



CASE MANAGEMENT IN MULTIDISCIPLINARY TEAMS

Concept and Standard Operating
Procedures

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Contents

INTRODUCTION.....	3
1. CASE MANAGEMENT.....	3
2. MULTIDISCIPLINARY TEAMS	4
3. THE PROCESS OF MANAGING CASES IN MULTIDISCIPLINARY TEAMS	6
4. MULTIDISCIPLINARY CASE CONFERENCE & ACTIVITY PLANNING	7
5. CASE CONFERENCE PLAN	8
6. DOCUMENTATION	11
7. MDT PERFORMANCE SUPPORT	12
7.1 Supervision of work practice	12
7.2 MDT Debriefing.....	13
8. ANNEX.....	14
Annex 8.1: MDT Case Management Flow Chart [pdf]	14
Annex 8.2: Case Conference Record & Assessment Forms	14
Annex 8.3: Supervision Documents/Assessments	15

INTRODUCTION

RDC, in order to address its challenges in structuring / streamlining work processes across program and departments and using its wealth of knowledge and skills amongst the staff, decided to implement a Case Management in Multidisciplinary Teams (CM-MDT) approach to manage its case load.

The lead and coordination of the process is taken over by the Social Workers' of RDC. They are the key responsible persons promoting the approach, guiding the staff in its implementation and coordinating the case from rescue through to graduation (case closure). As case management has been a key function of social work since the founding of the profession, the Social workers' person-centered approach is highly congruent with the practice of case management and their skill set make them valued key members of the multidisciplinary teams.

AIM

To organize the work addressing the girls' and future caregivers' needs in a holistic, systematic and timely manner.

To provide sharing of the workload and information, streamlining work practice, peer support, enhance creativity and high quality in common decision making and appreciate the knowledge/skills of different staff members.

1. CASE MANAGEMENT

"Case Management is a way of organizing and carrying out work to address an individual child's (and their family's) needs in an appropriate, systematic and timely manner, through direct support and/or referrals, and in accordance with a project or programme's objectives." [Inter-Agency Guidelines for Case Management and Child Protection 2014]

RDC Case Management is a key approach when working with the target groups. We are doing this in order to

- evaluate and understand support needs and options for the girl & caregiver;
- provide the girls & caregivers with need based, age appropriate support, based on meaningful participation of the same;
- collaborate and refer girls and caregivers, to other relevant (internal & external) services, working in a coordinated and accountable manner;
- Ensures quality, consistency, and coordination of services through Case Management Procedures [see also SOPs].

The case of a Child (and family) is assigned to a *case social worker* who coordinates the **Case Management Process** but does not deliver all services by him/herself:



Case Management is not always as linear as presented here. Back and forth steps are taken according to needs of the different cases:

- a) Identification & Engagement includes developing rapport and getting informed consent from the girl and caregiver to provide case management services.
- b) Case Assessment aims at understanding the girl's and caregivers context, background, individual stories, and needs, opportunities, interests and strength in order to identify an exit for the girl and needs based support for both girl and future caregiver. During Case Assessment the Social Worker and Empowerment Officer conduct Home Visits and if an exit is identified do a Livelihood Assessment at the home of the potential future caregiver

- c) Support Planning is based on the assessment of the case. It will be done for the girl in rehabilitation and future caregiver on a recurring basis until case closure.
- d) Support Plan Implementation activities outlined in the support plan are being implemented by different RDC staff or external service providers

Internal: tutorials, psychosocial support, hygiene and personal care skills, employability skills, vocational training, business skills training, sponsorship, career guidance, study skills, etc.

External: medical support, KISE assessment, vocational training, formal education, etc.

- e) Case Follow up is done to re-assesses the situation of the girl & caregiver through the Child Status Index and Livelihood Assessment, revise case support plan and decide on case closure readiness.
- f) Case Graduation (case closure) is done when the support is no longer crucial for the girl / caregiver, i.e. they are able to provide the basic needs to their families.

2. MULTIDISCIPLINARY TEAMS

RDC multidisciplinary teams consists of members with different professions / complementary skills, with a common purpose, shared goals, values and approaches, holding themselves mutually accountable while working together on 'the case'. This to ensure truly holistic care, to use synergies, make common decisions about a case, maximizes effectiveness and quality of services.

Each of the RDC MDTs will be responsible for cases based on a specific region of reintegration [Western region, Eastern region, Central region]. However, as majority of reintegration will be conducted within Nairobi and surroundings it might be necessary for each MDT to take up cases within the same.

RDC multidisciplinary teams consist of staff from across different departments / programmes who work together around the needs of the girl/caregiver, their families and the community.

THE TEAM is lead and activities coordinated by the assigned case social worker and supported by other team members:

Key Case Manager [Social Worker]

- To coordinate the case¹, involving team members as per the need and requirements of RDC SOPs and Case Conferences outlined below;
- To organize and lead bi-weekly case conferencing and work planning/revision meetings;
- To call for, organize and lead any additional case conferences based on need as decision making organ for the case;
- To assure the availability of respective documentation of the conferences, planning meetings and record forms;
- To assure implementation of support plans developed;
- To seek support for the implementation from supervisors;
- To coordinate concurrent case conferences within the bi-weekly meetings based on needs, e.g. a girl well-being case conference can be done the same time with care giver assessment for different girls.

NOTE *In case of temporary absence of the Social Worker due to leave, sickness or termination of contract it is the responsibility of the counselor to take over the lead of the MDT until a social worker returns. Therefore, it is crucial for the Social Worker to have a handover meeting that will be documented and filed in the MDT box file.*

¹ The case includes: Girl, Caregiver/Family, and Community of origin and of reintegration.

Core Team Members [Empowerment Officers, Teachers & Counselors]:

- The Empowerment Officer is responsible for all activities conducted to empower the identified caregiver of the girl.
- The counselor is responsible for all family based and residential psychosocial support activities concerning the girl and identified caregiver within the MDTs case load.
- The teacher is responsible for preparing the girl for formal education through tutorial classes, school assessment and placement, primary and secondary school sponsorship and education progress follow up concerning the girl within the MDTs case load.
- They are responsible for documentation of their activities, filling and filing of assessment forms and sharing of their findings.
- They are responsible to provide input into a case from their perspective.

Support team [Training Officer, House Mothers]:

- The training officer is responsible for all vocational training activities of the girl / caregiver.
- The House Mothers are responsible for the provision of basic needs, hygiene and personal care skills and recreational activities of the girls in residential care.
- They have to be involved across the MDTs as per the need: in case assessment, support planning & revision, assessing the reintegration readiness and planning reintegration itself, during the rehabilitation of the girl.
- They are responsible to document their activities and share findings about the girl in rehabilitation.
- They are responsible to provide input into a case from their perspective.

NOTE: all key decisions concerning the case need to be made together with the Social Worker responsible for the case. For example the education staff has no mandate to refer girls to other departments of the organization, they can only make suggestions to the social worker and during support planning case conference where steps to be taken are decided. Only if these decisions are going through the channel of the MDT can we assure that information does not get lost and everyone feels responsible to follow up the case according to their mandate.

Team traits necessary for success of the work

- Team leading & coordination skills,
- Team spirit and team moral,
- Non-judgmental, open minded and accepts positive criticism,
- Capitalizing on strength of the members complementing each other,
- Commitment, availability, active participation in all activities,
- Confidentiality, i.e. information will be retained in the MDT and no harm done to the child
- Information sharing, i.e.
 - relevant and correct information is given by members in order to make valid / correct decisions,
 - Case Manager provide regular updates on cases,
- Activities are delegated as outlined in the SOPs
- Shared responsibility for all actions and decisions taken by the team in regard to their case load.

3. THE PROCESS OF MANAGING CASES IN MULTIDISCIPLINARY TEAMS

Girls admitted to RDC rehabilitation will be assigned a case worker (social worker) who coordinates (1) the Multidisciplinary Team of an Empowerment Officer, Counselor, teacher and support members, (2) the bi-weekly case conferencing and work planning meetings, (3) all case conferences to be conducted until a case graduation agreement has been signed by the caregiver and (4) assures the documentation of the meetings are available in the respective MDT file.

Not later than two weeks after admission of the girl it is necessary to do an assessment of the girl in the first Multidisciplinary Case Conference (see below) involving the support team to discuss the girls well-being and develop the support plan for the girls in their case load. This will be the point of decision making also if a girl is better placed in remedial education or vocational training, or maybe both. If the education staff considers vocational training as an option it is their responsibility to communicate the same to the Social Worker who will then involve the vocational training officer into the case conference. The Social Worker together with the support team will be responsible to implement the support plan together with the girl.

At the same time the Caregiver Engagement & Assessment will be done in close cooperation of the Social Worker and Empowerment Officer of the respective multidisciplinary team. After the social workers have gone for Rescue (see CPP SOP Step 1), admitted the rescued girls to RDC rehabilitation and received their case load, it is their responsibility to include the empowerment officer in the case assessment of the respective girls in search for a possible exit.

If a potential future caregiver has been identified, the Livelihood Assessment for the same been conducted, and the counselor had a chance to discuss the exit with the girl in rehabilitation a Multidisciplinary Case Conference (2) (see below) will be called for. In this conference the MDT (Social Worker, Empowerment Officer, teacher and Counselor) discuss the identified future caregivers and the possibilities to engage with them.

*Immediately after the case conference the **case will be handed over by the social worker of the current MDT to the team responsible for the region the reintegration is planned in.** Handing over means, the Social Worker will meet with the future team for the case and introduce the cases to the same. **A short handing over report is the result of the meeting, which should include the number of cases handed over and specific key issues discussed per case. This team will take over the case henceforth till case closure. This process will be continuous, done on a rolling basis depending on the needs of each individual child.***

NOTE: No MDT should have more than 25 Cases in each yearly cohort and around 50 cases being followed up. In resocialization this could include re-opened cases of girls being sponsored in secondary or vocational training.

As soon as cases have been redistributed and the new social worker and empowerment officer were able to familiarize with their new case load the future caregiver is invited to RDC to sign an exit agreement and discuss the final support plan. The support plan implementation will then be coordinated by the empowerment officer.

Before the reintegration of the girl into either family-based rehabilitation and/or resocialization, another Multidisciplinary Case Conference (3) will be conducted to decide on reintegration readiness of girl and caregiver and planning for reintegration according to defined criteria within the respective SOPs.

This conference is conducted in three separate parts, **yet based on the cases can be merged to one conference:**

- (3a) is the revision of the girl well-being, support plan and reintegration readiness which is conducted by the social worker, counselor and support team.
- (3b) is the revision of the readiness of the caregiver, support planning and final decision on reintegration readiness of both. Participants are the core team members.
- (3c) is the reintegration planning for the case conducted by the core team and support team members.

Once reintegrated the girl and caregiver will be either further supported through rehabilitation activities and/or followed up in the family during resocialization where their situation will be assessed and further support options discussed. This will be done after every 6 months from point of reintegration until case graduation (closure). A multidisciplinary case conference (4) is to be conducted after every follow up visit to discuss progress and decide on case closure.

4. MULTIDISCIPLINARY CASE CONFERENCE & ACTIVITY PLANNING

The bi-weekly multidisciplinary case conference and planning meetings are the key forum in RDC where the MDT coordinates the case assessment, support planning and services provided and discusses the MDT activities on an ongoing basis [*CM-MDT 0 – meeting minutes guide*]. As such it is a

- formal, planned, regular and structured meeting to provide holistic, coordinated, and integrated services of multidisciplinary care needs across RDC departments and programmes.
- forum for exchange of experience with and common reflection of progress of the case;
- common decision-making structure for the MDTs case load;

All professionals participating in the conference should prepare their contribution before the meeting in order to make it a success. Discussions are conducted on case by case basis!

Depending on the objective of the Conference following are key components of the same:

- Reporting of each team members view about the case, any improvements or any further concerns;
- Together assess the overall well-being of the child and caregiver/ review progress;
- Based on the same assessment develop intervention / support plans / revise the same periodically;
- Make arrangements to implement the plans;
- Decide on reintegration / graduation readiness based on regular assessment reviews.

NOTE: Case Conferences are our key coordination structure for a particular case! In the bi-weekly case conference and planning meeting you should always discuss more cases at once; the cases can be at different stages in the 4R. All MDT cases that need action/decisions need to be discussed in the conference; this will avoid delays in progress of a case and as such required activity implementation

As an average time to discuss a case 10 minutes should be considered, some cases might take more, others lesser time [discussing 40 cases - 20 for the previous year reintegration and 20 for current year reintegration - would take around 8 hours].

Case Conferences and planning meetings are not meant to be fora for discussions on challenges and successes on the overall case assessments or follow ups. These discussions are crucial but are done in additional review meetings of the MDT and within the departments meetings avoiding the conference and planning meeting to become too lengthy.

Additional topics directly related to planning MDT activities should however be discussed in the planning part of the meeting this could include, but are not limited to:

- Parent skills training activities planned
- Business skills training activities planned
- Career guidance, life skills and employability skill trainings planned
- Girls in Class 8 sitting for exam (sponsorship) who are still in resocialization to be referred to sponsorship.
- Sponsorship Case review: In case a girl in secondary or vocational sponsorship is perceived to face challenges in school/with performance the case can be introduced in the bi-weekly meetings for discussion.

5. CASE CONFERENCE PLAN

#	MDT	Objective	Timeline	Needed Information before Conference	Documents to fill during the Conference	Conference Outline
1	<p>Girl well-being Assessment & Planning</p> <p><i>[Case Responsible Social Worker, Counselor, Teacher and/or Training Officer, House Mothers, (Supervisor)]</i></p>	<p>To get to know the case, assess the wellbeing and plan support during rehabilitation of the 25 cases in a case workers case load.</p>	<p>Within 2 weeks from admission</p>	<p>List of girls to be discussed</p> <p>Baseline CSI results</p>	<p>Girl well-being Assessment (Form CM-MDT 1a)</p> <p>Support plan (Form CM-MDT 1b)</p> <p>Meeting Minutes Format (CM-MDT 0)</p>	<p>SW introduces the case and guides the team through common rating of the girl child well-being assessment topic 1 and from their moves to the support plan topic 1. This process is repeated for all topics. Finally it is decided who has to do what in the support plan.</p> <p>The key conference discussions, decisions taken and actions planned will be documented in the meeting minutes.</p> <p><i>[Note: the teacher in charge of a girl need to participate in the conference, it might be necessary to have more than one teacher in the meeting or have the girls from one teacher be discussed first and then another teacher joins. Two House Mothers should be represented in a meeting.]</i></p>
2	<p>Caregiver Assessment & Planning</p> <p><i>[Case Responsible Social Worker, Empowerment Officer, Counselor, Teacher, (Supervisor)]</i></p>	<p>Make a common decision on the eligibility of the future caregiver, conduct a first <u>tentative</u> support planning for the future caregiver and invitation for signing exit.</p>	<p>After a potential exit has been identified, latest within 2 month after admission of the girl.</p>	<p>List of caregivers to be discussed</p> <p>Livelihood Assessment report per caregiver</p>	<p>Caregiver identification & planning form (Form CM-MDT 2)</p> <p>Meeting Minutes Format (CM-MDT-0)</p>	<p>SW introduces the case, Empowerment officer reports on the Livelihood assessment and sites his/her opinion about the case and comments on possible empowerment support options to enable the caregiver to take the girl in. If s/he has any doubt that the caregiver can be empowered with the current options RDC has at hand this is the time to voice the same.</p> <p>Counselor, who has talked to the girl about the possibility of reintegration with the caregiver, describes the reaction of the girl.</p> <p>The teachers main role is to assure that s/he understands the case in order to initiate the educational requirements and support to be given and gives his/her view about the case.</p> <p>The team together decides for the caregiver to become the one to work with in the empowerment programme. This needs to be a decision of consensus.</p> <p>Depending on the decision the team (1) needs to either outline the next steps to continue looking for a suitable exit or (2) if it is decided to go ahead with the caregiver outline the next steps initiating the involvement. This includes, depending on the region of the caregiver, assigning and introducing the case to the region responsible MDT, the invitation of the Caregiver to sign the exit agreement, and for the caregiver to meet with the girl.</p> <p>The key conference discussions, overview of # of girls discussed, key decisions taken and key overall actions planned will be documented in the meeting minutes and support plan.</p>

3 Multidisciplinary case review conference *[divided into separate parts BUT if some cases are quite clearly ready for reintegration this could be the once combining all parts]*

#	MDT	Objective	Timeline	Needed Information before Conference	Documents to fill during the Conference	Conference Outline
3a	Progress Review Girl Child <i>[Case Responsible Social Worker, Counselor, Teacher and/or Training Officer, House Mothers, (Supervisor)]</i> [girls in residential rehabilitation]	To get to know the progress of the case in rehabilitation, assess the wellbeing of the girl, review the support plan and discuss reintegration readiness	before reintegration, latest after 6 months of residential rehabilitation	List of girls to be discussed Previous Girl Well-being Assessment & Support Plan	Girl well-being Assessment (Form CM-MDT 1a) Support plan (Form CM-MDT 1b) Meeting Minutes Format (CM-MDT-0)	SW introduces the case and guides the team through common rating of the girl child well-being assessment topic 1 and from their moves to the support plan topic 1. This process is repeated for all topics. Finally it is decided who has to do what in the support plan. This is done for all topics and finally the decision taken if the girl needs further rehabilitation or is ready for reintegration. The key conference discussions, overview of # of girls discussed, # of girls ready for reintegration, key decisions taken and key overall actions planned will be documented in the meeting minutes [e.g. if not all girls have been discussed agree on when the rest will be done]
3b	Caregiver Review <i>[Case Responsible Social Worker, Empowerment Officer, Counselor, Teacher (Supervisor)]</i> [caregivers of girls in residential rehabilitation]	To review progress of the cases; <u>discuss reintegration readiness</u> of the caregiver. Plan further support	Once the girl has been assessed as ready for reintegration.	List of caregivers to be discussed Baseline LA results Support plan per caregiver Report on effort towards immediate changes	Caregiver progress review & planning form (Form CM-MDT 3a) Meeting Minutes Format (CM-MDT-0)	SW introduces the case, Empowerment officer presents the LA results, support plan, current level of achievements of the plan, especially achievements of immediate changes, sites his/her opinion about the caregiver. Teachers give information of the status of school registration [NEMIS] for the girl and the effort of the caregiver to support in the same. Counselor, Social Worker and teacher voice their opinion. Once it is decided that the caregiver is ready for reintegration and the girl is ready too as decided in 3a, the next step is done - see 3c. The key conference discussions, overview of # of caregivers discussed, # of caregivers ready for reintegration, key decisions taken and key overall actions planned will be documented in the meeting minutes [e.g. if not all caregivers have been discussed agree on when the rest will be done]
3c	Reintegration planning <i>[Case Responsible Social Worker, Empowerment Officer, Counselor, Teacher and/or Training Officer, House Mothers, (Supervisor)]</i> [girls in residential rehabilitation]	To plan reintegration, family based rehabilitation (if applicable) and resocialization, (see decision 3a & b)	Possibly in 3b conference if the caregiver is also ready for reintegration	List of Cases to be discussed Starter kit assessment form (if applicable)	Reintegration plan (Form CM-MDT 3b) Meeting Minutes Format (CM-MDT-0)	Depending on Conference 3a and b results the SW leads through the case and together a plan is made on the next steps towards reintegration. What is still needed for the girls to be reintegrated, e.g. individual needs for reintegration package to be prepared by House Mothers / Teachers, needs in regard to reintegration into school.

#	MDT	Objective	Timeline	Needed Information before Conference	Documents to fill in the Conference	Conference Outline
4	<p>Child & Caregiver family based rehabilitation (if applicable) and resocialization progress [Case Responsible Social Worker, Empowerment Officer, Counselor, Teacher (Supervisor)]</p> <p>[girls and caregivers in family based rehabilitation and/or resocialization]</p>	<p>To review progress of the cases (Caregiver & Girl) in family based rehabilitation (if applicable) and resocialization; <u>discuss graduation readiness</u>. Plan further support.</p> <p>To plan graduation, if applicable.</p>	<p>After every follow-up on six monthly basis from day of reintegration</p>	<p>List of cases to be discussed. CSI & LA results analyzed Support plan reviewed.</p>	<p>Case Follow up review & planning (Form CM-MDT 4) Meeting Minutes Format (CM-MDT-0)</p>	<p>Social Worker introduces a case and the CSI results and gives suggestions on further support needs to the girl or case closure readiness, Teacher gives his/her views about school performance and additional school support needs. Empowerment officer introduces the Livelihood Assessment results and gives suggestions on further support needs or case closure readiness. Counselor to give her view about the case and case closure readiness, The team together decides on the support needs and case closure readiness through a decision of consensus. If the decision cannot be done in consensus the team needs to continue exploring what has to be done as next steps to actually create the situation where all the team members can agree. Once it is decided to go ahead with the case closure, thus the case closure criteria are fulfilled the pre-planning for graduation will be done in the conference and an action plan discussed including the responsibilities of informing the caregiver and girl about the same.</p>

6. DOCUMENTATION

Documentation of the work of each CM-MDT is crucial for the success of the work of the teams. Each MDT will have to maintain its own box file which will consist of the documentation of all the activities and meetings conducted as a team. Following will be the outline:

- **Bi-weekly case Conferencing and Work Planning Meetings** in chronological order (see Annex outline meeting minutes – CM-MDT 0):
 - the cases discussed: which will include all the meeting minutes of the case conferences conducted, document the number of cases discussed including a list of names for the cases discussed, and give an overview of decisions made, e.g. 20 cases discussed for reintegration readiness or case closure, 11 cases ready for reintegration/ closure and 9 cases prolonged, as well as key actions planned by the team.
 - work planning until the next meeting
- **Case Handing over Report after Case Conference 2: This includes the number of cases transferred to another MDT, key information mentioned and any other issue discussed concerning the case.**
- **Additional Meetings:**

Any additional meeting held needs to be documented in the file, e.g. the overall discussions on experience with case assessment as outlined above.
- **Quarterly reporting on activities**

There will be quarterly reports which will detail the activities done in the quarter.
- **Temporary MDT handing over Minutes, social worker to counselors in case of social worker absence.**

The individual case record forms filled during MDT meetings will go to the respective case files in respective departments (see below), while overall documentation for the MDT will be kept in MDT box files.

The (individual) "CASE" File includes all the below parts in chronological order. The following parts will be kept in the different departments in soft (where applicable) and hard copy:

CASE FILE PART 1 – Social Work (CPP)

CASE FILE PART 2 – Counseling (CPP)

CASE FILE PART 3 – Education (CPP)

CASE FILE PART 4 –Child Care (CPP)

CASE FILE PART 5 – Livelihood (EP)

7. MDT PERFORMANCE SUPPORT

7.1 Supervision of work practice

Performance Support [in line with the performance management SOP] is defined as ongoing, vital, collaborative and communication-based process within RDC, offering guidance to the MDTs in the implementation of the MDT SOP. Support of the MDT is taken over by the Programme Managers and M&E Coordinator.

It is the supervisors' role:

- to assess and monitor actual CM-MDT practice in a supportive manner;
- to promote and maintain good standards of work defined in RDC SOPs and work guidelines – making good practice a standard way of working;
- to provide support, advice, direction and quality oversight to case management services;
- to provide staff with the opportunity to discuss and reflect on their work, developing new insights, perceptions, and ways of working and receive constructive content and process feedback;
- to assess and monitor skills of the team and their understanding of the work and ensure staff are trained and prepared for their caseworker role, plan and utilize their personal and professional resources better.

The approach that is used in order to do the same is mainly group supervision approach, i.e.

	Purpose	Process	Tools/Forms
MDT Meeting participation [as per work plan of the MDTs]	To assess the process of Meetings conducted in an MDT, that the Case Conference is conducted as per the outline in the MDT SOP and give feedback on the same according to perceived challenges and successes.	This is done for each team minimum twice a year and if need be, it can be more often to guide the Case manager in structuring the same.	Case Conferences & Planning Meeting Observation Checklist
Regular MDT Documentation reviews [min. twice a year as documentation is available]	To ensure documentation of MDT activities and the Case Conferences are complete, filled appropriately, and filed in the box file.	The overall MDT box file and a specific case conference of each MDT will be under review after every quarter. I.e. documentation of one meeting for each case conference is selected randomly to be reviewed for completeness and any challenges in decision making or a common challenge that emerges among files across the team. Findings from file reviews will be fed back into the MDTs during the yearly reflection meeting and if necessary in extra meetings with the team(s).	MDT documentation Checklist
Yearly MDT reflection meeting [4 th quarter each year]	To assure that all MDTs are progressing well, share and learn from each other's experience, identify support needs, benchmark the activities of the different MDTs and identify good practice.	The reflection meeting will take place in November each year, after all the reporting due till date has been finalized. The supervisor will invite the MDTs to the meeting and guide the team through the activities reflecting their work practice.	MDT Reflection Session outline

The support is given by the designated supervisor for the MDT. Only one person will be responsible to supervise the specific MDT activities. At the same time on the organizational level each staff member has an individual supervisor which is the line manager, unless otherwise stated, following the performance management SOP.

7.2 MDT Debriefing

Professional external supervision is provided for through group debriefings. Depending on RDC resources this should take place at least once every quarter. These debriefings support the MDT members' reflection of their work in teams and with cases, addressing challenging experiences and development of alternative actions based on the same. It further covers aspects of psychological support, change, stress and conflict management, work-life balance as per identified needs of the group and in order to increase team well-being and productivity at work.

OUTCOME

Cases have been worked with in a holistic way and the best possible results achieved through a common approach of staff members working on the case.

Decision Making is transparent through a clearly structured process of documentation of the case.

Timelines are adhered to due to shared responsibility and ongoing support by the team members of different professions.

Reports are available on time and complete, Empowerment and Child Protection Databases are up to date reflecting the actions and decisions taken on the case.

8. ANNEX

Annex 8.1: MDT Case Management Flow Chart [pdf]

Annex 8.2: Case Conference Record & Assessment Forms

#	Record Form	Objective	Comments
0	Meeting Minutes record form	Record discussions in the planning and case conference meetings	Filled during every bi-weekly MDT meeting. Filed into the MDT box file.
1a	Girls Well-being Assessment	To assess (improvements in) the girls' well-being and readiness for reintegration.	The form is filled together with the girls support plan 1b by the case responsible staff. Filed in the case file of the respective girl in the SSD.
1.b	Girl Support Plan	To assist staff to use information gathered in the well-being assessment and case assessment to decide on the best support strategy.	The individual support plan is an immediate result of the child well-being assessment, and revised at point of reintegration. Filed in the case file of the respective girl in the SSD.
2	Caregiver identification & tentative support planning	To document the decision made and further planning in the Caregiver Assessment Case Conference.	This document is to be filled by the MDT during the conference and kept with the case file or in the overall MDT file depending on whether the caregiver has been identified as exit for the girl in rehabilitation.
3a	Caregiver progress review report	To guide making decision on caregiver readiness to receive the girl and to highlighting the achievements of the caregiver in empowerment, considering the current livelihood assessment and interaction with the caregiver.	The livelihood assessment (EP) and caregiver support plan, form the basis for the discussions in the case conference, conducted once the caregiver has been identified as ready for reintegration and henceforth after every follow up visit. Filed in the case file of the respective caregiver in the LD.
3b	Reintegration plan	To assure a smooth reintegration of the girl considering all preparation steps have taken place.	Developed the plan considering aspects that still need to be addressed before actual reintegration. Filed in the case file of the respective girl in SSD and a copy in the caregiver in the LD.
4	Case follow up review	To arrive at a common decision for closure of a case and document justification for the same or extension of the follow up and respective support needs.	After every case follow up visit done. The case can only be closed if the CSI and the LA show no risk in main domains of the assessments and assessments do not contradict each other. Filed in the case file of the respective girl in SSD and a copy in the caregiver in the LD.

Annex 8.3: Supervision Documents/Assessments

#	Record/Outline	Purpose	Comment
1S	Case conference observation checklist	To assess the process of Case Conferences conducted in an MDT, ensure it is conducted as per the outline in the MDT SOP and give feedback on the same according to perceived challenges and successes.	Through participant observation of the Conference the Supervisor rates the conformity with the MDT SOP and highlights creative ways of going about challenges in the conference. At the end of the conference the supervisor gives immediate feedback to the team on how to improve the case conferencing.
2S	MDT documentation checklist	To ensure documentation of the MDT activities, meetings, case conferences are complete and filled out appropriately and reports are available in file.	At least twice in a year the overall MDT file and one case conference of each MDT held in the previous quarter will be checked according to the list of criteria for completeness, quality of information and any challenges in decision making or a common challenge that emerges among files across the team. Findings from file reviews will be fed back into the MDTs during the review meeting and if necessary in extra meetings with the team(s) immediately after the assessment.
3S	Multidisciplinary Team Reflection Meeting	To encourage participatory, reflective discussions and positive questioning of achievements among individuals and teams in order to identify lessons learnt by the MDTs and incorporate the same into plans for the next years activity implementation.	This is a one day reflection meeting facilitated by the supervisors and held every year in the month of November, once all the follow ups and Review Case Conferences have been conducted.