



STANDARD 18: CASE MANAGEMENT

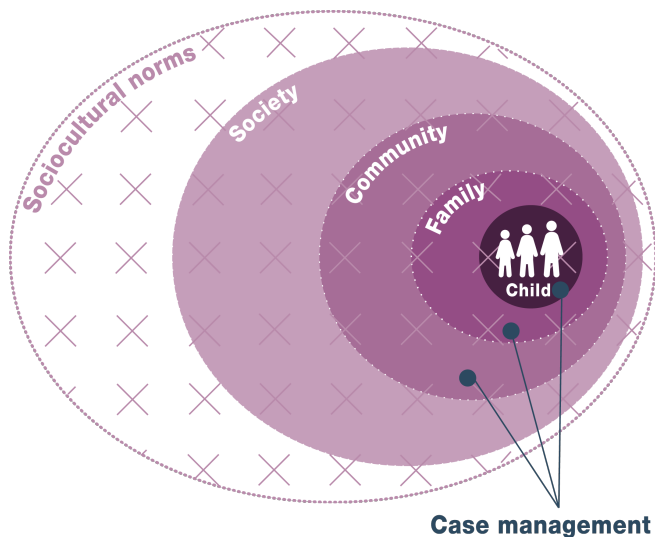


The following should be read with this standard: *Principles* and any risk or strategy standards that relate to the specific case being addressed. Case management cuts across several levels of the socio-ecological model and supports any child who requires an individualised response to their specific needs.

Case management (CM) is an approach for addressing the needs of an individual child who is at risk of harm or has been harmed. The child and their family are supported by a caseworker in a systematic and timely manner through direct support and referrals. CM provides individualised, coordinated, holistic, multisectoral support for complex and often connected child protection concerns.

CM systems are an essential part of the child protection response. CM is implemented at three levels of the social ecological model: child, family/caregivers and community.

Case management within the socio-ecological model



The views and decisions of the child and their family should direct the CM process. The **best interests of the child** are a primary consideration. Support to children should be adapted to their personal situation and characteristics (including their gender, age, developmental stage, language and cultural identity). Caseworkers should always seek to build children's sense of safety, well-being and resilience.

CM requires adequate procedural safeguards, data protection standards, staff training and supervision. These requirements must be considered when deciding whether to support and strengthen existing, or to implement new, case management systems.

STANDARD

Children and families who face child protection concerns in humanitarian settings are identified and have their needs addressed through an individualised case management process, including direct one-on-one support and connections to relevant service providers.

18.1. KEY ACTIONS

PREPAREDNESS

- 18.1.1. Determine if and how to implement case management:
 - Assess whether CM is a current gap and is contextually appropriate;
 - Analyse whether the organisation is able to provide the needed CM services in line with national systems and procedures; and
 - Decide the most suitable approach. (See the assess, analyse, decide model in *Inter-agency Guidelines for Case Management and Child Protection [CPCM Guidelines]*.)
- 18.1.2. Adapt globally endorsed case management processes and tools (including SOPs, case management forms, referral pathways, information-sharing and data protection policies) to the context to ensure quality and timely action in the first phase of the response, if there are no existing appropriate case management systems in the context. (See *The Alliance for Child Protection in Humanitarian Action Case Management Task Force page*.)
- 18.1.3. Implement a phased capacity-building plan for relevant actors:
 - Develop, review and train staff and volunteers on their detailed job descriptions, roles and responsibilities;
 - Build CM staff's knowledge and skills on communicating with children and families, the case management process, data protection, confidentiality, privacy and relevant tools;



- Supervise and coach CM staff to promote technical competence and practice, staff well-being and effective and supportive monitoring of casework; and
- Build the capacity of stakeholders (including children, families and communities) to safely identify and refer potential cases.

18.1.4. Develop and implement accessible, responsive and confidential feedback and reporting mechanisms for children and families.

18.1.5. Use community feedback to improve case management services.

RESPONSE

18.1.6. Implement a phased approach:

- In a rapid-onset emergency, it may be appropriate to begin by establishing services that focus on specific issues (urgent, emergency-related issues such as family separation or release from armed forces or armed groups).
- Over time, child protection actors should develop more comprehensive case management services that address the full range of child protection issues.
- Use a phased approach when developing referral pathways and standard operating procedures (SOPs) based on adapted, globally endorsed templates and tools. Add detail over time as risks change, the response progresses, and capacities and resources are improved and strengthened.

18.1.7. Follow quality CM standards (as outlined within the *CPCM Guidelines*) when planning, funding and implementing services, including:

- Ensuring 1 caseworker for every 25 children;
- Ensuring 1 supervisor for every 5-6 caseworkers (for delivering ongoing training, support and supervision);
- Providing safe, appropriate, child-friendly meeting places that support confidentiality and privacy when meeting with children and families;
- Developing holistic action plans for children and their families including (a) referrals to appropriate child protection and multisectoral support services and (b) actions to be undertaken by the child and their family;
- Developing and updating information-sharing protocols (ISPs) and procedures for case coordination and case conferences;
- Establishing a safe and confidential system for collecting, storing and sharing information;
- Ensuring that all staff understand and follow information management protocols, including those for documentation,

record-keeping (paper-based and digital), database access and use, and information sharing. (See [Standard 5](#), the Global ISP and Data Protection Policy and p. 44 in the *CPCM Guidelines*.)

- 18.1.8. Support ongoing coordination between case management actors and multisectoral service providers from the beginning of the response by:
- Developing clear eligibility and prioritisation criteria for case management;
 - Putting in place appropriate procedures for assessing and determining **the best interests of the child** when making any decisions;
 - Developing safe and ethical referral pathways and maintaining updated service directories;
 - Working with other sectors to safely and ethically identify and refer children who are at risk; and
 - Establishing common data-sharing protocols across sectors.

18.2. MEASUREMENT



All indicators about children should be disaggregated by sex, age, disability and other relevant diversity factors. The indicators below measure progress against the overall standard. Indicators and targets can be contextualised with the goal of meeting the indicative targets below. Additional related indicators are available *online*.

Indicators	Target	Notes
18.2.1. % of caseworkers trained and supervised in CPCM who demonstrate improvement in knowledge and competence in applying the CM process.	80%	Refer to Caseworker Capacity Assessment Tool in the Annex . All caseworkers should be supervised. Include only caseworkers that are trained and supervised in the measure.
18.2.2. % of children and caregivers who report satisfaction with direct services received and the response actions taken through the CM process.	90%	Measure children and caregivers separately.
18.2.3. % of children and caregivers who report an increase to their well-being as a result of their urgent child protection needs/risks being addressed through the CM process.	90%	Measure children and caregivers separately.

activities of humanitarian actors with those of long-term, in-country social service workforce:

- Avoids duplication or parallel CM systems;
- Ensures sustainability; and
- Promotes effective transition and exit strategies.

18.3.3. QUALITY CM

In many contexts case management systems already exist, although they may not fully or appropriately address child protection needs. If case management services are introduced in emergencies, they should build on and enhance existing processes and referral pathways whenever possible. Keep in mind the quality, accessibility, continuity and child-friendliness of services. More detailed considerations for designing quality case management can be found in the *Quality Assessment Framework*. A critical part of a CM system is monitoring and evaluation to constantly review, assess and adjust the process and delivery methods according to lessons learned. This includes the use of appropriate indicators, regular programme evaluation, child and family feedback interviews, accessible feedback and reporting mechanisms and a supervisory system.



18.3.4. STAFF CAPACITY

Ensure staff have the competencies to conduct CM in a safe and professional manner. The child-to-staff ratio should align with caseworkers' abilities, children's needs and other constraints and obligations. Staff skills and knowledge should be assessed during the recruitment process. All caseworkers should receive (a) standard introductory and ongoing training (including shadowing) and (b) regular, structured supervision and coaching. Child protection CM teams must prioritise staff care within their team to prevent burnout and promote quality care.

18.3.5. STANDARD OPERATING PROCEDURES (SOPS)

Standard operating procedures guide CM in humanitarian settings. They allow service providers across agencies and sectors to harmonise and standardise services and approaches. Standard operating procedures should be developed in a timely manner as part of the humanitarian response. They should be (a) informed by an in-context child protection risk analysis and (b) developed in cooperation with all child protection case management actors.

Emergency standard operating procedures might be necessary at the onset of a humanitarian response. However, they should be reviewed and integrated as

the response develops in order to ensure timely response and to avoid creating parallel procedures.

18.3.6. RISK ANALYSIS, ELIGIBILITY AND PRIORITISATION



→ Context-specific child protection risk analyses should be conducted to identify (a) key risks and violations affecting children and (b) the children who are most vulnerable. This information will inform the eligibility criteria. Consider the pre-existing definitions and understandings of risks and vulnerabilities in communities, legal frameworks and policies. Children who are marginalised and displaced may be at very high risk but are often hidden. During **infectious disease outbreaks**, children in quarantine, isolation, or observation or treatment centres will need adapted and specialised case management support.

Based on the analysis, eligibility criteria should be developed, agreed upon and included in standard operating procedures. Eligibility criteria should be transparent, realistic, reviewed and adjusted as knowledge is gained about the context and children's protection risks.

In humanitarian crises, it is often necessary to prioritise some urgent cases for immediate or short-term action to make sure that the most critical needs are met with the limited resources. Three main factors when deciding which cases to prioritise are: capacity, urgency and ability to take action. Cases can be prioritised as high, medium, low or no risk.

18.3.7. INFORMATION MANAGEMENT FOR CM (IM4CM)

(See [Standard 5](#).)

Information management is a key element of case management. It improves service delivery, mitigates risk and supports accountability. Information management includes:

- Forms for documenting individual cases;
- Information-sharing and data protection protocols; and
- An information management system.

All staff should be trained on these elements, which should also be referenced or annexed in case management standard operating procedures.

Data protection is a key aspect of child safeguarding. Data protection risks should be identified and addressed at the onset of an emergency while adapting CM forms and information-sharing protocols.

Children's personal data and the sharing of data must be documented and managed using safe and appropriate systems, protocols and tools. Data-gathering organisations must (a) ensure confidentiality and (b) control access to personally identifiable data based on the need-to-know principle.

18.3.8. BEST INTERESTS PROCEDURES

Procedures to assess and determine the best interests of the child (best interests procedures) should be established by the State. Where these are in place, all actors must adhere to these procedures. In addition, it is the responsibility of each individual organisation to (a) ensure that processes exist to assess what is in each child's best interests before taking any action that affects that child and (b) take this as a primary consideration in any decisions. UNHCR's Best Interests Procedure is used for child refugees when State procedures are inaccessible and/or inappropriate.

An appropriate best interests procedure:

- Promotes adequate child participation without discrimination;
- Gives due weight to the views of the child in accordance with age and maturity;
- Involves persons with relevant expertise in decision-making;
- Balances all relevant factors to assess the best option; and
- Fulfils all the child's rights.

A 'best interests assessment' is an assessment made by staff with expertise to decide on actions to be taken with regard to individual children. It ensures that such actions give primary consideration to the child's best interests. Child protection assessments conducted in child protection CM are usually considered to be equivalent to a best interests assessment. 'Best Interests Determination' (BID) is a formal process with strict procedural safeguards designed to determine the child's best interests. This is necessary for decisions that have severe and long-term consequences, including judicial procedures.

REFERENCES

Links to these and additional resources are available *online*.

- *Inter Agency Guidelines for Case Management and Child Protection*, Child Protection Working Group (CPWG), 2014.
- *Child Protection Case Management Training for Caseworkers, Supervisors and Managers*, The Alliance for Child Protection in Humanitarian Action, 2014.
- '*Case Management Task Force*', The Alliance for Child Protection in Humanitarian Action. [Website: features all global templates and tools.]
- '*CM Supervision and Coaching Training Package Launch*', Case Management Task Force of the Alliance for Child Protection in Humanitarian Action, 2018. [Website]
- *Guidelines on Assessing and Determining the Best Interests of the Child: 2018 Provisional Release*, UNHCR, 2018.

