CONNECT

COMMUNITY-LEVEL INTEGRATED CASE MANAGEMENT MODEL

Linking child protection, social protection systems, CVA, nutrition and education

Save the Children

Safe Back to School Community-level integrated case management model to address barriers to safely accessing education and learning

2

Purpose

The need for community-level case management

This document will help practitioners across all thematic areas better understand how to link children and their families to existing services and programmes, in order to help the most vulnerable and marginalised children overcome barriers to safely accessing or returning to education and learning.

Miguel Arréategui / Save the Children

When a child is out of school, it is not only their education that suffers; it can have a devastating impact on their health, their safety and their future life chances. Lack of access to school meals, increased anxiety and stress can cause long-term harm to a child's physical and mental health. Being out of school increases the risk of violence and abuse at home, child labour and child marriage, and recruitment to gangs and militia. Supporting children to overcome the barriers to education can be complex; factors can include poverty, displacement, lack of access to the internet or other methods of accessing learning, lack of protection, gender norms, health and nutrition.

In addition, schools are often a safe place where children who have additional needs and vulnerabilities can be identified. To get children safely back into education and reduce the risk of them dropping out, there must be an integrated case management approach in place at the community level, to identify those children who most need support and ensure they receive timely vital services.

Implementing community-level case management

The aim of the community-level integrated case management model is to encourage community members including child protection committees, school management committees, parent teacher associations and community health workers, to promote children's attendance at school and work together to holistically address barriers to education.

It is important to carry out a situational analysis to identify the barriers that are preventing children from accessing education, before you begin to use the model.

| Identify what, if any, attendance tracking is currently taking place (e.g. by teachers, community committees, PTAs, social services etc) and for which students | Link with any attendance tracking teams to ensure that community members are trained on the safe identification and referral of children | Through attendance tracking, identify children who require additional case management support (based on in-country eligibility criteria) | Refer children who need additional support to case management teams, based on up-to-date referral pathways | Provide case management to children who have been referred for support. If finances are a barrier to education, refer for cash voucher assistance (CVA) or social protection |

Key terms

Sacha Myers / Save the Children

Case management is a way of organising and carrying out work to address the needs of a child and his or her caregiver in an appropriate, systematic and timely manner, through direct support and/or referrals, in accordance with a project or programme's objectives.[1]

The concept was first used by doctors to help patients who were struggling to navigate the complex legal, education, housing and health services they needed to fully recover. A case manager helps a child and their family to navigate such services, while providing counselling and psychosocial support.

Steps to Protect (S2P) is Save the Children's common approach to child protection case management and is currently being rolled out in 12 of the 15 SB2S priority countries.

Social protection means the public policies, programmes and systems that help adults and children to reach and sustain an adequate standard of living; improve their ability to cope with risks and shocks throughout their life; and claim their rights and enhance their social status.

Child-sensitive social protection (CSSP) means rights-based public policies, programmes and systems that address the specific patterns of children's poverty and vulnerability, and recognise the long-term developmental benefits of investing in children. Read more about Save the Children's approach to child-sensitive social protection.

Cash and voucher assistance (CVA) is the direct provision of cash transfers or vouchers for goods or services, to individuals, household or community members as part of a programme. This is sometimes called 'cash-based interventions', 'cash-based assistance' or 'cash transfer programming', but CVA is the recommended term. If only cash transfers are provided, the term 'cash assistance' should be used instead.

Step 1: Map existing systems and resources to identify opportunities to integrate support

The following questions can be explored with child protection, health and nutrition, education, mental health and psychosocial support (MHPSS) and child poverty technical experts[2] in-country, to guide how you integrate different types of support.

Case management questions	Useful resources to inform responses
1) Is there a functional case management system in-country (child protection or health-based) and what is Save the Children's role?	Steps to Protect – Save the Children's Common Approach to child protection case management Inter-agency Child Protection Case Management Standard Operating Procedures – to be contextualised Community Management of Acute Malnutrition
2) Are multi-sectoral services (formal and informal) mapped and is this mapping up to date? 3) Are multi-sectoral referral pathways up to date? 4) Are gender considerations taken into account in the referral pathways? 5) Can children who are identified for case management support be referred to qualified case workers, health workers, mental health practitioners or other service providers?	General guidance for referrals – an example from Tanzania Inter-agency Child Protection Case Management Standard Operating Procedures – refer to Annex D Guidance on community-based management of childhood illnesses Community discussion on current reporting and referral systems – communities can identify what reporting mechanisms and referral pathways exist and discuss if they are child- or adolescent-friendly, inclusive and accessible
6) Are there vulnerability criteria, which outline who is eligible for child protection or health case management? 7) Are there criteria for referring children to specialised mental health services?	Inter-agency Child Protection Case Management Standard Operating Procedures – refer to Annex E For Health vulnerability criteria see community based management and referral pathways: Community discussion on current reporting and referral systems
8) Is contextualised and translated Safe Identification and Referral training available? 9) Have relevant colleagues/community members (e.g. staff, teachers, community members, attendance tracking teams) been trained on how to safely identify and refer child protection cases (including cases of violence, exploitation, abuse and neglect, and children displaying signs of severe distress) as well as cases of unwell or undernourished children and adolescents?	IRC's Safe Identification and Referral training IA CMTF Lebanon's Safe Identification and Referral training Save the Children's Psychological First Aid Training Manual for Child Practitioners – training for interacting with children in distress; see section 3, which includes guidance for community health workers and community members

Social protection questions	Useful resources to inform response
10) Are there functional child-sensitive social protection programmes in-country? What type of programmes are there (e.g. child and maternal grants, school feeding, bursaries)? If not, is there a role we can play in advocating for inclusion in existing government-led social protection schemes, and on the child-sensitivity of those schemes?	ILO World Social Protection Data Dashboards Step-by-step decision matrix on cash and voucher assistance – decision matrix on whether to implement CVA directly or to refer families for/advocate for their inclusion in existing government-led social protection schemes
11) What are the eligibility criteria to access existing social protection schemes, and can we refer children and their families to them?	Social Protection and Child Protection – working together to protect children from the impact of COVID-19 and beyond Case study from India

Cash and voucher assistance (CVA) questions	Useful resources to inform responses
12) Are there existing CVA programmes operating in the country or within specific communities? 13) Is Save the Children delivering CVA? 14) Are other organisations delivering CVA? 15) Is CVA feasible and the right approach?	Integrated CVA and child protection tip sheet CVA and education tip sheet CVA during COVID-19 technical and operational guidance CVA technical toolkit If you do not know whether other organisations are delivering CVA, consult with your local clusters and ask whether a cash working group is active in country. You can also contact The Cash Learning Partnership (CaLP) and the Collaborative Cash Delivery Network (CCD).
16) Can we refer identified cases to receive CVA?	Integrated CVA and child protection tip sheet CVA and child protection programmatic guidance (under development) Case study from Colombia
17) Are we measuring child protection and/or other wellbeing outcomes at the individual child level, through CVA programmes?	CVA and child protection monitoring and evaluation toolkit – tools to identify child protection risks and mitigation strategies, and monitor child protection outcomes Child Sensitivity in Poverty Alleviation Toolkit – how to design programmes that maximise positive impacts for children and minimise harm The specific outcomes measured on CVA programmes depends on their objectives and the minimum expenditure basket. For Multi-Purpose Cash Assistance (MPCA) programmes, Save the Children uses MEAL tools aligned with the Grand Bargain MPCA outcome indicators. When relevant, this includes standard outcome indicators for basic needs, child protection, food security, health, education, and/or nutrition.

Safe Back to School Community-level integrated case management model to address barriers to safely accessing education and learning

7

Cash and voucher assistance (CVA) questions (continued)	Useful resources to inform responses
18) Is CVA integrated into the case management programme?	Money Management Toolkit (under development)– tools for case workers to use during the case management process to support families receiving CVA

It is important to note that the community-level integrated case management model can be implemented in the absence of CVA and/or social protection schemes. This includes if resources are not in place for Save the Children to implement CVA and/or CVA programmes delivered by other NGOs and/or government-led social protection schemes are not available.

However, **given the scale of the economic impacts of COVID-19** on already poor and vulnerable families, it is important to establish a plan to support household income security and avoid reliance on negative coping strategies (e.g. removing children from school or not allowing them to return to learning for child labour, early or forced marriage).

Tom Merilion / Save the Children

Safe Back to School Community-level integrated case management model to address barriers to safely accessing education and learning

8

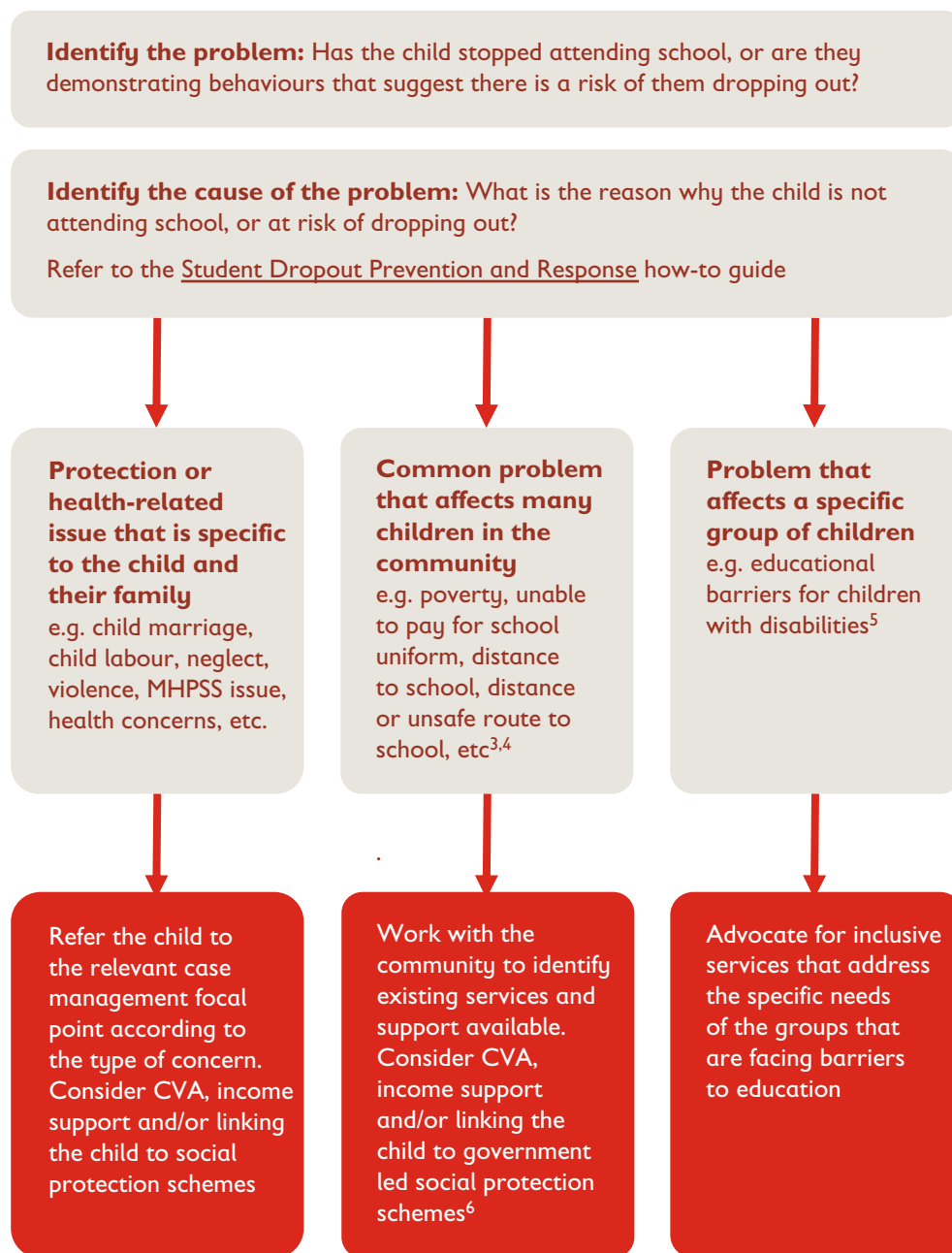# Step 2: Safely identify and refer children in need of additional support

Community members including teachers and attendance tracking teams, are often the first to identify children who are missing from school, as well as those who are facing additional challenges relating to their psychosocial wellbeing, health, nutrition, poverty or protection.

Service providers, teachers and other relevant community members should be trained to identify the signs and symptoms of children who have experienced violence (including sexual violence), abuse, neglect, exploitation and psychosocial distress, or who are suffering from ill-health or malnutrition, as well as how to refer these children safely and without judgement to appropriate focal points.

Where programmes already have child protection or health and nutrition case management in place, contextualised and translated Safe Identification and Referral training (ranging from ½ day – 2 days) is often available for community members, teachers and others.

It is important to note that while community members and teachers play a vital role in identifying children who may need additional support as a result of urgent and/or complex child protection needs, they should not be involved in the child protection case management process unless they are specifically trained and supervised by a child protection specialist or social welfare system.

Sami M. Jassar / Save the Children

Safe Back to School Community-level integrated case management model to address barriers to safely accessing education and learning

9

Identify the problem: Has the child stopped attending school, or are they demonstrating behaviours that suggest there is a risk of them dropping out?

Identify the cause of the problem: What is the reason why the child is not attending school, or at risk of dropping out?

Refer to the Student Dropout Prevention and Response how-to guide

Protection or health-related issue that is specific to the child and their family
e.g. child marriage, child labour, neglect, violence, MHPSS issue, health concerns, etc.

Common problem that affects many children in the community
e.g. poverty, unable to pay for school uniform, distance to school, distance or unsafe route to school, etc[3,4]

Problem that affects a specific group of children
e.g. educational barriers for children with disabilities[5]

Refer the child to the relevant case management focal point according to the type of concern. Consider CVA, income support and/or linking the child to social protection schemes

Work with the community to identify existing services and support available. Consider CVA, income support and/or linking the child to government led social protection schemes[6]

Advocate for inclusive services that address the specific needs of the groups that are facing barriers to education

Ideally, eligibility criteria for case management should be determined at an inter-agency level by health and child protection actors, who can identify the various health and protection risks that put a child at risk of exclusion from learning.

When a child has been identified, either through attendance tracking or other outside of school means, as suffering from ill-health or malnutrition, or being at risk of or having experienced violence, abuse, neglect, exploitation, or displaying signs of severe distress, the child should be referred to child protection or health actors who are practising case management in the community.

Referrals should be recorded with basic documentation including the name and age of the child, the date of referral and where the child was referred. The school, attendance tracking teams, education, child protection, health and nutrition actors should have a list of community resources with phone numbers or contact details, to make referrals as quick and easy as possible.

Where a child requires one specific service or form of support, such as the provision of food or material assistance, this would not require case management, but instead a referral to an appropriate service such as existing government social protection schemes or CVA.

Step 3: Provide case management

Case management should be carried out in close coordination with the child's school, through a series of steps including:

1) Identification and initial screening[6]

2) Assessment

3) Case planning

4) Implementation of the case plan

5) Case review

6) Case closure.

The case worker takes responsibility for providing direct psychosocial and practical support to the child and their family as well as linking them to the most appropriate services and community support through clear, safe, child-friendly and gender-sensitive referral pathways. In some cases, children may need to be referred for specialised care from a trained mental health professional.

Case management:

- Focuses on the needs of an **individual child** and their family, ensuring that concerns are addressed systematically in consideration of the **best interests of the child**.

- Assesses, supports and responds to the holistic needs of a child who requires **multiple forms of support** rather than one form of support for which the child can be directly referred, such as education; health; social protection; food, security and livelihoods (FSL) or mental health and psychosocial support (MHPSS).

- Is provided by **one key worker**, referred to as a case worker, or a health worker who is responsible for ensuring that the case is managed in accordance with an established process, and accountable for coordinating actions in the case plan with all other relevant stakeholders.

- Supports the **child's meaningful participation** and **seeks to empower families** throughout the process.

Esther Ruth Mbabazi / Save the Children

Safe Back to School Community-level integrated case management model to address barriers to safely accessing education and learning

11

Step 4: Make referrals to social protection schemes and/or direct cash and voucher assistance

During step 2 and informed by the situational analysis that has been carried out, teams should assess how poverty is affecting children in the community and the scale of financial assistance that families need to overcome barriers to education. This information can help determine whether to implement cash and voucher assistance (CVA) or child-sensitive social protection (CSSP) initiatives, using this step-by-step decision matrix.

Based on the scale of support that is required, resources may be allocated to a CVA programme and/or the team may advocate for the inclusion of families in existing government-led social protection schemes (e.g. cash grants, school feeding programmes or bursaries) and to ensure that these systems are child-sensitive.

At an individual child level, case workers are responsible for identifying the drivers of child protection risks such as child labour, child marriage, violence, neglect and exploitation, as well as health and nutrition barriers to education. Each child protection risk typically has multiple drivers, one of which may be poverty or lack of financial resources. Where this is the case, it is recommended that the case management team has a clear referral pathway for families to access child-sensitive social protection schemes, or cash and voucher assistance.

Prior to implementing cash and voucher assistance, existing government-run social protection schemes should be mapped, and eligibility and access issues understood. This will inform how Save the Children can support marginalised or excluded children to access these schemes. It is also recommended to raise awareness on child-sensitive social protection schemes within the community and allow for flexible budget to access these schemes (for example, funds to access birth registration/certificates, photos, travel costs, etc.).

Prior to implementing CVA, you always need to undertake a Cash Feasibility and Risks Assessment to ensure CVA is feasible in your context. Please refer to the CVA and child protection tip sheet for step-by-step guidance on targeting, implementation and monitoring.

Safe Back to School Community-level integrated case management model to address barriers to safely accessing education and learning

12

Feedback, ideas and questions

Thank you to Save the Children country office staff in Nepal for contributing to the development of this model. This is an evolving document, and we welcome continued feedback and input.

Please get in touch with the Safe Back to School team to share your feedback, suggestions, questions or requests for support: SB2S@savethechildren.org

Sacha Myers / Save the Children

1   Child Protection Working Group (2014) Interagency Guidelines for Case Management and Child Protection

2   Including experts in cash and voucher assistance (CVA), child-sensitive social protection (CSSP) or food, security and livelihoods (FSL)

3   For example, caregivers may not send daughters to school if they are concerned about safety and the distance they need to travel

4   As part of the case management process or discovering a community problem, education, child protection and health and nutrition teams may consider cash voucher assistance or social protection schemes as part of their response. See the corresponding tools in the section on cash and voucher assistance in Step 4.

5   A recent assessment published by Plan International and the Women's Refugee Commission (WRC) demonstrates the impact of cash transfers on education for Syrian refugees and Egyptian host communities.

6   The screening process helps to determine if a child meets the eligibility criteria and will therefore receive case management services. If a child requires one referral or access to one service, and does not have a protection risk, they may not require case management services.

Save the Children