

# What role a case worker and or coordinator have in improving the quality of and access to services

How to identify a need for quality improvement in staff case management capacity

Regular mentoring, supervision, assessment and monitoring of case management capacity among staff including core knowledge, attitude, and skills competencies among case workers is critical. Supervision is needed to assess the quality of case management services and care provided and facilitate capacity building to improve quality of services. All organizations providing case management should have a case supervisor responsible for regularly monitoring the work of caseworkers.

Supervisors can use a variety of tools and resources to assess quality of case management services including: **case management supervision tools** to assess staff knowledge, core attitudes and core skills, and communications for engaging with child<sup>1</sup> and adult survivors.<sup>2</sup> Some examples are outlined below:

- The **Interagency Gender-Based Violence Case Management Guidelines** include the following tools: *Survivor-Centered Attitude Scale* to assess case workers' personal values and beliefs; *Survivor-Centered Case Management Knowledge Assessment Tool* to assess foundational knowledge of case management staff; *Survivor-Centered Case Management Skills Building Tool* to build the skills of staff;
- The **Caring for Child Survivors (CCS) of Sexual Abuse Guidelines** include the following Supervision tool: *CCS Knowledge Assessment tool*; *Supervision tool: CCS Attitude Scale*; *Supervision tool: CCS Communication assessment*.<sup>3</sup> These tools can be used by supervisors to measure an individual's staff member's knowledge and attitudes about child sexual abuse to measure CCS competencies<sup>4</sup> on case management services for child survivors.

The supervisor and case worker should arrange a time to complete the tool together in a private and quiet place as part of a mentoring and supervision session. It's critical that at the end of this time, the case worker and the supervisor also take time to discuss capacity building and review gaps in knowledge, attitude and skills that can be addressed through further mentoring, and take time to discuss capacity building opportunities. It's

recommended to re-administer (as needed) the tool every six months. These tools should provide an opportunity to identify gaps and areas for improvement to enhance management capacity among staff.

In addition to a formal tool to measure capacity of staff, supervisors and case workers should establish regular – preferably weekly – opportunities for direct observation and supervision<sup>5</sup>. After this, supervisors and case workers should take time together not only to highlight where capacity needs to be built but highlight successes and opportunities. For this, the case management supervisor can use the **case management quality checklist** for child and adult survivors<sup>6,7</sup> as part of case supervision during regular case reviews to assess the application of skills and knowledge to case management. Supervisors can review the case worker's practice on an individual case by asking the case worker if she or he completed the tasks listed for each step of case management. This checklist provides an opportunity to evaluate the case worker's direct practice and to receive supervision from his or her case supervisor.

As part of this process, supervisors should regularly review case management files. This can help assess how services are being provided and if case management forms are being properly used, updated and followed up. This should not be done in the presence of the case worker but should complement other supervision methods.

Finally, **client satisfaction/feedback forms** can be used to get feedback from clients on their overall experience of the case management services offered and evaluate the services. They ask them to assess their level of satisfaction with overall services, if they felt they had been successfully assisted, whether their needs had been met and how services could have been improved. Responses can improve services to better meet the needs of clients but should not be used to as a tool to evaluate individual staff. It also provides an opportunity to assess satisfaction of services received by other service providers that they were referred to.

In addition to the above tools that can evaluate case management services including a) gaps in case worker skills, knowledge and attitudes that can inform further mentoring and capacity building and b) direct feedback from clients on their satisfaction with services, other indicators that could suggest a need to improve staff case management capacity or access to services include:

- High levels of attrition among clients i.e. many clients who are referred or self-represent who do not return for follow up services;
- Changes in levels of help seeking among clients including a reduction in numbers reporting on a monthly or quarterly basis; changes in patterns and trends in reporting (e.g. reduction in the number of child or adolescent survivors or type of cases);
- Reduction in referrals from other partners to your agency or direct feedback during case conferences.

## Trends Review to Improve Access to Services

Regular analysis of case management and GBVIMS data is important to review changing patterns and trends in reporting and referrals. In reviewing trends in the **referral pathways**, patterns may be related to external factors including the functionality of the referral pathway, changes in services, or gaps in care for survivors (e.g. lack of clinical management of rape services, limited safety options etc.). They may also be indicative of changes in the external environment like insecurity and poor accessibility to services. A functional referral pathway with essential services, including but not limited to, health actors, psychosocial support, security services, and legal actors is critical for service delivery to survivors. Without access to these services, the case worker will be constrained to provide follow up services and referrals to meet a client's health, safety and other needs. While many of these services may be limited in humanitarian settings, all case management agencies should carry out a service gap analysis prior to establishing service and for already existing services, they should regularly update their service mapping. Being able to provide case management services and referrals are, especially for child and adult survivor of sexual violence.

To assess the access, case workers should collectively meet on a regular basis – preferably once a month with referral pathway partners to review referral pathways and: (1) Verify if all information on the referral pathway is current; (2) Identify if there are new actors that provide response services; (3) Identify challenges to accessing response services; (4) Discuss possible solutions to obtain access; and (5) Ensure the most current referral information is shared widely between case workers and humanitarian staff.

### What can a caseworker do?

- Review the knowledge, skills, and attitudes in the Interagency Case Management Guidelines and CCS Guidelines.
- Advocate for and participate in regular supervision meetings with supervisor.
- Become familiar with the referral pathways, develop strong relationships with referral pathway partners and regularly update referral pathway information.
- Inform the sub-national/national GBV sub-Cluster and Child Protection Sub-Cluster (via supervisor) if referral pathway information is not correct.

### What can a supervisor do?

- Hold regular supervision meetings with case workers and provide constructive feedback and develop plans to improve capacity gaps.
- Conduct group case supervision meetings with case management team to review cases, brainstorm possible responses and options.
- Provide regular and incremental trainings to build skills and knowledge on GBV case management.
- Advocate with the Health Cluster, GBV and Child Protection sub-Cluster and other clusters to address gaps in services.

## What can a GBV sub-Cluster Coordinator or a Child Protection Sub-Cluster Coordinator do?

- Ensure referral pathway information is reviewed, updated, and widely circulated to humanitarian partners and the community.
- Conduct assessments with the community and humanitarians on the perceived access to response services.
- Develop age appropriate and culturally sensitive IEC materials to encourage help seeking among community members.
- Discuss challenges and potential solutions to resolving access issues during coordination meetings (without talking about specific cases).

### Discussion Prompt

A supervisor is holding a supervision meeting with a case worker. The case worker has been working for the organization for one year and is a recent graduate in social work. She is very committed and passionate about the work but gets flustered when dealing with complex cases especially those involving children or adolescents who have experienced sexual abuse. The supervisor meets with the case worker monthly to review progress, discuss challenges with cases and gaps in services.

The supervisor notes that in the last three months there has been a reduction in the number of cases involving child and adolescent survivors reporting. She is unsure if this is related to the capacity of the case worker or if it is linked to external factors. In the last few months, a number of the agencies have closed programming due to a reduction in funding.

[For the scenario, have the case worker and supervisor stimulate a supervision session, use some of the supervision tools above and then review case files and client feedback. They should then discuss reviewing the service mapping and referral pathway to see if there is an issue with partner referrals.]



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<sup>1</sup> UNICEF and IRC (2011) Caring for Child Survivors of Sexual Abuse

<sup>2</sup> IRC (2016) Interagency Gender-based Violence Case Management Guidelines

<sup>3</sup> UNICEF and IRC (2011) Caring for Child Survivors of Sexual Abuse

<sup>4</sup> Chapter 1 of the CCS Guidelines identifies 10 areas that staff should be able to demonstrate proficient knowledge in: (1) Definition of child sexual abuse; (2) Scope of the problem; (3) Children and sexual abuse disclosure; (4) Perpetrators of sexual abuse; (5) Sexual abuse and boys; (6) Sexual abuse impact across age and developmental stages; (7) Impact of sexual abuse on caregivers; (8) Needs of children after sexual abuse; (9) Children and resilience; and (10) Local child protection mechanisms and norms.

<sup>5</sup> Ibid

<sup>6</sup> <https://gbvresponders.org/response/caring-child-survivors/#downloads>

<sup>7</sup> [https://gbvresponders.org/wp-content/uploads/2014/07/9\\_Case-Management-Checklist.pdf](https://gbvresponders.org/wp-content/uploads/2014/07/9_Case-Management-Checklist.pdf)