

CASE MANAGEMENT PRACTICE WITHIN SAVE THE CHILDREN CHILD PROTECTION PROGRAMMES



Save the Children

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CHILD PROTECTION
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Save the Children works in more than 120 countries. We save children's lives. We fight for their rights. We help them fulfil their potential.

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Cover photo: Sriti, 16, a child labourer in Bangladesh, meets with Save the Children Programme Manager for Child Protection Mahfuza Hoque. (Photo: Tom Pietrasik)

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CONTENTS

Introduction	1
Components of good case management	4
Case management practice within Save the Children country child protection programmes	15
Improving case management practice within Save the Children	26
Conclusion	29
Bibliography	30
Key informants	31
Annexes	33

INTRODUCTION

Any good national child protection system must be able to respond effectively to individual child protection cases when they arise. However, in many contexts where Save the Children is working, a formal system for such case management is not in place. In countries where one does exist, it is often grossly under-resourced and does not function properly at the level where children require it most. Therefore, child protection agencies such as Save the Children may need to operate their own case management system while supporting and building the capacity of governments to develop a longer-term statutory system. Examples of where child protection agencies use case management practice include, but are not restricted to:

- family tracing and reunification of separated and unaccompanied children during emergency responses
- support for the return and reintegration of children from exploitative or abusive circumstances such as hazardous labour or association with armed forces and groups
- harmful and unnecessary institutional care.

As a leading international child protection agency, Save the Children is often challenged to carry out case management activities directly with children as well as providing guidance and training to local organisations, government ministries and community groups in basic case management practice. It is recognised within the organisation that the quality of case management work can have a significant impact on individual children, their families and communities.

Children can be put at further risk and harm if support and assistance is poorly planned, resourced or provided.

The purpose of this study is to look at the level of understanding and practice of case management within Save the Children's child protection programmes. The study is divided into three parts. The first part illustrates and explains the fundamental components of a good case management system/process, drawing upon good practice in developed countries – which is also relevant and practicable to developing and emergency contexts. The second part looks at the organisation's understanding and practice in case management, highlighting examples of promising practice (in line with recommended best practice as detailed in Part I). The final part identifies actions that should be taken by Save the Children to improve the quality of case management work for the benefit of children, families and communities with which the organisation works.

For the purpose of this study, the term case management has been understood as:

“...the process of assisting an individual child (and their family) through direct support and referral to other needed services, and the activities that case workers, social workers or other project staff carry out in working with children and families in addressing their protection concerns.”

Direct support involves the time case workers spend with children and families, discussing how they can address their concerns and simply providing support through their presence and attention. It also involves family tracing, mediation and follow-up monitoring following family separation and reunification. Other services are those that are not or cannot be provided directly by the case worker to which the child or family is referred. Such services may include medical, legal, educational or livelihood support provided by another agency or government body.

This understanding of case management differs from information management, which is understood as the documentation of confidential information gathered on the child and their circumstances while they are being assisted through case management.¹

METHODOLOGY

The methodology of the study included a literature review, questionnaires completed by child protection staff in country programmes, follow-up interviews/discussions with these country programmes, detailed discussions with selected country programmes and interviews (conducted by phone and face to face) with key informants internal and external to Save the Children.

The literature review referred to existing Save the Children guidance on case management practice itself, or included as part of guidance on related child protection practice – such as guidance on alternative and interim care and the use of the Inter-agency Child Protection Information Management System (hereafter referred to as the IA CP IMS). Similar guidance from other child protection agencies, such as Terre des Hommes, was also reviewed, as was literature and guidance

on social work and case management practice from Europe, the USA and Australasia.

Based on the terms of reference for the study, a questionnaire was devised through which child protection programmes from a wide range of Save the Children country programmes could indicate:

- the type of case management work they conducted
- the extent of their understanding and practice
- details of training and guidance they had used
- examples of what were considered good practice
- what were considered to be challenges to good case management.

A copy of the questionnaire can be found in Annex I.

Questionnaires were sent to Save the Children UK country programmes whose child protection programmes carry out some form of case management and to country programmes supported by other Save the Children International members (Sweden, Denmark, Norway, US and Canada) through the Child Protection Initiative. These child protection programmes could be within an emergency-related programme, including family tracing and reunification or reintegration of children associated with armed forces and groups (hereafter referred to as CAAFAG), or within longer-term development programmes such as those focused on child labour, exploitation or alternative care.² In total, more than 30 country programmes were contacted and 17 programmes responded, including: Armenia, Bangladesh, Burkina Faso, Colombia, Democratic Republic of Congo, Kenya, Myanmar, Nepal, Sudan, Pakistan (Save the Children UK and Save the Children Sweden), Somalia, South Africa, South East Asia sub-regional programme, South Sudan, Sri Lanka, Tanzania (Zanzibar) and Yemen – representing programmes supported by Save the Children UK, Save the Children Sweden, Save the

¹ During this study, it was evident that the term 'case management' can be understood in different ways. Some child protection agencies (and some individual Save the Children country programmes) use the term to mean management of data pertaining to a particular child.

² Alternative care includes care of a child within a foster family, residential home or extended family on a medium- or long-term basis. For more information on alternative care, refer to the 'Interim Care Toolkit for Emergency and Post-Emergency Response' (draft), L Fulford, 2010.

Children Denmark, Save the Children US and Save the Children Canada. The majority of programmes that responded to the questionnaire were also given the opportunity to expand on the information they had provided through telephone discussions. Three country programmes (Colombia, Kenya and Pakistan) were selected for more detailed discussions on particular aspects of case management practice and also provided more input into the study through sharing specific case management guidance developed by their child protection programmes. These three countries were chosen because of their levels of experience in case management practice and the range of child protection programming in which they use case management approaches.³

In addition to Save the Children country programmes, a number of key informants, both

internal and external to Save the Children, were interviewed. These included child protection advisers in Save the Children UK, child protection colleagues from other agencies (Terre des Hommes, International Rescue Committee and UNICEF), and social work experts with experience of developing and advising on child protection and case management systems in developing countries as well as in more developed countries in Europe and Asia.

LIMITATIONS TO THE STUDY

Although many country programmes responded to the questionnaire and their input has been invaluable, not every country programme was able to respond and there may therefore be some examples of good practice or useful experience that have not been captured.

³ It should be noted that in comparison to Colombia and Kenya (as well as some other country programmes) the Save the Children UK Pakistan child protection programme has less experience in case management. However, it was felt that their inclusion as a focus country would be useful in illustrating how information and experience can be shared between a number of countries and how intercountry learning could be developed.

COMPONENTS OF GOOD CASE MANAGEMENT

Good case management work is essential in order to identify individual children and families requiring particular assistance, to adequately provide that assistance, and to inform, through monitoring, how effective this assistance is in enabling vulnerable children and families to address their protection concerns.

The components of good case management included here have their roots in what is considered best practice as taught and used in a range of countries, both more developed and developing as well as those affected by emergencies. They include common and consistent definitions of case management as well as the basic components of case management that are applicable when working with vulnerable children and families in need of assistance. They are relevant in practically all situations in which child protection agencies such as Save the Children work, whether in emergency or development settings.

WHAT IS CASE MANAGEMENT?

In this study, case management is defined as:

‘The process of assisting an individual child (and their family) through direct support and referral to other needed services, and the activities that case workers, social workers or other project

staff carry out in working with children and families in addressing their protection concerns.’

This definition is similar and complementary to guidance provided in a number of sources used by governmental and non-governmental child protection agencies in more developed and developing countries, as follows:

- A ‘case’ is an individual or family who is being assisted in order to resolve a protection concern.
- ‘Case management’ is the procedure for managing (including planning, implementation, monitoring and evaluation) the helping process, addressing one case (eg, a child, or a group such as siblings or the whole family) at least until the situation is better or the problem is resolved.
- Case management is a method for coordinating and keeping track of services in which a worker assesses with a ‘client’ (a child or family group) what services are needed and obtains and monitors the delivery of those services.⁴
- Case management establishes the procedures and responsibilities of the different levels of service delivery.
- A ‘case worker’⁵ is the worker directly managing a particular case.
- Case management involves direct and indirect services. A direct service means that the case worker is the person directly meeting a family’s or child’s needs through very regular support visits, dialogue, etc. An indirect service means

⁴ Definition/term from *Best Practices in Social Work in Europe and Eurasia*, Rutgers University Center for International Social Work, 2008.

⁵ The generic term ‘case worker’ includes social workers and all other workers involved in case management, including child protection staff from non-governmental organisations.

that the case worker has referred the 'client' to another organisation or department for support.⁶

- The goal of case management can be described in various ways such as achieving 'wellbeing', 'recovery', 'self-reliance', 'the full enjoyment of rights' and 'opportunities to develop full human potential'.⁷
- Case management is first and foremost a structured approach to child protection issues, but also a method of providing secondary prevention (preventing further harm to a child and any other children in a family who may be at risk).

As stated above, case management is a necessary core function within any child protection system and thus must be tied to any national legislative process involving the welfare of children. As a core function of any child protection system, case management can directly contribute to the overall protection goal of preventing and responding to abuse, neglect, exploitation and violence against children. Where case management is embedded in a functioning child protection system, it can support the necessary links between policy and practice. When effectively developed and used, it promotes systematic, accountable and coordinated responses, enabling all stakeholders (ie, children, families, communities, agencies and governments) to find immediate and long-term solutions to the needs of individual children. The absence of case management in so many developing countries makes its development a necessary focus during the process of building and strengthening effective national child protection systems.

Where national, statutory child protections are too weak to function or do not exist, it is imperative that non-governmental child protection actors ensure that basic case management is developed and practised to as high a standard as possible. Development and use by such actors will ensure

that children and families in these contexts can access systematic but appropriate and holistic assistance in addressing their protection concerns. Non-governmental child protection agencies should support the development of national systems wherever possible.

BASIC COMPONENTS OF CASE MANAGEMENT

There are four basic components of case management:

1. Identification and assessment (including the opening of a case and start of documentation)
2. Individual support planning (planning of response and care)
3. Referral and liaison with support services (where required)
4. Monitoring and review (including case closure).

These four components form the basis of case management systems in developed countries. They also form the basis of essential and effective responses to many child protection concerns that are dealt with in development and emergency programming.

1. Identification and assessment of vulnerable children in need of assistance

Identification

There are a number of ways to identify children experiencing or vulnerable to any risk that needs to be addressed through case management:

- A child may be identified during monitoring

⁶ Taken from *Curriculum for Case Management in Child Welfare in Romania*, Jordan Institute for Families/World Vision, 2001.

⁷ Taken from the definition of case management used in training on the Inter-Agency Child Protection Information Management System (IA CP IMS).

of relevant environments by child protection authorities and agencies or identified within communities by specialist community outreach workers (ie, in the case of separated or unaccompanied children).

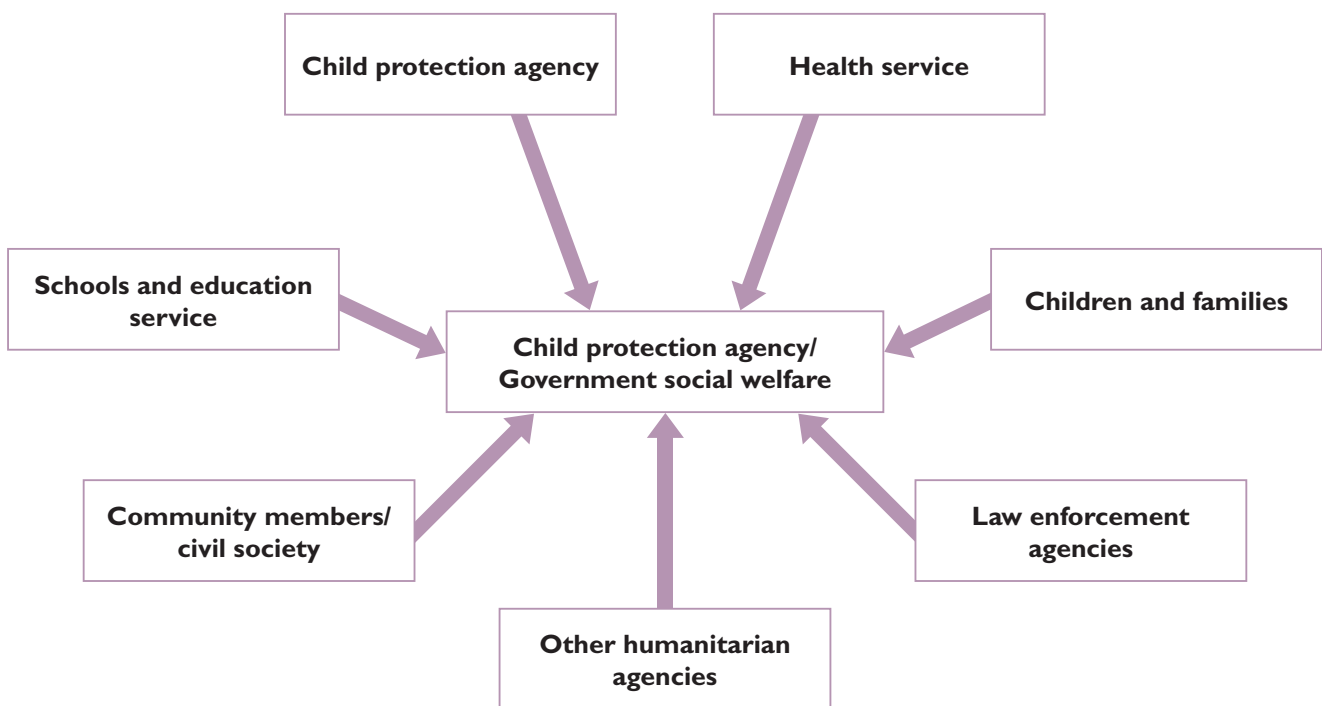
- A child may be identified and registered as needing support following release or recovery from an exploitative environment (eg, association with an armed force or group, hazardous or exploitative labour, trafficking).
- A child may be identified and referred by relevant professionals in education, law enforcement or health sectors.
- A child may be identified by community members, including neighbours, and employers as well as through community-based child protection mechanisms such as orphans and vulnerable children/child protection committees, anti-trafficking groups, children’s groups, etc.
- Children may also make themselves known to child protection agencies.

Within any type of well-developed and functioning child protection system (whether it is part of an official national system or solely at regional or district level) there should be mechanisms for

referral between agencies. That is, any person who has identified a child/family in need of assistance should know who to contact in order to address their needs. Families, teachers, the police and medical services or, within humanitarian/development settings, other local, national and international agencies should know how to contact both governmental and non-governmental child protection agencies who can help.

In emergency situations or locations where child protection systems are weak or non-existent, it may, understandably, be difficult for community members to know who to contact. In these situations, child protection agencies such as Save the Children should prioritise establishing or developing relevant information channels through which individuals and members of the community know who to contact.

The following diagram provides an illustration of how children can be identified and referred to a child protection agency for assessment and possible support. In humanitarian settings, it is often the case that staff from the child protection agency will also be involved in the identification of vulnerable children.



These referral pathways should be written down and should indicate who is responsible for what and by when. In such a functioning system, child protection agencies should have a mandate and a skilled workforce to respond in a way that supports the protection of a child in a timely manner.⁸

Assessment

Following the referral of a vulnerable child to the correct child protection agency, they should be registered with that agency and if the agency considers there is a need to intervene and assist the child, an assessment should be carried out. This should be an assessment of the child within their whole environment, including family, where possible, and it should focus on what is in their best interest.

Standard registration information includes:

- child's name, age and gender
- whether the child is separated, unaccompanied or with their primary carer
- where the child is currently staying
- date and location where they are registered
- initial protection concern/need.

The table overleaf shows the additional information that may be sought initially or over time in ongoing assessments/reviews of the child's situation. The types of information or areas of investigation are relevant to children living in a range of environments, including those without family care (separated and/or unaccompanied), those living in environments or communities affected by long-term protracted emergencies, and children living in more stable, development contexts. The areas of investigation are strongly interlinked and, such is the complexity of child welfare in humanitarian and development settings, the areas shown should be seen as a range of areas to assess, which should be selected according to the context in which the child is placed, their age and their gender. Further information or more details can be added or developed, depending on the situation or context.

Assessments in first-phase or rapid onset emergencies particularly need to take into account issues such as whether the child is separated or unaccompanied and the tracing and reunification needs, the nature and level of the emergency and its impact on the wellbeing of the child. Also key to assessments in such contexts is the need for a good understanding of the particular risks presented by natural disasters and/or conflict that are experienced by children and adults, which can influence both the risks to children and their care and protection outcomes.

The complexity of most child protection issues that are dealt with within humanitarian or development settings show how important it is to look at the child within their environment rather than look solely at the immediate protection concern. It is necessary to consider the child's social history and their understanding of and perspective on their environment and their place within it. For example, in supporting the recovery of a child engaged in hazardous labour, it is not sufficient just to assess or record the age and gender of the child, the type of hazardous labour and number of hours worked. The assessment needs to capture, as much as possible, why the child became involved in hazardous labour, such as social traditions or their family or community's socio-economic circumstances, other factors such as the nutrition and health status of family members, the level of education of the child and other family members, what these circumstances currently are and what the child's circumstances are likely to be when they come out of such labour. By acquiring this information, the case worker will be able to identify what further risks the child may face outside the labour environment and therefore will be able to ensure that the child is referred to the most appropriate services.

Where a child is within a 'home' environment, one of the most important elements of their environment is the situation of their family, the

⁸ Session 3, 'Care and Protection Systems. Save the Children Asia training on children without appropriate care', Louise Fulford, 2010

Additional assessment information

Children	Capacity of care (of parents/families/carers)	Family and community factors	Societal, community and environmental factors
Identity ⁹ including name, age, gender, location	Provision of basic care	Family's resources: income, employment, housing, health, education	Social and cultural norms, beliefs, traditions and practices regarding children, care and families
Family composition, relationships (including responsibilities children may have for other relations)	Ability/capacity to ensure safety	Family's social integration	Political, economic, religious influences on the welfare of children and families at local and national level
Family location (for separated or unaccompanied children)	Ability/capacity to provide emotional warmth	Family history and functioning	Nature of shocks within community that can affect child welfare – natural, political, economic, conflict related
Health	Stimulation	Situation and location of wider family	Threats to child's welfare within the community in which the child is currently situated
Emotional and behavioural demeanour and development	Ability/capacity to provide appropriate guidance and boundaries	Community resources – levels and provision of education, health, employment/livelihoods	Causes of family separation
Self-care skills	Ability/capacity to provide stability	Community history and functioning	Threats to child's welfare within their community of origin (if separated from family or not in community of origin)
Interaction with others and social relationships	Ability/capacity to value and encourage interaction with others and to develop social relationships	Situation of family within the wider community	View of community/ society towards child and their ability and right to develop appropriate social relationships
Child/young person's position in economic set-up of community ¹⁰		Family/community view of child's position in economic set-up of community	

⁹ An example of extending information on the identity of a child is to ascertain whether their birth was formally and legally registered, thus enabling them to access education and other services.

¹⁰ This may or may not be relevant depending on the context, but children can be seen as particularly important in the economic make-up of a community through their involvement in hazardous (including involvement in armed group) or non-hazardous labour (eg, caring for siblings to allow parents to work). Alternatively, such may be the economic situation of a family or community that it is considered necessary or acceptable for children to be sold or trafficked outside of their communities.

position of the child within this setting and their view of it. In addition to the physical issues that affect the protection and care of a child (eg, involvement in hazardous labour, inappropriate institutional care, association with armed groups, separation from family), many of the risks to children stem from difficulties within the home or family environment. Therefore, it is paramount that the assessment of the child takes these issues into account and is done in such a manner as to strengthen the responsibilities and relationship between child and family. Without these approaches, a child's needs will not be addressed properly and may indeed be worsened because the assessment has not taken into proper consideration all the influences on their environment.

Where a child is not in a 'home' environment,¹¹ it is vital to include and understand the causes of separation, any historical influences and the impact of reunification and/or reintegration into the 'home' environment. Another important issue to assess and monitor is the child's resilience and ability to cope well outside a 'home' environment.

An initial assessment should provide more insight into the particular protection concern or vulnerability affecting a child and this information will dictate whether assistance is required. It will identify more clearly the full range of a child's needs and which are most urgent. (It may also help identify whether any assistance has previously been received and by whom, which can guide any necessary referral system.) Alternatively, the initial assessment may indicate that there are no protection concerns and therefore no further action is required.¹²

In many developed statutory child protection systems, an initial assessment will be done to

ascertain what the problem is so that a referral to the correct services can be made. When this referral has been made, a more detailed assessment is carried out from which an individual support plan can be developed – with the involvement of the child and family – and can be carried out. However, it is recognised that in many developing and emergency contexts in which humanitarian agencies work, there are insufficient resources to carry out such a detailed series of assessments. In these contexts, it is more usual that one assessment is carried out. Therefore, it is important that this single assessment is as thorough as possible and that there are the resources within the programme for adequate follow-up and support for the child so that a child's other concerns and issues regarding their wellbeing and protection are easily identified and dealt with at the earliest opportunity.

Opening of cases

Once the decision has been made through an initial assessment that a child does require assistance, a case file should be opened by the worker. Such assistance may be family tracing and reunification (in emergency and non-emergency situations), support in reintegration, referral to specialist services to address a particular issue, general social work support provided by a case worker, such as informing a child or family of services and/or helping them identify how they can successfully address their protection concerns.¹³ This case file must hold a written record of all the information on the child and family that is relevant to how their protection concerns are to be addressed. Documentation is vital to record and monitor all the services that are required and provided. Poor and incomplete documentation can lead to inappropriate assistance and services being provided that

¹¹ This 'home' environment does not include children living in transitory residential or short-term foster care.

¹² Criteria for support will depend on the security of the child within their environment, the immediate risks to the child and the nature of the particular programme.

¹³ This may include some form of non-clinical counselling for which the case worker has been trained and has been agreed as part of the individual support plan.

may not be in the best interest of the child or their family.¹⁴

To maintain confidentiality, case files must be kept in a locked and secure location and access to them should be restricted only to relevant, authorised child protection programme staff. Those staff who are authorised to access these files must not discuss any detail of any registered child with any non-authorised person. Many, if not all, child protection programmes that use case management should have confidentiality protocols detailing what information on any particular child can be shared with any other person. This includes other colleagues in the same agencies, colleagues and other staff in other organisations, staff from government and/or UN agencies and authorities, media and the general public.

2. Individual support planning

Where an assessment indicates that assistance is required, an individual support plan should be devised. It should determine the type of support that is required. The plan may be fairly straightforward, as may be the case for rapid family tracing and reunification in the first phase of an emergency and if there are no further protection issues to address at that stage. However, such is the complexity of most child protection cases that the plan is likely to be more detailed. This detail will depend on the circumstances of the child and their primary carers and their environment, and should indicate what services are required to meet the child's immediate and long-term needs. This plan must be based on the best interests of the child, and developed with the participation of the child, their primary carers and other relevant stakeholders, building upon the resources of the child, their family and networks.

In developing a support plan for a child (and family), a case worker should be allocated to the child. This person may or may not be the person who carried out the assessment. However, they should be knowledgeable about the particular needs of the child and their situation and have experience in addressing these issues. This case worker will be the main contact for the child and should be supported by either an overall case coordinator or programme manager who should be more experienced than the case worker in good case management work (including referrals), the technical area of the relevant child protection programme the child is registered in and overall programme management development.

In order to provide good support to individual children and their families, it is necessary that each worker is allocated a limited number of children and/or families to work with at any one time. In the developed world, a good ratio is considered to be 1:8 – one social worker to eight children. However, this is very much considered to be an ideal and does not always happen. In reality, some social workers may have as many as 40 children, if not more, though not all of them may be priority or high-risk cases. In order to manage this caseload well, social workers must clearly understand the difference between *managing* the cases and actually *providing required support*. This requires the understanding and skills to provide responses according to clear roles and responsibilities.

The individual support plan will show what the result of support for the child is intended to be and what actions are required to achieve this result. The plan must include details of:

- the precise assistance that will be provided to the child and their family
- where this assistance is to take place
- who is responsible for providing it
- the length of time for which it is to be provided.

¹⁴ In many countries, case management for family-related protection concerns, such as abuse and neglect, is legally required; it is the legal responsibility of state social workers or by law enforcement agencies, often in collaboration with each other. In these cases, it is even more important for there to be proper documentation on the protection concerns to be addressed, the circumstances and history of a child and/or family and roles and responsibilities in addressing the concern.

The plan should also set out procedures for monitoring and reviewing the case so that an appropriate assessment can be done at the appropriate time to ascertain whether the child's needs have been met.

It is vital that the child is involved in the development of the plan so that they fully understand what assistance can be provided. This will help them to manage their expectations of the intervention, and so that they can contribute to the planning and monitoring process. If the child is officially living with a family member or other carer, that family member or carer also must be involved in the development and implementation of the plan.

Ideally, a risk analysis of assessment and support plan should also be done by the case worker or supervisor to ensure it does not alienate families and carers (or the child) and does not put the child at further risk. This is a common activity in those countries where social work practice is quite developed and the methodology quite family driven. This is not the case in most countries where a child protection agency such as Save the Children works and often it is not feasible or possible in many emergency settings. Nevertheless, the goals of not putting children at further risk and of not alienating families and carers are valid in all humanitarian and development settings, and the principles of 'Do No Harm' should be followed by all case workers and programme staff (including community-based volunteers).

Such close involvement of children (and families) will also improve the accountability of case workers and child protection programmes. Accountability towards a child and their family, or a contract between child and family and service-providers (including social work support service-providers), is a key element in many statutory child protection systems and is evident in national standards. For

example, National Care Standards in Scotland are written for children and young people rather than for policy-makers or practitioners, stating what standard of support and services (including care) they, the children, are entitled to receive and should expect to receive.¹⁵ Even in countries or contexts where a statutory child protection system does not exist or function, the principle of accountability towards children and families must also be applied.

If the child or their family are referred to another service-provider, that provider needs to be involved in the planning process so they can see where their services fit within the overall aim of the assistance and what the intended result is. The plan should identify tasks and timescales for ensuring the plan is achieved and that delivery will be monitored through the statutory review process.¹⁶

The planning process should result in a written document that is regularly updated and reviewed by all those involved.

3. Support and referral services

Support services that a child may require include referral to education services, physical or mental health services, legal or livelihood support. (Livelihood support may include vocational training or access to better income-generating activities for the whole family.) These services may be provided by the same agency (governmental or non-governmental) that is doing the referral. However, in the majority of cases these services are provided by another agency or authority. A referral mechanism must be established and formalised at the beginning of a programme, indicating the roles and responsibilities of the participating agencies, including which agency/authorities is responsible for providing which service to whom and where.¹⁷ It should also indicate how the referrals

¹⁵ *National Care Standards*, Scottish Executive, 2005

¹⁶ *Care Matters: Time for change*, Department of Education and Skills, 2007

¹⁷ Referral service-providers may be assessed prior to agreements of collaboration for the project to ensure they have the procedures for and experience of providing suitable services for children in a manner that protects them, includes them and respects their rights.

should be conducted (the referral pathway). There may be several initial collaborating agencies and authorities within this system and the mechanism must be flexible to allow other agencies and authorities to participate as required.

In all cases, the child and their family/carers will require some form of direct social work support, which should be provided by the child's designated case worker. It is necessary to support, at least to some extent, the child and family whilst they are receiving assistance from another service-provider. As mentioned above, the case worker who has been designated to a child is responsible for ensuring that all the assistance required is provided appropriately and with the full participation and consent of the child.

Some children may not require 'hard' support services but do need emotional and personal support in resolving some of their protection concerns – that is, the provision of non-clinical psychosocial support and counselling, which is the case worker's role and responsibility. In providing this type of support in situations where children are in a 'home' environment,¹⁸ whether it is part of a reintegration programme or in response to concerns of neglect or abuse, it is necessary to work with a child's primary carers, guardians or family, although the child is the person who is considered the 'client'. Through providing emotional support to both the child and their family or primary carers, the worker can help build a good relationship between a child and their family and home environment/community (which may include looking at a family's ability to care for a child) and enable them to resolve their problems in a sustainable manner that is in the best interest of the child.

4. Monitoring and review

Case conferences

Case conferences are planned opportunities to review the progress of an individual child's

situation from the moment they have been assessed. In some environments, case conferences can be quite formal, though this is not feasible in all settings, particularly in first-phase emergencies. However, conferences are an important and necessary part of case management, as their main purpose is to systematically and thoroughly plan and monitor the assistance given to a child and the progress of this assistance to ensure there is a successful outcome.

Case conferences should be planned to be held at regular intervals as often as possible and should include the case worker, their supervisor (if relevant) and staff from other agencies who are providing referral services. Children and families tend not to all attend case conferences, though what is discussed must be passed to them for their information and feedback. An initial case conference will involve the development of an individual support plan involving collaboration between the case worker and relevant agencies as required, and with the necessary input of the child and family. Subsequent case conferences will discuss how the case is progressing – ie, how the child's situation and condition are improving, what further steps need to be taken for improvement to continue, and who is required to act on this (together with the designated case worker). The decision to close a case should be agreed in a case conference and with full collaboration with the child (and family/carers where relevant).

Follow-up and monitoring visits

The situation of all children registered within the relevant programme using case management must be monitored in an appropriate and timely manner throughout the period in which they are receiving support. Children's case workers should visit the children in their home or care environment with a regularity that is necessary for the child's situation. For example, a child who has very recently come out of an extremely exploitative and dangerous environment and who requires very regular support in the initial stages of their recovery

¹⁸ In this context, home environment includes temporary and longer-term protective residential, kinship or foster care as well as living with immediate family.

should be visited on a daily or weekly basis. The purpose of these visits is to help the child (and carers/family) re-adjust to their new environment and address any concerns or difficulties before they potentially cause further problems. The pattern and frequency of these visits will be adapted as a child's condition improves.

In addition to visiting the child, the case worker must also visit their family or carers. If a child has been referred to another service-provider and is staying away from their home (eg, in alternative care or participating in residential vocational training), the case worker should visit them in that environment, in addition to visiting their family or carers.

The aims of monitoring or follow-up visits are to:

- provide support and guidance to the child and, where relevant, the caregiver, on how to develop and maintain a healthy and protective relationship, and to mediate on any problems arising
- assess the child's perspective and opinions about the situation and their suggestions
- ensure that the child and family are accessing services and community resources in line with the care plan
- update the child and caregiver on progress made towards long-term care and protection solutions
- monitor for and mitigate the risk of abuse, neglect or exploitation of the child
- ensure that the service-providers to whom the child has been referred are providing assistance in a safe, collaborative environment
- obtain information regarding tracing and contact arrangements.

Where there are concerns that a child may be at risk of or is experiencing abuse, exploitation or neglect, actions should be taken to safeguard the child in accordance with child protection procedures. This may involve removing a child from their environment, but, as much as possible, the decision to do this and the implications for the child and their families/carers must be examined thoroughly beforehand and agreed upon with the relevant parties.

Case closure

A key aspect of the review process is to determine when a case can be closed. Criteria for closing cases must be determined and agreed as part of the development of a national or local child protection and case management system. The basis of the criteria is a demonstration that a child and/or their family have resolved the immediate protection concerns and, as far as possible, have developed sustainable solutions to the problems underlying the protection concerns. These may be through improved access to education, health services or livelihood support or, equally, through learning coping, negotiation and mitigation skills with the help of workers.

KEY COMPETENCIES OF CASE WORKERS

Within a child protection system, people who come into contact with children should be trained in identifying child protection concerns. These would include: police, teachers, doctors, midwives, health visitors, nursery workers, youth workers, community workers, volunteers and social workers. Ideally, there would also be awareness-raising for children regarding how to access help. This may include a confidential child helpline, awareness campaigns held in schools or children's clubs, or other information being available where children congregate.

In addition, professionals or para-professionals should be trained in assessing risk and need and in mechanisms for discussing concerns and coordinating actions – eg, case conferences, BID (best interest determination) panels, child protection committee meetings, supervision sessions. In the developed world, these skills and competencies will have been learnt and developed through formal, tertiary-level or professional training, which is bound by standards that are part of a national child protection system. Other sectors should have training in their responsibilities in reporting concerns and in cooperating in assessments.

Additional necessary skills should include:

- an understanding of the responsibilities of case workers and children to each other
- an understanding of child development and children's wellbeing
- an ability to understand resources and abilities in children and families, even in difficult circumstances
- an ability to handle difficult situations professionally

- skills and abilities to work with children and families who have had very traumatic experiences
- an understanding of confidentiality issues
- knowledge and skills in communicating and working with children and families (reflective listening skills).

It is essential that staff required to work with children who are assisted through case management are given relevant training.

CASE MANAGEMENT PRACTICE WITHIN SAVE THE CHILDREN COUNTRY CHILD PROTECTION PROGRAMMES

Case management practice is a necessary aspect of child protection work and is a growing element of much of the child protection work carried out by Save the Children programmes, whether it is in a development or emergency setting. Examples of such work include: IDTR (identification, documentation, tracing and reunification) work in first and second-phase emergency responses (eg, Haiti); reintegration of children formerly associated with armed forces and groups (eg, DRC); reintegration of children in unnecessary or detrimental institutional care (eg, Sri Lanka); children on the move (eg, South Africa); children involved with hazardous labour (eg, Pakistan) or taken out of exploitative settings (eg, Bulgaria); supporting children in contact with the law (eg, Bangladesh); and collaboration with national governments on building child protection systems (eg, Colombia, Armenia, Zanzibar/Tanzania).

UNDERSTANDING OF CASE MANAGEMENT

The majority of country programmes participating in this study showed some understanding of case management as a process of identifying vulnerable children, assessing their needs and referring them to necessary services:

“Case management is a system by which required services are provided to children in conflict/contact

with the law or in need of care and protection... systematic and professional response to a child’s needs considering that child’s views and interests... ensuring the roles of relevant duty bearers such as parents, guardians and state stakeholders.”

“...managing the helping process addressing one case, at least until the situation is better or problem is resolved... A process that enables us to manage the support that we provide to individual children in need of support and track the changes that are achieved.”

Several country programmes also indicated an understanding of the actions required in the aspects of case management often seen as social work-related:

“...human interface to address a certain problem. It requires a number of skills sets (social and interpersonal) to interact with people in a best possible manner causing them no or least harm to their physical, emotional, psychological and social wellbeing.”

Some of the responses given appeared to be rather theoretical and textbook-like, stating what case management should be. This concern was further illustrated by some country programmes indicating that despite the definition being given, understanding and practice is very different. In some countries, even those with well-established and functioning national child protection systems, there is very little

knowledge or understanding of case management amongst staff. This is particularly true in some field offices and was thought to be the result of either a lack of programming in relevant areas or inadequate training and support to field staff to prepare them for this type of work.

This lack of understanding can have a significant impact on the quality of programming and, more importantly, the quality of lasting results for the children and families Save the Children works with.

A few programmes understood case management to be the management of information gathered on a particular child or caseload of children. This understanding is likely to have come from their use of an information management system such as the Inter-agency Child Protection Information Management System (IA CP IMS) and how some fields within these information management systems have been named. The understanding of case management in this way was useful in showing, first what different understandings of the term ‘case management’ exist and, second, the necessary connectivity between case management and information management.

However, it was generally recognised that case management and information management are not the same but are very complementary. Several country programmes recognised the importance of a good understanding and practice in case management before an IMS can be used properly as a management tool and as a way in which to monitor and evaluate cases and trends of protection issues.

“Data management is the system of storing the information that is gathered during case management and analysing it.”

“Case management is not a data management tool, but the data collected during the process has to be managed effectively so that coordination and timely decisions can be made.”

Valuable information was provided by a number of country programmes regarding the understanding and practice of case management. In some countries, particularly in the North Africa and Middle East region, while aspects of case management (and social work practice) are carried out, they are not necessarily formally recognised or carried out as ‘case management’ or ‘social work’.¹⁹ Responses from some country programmes in the region indicate that the formal term ‘case management’ could be viewed as confusing and inappropriate due to the way that child protection and child welfare issues are understood and addressed.²⁰ As reported by these country programmes, the protection of children is considered to be the responsibility of the family and there is much sensitivity regarding many child protection issues. As such, direct third-party intervention through a case management process can be considered very inappropriate. Therefore, addressing particular child protection issues through some form of case management needs to be done in a particular way which takes specific cultural norms and practices into consideration. However, this is not the case for all countries within the region.²¹ These differences in understanding and interpretation of child protection and child welfare, and the influence these differences have on how children and families are assisted in addressing child protection concerns, particularly through case management, are extremely important. Care must be taken in developing any organisation-wide standards and processes in case management and social work practice to allow for minimum standards of practice to be used in such environments.

¹⁹ Responses from Somalia, Sudan and Yemen country programmes.

²⁰ This is in line with other examples of child protection understanding and practice, particularly in Arab countries. This issue is currently being explored by Save the Children, UNICEF and the Office for the Co-ordination of Foreign Assistance of the United Arab Emirates government (*Child protection and child welfare roundabout*, Abu Dhabi, September, 2010).

²¹ For example, social work and case management practice in Jordan is carried out with an understanding similar to that in other European countries.

CASE MANAGEMENT PROCESS

The majority of country programmes participating in this study indicated that they use at least part or elements of the minimum process of case management. The most common aspects of the process that are used include registration and some forms of assessment, referral and follow-up.

Identification, assessment and registration forms

The majority of country programmes have developed their own forms, closely related to their particular project. Others have adapted existing forms that are available from other agencies such as UNICEF or from the IA CP IMS. Those programmes that work closely with other agencies, and particularly government agencies, will use forms that have been developed as part of a national child protection system. Whatever forms are used, they should allow the case worker/social worker to capture the correct preliminary and subsequent information on a child's situation in a concise but thorough and non-intrusive manner. Forms should also complement and build on any existing national child protection system or be sufficient to contribute to the establishment of such a system.

A common complaint from field-based staff is that registration and follow-up forms are too lengthy and it is time consuming to complete all of it. However, well-devised forms will allow staff to obtain and record vital information on a child's whole environment, which will influence the understanding of the protection problems they face, how they need to be addressed and by whom. While care should be taken not to request information that is not relevant to the child's situation, it should be remembered that it is not possible to capture the required information with only a few questions.

Case criteria

Criteria for opening a case

Taking into consideration the purpose of the protection system or programme, the identification of vulnerable children and

families and a thorough assessment of their circumstances, abilities and environments form the basis of criteria for opening cases.

Criteria for closing a case

Several country programmes noted the importance of setting clear criteria for closing cases. For example, many reintegration projects have such criteria based on a small number of factors focused on whether a child is considered sufficiently reintegrated into their family and communities. Such a small set of criteria, however, may be insufficient.

Another issue raised through the research was the link between the decision-making process (eg, case conferences) and case closure. That is, when detailing the criteria for closing cases, it is necessary also to detail the process by which the decision is taken to close a case and how it is done. The involvement of the child, family and community in these details is essential. Criteria for closing cases must also include details of the community support available to children and their families as well as how they can access statutory support (if available).

Example of promising practice in setting criteria for closing cases

Nepal – CAAFAG* project

In determining whether a child had successfully reintegrated back into their community, criteria were developed for closing cases based on the length of time aspects of reintegration support were to be provided and also taking into consideration indicators of successful reintegration based on local contexts.

* Children associated with armed forces and groups

Individual support plans

Some of the country programmes participating in this study highlighted their experience in drawing up individual support plans. However, the extent

Example of promising practice in individual support plans

Kenya

A simple template for intervention planning is complemented by case conference reports (plus risk and responsibility assessments, the child protection process and timescales – influenced by BID (best interest determination process))

A copy of a basic individual support plan template can be found in Annex 2.

of the detail of these plans was unclear. It was generally seen that projects that are closely linked to or situated within a national child protection system were better in developing such plans. With other projects, although assistance was provided, it was seen as a project activity rather than an integrated plan involving a range of stakeholders, including children and families.

Case conference

Some country programmes, though not all, included case conferencing as a specific, formal activity. It is good that this important activity has been properly recognised as a necessary component of case management (and programme management) to ensure that children and, where relevant, families have received the appropriate support in a timely manner. It is understood that even where this is not done formally, some form of discussion on individual cases often occurs between staff. Such conferences are common in social welfare systems in more developed countries. However, they are also a necessary formal practice in humanitarian and development work, not only because they form a key part of our support to individual children and their families within a child protection project, but also because they help to identify other key protection issues that may affect other vulnerable children and need addressing.

Referral to other services

As stated previously, a good individual support plan will indicate a number of actions or responses that are necessary to address a child's needs. This may mean referral to services provided by another agency or government department (health, education or social welfare) as well as social work support from Save the Children or partner staff.

Staff in Save the Children programmes recognise the importance of referring to other services. However, there is much concern as to the success of this process. The relative lack of success or difficulty in referrals is partly due to referral mechanisms and systems not being sufficiently developed and formalised. Another compounding element is the lack of available services within appropriate reach of children and families or the quality of the services that are available.

Areas of assistance in which Save the Children programmes have found particular difficulty include mental health services and livelihood support.

Most of the emphasis on referrals or services to be provided to children and families has been on 'hard' services such as education, health, legal and livelihoods support. One important service

Example of promising practice in referral systems

Kenya

Standard Operating Procedures (SOPs) in case management are supported by guidance on how to make referrals in key areas that can positively affect the situation of a child. The guidance also includes information on agencies that can provide core services within an operational area (including government departments).

Copy of guidance in referral systems and SOPs can be obtained from the Save the Children UK Kenya programme.

that has been ignored is the support provided by social workers or workers with social work skills. As mentioned in the first part of this report, to successfully address child protection issues and support children and their families to resolve issues by themselves, it is necessary to provide emotional and practical support and guidance as well as other services that may be provided by other agencies. Providing such support and guidance to children and families while helping them to develop skills to resolve issues in the future is a vital service. Its position or value within the referral process was not evident in the information provided by country programmes.

Follow-up

Follow-up must be timely and as regular as possible, according to the needs of the child or family. Even if the child is referred to services provided by another agency, staff must still visit the child in that location to ensure they are progressing and liaise with the service-provider who is also contributing to the improvement of the child's situation. If a child is away from home, visits should also be made to their families or carers, as often as possible, as they are a vital key to the improvement of the child's situation.

While all country programmes stated that follow-up is a key component of case management, it is an area in which nearly all programmes and projects reportedly struggle. This is mainly due to inadequate resources to follow-up each child in a timely manner. Poor staff:child ratios, as well as lack of transport, contribute to this. This is not an issue specific to Save the Children. It is a well-recognised difficulty for all child protection agencies in many parts of the developing world, whether governmental or non-governmental. However, some of these challenges that are difficult to address can be mitigated by ensuring that:

- all cases are adequately monitored by senior project staff, separately with case workers and within case conferences
- a priority system is used and regularly reviewed so that vulnerable children do not get forgotten
- sufficient resources (staff and transport) are provided for the project at all necessary times.

Good example of flow of case management process

Pakistan (Save the Children UK project assisting children involved in hazardous labour)

In collaboration with Save the Children UK in London, programme staff and partners developed detailed mapping information and situation analysis checklists. These include lists of key actors and influences, what project staff (Save the Children and partners) understand by hazardous labour, considerations regarding the community and wider protective environment, and an explanation of the case management process.

See Annex 3 for details.

KEY CASE MANAGEMENT COMPETENCIES AND STANDARDS

Several key informants to this study commented that they had not witnessed good case management within the child protection sector. There are several reasons for this. Even in countries where case management is a key and evident part of a national child protection system with clear procedures and mechanisms, good case management and social work practice is not achieved to the correct standard due to the capacity of government and non-governmental staff as well as a lack of other necessary resources. The standard of case management is considered particularly poor in other circumstances, including emergency settings.

In emergency situations, there are guidance and standards on conducting the type of case management relevant for IDTR (family tracing) work and the standard of this type of case management is improving. However, there are other protection issues and risks children face in

rapid-onset/first-phase and protracted, long-term emergencies that require more social-work type of case management.

Historically, it has not been considered the responsibility of child protection agencies to do social work and therefore resources and training has not been developed and provided. While governments are ultimately responsible for the care and protection of children, the humanitarian imperative is that where governments are either unwilling or unable to carry out their responsibilities, it is the responsibility of child protection agencies, such as Save the Children, to ensure such assistance is available and given. Therefore, there is an increasing call for child protection agencies such as Save the Children to have the capacity and capability to carry out case management and social work. It must be done to a standard by which children and families can expect to receive assistance to make lasting positive changes to their lives.

The fact that case management (and social work) is seen as an increasingly necessary activity in many different child protection projects implemented by Save the Children indicates that the organisation (and other child protection agencies) should

develop guidance or standards for staff and partners who will carry out case management and social work practice and support them in securing key competencies. Very few staff (national or international) working in relevant child protection projects are qualified or have received training in case management practice and social work. This is particularly worrying as a large number of Save the Children's child protection projects require staff to provide such training and support to government and other local partner counterparts. Of course, it should be noted that this lack of qualified staff is a difficulty faced by all other child protection agencies, especially in emergencies.

Several respondents commented that there is increasingly a need for child protection staff (both national and international) to be qualified in social work as well as having humanitarian and/or development experience. This complements the current emphasis in the development and humanitarian sectors on strengthening national child protection systems that integrate with social work and case management practice.

As well as a general competency in case management and social work provision, it is vital that staff have the ability to communicate (talking and listening) to both children and families. This key competency was recognised by a number of country programmes and Save the Children has developed substantial guidance in communicating with children.

In addition to competencies required by child protection staff, standards to guide the management of child protection projects are also required. One such standard is an appropriate staff:child ratio. No such ratio has been developed by Save the Children (or any other agency). Examples of staff:child ratios from a few projects include: 7 staff:800+ children, 15 volunteers:500 children in five camps. With ratios such as these, it is extremely difficult for staff to carry out basic case management, which minimises the scope for follow-up, sustained intervention and quality support to all the children registered in a programme.

Example of promising practice: Key competencies

Myanmar

Case management and social work competencies include key roles and responsibilities, involving assessment, planning and working with children and families, detailing what these responsibilities include, what is required to carry them out and what training should be provided to enable staff to carry out these roles.

See Annex 4.

Despite these common difficulties, some country programmes have developed standards and guidelines in competencies for case management

practice. Such standards and guidelines are particularly useful in informing staff training and development as well as for project management.

Examples of promising practice: Developing standards in case management

Myanmar

Standards and indicators have been developed in key areas of case management as well as staff responsibilities and capacities for use in both emergency response programmes and longer-term interventions (including the regional cross-border anti-trafficking programme).

The 12 standards are:

- conditions for using case management
- stages in case management
- initial assessment – emergency strategic response
- in-depth assessment
- multidisciplinary, cross-sectional team
- individual protection plans and support services provided
- monitoring and re-assessment
- post-service monitoring and case closure
- recruitment and employment of a case manager
- main responsibilities and delegating responsibilities
- initial and ongoing training
- supervision.

A copy of the draft standards can be obtained from the Save the Children Myanmar programme.

Kenya

Standard operating procedures in case management are being developed.

They include:

- definition and goal of case management
- key steps in case management
- roles and responsibilities of case workers and case managers
- risk and responsibility matrix
- child protection process and timescales
- copies of case management forms, including case conference, and assessments forms.

A copy of the draft standard operating procedures can be obtained from the child protection team of the Kenya country programme.

GUIDANCE, TRAINING AND LEARNING

Feedback from country programmes indicates that little guidance has been received from their home organisations. Similarly, emergency response personnel and international staff also reported that they had not received training in case management and social work support from Save the Children. As is the case for national staff, unless a member of staff has a social work background or has received some form of training outside the organisation, their understanding and level of 'expertise' is dependent on experience and a drive to learn independently from other sources. This paucity of guidance or training reflects a general scarcity of case management or social work training available within the humanitarian and development communities that has been reported by other respondents to this study. This may be for a number of reasons. First, case management is a relatively new, if growing, methodology in Save the Children child protection work. For that reason, information and guidance on case management in particular may not be available because it has not been developed or collected from other sources. Where such literature and guidance is available (eg, *Applying the Standards* (2005) and *Raising the Standards* (2006)) it may not have not been disseminated widely or reached the relevant staff, or may not have been considered of possible interest or use to a country programme because it comes from a different geographic region. Likewise, some country programmes may not have considered contacting their headquarters for guidance or support on training, not realising that advice or resources may be available from there.

Generally, however, there is relatively little guidance or training literature specific solely to case management in a development or humanitarian context that is available within the child protection sector in developing countries.²² However, there is much guidance and literature on related issues such as alternative and interim care, or relevant information associated with training in related

areas such as the IMS. It is necessary go through much of this related literature to gather relevant information. It is to be expected, however, that if such information is being used by a project that the information on case management contained in the guidance/literature would also be considered and adapted if necessary.

Several country programmes have used guidance from other organisations and bodies such as Terre des Hommes (eg, *Child Protection Case Management in Emergencies*, O'Leary and Squires, 2009) or guidance from social work practice from Europe. However, several country programmes participating in the study queried the usefulness of drawing upon such material.

Other sources of information and guidance on case management that have been, or may be, used by country programmes has come from information portals such as the Better Care Network. Such portals contain a wide range of literature, guidance, training materials and reviews on social work practice from all parts of the world and mainly cover care settings. Through the process of this review, some country programmes have been made aware of such practices and literature and they should be seen as valuable resources with which to build and improve the guidance available to all country programmes. New guidance should not be developed in isolation if relevant and valuable guidance already exists.

Several of the country programmes participating in this study have stated they are reluctant to draw upon guidance developed in more developed countries as it is not considered relevant to the context in which they are working. However, other programmes believed such information is a good starting point, but resources need to be made available to develop a context-specific system and training in case management. This emphasises the important argument that good case management is only effective in the country to which it is attributed.

²² This is specific to Save the Children, but was reported by other child protection agencies consulted as part of this study.

Despite the difficulties in developing and delivering good guidance and training, several country programmes have introduced promising training resources drawing upon the expertise of programme staff or other professionals within their countries. Details should be made available to a wider number of country programmes within Save the Children (and the child protection community) as examples of systems and training for particular contexts that could be of use to others.

COLLABORATION WITH OTHER AGENCIES IN CASE MANAGEMENT

Nearly all of the country programmes that participated in this study collaborate with other agencies on case management. This collaboration ranges from referral to other agencies for

services for children and their families, through to use of the IMS.

Generally, collaboration is good during first-phase emergencies where Save the Children works closely with other child protection agencies and government departments on IDTR activities and uses management tools such as the IMS. Examples of this include the response to the post-election violence in Kenya, and the response to cross-border displacement and family separation from the DRC to Uganda (also including collaboration with Ugandan social services).

However, a number of country programmes said they were unaware of whether other agencies were engaged in case management. This lack of awareness increases the risk of children being insufficiently assisted, particularly in areas where Save the Children does not work.

Examples of promising practices in guidance and training

Kenya: Project funded to develop and carry out comprehensive training of project and partner staff

This project secured funding from UNICEF to develop and conduct training to programme, partner and government staff in case management process and social work support. The trainer is a qualified social worker with experience in UK and Kenya. Details of the training can be obtained from the Kenya programme.

Yemen: National intra-programme guidance and training

Drawing upon experience and expertise developed in another geographic location of the national child protection programme, staff are responding to the insecurity in northern Yemen.

Bangladesh: Regional intra-programme guidance and training

Within a juvenile justice programme with UNICEF and government justice and social services departments, training was provided by UNICEF and Save the Children Sri Lanka staff (qualified and experienced social worker). Training in case management was provided by UNICEF and Save the Children staff (from Save the Children Sri Lanka). Follow-up monitoring of the impact of the training was undertaken for a set period of time, followed by further refresher training.

WORK WITH GOVERNMENT MINISTRIES AND NATIONAL CHILD PROTECTION SYSTEMS

In countries where Save the Children works, the strength and effectiveness of national child protection systems and government ministries vary in case management and social work policy and practice. In many countries, child protection systems appear good at policy and statutory levels, but these systems are often very poorly resourced and do not function well, if at all, at local level where children and families require them most. Alternatively, systems may operate reasonably, commensurate with the resources they are given at local level, but they are not sufficiently developed or strong to be adapted easily to emergency settings, with the assistance of child protection non-governmental organisations (NGOs).

Save the Children's experience of working with government ministries and national child protection systems reflects this range of strengths and weaknesses. Experience ranges from collaboration at national level – for example, helping to develop policies, systems and mechanisms (eg, in Indonesia) to working at local level in response to the needs of individual children (eg, in Sri Lanka).

In countries where there is a functioning social welfare system, programmes recognise the place of case management and social work support within these systems and aspects of their programmes are based within these systems, which are grounded in legal frameworks. This is the case in Bangladesh, Colombia, Kenya and South Africa.

Some country programmes reported that they do not collaborate with government welfare ministries or national child protection systems. It was indicated that this was most probably due to programmes operating in countries where national child protection systems are weak, and where there was little awareness of how child protection NGOs can collaborate with government ministries, particularly at local level.

In addition to placing our child protection programmes within national child protection systems, much of Save the Children's collaborative work with government ministries is in building the capacity of government staff in case management practice. Examples of this are in South Sudan, where local government social workers were trained (in projects using the IA CP IMS) to identify vulnerable separated and unaccompanied children and refer to them to Save the Children and other child protection agencies for assistance, in Tanzania, and also in Sri Lanka (see box below).

Example of promising practice in working with government ministries and national child protection systems

Colombia

Every child protection agency works under the statement of the national child protection system, referred as 'Integrated Social Management', which also links to the education and health sectors.

Sri Lanka

A checklist of government departments and agencies to whom children and families should be referred was developed by the National Ministry of Social Welfare and Probation Office with the support of Save the Children.

This checklist is contained in Annex 5.

Bangladesh

A pilot case management project with UNICEF and government-run Child Development Centre in Jessore District has a multidisciplinary team comprising Department of Social Services staff, local juvenile justice staff, police and lawyers. The case management process includes data management, identification of cases for release and reintegration, area and family visits, case conferences, referrals and follow-up.

Pakistan (Save the Children Sweden)

The project established a monitoring system for children in conflict with the law. Police were trained in line with statutory criminal law and policies at national level.

Kenya

As part of strengthening the national child protection system, the government is planning to establish guidelines for case management. UNICEF is interested in the work that Save the Children has done in developing such a social work and case management system (including standards and forms) as part of their support to the government of Kenya.

South East Asia Cross-border Programme (Child migration and anti-trafficking programme covering the Greater Mekong sub-region)

This is a comprehensive, long-term programme with regional governments and national partner NGOs to track and support children who are vulnerable to or survivors of trafficking and exploitative migration.

See *Protection of Trafficking Victims in Thailand* (Save the Children, 2010) for more details.

Zanzibar Child Protection Programme (Tanzania Country Programme)

As part of continuing work with the Zanzibar Ministry of Social Welfare and the Women's and Children's Department to develop and support the national child welfare system, pilot training has been developed for public sector workers (police and legal personnel, teachers, medical staff and social workers) who would assist children and families in need of assistance and are required to refer these children and families to other state services.

IMPROVING CASE MANAGEMENT PRACTICE WITHIN SAVE THE CHILDREN

As Save the Children increases its use of case management approaches and seeks to improve the quality of its child protection practice, it is vital that the organisation improves its understanding and practice of case management within its child protection work. A large number of child protection projects in rapid-onset emergencies, chronic emergencies and development settings require case management practice in circumstances where governments are not able to provide relevant services and support to children and their families in addressing key child protection issues. The purpose of an equally significant number of projects implemented by Save the Children is to support the government and local organisations to establish and develop a national child protection system in which case management is used to address child protection issues such as juvenile justice.

Therefore, it is vital that the organisation improves its understanding and practice of case management in child protection work. Following consultation with several country programmes, the following key areas have been identified where improvement of understanding and practice can be made.

1. DEFINITION OF CASE MANAGEMENT

A clear definition of case management is needed that includes the organisation's understanding of case management, its relevance to the organisation's work, its position within national child protection systems, its relevance to emergencies and development contexts, and its links with information management systems.

2. ESTABLISHMENT AND IMPLEMENTATION OF BEST PRACTICE STANDARDS

A minimum set of best practice standards, which should be used by all child protection programmes, should be developed with the participation of a representative number of country programmes. This minimum set would include core case management principles and activities and should be rooted in existing national child protection systems (or should be devised to encourage or complement the development of such systems). Such standards have already been developed in a few country programmes and can be applied to both development and emergency settings.

Suitable staff:child ratios should be part of these standards. Ratios should balance resource and budgetary restrictions with the levels of resourcing needed to provide a good standard of support to children and families.

Over and above a minimum level of standards and competencies, country programmes should be free to develop higher standards that reflect the context in which they work and the resources available to them.

3. GUIDANCE AND TRAINING

Training in case management must be provided to all child protection staff working on relevant projects, including programme managers, and must be factored into project budgets and plans. Such training should include:

- explanation of the importance of case management and social work practice to child protection work carried out by Save the Children and other agencies (definitions, situation within national child protection systems, etc)
- The case management process and social work activities
- working and communicating with children and families (listening and talking)
- coordination and collaboration
- how to cope with supporting children and families who have had very traumatic experiences.

A number of country programmes have developed or are developing good and thorough training programmes in case management that examine both process and specific social work activities such as dealing with family problems or supporting an emotionally distressed child.

It has been suggested that a generic training module should be developed that considers these

existing programmes as well as relevant training and guidance of an international standard that is available elsewhere. This training should reflect a good number of the minimum practice standards so that a basic level of understanding and practice is developed across the organisation. Training can then be adapted and developed to fit the context of different projects.

In addition to the minimum level of training received by all staff, training should be targeted according to the people we are working with in our programmes (eg, children, communities, government departments, local partners). These are interlinked and training needs to be very practical.

An online, organisation-wide portal that holds relevant and essential literature on case management could be established. This would be linked to the Save the Children Child Protection Initiative online library, the Better Care Network and the IMS portal (and other relevant portals if necessary).

Mentoring should be strongly considered as a key methodology in continuous learning and complementary to basic training in case management. This also reflects the fact that many staff learn more effectively 'on the job'. Many Save the Children programmes already provide mentoring to local partners and government agencies. This should be extended to Save the Children staff themselves and should be provided by either senior programme managers or advisers where they have the skills and should be included in planned staff training.

Mentoring support and other development of case management and social work capacity of staff can also be gained through better engagement with good in-country social work training that is available in universities. This would also provide value resources for mentoring and training that is based within a national context.

4. ADVOCACY ON THE NECESSITY OF ADEQUATE RESOURCES IN CASE MANAGEMENT

Save the Children organisations need to have a greater understanding of the importance of proper case management and the connection between this and successful project implementation (as well as for positive outcomes for children, families and communities). The Child Protection Initiative can play an important role in promoting this and providing a focus for practice development and capacity building.

In addition to this, it is important to advocate both internally to the organisation and externally for an increase in resources for case management work. It is very evident that the quality (and quantity) of case management work and the support the organisation can provide to children and families is highly dependent on the number of staff and the training that is available.

Social workers or case workers should be seen as a direct cost of a project, as they contribute directly to the quality and quantity of services provided.

CONCLUSION

Overall, Save the Children child protection programmes demonstrate a similar level of understanding and practice in case management to that which is evident across the child protection sector in developing countries. There is evidence of some very good practice and understanding, in both emergency and development contexts, but there are also some worrying levels of poor understanding and practice that must be addressed as a priority (drawing on the good practice and understanding developed within the organisation and sector).

Generally, child protection staff recognise the importance of case management to the work of the organisation and the quality of that work with children and families, whether direct or indirect. Increased and improved resources, including guidance and training for staff, are seen as key to improving the quality of support provided to children through case management practice, whether it is provided directly by organisation staff or by government and local NGO partners.

It is also recognised that the establishment and implementation of minimum practice standards that are based within the organisation's child rights

mandate and which reflect necessary practice to a suitable international level will strengthen the quality of training and guidance provided. This will enable child protection staff to provide better support to children, families and communities in resolving child protection concerns in a sustainable manner.

It is hoped that the commissioning of a study such as this one and the recommendations that have been provided through the evidence given will provide the basis on which standards and guidance that can be used across the organisation can be developed. It was very important that a wide range of country programmes participated in the study, and attention has been given to including as many of their concerns and recommendations as possible.

It is hoped that as standards and guidance are developed and implemented, country programmes will be able to feed into the process. This will help to ensure that the standards and guidance are relevant to different contexts and can genuinely improve the quality of case management practice. It will also mean that the standards and guidance reflect the input of children and families, which is such a key component of case management work.

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Save the Children Myanmar Country Programme

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Save the Children Denmark Somalia Country Programme

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ANNEXES

ANNEX I: STUDY QUESTIONNAIRE

Save the Children Child Protection Initiative: Review of case management practices

Good case management also contributes towards protecting children from many harmful environments as well as others external to and within their families and communities where they may be vulnerable to abuse, exploitation and neglect. Case management is a feature of many of Save the Children's child protection programmes, either through direct implementation or support to local and government partners in strengthening child protection systems. As such, it is considered to be a critical component of child protection policy and programming for Save the Children.

There is a growing interest in case management systems within Save the Children International and within the general humanitarian child protection sector (for example, it is included in the 2011–2015 work-plan for the Child Protection Working Group – Child Protection Sub-cluster at global level). However, there is very little protocol or guidance on suitable or effective case management methods or systems and a mixture of understanding of what case management is. For example, in some settings, case management is understood to be

management of support to individual children by social workers. In other settings, it is understood to be management of data on a particular caseload of vulnerable children.

Therefore, it is appropriate to document the types of case management understanding and practice within Save the Children and the impact of such understanding and practice, learning, promising practices and challenges within the organisation. Through such documentation, it is hoped that Save the Children will be able to develop key guidance, standards and training in case management for the organisation's projects, which can be shared with the wider child protection sector to develop sector-wide guidance.

A number of Save the Children country programmes have been selected to inform this documentation process based on the type of child protection programming they undertake and the child protection actors with whom they collaborate. In addition to annual reports and annual work plans, the following questions are geared towards providing a clearer understanding of the type of case management work Save the Children does, as well as identifying promising practices and challenges.

Case management questionnaire

Please answer these questions as fully as you are able. Please disseminate to relevant programme managers and project staff. If you have any additional information/documents that are useful please forward them with your completed questionnaire.

1. What type of child protection projects does your country programme do?
2. What is your understanding of case management – data management, social work, other? Please describe what programme managers and project staff understand by this term and what your definition of case management is.
3. What do you understand is the difference between data management and social work case management?
4. In what area of your child protection projects do you use case management? What particular activities do you do (eg, data management, individual follow-up, case conference, referral)?
5. What guidance, tools or standards do you use in case management? Has a case management system been developed or case management training been given and what was this based on?
6. Do you use/have you used Save the Children's *Setting the Standards/Applying the Standards* tool?
7. How has this guidance helped you in case management work to provide better support to children?
8. Does your project use the Inter-agency Child Protection Information Management System or similar system? How do you use it and what benefit does it give to your project?
9. What case management work is done by other child protection actors, including other NGOs or CBOs and government departments/authorities?
10. Are there any common case management practices used within your country by inter-agency groups, government departments?
11. Does the government child welfare department/system in your country have any form of social work support system and case management system (eg, social workers providing support/visiting vulnerable children, case conferences, referral systems)? Does it function? If so, how well?
12. What collaboration is there between government welfare departments and Save the Children or other child protection agencies regarding case management?
13. Please give details of case management training that is done/should be done within your projects. Who is trained – project staff, partner staff, government social workers? Please provide training documents.
14. What challenges have you or programme staff experienced in carrying out correct case management activities within child protection projects? What impact does this have on children?
15. Please give examples of where good case management work has had a positive impact on a child/children.
16. What do you consider are the features of a successful case management system?

Thank you for answering these questions. Please return the questionnaire, along with any relevant documents you have in your programme, to Christine McCormick at c.mccormick@savethechildren.org.uk

ANNEX 2: EXAMPLE OF INDIVIDUAL SUPPORT PLAN

Adapted from Kenya Dadaab Programme

Intervention plan for Database code

Name of case worker:

Protection concern	Type of intervention/ support	Outcome of intervention	Responsibility for action (internal or referred agency)	Details and contacts of referral agency (if required)	Timeframe of intervention	Details of monitoring of plan	Dates of follow-up/ family visits	Actions for follow-up/ further action	Date and name completed

Signature of case worker: Date:

Signature of case manager/supervisor: Date:

ANNEX 3: CASE MANAGEMENT PROCESS

Case Management Systems in Pakistan: Comic Relief Project

Training and qualification for project staff carrying out case management activities

Information to be provided separately.

Key project actors and influences

- Children
- Families and the community
- Employers
- TRDP (Thardeep Rural Development Partnership)
- Save the Children
- Relevant government departments (Ministry of Labour, Ministry of Social Welfare)
- Other (NGOs) may provide some form of support
- Pakistan legal framework (national labour laws, national child protection laws, application of these laws at local level)
- Traditional social norms and practices

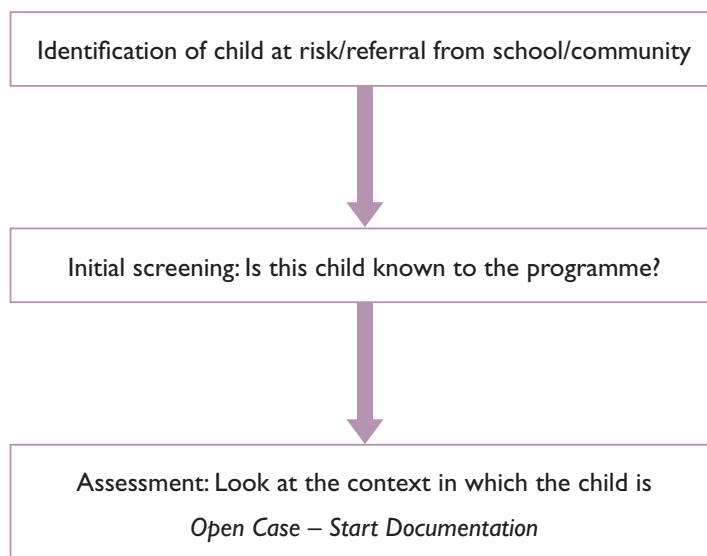
Hazardous child labour

- How is hazardous labour understood by the relevant project actors?
- What forms of labour are agreed upon by all the relevant actors to be hazardous?

Wider protective environment

- In line with the child rights focus of the project what do the relevant projects actors know and understand to be child rights?
- How are child rights incorporated into national and local legal and social structures?
- Apart from hazardous child labour, what other child rights and child protection risks are present in families/communities?

Case management process/steps



Assessments

Initial assessment **MUST** look at the context which the child is in, not just the child itself. Therefore, it is necessary to look at the family and wider community.

In addition to the registration form already developed, the following information is required.

What has made the child vulnerable to hazardous child labour:

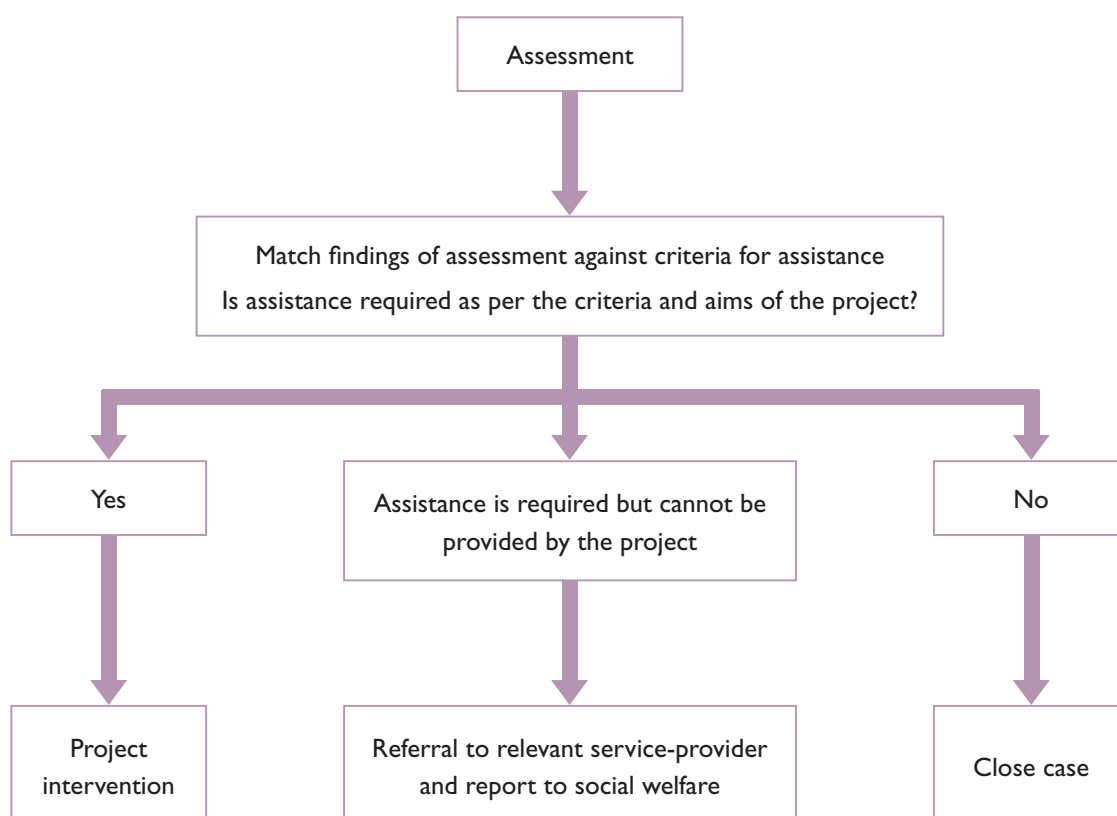
- poverty/family economic situation
- lack of education opportunities or good education, hence leaving education to get better opportunities
- discrimination
- employer attitudes

- parental attitudes
- community attitudes
- culture or traditions
- family problems/death
- enticed by life outside the home/community – ‘bright lights’
- conflict/natural disaster/severe illness/economic transition – when?
- desperation/obligation

What has made the child vulnerable to exploitation:

- separation from family
- lack of contact with family
- desperation/obligation (eg, death in family)
- isolation/lack of social support
- discrimination
- living conditions

Assessments

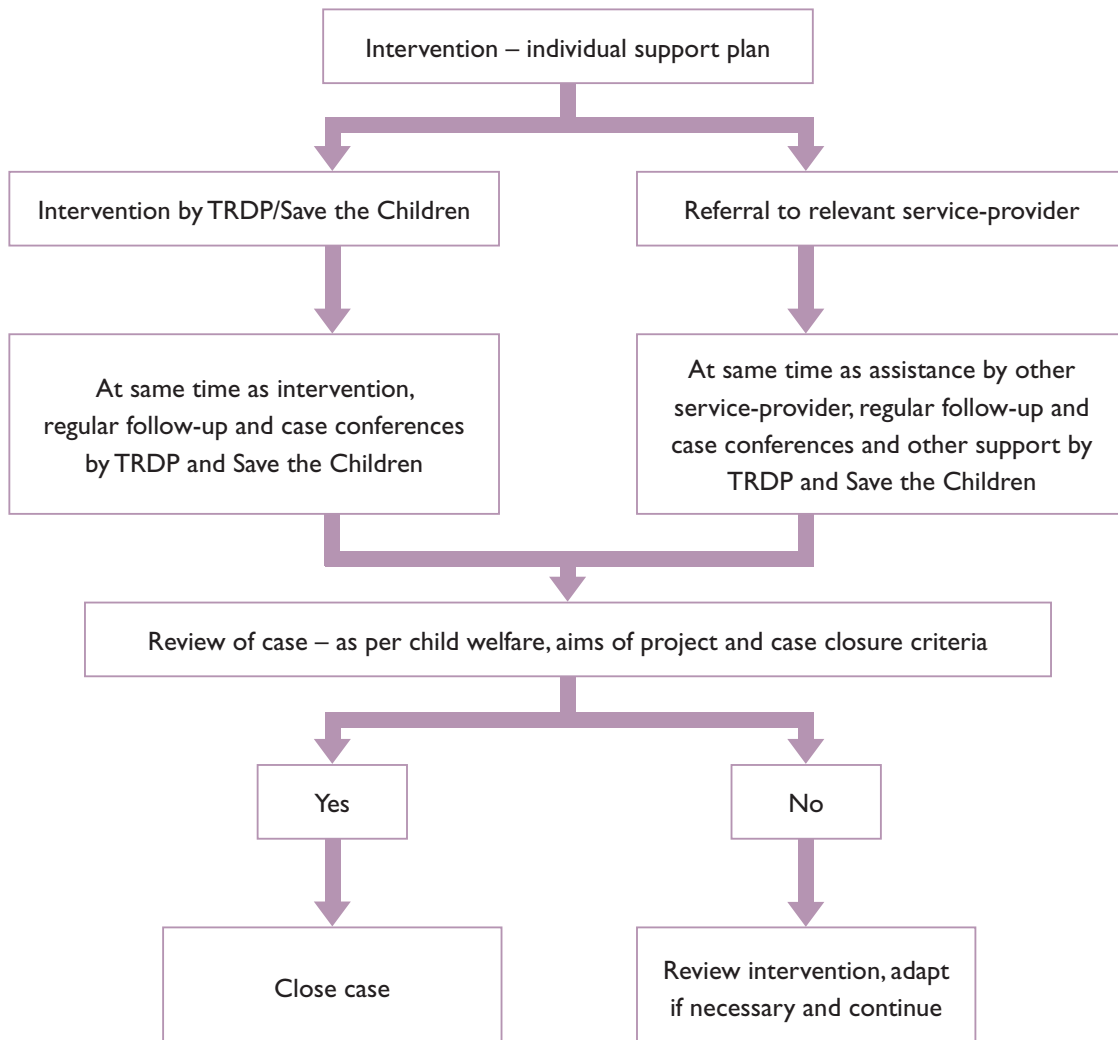


Intervention and support

- What support/assistance needs to be provided and how does this fit with the project?
- Who will provide this support – TRDP/Save the Children/other service-provider/combined?
- Who is the support for – child/family/ community?
- What is the ultimate aim of the intervention?
- How long is the support expected to last?
- What is the impact of the intervention/support on the child?

- What is the impact of the intervention/support on the family?
- What is the impact of the intervention/support on the community?
- What is the impact of the intervention/support on other children who are still engaged in labour?
- What is the impact of the intervention/support on other children not engaged in labour?

Intervention and support



Individual support plans

Each child who has been identified and assessed to receive support through the project must have an individual support plan, whether they are referred to any service-provider or not.

Individual support plans should include:

- details of initial identification/referral, assessment and reason for the need of support (this might be for the child or family)
- name of project worker who did the assessment
- who is going to receive the support
- the type of support to be given and plan of assistance
- expected outcome of the intervention
- who is going to give the support
- other relevant actors that need linking with (eg, Ministry of Labour/Ministry of Social Welfare)
- name of project worker who will follow the case (can be the same person who did the assessment)
- draft schedule of follow-up visits to child and family by TRDP staff
- draft schedule of case conferences and necessary participants

Case conferences

These are regular, confidential meetings led by the project manager/case manager where individual cases are discussed by the team.

Participants should include:

- project manager/case manager
- team of social workers
- other relevant staff who are from other organisations providing support to the child/family (once the individual support plan has been developed and agreed).

Activities should include:

- discussion of progress of case, identifying any difficulties or obstacles and how these can be resolved
- plans for up-coming follow-up visits or continuing interventions.

Depending on the sensitivity of the case and participants in the meeting, the child's/family's name should not be used and they should be referred to by their case number.

Follow-up visits

Follow-up visits should include visits to children, families and other organisations that are providing support to children in the programme.

Visits should be scheduled as regularly as required by the child's/family's circumstances.

Visits should be carried out in such a manner as not to put children or families at risk or in a manner that can lead to stigmatisation or harassment by others.

Visits are confidential and the discussions held during visits should not be divulged to any unnecessary persons or organisations not involved in the case.

Details of visits including issues addressed, follow-up actions and proposed dates for future visits should be documented and kept in each child's individual file.

Case closure

Criteria by which a case can be closed should be agreed by project staff (Save the Children and TRDP), taking into consideration any continuing support and monitoring that can be provided by community and local state structures. Criteria should be based on the wellbeing of a child and the capacities within their environment for this wellbeing to be sustainable.

It is the responsibility of the project manager or case manager to authorise case closure and the decision to do so should be taken in a case conference with the relevant staff from TRDP and Save the Children and other service-providers. Complete closure and end of visits/intervention **MUST** be done with the agreement of the child and their family. Initial discussion should be had with the child and family at least one month before the case is closed so that they can feed into the closure process.

Files of closed cases should be stored separately from open cases but still in a locked cabinet.

Documentation

Each case that is opened for an individual child (whether the assistance/intervention is for them or their family) should be documented individually. Each case should receive a reference number, which should be noted on the front of the file. Personal details of the child or family should not appear on the front of case files.

Case files should contain all the information and notes on that case. Information to be included is:

- details of how the child has been identified or referred
- registration form and thorough assessment details
- details of specific project workers responsible for following the case
- copy of individual support plan
- copies of any correspondence for referral or pertaining to the case
- notes from each case conference relevant to the case/child
- notes from each follow-up visit and details of planned follow-up actions.

Case files are highly confidential. They should be kept in a locked cabinet under restricted access only to relevant project staff.

ANNEX 4: SOCIAL WORK KEY COMPETENCIES

Adapted from a Save the Children project in Myanmar

	Key components	The social worker is able to...	Training components
<p>Key Role 1 Prepare and assess needs and situations</p>	<p>Prepare for social work contact and involvement</p>	<p>The social worker is able to...</p> <ul style="list-style-type: none"> • Prepare: <ul style="list-style-type: none"> – You need knowledge of relevant child protection information (UNCR, child law, Save the Children organisational objectives and policies, protection of working children, etc) – Link with others to access additional information that can inform initial (or follow-up) contact and involvement of authorities (Dept. of Social Work), child protection agencies, child protection committees or relevant organisations or structures – Evaluate all information to identify the best form of involvement – Clients need to know about our own and the organisation's duties and responsibilities • Work with clients to: <ul style="list-style-type: none"> – identify, gather, analyse and understand information – analyse, identify, clarify and express their own strengths, expectations and limitations – enable them to assess and make informed decisions about their needs, circumstances, risks, preferred options and resources • Assess: <ul style="list-style-type: none"> – Assess and review client's preferred options – Assess needs, risks and options, taking into account the rights of the child – Assess and recommend an appropriate course of action for clients 	<ul style="list-style-type: none"> ✓ Knowledge and understanding of key social work documents (eg. Save the Children's child protection objectives and core values, consultations with children, CRC, child law and relevant child protection documents). A practical perspective. ✓ A child: a unique story, a unique 'journey of life' (gathering information on child indirectly, mapping resources and identifying strengths and key issues) ✓ Information: gathering, making sense and reporting it ✓ I-Case management: assessment, setting objectives (immediate and longer term) ✓ II-Case management (analysis, planning & implementing) ✓ III-Case management (monitoring and evaluation): results-oriented work ✓ Risk analysis frame work for action (at initial stage and as an ongoing process); identifying child protection issues and mechanisms for response ✓ Mapping resources and networking ✓ Providing services, support (assessing needs at various levels and developing a support package) and referring ✓ Child development: assessing and identifying needs. ✓ Working with narratives ✓ Solution-focused social work ✓ Ability to raise awareness on child protection-related topics <ul style="list-style-type: none"> – Knowledge of child protection issues, mapping – Representation and advocacy skills
<p>Key Role 2 Plan, carry out, review and evaluate social work practice with clients and other professionals</p>	<p>Work with clients to help them make informed decisions</p> <p>Assess needs and options to recommend a course of action</p> <p>Respond to crisis situation</p> <p>Interact with clients to achieve change and development, to improve life opportunities</p>	<ul style="list-style-type: none"> • Assess the urgency of a situation (<i>what are risks and protection needs?</i>) • Identify (existing or potential) violations to child protection rights and respond (<i>involving partners eg. Dept. of Social Work, local authorities, child protection committees</i>) • Plan, forecast and implement action to meet immediate needs. • Evaluate risks • Review and share with clients the plan and outcomes (<i>participation</i>) • Develop and maintain relationships (<i>at all levels</i>) • Identify clear targeted problems with a solution-focused methodology • Regularly monitor and evaluate changes in needs and situation • Reduce contact appropriately (<i>sustainability</i>) 	

	Key components	The social worker is able to...	Training components
Key Role 2 <i>continued</i>	<p>Prepare, produce, implement and evaluate plans with clients and teams (colleagues and hierarchy)</p> <p>Support the development of networks of resources to meet assessed needs and planned outcomes</p>	<p>The social worker is able to...</p> <ul style="list-style-type: none"> • Ensure participation of key clients in decision-making, organising, planning of action • Analyse global situation and develop plans • Carry out your own responsibilities and monitor, coordinate and support the actions of others involved in implementing the plans • Review the effectiveness of the plans and adapt accordingly with client of child protection target groups • Examine with clients the existence of and access to support services, and ensure their understanding of these • Work with clients to initiate and sustain support services/networks (organisations or key persons) • Contribute to the development and evaluation of support 	<ul style="list-style-type: none"> ✓ Knowledge and understanding of key social work documents (eg. <i>Save the Children's child protection objectives and core values, consultations with children, CRC, child law and relevant child protection documents</i>). A practical perspective. ✓ A child: a unique story, a unique 'journey of life' (gathering information on child indirectly, mapping resources and identifying strengths and key issues) ✓ Information: gathering, making sense and reporting it ✓ I-Case management: assessment, setting objectives (immediate and longer term) ✓ II-Case management (analysis, planning & implementing) ✓ III-Case management (monitoring and evaluation): results-oriented work ✓ Risk analysis frame work for action (at initial stage and as an ongoing process); identifying child protection issues and mechanisms for response ✓ Mapping resources and networking ✓ Providing services, support (assessing needs at various levels and developing a support package) and referring ✓ Child development: assessing and identifying needs. ✓ Working with narratives ✓ Solution-focused social work ✓ Ability to raise awareness on child protection-related topics <ul style="list-style-type: none"> – Knowledge of child protection issues, mapping – Representation and advocacy skills
	<p>Work with clients to promote client growth, development and independence</p>	<ul style="list-style-type: none"> • Identify and promote the access of support groups (e.g. <i>alternative community care and support</i>) • Ensure these enable growth, development and wellbeing of client • Help these group have objectives and support them to reach planned outcomes • Disengage from groups appropriately 	
	<p>Address behaviour that represents a risk (to individuals and communities)</p>	<ul style="list-style-type: none"> • Take immediate action to stop abuse, violence, extreme exploitation (in reference to <i>CRC and child law</i>) • Work with clients to address and strategise to prevent abuse, violence, extreme exploitation (at all levels: individual, family, community) 	
Key Role 3 Advocate	<p>Advocate with and on behalf of clients</p>	<ul style="list-style-type: none"> • Assess appropriateness of advocating for client (target groups or not) • Prepare and assist clients in accessing advocacy/services (eg. <i>medical check-up post sexual/physical abuse</i>) • Advocate constructively for clients, promote understanding of social and child protection issues (<i>street children, discipline, migration, trafficking, discrimination, etc</i>) 	

	<ul style="list-style-type: none"> • Prepare accurate information from various sources (<i>CRC, consultations with children, child law, CPCs (child protection committees), evidenced-based feedback, etc</i>) • Prepare individuals in the understanding of law and procedures when doing advocacy (eg, <i>CPCs need to understand child law and CRC, and understand their role</i>) 		<p>Prepare for and participate in decision-making groups/meetings (child protection committees, authorities, interagency workshops, etc)</p>	
	<ul style="list-style-type: none"> • Manage and be accountable for your workload • Contribute to the management of resources and services • Manage, present and share records and reports • Use current knowledge of best social work practice • Use supervision to support the update of your knowledge 	<p>Accountability and supervision</p>	<p>Key Role 4 Accountability, supervision and demonstration of social work competence</p>	
	<ul style="list-style-type: none"> • Link and integrate your work with others 	<p>Team, (intra/inter) agency work, networks and systems</p>		
	<ul style="list-style-type: none"> • Exercise and justify professional judgements • Use professional assertiveness to justify decisions and uphold professional social work practice, values and ethics • Work within the principles and values of social work practice (<i>child law, CRC, social work competences, standards</i>) • Critically reflect upon your own practice and performance in your reports using supervision 	<p>Work within agreed standards of social work practice and ensure own professional development</p>		
	<ul style="list-style-type: none"> • Identify and assess issues, dilemmas and conflicts that might affect your practice • Devise strategies to deal with ethical issues, dilemmas and conflicts • Reflect on outcomes 	<p>Manage complex ethical issues, dilemmas and conflicts</p>		
	<ul style="list-style-type: none"> • Contribute to policy review and development (<i>field, evidence- and children-based accounts</i>) • Use supervision and organisational and professional systems to inform a course of action where practice falls below required standards • Work with colleagues to contribute to positive group life and address difficulties 	<p>Contribute to the promotion of best social work practice</p>		

continued overleaf

ANNEX 4 continued

Special Topics	Key components	The social worker is able to...	Training components
	To be discussed	Training topics: 1 Working with street children 2 Prevention and response to gender-based violence and sexual exploitation and abuse 3 Monitoring and reporting violations of children's rights 4 Strengthening of family support and community-based care options and de-institutional care work 5 Community-based diversion of children from the formal juvenile justice system 6 Prevention and response to all forms of exploitation (harmful child labour, street children and child trafficking) 7 Counselling skills and framework for action	To be discussed with programme managers, advisers, programme co-ordinators and teams.

NB

'Communities' in the document refers to all actors we come into contact with in our work (eg, authorities, other organisations, populations)
 'Clients' refers mainly to children but can also mean families and communities (eg, child protection committees)

<p>Values and commitments</p> <ul style="list-style-type: none"> • Commitment to the protection of children • Commitment to ethical humanitarian work and child rights • Humility, self-critical awareness and willingness to learn and act on weakness/take on challenges • Problem-solving and solution focused – 'can do' – attitude • Professional courage and determination (eg, to question assumptions and make difficult decisions) 	<ul style="list-style-type: none"> • Ability to adapt to different and difficult situations • Taking initiative and responsibility for own learning and work • Belief in team work and able to motivate and support others • Creative <p>Holistic/community (include or already in CRC)</p>
<p>This means we know and demonstrate these values in our social work.</p>	

ANNEX 5:VCRMC'S MONTHLY CHILD PROTECTION CASE REPORT

Adapted from Save the Children in Sri Lanka

Date: District: Division: GN division: Referred: VCRMC:

Total number of child protection issues:

Person responsible for reporting:

Category	Type of protection issues	No of Cases	GN	CRPO	PO	DADC	Hospital	SSO	NGO	Police	VTC	VCRMC	Male	Female	High	Medium	Low	VCRMC cases		Referred cases	
																		Closed	Pending	Closed	Pending
Child abuse	Physically																				
	Neglect (food, medicine, etc)																				
	Sexual abuse																				
	Physical abuse																				
	Emotional abuse																				
Child health	Abduction																				
	Recruitment																				
	Physical and medical problem																				
Psychological wellbeing	Special needs																				
	Psychological affect																				
	Mental illness																				
Unresolved problem	Domestic violence (domestic work)																				
	Poverty																				
	Children/Parents addicts Alcohol																				
Social problem	Birth certificate problem																				
	School drop-out																				
	Early marriage																				
	Separated children																				

ANNEX 6: CHILDREN'S SERVICE-PROVIDERS IN BATTICALOA DISTRICT (GOVERNMENT)

Adapted from a Save the Children project in Sri Lanka

No	Name of agency	Area	Focus group	Nature of work
1	Child Welfare Unit	District	Children released from armed groups	Rehabilitation of children released from armed groups
2	Child Rights Promoting Officers Divisional	Village	Vulnerable children	<p>Strengthening children and families in the community</p> <p>Forming children's clubs</p> <p>Conducting DCRMC/VCRMC meetings (village/district child rights monitoring committees)</p> <p>Forming VCRMC</p> <p>Forming DCRMC</p> <p>Referring children and families to relevant stakeholders</p> <p>Conducting case conferences</p>
3	Department of Probation And Childcare Services Probation officers Judicial Divisions – Probation Units	District Divisional Village	Vulnerable children	<p>Handling legal issues related to children</p> <p>Conducting case conferences</p> <p>Referring children and families to relevant stakeholder</p> <p>Finding alternatives to care</p> <p>Monitoring children's homes</p>
4	District Child Development Committee	District	Coordinating service	<p>Discussing issues related to child rights violations and abuses</p> <p>Taking action against violators</p>

ANNEX 6 *continued*

No	Name of agency	Area	Focus group	Nature of work
5	District Child Protection Unit	District	Abused children	Awareness training for children Handling child abuse cases Organising case conferences Coordination with other government sectors with regard to child-related cases Strengthening child protection committees
6	Mental Health Unit	District I Division (Valachenai)	People	Counselling and medical support
7	Midwives	Village	Pregnant mothers, babies	Support for pregnant mothers Monitoring babies' growth Providing nutritional food to children Providing health awareness education, especially to the mothers
8	Ministry of Health	Divisional	Pregnant mothers, babies, children	Providing medical care to children Providing nutritious food Taking care of pregnant women Disease prevention
9	National Child Protection Authority	District	Abused children	Protecting child rights Taking action in child abuse cases District Child Protection Unit working under National Child Protection Authority
10	Women and Children Police Desk	Divisional and women	Abused children	Taking action against abusers of children and women Accompanying victims to court

ANNEX 6 *continued*

No	Name of agency	Area	Focus group	Nature of work
11	Social care centres	Divisional	Children with learning difficulties Children with special needs Pre-school children Women	Vocational training, medical support and monthly assistance for people with special needs Support for higher studies for the blind children Psychosocial counselling Monitoring day care centres Livelihood support for women-headed families Organising women's groups/organisations Assistance for twin births Implementing parents' maintenance project Sevena Sarana Organising children's clubs Pre-school development Awareness-raising – children's rights, women's rights
12	Social service officer	Divisional	Children with learning difficulties People with serious disease Drought victims	Providing government assistance to the children Providing special assistance to affected children

CASE MANAGEMENT PRACTICE WITHIN SAVE THE CHILDREN CHILD PROTECTION PROGRAMMES

This guide looks at how we support individual, vulnerable children through a case management approach within much of our protection work. Through this approach we provide direct support to hundreds of children, referring them to other services they need – in a variety of situations, including:

- family tracing and reunification of children during emergency responses
- support for the return and reintegration of children from, for example, hazardous labour or armed forces and groups
- harmful and unnecessary institutional care.

In many places where we work, there is no government child welfare system in which case management should be used to assist vulnerable children and their families, or the system does not function properly. As a result, child protection agencies such as Save the Children may need to operate their own case management system, while supporting and building the capacity of governments to develop a longer-term statutory system.

This study offers guidance and support on good-quality case management practice within our programmes. It looks at:

- the fundamental components of a good case management system – drawing upon good practice in developed and developing countries
- our understanding and practice of case management in Save the Children – including examples of promising practice
- how to improve the quality of case management in Save the Children for the benefit of children, families and communities.

