for completing intervention tools

Information on the completion of the following tools is provided in other steps:

- Problem Codes: CW 06
- Intervention Codes: CW 10
- Referral Form: CW 4a and 4b – see Section 8.
- Central Register: CW 14.

CW 11
PROCESS NOTE

Process notes are the chronological record of interactions, observations and actions involving a client and/or client system. This record is important for social work continuity, for legal discovery purposes and for historical records.[3] A process note is not the same as process recording (see *Practice Aid: 9 Process recording*).

The *Process Note* is used to document activities that takes place in all generic intervention processes.

Guidance on specific sections:

- Name and contact of persons engaged: The process note must be used to record all activities undertaken in relation to the case, including with the client and others involved in the case such as multi-disciplinary team members. The name of the person engaged may therefore not be the same as the client.

- Type of engagement: Process notes provide a record of all the engagements relating to the case, including phone calls, face-to-face contacts, contacts with service providers, team meetings, court hearings, and visits. Tick the applicable box indicating the type of engagement.

- Purpose of engagement and what transpired: If the SW/SAW initiated the engagement or if initiated by the client or someone else, provide the reason and a description of what took place. Additional space is provided at the end of the form for more information if needed.

- Outcome and follow-up: Record any actions that need following-up on as a result of the engagement, either by the SW/SAW, client or anyone else involved in the case. A referral could also be required.

- Evaluation/reflection of engagement: Social work practice is meant to be reflective. Use this space to reflect on actions, responses and feelings in relation to the engagement. Was there anything you could have done differently or any discrepancies / inconsistencies which was identified?

- Date of next follow-up: This could be the date of the next planned follow-up with the client or person/s involved in the case.

EVALUATION

Instructions for completing evaluation tools

Information on the completion of the following tools is provided in other steps:

- Process Note: CW 11.
- Referral Form CW 04A or 04B.
- Central Register CW 14.

CW 08
EVALUATION REPORT

Main goals / expectations of intervention
Provide a brief summary of the main goals/expectations as per the Planning and Contracting form. The evaluation needs to focus on progress with implementing these interventions. Provide the timeframe for implementing these interventions.

Main interventions and intervention codes **planned** vs. **implemented**
Describe the interventions which were planned as per the Planning and Contracting and indicate which ones have been implemented. Were these interventions implemented in the planned timeframes? Were any interventions undertaken that weren't planned? What were the reasons for this?

Client experiences and perceptions of change that occurred
Were the client's expectations/needs met following the implementation of the planned intervention? If interventions have been implemented but client's needs/expectations remain unmet, what are the reasons for this?

Social Worker perceptions of change that occurred
What are the SW's reflections on any changes that may have occurred, these could be changes in the client's physical, social, emotional domains. Is the client an active participant in the intervention process? Also reflect on your role in the process. Is there anything you think could have been done differently? Why?

Remaining or outstanding issues to be addressed
Briefly describe if there are any planned actions that still need to be completed or any new/emerging issues that require attention.

Further Plan of Action including who, what, when
The remaining or outstanding issues to be addressed should guide these actions identified above. If the client's situation has changed substantially, with new needs emerging and/or change in risk status then it may be necessary to reassess the situation (revisit the *Assessment Report*) and prepare a new Plan of Action with the client (using the *Planning and Contracting Form*). The actions must specify what needs to be done, by whom and by when. Include the date for the next formal case Evaluation, as well as a date for case follow-up/monitoring.

TERMINATION

Instructions for completing termination tools

Information on the completion of the following tools is provided in other steps:
- Process Note: CW 11.
- Central Register CW 14.

CW 13
TERMINATION REPORT

Were all planned interventions implemented as per Planning and Contracting? Refer to the Planning and Contracting Form, and any additional plans from formal evaluations, and record which planned interventions were implemented fully, partially or not at all. For interventions only completed partially or not at all provide reasons for this as well.

Reasons for terminating the service: Briefly describe the reasons for closing the case. Criteria for closing a case can include the following:
- *Intervention completed*: The goals of the client, as outlined in the case plan, have been met, the client is safe from harm, their care and well-being is being supported and there are no additional concerns.
- *Client declined service*: The client no longer wants to receive services and there are no grounds for going against their wishes (e.g. in cases involving children, it is safe for the child to close the case; however foster care cases, even stable ones, have to remain open until the child turns 18 or 21 years).
- *Client unavailable*: e.g. the client leaves the geographic area.
- *Other possible reasons*:
  - The client needs specialised services that cannot be rendered by the DSD office.
  - The client dies.
  - The case is being transferred to another service point or organisation.

If intervention completed, was client informed and did they consent to terminating service? Termination should be a planned process with the client and the reasons for closing the case should be discussed with the client. In cases where the client was informed but did not consent or the client was not informed, reasons must be provided.

Supervisor Comments: No case may be closed without the approval of the supervisor. The SW must discuss the reasons for deciding to close the case with the supervisor and the supervisor must record his/her reasons for agreeing to close the case. If the supervisor does not agree to close the case, then these reasons should be recorded in a **process note** which includes reasons given by the supervisor and follow-up actions to be taken by the SW.

CENTRAL REGISTER

Instructions for completing central register

Information on the completion of the following tools is provided in other steps:
- CW 1 - 13

CENTRAL REGISTER CW 14

A file is only opened for the client if the case goes for comprehensive assessment, and it is only when a file is opened that the details are entered onto the central registry.

The central register is a tool for supervisors to use to monitor where SWs cases are in the case management process.

REFERRALS

Overview

Referrals can be internal or external. Internal referrals are those, which are made to other programmes within an organisation, while external referrals are those that are made to other service providers/organisations for services that cannot be provided by the referring organisation.

Depending on the case, internal and external referrals and linkages to other services can be an on-going activity throughout the case management process (see *Practice Aid: Putting Referrals into Practice* below).

Roles and responsibilities in referrals

SWs/SAWs have an ethical responsibility to make referrals in a professional manner (see *Practice Aid: SACSSP Code of Ethics Provisions on Referrals* below). For all external referrals it is the professional/ethical responsibility of the receiving organisation to provide written confirmation of receipt of referral and feedback on the referral (where requested or required).

SAWs and SWs can make internal and external referrals:

- For referrals made by SW, the SAW working under their supervision can be given the responsibility of completing the *Referral Tracker* and following-up on these referrals.
- SAWs can be given responsibility for developing and maintaining a service directory for the organisation (see *Practice Aid: Service Directory* below).

Supervisors are responsible for:

- Reviewing the *Referral Tracker* on a monthly basis – to establish that returned referral forms are filed and services have been provided.
- Facilitating monthly service review meetings to determine gaps in services provided, challenges in referrals and linkages, including challenges in follow up of services.

PART 2.2: INSTRUCTIONS FOR COMPLETING GROUP WORK TOOLS

GROUP WORK PLANNING

GROUP WORK PROPOSAL FORM GRW 01

Proposed number of group members
Group size depends on the purpose of the group and the needs that are being met by the group. Also depends if the group has a closed or open membership.

Logistics of the group
This section can be used to request funds for groups, using the SWS 09 for this purpose. Logistics include: participant transport, venue (if group held outside the office e.g. church or school hall); meals/ refreshments; celebration at the end of the group e.g. certificates for group members. A table to cost the logistics can be included with this form.

GROUP WORK PROCESS NOTE GRW 02

Description of the process
General description; where are you at in the different group work phases?

Evaluation of the group session
Provide a reflection on the group processes, dynamics and individual participation in the group. A reflection on each group member should be provided, not just a general reflection on the whole group.

GROUP WORK AGENDA

The agenda for each group session depends on the type of group e.g. structured parenting programme would have a session outline for specific sessions, but may not be relevant for a therapeutic group where the content of the session flows from the initial check-in. The agenda (or session plan) should include the following elements:

- Duration
- Aims of the session
- Activities (linked to the aims)
- Resources/equipment needed for the session

GROUP WORK ATTENDANCE REGISTER

Participants can initial to indicate their attendance OR the facilitator can note their attendance with a to indicate attendance or X to indicate no attendance. Whatever option is chosen should be followed consistently for the group. If the group has more sessions, a second register should be prepared.

GROUP WORK EVALUATION GRW 03

The evaluation of the group must include the views and experiences of group members. This should be a formal group activity during the final group session.

Outcomes
An evaluation of each individual member is required.

PART 2.3: INSTRUCTIONS FOR COMPLETING COMMUNITY WORK TOOLS

NEEDS ASSESSMENT AND PLANNING

COMMUNITY WORK NEEDS ASSESSMENT AND PLANNING COW 01
Obtain demographic information e.g. population, services, trends, target groups. Determine community resources (assets) - physical, social, financial, natural. Identify key community role players. Document the community profile report During the needs assessment and planning step, the SW/SAW focuses on exploring a range of alternative solutions to identified problems; thinking more about: ▪ Fundamental causes of the problem. ▪ Community goals and projects to achieve them. ▪ Involvement of community members and task teams. Empowerment and benefits to community

COMMUNITY WORK INTERVENTION

COMMUNITY WORK NEEDS PROCESS NOTE COW 02
All actions and activities undertaken in relation to the needs assessment and planning step must be documented in the process note. Implement activities as per the plan. Record all activities/contacts made

COMMUNITY WORK EVALUATION

COMMUNITY WORK EVALUATION COW 03
Review the objectives of the initial plan by reviewing the initial plan with participants**.** Although monitoring and evaluation should take place throughout the process, a final evaluation by the social service practitioner together with the service beneficiary/group/ community must determine if the service beneficiary's determined outcome was achieved and whether they are ready for termination

PART 3:
REPORTING TOOLS

MONTHLY REPORTING TOOL

The monthly reporting tool is a summary of information from the Screening-, Intake- and Central Registers for Case-, Group- and Community work.

GUIDANCE FOR COMPLETING THE MONTHLY REPORTING TOOL

- Reporting should be completed per service point and the reporting period is from 1st up to last day of each month. Sub-district reports to be submitted to the District (by 3rd of each month), District reports are due to the province (by 6th of each month) and provincial reports due to National by 9th of each month

General

- Start by completing information regarding the location of the service point, i.e. Province, District, Sub-district, Office / Service Point
- Then provide the number of practitioners per occupational category for the reporting period, i.e. SW Managers, SW Supervisors, SW's and SAW's – do not include practitioners that are on extended periods of leave
- Supervision ratio (Supervisor : Social Worker): Consider total number of social workers divided by number of supervisors (e.g. 15 social workers, divided by 3 supervisors = 5, therefore the ratio will be 1 supervisor for every 5 social workers (1:5)
- Ratio of SW to population: Consider population figure, e.g. 400,000 and divide it by the number of social workers, e.g. 50 = 8000. It is therefore 1 social worker for every 8000 people (1:8000). The population figures can be obtained annually from StatsSA – www
- Average number of case files per SW (excluding Intakes): Consider number of case files in the central registry allocated to social workers for the reporting period and divide this by the number of social workers, e.g. 300 cases divided by 2 social workers will amount to 150 cases on average per social worker

Number of SW Managers		**Number of SW Supervisors**		**Number of SW's**		**Number of SAW's**	
Supervision ratio (Supervisor : Social Worker)	**X1 Supervisor : _____SW's**	**Ratio of social worker to population (Social Worker : Supervisor)**	**X1 SW : _____ (Population)**	**Average Number of case files per social worker**	**X1 SW : _____ (No of files)**	**Month and Year**	

Casework

1. *Number of Beneficiaries Screening*

- Information required on the "Number of Beneficiaries Screened" field should be derived from the Screening Register (CW01). A total should be provided for each of the following fields, e.g. Number of primary clients, number of reporters, number of new cases etc.

1. Number of beneficiaries (Screening):							
Source				**Number of**		**Screening Action**	
Primary client	Caregiver	Reporter	Service provider	New Cases	Existing Case	Internal Referral	External Referral
Total number of beneficiaries screened (all sources)				**All new and existing**		**Total Referrals**	

2. *Number of Beneficiaries Intake*

- Information required on the "Number of Beneficiaries Intake" field should be derived from the Intake Register (CW08) for the specific reporting period. A total should be provided for each of the following fields, i.e. Life stage, Race, Gender, Disability, Foreign Nationality and Risk Level
- In addition to the latter, a breakdown should be provided on the recommended "Intake Action", i.e. providing a total for each of the following fields

2. Number of beneficiaries (Intake):						
Intake Action						
Emergency Action	Referral for Comp Ass internally	Case consultation (with Supervisor)	Internal Referral to Dept. programme	External Referral	Issue resolved at Intake level	Comprehensive assessment not required
All intake action						

3. *Number of processes completed for the month (Excluding Screening and Intake)*

- Information required on the next field, i.e. "Number of processes completed for the month (excluding referrals at Screening and Intake Level)" should be derived from the Central Case Register (CW14).
- Note that only processes which were completed in a specific reporting period should be considered – see fields on Central Case Register which states "Date completed". Processes which have not been completed will be reported on in subsequent months.

3. Number of processes completed for the month (excluding referrals at Screening and Intake level)						
Assessments	Planning / Contracting	Interventions implemented	Evaluations	Terminations	Internal Referral	External Referral

Group Work

1. *Number of Beneficiaries / Group Members*

- Information to complete this section of the report should be derived from the Central Group Work Register (GRW 06). Essentially, the report requires information on the number of group members in terms of life stage, race, gender, disability and foreign nationality.

1. Number of beneficiaries / group members													
Life Stage						**Race**				**Gender**		**Disability**	**Foreign nationals**
0-5 yrs.	6-12 yrs.	13-18 yrs.	19-34 yrs.	35-59 yrs.	60+ yrs.	Black	Coloured	Asian	White	Male	Female	Yes	Yes
All Life stages						**All Races**				**All Gender**			

2. *Number of Processes completed for the month*

- Information required on the next field is focused on the number of processes completed as opposed to the number of beneficiaries in point 1 above.
- The remainder of fields (Group assessments, group planning / contracting, group sessions facilitated, group evaluations and groups terminated) information will be derived from fields which reflect "Date Process completed"

2. Number of Processes completed for the month					
New groups	Group assessments (Screening/ selection)	Group Planning / Contracting	Group sessions facilitated	Group Evaluations	Groups Terminated

Community Work

1. Number of Processes completed for the month

Summary Case-, Group- and Community Work

- Add the number of cases / group / community work carried over from previous month plus (+) number of new minus (–) number of cases terminated equals (=) number carried over to next month, e.g. 75 cases carried over from previous month, plus (+) 2 new cases, minus (-) 3 cases terminated, equals (=) 74 cases to be carried over to next month

Number of beneficiaries per primary problem code

- Note that only problem codes at Intake Level should be considered. It is acknowledged that problem codes might change during the process, but the reporting tool does not accommodate such changes at present
- It is further acknowledged that clients often report with more than one problem, however for statistical purposes and the limitations of a manual "system" it is requested that only a primary problem code be reflected on the monthly reporting tool
- Information in this field should be derived from the "Primary Problem Code" field on the Central Registries for Case-, Group- and Community Work. Consider only the primary problem code (one problem code per individual) and reflect this on the reporting tool

Number of beneficiaries per intervention and programme code

- Note that only problem codes at Intake Level should be considered

PART 4:
PRACTICE AIDS

Practice Aid 1: Guiding principles for practice

Social work practitioners respect the dignity and worth of individuals, families, groups and communities and strive towards providing quality services. In pursuit of quality **case work, group work and community work** services, social workers aspire and subscribe to the following ethical values or principles described in the South African Council of Social Service Professions (SACSSP) Code of Ethics for Social Workers:

- *Social justice:* Social workers challenge social injustice. They pursue social change, particularly with and on behalf of vulnerable and disadvantaged individuals, families, groups and communities.

- *Respect for people's worth, human rights and dignity:* Social workers accord appropriate respect to the fundamental human rights, dignity and worth of all human beings. They respect the rights of individuals to privacy, confidentiality, self- determination and autonomy and are mindful that legal and other obligations may lead to inconsistency and conflict with the exercise of these rights.

- *Competence:* Social workers strive to maintain high standards of competence in their work. They recognise the boundaries of their particular competencies and the limitation of their expertise.

- *Integrity:* Social workers behave in an honest manner. They seek to promote integrity in the science, teaching and practice of the profession. In these activities social workers are honest, fair and respectful of others.

- *Professional responsibility:* Social workers uphold professional standards of conduct, clarify their social work roles and obligations, accept appropriate responsibility for their behaviour and adapt their methods to the needs of different client systems.

- *Show care and concern for others' well-being:* Social workers recognise the importance of human relationships. They do not exploit or mislead other human beings during or after termination of a social work relationship.

- *Service delivery:* Social workers' primary goal is to assist individuals, families, groups, and communities and address social needs and problems. Social workers elevate service to others above self-interest.

Practice Aid 2: Purpose of social work documentation[5]

Social work documentation is an integral and essential component of social work practice. SWs/SAWs have an ethical and legal responsibility to maintain social work records. A social work record refers to a written or electronic document that contains client information, professional observations, clinical decisions, intervention strategies, and outcomes generated throughout the delivery of social work services.

Documentation and record keeping are important to ensure accountability, facilitate coordination of service delivery between service providers and for service monitoring and improvement:

- *Accountability.* It is important to be able to provide relevant client information at any given time and the organisation's response to their needs. The information may be needed to respond to queries from stakeholders, who may include the client's family, funders, donors or the courts. One important source of information is the client records. Documentation forms the nature of the professional relationship with the client. Information on problems encountered and the agency's response would assist in the event of a crisis or investigations.
- *Continuity of care*. Records provide a case history and a more holistic picture in order to follow-up on services or try different approaches to assist the client. This is especially for clients with long-term or complex needs, or who require multiple services. Accurate and up-to-date recording is important especially when there is an emergency and the staff-in-charge is not available (due to illness, leave, resignation,

etc.). Good records and documentation will facilitate communication between service providers to ensure coordinated, rather than fragmented, services.

- *Service improvement*. Well-documented records can also lead to improved services to the clients by helping the social work practitioner organise his/her thoughts. Aggregated client information can also facilitate reporting on services to client and identifying trends in existing and emerging client needs.

The SACSSP Social Service Professionals Policy Guidelines for Course of Conduct, Code of Ethics and the Rules for Social Workers[4] includes the following provisions on documentation of client records:

(a) Social workers should take reasonable steps to ensure that **records are accurate and reflect the services provided**.

(b) Social workers should **include sufficient and timely documentation** in records to facilitate the delivery of services and to ensure continuity of services provided to clients in the future. (*Ideally, notes should be made at the same time as the events being recorded, or as soon as possible afterwards e.g. during an individual session with a client, immediately following, or within 24 hours).*

(c) Social workers' documentation should **protect clients' privacy to the extent that is possible** and appropriate and should include only information that is directly relevant to the delivery of services. **Confidentiality must be ensured in line with the code of ethics** (See *Practice Aid: Confidentiality* below for specific provisions pertaining to confidentiality).

(d) Social workers should **store records following the termination of services to ensure reasonable future access**. Records should be maintained for the number of years required by state statutes and relevant contracts

Practice Aid 3: Ethical provisions on confidentiality for social workers

Confidentiality is an ethical principle associated with the medical and social service professions. Maintaining confidentiality requires that the service providers protect information gathered about clients and agree only to share information about a clients' case only with their explicit permission. All written information is maintained in a confidential place in locked files and only non-identifying information is written on the top of the case file. Maintaining confidentiality means that practitioners never discuss case details with family or friends or with colleagues whose knowledge of the case is deemed unnecessary. There are limits to confidentiality with cases involving children in need of care and protection, sexual abuse of children and persons with disabilities, and abuse of older persons.

South African Council for Social Service Professionals Policy Guidelines for Course of Conduct, Code of Ethics and the Rules for Social Workers

5.2.1 Confidentiality

Confidentiality must be understood in the context of the right to privacy. Cognisance should also be taken of the fact that the right to privacy is enshrined in Chapter 2 of the Constitution of the Republic of South Africa. The ethical standard aimed at protecting the privacy of clients must be held in the highest regard.

Contravening or breaching the relevant standard may be regarded as unethical/unprofessional conduct and could lead to disciplinary steps against the practitioner who contravenes the standard.

The rationale for emphasising this right is that within the social service professions, clients are expected to share necessary information within the interviewing sessions irrespective of how embarrassing this may be. The assurance that any knowledge or information shared between the social worker and the client will be kept between the parties ensures openness and the development of trust, which enhances the healing and developmental process.

The right to privacy is premised on two dimensions, namely the right against intrusion and the right to confidentiality.

The right against intrusion means that people have the right to keep certain information about themselves away from others, to keep secrets and to prevent others from prying into their affairs. This dimension regulates the extent to which social workers can encroach on the client's sphere of privacy.

The second dimension namely, the right to confidentiality is the right to maintain control over information the client chooses to share with a social worker. This regulates the extent to which information a client shares with the social worker should be kept confidential or private between the social worker and the client.

The social service professions are concerned especially with the second dimension, as the helping profession is about sharing information. Irrespective of the legal and ethical duties in this regard, every social worker should realise that to respect a person's right to privacy is to respect the person. Social workers should not solicit private information from clients unless it is essential to providing services or conducting evaluation or research. As in the case of the State that is compelled to respect the privacy of its citizens, it should be second nature to all social workers to honour the privacy of individuals, families, groups and communities. (See section 14 of the Constitution, Act 108 of 1996). Once private and confidential information is shared, the standards of confidentiality apply.

(a) General Guidelines relating to the divulgence of confidential information
Social workers should discuss with clients and other interested parties the nature of confidentiality and limitations of clients' right to confidentiality. Social workers review with clients the circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. This discussion occurs as soon as possible in the social worker-client relationship and as needed throughout the course of the relationship. The social worker and the client should enter into a written contract. Mutual agreement on confidentiality and disclosure of information are embedded in a written contract between a client and the social worker.

In providing services to individuals, families, groups and communities, the social worker often has to work within a team context with other social workers. In the process of service delivery and in the best interest of the client, confidential information often needs to be shared. Clients must be made aware of these processes and must give consent to the sharing of information. Furthermore, clients must be informed that the social worker cannot guarantee that all participants will honour such agreements. The social worker therefore, should only divulge information to other professionals who are also obliged to uphold a code of ethics. In all instances, the consent of the client must be obtained.

Social workers must protect the confidentiality of clients when responding to requests from members of the media. In order to prevent misinterpretations, social workers should request that the questions be provided to them beforehand in writing.

Social workers protect the confidentiality of clients' written and electronic records and other sensitive information.

They take reasonable steps to ensure that clients' records are stored in a secure location and that clients' records are not available to others who are not authorised to have access. Administrative staff dealing with, for example, files of clients or typing reports, must sign a declaration of confidentiality.

Social workers take precautions to ensure and maintain the confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephones and telephone answering machines, and other electronic or computer technology. Disclosure of identifying information should be avoided whenever possible and recipients of confidential information should be informed beforehand.

Social workers transfer or dispose of clients' records in a manner that protects clients' confidentiality and is consistent with State statutes governing records.

Social workers should take reasonable precautions to protect client systems' privacy in the event of the social worker's termination of practice, incapacitation, or death.

(b) Circumstances under which confidential information could be divulged
Social workers could divulge confidential information that comes to their attention whilst carrying out their duties in the following instances:

Subpoenas issued by Court to Social Workers to disclose Confidential Information regarding their Client Systems.
The effect of private privilege is that the court is deprived of relevant evidence and therefore the tendency is towards the restriction of occasions where privilege is claimable. This is the reason why the court will not recognise the privilege between a social worker and client but between a lawyer and his client as this is a common law and is reflected in section 201 of the Criminal Procedure Act, Act No 51 of 1977.

The following options are available to the social worker:

(i) If a social worker is subpoenaed or ordered to do so by a competent court or is otherwise legally bound to do so: Provided that if disclosure of such information is not part of a recognised statutory function of the social worker in question, that the information may be divulged only under protest.
(ii) To inform the client that he/she has to disclose the confidential information due to the subpoena issued by the court and not of their own volition.
(iii) When a court of law orders social workers to disclose confidential information without a client's consent and such disclosure could cause harm to the client, social workers should request that the court withdraw the order or omit the order as narrowly as possible or maintain the records under seal, make it unavailable for public inspection or that the case be heard in camera. However, the social worker should inform his or her client as fully as possible, about the disclosure of confidential information and the potential consequences, before the disclosure is made.
(iv) To bring a high court application challenging the subpoena, where legally advisable to do so.
(v) To inform the client that disclosure is required and advise him or her to bring a high court application challenging the subpoena, where legally advisable to do so.
(vi) With the informed and written consent of the client. To obtain the written and informed consent from the client and if the client cannot give consent, from another legally authorised person on behalf of the client (executor), spouse, or if there is no surviving spouse, a major child of the client or deceased client. In the case of a minor child, consent should be obtained from the parents or guardian.
(vii) If the client system is suing a social worker, he or she is entitled to disclose information about the matter in so far as it is necessary to defend him or herself.
(viii) When disclosure is necessary to prevent serious, foreseeable and imminent harm or danger to a client system or other identified person or a community, thus justifying disclosure on the grounds of necessity.
(ix) To the extent that the divulgence is in the client's interest e.g. treatment reasons.
(x) In all instances, social workers should disclose as little confidential information as possible in order to achieve the desired purpose. Only information that is directly relevant to the purpose for which the disclosure is made should be revealed.
(xi) Social workers should inform all clients of the employer's and agency's policy concerning the disclosure of confidential information among the parties involved. This is especially significant in occupational settings where services are rendered to the employees of the organization concerned.
(xii) They should not disclose confidential information to third- parties unless clients have authorised such disclosure.
(xiii) Social workers should not disclose identifying information when discussing clients for teaching or training purposes unless the client has consented to disclosure of confidential information. They should not disclose identifying information when discussing clients with consultants unless the client has consented to disclosure of confidential information.
(xv) Social workers should protect the confidentiality of deceased clients in line with the abovementioned guidelines.

(c) Access to Records/Information

(i) Social workers should provide clients with reasonable access to records concerning only the clients.
(ii) Social workers who are concerned that clients' access to their records could cause serious misunderstanding or harm should provide assistance in interpreting the records and consultation with the client regarding the records.
(iii) Clients' requests and the rationale for withholding some or all of the records should be documented in clients' files.
(iv) When providing clients with access to their records, social workers should take the necessary steps to protect the confidentiality of other individuals identified or discussed in such records as clients should have access to their files with the information relevant only to themselves.
(v) Clients can only be provided with copies of the documents in the file, not original copies because if there is a complaint or court case against the social worker, original documents must be presented in court or the relevant tribunal handling the complaint. Copies should be certified as true copies of the original, where same is required.
(vi) Should a court of law or a tribunal instruct a social worker to provide the court or the tribunal with the file of a specific client, the social worker is not obliged to hand over the complete file but should make copies of relevant documentation available to the court or tribunal, unless ordered otherwise by such court of law or tribunal.
(vii) In a number of statutes a mandatory duty is placed on social workers to disclose information despite the fact that it will constitute an infringement of the privacy and confidentiality of other people. For example, in section 42(1) of the Child Care Act, Act No 74 of 1983, the social worker is obliged to report child abuse (Note: this example is outdated. See Practice Aid 5 and 6 in these Procedure Manual for current mandatory reporting requirements). The principle of confidentiality is limited by the fact that the balance of convenience weighs towards protection of the minor's rights and interests than the principle of confidentiality. The other statute is the Prevention of Domestic Violence, Act, etc.
(viii) Information or records can also be accessed as described in the Promotion of Access to Information Act, Act No 2 of 2000.

(d) Confidentiality in Practice Settings

Social workers must ensure that they manage the affairs of the client, in their offices or private practices, in a manner that optimises the privacy of their clients. They will be deemed guilty of unprofessional conduct should information be lost or overheard in an office environment by other persons who are not involved with the particular client.

Practice Aid 4: Key concepts in social work case management[7]

- In social work practice, just like in a number of other professional practices, reference is made to a '**case'**, which is practical way of referring to a client or client system.
- **Case management** is the management of a single case from opening to termination. Caseload management refers to the total number of cases (or **caseload**) that a social worker is expected to assist at any given time.
- The SW who has been assigned the case is the key actor or "**Case Manager**" responsible for managing the case in accordance with established processes, and takes responsibility for coordinating the actions of all actors involved in the case management process.
- Each case usually has a '**case file'**, which comprises a collection of documents relating to the case.

Practice Aid 5: Mandatory Reporting Requirements in South African Laws

Legislation	Legislative provision
Children's Act, 2005 (Act No. 38 of 2005)	*Section 110 Reporting of abused or neglected child and child in need of care and protection:* ▪ (1) Any correctional official, dentist, homeopath, immigration official, labour inspector, legal practitioner, medical practitioner, midwife, minister of religion, nurse, occupational therapist, physiotherapist, psychologist, religious leader, **social service professional**, **social worker**, speech therapist, teacher, traditional health practitioner, traditional leader or **member of staff or volunteer worker at a partial care facility, drop-in centre or child and youth care centre** who on reasonable grounds concludes that a child has been abused in a manner causing physical injury, sexually abused or deliberately neglected **must report** that conclusion in the prescribed form **to a designated child protection organisation**, the **provincial department of social development**, **or a police official**. ▪ (2) A **police official** to whom a report has been made in terms of (1) or who becomes aware of a child in need of care and protection **must**…**notify the provincial department of social development or designated child protection organisation** of the report and any steps that have been taken with regard to the child. ▪ Form 22
Child Justice Act, 2008 (Act No. 75 of 2008)	*Section 20 (4) (a) Arrest:* ▪ A **police official**, where possible the police official who arrested the child, **must immediately**, but not later than 24 hours after the arrest, **inform the probation officer** in whose area of jurisdiction the child was arrested of the arrest in the prescribed manner. *Section 5 (1) Manner of dealing with children who are alleged to have committed offences:* ▪ Every child who is alleged to have committed an offence and is under the age of 10 years **must be referred to a probation officer** (**by a police officer**) to be dealt with in terms of Section 9.
Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007 (Act No. 32 of 2007)	*Section 54(1&2) Obligation to report commission of sexual offences against children or persons who are mentally disabled:* ▪ **(1) Any person** who has knowledge that a sexual offence has been **committed against a child** must **report such knowledge to a police official**. [6]A failure to do so constitutes an offence, and a person convicted of such offence, may be sentenced to five years' imprisonment. ▪ **(2) Any person** who has knowledge or a reasonable belief or suspicion that a sexual offence has been **committed against a mentally disabled person**, must **report such knowledge to a police official**. A failure to do so constitutes an offence, and a person convicted of such offence, may be sentenced to five years' imprisonment.
Older Persons Act, 2006 (Act No. 13 of 2006)	*Section 25 (1 – 3):* ▪ Any person who is involved with an older person in a **professional capacity** and who on personal observation concludes that the older person is in need of care and protection **must report** such conclusion **to the Director-General**. ▪ **Any person** other than a person in subsection (1) who is of the opinion that an older person is in need of care and protection **may report** such opinion **to a social worker**. *Section 26 (1)):* ▪ **Any person** who suspects that an older person has been abused or suffers from an abuse-related injury **must immediately notify the Director-General or a police official** of his or her suspicion.

Legislation	Legislative provision
The Films and Publications Act, 1996 (Act No. 65 of 1996) as amended	*Section 24 (B) (2):* ▪ Mandatory reporting to the police of the exposure of children to pornography or the use of a child to make pornography.
Prevention and Combatting of Trafficking in Persons Act, 2013 (Act No. 7 of 2013)	Section 18 Reporting of and dealing with child victim of trafficking: (1) (a) Despite any law, policy or code of conduct prohibiting the disclosure of personal information, an person who knows or who ought reasonably to have known or suspected that a child is a victim of trafficking must immediately report that knowledge or suspicion to a police official for investigation. (b) A designated child protection organisation which comes into contact with a child who is suspected of being a victim of child trafficking and who has not been reported as provided for in paragraph (a) must immediately report that child to a police official for investigation. (9) A person who fails to comply with the provisions of subsection (1) is guilty of an offence. Section 19 Reporting of and dealing with adult victim of trafficking: (1) (a) Despite any law, policy or code of conduct prohibiting the disclosure of personal information, an person who knows or who ought reasonably to have known or suspected that an adult person who he or she comes into contact with during the execution of his or her duties, is a victim of trafficking, must immediately report that knowledge or suspicion to a police official for investigation. (b) An accredited organisation which comes into contact with an adult person who has not been reported as provided for in paragraph (a) must immediately report that suspicion to a police official for investigation. (13) Any person who fails to comply with the provisions of subsection (1) is guilty of an offence.
Is this list exhaustive, what about Probation Services Act, Substance Abuse, Domestic Abuse	

Practice Aid 6: Legislated and specialised programme specific tools

As mentioned above, due to mandatory reporting requirements, practitioners might at times have to deviate from the generic intervention processes and data collection tools and instead utilize programmatic tools – see below examples.

Also note that the completion of registers (e.g. Screening, Intake and Central Registers) is not reflected under each process below, as these registers would not necessarily be included in the client's file, however, it should be completed.

SERVICES TO OLDER PERSONS

	Number of older persons accessing residential facilities
Screening	Reporter Form CW02 (in case the reporter consulted Social Development Office) Identifying Information form CW03
Intake	Intake Form CW05 (in case the reporter consulted Social Development Office)
Assessment	Comprehensive Assessment CW09 Part 1,2,3 Process Note CW11
Planning and Contracting	Planning and Contracting CW09 Part 4 & 5
Intervention Implementation	Process Note CW11 Based on the above outcome completion of application forms in a Residential Facility/ Community Based Care Centre
Evaluation	Evaluation Report CW12
Termination	Termination Report CW13
	Number of older persons accessing community based care and support services
Needs assessment and planning	Community Work Planning COW01 (In case of new NPOs)
Intervention	Intervention and Monitoring in case of new NPOs COW02 Completion of Monitoring tool and development of Plan of action based on the areas of development identified during monitoring in case of existing NPOs. Intervention and Monitoring in case of new NPOs COW02 Completion of Monitoring tool and development of Plan of action based on the areas of development identified during monitoring in case of existing NPOs. Completion of Process Report COW02
Evaluation	Evaluation Report COW03
Termination	Community Work Evaluation COW04 for short term projects Continuous support for long term projects
	Number of older persons reached through social work services
Screening	Reporter Form CW02 (in case the reporter consulted Social Development Office) Identifying Information form CW03
Intake	Intake Report CW05 Preliminary Assessment Report within 48 hours Completion of Guideline 14 (Notification of Alleged Elder Abuse) Referral to other stakeholders if necessary
Assessment	Comprehensive Assessment CW09 Part 1,2,3 Process Note CW11 Removal of the Older Person to alternative care if the situation is life threatening or referral to SAPS depending on the outcome of the assessment.

Planning and Contracting	Planning and Contracting CW09 Part 4 and 5
Intervention Implementation	Process Note CW11
Evaluation	Evaluation Report CW12
Termination	Termination Report CW13
	Number of persons reached through prevention services
Needs identification and planning	Community Work Planning C0W01
Intervention	Agenda Attendance Register Process Note COW02
Evaluation	Evaluation Report COW03
	Number of older persons participating in active ageing
Needs identification and planning	Community Work Planning COW01 (In case of new NPOs)
Intervention	Intervention and Monitoring in case of new NPOs COW02 Completion of Monitoring tool and development of Plan of action based on the areas of development identified during monitoring in case of existing NPOs. Completion of Process Report COW02
Evaluation	Evaluation Report COW03

SERVICES TO PERSONS WITH DISABILITIES

	Number of persons with disabilities accessing residential facilities
Screening	Reporter Form CW02 (in case the reporter consulted Social Development Office) Identifying Information form CW03
Intake	Intake Report CW05 (in case the reporter consulted Social Development Office)
Assessment	Comprehensive Assessment CW09 Part 1,2,3 Process Note CW11
Planning and Contracting	Planning and Contracting CW09 Part 4 and 5
Intervention Implementation	Process Note CW11
Evaluation	Evaluation Report CW12
Termination	Termination Report CW13
	Number of support group sessions conducted
Group work planning	Group Work Proposal GRW01
Intervention and monitoring	Group Work Process Note GRW02 Agenda Attendance Register
Contracting	Group Work Contract GRW 03

Group work evaluation	Group Work Evaluation Form GRW04
Group work termination	Group Work Termination Form GRW05
	Number of persons reached through prevention services
Needs assessment and planning	Community Work Planning COW01
Intervention	Agenda Attendance Register Process Note COW02
Evaluation	Evaluation Report COW03

HIV and AIDS

	Number of beneficiaries reached through social and behaviour change programmes
Screening	FMP Recruitment log – document details regarding FMP recruitment activities, determine which methods are most successful. Target population and location. FMP Facilitator Preparation Checklist – preparation for sessions and ensure all necessary material is in place.
Intake	FMP Screening form – conduct orientation and one on one screening sessions to determine whether individuals are eligible to participate in the programme and document which recruitment methods informed them of the programme.
Assessment	Demographic Detail - collect demographic information from participants and how they were recruited
Planning and Contracting	FMP Facilitator session logs and attendance register - document how the session activities were conducted, if changes were made, indicate challenges experienced. (completed for each session)
Intervention Implementation	FMP Participants Satisfactory Questionnaire – measure participants' satisfaction with the intervention (to be conducted at end of session 5)
Evaluation	FMP Group Summary Report – Compile and summarize key information for each FMP cycle (At the end of each cycle which lasts for 6 weeks)
Termination	FMP Recruitment log – document details regarding FMP recruitment activities, determine which methods are most successful. Target population and location. FMP Facilitator Preparation Checklist – preparation for sessions and ensure all necessary material is in place
	Number of beneficiaries receiving Psychosocial Support Services
Screening	Household Details: profiling of the family by the caregiver (File is separate from the beneficiary file and kept in the NPO) Prescribed form - C01
Assessment	Child & Youth assessment for screening of beneficiaries under the age of 24 years. Prescribed form - C02 Adult Assessment for screening of adult beneficiaries. Prescribed form - C03 (Separate file for each beneficiary)
Planning and Contracting	Family Care Plan for Psychosocial Support Interventions to identify relevant intervention and guide the caregiver on the interventions (To be in the household file)
Intervention Implementation	Activity Register to records all interventions/ services rendered to each beneficiary (Beneficiary File) e.g. Home visit, school visit, basic counselling, laundry, referrals etc. Referral return slip to be kept in the file – Prescribed form – S05
Termination	Beneficiary Exit form - record date of exit, successes and reasons for exit (Beneficiary file)

SOCIAL RELIEF

	Number of beneficiaries who benefited from Social Relief of Distress programmes (Individual)
Screening	Reporter Form CW02 (where applicable) Identifying information form CW03
Intake	Intake Form CW05
Assessment	Individual Social Relief of Distress Assessment Report Form
Planning and Contracting	Individual Social Relief of Distress Planning and Contracting Form
Intervention Implementation	Individual SRD Application (ID Copy / Affidavit in case of disaster and undocumented clients) Individual Acknowledgement of Receipt of SRD Process Note CW11 (for planned interventions, other than SRD)
Evaluation	Evaluation Report CW12
Termination	Termination Report CW13
	Number of beneficiaries who benefited from Social Relief of Distress programmes (Bulk)
Planning	Community Work Planning COW01
Needs Assessment	Bulk Social Relief of Distress Assessment Report Form For other interventions, revert to case management processes
Intervention	Bulk SRD Application Bulk Acknowledgement of Receipt of SRD
Evaluation	Evaluation Report CW12

CARE AND SERVICES TO FAMILIES

	Number of family members participating in a parenting programme/family preservation (group work)
Planning	Group work proposal GRW01
Contracting	Group work contract GRW03
Intervention and Monitoring	Group work process note GRW02 Agenda Attendance register
Evaluation	Group work Evaluation form GRW 05
Termination	Group work termination form GRW 06
	Number of family members reunited with their families
Screening	Reporter Form CW02 (where applicable) Identifying information form CW03
Intake	Intake Form CW05
Assessment	Assessment form CW 09 Part 1,2&3 / family developmental assessment form (where applicable)
Planning and Contracting	Planning and contracting CW 09 Part 4 &5 / reunification plan Process note CW 11

Intervention Implementation	Process Note CW 11 (for planned interventions)
Evaluation	Evaluation Report CW12
Termination	Reunification report Termination Report CW13
	Number of families participating in parenting programmes
Screening	Reporter Form CW 02 (where applicable) Identifying information form CW 03
Intake	Intake Form CW 05
Assessment	Assessment form CW 09 Part 1,2&3
Planning and Contracting	Planning and contracting CW 09 Part 4 &5 / reunification plan Process note CW 11
Intervention Implementation	Process Note CW 11 (for planned interventions)
Evaluation	Evaluation Report CW12
Termination	Reunification report Termination Report CW13

CHILD CARE AND PROTECTION

	Number of children placed in foster care
Screening	Reporter Form CW 02 (where applicable) Identifying information form CW 03
Intake	Intake Form CW 05
Assessment	Assessment form CW 09 Part 1,2&3 Form 22 and Form 23 Developmental assessment
Planning and Contracting	Planning and contracting CW 09 Part 4 &5 / reunification plan Process note CW 11 Care plan, IDP
Intervention Implementation	Process Note CW 11 (for planned interventions)
Evaluation	Evaluation Report CW12
Termination	Reunification report Termination Report CW13

SOCIAL CRIME PREVENTION AND SUPPORT

	Number of children in conflict with the law assessed
Screening	Report form CW 02 Identifying information CW 03
Intake	Intake form CW 05 Preliminary assessment report Supervisors note

Assessment	Comprehensive assessment CW09 Part 1,2 & 3 Process note CW11
Planning and Contracting	Planning and contracting: CW09 Part 4&5 Process note CW11
Intervention Implementation	Process note CW11 Feedback report to court / Diversion feedback report Designation to CYCC Home based supervision
Evaluation	Evaluation Report CW12
Termination	Termination Report CW13
	Number of children in conflict with the law awaiting trial in secure care centres
Intake	Admission form Assessment report J7 from the SAPS
Assessment	Comprehensive assessment CW09 Part 1,2 & 3 Process note CW11
Planning and Contracting	Planning and contracting CW09 Part 4&5 Process note CW11
Intervention Implementation	Process note CW11 Progress report
Evaluation	Evaluation Report CW12
Termination	Termination Report CW13
	Number of children in conflict with the law referred to diversion programmes
Assessment	Comprehensive assessment CW09 Part 1,2 & 3 Process note CW11
Planning and Contracting	Planning and contracting CW09 Part 4&5 Process note CW11
Intervention Implementation	Process note CW11 Feedback report to court / Diversion feedback report Home based supervision
Evaluation	Evaluation Report CW12
Termination	Termination Report CW13
	Number of persons in conflict with the law who completed diversion programmes
Assessment	Comprehensive assessment CW09 Part 1,2 & 3 Process note CW11
Planning and Contracting	Planning and contracting CW09 Part 4&5 Process note CW11
Intervention Implementation	Process note CW11 Feedback report to court / Diversion feedback report Home based supervision
Evaluation	Evaluation Report CW12
Termination	Termination Report CW13

	Number of children in conflict with the law sentenced to compulsory residence in CYCCs
Intake	Admission form Assessment report J7 from the SAPS Medical report School report Minutes of panel Attendance register Designation from the provincial Manager
Assessment	Comprehensive assessment CW09 Part 1,2 & 3 Process note CW11
Planning and Contracting	Planning and contracting CW09 Part 4&5 Process note CW11
Intervention Implementation	Process note CW11 Feedback report to court / Diversion feedback report Home based supervision
Evaluation	Evaluation Report CW12
Termination	Termination Report CW13
	Number of persons reached through social crime prevention programmes
Planning	Community Work Planning COW01
Intervention	Community Work Process Note CW03 Agenda Attendance Register
Evaluation	Evaluation Report COW04
Termination	Community Work Evaluation COW04 for short term projects

VICTIM EMPOWERMENT PROGRAMME

	Number of victims of crime and violence accessing psycho-social support services
Screening	Reporter form CW02 Identifying information CW03
Intake	Intake form CW05 Admission form Supervisor's note
Assessment	Comprehensive assessment CW09 Part 1,2 & 3 Process note CW11
Planning and Contracting	Planning and contracting CW09 Part 4&5 Process note CW11 IDP & Care Plan
Intervention Implementation	Process note CW11 Reunification report Progress report Aftercare
Evaluation	Evaluation Report CW12
Termination	Termination Report CW13

	Number of human trafficking victims who accessed social services
Screening	Reporter form CW02 Identifying information CW03
Intake	Intake form CW05 Admission form Supervisor's note
Assessment	Comprehensive assessment CW09 Part 1,2 & 3 Process note CW11 Form 2, 3,12 and 13 of the Prevention and Combating of trafficking in Persons Act No 7 of 2013 Notification of placing victim of trafficking at an accredited organisation or in temporary safe care: Form 2 Victim assessment: Form 3 Collection of information on victims of trafficking; Form 12 Assessment of the needs of he suspected victim of trafficking: Form 13 Letter of recognition
Planning and Contracting	Planning and contracting CW09 Part 4&5 Process note CW11
Intervention Implementation	Process note CW11Reunification report
Evaluation	Evaluation Report CW12
Termination	Termination Report CW13

SUBSTANCE ABUSE, PREVENTION AND REHABILITATION

	Number of persons reached through substance abuse prevention programmes
Planning	Community work planning COW 01
Intervention and monitoring	Process note COW 02 Agenda/ Programme Attendance register Presentation
Evaluation	Evaluation Report COW 03
Termination / disengagement	Termination Report COW 04
	Number of service users who accessed substance use disorder treatment services
Screening	Reporter form CW02 Identifying information CW03
Intake	Intake form CW05
Assessment	Act 70 report Comprehensive assessment CW 09 Part 1,2 &3 Process note CW11
Planning and Contracting	Planning and contracting: CW09 Part 4&5 Process note CW11

Intervention Implementation	Process note CW 11 Progress report Compile and send a report to a treatment centre with supporting documents Medical report Detoxification letter Admission letter Panel screening for admission Designation letter from provincial programme manager Reunification services
Evaluation	Evaluation Report CW12
Termination	Termination report CW 13 Referral report Aftercare programme
	Number of service-users receiving aftercare services
Intake	Intake form CW05
Assessment	Act 70 report Comprehensive assessment CW09 Part 1,2 &3 Process note CW11
Planning and Contracting	Planning and contracting: CW 08 Part 4&5 Process note CW11
Intervention Implementation	Process note CW 11 Progress report Group work
Evaluation	Evaluation Report CW12
Termination	Termination report: CW 13

Practice Aid 7: Informed consent and informed assent

Informed consent is the voluntary agreement of an individual who has the capacity to give consent and who exercises free and informed choice. It is intended to protect beneficiaries' rights and ensure that they are fully aware of the limitations, risks (and benefits) of receiving services.

Informed assent is the expressed willingness to participate in services. For younger children who are by nature or law too young to give informed consent, but old enough to understand and agree to participate in services, the child's "informed assent" is sought. Even for very young children (those under 5 years old) efforts should be made to explain in language appropriate to their age, what information is being sought, what it will be used for, and how it will be shared. In some situations, securing informed assent or consent may not be possible due to mandatory reporting requirements, however the principle of seeking permission to proceed with the assessment or any of the other case management stages should also be adhered to.

Practice Aid 8: Obtaining informed consent and informed assent from children

In South Africa children reach the 'age of majority' and are seen as adults with full legal capacity at 18 years (Children's Act). This means that most decisions made by children under the age of 18 ('minors') needs to be done with the consent of one or both parents or a guardian.

The Children's Act clearly states that children's best interests are paramount. This means that the child's safety and protection come first – if a parent or guardian refuses consent, but a social worker or children's commissioner decides that it is in the child's best interest for an action to be taken or a decision made, then consent is not required.

Age at which children in South Africa do not require parental consent	
Consent to HIV testing	12
Consensual sex with someone also of an age to legally consent to sex	16
Driving	17 for learners; 18 for drivers
Drinking alcohol	18
Age of criminal responsibility	12
Access to sexual and reproductive health care, including contraception	12

Informed consent is the voluntary agreement of an individual who has the capacity to give consent, and who exercises free and informed choice. This means:

- Explaining why you are asking the child or others questions and in whose interests;
- Explaining what you will do with the information;
- Ensuring that the child or adult understands the process, and has a chance to ask questions;
- Ensuring that the child or adult knows what may happen next;
- Ensuring that the child or adult knows they can ask for clarification and support at any time.

Consent in relation to children who may be in need of statutory services

Consent should be sought from children and from parents or guardians at all stages of the case management process. Consent means giving permission to a social worker, or other person offering services or support, to:

- Ask questions of children or other family members, and record the answers;
- Pass on essential information to others who have a role in providing services or support. This must be confidential and only such information as the other person needs to know in order to be able to provide the support;
- Make recommendations to the court, where needed. A child or adult does not have to agree to what the recommendation is because these must be in the best interests of the child, but it is good practice to ensure that the child and adults in the case know what is being recommended.

When consent is and is not required by the Children's Act for children in need of pre-statutory and statutory services:

Consent is required from the child or children when:

- A social worker wishes to enter a residence to get information in relation to the safety of a child who may be in need of protection services, unless the social worker is accompanied by the police and either has a warrant or is confident that a warrant will be issued;
- The child is to be adopted, if the child is over the age of 10 years or if the child is under the age of 10 years, but of sufficient maturity and stage of development to understand the effect of giving consent.

Consent is not required from the child's parent or guardian when:

- The child is offered or requests legal representation or assistance for any proceedings at a children's court (Article 58:7).
- The parent is the abuser in cases of child neglect and abuse.

In relation to guardianship and therefore consent, if a child has parents who are themselves under the age of 18 years and are not married, then guardianship of both parent and child is held by the parents' own guardian (s), unless a court has directed otherwise.

Key steps in seeking informed consent of informed assent

- At all stages, practitioners should explain why they are talking to the child or adult, for example, explaining that someone has expressed concern and why. It is important to give this information in a non-judgmental way, making it clear that the social worker is looking for facts, and not automatically believing allegations. Make sure that all relevant people have a chance to talk about the situation and express their views and opinions. It is good practice to encourage children who are old enough to make a decision on their own to

still involve their families in decision-making, and vice versa.

- Document any information relevant to the consent. If a child or adult should give informed consent but is not able to because, for example, she/he may be unconscious or unable to make a decision due to pain or the effects of alcohol, then this should be recorded and consent sought when the adult or child is able to at a later time.
- It is important not to automatically assume that a child or adult with intellectual impairments or any other disability is not competent to make his or her own decisions. If a social worker is undecided, she/he should seek the advice and support of the child's or adult's health worker or discuss the situation with someone with disability expertise.
- For a child or adult to be able to give consent/assent, she/he must be able to:
  - Show that she/he understands and can remember key information relevant to the decision or action that requires consent, including the key potential negative and positive consequences of the action;
  - Show that he/she has used this information to give consent, for example, by explaining why consent is being given in his/her own words;
  - Give the consent voluntarily. This means knowing that she/he can also say 'no' without suffering consequences. In cases where a decision or action is against the wishes of the child or adult, the social worker must state that consent was not provided, but the action taken in the best interests of the child, and must also be able to explain why.

Practice Aid 9: Process Recording[9] "verbatim recording"

Process recording is used as a social work education tool, for student SWs/SAWs. It is a detailed and often lengthy record of content dialogue (word for word), gut level feelings and field instructor comments. Process recording can however also be useful for experienced social workers. Experienced workers who find that they are struggling or stuck in the work with a particular client can use process recording to process an encounter in an effort to identify areas of difficulty and for discussion with their supervisor.

Practice Aid 10: Conducting assessments

Assessment is **both a process and product**. As a process, assessment represents a planned process of information collection, verification and analysis. As a product, a good assessment will help in the process of making decisions on the intervention plan and the efforts that will be made to realise it.

Careful thought needs to be put into how the assessment will be conducted, and how the client is involved as this is the first opportunity for the Case Manager to develop a positive relationship with the client. The following activities should be included in the assessment process:

- *Engage the beneficiary in services*: Obtain permission (informed consent/assent) to engage the person in services (see *Practice Aid: Informed Consent and Informed Assent*)
- *Planning:* Deciding how to carry out the assessment, where will information be sought and who will be involved. Key questions to consider when planning an assessment include:
  - Who is able to contribute to the assessment?
  - Are there any barriers that will restrict information sharing? What can be done to overcome these barriers?
  - Who is represented in the integrated case management team? What perspectives can they bring to the assessment to create a more holistic assessment?
- *Gathering Information:* What information will be collected and how.
- *Verifying Information:* Crosschecking when there are differences between information, information is incomplete or contradictory. It may be that some beneficiaries give contradictory information themselves, either accidentally or for reasons of their own. Case Managers need to cross check this information, identify the contradictory information and try to resolve the differences.
- *Analysis*: Making sense of information (in terms of social work theory) of how it relates to the situation for the beneficiary, their needs and risk.

Where possible, the same SW who conducted the Intake, should where possible, complete the assessment of the client, so as to avoid a situation where the client has to engage with multiple practitioner repeating their issue multiple times.

For more information on how to conduct assessments see: *DSD Guidelines for the Assessment Process, 2014.*

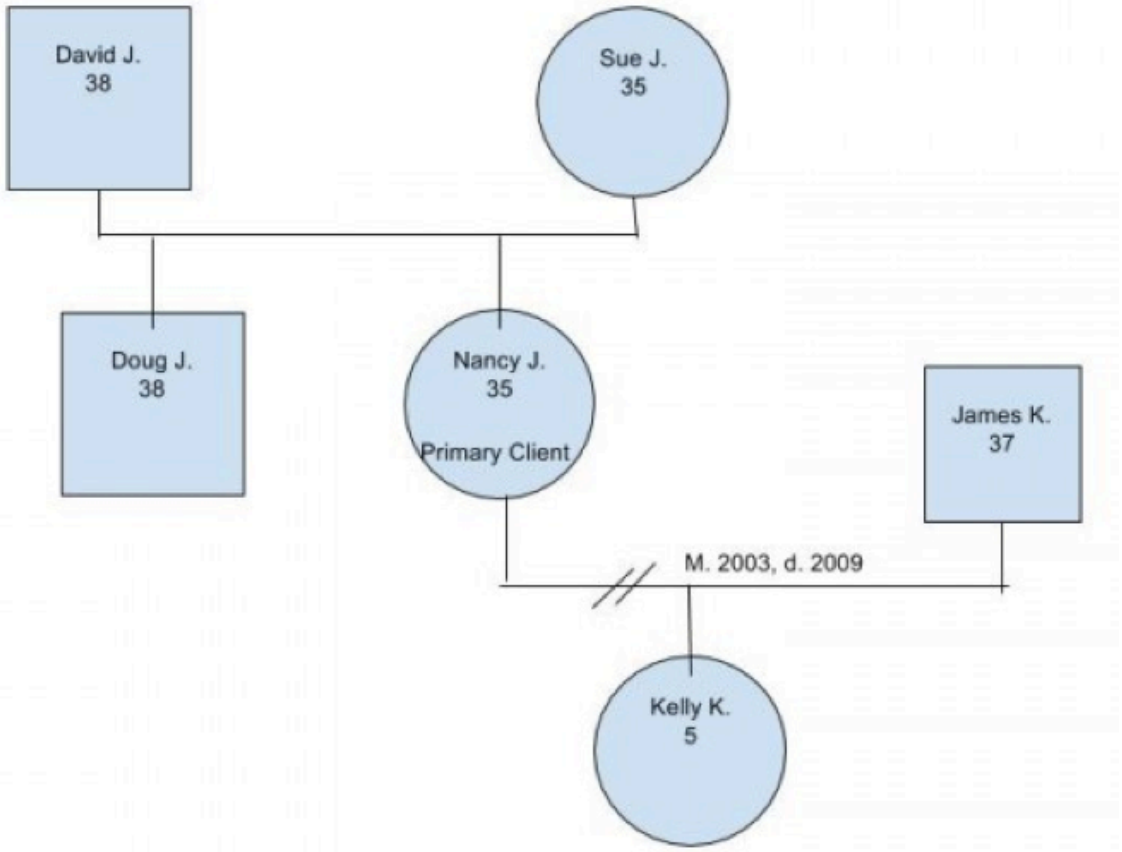
Practice Aid 11: How to do a genogram[10]

Using genograms in assessments

Genograms are a useful assessment tool that allows the client and SW to examine the person's family structure in detail, and capture clinically relevant information related to the quality and nature of relationships. After capturing this information together, the client and SW can explore the ways in which family processes play out across generations.

How to Create a Genogram

- Genograms can be created by hand using paper and pencil, or computer-generated through online of software based genogram tools. Genograms use a complex combination of symbols – shapes, colors, lines, and captions – to depict family information, following specific guidelines.
- The first step is to add symbols representing each family member, and lines that connect them. Circles are used to depict females and squares are used to depict males, with other shape and symbol combinations available to depict individuals who do not identify with sex and gender binaries. The name and age of each individual is written within the shape. Attention should be paid to the size of each symbol, with primary family members drawn as larger symbols and spouses or partners as smaller symbols. Each generation of family members is placed beneath the preceding one (grandparents at the top, then parents, then children), and children are written in descending birth order from left to right (oldest child farthest left).
- Relationships between each family member should be depicted using the appropriate line – solid horizontal lines denote marriage, solid vertical lines denote parentage, dotted lines illustrate non-married relationships.
- Once individual family members and their basic connections have been added, the client and SW should discuss the specifics of each individual and relationship. This will include information pertinent to family history (previous marriages or relationships, miscarriages, living situations), as well as individual characteristics that are important to note (addiction, physical or mental illness, immigration status, annual income). A person's education and occupation may be written next to their name, and their current location and date of marriage or divorce can be added as well. Finally, the quality of relationships between each individual should be explored and noted using different line types to characterize the relationship (close relationship, physical abuse, distant relationship, caretaking relationships). Arrows at the end of these relationship lines signify the direction of the relationship (one-sided or mutual).



Example: Genogram for Nancy Jones - Jones Family Genogram

Best Practices for Making a Genogram with Clients

Creating a genogram might require a bit of practice before constructing one with a client (if you are new to genograms, start out by doing one for your own family to test the method and help ground your practice). When using genograms in session with clients, the following best practices are recommended:

- Clearly identify the client and make the genogram client-centered.
- Be sure to determine and depict all members of a family system going back at least three generations.
- Ensure that the type of relationship or connection is specified for as many family members as possible, but especially those relationships that directly involve the client.
- Capture as much family history and individual information as possible.
- Strive to focus on family strengths and resilience.

Practice Aid 12: Techniques in case planning

The following techniques are useful to keep in mind when developing case plans:

- *Twin track planning* – having two or more courses of action that are pursued simultaneously in order to prevent delay. For example if a child is not attending school you might consider both trying to enroll the child in school and look for a tutor.
- *Permanency planning* – case plans should address beneficiaries short, medium and long term needs. Solutions should always be sought that are durable and long term.
- *Contingency planning* - plan contingencies for what to do if the plan falls or an action cannot be carried out. This might be as simple as reconvening another case planning meeting to develop a new plan.

Practice Aid 13: Case follow-up

Case follow-up has the following elements:

- It must be timely and regular as possible, according to the needs of the client. A schedule of follow-ups should be included in the Plan of Action.
- It allows for monitoring the general wellbeing of beneficiaries and for ensuring progress is being made or services are delivered as planned.
- It ensures that beneficiaries are regularly informed on progress.
- It allows for further assessment if interventions are found to be unsuccessful.
- It helps determine the number and frequency of visits (where applicable) based on the specific needs of the client and on a case-by-case basis.
- The situation of the client, their specific needs and the risk level of the case should guide the frequency of follow-ups. For example, in emergency cases, follow-up might need to be made daily to check on the client's safety and wellbeing.
- Even if the client is referred to services provided by another organisation, the SW (or SAW) must still follow-up to ensure the client is progressing as planned.

Follow-up can take place in a variety of ways**.** Some options include:

- Office-based meetings with the client.
- Scheduled home visits – if appropriate, home visits may be part of the case plan for direct service delivery and follow-up.
- Ad hoc home visits – these can be particularly important for following-up the situation in the home and are useful when the home situation is volatile or levels of care are low.
- Phone calls – these may be necessary for care placements that are in the initial stages and can be useful for clients living in remote areas.
- Conformation from a service provider that the client who was referred to their service actually received the service.
- Informal community follow-up e.g. contacting the child's teacher if they are involved in the supporting the child as part of the case plan, or follow-up through community groups.

Practice Aid 14: Social Service Professionals Policy Guidelines for Course of Conduct, Code of Ethics and the Rules for Social Workers[11]

- Referrals should be undertaken in line with the organisation's policies and procedures.
- Social workers should refer clients to other social workers when other social workers' specialised knowledge or expertise is needed to serve clients fully or when social workers believe they are not being effective or making reasonable progress with clients and that additional services are required.
- Referrals and consultations should be made subject to other relevant considerations, including legal and contractual obligations.
- Social workers who refer clients to colleagues or other social workers should take appropriate steps to facilitate an organised, orderly and professional transfer of responsibility (written not verbal transfer).
- Social workers who refer clients to colleagues and/or other social workers should disclose, with clients' written consent, all pertinent information to the new service provider.
- Social workers are prohibited from giving or receiving payment for a referral.
- In the event of statutory services, the social worker should contact the social worker or agency already involved in the case to ascertain its status and whether statutory services must still be provided by the original social worker or agency. All reasonable measures must be taken to ensure consensus as to which social worker/agency should continue with the services. Should such consensus not be possible, the second social worker or agency may submit a report to the court clearly marked as a second opinion, and must ensure that the original social worker or agency is informed timeously of all actual and intended court proceedings/hearings.

Practice Aid 15: Putting referrals into practice

Referrals are normally **only done with the permission of the client** (with the exception of mandatory reporting requirements, where the principle of obtaining consent/assent is upheld as far as possible, but the referral will continue if needed without this consent/assent).

Personal relationships with staff in receiving organisations are key to successful referrals but should not replace a formal referral processes. It is important from a case accountability perspective for all referrals to be formally documented.

There are different ways to make a referral. The main ones are described below:

Accompany person/Assisted referral
This is recommended for **emergency cases**. The referral should be documented by either email or referral form.
Referral by phone
This is recommended for **emergency or high-risk cases** if accompanying the person is not possible or is not in their best interests. The referral should be documented by either email or referral form.
Referral by email
For **emergency and high-risk case**, email referral should be done as a documentation following either in person or phone referral. For mild risk cases the referral may be done only by email. When using email for referral, it should only be sent to the relevant focal point from the referral pathway; others not involved in managing the case should not be put in copy.
Referral by external referral form – should be an element of all referrals
The inter-agency referral form is recommended for cases involving children in need of care and protection (form 22). A copy of Form 22 is only given to the provincial DSD/DCPO and not the child's caregiver. This referral form should trigger an immediate response from the receiving organisation.

Organisations need to establish referral pathways (also referred to as a referral map as it is sometimes in the form of a flow chart) to show which cases should be reported to which organisation and with clear roles and responsibilities of each organisation. Referral pathways can also be referred to as referral map as it is sometimes in the form of a flow chart.

Practice Aid 16: Referral Pathways and Service Directory

To manage referrals effectively SWs/SAWs need to know about the different referral pathways and have service directory with information on services that are provided by other organisations.

Referral pathways
Referral pathways (referral maps) show which cases should be reported to which organisation and with clear roles and responsibilities of each organisation e.g. a District DSD may allocated geographic areas of responsibility for DSD and Designated Child Protection Organisations (DCPOs) for child protection cases. Referral pathways are also useful for specific case management processes e.g. steps to follow once a child has been reported in need of care and protection or a report of an older person abuse or domestic violence case.

Service Directory
To manage referrals effectively SAWs/SWs need to be familiar with the services offered by other organisations and the staff providing these services. This may require SAWs/SWs to do some resource mapping to identify organisations that could meet beneficiary's needs and be included in the referral pathway. It also requires the SAWs/SWs to build and maintain positive working relationships with staff in these organisations.

A service directory should provide information on all available relevant services that may be needed to comprehensively meet the needs of beneficiaries served by the organisation. The service directory must be area specific. Examples of categories of services are:

- Community leaders.
- Designated child protection organisations.
- Education and skills acquisition service providers/opportunities.
- Faith leaders.
- Health (government and NGO).
- Income generation/economic empowerment service providers/opportunities.
- Legal services.
- Local government authorities.
- Mental health services/services for people with psychosocial disabilities.
- Nutrition and food security including feeding schemes.
- Parenting support services.
- Police.
- Psychosocial services.
- Recreational services for children and adults.
- Services for older persons.
- Services for people with disabilities.
- Shelters.
- Social relief of distress.
- Substance abuse prevention and treatment.
- Victim support services.
- Safe houses for survivors of domestic violence/trafficking.

The following details should be included for different categories of services:

- Name of organisation
- Contact details of focal person
- Area served by the organisation

- Target groups
- Nature of services
- Operating hours
- Resources required/cost e.g. service fees, transport costs.

The service directory should:
- Be available to all staff in the organisation (hard-copy and electronically)
- Be updated regularly (at least every six months, ideally quarterly).

Suggested template for a Service Directory:

Date Service Directory Updated:						
Name of Organisation	**Contact Details of Focal Person (Name, Tel #; address)**	**Area Served**	**Target Groups**	**Nature of Services**	**Operating Hours**	**Resources Required/ Cost**
E.g. Victim Support Services						

Practice Aid 17: Sample case conference report template

Case Ref No	**Date of case conference**

Case conference participants			
Name	**Organisation**	**Phone number/ Email**	**Signature**
Purpose of case conference			
Summary of key decisions/conclusions made on the case:			
Follow-up plan/actions:			
Action		**Person Responsible**	**Due Date**

SSP Name and Surname	**Signature**	**SACSSP Number**	**Date**

Practice Aid 18: Guiding Principles for Group Work

Important principles necessary for effective group work interventions:

- *Participation and ownership*. Most groups have members who are introverts and extroverts and to ensure full involvement and ownership by all members each member should be given an equal chance to participate e.g. talk, share experiences and responsibilities. Members gain a sense of ownership in the group if they share group responsibilities such as making arrangements for meetings, leading group discussions, inviting outside speakers etc.
- *Mutual support and promotion of Ubuntu*. Groups should allow and encourage people to share ideas, feelings and experiences without fear of being criticised or judged. Emphasis should be placed on listening, on accepting each other as they are, and on support decisions they make the better deal with the situations they are experiencing. Group members should be encouraged to exchange telephone numbers and to call each other when they feel they need someone to talk to. The facilitator should also be available to assist and support when there is a need.
- *Decision-making*. As far as possible, group members should be involved in decision-making on the formation and functioning of the group such as deciding on the goals, objectives, size and duration, and activities of the group.
- *Accessibility*. All members of the group should have equal access to the venue. Group sessions should be held in a facility that is accessible and convenient for all group members including members with disabilities.
- *Punctuality*. Group sessions should start and end on time. The recommended time for each session is one hour to two hours. This should help to prevent members from dreading attending sessions that become long and overly drawn out. However exceptions can be made if the group is in the middle of a personal discussion and more time is needed to conclude the session.
- *Socialisation*. The group should allow time for socialisation, which includes fund and relaxation, to help build a sense of community and togetherness. Much of the support that members experience in the group grows out of opportunities to exchange stories and experiences informally.
- *Confidentiality*. Essential in the provision of group work interventions. Upholding confidentiality (i.e. not talking about the group discussions outside of the group) must be upheld by both the facilitator and the individual members. Where the facilitator needs to share information with another member of the team, or even outside of the team, this should be discussed with the group including what will be shared and the reasons for sharing the information, and permission must be requested. For SWs and SAWs any breach of confidentiality is considered a serious profession misconduct and if reported to the South African Council for Social Service Professions (SACSSP) will result in a disciplinary inquiry and possible loss of one's professional registration. Where confidentiality is limited (as in the case of mandatory reporting requirements particularly for children), this should be discussed with the group. The reasons should be given to the group and the information that will be disclosed should also be discussed.
- *Voluntary*: Participation in counselling groups cannot be forced upon anyone. It is something that a person wants to do and willingly participates in.
- *Supervision and debriefing:* It is important for facilitators to have on-going support, opportunities for debriefing and formal supervision. Debriefing may take the form of having access to a supervisor who assists with challenges that may arise during group sessions.

Practice Aid 19: Planning group interventions

Open or closed group

Groups can function as closed groups or open groups.

A *closed group* is a group that has a fixed membership where all members join the group when it is set up and no new members are allowed to join once it has started.

Benefits of closed groups:

- Closed support groups promote consistency, continuity and a safe environment in which to deal with feelings and difficult situations.
- It is possible to achieve a higher level of trust and group identification amongst the members.
- Enhances the therapeutic potential of the group and facilitates mutual support.
- It is much easier for the members to feel that their confidentiality will be maintained and as a result they are usually more able to share openly with the group.
- All members are given equal opportunity for determining the goals, objectives and ground rules of the group and work together to achieve these goals.
- Closed groups may be able to work through a set plan of topics or themes more easily than an open group.

An *open group* is a group that allows members to join or leave at any time when they feel they can cope on their own without needing on-going support. A person wishing to join the group may do so even if the group has been functioning for some time. It is advisable for this type of group to have a pre-determined programme that addresses the needs and concerns of existing members but is flexible to accommodate new members that join at a later stage and address emerging members concerns.

Benefits of open groups	**Limitations of open groups**
▪ People needing immediate support can join and receive help through an open group at any time rather than having to wait for a new group to start. ▪ When a member feels better after attending a number of sessions s/he may exit the group if there is no need for on-going support.	▪ As membership will change over time group members may find it difficult to form deep emotional bonds with each other or trust each other enough to open up and share feelings or hurtful and embarrassing situations. ▪ Group members may be more concerned about confidentiality if people are moving in and out of the group. ▪ New people coming in may want to discuss things that have already been covered and this may lead to certain members becoming bored.

Time limited or on-going groups

Groups can be time-limited or on-going.

Time-limited groups have a pre-determined number of sessions over a period of time, for example 8 sessions over 8 weeks; or bi-weekly sessions for 6 months. Often, this type of group has a specific set of goals that have been identified. The sessions are structured in such a way that they achieve the desired outcomes within the set time and have a guide that will outline activities or strategies for each session that move progressively towards the final stated goal. Generally this type of group is designed to encourage member development in terms of both content and depth over time. The learning in each session builds on that of the previous session. As a result, this type of group functions more like the closed group which has closed membership and members who participate in the first session are expected to participate regularly throughout the group programme as set by the group.

On-going groups are generally less structured than time-limited groups. It is advisable for this type of group to have a pre-determined programme but flexible to accommodate new members that join at a later stage and emerging concerns. The programme should address the needs and challenges of the group members. It is more common for this type of group to have open membership.

Frequency

This depends on the aim of the group. For therapeutic/developmentally focus groups there should be least 10 – 12 sessions per group intervention, although this depends on the nature and focus of the group.

It is sometimes necessary to run a structured group work programme over one or two days, not six to eight weeks, as participants have to travel from far away/are working so it is not practical for them to come to the sessions once a week. Need to make provision for these kinds of practicalities when planning and implementing

groups. Attention needs to be given to maintaining the interest of group members in the group, as the benefits of the group depend on sustained participation. Groups must respond to the needs of participants.

Duration of sessions
With children and adolescents it may be better to meet more frequently and for a shorter period of time to suit their attention span e.g. 60 – 90 minutes; groups with adults could extend to 1½ hrs – 2 hrs.

Group size
This depends on the aim and focus of the group, and the number of facilitators. Most experts believe that between 4 and 10 participants per closed group is an ideal number, especially for groups with a therapeutic focus. Larger groups will require the support of a co-facilitator (see Practice Aid:

Content of sessions
It is important for each session to have an aim and related activities which could include specific topics for discussion that:

- Contribute to the achievement of the overall group goals and objectives.
- Address the needs and challenges experienced by members
- Equip members with the necessary skills to cope and deal with current life challenges and circumstances
- Empower members with information and knowledge.

For some groups, the planning of sessions could be done in consultation with the participants as the group intervention unfolds.

Activities
Activities selected for each session should correspond directly to the stated aim and objectives. However depending on the nature of the group it is not always necessary for all the sessions to have been planned in advance.

A common pitfall for those who are inexperienced in planning group sessions is to begin their preparations by identifying 'fun' activities that they may have used before or seen others use, and try to make them 'fit' with the session topic, aim and objectives. There is a danger in this. First, although activities should be stimulating and interactive in order to engage participants, being 'fun for fun's sake' does not necessarily have great value.

Facilitators should follow the planned programme but without rigidity. They should be flexible enough to address critical issues as they emerge du

Venue
When selecting a venue, consideration should be given to the following aspects as far as possible:

- Accessible venue for all participants including those with disabilities.
- Venue to be big enough to allow relaxation techniques and other activities.
- Furniture: comfortable chairs, for younger age groups cushions on a carpeted floor.
- Décor: colours that are not depressing for people; pictures and posters on the walls.

Resources for groups
Resources/equipment needed for groups will depend on the types of activities. Essential resources for groups include the following (depending on planned activities):

- Entertainment and educational tools: TV/DVD player and DVDs/access to computer Internet and projector.
- Relevant books/information materials on topics being discussed.
- Flip chart board and paper.
- Stationary.
- Art materials (if incorporating creative activities into sessions).

Facilitators

There are advantages in having a second person to share the facilitation (co-facilitate) of the group, although it is not a requirement.

Advantages of co-facilitation include:

- Can be used as a means of training – by pairing less experienced facilitators with more experienced ones they can learn through observation and modeling.
- Sometimes a facilitator may become directly involved in the dynamics of the group. This may allow the co-facilitator to step in and assist with the process.
- In the event that the facilitator is unable to be present, the co-facilitator can proceed with the group process.
- Joint planning and preparation before the session enables more efficient teamwork during a session, and discussion following each session permits the co-facilitators to share their observations from the session, identify individual who may require follow-up, facilitate problem solving and planning for subsequent sessions.

Selection of group members

Group members can be identified at the intake level and during the comprehensive assessment process. SWs/SAWs can use the CW 08 form to determine if a person is eligible for or needs to participate in a particular group. Clients could also be referred to an after-care group at Termination.

It is recommended that the facilitator meet individually with each prospective participant before the group starts. This enables the facilitator to assess whether each individual applicant is suitable for the group or not. The facilitator will also be able to explain how the group will work, the commitment for participants (for example that members are expected to participate regularly), as well as to clarify any unrealistic expectations or misconceptions that the individual may have about the group. See *Practice Aid: Pre- interview with prospective group members* below for suggested questions to ask. After this individual meeting, the client should be free to decide whether to participate in the group or not. Participants should sign a consent form indicating their willingness to participate in the group.

Practice Aid 20: Suggested template for group programmes

Aim or goal of the group			
Target group			
Selection criteria			
Open or closed group			
Number of members (for open group indicate the maximum number)			
Time-limited or open-ended group (for time-limited indicate number of sessions)			
Planned sessions			
Session 1	Aim	Activities	Resources
Session 2	Aim	Activities	Resources
Etc.			

Practice Aid 21: Pre- interview with prospective group members

It is recommended that the facilitator meet individually with each prospective participant before the group starts. This enables the facilitator to assess whether each individual applicant is suitable for the group or not. The facilitator will also be able to explain how the group will work, the commitment for participants (for example that members are expected to participate regularly), as well as to clarify any unrealistic expectations or misconceptions that the individual may have about the group.

Possible questions to ask:

- Do you know why you have been referred to participate in this group?
- What is your understanding of the purpose of the group?
- Have you ever been in this type of group before?
- What are your expectations of the group? (Provide information about what a therapeutic support group is, clarify questions and explain benefits).
- Do you think you are ready to participate in such a group? If not, reassure the young person that she is free to choose not to participate.
- If the person is willing to participate in the group, clarify logistics and invite her to the first session.

Practice Aid 22: Key considerations in implementing group sessions

Before each group session:

- Ensure you have all the tools you need, including:
  - Paper and pen.
  - AGYW attendance register. See Annexure A for sample register.
  - Any resources or materials needed for group activities e.g. drawing materials, handouts.
- Prepare the venue:
  - A circle seating arrangement is advisable to avoid a gap and barrier between the facilitator and the group members.
  - For groups with children or young people, the room should as far as possible be 'young person' friendly, with comfortable chairs, cushions (for sitting on the floor), carpet and posters/pictures on the walls.

During the group sessions

- *Warm up*: each session should start with talking about things members feel comfortable with and a recap of the previous session.
- *Icebreakers:* it is important to have icebreakers in sessions including singing, dancing, games or music. The group members should be involved in choosing icebreakers.
- *Play and games*: indoor and outdoor games can be a very powerful tool in the therapeutic process. They help group members relax and have fun.
- *All sessions should be purposeful*: each session must contribute towards achieving the decided on goals and objectives of the group and meeting the needs of the members.
- *Recap group rules/ground rules* at the start of the group programme to remind participants of these rules at the start of each session.

After the group session

- Write up the process notes of the group session and file in the appropriate place.
- Reflect on the process and outcome of the group session and discuss any concerns you may have with your supervisor.
- Plan for your next group session.
- *Formal debriefing of SW/SAW group facilitators*. Debriefing enables the facilitators of supportive counselling groups reflect on the group work process and their facilitation role during the session and deal with their own emotions that may be interfering with their effective group facilitation. Debriefing is also an opportunity for the facilitator to receive emotional support after a session especially in instances

where the facilitator feels exhausted after a session from giving emotional support to the group members. Debriefing can be done as part of the SWs/SAWs regular individual or group supervision or separately following each session and/or at the end of the group programme.

Practice Aid 23: Structured approach to termination of groups

This proposed approach is based on a 12-session time-limited group. This approach should be adapted for longer time-limited groups and open groups.

Session 10: Begin to prepare each individual for ending/termination of the group

Suggested activities: Members share their journey in the group (how they have benefited) and explore feelings about termination and readiness. Where necessary, the group can agree on an extension for a week or month to achieve goals or to terminate if all goals and objectives have been achieved.

Session 11: Prepare members for ending/termination of the group (when this has been agreed on)

Suggested activities: Assess the progress made in meeting goals and objectives, expectations and needs of the members. Critical issues that have not been dealt with can be covered during this session. And resources for ongoing or further support identified. Explore feelings of members about termination of the group (members may feel sad that they are going to lose contact with other members).

Session 12: Ending/termination of the group - When all has been achieved the group can cease to exist

Suggested activities: Recognise members for their contribution to the group and their strengths and inform members of available resources for ongoing support issues that require individual attention. Where feasible organise a small farewell party for members/ opportunity to take and distribute a group photo to all members.

Practice Aid 24: Community work practice models

Community workers have the responsibility to identify and apply any or a combination of the models outlined below to address community needs based on the outcome of the assessment process.

The community development model facilitates change in communities by focusing on their material and non-material conditions. Poverty alleviation projects are among the programmes that promote skills development and employment creation in terms of community development.

The community education model facilitates change in community members' lives by equipping them with the knowledge, insight, skills and attitudes required for effective individual and collective functioning.

The social marketing model facilitates change by persuading community members to accept or act upon or use a specific socio-economic idea, practice or service.

The social action model facilitates change by mobilising communities to make changes in the power structures that have a negative influence in their lives.

Practice Aid 25: Case Record Keeping and Security

Records should be kept in a way that is confidential and in line with ethics, law and confidentiality principles (as per the organisation's data protection protocols).

File management
All files opened at the intake stage or, once captured on a paper-based or electronic register, must be filed and stored in accordance with the organisation's filing plan e.g. in cabinets or boxes placed on shelves, etc.

Short-term/low-risk cases can be filed in a lever arch file i.e. cases that are not proceeding beyond intake. All medium- and high-risk case documents, including forms completed by the SW/Case Manager, must be filed in a case folder.

At minimum, there should be:

- A separate case file for each client/client unit that is well-organised with key information presented in a standard, structured way;
- A case file number (that does not identify the client/client unit) allocated to each case file and marked on the front of the case file (names should not be recorded on the front of case files). This supports confidentiality and tracking of individual cases. This case file number should be on the individual registry.
- An updated record placed on file for each activity that occurs. This can either be a direct contact, such as when a client is visited or indirect, for example if a member of the MDT calls into the office to discuss how things are going with the case.
- A separate section of each file marked 'strictly confidential' to store information that is particularly sensitive and cannot be shared with certain actors is included.

Access of district/provincial DSD and funders to case files
District/provincial/national DSD officials are required to conduct periodic audits of case files, and some funders also conduct audits of case files/documentation. This can create challenges when it comes to maintaining client confidentiality, for instance, some non-professionals have access to case files during audits and they are not bound to maintaining confidentiality by a professional code of ethics. **The practice of DSD or other government officials taking case files out of offices for monitoring or auditing purposes should not be/ is not allowed**.

Any person who has access to files but is not a registered SSP (i.e. social worker or child and youth care worker) must sign a confidentiality form. This form must be filed in the office.

File storage
Case files should be stored in file cabinets according to provincial/district DSD policy that outlines how files must be stored, indexed and categorised.

At a minimum, files should be kept in a secure location, with restricted access, such as a locked filing cabinet and there should be a separate filing system for highly sensitive files. Files should not be kept on desks or in open spaces even when open and active.

Removing and returning of files
The movement of files between the filing cabinet, SWs/SAWs and supervisors should ideally be controlled by means of a register. This is to ensure that clients' files can be tracked between SWs, SAWs and supervisors. When a file is removed, it is good practice to place a holder to indicate that it has been removed. This can be an empty folder or a card with the name and number of the file that has been removed, as well as the name of the person who has removed it. When a file is removed, the person removing the file must complete a removal register. Below is an example of such a register that could be introduced to assist with the tracking of files.

Beneficiary name	File reference number	Name of case worker requesting the file	Date of removal of the file	Date of return of the file

Electronic data security
Computers should be fitted with up-to-date anti-virus software so as to avoid data corruption and loss of information.

All electronic information on beneficiaries should be password protected, and the password changed on a regular basis. Information should be transferred by encrypted or password protected files whether this is by Internet or memory stick. Memory sticks (USBs) should be passed by hand between people responsible for the information and be password protected, and the file erased immediately after transfer. Ensure that the file is also permanently erased from the recycle bin file of your computer.

At least two backups should be taken on a weekly basis; one to be stored in the location of the database, and second to be sent for secure storage in a pre-defined centralized location. The reason for having an off-site back up is so that the data can be retrieved if the main database becomes damaged (due to flooding, for example). It also means that the main database can be destroyed in an emergency evacuation/relocation without this meaning the loss of all electronic data. Typically, the on-site back up is an external hard drive which is kept locked in a filing cabinet, and the off-site back up is done through emailing the database to the designated receiver as an encrypted, password-protected zip file.

Practice Aid 26: Case Work / Case Management Fora

Case work/case management requires an integrated approach to service delivery, which may require working in a MDT. There are a number of mechanisms can be put in place to support a MDT approach to service delivery:

- Case management meetings;
- Case conferences;
- Case consultations; and
- Family assessment meetings/family group conferences.

All these different meetings/processes should be documented and the meeting should start with the allocation of responsibility for minute taking. Standardised templates should be used. See for example *Practice Aid: Template for Recording Case Conferences*.

Case management meetings – are internal organisational meetings held at regular intervals involving managers/supervisors (as appropriate) and SWs to review caseloads as a group. They provide an opportunity to review all open cases, to compare how different cases are progressing, to discuss various types of response, to share lessons learnt, to prioritise certain cases for immediate response and to take joint decisions for complex cases. At these meetings, information shared on cases should be anonymous. Beneficiaries and their families do not take part in these meetings. These meetings can be held once a week, but at least once a month. Case management meetings can also form part of group supervision. In settings with one or more SSP, it is recommended that these case management meetings be held jointly to facilitate integration of practice and service provision.

Case conferences (also called panel discussions in some settings) – small closed meetings where highly sensitive information concerning specific cases is discussed with appropriate service providers (e.g. already involved in the persons care), and involve as far as possible the beneficiary and concerned support persons in his/her life (such as family members) where appropriate. There may be some instances where it is necessary for the case management team to meet separately from the beneficiary to confer on particular aspects of the case or when some issues are too sensitive to discuss with the beneficiary present. Case conferences can be scheduled for **complex cases** for case planning and case reviews. Case conferences provide the opportunity to review activities including progress and barriers towards goals; to map roles and responsibilities; to resolve conflicts or strategise solutions; and to adjust case plans.

Case consultations provide a way for MDT members to engage on an ongoing basis on critical cases and complex problems in-between the formal case conferences (where these are held)

Another form of case coordination is when local service providers meet regularly, such as through **community or district coordination meetings,** to discuss and plan their roles and responsibilities as well as discuss how to work together. They may also talk about ways to approach more complex cases. For example, a district DSD may set up a child protection committee where representatives meet every three months to discuss local child protection responsibilities. At these coordination meetings the details of individual cases should not be discussed.

Family assessment meetings/ family group conferences. A family group conference is a restorative approach practiced in both social work and child and youth care work that builds on the strengths of the family to ensure protection and well-being of children and other vulnerable family members. The key objective of a family group conference is to provide the family group (which includes nuclear and extended family, as well as friends) with a voice in the decision-making process to ensure the safety and well being of children and other vulnerable family members.

CLIENT CARD

Purpose – to explain to the client
The client card is for the client to take home with them after the Screening process. It provides the date and time for the client to return for subsequent appointments with the social worker and/or SAW. The client must keep this card for the duration of the case work intervention. Do we keep a copy of the client card

File #
The SW can only complete this information after intake if it is decided that the case will go for a comprehensive assessment.

Name and surname
At Screening the SAW completes the name on the form.

Appointment date and time
- It may be possible for the SAW to provide the first appointment date and time e.g. for intake, but subsequent appointments with the SW would be completed by the SW.
- The responsible SW must keep a **daily diary where all these appointments with clients are recorded**. The SAW can assist the social worker to manage this diary.
- The contact number of the client should be included next to the name/date/time so that the client can be contacted in the event that the social worker is unable to keep the appointment.

Name of practitioner to consult
This is likely to be the client's allocated SW, but could also be another SSP in the office depending on the case plan.

(Endnotes)

1 Endnotes

Source: Core Concepts and Principles of Effective Case Management: Approaches for the Social Service Workforce, Global Social Service Workforce Alliance, 2018.

(Footnotes)

1 *Concept Note*: Strengthening Integrated Case Management, 2018; and Adapted from: Core Concepts and Principles of Effective Case Management: Approaches for the Social Service Workforce, Global Social Service Workforce Alliance, 2018.

2 *Department of Social Development,* Policy for Social Service Practitioners 2017

3 *Department of Social Development,* Policy for Social Service Practitioners 2017

4 *Department of Social Development,* Policy for Social Service Practitioners 2017

5 *Department of Social Development,* Policy for Social Service Practitioners 2017

6 *Department of Social Development,* Framework for Social Welfare Services (2013)

7 Aligned with the Core Package of Services for Orphaned and Vulnerable Children. GCBS.

3 Intro to case notes for new social workers 2017. https://www.oercommons.org/authoring/8157-intro-to-case-notes-for-new-social-workers/view

4 See: SACSSP Policy Guidelines for Course of Conduct, Code of Ethics and the Rules for Social Workers: https://www.sacssp.co.za/Content/documents/EthicsCode.pdf.

6 These provisions are slightly different to those of the Children's Act, which provides for reporting suspected abuse or neglect to DSD or designated social worker or police.

2 Department of Social Development. 2013. Framework for Social Welfare Services.

5 The Thogomelo Project (2016) Induction Manual for Child Protection Social Workers. Jacana Media.

7 Fox, R. & Gutheil, I. A. (2000) Process recording: A means for conceptualising and evaluating practice. Journal of Teaching in Social Work, Vol. 20(1/2) 2000.

8 Introduction to genograms: A social work assessment and intervention tool. Accessed from: https://mswcareers.com/introduction-to-genograms-a-social-work-assessment-and-intervention-tool/

9 See: SACSSP Policy Guidelines for Course of Conduct, Code of Ethics and the Rules for Social Workers: https://www.sacssp.co.za/Content/documents/EthicsCode.pdf.