Individual Case Management for Persons with Specific Needs

Standard Operating Procedures

Protection Working Group, UNHCR Lebanon

2022

Table of Contents

Annexes

Annex I: Persons with Specific Needs Definitions and Barriers to Inclusion
Annex II: Definitions of Case Management HR Structures
Annex III: Consent Form Template
Annex IV: Risks Rating Form Template
Annex V: Comprehensive Assessment Form Template
Annex VI: Interview Checklist for Case Workers
Annex VII: Case Plan Template
Annex VIII: Case Conference Preparatory Tools Template
Annex IX: Case Closure/Transfer Form Template

Introduction

These Standard Operating Procedures (SOPs) on Case Management for Persons with Specific Needs (PwSN) provide operational guidance to protection agencies on the minimum standards, principles, steps and procedures that need to be in place for an effective, individual-centered and right-based case management of PwSN. They seek to ensure a consistent, systematic, contextualized and harmonized approach towards case management programmes and interventions in Lebanon within the Protection sector.

These SOPs apply to PwSN at risk, as defined by the sector[1] based on global guidance, who are in need of case management, and this across populations groups - including displaced Syrians, Palestine refugees, Lebanese host community members, but also refugees from other nationalities and migrants. They do not apply to children at risk and to survivors of Gender based violence (GBV) for whom specific guidelines have been developed under the national Child Protection Working Group and the national GBV Task Force[2].

These SOPs have been developed and reviewed by a Task force composed of specialized actors from the Protection sector Core Group +. They have been endorsed by the national PWG. These guidelines are complementary to and build on the learning from global standards and guidelines[3].

1. Key Definitions and Concepts

- **Case Management**

Case management is a way of organizing and carrying out work to address the needs of an individual and/or, as relevant, his or her family/caregiver, including by empowering and building self-reliance, in an appropriate, systematic and timely manner, through any combination of direct support and referrals. It entails an on-going relationship with the individual and/or household, which forms a common thread throughout the provision of services by multiple specialised service providers. As such, it is a collaborative, coordinated and multi-sectoral process that takes place between the caseworker and the individual(s) at risk. In addition, caseworkers also provide psychosocial support services.

The ultimate goal of individual case management is to reduce risk and to empower people with specific needs at risk to achieve positive outcomes. This is done through creating, enacting, monitoring and achieving a plan of action for individuals who have specific needs and who are at significant risk. It applies for those individuals whose personal safety is at imminent risk of serious harm (high risk) or who are likely to face serious risks (medium risk) due to their specific needs. Individuals who are less likely to face serious risks to personal safety (low-risk) are not in need of case management services, but may require an intervention to respond to their specific needs. Therefore, low-risk cases should still be provided with information on available services and assistance, and be supported to decide how to address their problems; this may be achieved through conducting a referral, or by informing how to access a service themselves, or by providing counselling if necessary. Person of concern who do

---

[1] See Annex I: Persons with Specific Needs Definitions and Barriers to Inclusion

[2] Namely the *Standard operating procedure for the protection of juveniles in Lebanon* and the *Inter Agency Standard Operating Procedures for SGBV Prevention and Response in Lebanon*

[3] In particular Your Guide to Protection Case Management (IRC/UNHCR), Inter-Agency Guidelines for Case Management and Child Protection (Global Protection Working Group), Best Interest Principle Guidelines, Assessing and Determining the Best Interests of the Child (UNHCR), Inter-Agency Gender-Based Violence Case Management Guidelines (GBV IMS Steering Committee), Age, Gender, Diversity Policy (UNHCR), Community-Based Approach (UNHCR), IASC Guidelines on Inclusion for Persons with Disabilities (IASC), Need to Know Guidance on Working with Persons with Disabilities (UNHCR) and Guidelines on Community-Based MHPSS (UNICEF).

not need case management services should also be encouraged to participate in existing community-based activities when available. Support for low-risk cases could be provided both at individual and household level, depending on the situation.

Effective individual case management is predicated on the availability and accessibility of a range of services and high-quality care. It also relies on strong coordination mechanisms to ensure efficient referrals, timely responses and prevention of duplication. A well trained and managed human resource structure is also essential in achieving this[4].

Finally, it is important to note the distinction between case management, service provision and counselling.
- Case management is a collaborative and coordinated process of assessment, case planning, service provision and referral, monitoring, follow-up and advocacy for options and services to meet an individual's and family's comprehensive needs.
- Service provision encompasses a wide range of activities that can be done as 'a one-off intervention' or can be provided as part of case management, as outlined in the case plan/action plan.
- Counselling is a process where an individual or group (family members for example) meet with a professional to talk about issues and problems that they are facing.

These three concepts are interlinked but are not interchangeable.

2. Guiding Principles

The set of guiding principles constitutes an essential general guidance for case management agencies. They provide direction for the establishment and/or review of case management systems and procedures and can be tailored to unique circumstances.

The guiding principle include:

- Confidentiality
- Safety, dignity and do no harm
- Consent
- Client and human rights centred approach
- Non-discrimination
- Participation and empowerment
- Accountability
- Privacy and self determination

More details and concrete examples for each of these principles can be found in the Section 1C of *Your Guide to protection case management (UNHCR/IRC).*

---

[4] See Annex II for a description of the key functions related to case management.

3. **Case Management Standards**[5]

The following case management standards reflect the key core practices, approaches and requirements for case management. Application of the standards below is intended to enhance harmonization of practices across case management agencies, to ensure that case management services are consistent, reliable, and meet a minimum quality, in accordance with international standards.

- **Ethical and professional standards**

Caseworkers and agencies must adhere to ethical standards and codes of conduct, respect professional boundaries. They must act with integrity by not abusing their power or the trust of the persons of concern or their family. This includes asking for favors or payments in exchange for services or assistance. Personal and professional limitations and boundaries must be recognized and respected. Steps should be taken to address conflicts of interest where these arise.

Agencies should set up or link to existing accessible complaint and feedback mechanisms for the individual to raise concerns, complaints and provide feedback. They need to consult with different age, gender, disability and diversity groups in the community on their preferences for providing feedback and complaints in a safe, confidential and anonymous way. This is particularly important for case management because persons of concern may find it difficult to access services or to participate in the community. Caseworkers are therefore in a position of power and adequate safeguards must be in place to prevent abuse of that power and to **prevent sexual exploitation and abuse** (PSEA)[6].

- **Holistic approach**

An approach that takes into account all factors relating to a person's well-being and personal safety, including but not limited to psychological, physical, medical, personal, cultural and social factors. In addition to such factors, a holistic approach also considers the strengths, needs, obstacles, and best interest of the Person of concern, family, and communities as a basis for making plans and goals. In addition, a holistic approach to the case management process needs to take place.

- **Appropriately qualified staff**

Staff involved in case management should have qualifications and experience appropriate for their level of responsibility, to ensure that they can carry out case management interventions in a safe and professional manner. Assessment of skills and competencies should take place as part of the recruitment process. Background checks should be conducted to ensure that the staff does not have any allegations of misconduct or SEA. Staff should participate in on-going, formal evaluation of her/his practice to advance protection and over well-being of the concerned individual, assess the appropriateness and effectiveness of services and support, ensure competence, and improve practice. PWSN case management agencies are responsible to ensure that their staff receive

---

[5] The case management standards are based the review of the following sources: Case management Practice within Save the Children Child Protection Programmes (2011); Case Management: Terre des Homes (2012); Inter-agency Practical Guidance for Child Protection Case Management Services in the Emergency Response in Lebanon (2014); Standards of Case Management: National Association of Social Workers (2013) and Standard Operating Procedures for the Protection of Juveniles in Lebanon (2016).

[6] PSEA: The Secretary General Bulletin provides that all forms of Sexual Exploitation and Abuse by UN staff or UN contractor must be reported through established agency reporting mechanisms. Available here in addition to other resources on PSEA: https://emergency.unhcr.org/entry/32428/protection-from-sexual-exploitation-and-abuse-psea

appropriate trainings on the SOPs and on other relevant topics (Safe identification and referral, Psychological First Aid, Interviewing skills, etc.).

- **Guidance, supervision and training**

In order to ensure an effective case management process, case management agencies should establish a case management supervision structure. This structure should consist of regular weekly case management meetings for case review and de-briefing, regular review of steps taken by caseworkers while implementing the case plans, regular provision of technical guidance to caseworkers, and regular quarterly in-service trainings for all case management staff, among others. This supports technical competence and practice, encourage reflection and enable effective and supportive monitoring of casework. This is also part of ensuring the wellbeing of the social workforce and prevent burnout. This supervision structure is also important to ensure case workers have the opportunity to debrief after closing cases.

- **Caseload**

The supervisor shall responsibly advocate for a caseload and scope of work that permits high-quality planning, provision, and supervision of case management services. Caseworkers must have a reasonable caseload, reflecting their skills and capacities. The number of cases allocated to each caseworker at any given time should not exceed 20-25 active cases per caseworker. In addition to this caseload, caseworkers may be reasonably expected to undertake:
- Up to 15 assessments per week of newly presenting cases (walk-ins and referrals), to determine risk level and whether case management is required; and,
- Other administrative tasks, as required.

Supervisors or managers should closely monitor the caseload of individual caseworkers to ensure it is manageable, at least once every two weeks. In the onset of an emergency, there may be extreme pressure to scale-up and reach a larger caseload. In such a situation, existing policies on caseload quotas should be reviewed to determine how increasing the caseload will impact the programme and staff, as well as the financial and human resources required to support an expanded programme.

- **Appropriate working conditions**

Working conditions are relevant to ensuring quality provision of case management services. The list below outlines minimum requirements and is not exhaustive. Supervisors should seek staff feedback regarding means of optimizing the office environment, wherever possible.
- **Office set-up:** Sufficient office space, such that all caseworkers have their own workstation; sufficient furniture and infrastructure, such as computers and internet; means of ensuring responsible data management, including lockable file cabinets.
- **Private meeting spaces:** Meeting spaces do not always need to be large but should provide privacy through blinds on windows and efforts to maximize sound proofing, in order to ensure confidentiality during meetings with individuals and families participating in case management. Good ventilation and possibility to ensure social distancing should also be taken into account, for health reason. For remote meetings, privacy should also be ensured through headsets, and private meeting rooms where a computer or a tablet can be used.
- **Transportation:** Caseworkers should have access to vehicles and/or be compensated for fuel and maintenance costs if using their own vehicles for home visits and other work-related local travel.
- **Communication:** Caseworkers should have access to communication tools including internet and mobile phones and/or mobile phone credit if using their own mobile phones for work related communications.
- **Emergency cash/petty cash:** Caseworkers should have access to funds to enable an immediate response to urgent needs when identified, such as emergency cash, to ensure that the case management agency is meeting its duty of care of individuals and families participating in case management.

- **Communication**

Caseworkers shall provide and facilitate access to culturally and linguistically appropriate services. All written communications should be available in the language of the service user and displayed clearly for them to avail of. The specific needs of Person of concerns (including those related to impairment and age, but also level of literacy) will also be taken into account while communicating with them.

4. Information Management

Case management requires a safe and confidential system for collecting, storing, and sharing information. The case manager is responsible for completing documentation throughout all steps of the case management process in the appropriate individual record in a timely and secure manner.

4.1 Documentation, Record Keeping and Case Tracking

A separate case file should be maintained for every case. A code that does not identify the person of concern should be allocated to and marked on the front of each case file to ensure confidentiality. Case files should be held in a locked case file cabinet or password protected computer and should only be accessible to the assigned caseworker.

Case files should include (Forms are annexed to the SOPs to serve as template – similar level and type of information should be included in the form used by the agency, if different from the templates) :

- Consent form template (Annex III)
- Risk Rating Form template for Persons with Specific Needs (Annex IV)
- Comprehensive assessment form template (Annex V)
- Case Plan template (Annex VII)
- Case Notes, detailing all services provided, referrals made, and actions taken for the case.
- Case Closure/Transfer Form template (Annex IX)

Whenever possible, caseworkers should use the *exact words of the person of concern* when documenting meetings and discussions. This can be an essential tool for monitoring progress and identifying potential problems.

Caseworkers and their supervisors are responsible for ensuring that all case documents are complete and factual. Caseworkers should be careful to distinguish between facts and professional judgement, ensuring that all professional judgements are substantiated and non-judgemental.

Case Tracking
All cases must be tracked in a database or other information management system, to ensure appropriate follow up. Tracking information should include:

- Date of identification/intake/registration
- Primary concern/risk/need related to the case (broad categorization)
- List of referrals made, and the outcome of each referral

- List of services provided
- Date of last contact
- Date of next planned contact
- Dates of case review meetings
- Date of case closure / transfer
- Case status

Databases containing detailed case information should be password protected. They should not include persons of concern's names, but rather case codes to ensure data protection and confidentiality.

4.2   Information Sharing and Data Protection

Information sharing with other agencies for the purpose of referrals should follow the Inter-agency minimum standards on referrals. In particular, any information sharing should be on a need-to-know basis, limited to information required to provide services and with the informed consent of the person of concern. Organizations must have a data protection protocol in place to protect information relating to individual cases and ensure supervisors and caseworkers are aware and adhere to the protocol at all times.

5.   Roles, responsibilities and capacities

There are two key categories of staff involved in the direct implementation of case management: caseworkers and supervisors. While different agencies may use different terminology, in general terms these categories of staff relate to the people directly managing specific cases.
Therefore :
- Persons acting as a focal point for the individual/household constituting the case and being personally accountable for completing each step of the case management process in relation to that case are referred to as caseworkers;
- Persons providing regular technical guidance, supervision, mentoring and monitoring to those directly managing cases[7], including directly supporting the management of particularly complex or high-risk cases are referred to as supervisors ;

In addition to that, in certain organizations, there are also persons providing technical guidance and capacity building to case management teams who are referred to as specialists.

Specialized or technical support can be arranged in response to specific gap and/or challenges that teams may face. Its role is to complement the existing technical expertise of caseworkers with specialist knowledge and skills in relation to a particular need or situation such as persons with disabilities and survivors of torture.

6.   Case Management Steps

6.1 Identification of persons with specific needs

The identification of persons with specific needs, or those who are experiencing vulnerabilities that put them at heightened risk, is a continuous and on-going process in humanitarian work and the responsibility of all service

---

[7] All caseworkers should be provided with supervision and mentoring –both informal and more structured. Supervision and mentoring support technical competence and practice, encourage reflection, promote wellbeing and enable effective and supportive monitoring of casework.

providers working across different sectors. Identification can take place through multiple channels and activities and must at all times adhere to the Inter-Agency minimum standards on referrals. Organizations should develop inclusive outreach modalities to ensure identification of persons with specific needs who may face heightened difficulties in obtaining information or accessing services linked to their specific needs.

Not all persons with specific needs require individual case management. Individual case management is needed for persons who have specific needs and whose personal safety is at serious imminent risk (high risk) or likely to be in serious risk (medium risk) of harm. This may include persons with severe mental health needs, for whom a specific mental health intervention is needed prior to the provision case management support. When persons with mental health needs are identified, they need to be referred to a specialized mental health service provider.

Categories of persons with specific needs

For the purpose of the SOPs, persons with specific needs will be defined as persons who due to their age, gender and background face specific protection needs which must be addressed. The general categories of persons with specific needs and their definitions are listed below (see also Annex I for detailed definition and overview of obstacles faced by the different groups):

Single Parent or Caregiver (Single person of 18 years or above with one or more dependents, including biological or non-biological children, or other dependents).
Older person at Risk (Person of 60 years old or above, with specific need(s) in addition to his/her age).
Person with Disabilities and caregiver (Persons who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.)
Person with Serious Medical Condition (Persons with serious medical condition that requires assistance, in terms of treatment or provision of nutritional and non-food items, in the country of asylum.)
Woman at risk (Woman of 18 years old or above who is at risk because of her gender).
Persons with specific legal and physical protection needs (because of a threat to life, freedom or physical safety.)
Survivor of Torture (Person who was intentionally exposed to acts causing severe mental or physical pain when these acts were committed with a clear purpose and were inflicted by State or non-State actors, or with the consent of State actors.)

It should be noted that the case management of children ant risks and of survivors of Gender Based Violence falls under relevant national child protection and GBV procedures and therefore, is not covered under the current framework SOPs.

In general, it is the family and/or the community that provides the support that persons with specific needs require. However, this is not always the case. At the same time, even where appropriate care is in place, capacities are often stretched, and resources limited. In the absence of sufficient and adapted family or community support, members of the above groups may face heightened protection. In such situations, the individuals should be further assessed to determine if case management or specific support and attention is needed.

6.2 Risk rating

An initial interview should take place with the person of concern to determine if they face a specific risk and to determine the level of risk. The case worker can determine the risk level of a case using the Risk Rating Form for Persons with Specific Needs (template in Annex IV). Rating the risk will help to identify whether there is a need to conduct case management (medium and high-risk cases), and, if so, the urgency of such an intervention. Rating the risk associated with an individual case is useful to ensure that it is prioritized appropriately within the broader caseload, especially those at serious imminent risk of harm which requires urgent and immediate attention and support. It also helps the case worker to determine the timeframe for intervention and how frequently the person of concern should be followed up.

Section I of the Risk Rating Form defines two risk levels based on select categories of persons with specific needs. These are color coded to illustrate the level of urgency for case management intervention. Red indicates that urgent follow-up within 48 hours is needed given the serious imminent risk to safety. Yellow indicates a likelihood of serious risk to safety which needs to be followed up within 48 hours and 7 days. The categories of specific needs are non-exhaustive and may change with changes in context and circumstances.

Section II of the Risk Rating Form provides parameters to help determine whether or not urgent follow-up is needed based on the specific needs identified.

Risk level	Parameter
Urgent follow-up needed – high risk	• One specific need under "urgent follow-up needed" (red) selected • More than three specific needs under "follow-up needed" (yellow) selected
Follow-up needed – medium risk	• 1-2 specific needs under "follow-up needed" selected (yellow)
No CM needed - low risk	• No specific need selected

The parameters, which are listed above, only serve as a guide or indication whereby it is up to the interviewer to rate the risk of a specific case. Determining or rating the risk level is not a mathematical formula, but rather is assessed based on the profile of the Person of concern, their specific experience or threat they are exposed to, their ability to cope (resilience), the support provided (by family, community, NGO, etc.) and their views. Case workers should also assess the accumulation of a person's risk factors, and whether these are mitigated by protective factors. Indeed, if someone faces multiple risk factors, they are more likely to be at risk of harm.

The table below provides a summary of the interventions needed once the risk rating of a case is determined.

Risk Level	Description and Action	Who to refer to and how	Timeframe
Urgent Follow-up Needed	Serious imminent risk to personal safety. It requires urgent and immediate intervention within a maximum of 48 hours.	Immediately intervene if specialized, if not, refer without delay to a specialized case management NGO following Inter-Agency Minimum Standards on Referrals.	Daily follow-up to ensure that immediate action is taken, afterwards frequent (weekly to bi-weekly) follow-up required according to the Person of concern's needs
Follow-up needed	Likelihood of serious risk to personal safety. It	Conduct assessment for case management or refer to case management NGO following Inter-	Weekly/bi-weekly follow-up required to ensure that imminent risks are

	requires intervention within maximum 7 days.	Agency Minimum Standards on Referrals.	mitigated; afterwards follow up on a monthly basis is required until case closure
No follow-up needed	No risk to personal safety. Information on services and/or counselling should be provided within 2 weeks if an intervention is needed to respond to specific needs and reduce vulnerability.	Provide information on access to available services and/or conduct referrals according to the identified needs, following Inter-Agency Minimum Standards on Referrals.	

Note: that certain cases for which (regular) follow-up is needed may move into urgent need of follow-up if timely intervention does not take place. Risk level determination is an ongoing process as a Person of concern's level of risk could change over time, depending on their circumstances; risk levels should hence be reassessed during the case management process. Staff should implement a structured monitoring system to ensure adequate and timely follow-up of all actors.

6.3 Comprehensive assessment

A comprehensive assessment, (form template in Annex V), is conducted by a caseworker following a referral for case management. The assessment is designed to support decision making concerning the specific protection and/or assistance needed in order to form an effective action plan in collaboration with the person in need of case management. For those deemed ineligible for cash or food assistance yet facing serious protection risks, the caseworker may consider submitting an application for emergency cash and/or protection cash (in accordance with the Inter Agency Protection Sector Cash Guidance) and/or food assistance based on socio-economic needs. This is recommended in cases where provision of such assistance would considerably reduce or eliminate the protection risk or protection vulnerability faced by the individual and/ or the family. For information on establishing the appropriate atmosphere for an interview, see Annex VI for Interview Check List for Caseworkers.

6.4 Case planning

Case planning should be developed within a maximum of two weeks after the comprehensive needs assessment has been completed. Any urgent intervention should however be done immediately – taking account the level of risk.

The case plan should be developed jointly with the person of concern. Decision making lies with the concerned person, in line with the principles of respect and empowerment. Caseworkers should never impose decisions or actions.

The case plan should also:
- Be based on the assessment
- Identify a specific and achievable goal, without creating unrealistic expectations ;

- Identify specific actions to address the identified risks and needs
- Consider immediate-, short-, medium- and long-term actions
- Identify when the actions should take place
- Identify who should do the actions and,
- Be documented

For a case plan template, refer to Annex VII.

6.5 Implementation of the case plan, including referrals and service provision

Based on the case plan, the caseworker works with the person of concern, the family, the community and service providers to ensure the person of concern receives the appropriate services. Service provision timeframes are set in the case plan and followed-up by the caseworkers and supervised by the case management supervisor.

As per the case plan, caseworkers can provide:
- Direct support / services (e.g. information, negotiation or psychosocial support, counselling)
- Referral to an appropriate specialized service provider for necessary services based on the Inter-Sector Service Mapping

Provision of emergency or recurring protection cash is part of the action plan, provision should follow the Inter-Agency Protection Sector Cash Guidance.

Referrals
Referrals should be conducted as per the existing referral pathways. To note that these pathways should be regularly updated and include organisations or actors present in a specific area.

Best practices for safe referrals to service providers:
- When needed, at least for the first time, accompany the person of concern to the service to help with introductions and ensure the referral is understood by the agency receiving it. This is particularly useful in cases where there have been difficulties in accessing services, or where the individual requires support to advocate on their own behalf (for example, due to advanced age, health or other protection considerations).
- Caseworkers should continually be up to date with the relevant services and service providers, as well as with the referral pathways.
- The caseworker should maintain overall responsibility to follow up with the person of concern and the service provider to ensure needs are met.

While making a referral, caseworkers should always respect the Inter-Agency Minimum Standards on Referrals ; in particular they must:
- Ensure confidentiality
- Only act with consent of the person of concern
- Use the Interagency Referral Form (Annex 3 of the Inter-Agency Minimum Standards on Referrals.)
- Respect the 'need to know' principle.

Case conferences
For the coordination of service providers and for complex cases, the case management agency can organize a case conference meeting, in order to discuss the case plan and find short-term and/or long-term solutions. Such meetings can be internal or external, with relevant actors involved with the case. To assist the process, refer to

the Case Conference Preparatory Tools in Annex VIII that contain a consent form template for interagency case conference meetings, template for recording minutes and a case conference checklist.

Note: Adaption of Case management services through Remote Modalities
Protection actors including case management agencies are obliged under specific situation (e.g. lockdowns, political unrest and insecurity, restricted access to certain field locations, movement restrictions and other mobility challenges) to resort to remote modalities. And this, in order to maintain essential aid delivery and to ensure the continued provision of most urgent services in a qualitative and inclusive manner, for the different profiles of beneficiaries (older persons, persons with disabilities, female head of household…).
Some of the key considerations for agencies when implementing remote case management for PWSNs are:
- ensuring both staff and Persons of concern have adequate access to technology including phones and phone network,
- ensuring privacy and safety of the person of concern and the staff,
- training the staff providing the remote services to adapt methodology as needed
- ensuring confidentiality and data protection at all time.
The Protection sector acknowledges however the specific limitations of remote case management services when it comes to particular profiles of persons of concern, such as older persons, persons with hearing or speech impairment and persons facing psychological or mental health related issues, and thus to consider the need in particular situations to prioritize in-person case management activities for persons with these profiles.

6.6 Follow up, monitoring and review[8]

Throughout case management, case workers are responsible to **follow up** with the persons of concern, their family and the pertinent service providers regarding the progress made toward the case action plan. Case workers should follow up with person of concern frequently according to the risk level of the case (see Section 8.2 on Risk Rating). Follow-ups could be conducted in person (during meetings or Household visits) and/or by phone.

Case workers should conduct regular **monitoring** of the individual's situation in order to assess if the risks faced by the Person of concern, their needs and capacities have changed compared to the initial assessment. Monitoring should be conducted through visits or in person meetings when possible.

According to the information collected through regular follow-ups and monitoring, the case workers and the Person of concern should **review** the initially agreed action plan if it is no longer appropriate and if the case requires additional services.

Case supervision is an essential component of follow-up, monitoring and review of cases. In this process, the case worker shares case work decisions, challenges and experience with another professional, generally a direct supervisor, who offers guidance, knowledge and support. Supervisors and case workers should agree on appropriate steps for following up and monitoring a case during supervision. Case supervision should take place at least once a week to ensure the progression of cases and provide technical support to the case workers. Supervision ensures that case management services are provided following standards and best practices, but it also reduces the pressure on the case workers and their risk of burnout.

---

[8] Information in this section draws on the following key documents: CMSA Standards of Practice for Case Management; Save the Children: Child protection Policy; and, Practical guidelines for CP Case management services in ERL 2014.

Internal case management meetings should also be held on a monthly basis between caseworkers and their supervisors to review progress, share experiences, discuss challenges, receive technical advice and identify capacity building needs.

Supervisors are also responsible to conduct case audits in order to monitor the technical knowledge and skills of the case worker, the respect of CM standards and guidelines, and to identify capacity building needs. Case audits include observations and case management files checks. During observation, the supervisor takes part in an in-person meeting of the case worker with the person of concern. It is recommended that the supervisor and case worker decide together which cases should be observed, based on the person of concern's vulnerability, safety and well-being. The supervisor should assess the caseworker interactions with the person of concern to support the caseworker's development in applying case management standards and best practices. As second part of the case audit, the supervisor should review 3 to 5 case files of the case worker. The supervisor should make sure that the forms are being used and filled out appropriately and that the services are being provided as documented in the case file. The supervisor should review the cases independently and then provide feedback to a case worker in an individual supervision session and follow up on the progress. Case audits should take place on a regular basis (maximum every three months). Case audits should not be presented as an evaluation of the case worker, but as an opportunity for the supervisor to identify areas of development and support that might be beneficial for the case worker.

6.7 Case closure

The decision as to whether to cease involvement or end the case management relationship can be influenced by a number of factors such as achieving goals and the end of a protection incident; or other situations such as resettlement or death. New issues may emerge in an number of situations that raise significant concerns or questions as to the appropriateness of concluding the case management relationship. A review should always be conducted prior to considering closure. The case worker, in partnership with the person of concern, can then identify any issues or matters of concern that may require ongoing support or assistance. Where agreement is reached that goals have been met and the person of concern (as well as their family and caregiver, if relevant) will not benefit from continued case management, the relationship can be ended. Where a person of concern's support needs are long-term and complex, they and their family might seek the continuation of the case management relationship. This might involve a future planning approach of jointly anticipating changes for the person and/or their family, and agreement to renew contact at those times. Future planning is an approach that recognizes that people have goals and a vision for the future beyond service and support. When it is agreed that no current case management involvement is needed, it may be agreed that contact is to be resumed at a future time, for instance in preparation for a future significant change or transition.