Inter-agency Child Protection Case Management Guidelines

2024

2nd Edition

THE ALLIANCE
FOR CHILD PROTECTION
IN HUMANITARIAN ACTION

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Abbreviations

AAR	After Action Reviews
BIA	Best Interests Assessment
BID	Best Interests Determination
BIP	Best Interests Procedure
CAFAAG	Children Associated with Armed Forces and Armed Groups
CMTF	Case Management Task Force
CP AoR	Child Protection Area of Responsibility
CPIMS	Child Protection Information Management System
CPMS	Child Protection Minimum Standards
DPIA	Data Protection Impact Assessment
DPISP	Data Protection and Information-Sharing Protocol
FGD	Focus group discussion
GBV	Gender-based violence
IDP	Internally displaced persons
IMS	Information management system
MEAL	Monitoring, evaluation, accountability and learning
MHPSS	Mental health and psychosocial support
NGO	Non-governmental organisation
PSEA	Prevention of sexual exploitation and abuse
RSD	Refugee Status Determination
SEA	Sexual exploitation and abuse
SGBV	Sexual and gender-based violence
SMART	Specific, measurable, achievable and time-bound
SOP	Standard operating procedures
SSW	Social Service Workforce
UASC	Unaccompanied and separated children
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child

Foreword

'Case management' is a core approach of child protection programming in humanitarian action. It facilitates individualised, remedial and preventive services with children and their families aimed at achieving positive outcomes. These processes and associated skills address some of the most severe situations a child can face in times of crisis. Such work requires a high level of skill, patience, tenacity, and indeed bravery. We sincerely hope that these guidelines will go a long way towards supporting a wide range of child protection case management professionals (including frontline staff, supervisors, and managers, from various organisations) to provide this essential, lifesaving service for children who have experienced harm, or are at risk of abuse, exploitation, neglect and violence in humanitarian crises.

Since the initial development of these guidelines in 2014, the Case Management Task Force of the Alliance for Child Protection in Humanitarian Action has made significant advancements to improve and standardise the delivery and quality of interagency child protection case management. These include, the development of supervision guidance and tools, the updating and expansion of the child protection case management training into a comprehensive package, the development of an interagency standard operating procedures template and related guidance, and the launching of comprehensive interagency data protection and information sharing guidance and templates.

While there is so much to be proud of, we must not become complacent. We are in an era of escalating conflict and worsening climate change-induced crises. To achieve a response that reaches everyone in need, is sustainable, effectively engages national and local actors, and upholds core and quality standards, continued investment is essential to ensure broad rollout and uptake of available tools.

Let's use these guidelines, alongside child protection and other sector tools, to address and prevent harm to children affected by humanitarian crises in an accountable and sustainable manner. These guidelines will help us address the risks children face, ensure quality, accountable, and sustainable services and contribute to a protective environment that upholds the best interests of children. This will enable children to grow, thrive, and achieve their full potential, ultimately working towards a better future for children and communities.

Hani Mansourian and Camilla Jones

Director and Deputy Director

Alliance for Child Protection in Humanitarian Action

https://alliancecpha.org

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child protection case management guidelines

HOW WERE THE GUIDELINES DEVELOPED AND UPDATED?

The first Inter-Agency Guidelines for Case Management and Child Protection were published in 2014 by the Child Protection Working Group, building on the 2012 Minimum Standards for Child Protection in Humanitarian Action (CPMS). The aim was to provide a collective understanding and step-by-step guidance on how to do child protection case management in humanitarian action.

Case management work has become more prevalent as an approach within child protection, while there have also been advances in the child protection sector. Since the 2014 guidelines were published, many child protection case management resources and tools have been developed[a], as well as the second edition of the CPMS was published.

The global context in which we work has also continued to change, with the increasing number of conflicts and clear impact of climate change, forced displacement at record levels[1] and humanitarian crises in contexts that have historically been less prone to crises, including high-income countries. Within this context there is greater recognition of the importance of working with pre-existing formal and informal government and community-level systems.

Based on these developments, the 2014 version of the guidelines has been updated to meet the current needs of those designing, strengthening, supervising, and directly providing child protection case management services to children and their families. This has been achieved through a thorough process of review and consultation, which included:

- **Desk review:** A review of over 60 inter-agency resources published since 2014 was conducted.
- **Key informant interviews:** Interviews were held with over 20 technical experts specialising in various fields related to child protection.
- **Survey:** A survey targeting child protection caseworkers received over 475 responses from 41 different countries.

The guidelines were also extensively reviewed by members of the Case Management Taskforce (CMTF) Alliance for Child Protection in Humanitarian Action (the Alliance).

HOW SHOULD THESE GUIDELINES BE USED?

These guidelines serve as the primary framework for child protection case management in humanitarian action, offering adaptable guidance suitable for various contexts, ranging from humanitarian crises to early recovery and development work. Developed in alignment with the second edition of the CPMS, published in 2019 by the Alliance, these guidelines ensure coherence and compatibility with established standards.

In situations involving refugees and asylum seekers, the guidelines are designed to complement the UNHCR Best Interests Procedure (BIP) Guidelines, thereby providing comprehensive support tailored to the specific needs of these populations. The guidelines are also intended to complement existing key resources for child protection case management, addressing related themes such as unaccompanied and separated children (UASC), children associated with armed forces and armed groups (CAFAAG), among others.

By incorporating these guidelines into practice, stakeholders can enhance their efforts to safeguard and support

a See Annex 1: Resource List

children and families affected by crises and displacement.

The guidelines aim to support child protection case management by establishing:

- **A framework for accountability:** The guidelines provide a framework to enable accountability among case management actors in child protection.
- **Common principles:** They establish common principles for those working in child protection case management, ensuring consistency and coherence in approach.
- **Promotion of best practices:** The guidelines promote best practices to improve the quality of responses and services across different contexts and actors involved in case management.
- **Development of procedures:** They support the development of procedures for implementing case management, ensuring standardised approaches.
- **Collaboration and coordination:** The guidelines facilitate collaboration and coordination among child protection actors and professionals, enhancing the effectiveness of interventions.

WHO ARE THESE GUIDELINES FOR?

These guidelines target case management **professionals involved in child protection case management, encompassing those directly engaging with individual children and families as well as those involved in overseeing, supporting, designing and strengthening the case management response**. This includes individuals from governments, local, national and international non-governmental organisations (NGOs), United Nations agencies, community groups, volunteers, and relevant service providers.

In addition to these roles, **the guidelines also offer valuable insights and guidance for professionals in child protection coordination roles. This includes individuals leading coordination efforts** in governmental bodies, United Nations (UN) agencies, NGOs and civil society organisations. These guidelines are therefore also for inter-agency coordinators such as the Child Protection Area of Responsibility (CP AoR) coordinators, as well as those leading Child Protection Sub-Working Groups or Sub-Sectors in refugee settings and individuals involved in task forces, working groups or similar entities at both global and country levels, dedicated to enhancing case management practices.

The guidelines are intended to be accessible to anyone involved in case management. They are designed to foster collaboration among all stakeholders involved in child protection case management, ensuring comprehensive support for vulnerable children and families.

To enhance usability and quick identification, the guidelines incorporate symbols and colours associated with each audience throughout the document. This aids in clarifying the relevance of specific sections to different professionals involved in child protection case management.

PART 1	**The foundations of child protection case management**	Caseworkers, supervisors and other professionals in roles overseeing child protection programming including case management.
PART 2	**Designing and strengthening the case management response**	Supervisors and other professionals in roles overseeing child protection programming including case management.
PART 3	**The case management process and steps**	Caseworkers and their supervisors working with children and their families throughout the case management process.

Caseworkers

Case management supervisors

Roles overseeing and supporting case management work
(for example, managers, advisors and coordinators)

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Part 1
The foundations of child protection case management

Who this part is for

Caseworkers, supervisors and other professionals involved in case management, including managers, coordinators, and technical specialists.

What this part includes

The theoretical foundations and definitions at the core of child protection case management, including:

- An introduction to child protection case management and the key definitions and concepts.
- The guiding principles which ensure child protection case management promotes, upholds and is consistent with children's rights, and examples of these principles in practice.
- The socio-ecological approach and how it can be applied to child protection case management work.
- What child protection systems strengthening means in child protection case management.
- Understanding the role of different actors in child protection case management.

1.1 What is 'child protection case management'?

Child protection case management (also referred to hereafter as case management[b]) is an approach to addressing the needs of an individual child who is at risk of harm or has been harmed. It is an essential part of child protection programming, which involves preventing and responding to abuse, neglect, exploitation and violence against children.[2] The child and their family are supported by a caseworker in a systematic and timely way through direct support and referrals. Case management provides individualised, coordinated, holistic, multisectoral support for complex and often connected child protection concerns.[3]

As outlined in the CPMS, specific risks prevalent in humanitarian settings include family separation, recruitment into armed groups, psychosocial distress, and sexual and gender-based violence (SGBV).[c]

Standard 18: Case Management

"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."[4]

WHAT DOES THIS MEAN?

'Children and families': Case management focuses on the needs of individual children and their families. When applying the socio-ecological approach (CPMS Standard 14), the child is not considered in isolation; risk and protective factors within their family, the community and society are considered.

'Protection concern': Protection concerns refer to abuse, violence, neglect and exploitation. Children who are at risk of harm could benefit from child protection case management support. A child's vulnerability to experiencing protection concerns is based on different factors, such as their care arrangement and separation status, individual characteristics, their family, and their community.

'Are identified': Children are identified by a range of sources and are referred to child protection agencies to receive support. Identification and registration are the first step of the case management process.

'Needs addressed': It is the role of the caseworker to address the needs of the child. This is based on an assessment, followed by a case plan, which can include direct one-on-one support and by coordinating with other agencies to ensure access to services.

Not all individual approaches should be considered case management; other individual approaches do exist, for example safe identification or referral or individual psychosocial support sessions which are specific to the needs of the individual child but are not child protection case management as defined.

It is important to also underline that case management is not appropriate in all circumstances. Its suitability should be assessed based on the necessary assessments conducted and other considerations outlined in Part 2.

b Note that the term 'child protection case management' is sometimes shortened in these guidelines to 'case management'. Where the term 'case management' is used in this document, it is always referring specifically to child protection case management, unless otherwise stated.

c Note on the use of GBV and SGBV terminology in these guidelines: Throughout these guidelines the term 'sexual and gender-based violence' (SGBV) is used to describe all forms of sexual and gender-based violence as perpetrated against children. The term 'gender-based violence' (GBV) is used in relation to the gender-based violence subsector or area of work.

WHO IS CHILD PROTECTION CASE MANAGEMENT FOR?

Case management is designed for individual children at risk of harm or who have experienced harm. An analysis of child protection risks will help determine the key safety threats in a context, including which children are most vulnerable to harm (considering individual, family, community, and society factors). Not all children require case management; it is therefore critical to develop eligibility criteria, also known as intake criteria[d], which define those children who require an individual and comprehensive case management response, as opposed to referrals to services or broader child protection support.

THE ROLE OF CHILD PROTECTION CASE MANAGEMENT IN RESPONSE AND PREVENTION

Child protection case management is considered a core child protection response service at the individual level to support children who are considered at risk of harm or who have experienced harm.

Child protection case management also plays a role in prevention, specifically tertiary and secondary prevention, as explained in the diagram below.

Definition		How this applies in child protection case management
Primary prevention addresses the root causes among the population to reduce the likelihood of harmful outcomes. **Target group:** All children in a community or a sub-group of children.	**PRIMARY PREVENTION**	Child protection case management is NOT a form of primary prevention.
Secondary prevention addresses threats to and vulnerabilities of children identified being at risk of harm. **Target group:** Children at high risk for harmful outcomes.	**SECONDARY PREVENTION**	Children at high risk for harmful outcomes are identified and registered according to eligibility criteria. Following the assessment, threats and vulnerabilities are addressed through a case plan.
Tertiary prevention reduces the longer-term impact of harm and reduces the chances of recurring harm. **Target group:** Individual children who have experienced harm.	**TERTIARY PREVENTION**	For children who have experienced harm, following identification and registration, and an assessment, a case plan might include goals such as reducing the long-term impact of harm, and where there is a risk of recurrence, to reduce the chances of the harm happening again.

WHO PROVIDES CHILD PROTECTION CASE MANAGEMENT?

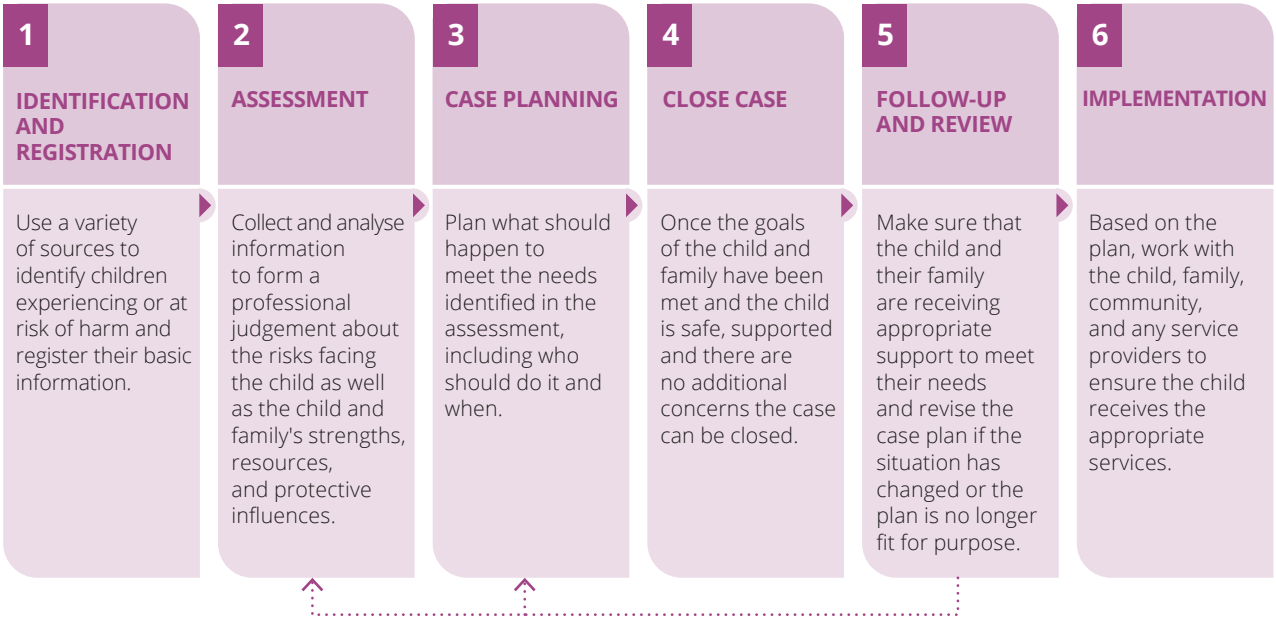
The process of case management relies heavily on human resources, especially child protection caseworkers, who are responsible for providing direct support to the individual child who is at risk or has experienced harm, and their family, as well as coordinating referrals to other appropriate multisectoral services. The role of the caseworker is described in detail in section 2.1.6 and the process by which case management is implemented is detailed in Part 3. The way case management is implemented depends on the way in which the response is designed and how it is being strengthened and supported (refer to Part 2).

d Sometimes instead of 'eligibility criteria' the term 'intake criteria' is used; this is usually in refugee contexts, as per the UNHCR BIP Guidelines. This is because in refugee contexts the term 'eligibility' may be used to describe eligibility for international protection (or other forms of protection related to legal or migratory status), and so child protection case management adopts an alternative term to avoid confusion.

WHAT PROCESS DOES A CASEWORKER FOLLOW IN CHILD PROTECTION CASE MANAGEMENT?

A caseworker generally follows six core steps in the case management process, as shown in Figure 1. It is important to note that case management is not a straightforward or linear process. The reality for children at risk of harm or who have experienced harm is often very complex. This may require the caseworker to return to an earlier step in the process.

FIGURE 1 The key steps of case management



CONSIDERATIONS IN SETTINGS WITH REFUGEES AND ASYLUM SEEKERS

The UNHCR Best Interests Procedure (BIP) is the "*UNHCR case management flamework for asylum-seeking and refugee children. BIP includes the key steps of child protection case management as well as the UNHCR Best Interests Determination (BID)*".[5]

The BIP is embedded within, and linked to, refugees case management which includes Registration, Refugee Status Determination, Legal and Physical Protection, and Durable Solutions.[6]

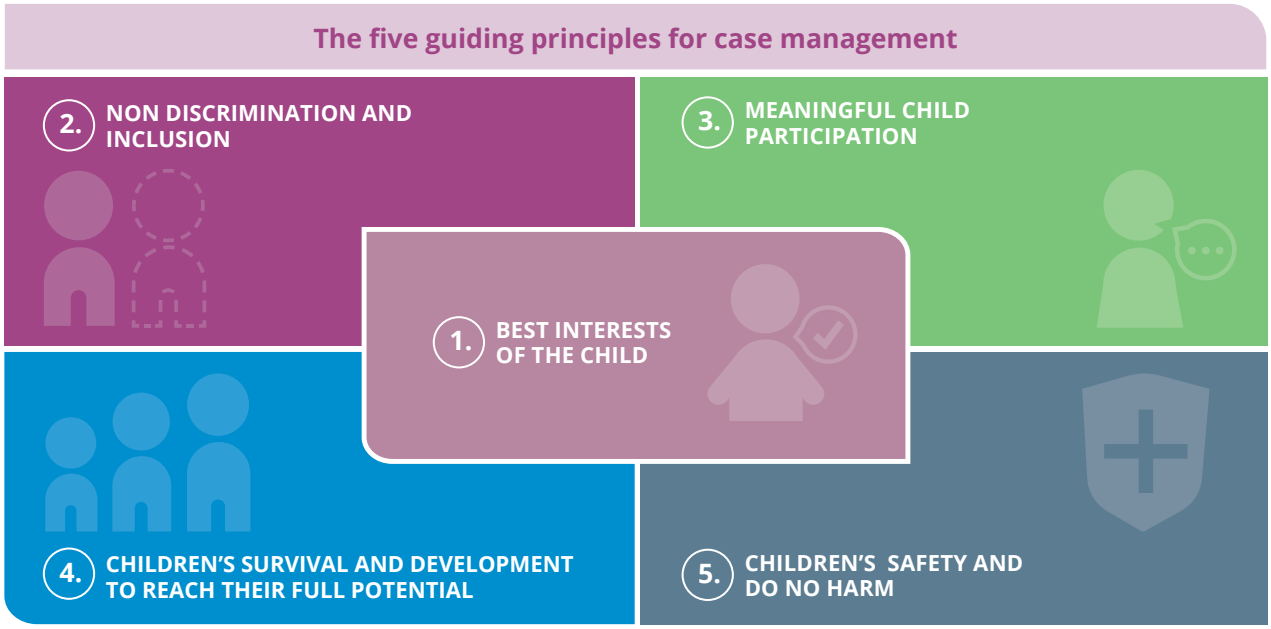
In refugee settings, where national systems are not accessible or sufficiently well developed, and particularly important and life-changing decisions need to be made for asylum-seeking and refugee children, UNHCR uses the Best Interest Determination (BID) process as an integral part of these steps/process.[e]

e For further Guidance see UNCHR, UNHCR. (2021). ***Best interests procedure guidelines***: Assessing and determining the best interests of the child, p.66. Retrieved from https://www.refworld.org/policy/opguidance/unhcr/2021/en/122648.

1.2 Child protection case management guiding principles

The five key guiding principles for case management[f] guide all interactions with children and their families and all actions taken in all aspects of case management work, including assessment, design, throughout the case management process itself, and in monitoring and evaluation. Organisations and staff engaged in child protection case management should always comply with these guiding principles.[g]

FIGURE 2 The five guiding principles of case management



The principles are all interconnected and are mutually reinforcing; they are also a foundation for the wider content of these guidelines.

BEST INTERESTS OF THE CHILD

The 'best interests of the child' includes not only a child's physical and emotional safety, but also their right to positive development. As articulated in Article 3 of the United Nations Convention on the Rights of the Child (UNCRC), the best interests of the child should provide "the basis for all decisions and actions taken, and for the way in which service providers interact with children and their families". Caseworkers and their supervisors should continuously assess the risks and the resources available to the child and their environment, considering both the positive and negative consequences of potential actions. The preferred course of action is always the one that poses the least potential harm to the child.

f Principles:

- 1 to 4 are the key principles set out in the Convention on the Rights of the Child are applicable to all humanitarian action, and to the 196 states who have ratified the Convention.
- Principle 5 is the first protection principle in the 2018 Sphere Handbook. Originating as a medical principle derived from the ancient Greek times, 'do no harm' has been used in reference to humanitarian work since the 1990s and is widely acknowledged in the social service sector.

g It is recommended to also review the principles outlined in The Alliance for Child Protection in Humanitarian Action. (2019). *The minimum standards for child protection in humanitarian action*, p.33-48. Retrieved from: https://alliancecpha.org/en/CPMS_home.

Every decision made throughout the case management process must prioritise the child's rights to safety and ongoing positive development. Wherever feasible decisions should be discussed with the child and their parents or caregivers, while consistently adhering to the best interests principle as a guiding principle. In child protection there may not be a single 'ideal' solution, but rather a series of options, the choice of which must be considered in relation to what is in the child's best interests.

IN PRACTICE THIS INVOLVES:

Throughout the case management process

Applying an individualised approach recognizing that each child is unique, and decisions should be tailored to the specific context and needs of each individual child.

Guaranteeing a child focus by prioritising the child's best interests as the primary consideration in all actions and decisions affecting them.

Applying the best interests principle to all children without discrimination by ensuring that the best interests principle applies to all children without discrimination regardless of legal or migration status, in all contexts, including humanitarian crises, and irrespective of a child's care arrangement.7 No child's interests should be prioritised at the expense of another's, and all decisions should fairly consider the interests of all children involved.

Including children as active participants wherever possible, involving children as active participants in defining their best interests and including their perspectives in decision-making processes.

Regularly reviewing and adapting to changes in the child's situation, evaluating risks to the child, and identifying their strengths and protective factors. Decisions made in the best interests of the child should be subject to regular review and adaptable as the child's circumstances evolve.

Considering long-term well-being by taking into account the entirety of the child's circumstances, including their physical, emotional, social, educational, and cultural needs. This entails looking beyond immediate needs to encompass the child's long-term well-being and development.

THE BEST INTERESTS OF THE CHILD: A RIGHT, A PRINCIPLE, AND A RULE OF PROCEDURE

As per the UNCRC, General Comment 14, the child's best interests is a substantive right, but also serves as a as legal principle, and a rule of procedure.

These terms are explained as follows:

As a right: Children have the inherent right to have their best interests assessed and prioritised as a primary consideration whenever decisions are being made that affect them.[8]

As a legal principle: When legal provisions are open to interpretation, the principle of best interests dictates that the interpretation that most effectively serves the child's well-being should be adopted.[9]

As a rule of procedure: Decision-making processes must include an evaluation of the potential impact – both positive and negative – of decisions on the specific child or children involved. This applies to national procedures established by legislators and judicial authorities, as well as specialised frameworks such as UNHCR's Best Interests Procedure (BIP) for asylum-seeking and refugee children.[10] Please see also section 2.1.3.c.

Finally, these guidelines offer practical tools and guidance for applying the best interests principle in case management work, ensuring that the rights and well-being of children are upheld throughout the process.

NON-DISCRIMINATION AND INCLUSION

Adhering to the non-discrimination principle is essential for respecting the inherent dignity, diversity and acceptance of all children. Exclusion and discrimination negatively affect children's development by preventing the fulfilment and enjoyment of their rights, meaningful participation and access to opportunities and resources.[11] Applying the non-discrimination principle means ensuring that children are not discriminated against based on individual characteristics or group affiliations, such as gender, age, socioeconomic background, race, nationality, legal or migratory status, religion, ethnicity, disability, sexual orientation or gender identity.[h] Children requiring protective services should be supported by agencies and caseworkers trained to establish respectful, non-discriminatory relationships, approaching them with compassion, empathy and care. Caseworkers need to recognize their own values, beliefs and unconscious biases about childhood and family roles to avoid imposing them on children in ways that violate their rights. It is imperative for case management staff to maintain a non-judgmental stance and refrain from using negative language, and to actively challenge discrimination, including discriminatory policies and practices.

IN PRACTICE THIS INVOLVES:

Throughout the case management process

Proactively identifying the causes and methods of direct or indirect discrimination and exclusion and addressing them throughout the case management process, including assessments and case plans.

Using non-judgmental language in case management work and considering unconscious biases.[i]

Making sure that the needs of specific groups are met through direct support and referrals. For example, advocating with service providers to ensure inclusivity and providing information to support caregivers of children with disabilities and mental health conditions

Understanding and adapting communication style for children of different ages, abilities, languages, and cultures.

Working with families and communities to understand the child's uniqueness in context and to identify local methods of care and protection that align with the children and their families' values and beliefs as part of the case plan.

In designing and strengthening the case management response

Identifying and addressing barriers that might exclude specific groups of children from case management so that they can fully participate in the case management process. This could include ensuring the participation of marginalised groups in consultations to develop eligibility criteria, supporting caseworkers to meet with children and their families who may not be able to access case management offices easily (e.g. by making home visits, or providing transport, considering the location, and ensuring the accessibility of case management offices), and considering the gender and diversity of caseworkers.

Ensuring that specific safety concerns affecting children of different genders, sexual orientations, age, disabilities, nationality, legal or migratory status etc. are considered in programme risk assessments.

Implementing capacity strengthening and supervision practices to develop caseworkers' skills in forming respectful, non-discriminatory relationships with vulnerable and at-risk children from diverse backgrounds and perspectives, treating them with compassion, empathy, and care.

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h This includes children who identify as girls, boys and children who do not necessarily identify as a girl or a boy, e.g. non-binary gender identities. Non-binary gender identity refers to any gender identity or expression which does not fit the male/female or boy/girl binary. (See 'Gender' in The Alliance for Child Protection in Humanitarian. (2019). *Glossary. Retrieved from:* https://alliancecpha.org/en/glossary.)

i For further on examining caseworker bias refer to UNICEF, & IRC. (2023). *Caring for child survivors of sexual abuse guidelines* (2nd ed.), p.63-67. Retrieved from https://www.unicef.org/reports/caring-child-survivors-sexual-abuse-resource-package.

MEANINGFUL CHILD PARTICIPATION

Children have the fundamental right to express opinions and to participate in decisions that affect their lives. It is the duty of caseworkers to tell children about this right, including the right not to answer questions that make them uncomfortable, and to provide support to ensure that they can exercise this right throughout the case management process.

Involving children, and their families, in planning and decision-making ensures that the support provided is both appropriate and effective. It also contributes to children's resilience and their ability to be agents for their own protection.

It is crucial to acknowledge that a child's ability to make decisions is influenced by factors such as their age, maturity and evolving capabilities. Even very young children can participate in decision-making, though it may require extra time and skill from the caseworker.

In situations where social barriers limit children's rights (e.g. due to gender, ethnicity, or disability – as well as age) or where cultural norms discourage their participation, children may be less confident in participating and in making decisions. Caseworkers are responsible for establishing a safe and confidential environment for children to participate in their case management process, ensuring their involvement while safeguarding them from potential risks.

Meaningful child participation in case management can be achieved in two main ways:

1. Ensuring the meaningful participation of each individual child receiving case management services throughout their unique case management process.

2. Facilitating child participation in the broader design, planning, implementation and monitoring and evaluation of the overall case management response.

IN PRACTICE THIS INVOLVES:

Throughout the case management process

Seeking informed consent/assent from children and/or parents and/or caregivers, before and throughout the entire case management process.

Involving children in decision-making by, for example, engaging them in their case plan, living arrangements and educational choices, taking into account their opinions based on their age and maturity.

Showing children the results of their participation by regularly reviewing and adapting case plans based on children's input, demonstrating to them that their participation is meaningful and has a tangible impact.

Recognizing and respecting the pace and readiness of each child to participate, providing adequate time and support as needed.

Sharing information by using age-appropriate and inclusive communication methods such as visual aids, child-friendly language, and interactive techniques.

Empowering children and their families to recognize, prevent and address child protection concerns, focusing on their strengths and developing their capacity for self-care.

In designing and strengthening the case management response

Engaging children in the design and implementation of the case management response, including activities such as context analysis, risk assessment, and awareness-raising, all guided by their best interests.

CHILDREN'S SURVIVAL AND DEVELOPMENT (TO REACH THEIR FULL POTENTIAL)

Case management actors must carefully consider the effects of the broader context and the specific safety threats and vulnerabilities facing a child, particularly in relation to (1) the right to life and (2) the impact on their physical, psychological, emotional, social and spiritual development. As outlined in the CPMS, "Children must be supported to use their own strengths and resilience to maximise their opportunities for survival and development".[12]

Taking children's development stage into account supports them to develop to reach their full potential. This means ensuring that the case management response is informed by the full range of needs, vulnerabilities and strengths at different stages of life. Special attention should be given to understanding and addressing the needs of children during sensitive developmental stages and vulnerable periods, such as infancy, early childhood and adolescence.[13] As outlined in the CPMS, the "stimulation and attachment that occur in predictable, nurturing relationships are crucial to all aspects of a baby's and young child's development".[14]

Children's survival also means ensuring that caseworkers can recognize the signs that a child requires immediate support and that there is a mechanism to provide urgent support within an appropriate time frame.

IN PRACTICE THIS INVOLVES:

Throughout the case management process

Conducting holistic assessments that include an analysis of the impacts on children's physical, psychological, emotional, social, and spiritual development.

Considering the unique needs, vulnerabilities and strengths of children at various development stages throughout the case management process and tailoring case management support accordingly.

Implementing family strengthening approaches to empower caregivers to provide stimulation and enhance attachment and bonding as needed.[j]

In designing and strengthening the case management response

Establishing a mechanism to promptly recognize and respond when a child requires immediate support, including when there is a threat to life or an imminent risk to their overall development.

Providing training on adapting to the child's age, developmental stages, and abilities as part of case management.

CHILDREN'S SAFETY AND DO NO HARM

Children's safety and the principle of doing no harm entail ensuring that actions and interventions aimed at supporting the child and their family prioritise their safety, dignity and rights, while safeguarding them from further harm.

Throughout the case management process, careful attention must be paid to preventing any harm to children or their families due to the conduct, decisions or actions of caseworkers.

j For further guidance refer to The Alliance for Child Protection in Humanitarian Action. (2023). *Child protection case management training package for caseworkers in humanitarian settings*, Level 3. Retrieved from: https://alliancecpha.org/en/learning/child-protection-case-management-training-package-caseworkers-humanitarian-settings.

Poor planning and implementation can inadvertently introduce risks. To enhance programme effectiveness, it is essential to incorporate the knowledge and expertise of children into programme design, monitoring and evaluation processes. Organisations should reflect on how children, families, communities and authorities have previously addressed relevant issues and consider how the current crisis may have impacted these strategies and behaviours.

Case management actors must therefore:

- Understand and build on existing child protection and other related systems, including informal systems.
- Guarantee confidentiality for and informed consent/assent of children and their families.
- Ensure availability of and compliance with Data Protection and Information-Sharing Protocols.
- Ensure appropriate risk assessments and risk management as part of programme design and individual case work.
- Conduct systematic monitoring of interventions to ensure that children are not exposed to additional risks or harm, disaggregating data by age, gender and other diversity factors.

IN PRACTICE THIS INVOLVES:

Throughout the case management process

Ensuring that all decisions made throughout the case management process are guided by the best interests principle.

Upholding professional integrity and boundaries by refraining from abusing power or trust. This involves recognizing and respecting personal and professional boundaries, and promptly addressing conflicts of interest.

Coordinating and collaborating with other actors to ensure that children are identified and referred safely and effectively, and that they benefit from appropriately harmonised and coordinated services.

Collaborating with other actors to identify and refer children, ensuring they benefit from harmonised, safe and coordinated services.

Respecting confidentiality and managing, sharing and storing information on individual cases according to agreed-upon data protection and information-sharing protocols. Ensuring that children and caregivers are aware of their rights.

In designing and strengthening the case management response

Conducting a participatory risk assessment to identify all the potential risks associated with the design and implementation of case management services.

Providing appropriate staff training and supervision especially for those handling sensitive or specialised cases. Lack of such knowledge may result in case plans that fail to address children's needs or to uphold their rights, potentially causing harm.

Establishing accountability processes, including an appropriate mechanism for children and their families to give feedback safely and confidentially, for their feedback to be acted on, and actions taken reported back.

Adhering to ethical standards through the development and application of key policies and procedures, such as codes of conduct and child safeguarding/ protection policies and procedures which include prevention of sexual exploitation and abuse (PSEA).

MHPSS-INFORMED APPROACH[15]

Incorporating MHPSS in child protection case management is crucial. Integrating mental health support into the child protection case management response reduces stigma and increases the accessibility of services for a broader range of children. During the case management process case workers can contribute to MHPSS by:

- ensuring that all humanitarian activities are delivered in ways that protect and promote well-being and do not increase distress (sometimes known as an 'MHPSS approach')
- delivering MHPSS activities that specifically aim to improve mental health and psychosocial well-being

They should adopt a resilience-focused and strengths-based approach, building on existing resources within the child and their family, recognizing that with the right support children have a remarkable ability to overcome adversities and challenges and to adapt. With appropriate training and supervision, caseworkers can also provide MHPSS services that specifically aim to improve mental health and psychosocial well-being.

An MHPSS-informed approach aligns with existing case management practice and is rooted in other frameworks such as the socio-ecological model of child development (see following section).

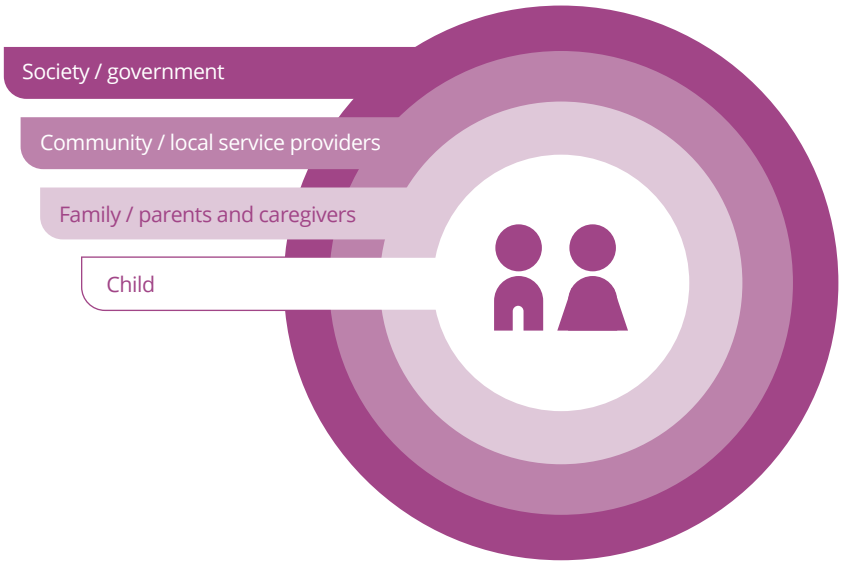
The MHPSS-informed approach recognizes that children, families and communities are active agents in promoting and safeguarding children's well-being, and they bring their own skills, assets and resources for coping with adversity. This understanding is needed across the different components of a case management response and throughout the case management process.

1.3 Applying a socio-ecological approach in case management practice

The child protection case management response is an essential part of the child protection system. Child protection case management is implemented at all levels of the social ecological model: child, family, and community and society.[16]

Applying a 'socio-ecological' approach to child protection case management entails designing integrated case management services which work in partnership with children, families, communities, and societies.[17]

FIGURE 3 The socio-ecological model



This involves considering multiple interconnected factors within a child's environment, such as their family, community and society; how these factors relate to the individual child, and how they impact their safety, well-being and development.

Each layer can play a crucial role in addressing a child's needs and their protection. The child, positioned at the centre of this approach, can actively participate in safeguarding themselves and their peers, as well as in helping adults and peers understand protection needs.18 However, these layers may also include risk factors that increase vulnerability and are potential safety threats. Therefore, in case management, it is essential to identify the various factors within each layer and assess their potential to either provide protection or pose a risk.

The incorporation of a socio-ecological approach into child protection, including case management, has become standard practice in accordance with CPMS Standard 14.

Standard 14: Applying a socio-ecological approach to child protection programming

"**Children, families**, **communities** and **societies** are supported to protect and care for children."

WHAT DOES THIS MEAN IN PRACTICE?

'Children': The child level is the core of the model, which focuses on the child as an individual. In case management this means the views and agency of the child are also at the core of the case management process. It also means considering the child's age, developmental stage, abilities, personality, and unique characteristics to tailor support and interventions to meet their specific needs.

'Family': The next layer includes the child's immediate family, such as parents and siblings, as well as members of their extended family. In case management, this means adopting a family strengthening approach to working with parents, caregivers, and families. See Standard 16: Strengthening Family and Caregiving Environments.[19]

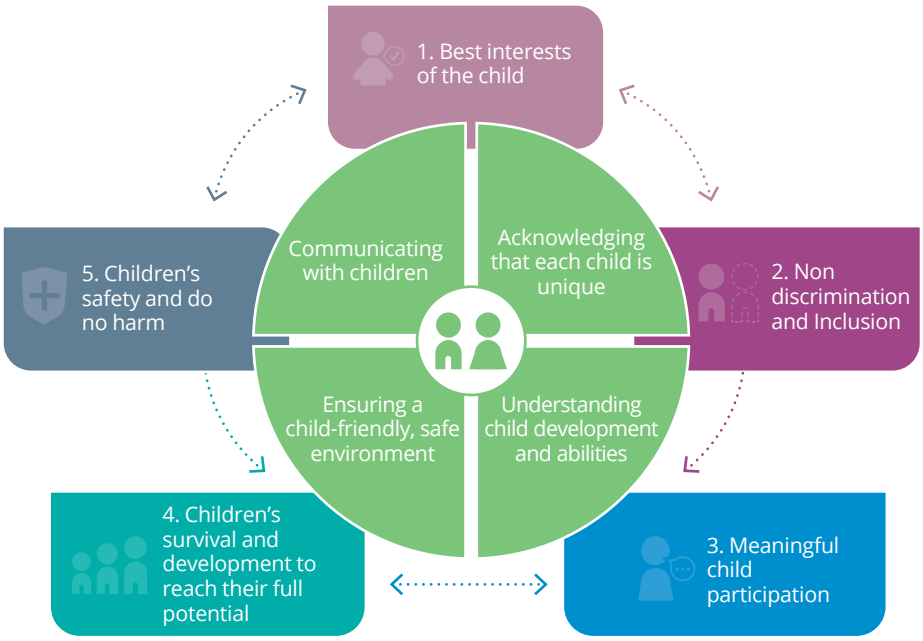
'Community': The community level could include neighbours, teachers, peers, community leaders, and service providers, among others. Case management needs to consider the child's broader communities throughout the case management process and draw on community resources.

'Societies': The outermost layer of the socio-ecological model involves broader society and its institutions, including social service workforce, law enforcement agencies, policies and the social norms and culture that relate to child protection and case management.

LEVEL 1: THE CHILD

Taking a child-centred approach means placing the child at the centre of case management and prioritising the best interests, well-being, and rights of the child throughout the entire case management process, in line with the case management principles. This approach recognizes the child as an individual with unique needs, experiences and perspectives, and it means involving them in every step of the case management process and decision-making. It also respects the diversity of children without discrimination, aiming to support them in reaching their full potential and taking active steps to ensure their inclusion.

FIGURE 4 A child-centred approach



To implement a child-centred approach a caseworker must possess the case management competencies outlined in the competency framework [link to section in Annex 1 Resource list].

TAKING A CHILD-CENTRED APPROACH INCLUDES:

Acknowledging that each child is unique

Each child is unique, shaped by a blend of biological factors (such as genetics, age, etc.) and environmental influences (like family dynamics, socioeconomic status, etc.). This interplay results in each child being an individual. Children respond differently to similar experiences, including distressing situations. It is vital for caseworkers to acknowledge and respect each child's uniqueness, as the impact of incidents and subsequent support needs vary depending on the child. What works for one child may not be effective for another. Thus, caseworkers must remain mindful, assess distinct needs, and tailor support accordingly.

Understanding child development and abilities

In case management it is vital to apply knowledge of child development and recognize that children have evolving needs as they grow. Children's well-being is shaped by their age and developmental stage, so it is essential for caseworkers and supervisors to comprehend their needs at various ages. This perspective, known as the development and life-course approach, enables caseworkers to better comprehend and address the diverse needs of children across different developmental and life stages. These stages, spanning birth to adulthood, along with their corresponding age ranges, are shown in Figure 5.

Children's level of vulnerability to different safety threats varies according to age. For example, a newborn experiencing neglect may face a higher risk of serious harm than an older child, due to their high physical needs and low self-care capacity. Developmental stage and gender also influence safety concerns; for example, adolescent girls may be at a higher risk of child marriage in certain contexts. This is why it is important to consider age, ability and gender in risk analysis.

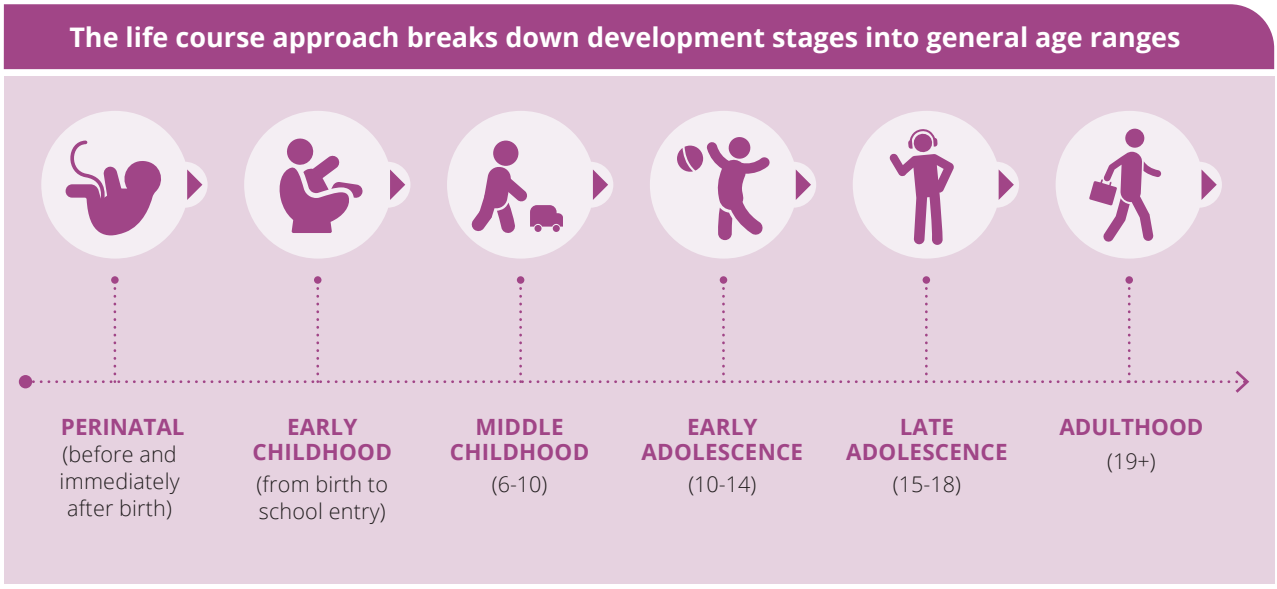
Child-friendly environment

Creating a child-friendly environment helps make sure that the child and their caregivers feel safe, comfortable and supported. This involves checking that the environment is safe and easily accessible for children and their families, and comfortable for children of all ages and with different abilities. Child-friendly environments include, for example, appropriate seating, space to move or play and, if possible, age-appropriate and stimulating toys or games. It is important that the space is adaptable. For example, it is unlikely that young children will be comfortable sitting still in a chair throughout a long meeting. Children feel more comfortable talking if they are not sitting opposite a caseworker but instead engaging through play. Individual children may have different feelings of safety in different environments. Involving children in choosing meeting locations empowers them, creating a more 'friendly' environment. Children should always have the option to be accompanied by a trusted adult, as appropriate.

Adopting child-friendly communication techniques

A child-centred approach prioritises communication that is tailored to each child's age, developmental stage, and abilities, while also considering gender and cultural factors. In practice this means caseworkers engage in active listening and adapt their speech, including the vocabulary and phrasing of questions, to connect with the individual child. Non-verbal communication techniques and specific tools, such as pictures, dolls, toys, or visual questionnaires, can further support communication and understanding. To achieve this, the caseworker must possess excellent communication skills, as outlined in the communication and MHPSS competencies in the Caseworker Competency Framework. These can be developed through relevant modules in the 2023 Child Protection Case Management Training Package.

FIGURE 5 Child development stages



A NOTE ABOUT CHILDREN WITH DISABILITIES:

Understanding disability involves recognizing how individuals with physical, psychosocial, intellectual or sensory impairments interact with environmental barriers hindering their full participation in society. Children with disabilities vary in their impairments and abilities; also, some impairments are visible and others are not. This diversity means that caseworkers must adapt their approach to each child.

Children with disabilities may face increased vulnerability to certain safety threats. For instance, those with physical or mental disabilities are statistically more likely to be survivors of sexual violence. They may also encounter scepticism when disclosing their experiences due to misconceptions about their intellectual capacity, even if their disability does not affect intelligence.

Inclusion of children with disabilities may require adjustments such as selecting alternative meeting venues or conducting home visits. Reflecting on barriers, including those related to communication and attitudes, is crucial. Providing additional time and adapting communication methods may also be necessary for effective inclusion.

LEVEL 2: THE FAMILY

Parents and caregivers, along with family, serve as the primary protective layer around the child, responsible for meeting the child's needs, nurturing a caring relationship and ensuring protection from harm. Supporting parents or caregivers in their role can be crucial for enhancing a child's safety, well-being, and coping abilities.

The family strengthening approach recognizes the specific responsibility of parents or caregivers for a child's development. As described in Articles 7 and 9 of the UNCRC, a child has the right to be cared for by their parents and separation should be avoided unless it is in the child's best interests.[20] Parents or caregivers are responsible for providing suitable living conditions conducive to the child's overall development so they can reach their full potential.[21]

While most parents or caregivers aspire to provide the best for their children, challenges such as poverty, displacement, conflict and social exclusion can challenge their ability to support their children's development and well-being. In some instances, parents or caregivers may themselves pose risks due to their own distress or past experiences, necessitating additional support.

Standard 16: Strengthening Family and Caregiving Environments

"Family and caregiving environments are strengthened **to promote children's healthy development and protect them** from maltreatment and other negative effects of adversity."[22]

For a family-strengthening approach to be effective, it is important to consider the dynamics within a family, and to work with children and families to understand beliefs, norms and practices relating to raising children and family, and how they may protect or endanger children.

HOW THE FAMILY STRENGTHENING APPROACH CAN SUPPORT CASE MANAGEMENT:

- Using relationship-building techniques to establish rapport with families.
- Empowering children and their families by involving them in the assessment process.
- Proactively engaging with both male and female parents or caregivers, where appropriate.
- Assessing the protective and risk factors, strengths and resilience of both the child and their family.
- Collaboratively setting objectives, ensuring mutual agreement, and providing choices whenever possible.
- Providing direct support and referring parents or caregivers to services that contribute to family strengthening. Examples include parenting skills workshops, conflict resolution training, parent support groups, social support network mapping, money management tools, self-care, stress management and tailored information about available services and support.
- Seeking feedback from parents or caregivers regarding their experience with case management and their role in the process.

This comprehensive approach ensures a tailored and collaborative effort to strengthen families while prioritising the safety and well-being of each child.

By involving caregivers, caseworkers can better identify unique family needs and develop culturally appropriate service plans drawing on community support. When caregivers are actively involved, they are generally more motivated and committed to achieving the case plan objectives. This involvement can promote family unity, potentially avoiding the need to place a child in alternative care outside their home. However, in cases where parents or caregivers may be responsible for causing harm, a careful and cautious approach is required.[23]

LEVEL 3: THE COMMUNITY

Standard 17: Community-level approaches

"Humanitarian actors should seek to understand existing community capacities that promote children's rights, safety, development, well-being and participation." [24]

Community can be defined in various ways depending on one's background, upbringing and perspective. In the same geographical area multiple communities can be present. Children and their families often identify with several types of communities simultaneously, whether based on shared social and cultural values or specific geographical setting.[25]

While the family serves as the primary protective mechanism for child protection, communities are essential in preventing and addressing risks for children. Caseworkers must understand how to engage with communities effectively and appropriately to protect children.

Working with communities in case management allows caseworkers to tap into the valuable strengths that diverse community members bring to child protection. Collaborating with community members offers numerous benefits, as they can play various roles in supporting case management. The strengths that community members can bring to enhance child protection efforts are listed below (the role of community volunteers specifically within child protection case management is detailed in section 2.1.6).

HOW COMMUNITY MEMBERS CAN SUPPORT CHILD PROTECTION CASE MANAGEMENT:

1. Understanding of context	Community members offer a profound understanding of the context in which they live, enabling them to offer valuable insights to case management actors regarding the context and specific child protection risks.
2. Established relationships and networks	With established relationships within the community, including children, parents, and caregivers, community members foster a sense of familiarity and trust. They play a pivotal role in monitoring the well-being of children, identifying those in need of support, and referring them to local child protection actors.
3. Establishing acceptance and trust	Community members have significant influence in determining the acceptance and trustworthiness of agencies operating in their community and can help establish trust between the community and caseworkers, thereby enhancing the effectiveness of the case management process.
4. Existing child protection practices	Communities have a wealth of existing child protection and support practices, including traditional conflict resolution methods, practical assistance, emotional care, and alternative care practices. Community members can actively participate in protecting children and addressing their diverse needs.
5. Continuous presence and access	As residents of the area, community members maintain a continuous presence and easy access within the community. They serve as a crucial presence in situations where other systems may be lacking or when actors encounter challenges in gaining access, ensuring a continuous protective presence for children.

Conflict, displacement and other emergencies often disrupt community structures, weakening their capacity to protect children. Additionally, communities themselves can pose risks, including harmful social norms or stigmatisation of certain social groups. This can leave families exceptionally vulnerable when they lose the acceptance, support and protection of their community. When engaging with communities, caseworkers should strive to understand the local culture and power dynamics. This understanding will help them identify opportunities to address harmful practices against children and work towards building safer environments for them.

When adopting a socio-ecological approach to case management, collaboration with the community is essential, and they are recognized as equal partners in protecting children within their own community. This leads to more effective, appropriate, and sustainable child protection outcomes.

Action points for caseworkers applying a community-level approach to case management are listed here.

1. Inform community members about child protection case management, including eligibility criteria and referral processes.
2. Actively involve community members in the identification process to enhance identification of high-risk children as the community may be aware of children in very vulnerable situations that might not be identified otherwise (this should also include self-identification by children themselves).

3. Understand existing community support and child protection practices to inform case plans.
4. Collaborate with community members, when appropriate, to involve them in implementing specific actions in the case plan, as decided by the child and their family.
5. Identify customary legal practices and conflict resolution methods within the community, assessing their benefits and risks.
6. Apply a 'do no harm' approach, ensuring that community engagement is part of risk assessments, and evaluate any potential safety risks of community engagement for children and caseworkers on a case-by-case basis.

LEVEL 4: THE SOCIETY

The broader societal environment in which children live and grow is also significant when it comes to preventing and responding to risks. This encompasses both religious and cultural belief systems and social norms that influence how children are cared for and nurtured. It also includes laws, policies and institutional structures that are responsible for protecting children during humanitarian crises.

An understanding of laws, policies, and institutional structures regulating the social service workforce is crucial to case management, as highlighted in Standard 14:

Standard 14: Applying a socio-ecological approach to child protection programming, section 14.3.4 Social Service Workforce (SSW) strengthening

"The '**social service workforce**' includes different types of professionals and paraprofessionals who work on behalf of vulnerable children and families. Government and civil society social service actors at local, national, and regional levels play significant roles in the care and protection of children. They are a **core component of formal child protection systems**."[26]

In humanitarian settings, if the workforce capacity is found to be weak, the child protection sector should develop a longer-term plan to strengthen the SSW. This includes:

- Mapping the human resource capacity and needs.
- Build on existing capacities to institutionalise the capacity strengthening of the SSW.
- Develop a system to monitor the quality and effectiveness of the services provided by the SSW.
- Continue improving the quality of SSW training.
- Develop and/or strengthen standards for the SSW.

1.4 Child protection systems strengthening

The socio-ecological perspective emphasises the complex interplay of individual, relationship, community and societal factors in child protection. A child protection systems strengthening approach focuses on creating, enhancing and sustaining the existing formal and informal structures, mechanisms and capacities at all levels to effectively prevent and respond to child abuse, neglect, exploitation and violence.[27]

National child protection systems are made up of the workforce, the processes, laws, institutions, capacities, and behaviours that contribute to protecting children. In humanitarian contexts in particular, these systems can be weakened or may not function effectively. Humanitarian case management responses provide opportunities to strengthen formal and informal components of the existing child protection system in context and to use the response as an opportunity to improve the quality and availability of services.[28]

While systems strengthening includes several considerations, and it is not limited to the strengthening of the social service workforce (SSW), the strengthening of the SSW is a key element of case management responses. The systems strengthening process ensures that a well-trained SSW is in place to respond to the complex needs of individual children and their families, including those that result from new and emerging needs due to a humanitarian crisis.

Different approaches can be taken in relation to strengthening the SSW.[29]

FIGURE 6 Child protection case management and the broader child protection system

1. **Strengthening the case management capacity of the existing SSW:** Focus on enhancing the skills and abilities of governmental and/or non-governmental social service workers, including community-level para-social workers, especially when the responsible government body for child protection case management has the requisite capacity and has requested assistance.
2. **Supplementing the case management capacity of the existing SSW:** Identify and address capacity gaps by assigning roles and responsibilities based on identified gaps in the case management response and existing child protection system. This approach is suitable for establishing the response in remote locations or supporting rapid scale-up for specific vulnerable groups, such as UASC, in collaboration with the government and/or relevant child protection actors.
3. **Stepping into the role of the existing SSW (last resort):** Consider when external child protection actors should handle a distinct caseload separate from the existing social service workforce, typically as a last resort. This may be necessary in contexts where the government is involved in conflict, discriminatory practices are prevalent, or there are risks to children in sharing information with government authorities.
4. **Advocating for continued capacity strengthening of the existing SSW:** Engage in advocacy efforts at local, national, or global levels to secure funding for social service workforce strengthening, including investments in academia and other national institutions regulating social service workforce provision.

CASE STUDY

EXAMPLE 1

In Mali, a case management actor worked with the government and a national coalition to establish a unified case management approach. This system had integrated various responses and tools over years of crisis and in mixed contexts. They began by assessing the existing national system to identify areas for strengthening. To harmonise efforts, a Common Framework for Case Management was developed as a reference for agencies, along with a road map created by the government and child protection actors. This included a comprehensive case management package with national guidelines, procedures, and forms endorsed by the Ministry of Women and Children. They also focused on digitalizing the Child Protection Information Management System (CPIMS+) and strengthening capacity through supervision and coaching.

Organisations supplemented the social service workforce, strengthened their capacity, and advocated for continued national-level capacity-strengthening. Initial significant investment and efforts were crucial for the first year and a half. The initiative has since streamlined to two positions with ongoing funding to sustain and enhance the workforce, aligning with long-term development goals.

EXAMPLE 2

When the influx of Syrian refugees in Lebanon increased, Lebanon was undergoing a review of its national operating procedures for child protection case management. With the increased needs posed by the crisis, and as the procedure was being revised, there was a need for interim operational procedures for social workers addressing the child protection vulnerabilities and threats facing refugee children. A 'Practical Guidance for Child Protection Case Management' was developed and adopted, based on global inter-agency guidance and tools for humanitarian child protection case management. As the national operational procedures were completed and rolled out, this practical guidance was not set aside, but rather integrated into them as a slimmer procedure to be adopted in the event of a sudden increase in the child protection caseload. The systems strengthening approach that was taken allowed for the integration of humanitarian-specific procedures, and the planning to support this ensured that there was never a duplication or parallel system, but rather an integration process.

The reinforcement of child protection systems is emphasised in Principle 9: Systems Strengthening, in the Minimum Standards for Child Protection in Humanitarian Action30 and is elaborated further in relation to child protection case management in Standard 18.

Standard 18: Case Management, section 18.3.2 Systems strengthening

"In all settings, **systems exist** to prevent and respond to child protection concerns. It is **essential to understand and build on existing and emerging formal and informal systems** and service structures that already protect children. These include **traditional caregiving and parenting practices** and any **existing case management systems**. Harmonising and integrating the activities of humanitarian actors with those of long-term, in-country **social service workforce**:

- Avoids duplication or parallel Case Management systems;
- Ensures sustainability; and
- Promotes effective transition and exit strategies."[31]

CONSIDERATIONS IN SETTINGS WITH REFUGEES AND ASYLUM SEEKERS

UNCHR's BIP employed when state procedures are inaccessible or in other specific circumstances. Child protection assessments in case management are often equivalent to a Best Interests Assessment (BIA). However, the 'Best Interests Determination' (BID) is a formal process with specific safeguards and necessary for decisions with enduring consequences, such as resettlement of unaccompanied children, family reunification in exceptional situations, and separation of a child from their parents against their will. In certain refugee settings, the national refugee agency may handle the separation of a child from parents or caregivers for safety reasons. Chapter 4.3 of the UNHCR BIP Guidelines offers guidance for such situations in a refugee context where national systems are not accessible or suitable for refugee children.

1.5 Different actors in child protection case management

It is important to recognize, acknowledge, and understand the full range of actors operating to achieve the goal of protecting children and to examine the position of all actors within the system, including your own organisation.

When designing and strengthening your case management programming in context it is important to consider the following actors, in line with a socio-ecological and systems strengthening approaches:

1. Relevant government departments and authorities responsible for child protection or welfare at local, district, and national levels.
2. Other government departments involved in case management, such as justice, asylum, education, and health.
3. Child protection coordination mechanisms, including Case Management Task Forces at national and subnational levels.
4. International and national NGOs, local organisations. the United Nations, and other global actors.
5. Service providers identified through multisectoral service mappings.
6. Community structures including for example community led organisations, community members, and volunteers, including local leadership.
7. Children, their parents or caregivers, and families.

At the internal organisational level, actors should individually assess how they can best contribute to case management efforts given the specific context and the roles other entities are playing, while aligning with guiding principles and established standards like the CPMS.

It is crucial to note that **both humanitarian and development actors are mandated to support, rather than replace, government responsibilities in child protection**. Case management actors should understand the government's role and explore ways to enhance existing systems.

Part 2
Designing and strengthening child protection case management programming

Who this part is for

Those responsible for designing, strengthening, and providing technical support to case management responses. This includes programme managers, coordinators, supervisors, and advisers working for local, national, and international organisations as well as governments.

What this part includes

A common understanding of the seven key components of a case management response, by explaining the key characteristics of quality practice and providing guidance on how tok design and strengthen the most appropriate quality response in context. It is divided in 2 key sections:

Part 2.1: Key components of a quality case management response

- Target and scope of the case management response
- Collaboration and coordination
- Case management process
- Information management for case management (IM4CM)
- Monitoring, evaluation, learning, and accountability (MEAL)
- Staffing and capacity
- Appropriate resources

Part 2.2: How to design the most appropriate response

- Quality assessment of existing components of the case management response
- Defining actions to ensure an appropriate and quality response
- Child Protection Case Management Standard Operating Procedures (SOP)

k In contexts with refugees and asylum seekers, readers should also refer to the UNHCR BIP Guidelines when designing, strengthening, and providing technical support to case management responses.

Understanding these components will help in shaping the most appropriate response in each context.

DESIGNING AND STRENGTHENING CHILD PROTECTION CASE MANAGEMENT PROGRAMMING

2.1 KEY COMPONENTS OF A QUALITY CASE MANAGEMENT RESPONSE

2.1.1 Target and scope	**2.1.2** Collaboration and coordination	**2.1.3** Case management process	**2.1.4** Information management for case management	**2.1.5** Monitoring, evaluation and learning	**2.1.6** Staffing and capacity	**2.1.7** Appropriate resources

2.2 HOW TO DESIGN THE MOST APPROPRIATE AND QUALITY RESPONSE

Quality assessment of existing components of the case management response	Defining actions to ensure an appropriate and quality response	Child Protection Case Management Standard Operating Procedures

CHILD PROTECTION CASE MANAGEMENT STANDARD OPERATING PROCEDURES

The CPMS Standard 18 on case management notes that:

"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 to ensure timely response and to avoid creating parallel procedures."[32]

It is important to bear this in mind while reading the following sections. What is outlined in these sections is documented in the Standard Operating Procedures (SOP), which should reflect the key components of a response, meaning the target and scope, process, coordination modalities etc. In the sections below you will in fact see direct reference to the Child Protection Case Management Procedures Template.

2.1 Key components of a quality case management response

2.1.1 TARGET AND SCOPE

2.1.1.A UNDERSTANDING THE EXTERNAL CONTEXT

Case management responses are established in a wide range of contexts, and understanding the context is key in tailoring the target and scope of the response.[33] It is therefore critical to consider conducting an analysis of the external operating environment (ideally at the inter-agency level) in coordination with the relevant government bodies (as appropriate). In humanitarian contexts, the analysis should consider the level and nature of the emergency and its impact on the existing child protection system.

However, it is important to find out whether a context analysis has already been undertaken and whether much of the information required may already be available. When assessing the context, factors that can be looked at include the political landscape and economic and social situation in a country.

Key elements to consider for a child protection case management response include:

- **Country context:** Includes factors such as humanitarian crises, fragility, political stability and vulnerability to environmental disasters.
- **Economic situation:** Includes country income levels ranging from low to high, including lower-middle income, upper-middle income and high-income classifications.
- **Population dynamics:** Involves identifying the status of internally displaced persons (IDPs), refugees, returnees, and any mixed settings or mixed movements and any equity concerns related to different population groups.
- **Setting analysis:** For example, assessing whether the setting is urban, rural or camp-based, assessing safety, security and access issues, and considering potential implications for case management, including any existing or potential access restrictions.

CONSIDERATIONS IN SETTINGS WITH REFUGEES AND ASYLUM SEEKERS

It is important to understand the specificities relating to settings with refugees and asylum seekers. In these settings States bear the primary responsibility for implementing the best interests principle and establishing procedures to assess and determine the best interests of children within their territory, as part of their national child protection system. As highlighted in section 1.4 on systems strengthening, the emphasis is on case management actors understanding and enhancing existing child protection systems rather than ignoring or duplicating them.

The rights to seek asylum from persecution and the rights of refugees are fundamental principles in customary international law and international agreements. The cornerstone of refugee law lies in the 1951 Convention Relating to the Status of Refugees and its 1967 Protocol Relating to the Status of Refugees. The Convention and the Protocol clearly outline who qualifies as a refugee and establish their rights, as well as international standards for their protection. The definition of a refugee is straightforward: once an individual meets the criteria outlined in the definition, they are considered a refugee.[34] This applies regardless of age or whether they are accompanied, unaccompanied, or separated. It is important to note that children have the right to independently claim refugee status.[35]

While it is the responsibility of States to determine refugee status, the UNHCR may conduct refugee status determination (RSD) in countries or territories that are not party to the 1951 Convention or have not yet established the necessary legal and institutional framework for an RSD process.[36] Furthermore, the Convention on the Rights of the Child, specifically in Article 22, guarantees the rights of children seeking asylum and those recognized as refugees. It mandates that States provide them with protection and humanitarian assistance.

2.1.1.B UNDERSTANDING THE CHILD PROTECTION SITUATION

To design an appropriate child protection case management response, it is important to integrate the socio-ecological approach and consider the existing child protection system. This entails gathering information on the needs and capacities across all levels of the socio-ecological model. All relevant data should be disaggregated by age, gender and diversity characteristics.

The table below lists aspects of the child protection context that need to be considered to identify and/or assess child protection needs. These factors will influence the target and scope of any child protection response.

Child	✔ Factors contributing to child vulnerability, such as poverty, conflict, displacement, and social exclusion due to issues like ethnicity, gender identities, disabilities etc. ✔ Protective factors, including family support, social networks, and community cohesion. ✔ Barriers faced by children and families in accessing child protection services, including geographical, financial, cultural, and social barriers.
Family	✔ Social and cultural beliefs, for example on parenting or alternative forms of care, and their impact on child protection. ✔ Effects of humanitarian crises on family dynamics and coping mechanisms.
Community	✔ Knowledge, practices and attitudes on violence, abuse, neglect, and exploitation. ✔ Social and cultural norms, values, and practices related to child protection, as well as gender, mental health, etc. ✔ Community-based resources, networks and support mechanisms.
Society	✔ Child protection laws, policies, and regulations at the national and local levels including legal or policy barriers hindering effective case management, including specific regulations on data privacy and protection, for example. ✔ Stakeholders involved in child protection ranging from community actors to government agencies and international partners. ✔ Existing collaboration mechanisms and opportunities for strengthening partnerships. ✔ Availability, accessibility and quality of child protection services at the community and institutional levels; including human resources, infrastructure and funding. ✔ Gaps in service delivery and areas needing improvement.

Much of this information can often be gathered at the inter-agency level through existing desk reviews, country reports, humanitarian situation reports, multisectoral needs assessments, and general or rapid child protection needs assessments that have already been conducted. Coordination documents such as mappings of who does what and where, as well as pre-existing service mappings, will also provide key information. Other existing resources could include demographic and health surveys, multiple indicator cluster surveys, government documents and reports from the United Nations, NGOs, human rights organisations and academic institutions. Inter-agency consultations should also take place with key stakeholders, including children, families, and communities.

Understanding the aspects of the child protection situation listed in the table helps in developing tailored approaches and to define the roles different actors may play, with strategies differing based on the specific context. For instance, addressing child protection needs in a low-income, fragile setting requires a different approach than in a stable, high-income country.[l] Equally, the response to categories such as IDPs and refugees may also need to be tailored according to relevant conventions or frameworks, and specific coordination mechanisms (see box below). Approaches in an urban setting will differ from a camp setting, including how referral pathways may be developed (more on referral pathways in section 2.1.2.d below). Taking these contextual factors into account lays the groundwork for informed decision-making and guides subsequent steps by identifying key questions and information priorities related to the child protection situation.

CONSIDERATIONS IN SETTINGS WITH REFUGEES AND ASYLUM SEEKERS

It is important in contexts including asylum seekers and refugees to understand whether the State in which the refugee or asylum-seeking child is present is a party to the 1951 Convention Relating to the Status of Refugees and its 1967 Protocol Relating to the Status of Refugees, and if the State has made reservations to any of the articles, as this tends to have a bearing on States affording access to protection and social services. It is also important to understand whether national case management services which are accessible to refugee and asylum-seeking children are able to consider the child's experience of flight across an international border and consider the child's international protection needs. Attitudes of the host population towards refugees and asylum seekers must be considered when considering children's exposure to and experience of risks.

This analysis is key in determining eligibility criteria and prioritisation (see section 2.1.1.d).

Any actor should also ensure that they verify what coordination mechanisms are in place and explore opportunities for collaboration to best enhance outcomes for children.

The Child Protection in Emergencies Initial Assessment can support in assessing some of these components alongside the Inter-agency Child Protection Case Management Quality Assessment Framework (CPCM QAF).

2.1.1.C MANDATORY REPORTING REQUIREMENTS[M]

In child protection case management, it is essential to understand any mandatory reporting requirements. Mandatory reporting refers to the obligation in certain legal or statutory frameworks for service providers to report specific types of crimes or abuse (e.g., sexual violence, child abuse) or even children's status (e.g., arrival in the country). When considering compliance with such laws, prioritising the best interests of the child is paramount.

There are situations where mandatory reporting can be advantageous for a child and their caregivers. In regions with well-established social services and justice mechanisms, it can lead to additional support and protection. However, in humanitarian settings, mandatory reporting systems may potentially escalate risks to the safety of children and their families.

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l Low, medium and high national capacity is described as:

- Low national capacity: insufficient fiscal resource, low levels of functioning of the government and infrastructure.
- Medium national capacity: limited fiscal resources, moderate/medium functioning of the government and infrastructure, persisting equity concerns related to population groups.
- High national capacity: Adequate fiscal resources, high levels of functioning of the government and infrastructure, may have persisting equity concerns related to population groups.

For further guidance see UNICEF. (2021). Child protection systems strengthening: Approach, benchmarks, interventions, p.46 Retrieved from: https://www.unicef.org/documents/child-protection-systems-strengthening.

m This section on mandatory reporting has been adapted from UNICEF, & IRC. (2023). Caring for child survivors of sexual abuse guidelines (2nd ed.). Retrieved from https://www.unicef.org/reports/caring-child-survivors-sexual-abuse-resource-package alongside the report from consultations with CMTF members in the development of The Alliance for Child Protection in Humanitarian Action. (2023). Child protection case management training package for caseworkers in humanitarian settings. Retrieved from: https://alliancecpha.org/en/learning/child-protection-case-management-training-package-caseworkers-humanitarian-settings.

Those responsible for case management are advised to determine whether mandatory reporting laws are applicable in their context and whom these include and involve. If this is the case, they should establish protocols that align with these requirements while considering associated risks. Furthermore, addressing mandatory reporting within Data Protection and Information-Sharing Protocols is essential and is incorporated into the global standard template.

Before engaging directly with children, it is critical to develop procedures for reporting suspected abuse. This could include guidance on managing situations where mandatory reporting could heighten the risk of harm to the child. Policies must consistently prioritise the child's best interests and adhere to the principle of doing no harm. If the child is deemed mature enough to make decisions about their care and treatment (see 'How to obtain informed consent or assent' in Part 3 below), they should be informed about mandatory reporting laws and procedures and how these will affect their specific case. See Annex 2: Mandatory reporting: roles and responsibilities.

2.1.1.D ELIGIBILITY CRITERIA, RISK AND PRIORITISATION

Eligibility criteria help determine which children require and can be supported through the case management process, guidance on prioritisation helps caseworkers prioritise cases according to various factors such as the risk level of the case and available capacity to respond appropriately. Based on the understanding of the context, child protection needs and priorities should be assessed in consultation with children, parents and caregivers, and communities. Eligibility and prioritisation criteria should be standardised across different agencies and in line with the specific child protection situation in each context.

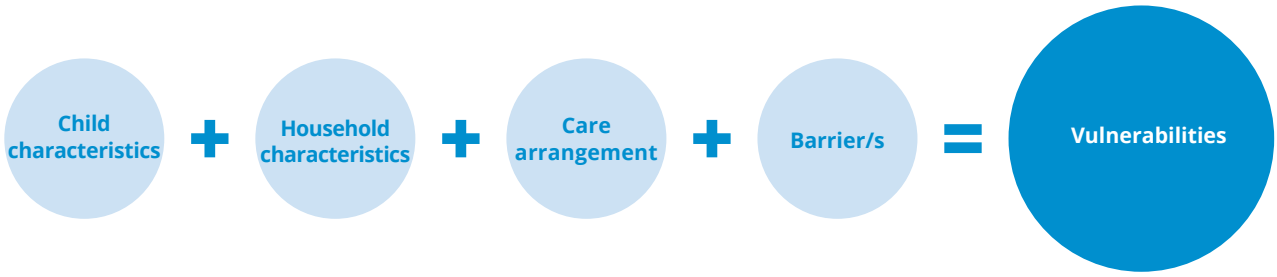
FIGURE 7 Risk analysis equation

Prioritisation should be based on identified risks, safety threats and vulnerabilities as per the risk analysis equation above which defines risk as the probability of harm impacting a child's life, dignity, and well-being. Risk is determined by assessing safety threats and vulnerabilities faced by a child and their family, while also considering the protective factors including care, support, individual strengths, and abilities. The different factors or components of risk determination are shown in the diagram of the risk equation in Figure 7.

VULNERABILITIES

A child's vulnerability depends on a combination of their personal characteristics and the environment in which they live, including their household and care arrangement. Children are also exposed to specific challenges or barriers; for example, these could be social, environmental, cultural, economic, or behavioural. Children are often more vulnerable than adults due to their legal status, societal status and ongoing development.

FIGURE 8 Vulnerabilities equation



SAFETY THREATS

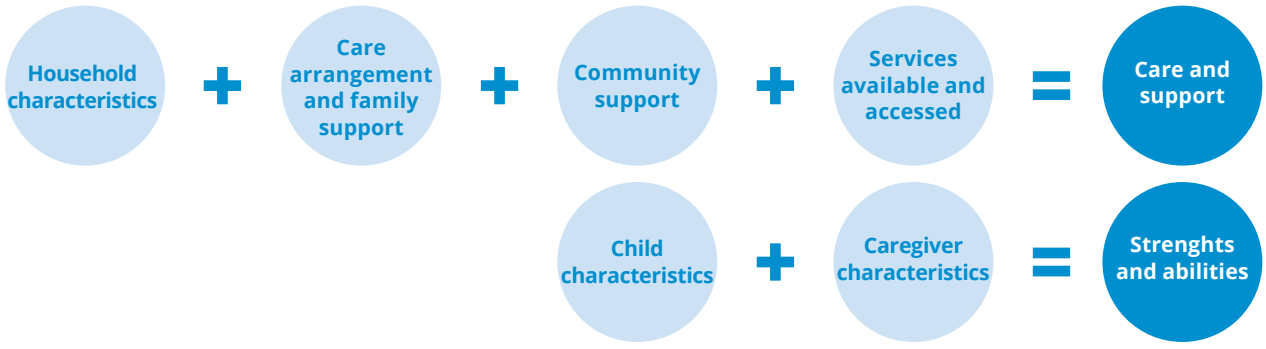
A safety threat is a harmful event that takes advantage of a vulnerability. A safety threat is defined as a type of incident of violence, abuse, exploitation and/or neglect which has either happened or may happen. The incident can also be reported (when appropriate) vis a vis the location, how often is happening, whether it is ongoing and the perpetrator.

FIGURE 9 Safety threats equation

PROTECTIVE FACTORS

Protective factors include conditions, characteristics or elements within a child, family, or community that increase children's well-being, acting as safeguards against the risk of harm or negative outcomes.

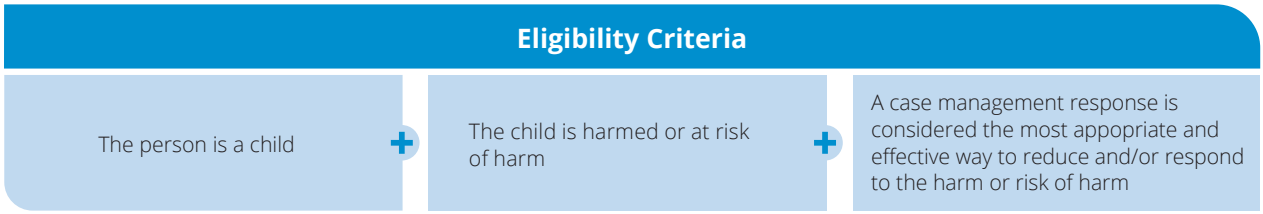
FIGURE 10 Protective factors equation



Both protective and risk factors can present at various levels, including the individual, family, community and society.

For more information on risk factors please see also the Guidance on Child Protection Case Management Data Categorization and the Child Protection Case Management Standard Operating Procedures Template.

FIGURE 11 Elements of eligibility criteria



To establish eligibility criteria, consider developing a risk matrix with a contextualised list of vulnerabilities and safety threats in the context. Before creating the risk matrix, analyse factors such as gender, age, socioeconomic background, race, nationality, legal or migration status, religion, ethnicity, disability, sexual orientation or gender identity to identify children at risk in your context.

Parameters that guide the identification and registration process through clear eligibility criteria can mitigate challenges such as:

- Implementing a programme that is not tailored to contextual needs, potentially resulting in ineffective interventions.
- Missing the identification of high-risk children, leaving them vulnerable to ongoing harm.
- Uncertainty in determining which cases require full case management and which ones only need a stand-alone referral, leading to inconsistent and potentially inadequate support.
- Caseloads becoming unmanageable, resulting in overwhelmed caseworkers and compromised quality of care.

The **eligibility criteria** should be:

- **Detailed:** They should clearly outline the safety threats and categories of vulnerability that may require intervention, ensuring comprehensive coverage of potential needs.
- **Transparent and participatory:** Developed with the involvement of affected children, their families, and communities where safe and appropriate. Criteria should be shared in a child-friendly and accessible manner, promoting understanding and collaboration.
- **Realistic:** Based on a thorough analysis of child protection needs in the context, criteria should delineate the specific vulnerabilities and safety threats targeted. They should also consider the potential risks involved in responding to these and the available resources to address these risks effectively. When it does not create a risk for children sharing the criteria with service providers can help to ensure/ plan for availability of service provision.
- **Coordinated:** Whenever possible, eligibility criteria should be developed at the inter-agency level and shared with other sectors and relevant actors, promoting consistency and coherence in service provision across different organisations and sectors.

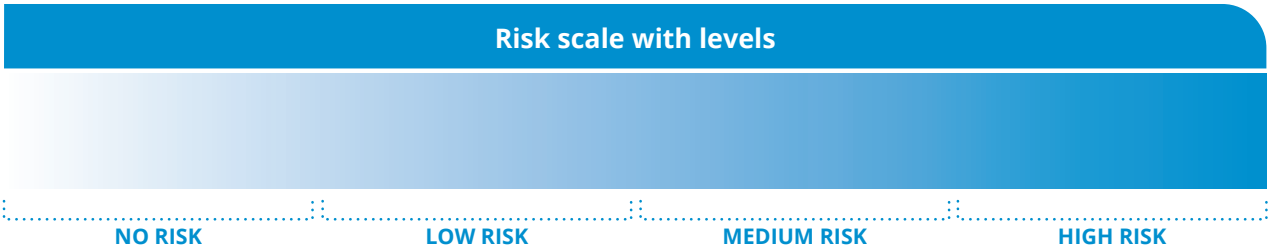
PRIORITISATION

Prioritising cases is crucial to ensure timely support for the most urgent needs. According to the CPMS in Standard 18.3.6 on Case Management prioritisation is guided by capacity, urgency, and the ability to take effective action.

It is helpful to develop a risk matrix as a tool to guide prioritisation by categorising cases as high, medium, low, or no risk. Each risk level determines timelines for the steps and actions required. As cases evolve, they may be re-categorized, prompting adjustments to interventions accordingly. The risk matrix can be adapted to the specific context.

This approach entails initiating processes and completing necessary steps more expeditiously for high-risk children compared to those facing lower levels of risk. Prioritising high-risk cases ensures that timely and effective interventions are delivered. Cases may be re-categorized based on new information or changes in their circumstances.

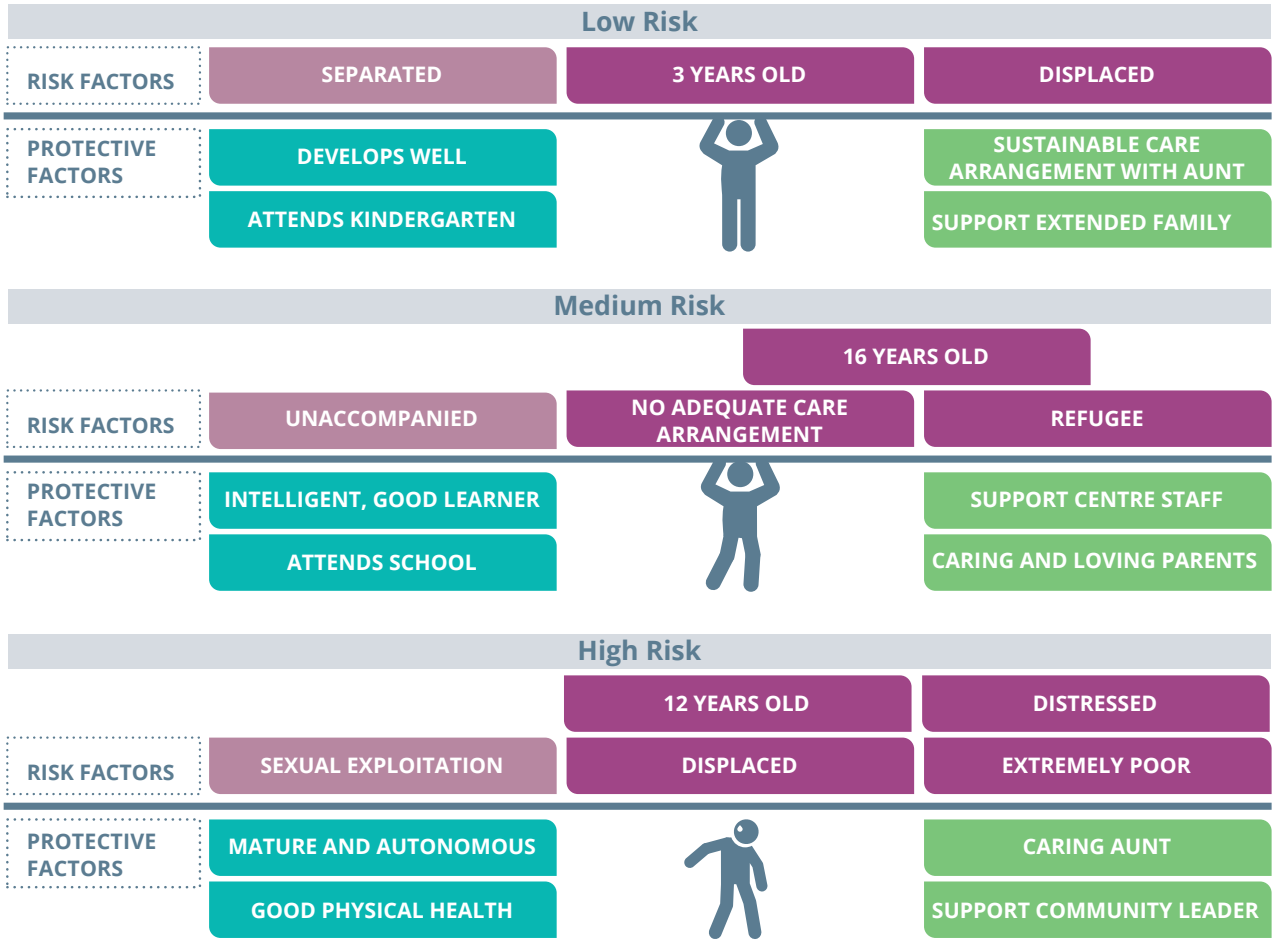
FIGURE 12 Risk scale with levels



Labels for risk levels aid in prioritisation and determining the timeline for each case management step:

- **High risk:** The child is at serious risk or is facing significant harm, that can be even life-threatening, if they remain in their current situation without child protection intervention.
- **Medium risk:** The child may experience some harm or be at risk of harm if they stay in their situation, but it is not as severe as high risk and not life-threatening.
- **Low risk:** There is a possibility of harm to the child if they are not supported in their current situation.
- **No risk:** The child is either not at risk of harm or the risk has been resolved.

FIGURE 13 Balance of risk and protective factors in the determination of risk levels



Below is a timeline outlining each step of the case management process for different risk levels, highlighting the prioritisation of children at higher risk of harm. These timelines are often adapted depending on the context.

STEP	HIGH RISK	MEDIUM RISK	LOW RISK
1. Identification and registration	Register immediately (within 24h)	Register within 3 days after referral	Register within 1 week after referral
2. Assessment	Start immediately after registration, before leaving the child	Within 1 week after registration	Within 2 weeks after registration
3. Case plan	Within 3 days after assessment	Within 1 week after assessment	Within 2 weeks after assessment
4. Implementation	Undertake immediate action	Undertake action within 1 week	Undertake action within 2 weeks
5. Follow up and review	Follow up twice a week	Follow up every 2 weeks	Follow up every 3-4 weeks
6. Case closure	Close the case only when all child protection risks have been eliminated	Close the case only when all child protection risks have been eliminated	Close the case only when all child protection risks have been eliminated

Note: in certain contexts, due to high numbers of cases, low-risk cases may not require a full assessment and follow-up actions.

2.1.2 COLLABORATION AND COORDINATION

Coordination and collaboration are fundamental to case management, from designing a response to its implementation. They uphold the 'do no harm' principle by contributing to a holistic approach, preventing duplication, ensuring timely responses, and minimising service gaps.

1

Coordination amongst agencies implementing case management (service mapping, referrals, etc.).

2

Multi-sectoral coordination and collaboration (integrated programming, referral pathways, etc.)

3

Case management process as coordinated by **one** responsible **caseworker**.

There are three main types of coordination that should be part of a case management response:

In humanitarian settings specific coordination mechanisms are established under the leadership of OCHA and in refugee settings under the leadership of UNHCR.

This section addresses the first two types, while the third, the role of the case workers, is addressed in section 3.1.

2.1.2.A COORDINATION AMONG CHILD PROTECTION ACTORS

When several organisations are involved in providing child protection case management, it is imperative to establish a robust, coordinated approach. This ensures greater consistency and adherence to minimum standards across agencies and facilitates comprehensive geographical coverage and service provision. It is essential to consider the government's role and existing protocols to avoid undermining or conflicting with the existing system.

To facilitate coordination, an appropriate forum to support case management coordination should be established among case management actors. Where possible and appropriate, these forums should be linked to or be part of the existing national systems and/or humanitarian inter-agency child protection response coordination mechanisms. In humanitarian settings, these coordination mechanisms are often referred to as case management task forces, working groups, or similar terms, usually associated with the Child Protection Area of Responsibility (CP AoR) or the Child Protection Sub-Working Group or Sub-sector in refugee settings.[37]

The purpose of a case management coordination mechanism is to strengthen case management capacity through the development of a comprehensive case management response in line with the case management principles and global guidelines. It is important to consider any existing systems and capacities in-country and, where safe and appropriate, to involve the government and responsible authorities as much as possible.

Responsibilities of a case management task force (CMTF) may include:

- Coordinating the case management response (for example, geographical coverage, facilitating information exchange, contact information, and referrals, etc.).
- Providing technical support to agencies implementing case management and contextualising global tools and guidance, building on existing resources in the country.
- Supporting the development and roll-out of child protection case management SOP (note, in refugee settings these may be referred to as UNHCR Best Interest Procedure (BIP) SOP[38] and include procedures specific to the Best Interest Determination (BID) process, child protection information management system (IMS), eligibility criteria, etc.
- Collaborating with other sectors and thematic groups such as the protection, mental health and psychosocial support (MHPSS), and gender-based violence (GBV) task forces or coordination groups.

A sample Terms of Reference for the Case Management Task Force is available to support the structure of this group.

2.1.2.B MULTISECTORAL COORDINATION AND COLLABORATION

Coordination among multisectoral stakeholders regarding case management takes place at both the national and subnational levels, as well as at the level of individual case workers or supervisors (this is outlined in more detail in Part 3). This approach underscores the central importance of children and child protection, acknowledging that all humanitarian actors bear responsibility for safeguarding children from abuse, neglect, exploitation and violence.[39]

In terms of case management, these collaborative approaches facilitate prompt and safer recognition, identification and referral of children in need of case management services. They improve the efficiency of referrals to appropriate services, optimise the use of available resources to achieve case plan objectives, and streamline effective follow-up procedures.

FIGURE 14 Services contributing to child protection case management

CONSIDERATIONS IN SETTINGS WITH REFUGEES AND ASYLUM SEEKERS

It is important in contexts including asylum seekers and refugees to understand whether the State in which the refugee or asylum-seeking child is present is a party to the 1951 Convention Relating to the Status of Refugees and its 1967 Protocol Relating to the Status of Refugees, and if the State has made reservations to any of the articles, as this tends to have a bearing on States affording access to protection and social services. It is also important to understand whether national case management services which are accessible to refugee and asylum-seeking children are able to consider the child's experience of flight across an international border and consider the child's international protection needs. Attitudes of the host population towards refugees and asylum seekers must be considered when considering children's exposure to and experience of risks.

2.1.2.C COORDINATION AND COLLABORATION WITH SPECIFIC SECTORS AND AREAS OF WORK

It is essential to understand the role of other sectors and cross-cutting areas of work that are relevant to child protection case management. These sectors include Gender-Based Violence (GBV), Mental Health and Psychosocial Support (MHPSS), and Protection.

NOTE ON THE USE OF GBV AND SGBV TERMINOLOGY IN THESE GUIDELINES:

Sexual and gender-based violence (SGBV)

Throughout these guidelines the term SGBV is used to describe all forms of sexual and gender-based violence as perpetrated against children, as defined in the CPMS[40], and described in Annex 4: Considerations when working with specific vulnerable groups of children.

Gender-based violence (GBV)

The term GBV is used in relation to the Gender-Based Violence sub sector or area of work, as defined by the GBV Area of Responsibility (GBV AoR) and articulated in the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.[n]

COORDINATION BETWEEN GENDER-BASED VIOLENCE AND CHILD PROTECTION CASE MANAGEMENTACTORS[41]

Because of the inherent connections between child protection and gender-based violence (GBV), and the interconnected needs of child survivors, particularly girls and women who are disproportionately affected by GBV due to their unequal status in society, GBV and child protection actors often have overlapping responsibilities. Close collaboration between these actors is essential to provide critical and effective care and support to children and their caregivers who are at risk of or have been subjected to sexual violence and GBV. Coordinated service delivery plays a crucial role in mitigating the risk of:

- "contradictory or confusing information to the child and/or their caregivers;
- re-experiencing the distress of the abuse due to multiple interviews;
- loss of trust in the service providers and their capacity to assist;
- delays in services provision that have lasting impacts on the child;
- having limited access to and choice in service provider."[42]

n "Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private." For further guidance refer to Inter-Agency Standing Committee. (2015). **Guidelines for integrating gender-based violence interventions in humanitarian action: Child protection**. https://gbvguidelines.org/wp/wp-content/uploads/2015/09/TAG-child-protection-08_26_2015.pdf.

Effective coordination and collaboration are grounded in mutual trust and established mechanisms for service delivery and communication. In practice some of the links and ways of coordinating can include:

- Ensuring that referral pathways include services for survivors, including GBV services, to refer girls and women when specialised GBV services are necessary, and vice versa when child protection case management services are required. Examples of shared populations of concern where this integration may be necessary include:
  - Children who have been subjected to sexual violence and abuse.
  - Girls who have experienced various forms of GBV, including child, early and forced marriage.
  - Children at increased risk of GBV due to diverse, non-binary gender identity and expression.
  - Children and adolescents separated from primary caregivers.
  - GBV survivors who are mothers and their children.[43]
- Recognizing the correlation between violence against children and violence against their mothers or female caregivers is crucial. If a child is experiencing violence in the home, it is highly probable that the mother or female caregiver is also experiencing violence. Caseworkers must be prepared to provide support or refer accordingly, taking a coordinated approach to addressing the safety of all family members. This approach involves considering the holistic needs within the family and understanding family dynamics, aligning with the family strengthening approach (this is discussed further in section 1.3).
- Establishing coordination agreements to foster a shared understanding and consistent approach to providing appropriate, coordinated child protection case management support. Coordination agreements are formal documents which outline key principles and different roles and responsibilities of service providers and can take various forms, including:
  - "Dedicated Standard Operating Procedures (...);
  - Provisions for child survivors in broader GBV and/or Child Protection SOP;
  - Context-specific case management guidelines;
  - Service-level agreements between two or more partners/teams;
  - Simple guidance notes developed collaboratively by the relevant actors."[44]
- Identifying criteria/considerations and roles for a primary caseworker. Recognizing that while both actors bring complementary skills and knowledge to the case management process, best practice requires that one primary caseworker is assigned to each case to avoid duplicating efforts or confusing the child and their caregiver, and to streamline referrals and follow-up. Some of the considerations may include:
  - National legislation and frameworks which regulate such provisions and capacities.
  - Preference of the survivor and/or their caregiver, including in relation to gender of caseworkers.[o] [45]
  - Organizational and caseworker expertise on how to support child or adolescent survivors of sexual abuse and/or working with children of different ages and genders.
  - Availability of quality supervision and support for the primary caseworker.
  - Availability of safe, comfortable, and confidential spaces for the survivor and their caregivers to receive support.
- Conducting joint advocacy for cross-cutting CP-GBV issues together with GBV actors.
- Supporting other sectors to endorse and use best practices/codes of conduct, developed by CP and GBV actors.
- Joint learning experiences for CP and GBV actors to facilitate joint reflection and the sharing of knowledge, expertise and best practices across sectors and equipping professionals with the necessary tools to provide effective support and continuity of service.

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o It is recommended that children should be offered a choice of male or female service provider. Most children, particularly girls, are likely to feel more comfortable speaking to a female provider, and in many contexts a female provider will be essential for girl survivors. It is also recommended that boys should ideally be offered a choice of a male or female service provider. For further guidance see also UNICEF, & IRC. (2023). ***Caring for child survivors of sexual abuse guidelines*** (2nd ed.), p. 96-100. Retrieved from https://www.unicef.org/reports/caring-child-survivors-sexual-abuse-resource-package

COORDINATION WITH PROTECTION ACTORS

Protection case management specifically focuses on supporting vulnerable adults during and after humanitarian crises. It is distinct from case management designed for children and for GBV survivors, which have specialised case management approaches.

As with GBV and Child Protection coordination, child protection case management actors should also collaborate with general protection actors and any existing inter-agency protection mechanism throughout the humanitarian response. Where protection case management exists, this collaboration will promote:

- **Non-duplication of efforts:** Clear criteria and protocols will prevent overlap and confusion in services offered.
- **Efficient and safe systems:** Working together creates streamlined systems that meet the needs of children and their caregivers more effectively.
- **Appropriate care for all:** Children and their caregivers receive the most suitable support based on their needs, situation and wishes.

Protection case management protocols should explicitly reference existing local child protection protocols and guidelines, and child protection case management should ensure referrals to protection case management as appropriate to ensure effective support to those not supported under child protection programming and case management.

COORDINATION WITH MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT ACTORS[46]

Effective MHPSS programming is cross-sectoral and requires close coordination among different actors and across sectors. It is important for child protection case management actors to be aware of and participate in the relevant MHPSS coordination structures – ideally a multisectoral MHPSS coordination mechanism such as a Technical Working Group. If no such mechanism exists, the MHPSS Minimum Service Package Activity 1.1 on Coordinating MHPSS within and across sectors provides guidance on how an organisation, in collaboration with other MHPSS actors, can establish a technical working group.

Child protection case management actors can benefit from contributing to a well-functioning MHPSS mechanism for coordination in many ways, including through collaboration on[47]:

- Tools, resources and guidelines for children including contextual adaptations.
- Protocols for MHPSS crisis management in case management.
- Standard setting for qualifications and training for various positions providing MHPSS services, such as caseworkers or psychologists working with caseworkers in multidisciplinary teams.
- Assessment and analysis of existing practices, training needs and competencies with all stakeholders involved in MHPSS.
- Identification of gaps in MHPSS services and advocating through the relevant inter-agency coordination mechanisms.

Depending on the coordination structure in place in a certain context, this can be done within an MHPSS coordination group, or in collaboration between child protection and MHPSS coordination groups.

2.1.2.D SERVICE MAPPING AND REFERRAL PATHWAYS[48]

Multisector service mapping is a crucial part of case management, providing clarity to the various actors involved in the process about the availability of services and how they can be accessed. Given that children often encounter multiple risks necessitating diverse services, a clear and well-coordinated multi sector referral pathway is essential to facilitate confidential and safe access to these services.

A service mapping should include the service providers available in each geographical area, enabling children at risk of violence, exploitation, abuse and neglect to have access to assistance and appropriate support. For a detailed example of what to include in a service mapping, please refer to Annex 3: Service mapping template as well as the Child Protection Case Management Standard Operating Procedures Template.

Referral pathways outline the process of making referrals and providing feedback between caseworkers and service providers, while adhering to agreed-upon data protection and information-sharing protocols. These pathways map out the referral process for accessing support and services tailored to address specific types of child protection risks, vulnerabilities and safety threats. In developing referral pathways, it is important to assess the quality of the services to ensure they are safe, child friendly, gender-sensitive and inclusive, as well as assessing their availability and any specific eligibility criteria.

Multisector service mapping and developing referral pathways are vital in ensuring effective case management services. Without clear linkages to available services, a case management response cannot be fully implemented. These processes also help identify any gaps in services, allowing for advocacy to address these deficiencies. By establishing robust linkages and identifying gaps in services, case management efforts can be more comprehensive and responsive to the needs of children and families in humanitarian settings.

2.1.3 THE CASE MANAGEMENT PROCESS

2.1.3.A THE CASE MANAGEMENT PROCESS: CORE STEPS

The child protection **case management process is at the heart of the case management** response, outlining the steps the caseworkers go through to identify and respond to the needs of individual children and their families. As introduced in Part 1, the caseworker moves through the following core steps:

1. Identification and registration
2. Assessment
3. Case planning
4. Implementation
5. Follow up and review
6. Case closure

Please go to **Part Three: The case management process and steps** for practical guidance on each of the steps in the process.

The case management process extends beyond merely knowing and following a set of steps. It is about understanding how these steps are contextualised. The framing of the process is influenced by the target and scope of the response. It is key to consider the target and scope in line with eligibility criteria and prioritisation as discussed in section 2.1.1.b.

For instance, in a particular context, the involvement of national and international NGOs may be restricted to certain parameters, such as managing a specific caseload limited to UASC or children from a specific population of concern. Alternatively, their role may be constrained to operating within a designated geographical area. Additionally, national legislation may limit their role to certain steps within the case management process rather than encompassing all stages.

Understanding these contextual factors is essential for tailoring the case management process effectively to address the unique needs and challenges present in each context.

- Child survivors of sexual and gender-based violence (SGBV)
- Unaccompanied and separated children, including children in alternative care
- Children associated with armed forces and armed groups (CAAFAG)
- Children engaged in child labour
- Refugee children and asylum seekers (including through cross-border case management; see following section).

2.1.3.B CONSIDERATIONS WHEN WORKING WITH SPECIFIC VULNERABLE GROUPS OF CHILDREN

While the standard case management process remains the same, the way each step of the process is conducted must be adapted on a case-by-case basis and therefore key considerations must be taken into account for specific risks.

While child protection case management is appropriate in all contexts and applicable to all individual girls, boys and children with non-binary gender identities with complex needs, additional considerations are required for specific vulnerable groups of children:

Please see Annex 4: Considerations when working with specific vulnerable groups of children when providing case management support to each of these vulnerable groups of children.

2.1.3.C CONSIDERATIONS FOR REFUGEES AND ASYLUM SEEKERS

Refugee protection case management is an integral part of UNHCR operations globally, including registration, RSD, identification of durable solutions, BIP for children at risk, and addressing protection concerns raised by refugees approaching UNHCR and partners. UNHCR's implementation of child protection case management through the BIP is always integrated into the broader refugee case management process.

The BIP serves as UNHCR's case management framework for asylum-seeking and refugee children. BIP supplements national case management procedures in specific situations:

- When national systems for assessing the best interests of the child are not reasonably accessible to refugee children in a particular geographical area or at a specific time. The BIP is applied while working to strengthen national child protection systems and promoting access for refugee and asylum-seeking children.
- Where the responsible State authorities are unable or unwilling to adequately protect the fundamental rights of a child of concern to UNHCR, the latter may, in the exercise of its international protection mandate, take measures to do so, including through oversight and implementation of BIP.
- In cases where a BID is required by relevant authorities, such as based on agreements between individual resettlement countries and UNHCR or when UNHCR has a specific role, under agreements with relevant countries, in ensuring the exercise of free and informed choice in the voluntary repatriation of refugees.[49]

BIP is a specialised form of child protection case management aligned with overall case management approaches and standards, incorporating specificities related to the protection of refugee and asylum-seeking children. The UNHCR BIP Guidelines offer detailed guidance on the application of the best interests principle as part of BIP, and the implementation of child protection case management for refugee and asylum-seeking children.

2.1.4 INFORMATION MANAGEMENT FOR CASE MANAGEMENT (IM4CM)

In child protection case management, responsible and ethical handling of information is crucial for ensuring the safety and well-being of children, families and caregivers. Upholding the rights of children as data subjects is paramount. It is therefore important to understand data protection principles and best practices in collecting, storing, processing, sharing and analysing children's data when delivering services to children at heightened risk who are receiving case management.

Information-sharing is essential to effectively address the often diverse and complex needs of children at heightened risk, which require multiple services. Data protection is a core component of children's rights and key child protection principles, such as 'do no harm'. The collection and sharing of information are also vital for gathering relevant data to inform programme design and MEAL efforts (see section 2.1.5 on MEAL).

2.1.4.A WHAT IS INFORMATION MANAGEMENT FOR CASE MANAGEMENT AND WHY IS IT IMPORTANT?

Standard 5: Information Management

"Up-to-date information necessary for child protection action is collected, processed/analysed and shared according to international child protection principles and with full respect for confidentiality, data protection and information-sharing protocols."[50]

Standard 18: Case Management: 18.3.7. Information management for Case Management

"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."[51]

THE CORE ELEMENTS OF IM4CM ARE THE FOLLOWING:

Data Protection Impact Assessment (DPIA)

The DPIA is a standardized tool enabling actors to undertake a specific type of risk assessment to identify, evaluate and make recommendations about how to address the risks to children arising from case management service providers managing sensitive data at agency and inter-agency levels, in line with relevant data protection frameworks.

Case Management Forms

The forms establish a standardized method to collect data and information during case management, which has been adapted to the local/national context. Forms may be paper-based, digital, or both, and are used to facilitate improved information storage and sharing, referrals and data analysis across agencies, for example.

Information Management System (IMS)

An IMS is a tool or process designed to collect, store, process, share and analyse information collected during case management. An IMS can be a single digital application (e.g. CPIMS+), a set of digital tools (e.g. the use of several Microsoft Office applications), a paper-based system with physical case files, or a combination of these.

Data Protection and Information Sharing Protocol (DPISP)

The DPISP is a jointly developed agreement with predefined standard clauses for contextualization, which enables a common approach by relevant actors to ensure appropriate practices for safe, secure and ethical collection, storing, processing, sharing and analysing of information in the context of inter-agency child protection case management and associated activities.

Case Management Standard Operating Procedures (SOP)

The SOP, as explained in section 2.2.3, are a jointly developed document detailing a common approach and clear processes for addressing the needs for children who are harmed or at risk of harm. The SOP brings together the core elements the case management process. In turn, IM4CM tools and systems should be designed/adapted in a way that supports the implementation of the SOP in a context. For example, forms would be tailored to the local case management process.

IM4CM processes and tools are tailored to the scope and target of the response based on contextual understanding (as detailed in section 2.1.1) and developed at the inter-agency level (as per section 2.1.2).

IM4CM AND MEAL

IM4CM is a core component of MEAL, as the core elements of IM4CM support monitoring and evaluation of the case management response. The information documented in the forms and recorded in an IMS is what allows for aggregate data collection for analysis.

WHO IS RESPONSIBLE?

All staff with access to both personal and anonymized data, as well as those involved in coordinating inter-agency initiatives to establish best practices across organisations and authorities, bear the responsibility for safe, secure and ethical information management. Further details on appropriate measures can be found in the Inter-agency Child Protection Case Management Data Protection and Information-Sharing Protocol (IA DPISP).

ROLE	RESPONSIBILITIES
Caseworker and Supervisors	• Document, update and share necessary information. • Securely store and process data (e.g., in lockable cabinets (preferably metal cabinets), with password-protected systems. • Adhere to Data Protection and Information-Sharing Protocol (DPISP) guidelines and only share information for which consent has been obtained.
Child Protection Coordinators and Manager	• Provide caseworkers and supervisors with resources for data protection (e.g., lockable filing cabinets (preferably metal cabinets), necessary software). • Participate in coordination forums on data protection. • Ensure a Data Protection Impact Assessment (DPIA) is conducted and used to contextualise/update the DPISP within 3 months of the start of response. • Monitoring compliance with DPISP. • Attend IM4CM training and share insights with the team (such as the Level 3 Training module on IM4CM of the Child Protection Case Management Training Package for Caseworkers in Humanitarian Settings of the Alliance). • Establish processes for identifying and responding to information security incidents, including stakeholder notification.
Inter-agency coordinators and case management focal points	• Initiate or advocate for the implementation of DPIA and DPISP. • Ensure IM4CM tools are available and rolled out appropriately, including in the language of the caseworkers and their supervisors
IM Officers (internal and inter-agency)	• Support the management of access to data and the development of data analysis products and initiatives. • Ensure data protection principles are implemented and upheld, including adherence to the DPISP.

2.1.4.B KEY DATA PROTECTION PRINCIPLES

Any individual or organisation involved in child protection case management must adhere to key data protection principles. These principles are linked to broader case management principles, including the 'do no harm' principle and the best interests of the child. They apply to all staff and volunteers throughout the entire case management process.

While general data protection regulations and legal frameworks are applicable internationally, regionally and nationally, they may vary across contexts. However, these principles are globally upheld within agency data protection policies and frameworks. Organisations with internal data protection policies and frameworks should use them alongside inter-agency guidelines and tools. For those without existing policies, they can be developed in line with these inter-agency guidelines and tools. The principles are listed in the table below.

OVERVIEW OF DATA PROTECTION PRINCIPLES		
	✔ Legitimate and fair processing	✔ Confidentiality and security
	✔ Purpose specification	✔ Retention
	✔ Data minimization	✔ Accuracy
	✔ Respect the child's rights	

To find out what each principle means please refer to Annex 5: Data protection principles.

2.1.4.C THE DATA PROTECTION IMPACT ASSESSMENT AND DATA PROTECTION AND INFORMATION-SHARING PROTOCOL

Under the Alliance, a set of global, standard, inter-agency tools have been developed for child protection case management actors to ensure safe, secure and ethical information management for case management, including the DPIA template and the inter-agency DPISP template. These tools align with the stated standards, principles and relevant child protection guidance mentioned above, and are accompanied by the Inter-agency Guidance Note: Data Protection and Information Sharing in Humanitarian Settings, including Specific Considerations for Settings with Refugees.

NOTE

It is important to highlight that the creation of a DPIA and a DPISP is not tied to the implementation of a specific IMS. The DPIAs and DPISPs serve as case management tools for information management, and they should be used regardless of the system or tool in use for collecting, storing, sharing and analysing child protection case management data. This means there should be *one common* inter-agency DPIA and DPISP for child protection case management *even if multiple IMS are in use.*

	DPIA	DPISP
WHAT AND WHY	This tool identifies and evaluates risks associated with handling sensitive data in child protection case management, offering recommendations for risk management at both organisational and inter-agency levels.	This tool establishes best practices for secure, ethical data protection and information-sharing in child protection case management. It outlines general rules and guiding principles from international and national legal frameworks, along with inter-agency guidance and policies.
WHEN	DPIA should be conducted promptly, within three months of confirming the need and scope of humanitarian case management. It is advisable to perform a rapid or comprehensive data protection risk assessment before initiating information collection, sharing, storage, and analysis.	DPISP contextualization should commence as soon as possible, aiming for signature within three months. This should also be informed by the DPIA.
	Note: While it is generally best practice to conduct a DPIA prior to finalising the DPISP process, to commence inter-agency information-sharing for the purpose of child protection case management service provision and coordination, it is recognized that in the case of a rapid-onset crisis, this sequencing may not be possible. If it is not possible to conduct a DPIA at the onset of an emergency, it is recommended that a DPIA be conducted as soon as possible and that any required revision to DPISP be prioritised. In situations where humanitarian child protection case management activities are ongoing without a DPIA and DPISP, it is advisable to undertake these assessments as soon as possible. Any changes in programming may also necessitate a revision of the DPISP.	

	DPIA	DPISP
	The inter-agency coordination mechanism for child protection, for example the Child Protection AoR or the Child Protection Sub-Working Group or Child Protection Sub-sector in refugee settings, or a locally established case management task force, which includes designated government counterparts and entities engaged in child protection case management programming.	
WHO AND HOW	The roll-out of the DPIA and DPISP should involve a designated focal point from each organisation. In instances where a single organisation is solely responsible for case management, the DPIA and DPISP are also recommended for use by individual organisations to ensure that their own data protection and information-sharing practices are aligned to global standards. To support the roll-out refer also to the IM4CM training (for example the Level 3 inter-agency training module on IM4CM) or the CPIMS+ module.	

Important Note: During the interim period, while the IA DPISP is being finalised, child protection case management data-sharing should be limited only to individual cases and for the purpose of obtaining services in the best interests of the child. Such information-sharing should respect the data protection and case management principles outlined in this guidance and should be undertaken in line with organisations' data protection policies. The principles of data minimization (only sharing what is necessary for the provision of that specific service), confidentiality and information security must be respected. In addition, the decision to share data must be made with the best interests of the child as a primary consideration or following the consent/assent of the child (and/or caregiver as applicable).

2.1.4.D INFORMATION MANAGEMENT SYSTEMS (IMS)

Child protection case management must be supported by a suitable IMS that ensures proper data protection. Examples of systems in current use include the Primero CPIMS+ module and UNHCR's ProGres. Other options encompass various database software and Excel-based databases. The Case Management Task Force has also developed sample Excel sheets for rapid deployment in humanitarian settings. For more guidance on IM systems, including guidance on selecting a suitable information management system see Annex 6: Information management systems in case management.

It is important to also consult the Annex on 'Information security' of the Inter-agency DPISP to ensure any IMS system is aligned to key safeguards.

CONSIDERATIONS IN SETTINGS WITH REFUGEES AND ASYLUM SEEKERS

In refugee settings, UNHCR and partners implement the BIP. The steps of BIP are aligned with inter-agency child protection case management steps and include the BID process with additional safeguards. BIP is integrated into refugee protection case management. Information exchange with UNHCR, like any child protection actor, must have a legitimate purpose aligned with data protection principles.

For more details, refer to:

- The Inter-agency Guidance Note: Data Protection and Information-Sharing in Humanitarian Settings, including Specific Considerations for Settings with Refugees
- The UNHCR BIP Guidelines, section 3.5 on information management.

2.1.5 MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING (MEAL)

Monitoring, evaluation, accountability and learning is an integral component of child protection case management, essential for upholding a 'do no harm' approach and fulfilling ethical obligations. Specifically, MEAL processes enable case management actors to:

- Assess whether quality standards are being met, identifying strengths and areas for improvement.
- Review service delivery methods to ensure proper use and completion of forms.
- Monitor the number and demographics of children reached, identifying any gaps in service provision.
- Maintain accountability to children, communities, organisations and donors.
- Evaluate the effectiveness of child protection case management services in achieving desired outcomes.
- Foster a culture of continuous learning and improvement.

It is important to know about: what aspects to monitor and evaluate, available tools and resources, defining accountability within child protection case management, and strategies to support continuous learning.

2.1.5.A MONITORING AND EVALUATION

In child protection case management, we monitor and evaluate the outputs, outcomes and quality. In some cases, we may also monitor and evaluate impact.[p] These terms are explained below.

Outputs

Are the direct, immediate-term results of case management, showcasing what has been achieved in the short term. Examples of case management outputs include conducting assessments, developing individualised case plans, making referrals to services, conducting follow-up visits, providing direct support, or training staff on case management topics.

Outcomes

Are the expected changes resulting from case management interventions, reflecting sustained improvements and changes in the well-being and protection of the child. Unlike outputs, outcomes are not immediate but result from the cumulative impact of case management over time. Examples of case management outcomes may include increased satisfaction among children and caregivers with the support received, improvement in caseworker knowledge and competence following training and supervision, and enhanced well-being due to urgent child protection needs being addressed.

Quality

Of case management refers to whether the necessary systems, structures or policies are in place to meet standards. In child protection case management, quality is paramount as it directly impacts the well-being and safety of vulnerable children. Quality manifests in various ways, including programme set-up, structure (such as caseworker-supervisor relationships, caseworker-child ratios, and investment in staff competencies), caseload distribution, timeliness and adequacy of support, and the relationships caseworkers establish with children and families. Failure to meet quality standards can lead to poor decision-making, failure to address risks, or even increased harm to children.

Impact

In case management signifies enduring, transformative changes resulting from sustained interventions. Unlike immediate outputs or intermediate outcomes, impact captures profound improvements in a child's well-being and protection over an extended period. Examples of impact could include long-lasting enhancements in children's overall protection and resilience, and sustained family stability. In contexts where measuring impact directly is challenging, case management actors often focus on tracking outcomes and outputs and ensuring high quality standards.

INDICATORS

An indicator helps to measure – or to indicate – the extent to which planned activities have been carried out (output indicators) and programme goals have been achieved (outcome indicators). Indicators generally appear as part of a project logical framework or in a programme results framework.[52]

In child protection case management, indicators and tools will be used to monitor and evaluate outcomes, outputs and quality of case management services. The table below shows the core indicators which are recommended for use when implementing case management, details on what they mean and how they can be calculated are included in the Monitoring and Evaluation Toolkit for Child Protection Case Management.

p For further guidance refer to The Alliance for Child Protection in Humanitarian Action. (2021). *A Brief Guide: Selecting Child Protection Minimum Standards Indicators for Application in Programs, Projects, or Humanitarian Response Plans. Retrieved from:* https://alliancecpha.org/en/child-protection-online-library/guidance-brief-guide-selecting-child-protection-minimum-standards.

PART 1 OUTCOME INDICATORS	**EXISTING TOOLS OR DATA SOURCES**	**RECOMMENDED OR OPTIONAL**
1.1 % of caseworkers trained and supervised in CPCM who demonstrate improvement in knowledge and skills in applying the CM process (CPMS Indicator 18.2.1)	Competency Framework Case Management Supervision and Coaching tools Pre/Post Test Training	Recommended
1.2 % 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. (CPMS Indicator 18.2.3)	Wellbeing survey questionnaire (facilitated at case closure or case follow-up) Client satisfaction survey questionnaire	Recommended
1.3 % of children and caregivers who report satisfaction with direct services received through the CM process (CPMS Indicator 18.2.2)	Survey questionnaire (facilitated at case closure or case follow-up) Post service questionnaire or client satisfaction survey questionnaire Survey report	Recommended
PART 2 OUTPUT INDICATORS	**EXISTING TOOLS OR DATA SOURCES**	**RECOMMENDED OR OPTIONAL**
2.1.1 # of individual children registered receiving case management support (per vulnerability/incident)	Case management information management system (e.g. CPIMS+) Report/Analysis	Recommended
2.1.3 % of case assessments that are carried out within the agreed timeframe	Case management information management system (e.g. CPIMS+)	Recommended
2.1.4 # of children referred for appropriate services, per type of service (adults and receiving)	Referral Form Case management information management system (e.g. CPIMS+) Report/Analysi	Recommended
2.1.5 % of cases reviewed within (three months) of finalising the case plan	Case management information management system (e.g. CPIMS+) Report/Analysis	Recommended
2.1.6 % of cases closed with the objectives of the case plan achieved	Case management information management system (e.g. CPIMS+) Report/Analysis	Recommended
2.1.6 % of cases closed with the objectives of the case plan achieved	Case management information management system (e.g. CPIMS+) Report/Analysis	Recommended
2.2.1 # and % of appropriate referrals of children to CPCM services that are made by relevant stakeholders (community members, service providers, frontline workers, etc.)	Case Management Information Management System (e.g. CPIMS+) Referral Tracking	Optional
2.3.1 # of supervisors trained in supervision and coaching	Attendance Records Training Reports	Recommended
2.4.1 Ratio of case workers to supervisors	Case Management Information Management System (e.g. CPIMS+)	Recommended
2.4.2 Ratio of cases (per risk level) assigned to caseworker	Case Management Information Management System (e.g. CPIMS+)	Recommended

EXISTING MEAL TOOLS AND RESOURCES

The Monitoring and Evaluation Toolkit for Child Protection Case Management includes updated MEAL tools for child protection case management relevant to the above indicators and other key data protection points.

Other existing frameworks, systems and tools which can be used to monitor and evaluate aspects of the outputs, outcomes and quality of child protection case management are listed in the table below:

A case management database / IM System (e.g. Primero CPIMS+ module or UNHCR's ProGres)	It can be used to aggregate, disaggregate and analyse data required to measure case management indicators or to review specific aspects of demographic data or the case management process. See Annex 6: Information management systems in case management
Child and caregiver feedback forms	These forms are part of the existing child protection case management forms and process to get feedback on their satisfaction with case management services. Feedback could be linked to outputs, outcomes, and quality.
Case management coaching and supervision tools[q]	The tools include: • The Case File Checklist tool can support in reviewing the quality of case management by a supervisor, specifically that the case is being managed properly and the documentation is accurate and complete throughout the steps of a case. • The Capacity Assessment Tool which can be used to assess the caseworker's attitudes, knowledge and skill (competencies) to measure a change in case worker competencies to evaluate learning and development activities. It is a questionnaire format, with the questions asked by the supervisor.
The Quality Assessment Framework	This framework for assessment includes a range of tools designed to assess quality. These include the Case File Checklist; Case Management Observation Tool; Self-evaluation – Caseworker; Self-evaluation – Supervisor; Caseworker Capacity Assessment; Key Informant Interview; Caseworkers Focus Group Discussion (FGD) Guides; Supervisors FGD Guides, Caregivers FGD Guides; Caregiver Feedback Form; and a Child Feedback Form.
Caseworker Competency Framework Assessment Tool	This is a self-assessment tool which can be used to compare a change in case worker competencies. This could be used to measure the outcomes of a training or other learning and development activities. This tool is subjective because it is a self-assessment but has the benefit of encouraging caseworker self-reflection.

q These tools are designed to support coaching and supervision and should not be used for MEAL purposes where this undermines coaching or supervision practices. For example, caseworkers should not be under pressure to meet targets when participating in supervision exercises.

DATA CATEGORIZATION

It is key to also acknowledge and reference the Guidance on Child Protection Case Management Guidance Categorization. This guidance establishes *standardised definitions and* provides a structure to organise information collected during case management by:

- Organising data into agreed-upon categories and subcategories.
- Linking each data element to a controlled, shared vocabulary.

This structure is crucial for monitoring, evaluation, and learning efforts as it makes standard the data points used in global indicators, including various disaggregation of them. Data categorization offers a standardised framework at organisational, inter-agency, national, regional, and global levels, facilitating data analysis and learning based on comparable data sets. It is important to note that the categories and sub-categories developed in this guidance are included in the 2024 updated Inter-agency Child Protection Case Management Forms.

2.1.5.B ACCOUNTABILITY

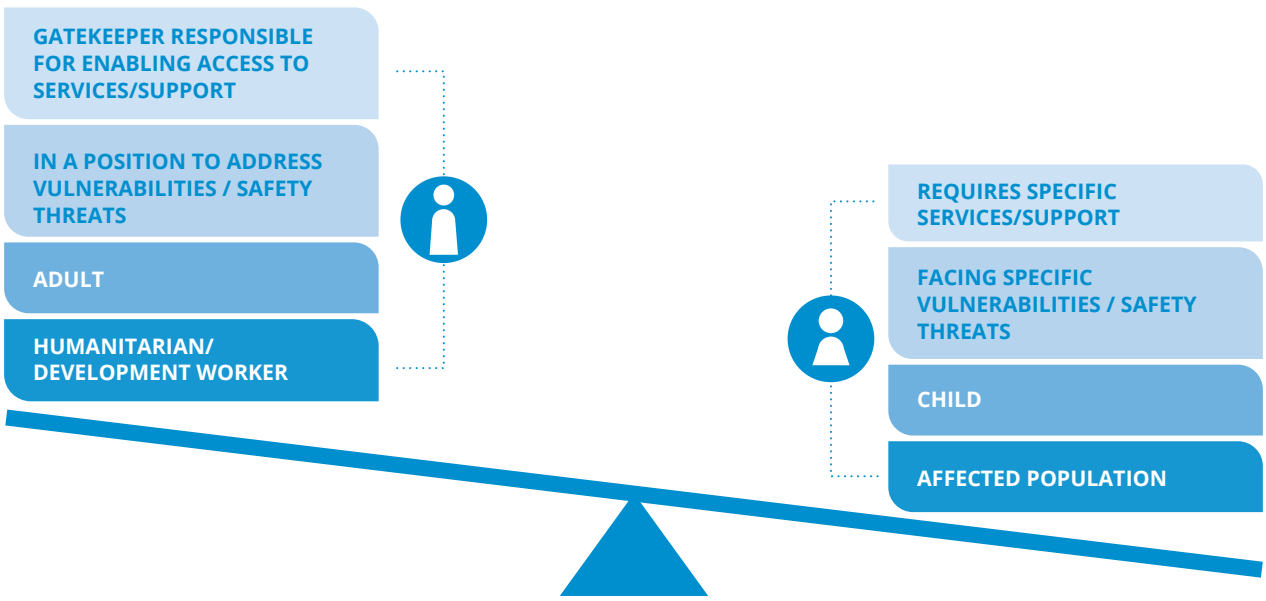
Accountability to at-risk individuals involves a commitment to use power responsibly – to consider, report to, and be answerable to the people we aim to assist.[53]

When working with children, the power imbalance between case managers and those they assist is heightened by the adult-child dynamic, exacerbated by specific vulnerabilities and safety threats faced by children accessing case management services. Because caseworkers serve as gatekeepers to multiple services, they hold significant power that can increase this imbalance.

Power can positively impact children and families by empowering them and positively affecting their lives. Conversely, it can be misused to dominate, coerce or exploit vulnerable individuals. Accountability in case management addresses these power imbalances, ensuring caseworkers use their authority responsibly and are held accountable if they misuse it.

When working with vulnerable children, it is crucial to establish appropriate feedback channels and consult directly with the children to determine how they can safely provide feedback. Employing multiple approaches, including ongoing engagement throughout the programme cycle, is essential for inclusion.

FIGURE 15 Power[r] balance between case workers and children



r Power can be influenced by many factors which may have significant weight in different cultures, be it gender, social-economic class, role in society etc.

2.1.5.C LEARNING

To enhance the quality of our case management response, it is crucial to adopt a culture of learning that extends beyond traditional training methods. This involves systematic reflection on experiences, lessons learned, and best practices. Learning opportunities emerge during monitoring and evaluation activities, where results are shared with case management teams. Supervision and coaching also play a pivotal role in cultivating a culture of regular reflective practice.

In addition to formal training and supervision, several activities contribute to continuous learning:

- **Incorporating case management questions into after action reviews (AARs):** Conduct AARs after specific phases or after the entire response to thoroughly examine successes and areas for improvement.
- **Documenting and sharing successes and lessons learned:** Analyse and document instances of success and lessons learned to provide valuable insights for future actions.
- **Reflection workshops:** Organise workshops to facilitate the exchange of knowledge and experiences among team members, promoting collaboration and learning.
- **Feedback and review sessions with communities:** Engage with affected communities through discussions and surveys to gather feedback, ensuring that their perspectives shape future responses.

By integrating these diverse learning activities into case management responses, agencies can establish a culture of continuous improvement and adaptability, ultimately enhancing the overall effectiveness of their interventions.

2.1.6 STAFFING AND CAPACITY

Case management relies heavily on human resources, especially child protection caseworkers and their supervisors. To ensure quality it is essential that appropriate staffing is in place, and that staff and volunteers have the competencies to conduct case management in a safe and professional manner. It is important to understand staffing and structure, the core functions of a caseworker, case management competencies, learning and development, supervision and coaching, and working conditions and staff care.

NOTE:

The skills required and background of the caseworker depends on the country and its national social work framework and legislation. In some countries case management work can only and exclusively be done by nationally certified social workers, while in other countries this regulation does not exist, and case management work can be done by various staff with a social sector background or no specific educational background required. In cases where a social work certification is not required, case management work can be done by staff with various job descriptions, but they must always have undertaken training on case management under international and (if existing) national standards.

Each country also has different terminology to refer to this position: case worker, social assistant, social worker, case manager, psychosocial assistant/worker). For this reason, and for the purpose of this guidance, 'caseworker' is the selected term that comprises all different profiles and terminologies and means a worker who has followed essential case management training.

2.1.6.A STAFFING AND STRUCTURE

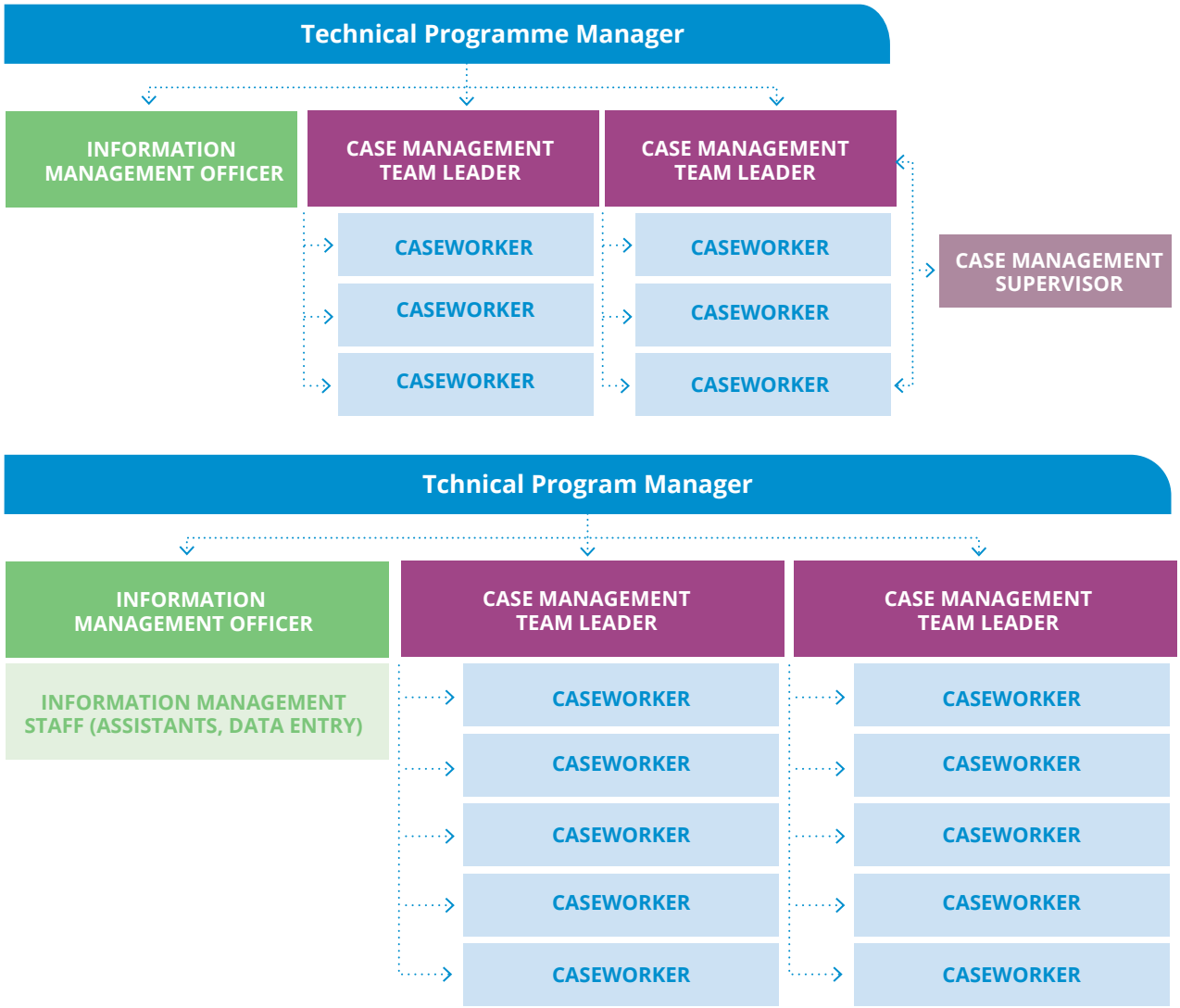
STRUCTURE AND KEY ROLES[s]

The primary role within a case management team is the caseworker, responsible for delivering essential case management support. This role is supported by a supervisor, and possibly a manager, who may or may not be a child protection specialist. While organisational structures can vary, additional roles within a case management team might include data entry officers or assistants (or similar roles related to information management), as well as technical advisors or specialists focusing on areas like MHPSS or SGBV.

Two common sample structures for case management teams are as follows:

- **Structure Type 1:** In this setup, the supervisor holds a technical role but does not assume management responsibilities.
- **Structure Type 2:** Here, the direct line manager also functions as the supervisor within the case management team.

FIGURE 16 Two common structures for case management teams



s Note that in different contexts the roles described below may have different titles, and there may be national standards in relation to recommended ratios. Contextual variations in the role of the caseworker are highlighted in the next section.

CONSIDERATIONS IN SETTINGS WITH REFUGEES AND ASYLUM SEEKERS

In refugee settings, where a BID is implemented, case management roles will include a BID Supervisor and BID Reviewing Officers, and in certain contexts a BID Coordinator. For more information, see Chapter 5 of the UNHCR BIP Guidelines, and Terms of Reference page of the BIP Toolbox.

CASEWORKER-CHILD RATIO

According to the CPMS, **caseworkers should maintain a manageable caseload, ideally not exceeding 25 cases per caseworker.** However, certain programme circumstances may necessitate lower limits, especially when dealing with complex or high-risk cases, or when extensive travel time reduces the caseworker's availability. When deciding on caseworker-child case ratios, several important factors should be considered to ensure effective child protection case management. These factors include:

- **Overall responsibilities:** Evaluating the responsibilities associated with each core function (supportive, coordination, and information management) as described in section 2.1.6.b below to determine workload capacity.
- **Complexity of cases and risk levels:** Recognizing that high-risk or complex cases may demand more time and resources, necessitating lower caseloads to ensure adequate support.
- **Gender considerations:** Considering the preference of the child for a male or female caseworker, where applicable.
- **Geographic considerations:** Assessing the size of the geographical area covered by the organisation and the time required for travel, which can impact caseworker availability.
- **Caseworker experience and capacity:** Considering the experience and capacity of individual caseworkers to manage a higher or lower caseload effectively.
- **National frameworks:** Adhering to national legislative and procedural frameworks that may specify maximum caseloads per caseworker.
- **Child and caregiver feedback:** Incorporating feedback from children, families, and caseworkers to assess the impact of caseload ratios on service quality.

Supervisors or managers should regularly review individual caseloads, ideally monthly, to ensure they remain manageable. During humanitarian crises or when there is pressure to scale up, existing policies on caseload quotas should be reviewed to assess the impact of increasing caseloads on programme effectiveness, staff well-being, and resource requirements.

SUPERVISOR-TO-CASEWORKER RATIO

Based on the role of supervisors in managing and supporting caseworkers, it is recommended that each supervisor oversees approximately 5-6 caseworkers.[54] This ratio is designed to ensure effective support and management of caseworkers. For more detailed information on the roles of supervisors, see section 2.1.6.d.

In addition to the considerations mentioned earlier, there are additional factors to consider:

- **Scope of supervisory responsibilities:** Supervisors are responsible for overseeing caseworkers, providing guidance, contributing to performance evaluations, and ensuring adherence to policies and procedures.
- **Training and coaching:** Supervisors play a crucial role in providing training and coaching to caseworkers to enhance their skills and capabilities.

- **Complexity of cases:** Supervisors may need to be more directly involved in complex cases, which can impact their capacity to oversee a larger number of caseworkers.
- **Supervisory experience:** Individuals new to a supervisory role or those requiring additional capacity development may benefit from initially overseeing a smaller number of caseworkers to facilitate effective skill development and support.

ENGAGING WITH COMMUNITY VOLUNTEERS IN CASE MANAGEMENT

The Toolkit for Community Child Protection Volunteers: Volunteers' roles in Supporting Case Management gives a comprehensive overview of the benefits and potential risks associated with involving community volunteers in case management. It gives valuable recommendations on ethical practices and offers guidance to child protection organisations on ensuring ethical standards when engaging volunteers to support case management.

The decision to involve community volunteers in case management is pivotal and should be carefully considered during the design and strengthening of the case management response. The appropriateness and successful implementation of community volunteer engagement depend heavily on the specific context.

The selection of community volunteers is critical as it directly impacts their effectiveness in case management. Collaborating with the community during the selection process helps increase acceptance, mitigate risks of child exploitation and abuse, and ensure volunteer safety. Criteria for selecting volunteers should prioritise interpersonal skills such as effective communication, openness, humility, and a strong commitment to assisting children. It is vital to carefully navigate power dynamics during the volunteer selection process. Volunteers should represent the diversity within the community and should not be selected solely based on personal connections to individuals in positions of authority.[55]

While the specifics of selecting community volunteers, defining their roles, and deciding on compensation may vary depending on the context, there are certain boundaries that should universally be upheld:

Red lines:[56]

- The role of the caseworker, responsible for the child's care from identification to case closure, should be exclusively performed by paid staff.
- Community volunteers supporting caseworkers must receive ongoing training, coaching and supervision to ensure effectiveness and ethical practices.
- Community volunteers should work limited hours for the child protection organisation to avoid impacting their livelihoods or families.
- The safety and well-being of community volunteers is the child protection organisation's responsibility and must be prioritised as part of its duty of care.

If there is insufficient funding to support paid caseworkers with necessary training, coaching and supervision for effective case management, the case management approach should not be implemented. Community volunteers cannot substitute for paid caseworkers and should not be relied on as a primary solution in lieu of adequately resourced staff.

2.1.6.B THREE CORE FUNCTIONS OF A CASEWORKER

A caseworker is *the key worker in a case who maintains responsibility for the child's care from case identification to case closure, in a case management approach.*[57] This role can be understood in terms of three functions: supportive, coordination and information management.

SUPPORTIVE FUNCTION

Caseworkers establish safe environments for children and families, empowering them to express concerns and needs. They collaborate to enhance safety, provide basic mental health support, share information, and assist with care arrangements or family reunification.

Key responsibilities in *supportive* function:

- Empower children and families to express concerns.
- Provide relevant information to children and families.
- Collaborate to enhance safety measures.
- Offer basic mental health and psychosocial support.
- Engage parents and caregivers, providing family strengthening support.
- Assist in identifying safe care arrangements and family tracing.

COORDINATION FUNCTION

Caseworkers facilitate clear communication and relationships with stakeholders, prioritising child safety and data protection.[58] They coordinate with various levels of stakeholders to identify services, report gaps, advocate for child-friendly services, and organise case conferences.

Key responsibilities in *coordination* function:

- Identify and refer children and families needing support.
- Facilitate access to available services.
- Advocate for child-friendly services.
- Organise case conferences for multidisciplinary support.

INFORMATION MANAGEMENT FUNCTION

Caseworkers collect, process, store, share, and analyse information crucial for understanding a child's situation. They maintain accurate and secure case files and databases, ensuring compliance with data protection principles.

Key responsibilities in information management function:

- Gather and document relevant information.
- Handle and share information securely.
- Maintain accuracy of case management databases and keep them up to date.
- Uphold data protection and information-sharing principles.

Caseworker functions are adaptable to specific contexts, ensuring comprehensive support and protection for vulnerable children and families throughout the case management process.

2.1.6.C CASE MANAGEMENT COMPETENCIES

When providing case management services, staff must have appropriate competencies including knowledge, attitudes, values and skills. A competency is defined as "a measurable set of knowledge, skills, or attributes required to effectively perform a task".[59] This includes technical knowledge and skills, as well as attitudes and behaviours.

A case management competency framework serves as a valuable tool for individual case management staff to assess their capacities, identify strengths and areas for development, and set goals for professional growth. A competency framework can also be of benefit to coordination groups and organisations in:

- Mapping capacities to prioritise areas for learning and development.
- Supporting recruitment through competency-based job descriptions and selection processes.
- Conducting performance management aligned with agreed-upon standards.

There are two key competency frameworks relevant to child protection case management:

CASE MANAGEMENT CASEWORKER COMPETENCY FRAMEWORK

The Case Management Caseworker Competency Framework outlines essential competencies and related attitudes and skills required for child protection caseworkers, categorised into three key areas as shown in the table below (noting that there may be specific requirements in the given context).[60]

PERSONAL KNOWLEDGE	COMMUNICATION AND PSYCHOSOCIAL SUPPORT	TECHNICAL KNOWLEDGE
• Diversity and inclusion. • Accountability and integrity. • Self-awareness and self-management. • Analysis, critical and creative thinking and problem solving. • Coordination and collaboration.	• Building a relationship of trust. • Responding with empathy, warmth and genuineness. • Verbal communication. • Non-verbal communication.	• Knows the theoretical framework for working with children and their families. • Safe identification of child abuse, neglect, violence and exploitation, including self-harm. • Understands and implements case management processes and tools. • Planning and managing a caseload.

Each key area includes a set of competencies accompanied by corresponding indicators detailing the expected knowledge, attitudes, and skills.

Competencies can either be inherent or intentionally developed. A Competency Self-Assessment tool has been created to assist in identifying current knowledge, attitudes and skills. Supervisors play a crucial role in supporting the competency development of each caseworker within their team. These competencies are always a work in progress and caseworker and their supervisors will continue to develop and strengthen their knowledge, attitudes, and skills throughout their careers.

There are also other competency measurement tools available which can be used to look at competencies more objectively rather than as a reflective exercise. For example, the Case Management Supervision and Coaching Training Package includes a competency assessment questionnaire which is implemented by caseworkers with supervisors. Another example is EQUIP,61 which can be used during case management training or supervision to measure competencies through observation.

CHILD PROTECTION IN HUMANITARIAN ACTION COMPETENCY FRAMEWORK

The Child Protection in Humanitarian Action Competency Framework provides a set of recognized competencies for child protection in humanitarian action practitioners across three levels. Level one is for those involved in implementation (e.g. caseworkers or supervisors), level two for those managing child protection activities (supervisors may also be working towards this level), and level three for those in child protection leadership roles. These may be particularly useful to identify continued professional development steps for staff in senior roles in case management. The framework is a valuable tool not only for general case management responses but also for instances where staff need specialised skills to address protection risks or provide specific types of support. For example, it offers competencies tailored to case management as well as those related to family strengthening, alternative care, and addressing various risks and vulnerabilities such as physical and emotional maltreatment, SGBV, MHPSS, CAAFAG, child labour, and UASC.

2.1.6.D LEARNING AND DEVELOPMENT

Learning and development refer to the process of identifying and meeting the learning needs of professionals, in order to develop their performance in their role(s).[62] Where possible learning and development plans for relevant actors involved in case management should be developed at the inter-agency level. The 2023 edition of the inter-agency Child Protection Case Management Training Package for Case Workers in Humanitarian Settings is a key tool for learning and development. However, it is important to consider a step-by step-approach to case management learning and development, as outlined in the table below.[63]

STEP 1: DETERMINE LEARNING NEEDS AND GOAL	TOOLS
A learning need is the gap between existing knowledge, skills and attitudes and the knowledge, skills and attitudes needed to do the job.	Key tools include: Caseworker Competency Assessment Tools 'Child Protection in Humanitarian Action Competency Framework' 'Case management coaching and supervision tools' 'Child Protection Case Management Training Package for Case Workers in Humanitarian Settings'
STEP 2: DETERMINE LEARNING AND DEVELOPMENT APPROACHES	
Learning and development approaches are determined based on the learning needs and the goals. They can include training, coaching and supervision, webinars, e-learning, job shadowing, peer-to-peer learning etc.	
STEP 3: DEVELOP AND IMPLEMENT A CAPACITY STRENGTHENING PLAN	
A capacity development plan for case management should be in place for all roles and include needs, proposed interventions, priority levels, budget, time frame, the lead person for each intervention, languages, existing materials and resources, support needed.	
STEP 4: EVALUATE AND ADJUST	
This means seeking feedback on capacity development initiatives and assessing capacity to identify shifts in knowledge, skills and attitudes, pinpointing any learning gaps. Adjusting means leveraging this insight to improve the training or learning activity design.	

2.1.6.E SUPERVISION AND COACHING

Supervision is a relationship that supports the caseworker's technical competence and practice, promotes well-being, and enables effective and supportive monitoring of casework.

Coaching is a method for supporting the development of a caseworker. Coaching can involve 'coming alongside' the caseworker to help on specific skills and can involve modelling good practice. It is an approach that places the caseworker as the driver of their own development and the expert at recognizing and overcoming their own strengths and challenges. The supervisor role as coach is to use specific practices to help the caseworker recognize their strengths and challenges and help them set and realise realistic goals towards achievement.[64]

WHY IS SUPERVISION IMPORTANT?

There is evidence which supports the relationship between supervision and positive outcomes for children.[65] Child protection work is challenging, requiring caseworkers to develop different competencies to be able to deliver quality case management services. Caseworkers need dedicated time and space for reflection, to think about their strengths, areas for improvement, and the support they may require. Through supervision, caseworkers can consistently refresh and reflect on their knowledge, skills, and attitudes.[66]

Supervision provides essential support to caseworkers, especially when handling complex cases that require decisions in the best interests of children, for example in situations involving mandatory reporting, breaches of confidentiality, or withdrawal of consent. Supervision sessions foster shared responsibility, providing guidance and support to caseworkers throughout their interactions with children and their families or caregivers.

FUNCTIONS OF SUPERVISION

Researchers, academics, and practitioners have categorised supervision into three key functions:[67]

1. Administrative and Accountability
2. Educational and Developmental
3. Supportive

Maintaining a balance among all three supervision functions is crucial, and understanding their interdependence is equally important. For example, by establishing a safe and confidential relationship as part of the supportive function, the supervisor gains insight into the caseworker's learning and development needs and areas on which they wish to have training. The absence of any of the three functions would result in an imbalanced approach. Each function is critical and relies on the others for effectiveness. For more details, please see Annex 7: Functions of supervision.

Organisations often prioritise administrative and accountability functions over staff development and support. However, supervisors play a crucial role in supporting caseworkers and preventing burnout. They should organise regular supervision and coaching, collaborate with managers or HR to establish support systems, and ensure the staff have reasonable expectations and favourable working conditions. Supervisors should also model healthy boundaries and self-care practices, fostering a positive work environment. This proactive supervision approach helps maintain a resilient and effective workforce in child protection case management.

SUPERVISION IN PRACTICE

For supervision to be successful, it is key to have a safe space where caseworkers can speak openly and to ensure the supervisor possesses the necessary qualifications and experience in the field of child protection and case management. Regardless of the chosen structure, clear roles and responsibilities are critical for effective supervision within an organisation. This approach aims to balance the needs of caseworkers, provide necessary support, and ensure the quality of case management for vulnerable children.

Frequency and duration:

- Ideally 1 hour per week.
- No less than 1 hour every two weeks.
- Adjustments based on caseworker experience and situation.

Supervisor qualifications:

- Conducted by someone with at least 2 years of child protection and case management experience.
- External organisations / consultants can serve as a supervisor, ensuring confidentiality measures are in place.

The supervisor must have experience and expertise in child protection case management. In addition, if a caseworker provides activities as part of their case plan that require additional expertise, for example focused MHPSS activities, the supervisor needs the knowledge and ability to offer technical guidance and effective support in this specific domain.[68] If the CM supervisor does not have this expertise, this supervision can also be conducted or complemented by an external organisation or individual with the necessary technical expertise and experience. This ensures effective support for both caseworkers and supervisors.

2.1.6.F WORKING CONDITIONS AND STAFF CARE

Child protection case management can be very demanding and requires staff to show empathy and resilience while handling the complexities of working with children at risk of or experiencing violence, abuse, neglect, and exploitation. These challenges can be further compounded by difficult working conditions and long hours. It is important to recognize that in humanitarian contexts some staff members may be part of the affected population themselves, which may add an additional layer of difficulty for the individual.

Organisations have a duty of care and must implement measures to ensure ethical working conditions and staff care to maintain the effectiveness and sustainability of interventions. This will foster a compassionate and understanding environment that enables personnel to effectively navigate the challenges inherent in this field.

Measures to ensure appropriate care for staff and volunteers include:[69]

- Develop explicit human resources protocols to protect and promote workers' psychological well-being, especially following highly distressing events such as the death of a child or security incidents, ensuring immediate basic MHPSS is available.
- Ensure accessible support services for staff and volunteers and tell them how to access these resources during onboarding.
- Define working hours and non-working time, monitor overtime, and encourage breaks and leave to prevent burnout.
- Provide training on self-care and basic psychosocial support skills for all staff and volunteers to enhance well-being and foster supportive interactions.
- Train supervisors and managers on monitoring and mitigating work-related stressors, and on how to respond effectively to workers who have experienced distressing events.
- Establish forums for workers to ask questions, express concerns, and share ideas for improvement.
- Provide equitable and affordable access to culturally appropriate emotional support for all workers.

2.1.7 APPROPRIATE RESOURCES

Allocating appropriate financial resources for child protection case management to support implementation in line with the key components outlined above is essential for programme quality. Notably, a major cost in child protection case management is that of human resources which are critical for quality service delivery as explained in section 2.1.6. Ensuring adequate funding for child protection case management is critical for the quality and sustainability of the response. This includes not only human resource costs but also adequate financial, material and logistical resources to enable caseworkers and supervisors to perform their duties in a competent and accountable manner.

It is important to note that in various contexts, including humanitarian responses, activity costing for case management (as well as other child protection activities) should preferably be done at the inter-agency level. This may include contextual considerations; for example, costing for hard-to-reach locations which may be factored into the calculations. Where possible, actors should consult with the inter-agency child protection coordination group in-country to provide input into costing processes.

The table below shows types of costs, what they may include, and key considerations when calculating costs.[70] The costs in the table need to be adapted based on the context and the type of case management actors and modality; for example, whether it is direct implementation, or done by working through partners, etc. Here is a link to a sample Child Protection Case Management Budget Template and related tools/resources.

TYPE OF COSTS	WHAT IT MAY INCLUDE	GUIDANCE TO CONSIDER
Human resources	• **Project staff salaries:** Case management staff, e.g. caseworkers, supervisors, IM staff, staff benefits and other associated personnel costs including for volunteers, costs related to staff well-being. • **Management and technical staff salaries:** % of management and technical staff costs, including any technical staff providing additional technical support or supervision (e.g. MHPSS, gender or SGBV adviser, etc.).	• Maximum number of cases in a caseworker's caseload should not exceed 15 to 25 at any given point in time to be calculated on estimated caseload. • Ratio of supervisors to caseworkers should not exceed 1:5/6. • If appropriate costing to supplement or substitute the strengthening of the social service workforce by supporting salary costs.
Case management set up / equipment	• **Case management office set up:** Office space, furniture, fireproof lockable metal filing cabinets and stationery. • **Child-friendly equipment:** Child-friendly furniture, play space materials and toys. • **IT:** computers, Internet, printers, printing supplies. • **IM system:** IM system, subscription, back-up system for data (cloud, hard drives, etc.). • **Other project equipment:** Rain, winter, or summer gear for caseworkers.	• Appropriate budgeting for IM systems such as CPIMS+. • Space to hold private meetings between supervisors and caseworkers. • Child-friendly meeting space that ensures confidentiality and privacy. • Water, sanitation and hygiene facilities for the service providers and the children who visit the office should be separate.
Capacity strengthening and supervision	• **Training and workshop costs:** Training venue, meals, transportation, per diem (depending on the context), interpretation. • **External courses:** external course fees, distance learning.	• Supervision costs such as transportation and other relevant budget lines.

TYPE OF COSTS	WHAT IT MAY INCLUDE	GUIDANCE TO CONSIDER
Staff transportation and travel	• **Project travel:** Vehicles, fuel, travel expenses, per diem / lunch allowance (depending on the context), international travel (where applicable). • **International staff travel (where applicable):** flights, visas, accommodation, per diem.	• Geographic scope of the case management activities, availability of the organisation 's vehicles to transport caseworkers, availability and safety of public transportation. • Contextual factors such as seasonal weather and security fluctuations.
Communication	• **Communications:** Phones, airtime, data sticks and cards (where applicable).	• Communication costs for phones, top-up funds for phones, or other communications devices (as appropriate).
Immediate response needs and/or referrals	• **Transportation for accompanying children and their families:** Based on internal procedure, may include vehicle costs where transportation is provided by the organisation, or taxis, buses, etc. • **Emergency case fund:** Funds to enable immediate response and service provision when needed. May also include emergency kits or temporary shelter.	• Transportation for children and their families if appropriate. • Emergency case funds.
Systems strengthening	• Sub-grants or incentive schemes: Funds for government or local partners may include costs for staffing, communication, transportation, equipment and supplies, furniture, generator, etc. • Capacity strengthening: workshops, training, etc. (see above). • Advocacy costs: meeting costs (refreshments, meeting space), workshop costs (see above), communications materials.	• Sub-grants to develop local design and/or ownership of activities and to strengthen expertise, capacity and knowledge of local partners to provide direct services, as well as to enhance the monitoring and protection of children once the response moves to the transition and eventually development phase. • (Note that these costs will build towards sustainability; however, it must be ensured that service delivery is not contingent on schemes.)
Other possible activity costs	Includes costs associated with context analysis, service mapping, evaluation and selection of quality service providers, referral pathway development, SOP development, awareness campaigns, improve access to basic health, MHPSS, education, etc. services for children workshop to develop sustainability strategy, communication materials (some of these costs may be inter-agency).	
Assessments, M&E, accountability, learning, safe programming	• % MEAL staff time, workshop costs (see above), transportation for monitoring (see above), hotline costs, feedback mechanisms, evaluation costs (including enumerators, transportation, associated IT).	• Costs may be budgeted for centrally across all programmes; in some contexts, these may be budgeted by the programme team.

EMERGENCY CASE MANAGEMENT FUND

An emergency case management fund is an integral part of the case management process. The emergency case management fund allows for an immediate response to cases. It is generally a small amount and is managed by the caseworker within a set of standards agreed on by child protection case management actors**.** The emergency fund is used for a one-off specific need, e.g. paying for transport for a child to see a health-care provider. Given the considerable flexibility offered by emergency case management funds, it is essential for both the caseworker and their supervisor to be aware of the criteria for disbursing such funds and be able to communicate it and use it in a way that will do no harm. Expectations about the disbursement of emergency case funds need to be managed from the start of the process. It is often helpful if guidelines are developed at the inter-agency level for consistent safe and ethical management and use of funds across CM agencies.

2.2 How to design the most appropriate and quality response

2.2.1 QUALITY ASSESSMENT OF EXISTING COMPONENTS OF THE CASE MANAGEMENT RESPONSE

At the organisation level, actors should consider how their organisation can best contribute to a case management response in line with the guiding principles and the CPMS and their internal capacities and constraints.

The Inter-agency Child Protection Case Management Quality Assessment Framework (CPCM QAF) is a valuable tool for evaluating the quality of a case management response and its essential components. The CPCM is the recommended tool to assess the quality of each of the essential components and how it can be improved, whether within an organisation or at the inter-agency/national level. The QAF can also be used as a framework in the design and planning of case management programmes. Framed around seven key components, the QAF helps to identify existing strengths to build on, areas needing strengthening, and critical gaps. It also suggests possible actions to strengthen the quality of case management.

Based on the guidance on quality practice given in section 2.1, the table below suggests questions, based on the CPCM QAF, that can be asked to guide reflections in the quality assessment.

Note: Further questions are available in the CPCM QAF to provide more guidance on what needs to be considered in the quality assessment.

COMPONENT 1: TARGET AND SCOPE

- Is the response based on a context analysis and assessment of the child protection situation, needs, response and capacities?
- Is the case management response part of a defined inter-agency strategy? Is it in line with the child protection system in context?
- Has a child protection risk analysis been conducted and used to inform the eligibility criteria and prioritisation guide for child protection case management?
- Are there Standard Operating Procedures for child protection case management in place?
- Is there a service mapping and multisectoral referral pathways in place?

COMPONENT 2: COORDINATION AND COLLABORATION:

- Is there formal collaboration and coordination between service providers on child protection case management?
- Is there inter-cluster/sectoral coordination with e.g. the GBV, Protection and MHPSS sectors?
- Are there specific formal procedural safeguarding mechanisms (e.g. Best Interests Determination panels and/or case conferences) in place for complex cases and decisions which significantly affect the life of a child? Either under the state authority, or in the absence of State procedures, at the inter-agency level?
- Are community child protection structures linked to the case management response?

COMPONENT 3: CASE MANAGEMENT PROCESS

- Are case workers familiar with and using a risk and prioritisation guide to help determine if a child is at high, medium or low risk of harm?
- Is informed consent or assent always obtained from the child and/or their caregivers (in written or recorded form), where it is possible and appropriate to do so?
- Are time frames in which the different case management steps need to be initiated/completed outlined, based on case prioritisation? Are caseworkers trained and is implementation of the time frame monitored?
- Are caseworkers trained in immediate response to urgent threats to the life, safety and dignity of the child? Is the implementation of this response monitored?

STEP ONE Identification and registration

- Are there established referral pathways to ensure that child protection cases can be identified and referred for case management (e.g., self-reporting, referral, outreach)? And is the referral pathway understood and used by children, families and communities to refer cases?
- Are caseworkers confident in using risk analysis and eligibility criteria for identification and registration?
- Are case workers familiar with and confidently using a prioritisation guide, helping them to determine if a child is at high, medium, or low risk of harm?

STEP TWO Assessment

- Are assessments carried out according to a set format to assess the situation of the child and their family, which makes it possible to identify risk and protective factors, as well as their needs?

STEP THREE Case plan

- Are individual case plans developed based on a set format that sets out specific, measurable, achievable and time-bound (SMART) objectives and actions with clear roles and responsibilities (e.g. what, who, when)?
- Is a case plan developed jointly with a child and their parents or caregivers (where appropriate)?

STEP FOUR Implementation

- Do caseworkers have information and contact details for the range of services and supports offered and who the staff providing the services are?
- Has consent / assent (to share information with other service providers) been sought from the children and parents or caregivers (where possible and if appropriate) before a referral is made?
- Is information shared with service providers in accordance with the data minimization principle (on a need-to-know basis)?

STEP FIVE Follow-up and review

- Do caseworkers conduct and record regular follow-up (according to the case plan and risk level) with the child, family, and service providers to obtain progress updates and ensure needs are met?
- Do caseworkers conduct and record review meetings with the child, family and others involved in the case plan (where possible and if appropriate)?

STEP SIX Case closure

- Are the cases closed based on closure criteria?
- Is a final home visit carried out at least three months after case closure?
- Do the child and their family take an active part in the decision-making process to close the case, and are they given information on who and how to contact if they have questions, concerns or need support?

COMPONENT 4: INFORMATION MANAGEMENT FOR CASE MANAGEMENT

- Are caseworkers using contextualised child protection case management forms which have been harmonised between agencies?
- Has an inter-agency Data Protection Impact Assessment (DPIA) been conducted to inform the child protection case management Data Protection and Information-Sharing Protocol (DPISP)?
- Is there a contextualised inter-agency DPISP in place?
- Is there an appropriately selected inter-agency information management system for child protection case management in place?

COMPONENT 5: MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING

- Have case management indicators been agreed and adopted at the agency level?
- Is data regularly collected on case management indicators, disaggregated by age, gender and diversity, and used to improve programming?
- Is feedback on the quality of case management services actively sought from children, parents and caregivers and acted upon?
- Do children and their families know how they can provide feedback?

COMPONENT 6: STAFFING AND CAPACITY

- What is the social service workforce legislation/framework in-country, if any, regarding who can practise case management, and is any certification required?
- What is the terminology used in-country for different case management roles? (e.g. caseworker/social worker/social assistant, etc.)?
- Are there job descriptions in place for dedicated child protection case management staff that outline key competencies and safeguarding requirements?
- Do caseworkers have an appropriate caseload (ranging from 15 to 25 cases each), in line with their competencies and experience?
- Do supervisors oversee a maximum of 5 to 6 caseworkers?

- Are there sufficient female caseworkers available so that girls and boys have the option of a female caseworker?
- Do recruitment procedures include knowledge- and competency-based interviews, as well as reference and background checks?
- Is there a learning and development plan in place at the inter-agency or organisational level targeting all relevant staff involved in case management?
- Did all caseworkers participate in the child protection case management training?
- Are there policies and mechanisms to protect and promote the psychological well-being of staff and volunteers?

COMPONENT 7: APPROPRIATE RESOURCES

- Are sufficient financial, material, and logistical resources available that enable caseworkers to perform their duties in a competent and accountable manner (e.g. telephones, computers, transport, meeting space, emergency case funds, MEAL, and a budget for capacity development, supervision and coaching).

2.2.2 DEFINING ACTIONS TO ENSURE AN APPROPRIATE AND QUALITY CASE MANAGEMENT RESPONSE

2.2.2.A DEFINING THE ROLE(S) TO STRENGTHEN THE SOCIAL SERVICE WORKFORCE FOR CASE MANAGEMENT

As highlighted in section 1.5, it is essential to always consider how a case management response can strengthen the existing child protection system. Based on the outcomes of the quality assessment (section 2.2.1) and the different components highlighted in Part 2.1 it is recommended that case management actors, ideally at inter-agency level, reflect on and define the role(s) which they want to play or continue playing in building the social service workforce in relation to case management:

- Strengthening the case management capacity of the existing SSW
- Supplementing the case management capacity of the existing SSW
- Stepping into the role of the existing SSW
- Advocating for continued capacity strengthening of the existing SSW

See section 1.5 for an explanation of the different potential roles.

Based on the defined approaches to strengthening the existing SSW, case management actors in close collaboration with the government and ideally at inter-agency level, can determine priorities, responsibilities and collaboration and coordination in relation to the design and/or strengthening of the different components of the case management response. Please see also section 1.2, 1.3 and 1.4.

A useful more general reference tool to understand overall system maturity is the UNICEF Child Protection Systems Strengthening: Approach, Benchmarks, Interventions which looks at overall systems strengthening and outlines specific considerations for child protection case management and humanitarian settings.

2.2.2.B EXIT STRATEGY AND SUSTAINABILITY

An exit and sustainability strategy are an integral component of a case management response and should be initiated during the design phase, building on the organisation's role in strengthening the existing system. It should consider the context, capacities, and available resources, aligning with case management principles.

An exit and sustainability strategy should include:

WHEN

A sustainability plan developed during the case management programming design phase.

WHO

Involvement of the government and relevant local authorities, and other relevant actors working on child protection case management including inter-agency coordination mechanisms as needed.

WHAT IT SHOULD BE:

- Realistic, achievable, and adaptable.
- Aligned with case management principles.
- Sufficiently resourced.

WHAT IT COULD INCLUDE:

- Collaboration with local and national NGOs and government staff in the design and implementation of capacity strengthening activities
- Institutional capacity strengthening with organisations to ensure long-term sustainability in fundraising, technical expertise, internal learning, and development capacity
- Implementation of case management with local partners, initially assigning specific case categories with appropriate support and supervision
- Strengthening of community-level networks and systems
- Reinforcement of emergency preparedness plans where community-level child protection networks are robust
- Development of realistic tools, procedures, and capacity strengthening at a national level

2.2.2.C PREPAREDNESS AND CONTINGENCY PLANNING

PREPAREDNESS

Preparedness refers to the activities and measures taken in advance of a crisis to ensure an effective response to the impact of hazards, including issuing timely and effective early warnings and the temporary evacuation of people and property from threatened locations. While preparedness plans typically span across child protection activities and various sectors, this section focuses on case management-specific considerations.

Preparedness measures include:

- Identifying potential scenarios for child protection risks requiring case management based on the context and affected population groups, including their legal and migratory status.
- Contributing to inter-agency efforts for reviewing, updating, or conducting mappings and situation analyses.
- Mapping existing case management processes and tools, advocating for or providing support to include preparedness measures in context-specific scenarios.
- Assessing if case management could be a gap in potential emergency scenarios, evaluating organizational capacity, and determining the most suitable approach.

Based on these guidelines:

- Develop a human resources plan for rapid recruitment and training, avoiding disruption to existing staffing structures.
- Establish an operations and logistics plan covering communications, transport, procurements, etc.
- Develop a resourcing plan, including budget outlines for the short and long term.

CONTINGENCY PLANNING

Child protection case management is an essential service that must continue during crises, context changes, or significant events. A contingency plan is crucial when actors face challenges operating fully or cannot operate at all due to events such as disease outbreaks, security changes, or funding discontinuation.

MINIMUM COMPONENTS FOR A CONTINGENCY PLAN INCLUDE:

- **Possible scenarios assessment:** Identify key risks in each scenario and develop corresponding plans with mitigation measures.
- **Identification of potential actors:** Determine potential actors to implement case management and any capacity strengthening requirements they may need.
- **Adaptations for continued support:** Ensure continued case management support, considering the 'do no harm' principle and the best interests of the child (e.g., remote case management during periods of inaccessibility).
- **List of actions for handover:** Outline steps for transferring open and active cases, and establish decision-making processes for individual cases

CONSIDERATIONS IN SETTINGS WITH REFUGEES AND ASYLUM SEEKERS

In refugee settings, also see Chapter 3.7 of the UNHCR BIP Guidelines for guidance on implementing case management in evacuation settings and settings with limited access.

2.2.2.D SPECIFIC CONSIDERATIONS FOR RAPID-ONSET HUMANITARIAN CRISES

During the initial phase of a humanitarian crisis a phased approach may be required, in which an assessment might be done in a phased manner using the quality questions. In these circumstances, it may be appropriate to begin with simple straightforward actions, sometimes by establishing services that focus on specific issues (for example time-sensitive issues such as family separation or recruitment/ release from armed forces or armed groups)[71], and for the rest to be built progressively.

While it is crucial for humanitarian efforts to prioritise strengthening the child protection system, several challenges may hinder this objective such as:

- Time constraints may make it difficult to thoroughly assess the context or reach consensus among stakeholders.
- Balancing the need for extensive consultation and analysis with the urgent imperative to protect children.
- Governments may defer leadership responsibilities to international organisations.

To address these challenges, the existing inter-agency tools can be used as foundational agreements to facilitate an immediate response, with the flexibility to revise and expand on them later. These core tools, which can be used at both the organisational and inter-agency levels, include:

- The Five-Step Guide to Developing Inter-Agency Standard Operating Procedures for Child Protection Case Management in Humanitarian Settings and the Standard Operating Procedures Template.
- The Inter-agency Child Protection Case Management Forms.
- The Inter-agency Data Protection and Information Sharing Protocol.

In rapid-onset emergencies, it is crucial to ensure that case management aligns with the above-mentioned principles and adopts a socio-ecological approach while following the outlined six-step process as outlined in Part 1 and Part 2 of these Guidelines. Adhering to these three core elements will minimise harm and maximise benefits in providing effective support.

2.2.2.E SAFE AND RESPONSIBLE PROGRAMMING

Given the sensitive nature of child protection case management and its focus on working with the most vulnerable and at-risk children, it is crucial to design and implement the case management response with the utmost care, ensuring that the response prioritises safety and 'do no harm', and is designed and managed responsibly.

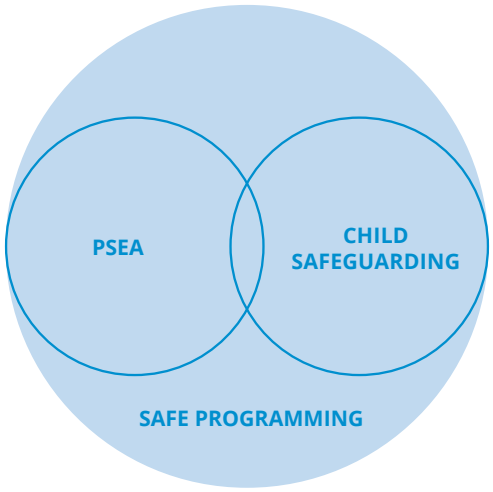
Safe programming aims to ensure that case management is safe for children and communities and that they do not face any additional risks or harm as a result of case management services, whether intentional or unintentional. Safe programming includes ensuring that policies and procedures are in place, but it goes beyond that to take a more holistic approach to ensure children's safety as a primary consideration across every aspect of the case management response. Safe programming is about designing, strengthening and building protective environments for programmes through careful risk management.

SAFE PROGRAMMING, CHILD SAFEGUARDING AND THE PREVENTION OF SEXUAL EXPLOITATION AND ABUSE

Child safeguarding is "the responsibility that organisations have to make sure their staff, operations, and programmes do no harm to children. It includes policy, procedures and practices to prevent children from being harmed by humanitarian organisations as well as steps to respond and investigate when harm occurs."[72]

The prevention of sexual exploitation and abuse (PSEA) is "a term used by the UN and NGO community to refer to measures taken to prevent, mitigate and respond to acts of sexual exploitation and abuse by their own staff and associated persons, including community volunteers, military and government officials engaged in the provision of humanitarian assistance."[73]

FIGURE 17 Links between safe programming, PSEA and child safeguarding



Sexual exploitation and abuse (SEA) as one type of harm is therefore one part of child safeguarding, while child safeguarding also includes prevention and response to other types of harm (physical, emotional etc.) as well as SEA. PSEA also includes prevention and response for adults.

RISK MANAGEMENT

The nature of case management work can pose specific risks to children, families and communities. When risks are not adequately managed, children and their families can be placed at serious risk of harm. This can include abuse, exploitation, and emotional distress, and can even place a child's life at risk.

Risk assessments should consider various aspects of case management, evaluating the risks of implementing child protection case management in each context. This includes assessing existing control measures and their effectiveness for ongoing programmes. The assessment involves calculating the likelihood and impact of risks to determine the overall risk level. Control and mitigation measures should then be identified, specifying who will implement them and when.

Managers are responsible for creating a comprehensive risk assessment, with input from the case management team. Once mitigation or control measures are established, every team member must be informed of these measures. Each team member is then individually accountable for sticking to and implementing these measures in their respective roles within the case management process.

For both a template and examples of some of the risks which could be associated with different aspects of case management activities, as well as example control measures, see Annex 8: Case management risks and action plan template.

2.2.3 CHILD PROTECTION CASE MANAGEMENT STANDARD OPERATING PROCEDURES (SOP)

Often in each context specific operating procedures for case management (or an equivalent) are developed to guide the case management process in that specific context, and the ways of working internally and externally throughout the process. These procedures outline the target and scope of the child protection case management response based on the context, and related risks and how the case management process is tailored accordingly, as explained in Part 2.1.

In humanitarian settings, as well as other contexts where the United Nations and national and international NGOs, as well as local organizations and community led organizations alike work in child protection case management, national authorities are responsible for child protection services and should be at the forefront of the case management response from the start (where possible and if appropriate), including the development or adaptation of relevant procedures to the humanitarian needs. International organisations have a responsibility to support national authorities and to avoid duplicating existing systems (see section 1.4 and 1.5).

Key components of an SOP are outlined in the Five-Step Guide to Developing Inter-Agency Standard Operating Procedures for Child Protection Case Management in Humanitarian Settings and the Child Protection Case Management Standard Operating Procedures Template.[74] It is recommended that child protection case management actors develop the critical elements of an SOP jointly in a coordinated way. This may mean forming a specific task force or group focusing on humanitarian child protection case management (as explained in section 2.1.2) under the broader government or a child protection coordination structure.

CONSIDERATIONS IN SETTINGS WITH REFUGEES AND ASYLUM SEEKERS

See the BIP SOP Toolkit[75] for guidance, templates, and tools. The BIP SOP includes procedures for the BID process. This should build on, refer to and create clear links with existing SOP so that caseworkers and supervisors know what to refer to depending on context and caseload.

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Part 3
The case management process and steps

Who this part is for

Caseworkers and their supervisors, but is also useful for managers, advisors, and coordinators involved in establishing and strengthening a case management response.

Why this is important

Case management is challenging and complex work, particularly in humanitarian settings where the child protection system may be under strain and the child protection risks increased. To effectively meet the needs of individual children and their families in an appropriate, systematic and timely manner, it is crucial to specify the case management process and its approach, considering, and where possible building on, the existing system.

3.1 Three core functions of a caseworker

A clear understanding the role of the caseworker allows for effective collaboration within your case management team and coordination with other agencies or service providers. Given the complexity of case management, acknowledging the limitations or the role helps manage expectations, supports self-care, and promotes good working conditions.

The caseworker role encompasses three core functions: 1. Supportive function 2. Coordination function 3. Information management function. Each function entails specific responsibilities, and a set of tasks outlined Annex 9: The role of the caseworker in practice.

To effectively implement diverse responsibilities, it is key to develop competencies – including knowledge, attitudes, and skills – through training, experience and supervision, detailed in section 2.1.6.c and d.

SUPPORTIVE FUNCTION

Caseworkers support children and their families by encouraging open communication, which empowers them to express their needs and concerns. They offer various forms of assistance, including mental health and psychosocial support, enhancing child safety, strengthening parenting skills and caregiving provision etc.

COORDINATION FUNCTION

Caseworkers coordinate efforts to ensure there are consistent approaches to collaboration, such as in identifying and referring at-risk children. They play a crucial role in making sure the right services and support are provided to each child and their family by managing the coordination of service provision.

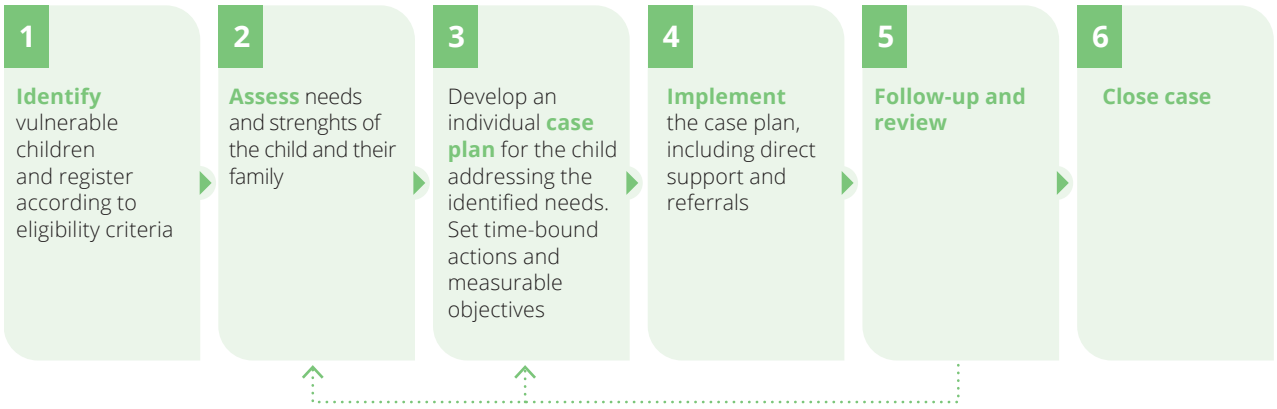
INFORMATION MANAGEMENT FUNCTION

Caseworkers collect and document detailed information and, when necessary and appropriate, share this information for the provision of services for children and their families. This is done in accordance with best practices for data protection and information sharing as outline in section 2.1.4 on Information Management for Case Management (IM4CM).

3.2 Overview of the case management process

The process of case management involves a series of six steps that aim to identify and address the needs of children at risk or experiencing harm. Although the process is not necessarily linear, it generally follows the sequence shown in Figure 18 below. The process is flexible and can be adjusted to suit any context, considering local legal frameworks and practices. Implementing case management through this process enhances the ability to provide a systematic and appropriate response. Initially, the caseworker seeks to understand the child's situation and needs, leading to a systematic approach involving the planning and review of necessary actions. This method of case management increases quality and accountability.[76]

FIGURE 18 The six steps in the case management process



CONSIDERATIONS IN SETTINGS WITH REFUGEES AND ASYLUM SEEKERS

The Best Interests Determination (BID) is part of the case management process/ Best Interest Procedure (BIP). BID may be initiated at any stage of the process (see Figure 4 on page 66 of the BIP Guidelines for more information). Where case management is implemented in refugee settings, please consult the BIP Guideline for additional and specific guidance.[77]

In accordance with the child-centred approach detailed in Part 1, a caseworker must adjust their support to the unique needs of each individual child. Because the case management process is not always linear (as mentioned above) often caseworkers may conduct follow-ups while simultaneously planning assessments, adjust case plans based on evolving child situations, or repeat certain steps several times before closing a case. Caseworkers regularly assess cases and adapt support when the circumstances of the child change, for example if new protection concerns are identified.

Depending on the context the Child Protection Case Management Standard Operating Procedures (SOP) contextualise (see section 2.3.3) the case management process and its steps. Specific guidance on aspects such as time frames, risk levels, and responsibilities throughout the case management process should be sought from the case management SOP in your context.

3.3 Factors to consider throughout the case management process as a caseworker

3.3.1 CHILD PROTECTION RISK ANALYSIS ON A CASE-BY-CASE BASIS

Considering the information in section 2.1.1.d on eligibility criteria and prioritisation, the caseworker will undertake risk analysis on a case-by-case basis, and in line with any inter-agency agreed risk criteria, collecting information on the various factors as illustrated in the model below in Figure 19. The analysis begins at the beginning of the case management process and is continuously adjusted as necessary. This continued analysis is used to inform prioritisation, the case plan and necessary adaptations in the support given to the child and family throughout the case management process.

FIGURE 19 Factors to consider in risk analysis

3.3.2 IMMEDIATE SUPPORT

A child may have immediate needs that demand prompt attention and an immediate response from the caseworker. Immediate response, or support provided on the same day or the next day (within 24 to 48 hours), is crucial for addressing urgent needs. In some cases, immediate support will need to be provided straight away. Examples include cases of sexual assault where vaginal or anal penetration occurred within the past 120 hours[t], acute injuries, or cases where a child is an imminent risk of significant harm or a threat to life. This includes for example unaccompanied children who require a solution for care.

During the initial assessment at the identification and registration stage, the caseworker aims to identify urgent needs that require immediate support. If such needs are identified during registration, informed consent and registration procedures should be fast-tracked and the supervisor should be contacted and informed. The comprehensive assessment and case plan development can be done at a later stage, as implementing immediate support should be prioritised.

However, urgent needs requiring an immediate response may arise at any point in the case management process and not just at the initial identification point.

CASE STUDY

CASE STUDY

For example, consider a case where a 10-year-old child, who survived sexual abuse a few months earlier, resides with his mother and siblings. The casework process started immediately after the child was identified and referred. At the time of registration, the perpetrators had already been taken into custody. The initial assessment identified urgent physical and mental health needs. The caseworker took every measure to promptly attend to and address these needs.

Two months later, while implementing the case plan and conducting regular follow-ups, the caseworker learns that one of the perpetrators has been released from custody. Since the perpetrator resides in the same village, the child's safety is at risk, and the child expresses fear, avoiding even going to school. In this scenario, the caseworker must prioritise addressing the urgent safety need over other actions outlined in the case plan. Subsequently, the caseworker will reassess the child's situation, adapting the case plan as necessary.

The caseworker's flexibility and adaptability play a crucial role in responding effectively to evolving situations and changing needs.

CONSIDERATIONS IN SETTINGS WITH REFUGEES AND ASYLUM SEEKERS

Access to refugee registration and asylum procedures: in settings with refugees and asylum seekers, if at any point in the case management process, a child is understood to be in need of international protection (there is reason to believe that the child may have a well-founded fear of persecution, has left the country owing to conflict and violence, or has experienced a child-specific form of persecution), the child should be referred to refugee registration and asylum procedures. If in doubt, consult UNHCR.

t For further guidance refer to UNICEF, & IRC. (2023). *Caring for child survivors of sexual abuse guidelines* (2nd ed.). Retrieved from https://www.unicef.org/reports/caring-child-survivors-sexual-abuse-resource-package

3.4 The case management steps

CONSIDERATIONS IN SETTINGS WITH REFUGEES AND ASYLUM SEEKERS

In refugee settings, where BIP is implemented, assessment may be referred to as Best Interests Assessment (BIA). The collection of information for a Best Interests Determination is also an assessment.

STEP 1 IDENTIFICATION AND REGISTRATION

HOW TO IDENTIFY CHILDREN IN NEED OF CASE MANAGEMENT

Recognizing or identifying children at risk is the first step in addressing their needs. Children who require case management can be identified through various mechanisms. For example:

- **Children** who seek support directly.
- **Caregivers, family members, peers,** or individuals close to the child seeks support for the child.
- Professionals who work with children, including for example community members, civil society organisations, schools, health-care providers, police, border officials, protection agencies, or other humanitarian actors.[u78]

Highly vulnerable children facing significant risks may remain unseen, with incidents going unreported due to barriers to disclosure. To ensure these children are identified and receive support the child protection inter-agency coordination group or case management agencies should proactively coordinate with other sectors on safe recognition and referral and caseworkers must actively reach out to vulnerable families and communities and be supported by their agencies while doing so. This may require specific and adapted efforts which can include:

- **Community awareness and a safe reporting system:** share information about case management within the community, collaborate with community-led groups and initiatives and consider any existing community reporting systems, work with or establish a safe and confidential system for community members to report child protection concerns
- **Collaboration with actors and service providers that have regular contact with children:** coordinate with professionals who regularly interact with children, such as teachers, school counsellors, youth club animators, doctors and nurses, and ensure that there is a clear referral pathway to facilitate smooth connections across organisations or sectors.

On receiving a referral, caseworkers must assess and screen whether the child requires case management support, considering the vulnerabilities of both the child and their parents or caregivers, along with safety threats that determine the risk of harm they face.

To determine the need for case management support, a specific set of eligibility criteria, as outlined in section 2.1.1.d, is used. These criteria are different in each context, so it is important for caseworkers to consult the criteria outlined for their context (as previously mentioned, this is determined often at the inter-agency level). These criteria should be reflected in the SOP when available.

u For further guidance refer to Child Protection Area of Responsibility & The Alliance for Child Protection in Humanitarian Action. (2024). *Recognising and referring child protection concerns: Rapid guide for all humanitarian workers.* https://cpaor.net/working-together-for-child-protection-and-wellbeing.

If the child does not require child protection case management but requires another service, it becomes the responsibility of the caseworker or the child protection actor to inform the child, parents or caregivers about the availability of these services and to guide them on how to access those services. Or make a stand-alone referral to the case management actor when feasible.

A stand-alone referral is a one-time effort to link a child with specific services or resources. It does not involve any ongoing case management and is just a direct way to help with a particular need or problem.

A referral that is part of a case management process takes place while the child is actively being supported by their assigned caseworker. It is part of the overall case plan for the child, based on a full assessment of what they need.

HOW TO OBTAIN INFORMED CONSENT OR ASSENT

Informed consent[79] is the voluntary agreement of an individual who has the capacity to give consent, and who exercises free and informed choice. In all circumstances, consent should be sought from children and their families or caregivers prior to providing services.

To ensure informed consent, caseworkers must ensure that children and their families fully understand: the services and options available (i.e. the case management process), potential risks and benefits to receiving services, information that will be collected and how it will be used, and confidentiality and its limits. Caseworkers are responsible for communicating in a child-friendly manner and should encourage the child and their family to ask questions that will help them to decide regarding their own situation.

Assent is the expressed willingness to participate in services. It requires the same child-friendly communication of information outlined above. However, for younger children who are by nature or law too young to give informed consent, but old enough to understand and agree to participate in services, the child's "informed assent" is sought.

For very young children (those under 5 years old) efforts should be made to explain in language appropriate to their age, what services are being provided and what information is being sought, what it will be used for, and how it will be shared.

? CONSENT FOR WHAT?

Aligned with a child's right to meaningful participation, expression of opinions, and involvement in decisions impacting their lives, consent or assent must be obtained at the start of the case management process concerning the following:

- For the child to participate in the case management process
- For the caseworker assigned to the case to collect and store personal information about the case (e.g., name, photo, family details)
- To share information about the child's case for the purpose of service provision
- To disclose information for tracing purposes.

Throughout the case management process, it is important for the caseworker to regularly inquire with the child, parent, or caregiver to ensure their ongoing consent or assent.

In cases where the child requires case management support, it is essential to obtain informed consent or assent from both parents or the caregiver and the child before providing services.

Before initiating the informed consent process, caseworkers must understand:

- Who by law or custom is responsible for giving informed consent for providing case management services to the child[v]; "
- The age at which a child can give independent consent[w];
- How to evaluate a child's developing ability to determine if they can provide informed assent or consent, in line with relevant national or organizational policies;
- The procedures for obtaining consent from third parties (such as government bodies, community-based organizations, national or international NGOs, or other trusted adults) when parents, caregivers, or legal guardians are unavailable or are suspected perpetrators.[80]

Parents and caregivers hold rights, duties and responsibilities towards their children, and case management agencies must respect these by seeking consent. Depending on the child's age, developmental stage and abilities, they may lack decision-making capacity. In such cases, a caseworker can seek assent, indicating the child's willingness to participate, even if formal agreement is not possible. Both consent and assent need to be documented.

The requirement for consent from both parents or caregiver and the child can be overridden if it is in the best interests of the child, in consultation with supervisors and aligned with local procedures and the legal framework. If it is not possible to involve the parents or caregivers because they are likely to cause harm to the child by, for example, enabling the violence, abuse or by perpetrating it, the need for consent can be overridden in the best interests of the child.

The need for consent or assent varies across age groups, as outlined in the table below. This again may be adapted to the local context and should be reflected in the SOP when available.[x]

AGE 0 - 5	AGE 6 – 11	AGE 12 - 14	AGE 15
Very young children have limited capacity to understand complex decisions about their care and treatment.	Children at this age cannot legally consent but can provide assent or indicate their 'willingness' to participate in case management services.	Children at this age cannot legally consent but can assent to participate in case management services.	Children aged 15 and above are considered sufficiently mature to make decisions specific to case management services.
To be determine based on age and maturity of the child[y]	Informed assent from the child	Informed assent from the child	Informed assent and/or consent from the child[z]
Informed consent from parent or caregiver	Informed consent from parent or caregiver	Informed consent from parent or caregiver	Informed consent from parent or caregiver with children consent

v In contexts where the formal child protection system allows for this, it is necessary to determine who is legally responsible for the child, and therefore for providing consent.

w It is important to understand if there is related legislation to when a child can give consent legally.

x For further guidance refer to UNICEF, & IRC. (2023). *Caring for child survivors of sexual abuse guidelines* (2nd ed.), p. 96-100. Retrieved from https://www.unicef.org/reports/caring-child-survivors-sexual-abuse-resource-package.

y For further guidance refer to The Alliance for Child Protection in Humanitarian Action. (2023). Child protection case management training package for caseworkers in humanitarian settings, Leve 1, Module 6. Retrieved from: https://alliancecpha.org/en/learning/child-protection-case-management-training-package-caseworkers-humanitarian-settings.

z To be determined based on national legislation.

As a child's abilities develop, it is important to continually reassess and confirm their informed assent and consent. Caseworkers should evaluate and re-evaluate the child's maturity as necessary, starting with simpler topics and decisions, and progressing to more complex ones as the child shows a greater level of understanding. Key moments in the case management process, where decisions align with the child's abilities, provide opportunities to seek informed assent or consent again.

THE INFORMATION SHARED WITH THE CHILD AND PARENT AND CAREGIVER WHEN SEEKING CONSENT SHOULD INCLUDE:

1. **Understanding the case management process:** Explanation on how case management works, the process, its boundaries, and the guiding principles.
2. **Information about the case management organisation:** Information about the organisation, how to raise concerns, and any other relevant project information.
3. **Documentation of information:** Clarification on why information about their case needs to be documented and stored, and how it will be protected, in accordance with data protection and information protocols.
4. **Data protection and information-sharing:** Explanation of why and how information is being collected, stored, processed, shared and analysed, in line with information-sharing protocols and check if there is a person or organisation with whom they do not wish to share any information.
5. **Exceptional circumstances:** Explanation that, in some cases, information may need to be shared without their consent if there is a risk of significant harm to them or others, and that they will be notified if this takes place. Overview may need to be given of situations where reporting is mandatory (see section 2.1.1.c on mandatory reporting), based on the local DPISP and mandatory reporting procedures followed.
6. **Rights, ownership and decision-making:** Inform them of their rights to obtain and review their case file, withdraw consent when desired, and have a say in each action taken.

HOW TO REGISTER A CHILD'S CASE

To start the registration of a child's case, basic information must be collected, based on the local SOP and forms, including:

- Child's name, age, and sex/gender.
- Registration date and location.
- Present location and contact details.
- Current care arrangements.
- Initial protection risks and needs.
- Urgent needs requiring immediate attention.
- Any additional information the child, parents or caregivers wish to share.
- (In refugee settings: Child's individual refugee registration number/ProGres number or unique identifier.)

The caseworker's responsibility to empower children to express their concerns and needs begins at this stage. However, establishing a trusting relationship takes time, and there should be no pressure on the child, parents or caregivers to share more than they are comfortable with.

While the assessment undertaken during identification and registration is rapid, a more comprehensive assessment will be completed in the following stages of the case management process.

INTER-AGENCY CHILD PROTECTION CASE MANAGEMENT FORMS

The recently updated Inter-agency Child Protection Case Management Forms have been designed to facilitate effective case management. While some forms may align more closely with specific steps in the process, it's important to acknowledge that contextual differences may affect their application in various countries. Therefore, the forms are not organized by step in these Guidelines.

It is important to consult the Accompanying Guidance of the Forms which outlines the purpose of each form, the appropriate circumstances for their utilisation, and the roles of those responsible for filling them out.

STEP 2 ASSESSMENT

Assessment involves the systematic collection of information to gain a comprehensive understanding of a child's situation and the risks they may encounter. The primary goal is to identify the child's needs to offer solutions to address them. This assessment forms the basis on which decisions are made and actions are taken. It is always done in collaboration with the child, and parents or caregivers (unless this is considered against the child's best interests).

Gathering information to gain a better understanding and to tailor support to the needs of the individual child and their parents or caregivers requires time. A caseworker will start to gather information when they identify and register the case. Information gathering will continue throughout the case management process, and specific time is taken for it in the second step of the case management process.

Information should not be gathered only from the parent or caregiver. It is important to communicate with the child and gather information through a direct interview with the child.

WHAT INFORMATION NEEDS TO BE GATHERED AND DOCUMENTED

During assessments, it is crucial to gather comprehensive information about a child's situation and needs to tailor support accordingly. The recommended approach is to initially collect all information the caseworker believes may be relevant, across all domains of a child's life.

During the assessment, the caseworker gathers information about:

- **Child personal details:** Age, sex, nationality, abilities, disabilities, birth registration, displacement status, languages spoken, etc.
- **Household characteristics**[aa]**:** Head of the household, their age, household size, living conditions, economic situation, etc.
- **Family details:** Information about the mother, father, siblings, etc.
- **Care arrangement:** Details about the caregiver (if not parents), care status (accompanied, separated, or unaccompanied), type of care arrangement, etc.
- **Child's situation:** Safety, physical health, emotional well-being, education, work, friends, social network, legal status, documentation.

aa A household refers to a group of people who live together and share living arrangements, typically under one roof.

VULNERABILITY AND BARRIERS

Understanding the child's vulnerability involves assessing how their characteristics (such as age, sex, nationality, etc.) interact with the environment they live in, exposing them to specific barriers. These barriers might include environmental factors, social and cultural norms, or legal and procedural obstacles. Identifying vulnerabilities and barriers is an essential part of the assessment.

For example, in a context where the community itself administers justice rather than a government authority, the vulnerability of a child and their family increases if they face rejection or expulsion from their community. This contrasts with a context where the police and courts solely handle mediation and justice matters. In this case, a lack of acceptance by their community does not impact the vulnerability of the child and their family to the same extent.

SAFETY THREATS

Vulnerability increases the likelihood of being exposed to *safety threats*, as vulnerable people can be taken advantage of. Safety threats can include various incidents which can be classified by the perpetrator's identity, the location where the incident took place, frequency, and continuity (for more information see section 2.1.1.d).

Examples of incidents include:

- Neglect of the child
- Physical violence/ abuse against the child
- Psychological violence/abuse against the child
- Sexual and gender-based violence/ abuse against the child
- Exploitation of the child
- Recruitment and use by armed forces and groups

Please see the Guidance on Child Protection Case Management Data Categorization for more details on vulnerabilities and safety threats.

FIGURE 20 Safety threats equation

PROTECTIVE FACTORS

It is essential to consider protective factors in the assessment, and not to focus solely on risk factors contributing to harm. It is crucial to acknowledge the positive elements, strengths and protective factors that case management can make use of and strengthen. These include various forms of care and support the child currently receives or could potentially access, along with their inherent strengths, resilience and abilities. As with vulnerabilities, some protective factors are linked to the environment in which the child and their family are living.

FIGURE 21 Protective factors equation

IDENTIFY THE NEEDS OF THE CHILD

During assessment, information is collected about the child, household, care arrangement and community support to identify the needs of the child. These needs serve as a basis for the next steps, case planning and implementation. Prioritisation of the needs identified is crucial, considering factors such as whether they are essential for survival and development, and whether they are met in full, partially or not at all.

CONSIDERATIONS IN SETTINGS WITH REFUGEES AND ASYLUM SEEKERS

In refugee settings, the Best Interests Assessment and the Best Interests Determination report gathers information on flight history, and in the case of UASC, separation history. To facilitate a four-factor analysis) the following information is also gathered on the child's: views, development, needs including their safety and protection needs and their family and close relationships.

STEP 3 CASE PLAN

After identifying the needs through the assessment, the next step involves creating a case plan to address the needs systematically and in a timely way. The case plan serves as a guide for the caseworker to set objectives, and implement case management support systematically. As well as helping them review progress. The case plan is developed together with the child, taking into consideration their age and developmental stage, as well as with parents or caregivers, if appropriate. Ultimately, the child and/or parents or caregivers are the owners of the case plan. The development of a case plan is an opportunity to empower children and their families in joint problem solving, potentially strengthening their resilience and skills to address challenges in the future; this aligns with the key principles outlined in section 1.2.

CONSIDERATIONS IN SETTINGS WITH REFUGEES AND ASYLUM SEEKERS

In refugee settings, where BIP is implemented, the case plan will also be based on the four-factor analysis. For more information, see Chapter 2.4.2 of the UNHCR BIP Guidelines and the UNCRC, General Comment 14.

SETTING OBJECTIVES

Initiating the case plan involves setting clear objectives for the case management process. These objectives outline what the caseworker, the child and their parents or caregivers aim to achieve or change. However, formulating objectives is a skill that requires practice, supervision and coaching. It is advisable to start by using the 'SMART' approach. This means ensuring that the objectives are **S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**ime-bound, providing a structured and effective approach to goal setting.

	NOT SMART	SMART
1. SPECIFIC	"Improve child's safety."	"Identify adults that can accompany the child to school and draft a safety plan with the child and their caregiver within the coming two weeks."
	This objective specifies the action (identifying adults and drafting a safety plan), and the time frame (next two weeks).	
2. MEASURABLE	"Help family improve their financial situation."	Connect the family to microfinance programme in the community that provides small loans and financial literacy training, to increase their income by 20% over the next 12 months."
	This objective sets a measurable goal (20% increase) and identifies specific actions (connect to microfinancing programme so they can receive small loan) to achieve it.	
3. ACHIEVABLE	"Eliminate all risk factors for a child."	"Work with the child's parents to address and reduce exposure to two identified risk factors within the next six months."
	This objective is more achievable as it focuses on specific risk factors and sets a realistic time frame for intervention.	
4. RELEVANT	Not SMART: "Enrol girl at risk of child marriage in school."	"Work together with parents through 4 interactive workshops to identify their motivations and concerns, with the goal of reducing the risk of child marriage within the specified time frame."
	This objective is relevant as it seeks to address the root cause of the child marriage risk by delving into the motivations and concerns of the parents.	
5. TIME-BOUND	"Provide ongoing support to a child."	"Conduct monthly check-ins and reassess the child's progress every three months."
	This objective has specific time frames (monthly check-ins and quarterly reassessments) to ensure ongoing support and adjustment to the child's changing needs.	

PRIORITISATION OF THE OBJECTIVES

The objectives formulated must be in line with the prioritisation of the needs they aim to address. Urgent needs may demand an immediate response as highlighted in section 3.3.2 above, while others may necessitate additional time and planning. The case plan should consider immediate, short-term, medium term and long-term actions.

The perspectives of the child and their parents or caregivers play a pivotal role in this analysis. The caseworker must consider their opinions and wishes regarding what they perceive as their priority needs and actively involve them in the process as much as possible.

IDENTIFYING SERVICES AND ASSIGNING RESPONSIBILITIES

Guided by the set objectives, it is crucial to explore various approaches to achieve them. The caseworker, starting from the objectives, must determine where to provide direct support as part of their supportive function and when collaboration with other service providers or referral is required. The process of assessing the child and developing a case plan should be needs-driven and not based on the support the caseworker can provide and the services available for referral. The actual needs of the child are the starting point.

FIGURE 22 The needs of the child and service selection

- For example, education is a need. Primary or secondary school or vocational training are examples of services that could be provided to respond to the need, depending on the assessment.
- For example, alternative care is a need. Kinship care, residential care, foster care are different services that could respond to the need, depending on the assessment.

Referrals

When making referrals, it is essential to have up-to-date service mapping and referral pathways. The responsibility of keeping service mapping updated is typically a matter of inter-agency coordination; however, both the case management and supervisor need to have access and use it accordingly (see section 2.1.2.b). The quality and appropriateness of services must also be evaluated based on the child's specific needs. For example, one MHPSS actor might be able to support children who are experiencing severe distress, but they may not have the capacity to provide specialised support to children with mental health conditions.

CASE PLANNING MEETING

The case plan can be created during a case planning meeting involving the caseworker, parents or caregivers, and the child. It is the caseworker's responsibility to develop the case plan in collaboration with the child, considering their age, developmental stage, and abilities. In some cases, such as with very young children, direct involvement in case planning may not be appropriate. However, the opinions shared by children during the assessment should always be considered during the case planning process. Other significant people in the child's life as well as other service providers may participate in developing the case plan if they have a role to play in it and if informed consent or assent has been given for this by the child and their family.

Purpose of the case planning meeting

- To create the case plan together, giving the child an opportunity to participate.
- To support the child and the parents or caregivers in problem solving and making decisions that impact their lives and to practise these skills for the future.
- To agree on responsibilities (who will do what) and timeline of each action (what needs to be done first, if the actions are implemented simultaneously or in sequence).

CONSIDERATIONS IN SETTINGS WITH REFUGEES AND ASYLUM SEEKERS

In refugee settings, where BID is implemented in specific situations (see chapters 4 and 5 of the UNHCR BIP Guidelines), the case plan is presented as a recommendation to the BID panel, before it can be implemented.

STEP 4 IMPLEMENTATION

After formulating the case plan, the next step is to implement it, through a combination of direct support and coordination through referrals, to accomplish the case plan objectives. However, as case management is not a linear process, it is also possible that some implementation, for example through the provision of direct support, starts immediately after the identification of the child.

The specific actions a caseworker will take during implementation will vary based on the unique needs of each child and the nature of the case. Below is a non-exhaustive list of actions that a caseworker might take when implementing a case plan. It is in line with the supportive and coordination functions of their role as per section 3.1 on the Three core functions of the caseworker and the related Annex 9: The role of the caseworker in practice.

SUPPORTIVE FUNCTION
Inform children and their parents or caregivers.
Work with children and their families to develop solutions and increase a child's safety.
Provide mental health and psychosocial support to children – which can be at different levels.
Engage parents and caregivers and provide family strengthening support.
COORDINATION FUNCTION
Identify available services, help children and their families to access them, and report gaps.
Advocate, and if relevant provide constructive feedback and support , to service providers to ensure services are appropriate, child-friendly and accessible.
Work with supervisors and managers to organise case conferences for complex cases and to ensure children receive multidisciplinary support.

PROVIDING INFORMATION

A caseworker may directly provide information to the child, parents or caregivers without having to refer to another actor. Information-sharing is particularly important when the information available is not accessible for the child, parents or caregivers (for example if it is written in difficult language or shared only online when the family has no Internet). As well as if it needs to be tailored to the child or relevant adult, with the understanding that they retain autonomy in deciding how to use this information.

Work with children and caregivers (as appropriate and in the best interests of the child) to develop safety plans[ab]

Safety plans are critical tools as they provide a structured and proactive approach to addressing safety concerns, helping children and their parents or caregivers to navigate challenging situations while prioritising their well-being and security. Various safety planning tools are available, depending on the child's age, developmental stage and abilities. Each plan must be a result of collaborative effort involving the caseworker, the child, and their parent or caregiver and can be reviewed at any time.

PROVIDING MHPSS

A caseworker can support the mental health and well-being of children by taking an MHPSS-informed approach[81], and, with appropriate training and supervision, by delivering MHPSS activities that specifically aim to improve mental health and psychosocial well-being.

This can include supporting children in managing strong emotions, educating caregivers on children's stress reactions, supporting children and their families through grief, or, for example, activities that support children's self-esteem, coping skills or problem-solving skills.[82] It is important to understand how distress and other mental health problems are expressed and perceived within a culture to ensure activities are relevant and appropriate, and that caseworkers have the skills and technical supervision needed to offer these activities.

FAMILY STRENGTHENING AND SUPPORT FOR PARENTS AND CAREGIVERS

Family strengthening and support for parents and caregivers focuses on strengthening families, preventing harm to children, preventing separation and abandonment, and creating safe environments where children can thrive and develop to their full potential. A caseworker can provide parenting support in a variety of ways, depending on the needs of the child and their parents or caregivers. This may involve offering MHPSS to parents, ensuring they feel supported. Caseworkers may also focus on strengthening positive parent-child relationships through various activities, providing parenting sessions, and offering resources and techniques, for example stress management and money management.

IDENTIFYING SAFE CARE ARRANGEMENTS AND COORDINATING WITH FAMILY TRACING AND REUNIFICATION AGENCIES

The caseworker plays a crucial role regarding unaccompanied and separated children as well as children who have been removed from their existing care situation. In both situations, the caseworker assesses the care situation of the child and works towards the establishment of a safe arrangement. Safe arrangements cover a range of options such as kinship care, foster care and independent living, subject to the child's individual situation and level of maturity. They require engagement with communities and alternative care providers. When children have lost contact with their family, the caseworker makes referrals to tracing agencies with a view to a family reunification, if this is in the best interests of the child. More guidance can be found in the Alternative Care in Emergencies Toolkit (2013), included in Annex 1: Resource list.

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SAFE AND EFFECTIVE REFERRALS

To ensure safe and effective referrals, an updated service mapping and referral pathway is required, along with following these best practices:

- Caseworkers should be familiar with the services offered by other agencies.
- Caseworkers should obtain consent or assent to conduct the referral and to share any required information with service providers, considering the data minimization principle as per Annex 5: Data protection principles.
- Caseworkers should actively accompany the child, caregiver, parent or trusted adult to the service if required, ensuring an effective referral and intake.
- Caseworkers should maintain overall responsibility for monitoring the services received, ensuring continuity and effectiveness.

ORGANISE CASE CONFERENCES

In complex cases where the child requires multiple interventions and different agencies need to work together, caseworkers might organise a case conference. This is a meeting where the caseworker, their supervisor, the child's parents or caregivers, and other relevant agencies come together to talk about how to support the child. Parents and caregivers are involved when this is appropriate. During the conference, the caseworker describes the child's situation, the risks they face, and what support they need.

Everyone works together to discuss and figure out the next steps and when to implement them. The case conferences can take place at any point in time throughout the case management process if deemed necessary and based on the needs of the child. For example, if a child is in a high-risk situation and needs immediate support, a case conference can be organised immediately after identification and registration.

The caseworker needs to make sure everything that was discussed is documented in the case conference form, and everyone involved signs it to agree on what to do next.

STEP 5 FOLLOW-UP AND REVIEW

This is the phase when the caseworker follows up on and reviews the implementation of the case plan. The purpose is to make sure that the case plan is being implemented effectively and that it continues to be relevant to meet the child's needs. Follow-up is referred to as monitoring in some instances.

NOTE

During this stage, the caseworker is responsible for monitoring the child's safety and well-being, assessing progress in the child's situation as well as the case plan objectives, ensuring the child's needs are being met, identifying any changes, and maintaining and reinforcing the case management relationship.

TYPES OF FOLLOW-UP

Follow-up can involve various methods, including direct contact with the child and/or their family, as well as communication with individuals providing support to the child.

Contact with the child, their parents or caregivers can include home visits which can be scheduled or ad hoc; meetings on other safe locations; phone calls etc.

Contact with others who are supporting or caring for the child includes extended family, service providers as well as schools teachers, religious leaders and other community members etc.

The most appropriate way to follow up and the frequency of follow-up depend on the needs and preferences of the individual child, as outlined in Figure 13: Balance of risk and protective factors in the determination of risk levels. When engaging with the child and their family, it is crucial to carefully consider whether a home visit might pose a risk of harm. In such cases, caseworkers should consider meeting with the child or their family and trusted adult in an alternative safe location. Specific guidance on home visits can be found in Annex 10: Home visits: considerations and guidelines. Although not ideal, in some cases, it might be necessary to conduct follow-ups on the phone. For example in insecure settings, hard-to-reach areas, or during infectious disease outbreaks. Specific guidance is available on conducting follow-up, including by phone, see Annex 1: Resource list.

During follow-up caseworkers need to regularly check their files and make sure they remain up to date.

ADDRESSING CHANGES THROUGH A REVIEW

Identifying changes is a key aspect of the follow-up process. These changes may influence the child's needs, well-being, safety, and the level of risk they face. When such changes take place a review is required to make the case plan relevant again.

A review should take place at least every three months, and more frequently in an emergency context, if or when the risk level is high. The decision to conduct a review should be made on a case-by-case basis. Below is a non-exhaustive list of indicators that may necessitate a review, regardless of the proposed timeline.

- The case plan objectives are no longer appropriate, or the actions in the case plan are not effective.
- Significant changes in the situation of the child or increased risk. For example: new signs of violence, abuse, neglect and/or exploitation; the well-being of the child is deteriorating; changes in the care arrangement of the child.
- The child and/or family/caregiver are not satisfied with the case management process.

During the review, the caseworker should review the objectives in the case plan and evaluate the effectiveness of the actions that have been taken to achieve them.

The outcomes of the case review meeting may lead to changes in the case plan, impacting the child's life. Therefore, it is crucial to ensure the child's participation in the case review meeting and decision-making process. Consideration should be given to the child's age, developmental stage, and abilities.

STEP 6 CASE CLOSURE

The final step of the case management process is case closure, which ideally takes place under the following circumstances:

The objectives of the child, parent or caregiver, as outlined in the case plan, have been met	+	The child is safe from harm and their care and well-being is being supported	+	There are no additional child protection risks

Other reasons for closing a case include:

- If the family and the child no longer wish to receive case management support, and there are no substantial reasons to override their decision .
- The child has left the area and transferring the case is not feasible (refer to the next section on case transfer if applicable).
- The child has died.

Specific criteria for case closure should be clearly defined and contextualised as part of the local SOP.

A caseworker needs to remain flexible; cases may need to be reopened at any time if the child's situation changes and there is a need for case management support to restart.

PROCESS OF CLOSING A CHILD'S CASE

The process of case closure should always be undertaken with careful consideration and care for both the child and their parents or caregivers, especially considering the substantial duration of the case management relationship that may span weeks, months or even years. Here's a recommended step-by-step process for closing a case:

1. Identify the case:

Identify which case is ready for closure based on established criteria.

2. Discuss the child's case with the supervisor:

The caseworker should present the case and discuss the reasons for closure with their supervisor before discussing it with the child and their parents or caregivers.

It is important to get approval from the supervisor for the closure to avoid premature closure.

It may be that the supervisor does not agree with closing the case at the current time but will suggest actions to take before the case can be closed.

3. Discussing case closure with the child, parents, or caregivers:

Discuss case closure carefully while applying effective communication and basic MHPSS skills.

Seek the views of children and caregivers and offer them the opportunity to participate in the decision-making process.

Discussion on case closure may take time and require more than one meeting with the child/family.

Ensure children and family members are aware of how to provide confidential feedback on the case management process (e.g. through safe feedback and complaints mechanisms, depending on the organisation).

4. Complete the case file:

Complete the case closure form and check that the case file is complete containing all the necessary documentation.

5. Final follow-up:

Conduct a follow-up within three months of closure to monitor the child's safety and well-being.

The supervisor or designated person should seek feedback from the child, parents or caregiver(s) during the follow-up visit, using the appropriate tools/forms. They should also mention any other channels through which they can provide feedback.

6. Safely store the case file:

Archive both hard and electronic copies in a secure location in line with the Data Protection and Information-Sharing Protocol (DPISP). The duration of storage depends on donor agreements and national legal frameworks and must be in line with the contextualised DPISP used in their context. See section 2.1.4 on IM4CM.

Identifying solutions or outcomes in the child's best interests is particularly urgent for those who are nearing the age of 18, as there can be changes to their eligibility for protection and assistance services once they reach the legal age of adulthood.

If a child turns 18 but still faces risks:

The caseworker should explain what it means to become an adult and help them get ready for this change. If the adolescent is still in danger at 18, the caseworker should assess whether short-term or long-term help is needed:

- If short-term support is enough, they will keep working with the case until the risks have been addressed.
- If long-term support is needed, the caseworker will need to find out what other service providers can support the child once they are 18:
  - If there is an organisation that supports adults in similar situations, and the child agrees, the caseworker can refer them there and assist with the transition.
  - If there is no such organisation, the caseworker can try to find support from the social network of the child, family, or community resources.
  - If there is still no help solution, the caseworker will keep working on the case until the child is safe or until another solution is found.

CONSIDERATIONS IN SETTINGS WITH REFUGEES AND ASYLUM SEEKERS

Where there is a need and with their consent, caseworkers can use BIP to help young adults (18 to 21 years old) make decisions about their future, like finding a durable solution. BIP can be used for young adults up to 21 years old, in situations where BIP was initiated before the young person turned 18 years of age or where a young person serves as the primary caregiver for one or more children. This decision should be made carefully, especially considering the protection needs of the group of young people involved.[83]

CASE TRANSFER

A case can be transferred when the child still requires case management support, but the caseworker is no longer able to provide it. During a case transfer, the full responsibility for the case is handed over to another caseworker, and/or another case management actor or department. Case transfer can be internal or external.

Cases should be transferred only when necessary, taking into account the wishes of the child and family, the relationships established and the impact on the quality of support provided. Consent needs to be obtained from the child, parent or caregiver. The best interests of the child should be the primary consideration when determining whether a case should be transferred.

Sometimes, cases must be transferred for reasons that cannot be changed, like when a case management programme in an area must close because funding has ended. If this happens, the caseworker should get support from their supervisor and management team who will coordinate with other agencies, including the CP AoR or UNHCR coordination group, if there is one.

Reason for case transfer include:

- Specialised or other services required by child or family (e.g. transfer to GBV case management, protection case management, specialised MHPSS, etc)
- Child relocating to an area where the receiving agency is present.
- Organisational reasons (e.g., agency changes, closing programme, etc.)

Caseworker unavailability (e.g. parental leave, change, caseworker changed jobs, etc.)

Adopting recommended minimum practices for case transfers involves:

1. Establishing a clear plan for safely and ethically transferring and handing over case files, in line with the DPISP and other related protocols.
2. Clearly communicating to the child, parent or caregiver the details of when, to whom, and why their case is being transferred and any additional implications of the transfer (e.g. if the types of support offered by the other actors are slightly different or their mandate is different).
3. If possible and appropriate, having the current caseworker accompany the child when meeting the new caseworker.

Conclusion

These guidelines offer a robust framework for child protection case management across various humanitarian contexts, that is aligned with the 2019 CPMS standards and other key resources which have been developed in the last decade. They are designed to enhance accountability, consistency, and quality in responses, while promoting best practices and standardizing procedures.

The guidelines aim to improve the effectiveness of child protection interventions by supporting collaboration among case management professionals and offering targeted guidance for different roles, including those overseeing and coordinating efforts.

Quality child protection case management is a vital component of safeguarding children's rights and promoting their well-being. This document serves as a comprehensive guide to ensure that every step in the process—from identification and assessment to implementation and case closure—is handled with sensitivity, professionalism, and a child-centred approach.

Coordination among stakeholders is essential for ensuring that services are delivered efficiently and that all actors involved are aligned in their approach. Furthermore, it is fundamental that strengthening systems within communities and institutions plays a crucial role in providing a sustainable, long-term response to child protection issues. By adhering to these guidelines, case managers and child protection professionals can foster collaboration, accountability, and consistency. While prioritizing the safety, dignity, and best interests of the child. Ultimately, these efforts contribute to creating a protective environment where all children can grow, thrive, and achieve their full potential.

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Annex 1: Resource list

This resource list provides an overview and links to the key resources mentioned in each section of these guidelines.

Each resource is marked with an icon, and the key to what the icons mean is shown here.

Two specific resources which are highlighted as core accompanying resources are: the relevant Standards and Principles within the Minimum Standards for Child Protection in Humanitarian Action (CPMS Standards) and the relevant modules within the Child Protection Case Management (CPCM) Training Package for Caseworkers in Humanitarian Settings, which appear at the top of each section.

ICON	TYPE OF RESOURCE
	The Minimum Standards for Child Protection in Humanitarian Action CPMS
	The Child Protection Case Management (CPCM) Training Package for Caseworkers in Humanitarian Settings
	Guidance, report or other written publication
	Toolkit / tool
	Training / workshop
	Resource list / hub

PART/ SECTION/ NAME	LINK
Part 1: The foundations of child protection case management	
1.1 What is 'child protection case management'?	
CPMS Standards: Standard 18: Case Management The Alliance for Child Protection in Humanitarian Action [The Alliance]. (2019). *The Minimum Standards for Child Protection in Humanitarian Action.*[a]	LINK

a In the table when it says "The Alliance. (2019)" and there is not additional title it is always referencing the Child Protection Minimum Standards, all other resources from 2019 have been spelled out.

	CPCM Training Modules: Level 1 Module 1 Foundations of Child Protection Level 1 Module 2 Foundations of Child Protection Case Management The Alliance. (2023). *Child Protection Case Management Training Package for Caseworkers in Humanitarian Settings*.	**LINK**
	UNHCR. (2021). Best interests procedure guidelines: *Assessing and determining the best interests of the child.*	**LINK**
1.2 Child protection case management guiding principles		
	CPMS Standards: Principles The Alliance. (2019).	**LINK**
	UN General Assembly. (1989). Convention on the rights of the child.	**LINK**
1.3 Applying a socio-ecological approach in case management practice		
	CPMS Standards: Standard 14: Applying a socio-ecological approach to child protection programming The Alliance. (2019).	**LINK**
	CPCM Training Modules: Level 1 Module 1 Foundations of Child Protection The Alliance. (2023). *Child Protection Case Management Training Package for Caseworkers in Humanitarian Settings.*	**LINK**
Level 1: the child		
	CPCM Training Modules: Level 1 Module 3 Communication with Children The Alliance. (2023). *Child Protection Case Management Training Package for Caseworkers in Humanitarian Settings.*	**LINK**
	Chapter 4: Communication Skills UNICEF, & IRC. (2023). Caring for child survivors of sexual abuse guidelines (2nd ed.).	**LINK**
	UNHCR. (2021). *Technical Guidance: Child-Friendly Procedures*	**LINK**
Level 2: the family		
	CPMS Standards: Standard 16: Strengthening family and caregiving environments The Alliance. (2019)	**LINK**

	CPCM Training Modules: Level 3 Advanced training, Family Strengthening The Alliance. (2023). *Child Protection Case Management Training Package for Caseworkers in Humanitarian Settings*.	LINK
	The Alliance. (2023). *Compendium of Resources for Family and Caregiving Strengthening in Humanitarian Settings*.	LINK
Level 3: the community		
	CPMS Standards: Standard 14: Applying a socio-ecological approach to child protection programming Standard 17: Community-level approaches The Alliance. (2019).	LINK
	The Alliance. (2021). A toolkit for community child protection volunteers.	LINK
Level 4: the society		
	CPMS Standards: Standard 14: Applying a socio-ecological approach to child protection programming The Alliance. (2019)	LINK
	UNICEF. (2021). Child protection systems strengthening: Approach, benchmarks, interventions.	LINK
1.4 Child protection systems strengthening		
	CPMS Standards: Principle 9: Systems Strengthening, Standard 18: Case Management, Section 18.3.2 Systems strengthening Standard 14: Applying a Socio-ecological Approach 14.3.4 The Alliance. (2019)	LINK
	The Alliance. (2016). *Adapting to learn, learning to adapt: overview of and considerations for child protection systems strengthening in emergencies.*	LINK
	UNICEF. (2021). Child protection systems strengthening: Approach, benchmarks, interventions.	LINK
	UNHCR. (2021). Best interests procedure guidelines: *Assessing and determining the best interests of the child.*	LINK

MHPSS informed approach		
	CPMS Standards: Standard 10: Mental Health and Psychosocial Support The Alliance. (2019)	LINK
	CPCM Training Modules: Level 3 Advanced training, MHPSS The Alliance. (2023). *Child Protection Case Management Training Package for Caseworkers in Humanitarian Settings*	LINK
	The Alliance. (2024). Guidance on MHPSS in child protection case management: Guidance for programme planners.	(draft, not yet published)
	Inter-Agency Standing Committee. (2022). The mental health and psychosocial support minimum service package.	LINK
	WHO, & UNICEF. (2021). Ensuring quality in psychological support (EQUIP).	LINK
Part 2: Designing and strengthening child protection case management programming		
	The Alliance. (2019). [Template] Inter-agency child protection case management standard operating procedures.	LINK
2.1 Key components of a quality case management response		
2.1.1. Target and Scope		
	CPMS Standards: Standard 18: Case Management The Alliance. (2019)	LINK
	UN General Assembly. (1951). *Convention on the Status of Refugees and UN General Assembly. (1967). Protocol relating to the Status of Refugees.*	LINK LINK
	The Alliance. (2016). *Child Protection in Emergencies Initial Assessment.*	LINK
	The Alliance. (2019) *Child Protection Case Management Quality Assessment Framework.*	LINK
	Chapter 5: Key Issues, Key Issue 4: Navigating Mandatory Reporting Requirements UNICEF, & IRC. (2023). Caring for child survivors of sexual abuse guidelines (2nd ed.).	LINK
	The Alliance. (2024). *Inter-agency guidance on child protection case management data categorization.*	LINK
	The Alliance. (2019). [Template] Inter-agency child protection case management standard operating procedures.	LINK

2.1.2 Collaboration and Coordination

	CPMS Standards: Standard 1: Coordination Pillar 4: Standards to work across sectors The Alliance. (2019)	LINK
	The Alliance. (2019). *Global case management online learning series: Module 3: Coordination of Case Management Responses in Humanitarian Settings.*	LINK
	The Alliance. (2019). [Template] Inter-agency child protection case management standard operating procedures.	LINK
	The Alliance. (2019). *Sample TOR Case Management Task Force.*	LINK
	Annex D: Referral Pathways Template Child Protection Area of Responsibility & The Alliance. (2024). *Recognising and referring child protection concerns: Rapid guide for all humanitarian workers.*	LINK
	GBV Area of Responsibility (AoR), & Child Protection AoR. (2021). Gender-based violence and child protection field cooperation framework: A practical guide for coordinators and co-coordinators.	LINK
	Chapter 7: Coordinating Care for Child Survivors UNICEF, & IRC. (2023). Caring for child survivors of sexual abuse guidelines (2nd ed.).	LINK
	Inter-Agency Standing Committee. (2015). Guidelines for integrating gender-based violence interventions in humanitarian action: Child protection.	LINK
	Coordination section The Alliance. (2024). Guidance on MHPSS in child protection case management: Guidance for programme planners.	(draft, not yet published)
	CP AoR. (2021) *Working with other sectors to enhance outcomes of MHPSS elements of child protection.*	LINK

2.1.3 The case management process

	CPMS Standards: Standard 9: Sexual and gender-based violence (SGBV) Standard 11: Children Associated with Armed Forces and Armed Groups Standard 12: Child Labour Standard 13: Unaccompanied and Separated Children The Alliance. (2019).	LINK

Sexual and Gender-Based Violence (SGBV)

	UNICEF, & IRC. (2023). Caring for child survivors of sexual abuse guidelines (2nd ed.).	LINK
	UNFPA and UNICEF. (2021). *Addressing child marriage in humanitarian settings, 2021*	LINK
	GBVIMS Steering Committee. (2017). Inter-agency GBV case management guidelines.	LINK
	GBV AoR, & Child Protection AoR. (2021). Gender-based violence and child protection field cooperation framework: A practical guide for coordinators and co-coordinators.	LINK
	GBV AoR. (2023). *Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming.*	LINK
	Inter-Agency Standing Committee. (2015). Guidelines for integrating gender-based violence interventions in humanitarian action: Child protection.	LINK

Children Associated with Armed Forces and Armed Groups

	The Alliance. **(2022).** *CAAFAG programme development toolkit: training guide and guidelines.*	LINK
	The Alliance. (2022)**.** *Technical Note: Girls Associated with Armed Forces and Armed Groups*	LINK
	UNICEF and Save the Children. (2022). *Paris Principles Operational Handbook.*	LINK

Child Labour

	Inter-Agency Toolkit: Preventing and Responding to Child Labour in Humanitarian Action Tool 17 Guidance for caseworkers Tool 18 Safety planning The Alliance. (2021). *Preventing and Responding to Child Labour in Humanitarian Action.*	LINK

Unaccompanied and Separated Children

	CPCM Training Modules: Level 3, Unaccompanied and Separated Children The Alliance. (2023). *Child Protection Case Management Training Package for Caseworkers in Humanitarian Settings*	LINK
	The Alliance. (2017**)** *Field Handbook on Unaccompanied and Separated Children.*	LINK

	The Alliance. (2017). *Toolkit on Unaccompanied and Separated Children, 2017.*	LINK
	Interagency Working Group on Unaccompanied and Separated Children. (2013). *Alternative Care in Emergencies Toolkit.*	LINK
	UNHCR. (2021). *Guidelines on supervised independent living for unaccompanied children.*	LINK

Refugee children and asylum seekers

	UNHCR. (2021). Best interests procedure guidelines: *Assessing and determining the best interests of the child.*	LINK
	UNHCR. (2022). *Standard Operating Procedures for the Implementation of Best Interests Procedure for Children at Risk Toolkit.*	LINK
	UNHCR. (2021). *UNHCR Best interests procedures toolbox.*	LINK

2.1.4 Information Management for Case Management

	CPMS Standards: Standard 18: Case Management Standard 5: information Management The Alliance. (2019).	LINK
	CPCM Training Modules: CPIMS+ IM4CM module The Alliance. (2023). *Child Protection Case Management Training Package for Caseworkers in Humanitarian Settings*	LINK
	UNICEF. (2024). *CPIMS+ Rollout Guidelines.*	LINK
	The Alliance. (2024). *Guidance on Child Protection Case Management Data Categorization.*	LINK
	The Alliance. (2023). *Child Protection Case Management Data Protection and Information Sharing Protocol.*	LINK
	The Alliance. (2024). *Child Protection Case Management Data Protection Impact Assessment Template.*	LINK

	The Alliance (2024). *Inter-Agency Guidance on Data Protection and Information Sharing in Humanitarian Settings, Including Specific Considerations for Settings with Refugees.*	**LINK**
	Section 3.5 on information management. UNHCR. (2021). Best interests procedure guidelines: *Assessing and determining the best interests of the child.*	**LINK**

2.1.5 Monitoring, evaluation, accountability and learning (MEAL)

	The Alliance. (2025). *Monitoring and Evaluation Toolkit for Child Protection Case Management.*	**LINK**
	The Alliance. (2024). *Guidance on Child Protection Case Management Data Categorization.*	**LINK**
	CHS Alliance, Group URD and the Sphere Project. (2024). *Core Humanitarian Standards.*	**LINK**
	Plan International. (2018). *Child-Friendly Feedback Mechanisms Guide and toolkit.*	**LINK**
	CPMS Annex: Table of indicators. The Alliance. (2019).	**LINK**
	The Alliance. (2019) *Child Protection Case Management Quality Assessment Framework.*	**LINK**

2.1.5 Staffing and capacity

	CPMS Standards: Sandard 2: Human resources The Alliance. (2019).	**LINK**
	CPCM Training Modules: Case Management Caseworker Competency Framework and Assessment Tool The Alliance. (2023). *Child Protection Case Management Training Package for Caseworkers in Humanitarian Settings.*	**LINK**
	CPCM Training Modules: Level 2 Competency-based training (all modules) The Alliance. (2023). *Child Protection Case Management Training Package for Caseworkers in Humanitarian Settings.*	**LINK**
	The Alliance. (2023). *The child protection in humanitarian action competency framework.*	**LINK**

	Part 1: Volunteers' Roles in Supporting Case Management The Alliance. (2021). A toolkit for community child protection volunteers.	LINK
The Alliance. (2021). Learning and development toolkit.		LINK
	UNHCR, UNHCR. (2022) *BIP Guidelines – training pack.*	LINK
	UNHCR. (2022). BIP eLearning.	LINK
	The Alliance. (2018). *Child Protection Case Management Supervision and Coaching Training Package.*	LINK
	Global Social Service Workforce Alliance (2020). ***G**uidance Manual on Strengthening Supervision for the Social Service Workforce*	LINK
	Supervision and Staff-Care UNICEF, & IRC. (2023). Caring for child survivors of sexual abuse guidelines (2nd ed.).	LINK
	WHO, & UNICEF. (2021). Ensuring quality in psychological support (EQUIP).	LINK
	2.3 Care for staff and volunteers providing MHPSS Inter-Agency Standing Committee. (2022). The mental health and psychosocial support minimum service package.	LINK
2.1.7 Appropriate resources		
	The Alliance. (2025). Child Protection Case Management Budget Template	LINK
	Standard CPIMS+ budget template UNICEF. (2024). *CPIMS+ Rollout Guidelines.*	LINK
	UNICEF and the Global Social Service Workforce Alliance. (2022). *Proposed Guidance and Tool for Costing the Social Service Workforce.*	LINK
2.2 How to design the most appropriate and quality response		
2.2.1 Quality assessment of existing components of the case management response		
	The Alliance. (2019) *Child Protection Case Management Quality Assessment Framework.*	LINK

2.2.2 Defining actions to ensure an appropriate and quality case management response

	The Alliance. (2016). *Adapting to learn, learning to adapt: overview of and considerations for child protection systems strengthening in emergencies.*	LINK
	UNICEF. (2021). Child protection systems strengthening: Approach, benchmarks, interventions.	LINK
	CP AoR. (2024). *Working Together with Other Sectors for Child Protection and Wellbeing.*	LINK
	Save the Children. (2017). *Child Safe Programming Guidelines.*	LINK

2.2.3 Child Protection Case Management Standard Operating Procedures (SOP)

	The Alliance. (2019). *A Five-Step Guide to Developing Inter-Agency Standard Operating Procedures for Child Protection Case Management in Humanitarian Settings.*	LINK
	The Alliance. (2019). [Template] Inter-agency child protection case management standard operating procedures.	LINK

Part 3: The case management process and steps

	CPCM Training Modules: Level 1 Foundational Training (all modules) The Alliance. (2023). *Child Protection Case Management Training Package for Caseworkers in Humanitarian Settings.*	LINK
	The Alliance. (2024). *Inter-agency Child Protection Forms.*	LINK

For other resources related to the case management process, see section 2.2 above

Annex 2: Mandatory reporting: roles and responsibilities[b]

Mandatory reporting in child protection refers to the legal requirement of certain individuals, professionals, and organizations (caseworkers, teachers, nurses, and doctors, etc.) to report any suspected cases of child abuse or neglect to the appropriate government authorities. These legal requirements can be challenging for caseworkers when the information is so sensitive that it cannot be shared with other actors without placing the child at risk of further harm.

It is recommended that, when relevant, discussions on mandatory reporting take place at the inter-agency level to ensure a common approach across different actors.

Core components of any established Procedure on Mandatory Reporting should include:

- ✔ **Legal framework**, including relevant mandatory reporting laws at local, regional, and national levels.
- ✔ **Risk assessment,** outlining the risks related to laws/ policies, as well as risks associated with specific incidents
- ✔ **Roles and responsibilities** within the organization in relation to mandatory reporting.
- ✔ **Guidance on how mandatory reporting** should be explained to children and parents or caregivers.
- ✔ **Standardized reporting procedures**; for example, what, how, when, and who to report to.
- ✔ **A decision-making process** including specific criteria to determine whether reporting is in the child's best interests (ideally developed at the inter-agency level).
- ✔ **Accompanying guidance and training materials** for caseworkers and other key staff.

This should also be included in the context specific Child Protection Case Management Standard Operating Procedures.

All staff are responsible for mandatory reporting, for example:

Senior Management Team:

- Understand mandatory reporting laws and organizational impact.
- Assess and discuss reporting risks.
- Make high-level compliance decisions.

Senior Technical Child Protection Staff and Managers:

- Research and address mandatory reporting laws.
- Collaborate with internal departments for risk assessments.
- Develop a reporting protocol with senior management.
- Guide supervisors and caseworkers on protocols.
- Provide technical case support.
- Participate in inter-agency coordination for unified child protection.

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b This section on mand*atory reporting has been adapted from:*
UNICEF, & IRC. (2023). Caring for child survivors of sexual abuse guidelines (2nd ed.). Retrieved from: https://www.unicef.org/reports/caring-child-survivors-sexual-abuse-resource-package.

The Alliance for Child Protection in Humanitarian Action. (2023). ***C****hild protection case management training package for caseworkers in humanitarian settings.* Retrieved from: https://alliancecpha.org/en/learning/child-protection-case-management-training-package-caseworkers-humanitarian-settings.

Case Management Supervisors:

- Ensure caseworkers understand and follow reporting procedures.
- Support case workers in implementing protocols.
- Participate in case decision-making and provide guidance.

Caseworkers:

- Understand and adhere to reporting protocols.
- Consult supervisors on reporting decisions.
- Explain reporting requirements to children and caregivers at case initiation.
- Involve children and caregivers in the reporting process.
- Share relevant information with children and families about the reporting process, including:
  - The authority to report to.
  - Information to be shared.
  - Reporting method.
  - Expected report outcomes.
  - Rights of the child and family.

Elements of a Risk Assessment:

- Consider how these laws/policies impact the child and their caregivers, including potential risks in mandatory reporting for children. Risks may include, for example, police poorly trained/not trained on engaging with children that have experienced abuse, punitive actions for child and/or caregivers, broken or fractured legal system with little likelihood of justice, etc.
- Consider potential risks in mandatory reporting that may be dependent on the characteristics of the child; for example, discriminatory practices against refugee children, as children with diverse sexual and gender identities, children from specific ethnic groups, or children with disabilities.
- Consider any different risks based on specific incident types; for example, differences in risks associated with reporting SGBV incidents, child marriage, physical abuse, etc.

Guiding questions to consider:

- What should be reported under local mandatory reporting laws and policies? Which types of cases would mandatory reporting laws and policies apply to?
- Who is required to report? Is it specific professions?
- Is there a standard training that mandated reporters are required to participate in?
- Who are the officials designated to receive such reports?
- When is the obligation to report triggered (for example, with suspicion of abuse?)
- What information needs to be shared?
- What are the reporting regulations regarding timing and other procedures?
- How is confidentiality protected?
- What are the legal implications of not reporting?
- How is mandatory reporting used in this setting? What actions may be taken following a report?
- Are there concerns relating to safety or other risks associated with mandatory reporting?
- What happens to the child and/or their caregivers if a report is made? What happens to staff involved?
- When do we need to re-evaluate mandatory reporting? (After certain events? At periodic intervals during the year?)

Annex 3: Service mapping template

A comprehensive service mapping should be conducted with the information shown in the table below and should be updated every three months in emergency contexts. Regular updates are crucial to ensuring the accuracy and effectiveness of the service mapping, given that the landscape of available services may change over time. The table gives an example outline of the minimum information that should be included in a service mapping used by child protection case management teams.

The service mapping template should also be included in the context specific Child Protection Case Management Standard Operating Procedures.

A list of services available, organized per sector, ensuring clarity on the range of assistance.		**Accurate and up-to-date contact details.**			**Information on criteria associated with accessing the services and how referrals can be made.**			**Timelines.**	
SECTOR	SERVICES PROVIDED	NAME AGENCY	ADDRESS	OPENING HOURS	TARGET GROUP AND ELIGIBILITY CRITERIA	HOW REFERRALS CAN BE MADE	REFERRAL FOCAL POINT NAME, PHONE NUMBER AND EMAIL	AVERAGE DURATION BETWEEN INTAKE AND SERVICE PROVISION	END OF PROJECT (if applicable)
For example, Health	Primary health-care services through a mobile team Individual specialized MHPSS session by psychologist	IMC	Khazir Camp, Erbil governorate	Saturday - Thursday 8:00 AM to 4:30 PM	Refugees and IDPs that are living in Khazir Camp	Referrals made by phone or email	Name: Mahmood Email: Mahmood@imc.org Phone: 7706951550	Between 2 days – 1 week	15/08/2024 end of project (funding afterwards not confirmed)

Annex 4: Considerations when working with specific vulnerable groups of children

Case management follows a standardised approach that is then adapted on a case-by-case basis to meet each child's distinct needs, considering their specific child protection risks. Using a child-centred approach recognizes each child's uniqueness, and case management support can be tailored to their situation.

There are some key considerations and additional resources available to assist caseworkers providing support to children that experience complex child protection risks and vulnerabilities. These are based on the standards outlined under Pillar 2 of the Minimum Standards for Child Protection in Humanitarian Action:

- Standard 9: Sexual and Gender-Based Violence (SGBV)
- Standard 11: Children Associated with Armed Forces and Armed Groups
- Standard 12: Child Labour
- Standard 13: Unaccompanied and Separated Children

In repose to the child protection risks outlined in this Annex, child protection case management may form part of the response for individual children. However, they will likely need to be addressed in a broader way through a dedicated or wider child protection prevention and response programme.

This guidance does not cover these broader programming approaches. It is a non-exhaustive list of key considerations. When designing and strengthening a child protection case management response, it must be tailored to fit the specific context, its laws and legal framework. Similarly, while these considerations are important for caseworkers to bear in mind, support should be adapted to meet the unique needs of each child.

STANDARD 9: SEXUAL AND GENDER-BASED VIOLENCE

Sexual and Gender-Based Violence (SGBV) is any act that is perpetrated against a person's will that is based on gender norms and unequal power relationships. It encompasses threats of violence and coercion. It can be physical, emotional, psychological or sexual in nature, and can take the form of a denial of resources or access to services. It inflicts harm on women, girls, men and boys.[c]

Key considerations, actions and 'do no harm' measures[d]:

1. **Coordination:** Develop strategies to foster effective collaboration, coordination and communication among GBV actors.
2. **Mitigating fear and stigma:** Recognwe and address barriers like shame, self-blame and fear that hinder open discussions on SGBV and implement supportive measures to create an environment conducive to disclosure for both children and caregivers.

c *The Alliance for Child Protection in Humanitarian Action. (2019). Glossary, definition of sexual and gender-based violence, p. 314.* Retrieved from: https://alliancecpha.org/en/learning/child-protection-case-management-training-package-caseworkers-humanitarian-settings.

d This section was developed based on content from GBV AoR, & Child Protection AoR. (2021). *Gender-based violence and child protection field cooperation framework: A practical guide for coordinators and co-coordinators.* Retrieved from: https://gbvaor.net/sites/default/files/2022-01/Gender%20Based%20Violence%20And%20Child%20Protection%20Framework_EN_FINAL_0.pdf.

3. **Understanding contextual laws and policies:** Coordinate with relevant actors to ensure a comprehensive analysis of local laws, policies and procedures concerning children and SGBV, including removal from care. Raise awareness and ensure adherence to specific mandatory reporting protocols based on the context.
4. **Ensuring training and competencies:** Prioritise the necessary training and competencies for staff involved in child protection case management on SGBV and caring for child survivors. Implement a system of ongoing technical supervision to continually enhance staff capabilities.
5. **Facilitating an immediate response:** Establish clear protocols for the immediate response to child survivors of sexual abuse. Take measures to ensure timely adherence to specific steps and time frames following a disclosure.

KEY RESOURCES

Standard 9: Sexual and gender-based violence (SGBV)	
The Alliance for Child Protection in Humanitarian Action. (2019). *The Minimum Standards for Child Protection in Humanitarian Action.*	**LINK**
UNICEF, & IRC. (2023). Caring for child survivors of sexual abuse guidelines (2nd ed.).	**LINK**
UNFPA and UNICEF. (2021). *Addressing child marriage in humanitarian settings, 2021*	**LINK**
GBVIMS Steering Committee. (2017). Inter-agency GBV case management guidelines.	**LINK**
GBV AoR, & Child Protection AoR. (2021). Gender-based violence and child protection field cooperation framework: A practical guide for coordinators and co-coordinators.	**LINK**
Inter-Agency Standing Committee. (2015). Guidelines for integrating gender-based violence interventions in humanitarian action: Child protection.	**LINK**
GBV AoR. (2023). *Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming.*	**LINK**

STANDARD 11 CHILDREN ASSOCIATED WITH ARMED FORCES AND ARMED GROUPS[e]

Children associated with armed forces or armed groups (CAAFAG) are all children - including girls - under age 18 who are, or have been, recruited or used by any armed force or group in any capacity.[f] Girls and boys are used by armed forces or armed groups in many different roles, not only in combat. These children are often forced to witness, experience and commit abuse, exploitation or violence. The recruitment and use of children by armed groups deprive children of their rights and have immediate and long-term negative consequences for the socioeconomic, psychological and physical health of children, families and communities.[g]

e This section was developed based on content from The Alliance. (2022). *CAAFAG programme development toolkit: training guide and guidelines.* Retrieved from: https://alliancecpha.org/en/CAFAAG_toolkit.

f The Alliance for Child Protection in Humanitarian Action. (2019). *The Minimum Standards for Child Protection in Humanitarian Action*, p. 139. Retrieved from: https://alliancecpha.org/en/CPMS_home.

g Ibid.

Key considerations, actions and 'do no harm' measures:

- **Prevent stigmatisation:** Provide careful and sensitive support addressing multiple protection concerns in conflict-affected communities to avoid stigmatising children affected and associated with armed forces and groups (CAAFAG) or giving them access to significantly more resources than other conflict-affected children.
- **Addressing caseworker perceptions:** Include training to address caseworkers' own perceptions of CAAFAG in their specific context.
- **Avoiding over-victimization:**[h] Ensure case management refrains from over-victimizing children,[ij] especially girls, by recognising their strengths, and agency within their own lives. Viewing or treating them solely as passive victims may hinder their reintegration.
- **Key needs:** Identify and address key needs, including health, mental health and psychosocial support (MHPSS), education, safety, justice, economic recovery, and social belonging. Children's need for alternative care is also often a key consideration for CAFAAG as many are separated from their families.
- **Safety:** The safety of CAAFAG after their release is an essential part of their reintegration and well-being.[k] Assessing their safety and developing safety plans with each child can mitigate the risk of further violence, abuse and exploitation.
- **Complementary activities:** Couple case management with family and community-level interventions that address stigmatisation and promote social reintegration. Explore collective approaches, such as supporting groups of CAAFAG from the same community, to reinforce their sense of belonging.
- **Addressing risk factors for re-recruitment:** Integrate the identification and mitigation of risk factors for recruitment/re-recruitment into the case plan.
- **Reintegration:** Collaborate with children to define criteria for successful reintegration. Design reintegration interventions that leverage existing community structures, caregiving environments, initiatives, and human resources for efficiency and sustainability.
- **Understanding relevant law and legal assistance:** Provide support for CAAFAG to access legal documentation and assistance, and in refugee settings consult UNHCR on access to asylum procedures.[l]

KEY RESOURCES

Standard 11: Children Associated with Armed Forces and Armed Groups

The Alliance for Child Protection in Humanitarian Action. (2019). *The Minimum Standards for Child Protection in Humanitarian Action.*	**LINK**
The Alliance. (2022). *CAAFAG programme development toolkit: training guide and guidelines.*	**LINK**
The Alliance. (2022). *Technical Note: Girls Associated with Armed Forces and Armed Groups.*	**LINK**
UNICEF and Save the Children. (2022). *Paris Principles Operational Handbook.*	**LINK**

h The Alliance. (2022). *CAAFAG programme development toolkit: training guide and guidelines, p.88.*

i This is referring to the case management approach to working with CAAFAG, not to the status or perception of CAAFAG. The Paris Principles provide that "children who are accused of crimes under international law allegedly committed while they were associated with armed forces or armed groups, should be considered primarily as victims and not as perpetrators."

j The Alliance. (2022). *CAAFAG programme development toolkit: training guide and guidelines, p.30.*

k The Alliance. (2022). ***T****echnical Note: Girls Associated with Armed Forces and Armed Groups, p.29.* Retrieved from: https://alliancecpha.org/sites/default/files/technical/attachments/tn_gaafag_eng.pdf.

l UNHCR. (2009). Guidelines on International Protection No. 8: Child Asylum Claims under Articles 1(A)2 and 1(F) of the 1951 Convention and/or 1967 Protocol relating to the Status of Refugees, para 19-23. Retrieved from: https://www.unhcr.org/us/media/guidelines-international-protection-no-8-child-asylum-claims-under-articles-1-2-and-1-f-1951.

STANDARD 12 CHILD LABOUR

"Child labour is any work that deprives children of their childhood, their potential and their dignity. Child labour is work that interferes with children's education and negatively affects their emotional, developmental and physical well-being. Many child labourers are engaged in the worst forms of child labour (WFCL), including forced labour, recruitment into armed groups, trafficking for exploitation, sexual exploitation, illicit work or hazardous work. Humanitarian crises may increase the prevalence and severity of existing forms of child labour or trigger new forms."[m]

During the assessment phase, it is essential to analyse the root causes of child labour. Based on these findings, a comprehensive case plan should be developed, addressing behavioural, cultural or economic issues. In addition, direct assistance tailored to combat child labour, contingent on its causes, may encompass safe work kits, emergency cash, local-level advocacy for improved safety and welfare, reintegration support, mediation with employers, workplace safety planning, and harm reduction strategies.

Referral mechanisms are vital and may involve linking children to education and vocational training, providing livelihood support for parents, using established child labour monitoring and referral systems, and implementing preventive measures. Follow-up actions may include site visits to the child's workplace and monitoring changes in behaviour and working conditions. Collaborative efforts between case management agencies and service providers are crucial, ensuring support is provided and advocating for services that address the unique needs of working children.

Key considerations, actions and 'do no harm' measures[n]:

1. **Visibility challenges:** Recognize the potential for caregivers and children to conceal illegal aspects of the child's work.
2. **Observation skills:** Develop strong observation skills to identify risks, hazards, and workplace conditions.
3. **Realistic approach:** Acknowledge local and individual constraints when crafting case plans. While the objective is to reintegrate children into education and secure sustainable family income, realistic plans should focus on manageable and incremental improvements.
4. **Legal knowledge:** Ensure a thorough understanding of relevant legislation and policies on child labour. Enhance capacity to enforce legal compliance and report concerns to duty bearers.
5. **Harm reduction and safety planning:** Emphasise that urgent removals of children from harmful labour may not always be feasible or in the child's best interests in humanitarian contexts. Support caseworkers in developing harm reduction strategies and safety plans to provide immediate protection for children.

KEY RESOURCES

Standard 12: Child Labor

The Alliance for Child Protection in Humanitarian Action. (2019). *The Minimum Standards for Child Protection in Humanitarian Action.* **LINK**

Tool 17 Guidance for caseworkers

Tool 18 Safety planning **LINK**

The Alliance. (2021). *Preventing and Responding to Child Labour in Humanitarian Action.*

m The Alliance for Child Protection in Humanitarian Action. (2019). *The Minimum Standards for Child Protection in Humanitarian Action,* p.147.

n This section was developed based on content from The Alliance. (2021). *Preventing and Responding to Child Labour in Humanitarian Action.* Retrieve from: https://alliancecpha.org/en/cltf.

STANDARD 13 UNACCOMPANIED AND SEPARATED CHILDREN

Family separation can result from a variety of causes, both accidental and deliberate. In humanitarian settings, unaccompanied and separated children (UASC) have been separated from their caregiver or other family-level protection when they need it most. In addition to causing emotional distress, separation may create significant barriers to accessing humanitarian assistance.[o]

Separated children – Children separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members.[p]

Unaccompanied children – Children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.[q]

Key considerations, actions and 'do no harm' measures:[r]

1. **Addressing root causes and prevention:** Understand the causes and impact of family separation to prevent secondary separation and tailor responses to individual child needs.
2. **Legal knowledge:** Understand the national legal framework, the roles of key stakeholders, and the caseworker's role to provide appropriate support and ensure that decisions align with the legal framework for UASC.
3. **Rapid response:** Prioritise the urgent registration of UASC for case management, family tracing, and reunification due to the severe long-term impact of family separation.
    - **Role in FTR and alternative care:** Play a crucial role in protecting UASC by supporting family tracing and reunification (FTR) and alternative care arrangements while addressing other child protection (CP) needs.
    - **Coordination:** Ensure close coordination with key stakeholders involved in FTR and alternative care to support the safety and well-being of individual children.
4. **Sociocultural norms:** Consider sociocultural norms regarding childcare practices and community perceptions of family separation. Build on protective factors, ensure the child's best interests, and address harmful coping mechanisms.
5. **Capacity strengthening and supervision:** Provide specific capacity-building and technical supervision for caseworkers involved in alternative care and family tracing/reunification.[s]

o The Alliance for Child Protection in Humanitarian Action. (2019). *The Minimum Standards for Child Protection in Humanitarian Action,* p.153.

p The Alliance for Child Protection in Humanitarian Action. (2019). *Glossary, definition of sexual and gender-based violence,* p. 314.

q The Alliance for Child Protection in Humanitarian Action. (2019). *Glossary, definition of sexual and gender-based violence,* p. 315.

r This is aligned with: The Alliance for Child Protection in Humanitarian Action. (2023). *Child protection case management training package for caseworkers in humanitarian settings.* Retrieved from: https://alliancecpha.org/en/learning/child-protection-case-management-training-package-caseworkers-humanitarian-settings.

s The Alliance for Child Protection in Humanitarian Action. (2023). *Child protection case management training package for caseworkers in settings,* Level 3, Module 2 on Unaccompanied and Separated Children.

The role of the caseworkers in alternative care and family tracing and reunification[t]

Alternative care

Caseworkers play a role in alternative care by supporting the identification and establishment of family and community-based arrangements, such as foster families and mentors, and monitoring children in alternative care placements. Where appropriate, alternative care can also include supervised independent living for unaccompanied children. Caseworkers offer ongoing support through training and guidance for foster families and may collaborate with community groups supporting alternative care.

Family tracing and reunification

Caseworkers actively support or engage in tracing and family reunification (FTR) initiatives, collaborating closely with key staff involved in FTR services. In other cases, they manage the case while referring to FTR services, complementing efforts through ongoing caseworker support for alternative care and maintaining family contact. Cross-border FTR coordination is crucial for internationally separated UASC, and caseworkers contribute to FTR efforts in the context of return or voluntary repatriation, coordinating with UNHCR or relevant government counterparts for refugee contexts.

KEY RESOURCES

Standard 13: Unaccompanied and Separated Children The Alliance for Child Protection in Humanitarian Action. (2019). *The Minimum Standards for Child Protection in Humanitarian Action.*	LINK
CPCM Training Modules: Level 3, Unaccompanied and Separated Children The Alliance. (2023). *Child Protection Case Management Training Package for Caseworkers in Humanitarian Settings*	LINK
The Alliance. (2017) *Field Handbook on Unaccompanied and Separated Children.*	LINK
The Alliance. (2017). *Toolkit on Unaccompanied and Separated Children, 2017.*	LINK
Interagency Working Group on Unaccompanied and Separated Children. (2013). *Alternative Care in Emergencies Toolkit.*	LINK
UNHCR. (2021). *Guidelines on supervised independent living for unaccompanied children.*	LINK

t This section was developed based on content from The Alliance for Child Protection in Humanitarian Action. (2023). Child protection case management training package for caseworkers in humanitarian settings.

Annex 5: Data protection principles[u]

LEGITIMATE AND FAIR PROCESSING

Processing of personal data must be legitimate, fair, and transparent, and align with the regulatory framework, including consent and the best or 'vital[v]' interests of the child. The child and their parents or caregivers should be informed about how their information will be used and the measures that are being taken or will be put in place to ensure their data is protected.

Before gathering or processing any personal data of the child, informed consent or assent[w] must be obtained, depending on the child's age, developmental stage and abilities, as well as the consent of parents or caregivers, except in specific cases where this may place the child at risk, and in circumstances where the best interests of the child and/or vital interests must be considered.

Any child, parent, caregiver or other person who is a 'data subject' (individual to whom the personal data relates) must be informed about the type of personal data collected, the purpose, details on with whom the data may and may not be shared, potential consequences of objecting to processing of data, who has access to their data, and contact information for exercising data subject rights or expressing concerns.

PURPOSE SPECIFICATION

Personal data will only be collected and used for specific and legitimate purposes. This means that information will be used to ensure that children and their families are able to receive child protection case management support to address their needs in a comprehensive, holistic, and durable way and in line with their best interests, immediately and in the future. Personal data should not be used for any reason that was not originally agreed on, and if the reason – the purpose – changes, the child, parent, caregiver (or other person who is the data subject) should be again informed and their consent/assent sought.

DATA MINIMIZATION – NECESSITY AND PROPORTIONALITY

The processing of personal data will be adequate, relevant, and not excessive to the original specific purposes for which it is being processed. This means that case management actors should ensure that they are only collecting, storing, sharing, or otherwise processing data, which is necessary to effectively deliver services, and keeping the amount of data collected/stored/shared to the minimum to achieve this.

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u The following data protection principles are also outlined in The Alliance for Child Protection in Humanitarian Action. (2024). *Inter-Agency Guidance on Data Protection and Information Sharing in Humanitarian Settings, Including Specific Considerations for Settings with Refugees.* Retrieved from: https://alliancecpha.org/en/technical-materials/information-management-case-management**.** The mentioned Guidance was developed based on key global tools such as the United Nations Personal Data Protection and Privacy Principles, as well as for example the European General Data Protection Regulation and many other regional principles and standards, as listed here.

v Vital interests generally refer to circumstances of 'life or death' wherein it may be necessary to process an individual's personal data if their life and survival is at risk, without their informed consent, with procedural safeguards as set out in case management standard operation procedures and abiding to Inter-Agency guidelines on breaking confidentiality.

w Consent and assent here are explained in relation to the processing of data and not as per assent and consent for overall service provision as outline in the Guidelines in Part 3, Section 3.4.

RESPECT FOR THE CHILD'S RIGHTS AS DATA SUBJECT

Children and their families have rights related to how data from them and information about them is managed. They have the right to information, access, correction and deletion of their Personal Data, and the ability to object to its processing during all stages of such processing. These rights are detailed in the 1989 Convention on the Rights of the Child[x] or national data protection frameworks.

CONFIDENTIALITY AND SECURITY

To ensure the confidentiality, availability and integrity of both personal data and sensitive non-personal data, all actors must put in place physical, technical, and organizational information security measures. These measures are necessary for personal data whether it is stored, in use, or in transit, and they should align with international best practices, considering the risks associated with the management of children's personal data.

RETENTION LIMITATION

Personal data shall be deleted from all systems once it is no longer necessary for the purposes for which it is being processed or compatible purposes. This means that while information could be reduced, redacted, or archived over time, decisions about how to retain information and what information should be retained must always be commensurate to the purpose.[y] The Data Protection and Information Sharing Protocol should specify for how long information should be retained in a specific context.[z]

ACCURACY

Personal data should be maintained accurate and up to date in relation to the purpose(s) for which it is processed.

ACCOUNTABILITY

All case management actors responsible for the processing of children's personal data, and that of their caregivers or families, must adhere to data protection principles, and be able to demonstrate their compliance with these principles.

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x UN General Assembly. (1989). *Convention on the rights of the child,* United Nations, Treaty Series, vol. 1577. Retrieved from: https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child.

y Note, there may be specific requirements for retention for refugees, asylum seekers, children associated with armed forces or armed groups, children affected by armed conflict and the monitoring and reporting mechanism for grave violations of children's rights. Furthermore, regional or national data protection frameworks and regulations may dictate specific time frames, as well as organizational policy.

z The time frame for the retention of data is related to the purpose specification, so the retention period is dependent on why the data is collected.

Annex 6: Information management systems in case management[aa]

WHAT IS AN INFORMATION MANAGEMENT SYSTEM?

An information management system (IMS) refers to a digital application or software that enables practitioners to ensure the safe, secure, and ethical collection, storage, processing, sharing and analysis of data and information. However, an IMS can also consist of 'offline' and paper-based components, combined with several digital tools like Microsoft Excel for example.

Any IMS should enable users, such as case workers and case managers, to efficiently collect and safely store children's personal data and that of their caregivers. It is imperative that any IMS or variety of paper-based, offline, digital, and cloud-based tools, ensure the highest levels of data protection and respect the rights of data subjects.

KEY CONSIDERATIONS FOR ESTABLISHING DIGITAL INFORMATION MANAGEMENT SYSTEMS

Digital IMS offer greater security in the processing of children's information and that of their caregivers/families, particularly when they have been specifically designed for information management for case management. Therefore, when considering the implementation of a digital IMS or introducing digital tools within an existing information management process, it is important to ensure that it will better enable case management staff to deliver services, and in turn meet the needs of children at risk of harm. The introduction of a new tool or process should be carefully reconsidered in terms of increased workload, potential risks, and opportunities.

It is recommended that the operational context is assessed in terms of readiness, but it is equally important to determine existing practices for the following key components of information management within the flow of case management:

Collecting: how is data being collected at each step of the case management process?

Storing: where is the data and information kept? How is it accessed and by whom? Are there measures to restrict access and maintain information security?

Sharing: how is information shared within the system, between users and externally? Are standard operating procedures accompanied by an information sharing protocol? Are there data protection risks or concerns relating to the sharing of both personal and anonymous data?

Analysis: how is information prepared for analysis? How is the data being used to inform programming, targeting, prioritization, advocacy, and resource mobilization? Is it accessible and easily retrievable? Does it require substantial efforts to clean and prepare data manually?

For each component, reflect: What is working well? What is not working well? How can this be improved? Note that the improvement may not necessarily be limited to the introduction of a digital IMS but may highlight a need for capacity strengthening in case management itself, or a phased approach to implementing new digital tools, for example.

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aa This Annex should be read jointly with the Annex 1 on Information Security in The Alliance. (2023). *Child Protection Case Management Data Protection and Information Sharing Protocol.* Retrieved from: https://alliancecpha.org/en/technical-materials/inter-agency-child-protection-case-management-data-protection-information-sharing-protocol.

When assessing 'readiness' for a digital IMS it is necessary to understand what infrastructure and capacity is available, to determine if the operational context is conducive to the implementation. Some factors to consider are shown in the table below.

DEVICES	Do case management staff have work computers/laptops/tablets/mobile phone, or do they use personal devices? Is it possible to procure enough devices for the relevant workforce? Is there a process or procedure in place for securing and managing devices used for the processing of children's personal data, and that of their caregivers and families?
ELECTRICITY	Is there a reliable electricity supply and/or back-up power sources (solar/battery) to ensure devices can be recharged?
CONNECTIVITY	Is there Internet connectivity through access to Wi-Fi or mobile data? Are there locations where such connectivity is not possible? If so, is offline functionality needed for the digital IMS to be used effectively, and is this available to users?
TECHNICAL SUPPORT	Is there in-country IT capacity to address problems with software or to repair hardware, and support users in troubleshooting and capacity strengthening?
INTEROPERABILITY	Are other digital IMS in use and can data be shared, when necessary, in a safe and secure manner between the systems? Is there potential to enable interoperability and/or harmonize the tools in use?
RESOURCES	Are the required resources (technical, infrastructural, technological, financial, etc.) available to support the implementation and importantly to sustain it over time?

DIGITAL INFORMATION MANAGEMENT SYSTEMS

A digital information management system is recommended to manage information where there is likely to be a high volume of cases (e.g., more than 500) and / or a need to digitally share information between case management actors. For example, Primero CPIMS+ and UNHCR proGres are two globally used digital information management systems for case management which have been purpose-built to safely and securely collect, store, process, share and analyse individuals' data.

CPIMS+ / PRIMERO

CPIMS+/Primero™ is a software platform helping case workers in managing protection-related data. As one of three modules of the Primero application, CPIMS+ boasts a standard configuration aligned with global inter-agency child protection case management forms, meeting best practice standards set by the Alliance. Highly configurable, it adapts to various programming and settings, providing an intuitive user experience with clear workflows for staff gathering information about children in case management. Primero, supported by UNICEF, is an inter-agency tool governed by a broad group of organizations. It aligns with the UN Secretary-General's Roadmap for Digital Cooperation, designed for adoption by organizations, governments, or networks of partners to support child protection service delivery in emergencies and the long term. CPIMS+ is the recognized tool of the global Case Management Task Force (CMTF), offering specific features supporting data protection and information sharing. For more details, visit cpims.org.

PROGRES

UNHCR uses its institutional identity management system for refugee protection case management and information management, focusing on broader refugee protection, assistance and durable solutions for refugees including children. The ProGres Child Protection module includes tools for managing information on BIP and child protection cases. UNHCR keeps BIP information up to date in ProGres, ensuring access to broader refugee protection services for children and their families. While mandatory for UNHCR staff, ProGres is available for Partners to use free of charge where CPIMS+ is not feasible or in use.

OTHER INFORMATION MANAGEMENT SYSTEMS/TOOLS

- In many circumstances, a simple database that records key information and facilitates case tracking and supervisory oversight is most appropriate. This is particularly relevant when the scale of case management is limited (e.g., fewer than 500 cases) and data security risks are low, or when case management is being rapidly implemented and scaled up in response to a humanitarian crisis.
- A simple database may involve an Excel-based spreadsheet or PowerApp List used alongside paper-based files. The spreadsheet or PowerAppList can link to PowerBI to analyse data and present on dashboards. When using Excel, it should be noted that data protection functionality is limited. The data protection impact assessment should be used to assess the level of data protection required and determine what type of information should and should not be recorded.
- It is never appropriate to store identifiable or sensitive information, for example about sexual violence or recruitment and use of children by armed force or armed groups, in an Excel-based spreadsheet, unless anonymised or pseudo-anonymised[ab]. It is also important to recognise the risk of storing and sharing sensitive non-personal data in Excel-based spreadsheets.

ab Pseudo-anonymised data refers to personal data that has been processed in such a way that it can no longer be used to directly identify a specific individual without using additional information. This additional information must be kept separately and secure to ensure the anonymity of the individuals.

Annex 7: Functions of supervision[ac]

This list outlines some of the responsibilities and tasks associated with a case management supervisor's role, focusing on the three core functions: 1. Administrative function, 2. Education and professional development function, and 3. Supportive function. Please note that this list is not exhaustive.

ADMINISTRATIVE FUNCTION	
MAIN RESPONSIBILITIES	**Tasks or activities a caseworker should implement in practice as a part of their role**
Human resources:	• Conduct recruitment and orientation processes. • Collaborate in the performance evaluation and management process.
Plan and oversee case work quality:	• Conduct regular reviews of case management processes and ensure caseworkers adhere to case management standards and SOPs. • Oversee caseload across team members and guide allocation of newly identified cases.
Report and coordinate with other actors:	• Provide updates to management and stakeholders on key developments and challenges. • Engage in advocacy efforts. • Update the service directory and facilitate referrals. • Prepare and submit regular reports on supervision and coaching activities and the progress of child protection interventions.
Ensure quality documentation and information management:	• Ensure the quality of case files, aligning with time frames and compliance with data protection laws, policies, and standard operating procedures. • Monitor compliance with data protection principles and protocols and address potential issues or breaches.
Reinforce safety and ethical standards:	• Emphasize safety and ethical standards for caseworkers to perform their jobs. • Highlight the agency's child safeguarding policy.

ac This section was developed based on:
The Alliance of Child Protection in Humanitarian Action. (2018). *Child Protection Case Management Supervision and Coaching Training Package.* Retrieved from: https://www.socialserviceworkforce.org/wp-content/uploads/2024/03/Guidance_Manual_Strengthening_Supervision_Social_Service_Workforce_0.pdf.
Global Social Service Workforce Alliance (2020). *Guidance Manual on Strengthening Supervision for the Social Service Workforce.* Retrieved from: https://www.socialserviceworkforce.org/wp-content/uploads/2024/03/Guidance_Manual_Strengthening_Supervision_Social_Service_Workforce_0.pdf.
It is also aligned to The Alliance for Child Protection in Humanitarian Action. (2023). *Child Protection Case Management Training Package for Caseworkers in Humanitarian Settings.* Retrieved from: https://alliancecpha.org/en/learning/child-protection-case-management-training-package-caseworkers-humanitarian-settings.

EDUCATIONAL AND PROFESSIONAL DEVELOPMENT FUNCTION	
MAIN RESPONSIBILITIES	**Tasks or activities a caseworker should implement in practice as a part of their role**
Assess competencies:	• Use a capacity assessment tool to assess caseworkers' knowledge, attitudes, and skills. • Review competency framework self-assessment of caseworkers.
Collaborate on personal learning plans:	• Create professional development plans and strengthen capacity through regular check-ins.
Promote reflective practice, critical thinking, and decision-making:	• Provide tools to support reflective practice. • Encourage self-awareness and sensitivity, and lead by example.
Reinforce case management principles:	• Ensure both caseworkers and supervisors understand and implement the guiding principles of case management through regular discussions.
Provide feedback:	• Provide regular constructive feedback to caseworkers during supervision and coaching activities and daily individual coaching. • Acknowledge strengths and good work done.
SUPPORTIVE FUNCTION	
MAIN RESPONSIBILITIES	**Tasks or activities a caseworker should implement in practice as a part of their role**
Provide a safe space:	• Foster a culture of collaboration, empathy, and mutual support among case management staff. • Provide emotional safety for caseworkers to reflect on their practice. • Consider safety issues, both for children and caseworkers, when working in volatile environments.
Identify signs of stress:	• Recognize signs of stress at work and recognize potential emotional impact of their work.
Promote self-care:	• Promote self-care practices among caseworkers, encouraging them to take necessary measures such as taking time off to cope with their responsibilities. • Acknowledge and normalize feelings to help caseworkers cope with the stress of their work.
Support boundaries:	• Model good professional boundaries and help caseworkers recognize when their boundaries need attention.
Encourage motivation:	• Boost and sustain caseworkers' motivation by highlighting the significance of their work, emphasizing the impact they make, and acknowledging their successes.

Annex 8: Case management risk assessment and action plan template

A comprehensive case management risk assessment should be conducted with the information shown in the table below and should be updated with contextual changes. Regular updates are crucial to ensuring safe and responsible programming. The table gives an example outline of the minimum information that should be included in a risk assessment used by child protection case management teams.

Activity or aspect of case management	Possible associated risks	What are the control measures currently in place and how effective are they?	Risk calculation			Agreed additional controls/ actions to be put in place to mitigate the risk	When and by who
			Likelihood	Impact	Risk level		

EXAMPLES OF RISKS WHICH MAY BE ASSOCIATED WITH CASE MANAGEMENT

Some activities and aspects of case management are listed in the table below with some examples of potential associated risks. This will vary based on the context and are provided as an example only.

ACTIVITY OR ASPECT OF CASE MANAGEMENT	EXAMPLE ASSOCIATED RISKS
Working directly with children and affected communities (staff and volunteers)	• Physical harm during interactions • Sexual exploitation and abuse • Emotional distress caused by lack of appropriate communication skills • Language barriers affecting understanding
Complex and high-risk interventions	• Unintended negative consequences of interventions • Inadequate assessment of potential harm • Insufficient resources for managing high-risk cases
Caseworker support and supervision	• Inadequate training impacting service delivery • Lack of supervision leading to errors in decision-making • Burnout affecting caseworker performance
Informed consent	• Inadequate understanding of the information provided • Coercion or pressure in obtaining consent
Caseworker-client relationship	• Not maintaining healthy boundaries with children, parents, or caregivers • Miscommunication affecting trust and rapport
Conflict of interest	• Personal relationships influencing decision-making • Monetary interests impacting objectivity
Management of sensitive information	• Unauthorized access to confidential records • Data breaches compromising sensitive information • Inadequate safeguards for electronic or paper records
Closure or handover of services	• Children and their families not prepared for the transition to a new caseworker or organization • Lack of follow-up support for families • Miscommunication about the closure process.
Referrals	• Services may be inappropriate or inadequate quality, exposing the child to harm, discrimination, or stigmatization • Data including sensitive information is shared
Transportation of children	• Transporting children without proper safety measures may expose them to accidents • Children may at risk of exploitation and abuse if there are not appropriate procedures and safeguards in place
Mandatory reporting	• Discriminatory practices against refugee children • Sexual stereotyping that results in re-victimization • Specific harmful practices like honour killing or child marriage
Direct support	• Lack of technical support and supervision to caseworkers leading to inappropriate direct support
Alternative care and family tracing and reunification	• Caregiver is not able to care for the child or ensure their safety, or harms the child • Reintegration is not appropriately supported, and children and their families separate again

Annex 9: The role of the caseworker in practice[ad]

This list outlines some of the responsibilities and tasks associated with a caseworker's role, focusing on the three core functions: 1. Supportive function, 2. Coordination function, and 3. Information management function. Please note that this list is not exhaustive.

SUPPORTIVE FUNCTION	
MAIN RESPONSIBILITIES	**Tasks or activities a caseworker should implement in practice as a part of their role**
Empower children to express their concerns and needs.	Create safe and trusting environments: Foster an environment where children feel safe, trusted, and free to express themselves without fear of judgement. Develop trusting relationships: Build trusting relationships with children and their families (as appropriate) over time, emphasising reliability and consistency in support. Provide information on case management: Inform children and their parents or caregivers about case management, along with the guiding principles, allowing them to decide on whether to participate or not. Promote self-advocacy: Educate children about their rights and empower them to advocate for themselves when appropriate. Promote children's meaningful participation: Respect children's views and opinions. Involve them in each step and in decisions impacting their life, tailored to the child's age, developmental stage, and abilities. Engage in regular check-ins: Schedule regular check-ins to discuss the child's well-being and any changes in their situation

ad This section was developed based on:

- The Alliance of Child Protection in Humanitarian Action (2023). *The child protection in humanitarian action competency framework.* Retrieved from: https://alliancecpha.org/en/child-protection-online-library/guidance-child-protection-humanitarian-action-competency-framework.
- The Alliance of Child Protection in Humanitarian Action. (2023). *Child Protection Case Management Training Package for Caseworkers in Humanitarian Settings*. Retrieved from: https://alliancecpha.org/en/learning/child-protection-case-management-training-package-caseworkers-humanitarian-settings.

SUPPORTIVE FUNCTION	
MAIN RESPONSIBILITIES	**Tasks or activities a caseworker should implement in practice as a part of their role**
Provide non-specialized mental health and psychosocial support.	Apply basic helping skills: Practise active listening skills to better understand the emotional and psychological needs of the child. Respond with empathy and validate the child's feelings and experiences. Psychoeducation: Provide basic psychoeducation on common mental health issues, coping mechanisms and stress management to children and their parents or caregivers. Share information on available resources or services for mental health and psychosocial support. Implement non-specialized MHPSS activities: Facilitate either directive or non-directive MHPSS activities tailored for children. These MHPSS activities can serve different objectives, for example strengthening coping skills, supporting emotion regulation, and increasing self-esteem.
Inform children and their parents or caregivers.	Adapt communication: Adjust communication to the child's age, developmental stage and abilities while also taking cultural considerations into account. Encourage questions: Create an environment where the child and parents feel comfortable asking questions and seeking clarification. Facilitate discussions: Engage in open discussions and encourage feedback to address concerns. Make sure the information shared is clear and that it meets their needs.
Engage parents and caregivers and provide family strengthening support.	Offer mental health and psychosocial support to the caregivers: Ensuring they feel supported through your presence and by applying basic MHPSS skills. This includes actively listening, responding with empathy, reflections, giving affirmations, etc. Strengthening positive parent-child relationships: Focus on strengthening the parent-child bond through activities and interventions that promote positive interactions. Parenting education sessions: Offer individualised parenting sessions covering topics that are particularly relevant to the parent's situation, such as dealing with a child's specific developmental stage or addressing distress. Stress management support: Offer resources and techniques for parents to manage stress effectively, promoting their mental and emotional well-being.

SUPPORTIVE FUNCTION	
MAIN RESPONSIBILITIES	**Tasks or activities a caseworker should implement in practice as a part of their role**
Work with children and their families to develop solutions and increase a child's safety.	Involve parents or caregivers: Collaborate with parents or caregivers to address safety concerns and develop strategies together. Create safety plans: Develop safety plans tailored to the child's needs and circumstances. Collaborate with authorities or other professionals: Work closely with authorities or other professionals, such as teachers, health-care providers, and law enforcement, to ensure safety of the child. Document and record: Accurately document the case management steps and ongoing interactions with the child and their family.
Where applicable, help to identify safe care arrangements and trace families if separated during a crisis.	Coordinate with family tracing and reunification (FTR) actors: Collaborate with FTR and emergency response teams to gather information and support in tracing families when required. Document and share information: Document all relevant information about the child, including their identity, circumstances, and any details that may support family tracing. Engage community support: Work with community leaders, volunteers, and local organisations to obtain their support in locating families and arranging safe care. Evaluate and adjust strategies: Continuously evaluate the effectiveness of tracing strategies and adjust approaches based on the evolving situation. Ensure that reunification is in the best interests of the child and determine ongoing support needs. Engage in regular check-ins: Schedule regular check-ins to discuss the child's well-being and any changes in their circumstances.

COORDINATION FUNCTION	
MAIN RESPONSIBILITIES	**Tasks or activities a caseworker should implement in practice as a part of their role**
Identify services available and help children and their families access them. Report gaps in services to supervisors.	Map services: List and stay updated on available resources, programmes, and services in the geographic area of intervention or the community. Referral systems: Develop a systematic approach for making appropriate referrals to services that align with the needs of children and families.
Work with service providers, advocate, and provide constructive feedback to ensure services are appropriate, child-friendly, and accessible.	Advocate for access: On a case-to-case basis, advocate for children and families within the community and with relevant service providers to ensure access to appropriate and child-friendly services. Accompany the child, their parents, or caregivers: Accompany the child, their parent or caregiver to the service provider when appropriate.
Coordinate with key stakeholders to proactively identify children and families in need of case management support.	Maintain partnerships on child protection: Maintain collaborative relationships with key stakeholders, including community leaders, schools, health-care providers, and local authorities. Implement outreach: Implement outreach activities to raise awareness about case management services within the community and encourage community members to report child protection risks or needs. Use referral pathways: Use referral systems to receive information from various sources on families in need of support.
Organisecase conferences to facilitate coordination.	Invite stakeholders: Identify and ensure the participation of all essential stakeholders, including family members, service providers, and other professionals involved in the case. Information sharing: Share need-to-know information among stakeholders, ensuring a transparent and comprehensive understanding of the case. Service coordination: Discuss the services currently being provided and coordinate any adjustments necessary. Ensure that services align with the needs of the family. Identify and share next steps: Summarise key points discussed during the case conference and clarify the next steps and timelines for follow-up.

INFORMATION MANAGEMENT	
MAIN RESPONSIBILITIES	**Tasks or activities a caseworker should implement in practice as a part of their role**
Gather relevant information and document it into the case file.	Record relevant information: Document relevant information related to the child's situation and the risks they face, focusing on details that help to understand a child's needs. Objective and non-judgmental language: Use objective and non-judgmental language in documentation, avoid subjective opinions and focus on observable behaviours and facts. Timely documentation: Complete documentation in a timely manner after interactions with the child and their parents or caregiver to ensure accuracy and relevance. Avoid relying on memory for extended periods of time. Use case management forms: Use the forms to document case management information consistently.
Collect, handle, share and store information safely, in line with data protection and information sharing protocols and principles.	Security measures: Implement secure storage and access measures for case files. Use password protection and case coding to protect them. Use case coding: Use case coding methods to safeguard electronic and hard copy case management information. Access controls: Limit access to sensitive information within the case management team. Clearly define who has permission to view and update specific sections of the case file. For hard copies and physical documents, establish secure storage such as locked cabinets or rooms.
Ensure the case management information management system or database is up to date.	Regular entry of case information: Consistently enter new information into the case management database. Document changes in the child's situation, progress, or any significant changes to keep their case file up to date. Review and validation: Periodically review the database to identify outdated or incomplete information. Validate and verify the accuracy of data by cross-referencing it with other sources, client updates, or case discussions. Correct any errors or missing details during the review process.

INFORMATION MANAGEMENT	
MAIN RESPONSIBILITIES	**Tasks or activities a caseworker should implement in practice as a part of their role**
Uphold data protection protocols and information sharing principles.	Legitimate and fair processing: Tell the child and their parents or caregivers how their information will be used, shared, and protected. Informed consent needs to be obtained before any personal data of the child can be gathered or processed, unless this is overridden by the best interests of the child. Purpose specification: Only gather information that serves the purpose of the case management process. Personal data that does not serve a purpose within the case management process should not be gathered. Retention: Know when and how personal data of the child is deleted once it no longer serves a purpose. Data minimization: Only collect and store information that is directly relevant to the case and necessary for providing services. Regularly review stored data and delete information that is no longer needed. Respect the data subject's rights: Inform the child, parent, caregiver, and/or trusted adult about their right to access, correct and delete their personal data in their case management file and the information management system. Confidentiality and security: Implement physical, technical, and organisational information security measures. Make sure that only people who have consent can access personal information.

Annex 10: Home visits – considerations and guidance

1. CHECKLIST: IDENTIFYING AN APPROPRIATE PLACE TO MEET

Before planning a home visit, it is firstly important to identify whether the child's home is an appropriate place to meet, or whether another meeting place is more appropriate.

Key questions to ask:

- **Wishes of the child:** Where does the child say that they would like to meet?
- **Safe:** Is it safe for the child if I visit their home? Is it safe for the child to meet at another space outside their home?
- **Private:** Is the space private or can anyone overhear your conversation with the child?
- **Quiet:** Is the space quiet and peaceful to allow you to have a calm conversation with the child?
- **Accessible:** Can the child and their parent, caregiver, trusted adult access the space? Is it too far or too expensive to reach? Do they need to pass a checkpoint?
- **Child-friendly and comfortable:** Does it have the necessary facilities to make children of different ages feel comfortable? Can younger children play at the space?
- **Inclusive:** Are there any specific barriers that might exclude children with disabilities?

Note: it is important to also consider the presence of others, for example siblings who would be negatively impacted by hearing the information shared by the child in case management; this must be evaluated on a case-by-case basis.

2. GUIDANCE FOR HOME VISITS

In cases where the home is determined to be the most appropriate place to meet, the following considerations and guidance can support safe and effective home visits:

CONSIDERATIONS BEFORE CONDUCTING A HOME VISIT – CHILD SAFETY	• Before conducting a home visit, assess any risks involved, and whether the visit could cause any safety issues for the child in their family or community. • If you identify safety concerns, communicate them to your supervisor and explore strategies to address and minimise potential risks. • For example, if maintaining the child's safety makes it necessary to keep the support from a child protection agency confidential, it may be advised not to wear any visible items that could disclose that you are a caseworker, such as a vest with the child protection agency's logo. • Plan your visit carefully, check with the child, parents, or caregivers when it is possible and safe for you to visit.

CONSIDERATIONS BEFORE CONDUCTING A HOME VISIT – CASEWORKER SAFETY	• When conducting a home visit, inform a colleague or supervisor of your whereabouts and the expected duration of the visit. • Whenever possible, conduct visits with another caseworker. A buddy system can provide mutual support and increase safety. More than two people is not recommended.
APPROPRIATE SPACE TO MEET WITH THE CHILD	• When identifying an appropriate space, consider the wishes of the child and, whenever possible, choose a meeting place that meets these criteria: safe, private, quiet, accessible and child-friendly. This ensures the comfort and security of the child during the interaction. • If conducting interviews at the child's home is not suitable due to safety concerns or other factors, it is still important to visit to assess the home situation and observe the family dynamics. • Consider alternative locations for the meeting, such as someone else's home (e.g., a community volunteer) that offers more privacy. Alternatively, support the family in accessing transport to reach a safe space where the meeting can take place.
PARTICIPATION DURING A HOME VISIT	• During a home visit, do not engage solely with the parents or caregivers but enable the child to participate in a meaningful way. The level of participation and decision-making needs to be appropriate for their age and developmental stage. • Observe and pay close attention to the environment and behaviour of the household members during the visit. • Maintain confidentiality and be cautious about disclosing sensitive information about the child when several people are present. • Use creative techniques to distract siblings or neighbouring children who may want to engage in a conversation.
CASEWORKER SAFETY DURING A HOME VISIT	• Maintain appropriate physical distance and boundaries during the visit. Trust your instincts when you feel unsafe. • Learn and practise de-escalation techniques to manage tense situations effectively. Remain calm, speak in a calm tone, and avoid escalating conflicts. • Always have an exit strategy in place in case the situation becomes unsafe. Know the quickest route out of the house and have a code word or signal to alert your colleague or supervisor if you need assistance.

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