

TOOL



THE ALLIANCE
FOR CHILD PROTECTION
IN HUMANITARIAN ACTION

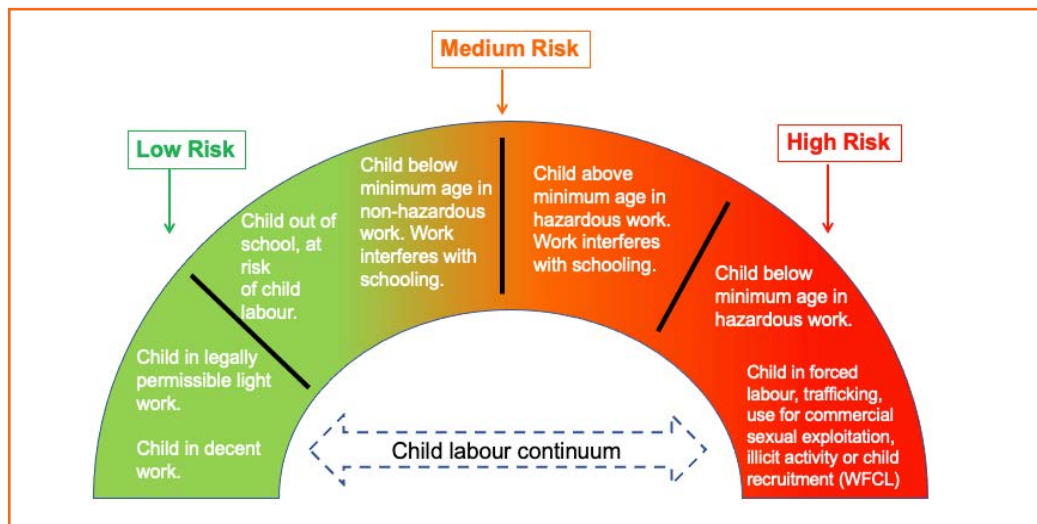
Guidance for Child Protection Case Workers

This is guidance for caseworkers and case managers who provide child protection case management services for children in child labour, including the worst forms of child labour. This guidance complements the key actions outlined in Child Protection Minimum Standard 18 and global case management guidelines¹. Part 1 looks at developing additional guidance for child labour case management, and part 2 offers guidance for each step of the case management process.

PART 1. DEVELOP SPECIFIC GUIDANCE ON CHILD LABOUR CASE MANAGEMENT

Triage

In many humanitarian crisis settings, the number of children in child labour far exceeds the case management capacity. In these situations, individual agencies and coordination groups need to agree on how to prioritise cases, in order to manage their caseload and provide urgent support to children who are in life-threatening situations. To determine the criteria for triage, it can be helpful to think of child labour as a continuum, as illustrated in the diagram below.



Vulnerability criteria

Working children are a diverse group, and their vulnerability is influenced by a variety of risk and protective factors related to their work, individual characteristics and their environment. In crisis settings, the changing circumstances of a child, including the conditions of their work, can influence their vulnerability and lead to children moving along this continuum to higher risk levels. For example:

¹ Visit the [Child Protection Case Management Resource Hub](#). For service providers who are caring for child survivors, it is recommended to use this resource: International Rescue Committee (2012). [Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings](#).

- A child who was in school before the crisis (low risk) may be forced to drop out of school and enter child labour (medium risk) during the crisis as a result of a loss of livelihoods in their family.
- A child who was in child labour prior to the crisis (medium risk) may become separated from their family during the crisis and be highly vulnerable to trafficking, which is one of the worst forms of child labour (high risk).

Child protection case management coordination groups in the crisis setting must determine jointly which cases are considered to be low-, medium- or high-risk cases, and what follow-up actions are required at each of these risk levels. High-risk cases should always be prioritised for rapid response and be addressed as a matter of urgency.

Vulnerability criteria help case workers to do the following:

- Assess and analyse the situation of individual children including the factors which contribute to their vulnerability.
- Determine the risk level of an individual child and take the required actions to respond to the child's needs.

A risk matrix outlines the combined vulnerability factors that influence the risk level of a child. A risk matrix for children in child labour may include the age of a child, specific types and conditions of work and other common risk and protective factors.

Tool 16. Child labour risk matrix provides an example risk matrix that can be used as a reference when undertaking the following key actions.

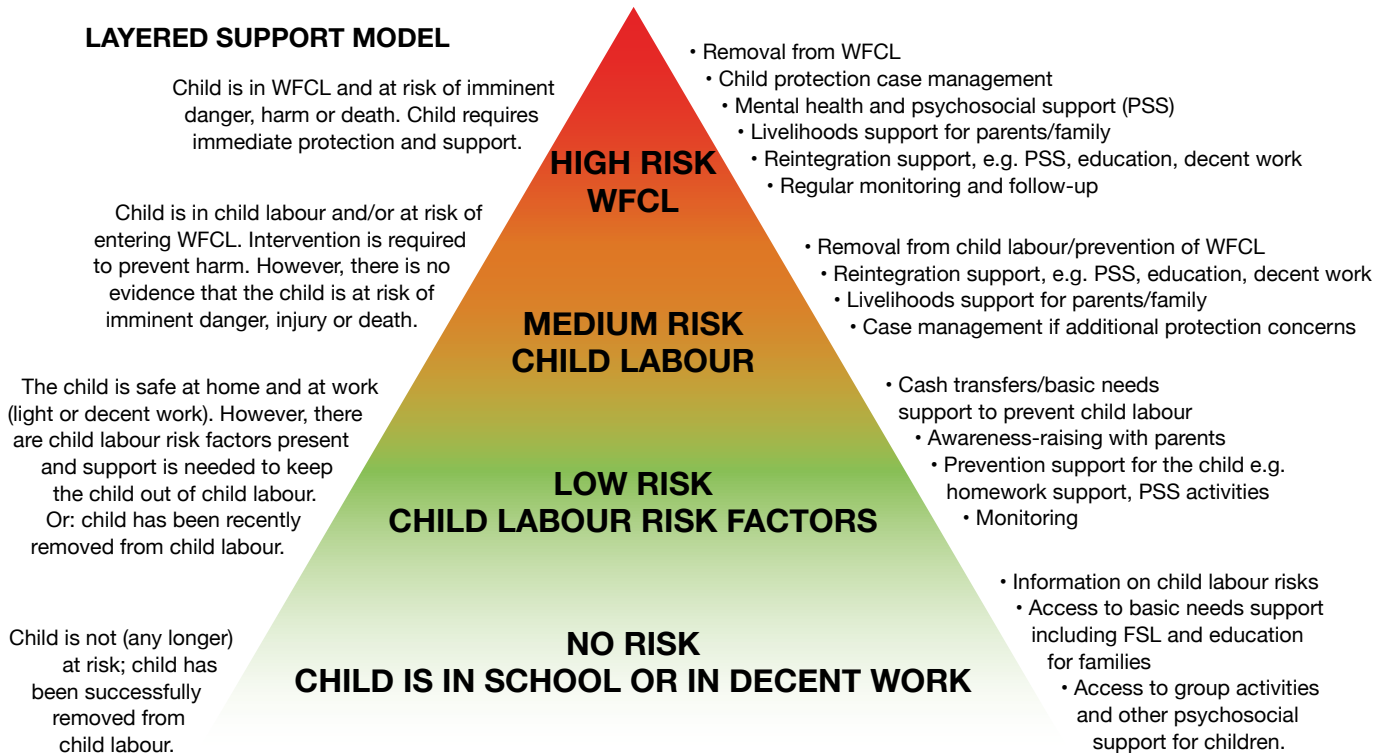
Key actions for setting vulnerability criteria and developing a risk matrix:

- Set context-specific vulnerability criteria in line with the capacity of case management services.
- Ensure vulnerability criteria clarify which children can be supported through (i.e. are eligible for) case management services and which children are supported through other interventions.
- Ensure that the vulnerability criteria / risk matrix for children in child labour reflect:
 - the **age** of the child (e.g. younger children face higher risks than older children);
 - common types of **child labour**, including **hazardous types of work** and **conditions**;
 - known **risk and protective factors** that make children more or less vulnerable to harm.
- Engage children, caregivers and community focal points in validating vulnerability criteria for child labour case management.

Key actions for determining response actions for each risk level:

- Clearly define differential programming responses for cases, outlining the key actions for high-, medium- and low-risk levels.

- Develop standard operating procedures (SOPs) for high-risk cases that involve multiple protection risks including the WFCL and SGBV.
- Promote case management services as a priority for children who are identified to be at high risk.
- Ensure child labour case management promotes a layered support model. A layered support model can help to determine suitable actions and interventions for each risk level, as illustrated in the diagram below. Note that this is an illustrative example and that specific response actions should be determined in the local context.



AGREE ON ACTIONS FOR TIMELY AND ADEQUATE RESPONSE TO LOW-, MEDIUM- AND HIGH-RISK CASES:

- **With the inter-agency coordination mechanism, agree on the timeframe and steps for comprehensive assessments of identified children at low-, medium- and high-risk levels.** Ensure that these are aligned with global minimum standards and agreed upon in the local context between case management partners.
- **Develop or adapt case management tools for identification, registration and assessment that are inclusive of child labour risk and protective factors.** Ensure that assessment forms capture information on the following areas:
 - **Education:** access to formal or non-formal education or age-appropriate vocational training, and potential barriers to education.
 - **Additional risk factors or protection concerns** such as disability, ill health, family separation, children associated with armed forces and armed groups, and sexual abuse.

- **Family environment and its relation to the child's work:**
 - living situation: living with or without their parents/caregivers; if the child is not living with their original parents, whether there is contact between the child and their parents;
 - ability of families to meet basic needs of the child; indicators of neglect;
 - parents' understanding and attitudes towards child labour;
 - role of the parents/caregivers and family in creating/facilitating children's work;
 - family income: information about which family members are working, paid or unpaid; the role of children's income in the household; and what any income from child labour is used for.
- **Workplace conditions and hazards** including:
 - where and with whom the child works;
 - type of work and tasks they perform;
 - working hours/schedule (time, duration, balance with other activities);
 - nature of the work: voluntary or forced by employer, family or others; level of freedom in choice of work and mobility;
 - exposure to sexual or physical abuse or violence in the workplace;
 - physical hazards in the workplace and their consequences (health problems, injuries, etc.);
 - their remuneration including who is paid for the child's work.
- **Discrimination and marginalisation** of the child and/or the family and how this influences child labour risks.

AGREE ON ACTIONS FOR TIMELY AND ADEQUATE RESPONSE TO HIGH-RISK CASES:

High-risk cases require immediate action because of the imminent risk of life-threatening danger, harm, or even death of a child. Case management service providers will need to agree on actions for high-risk cases. Consider the following actions:

- **Determine when and how high-risk cases should be discussed between the case worker and their managers or supervisors** prior to taking any actions towards the child and/or their family.
- **Establish an SOP for situations that require removal or rescue of a child** – for example, interception of child trafficking, children associated with armed forced and armed groups, or commercial sexual exploitation of children. Agree this jointly between child protection case management agencies, law enforcement actors and other relevant actors, such as social welfare and alternative care actors.

Note that NGOs and UN agencies do not usually have the mandate to remove children from high-risk situations, although in some places they may be given the authority by either by the Ministries of Justice through a court order or Ministries of Social Affairs.

- **Establish an SOP for situations where removal or rescue of a child is required but is not possible or in the best interest of the child.** Liaise with relevant actors including law enforcement actors to plan for actions to meet the needs of the child without placing them or staff members at risk.
- **If the child is a refugee, internally displaced or migrant,** follow case management procedures outlines with relevant agencies, such as government services, UNHCR or IOM.
- **Focus actions on meeting the immediate needs that the child identifies and the services they are willing to accept** and provide information on other services or support that are available to meet their needs.



KEY ACTIONS FOR SUCCESSFUL REFERRALS:

- **Include emergency funds in case management budgets.** Case workers can use these emergency case funds to support the implementation of case plans, and to cover various costs: for example, emergency medical referrals, equipment to support harm reduction strategies, or fees for specialised services or other individual support needs.
- **Accompany children and caregivers to referral services** where needed to offer support regarding transportation, translation, completing forms and navigating systems that they may not be familiar with.
- **Support referral partners to build capacity and delivery of general services for children who are (formerly) in child labour.** Consider supporting education services providers such as schools, learning centres and TVET centres; health including MHPSS service providers; and legal services providers. Provide training support, such as on caring for child survivors, and operational support, for example, by equipping services with child- and adolescent-friendly materials or spaces.

PART 2. STEP BY STEP GUIDANCE FOR CHILD LABOUR CASE MANAGEMENT

STEP ONE: IDENTIFICATION, REGISTRATION AND INITIAL ASSESSMENT IDENTIFICATION

Upon initial contact with a child in child labour:

- Follow identification and reporting requirements including mandatory procedures required by national or local policy or legislation for children in child labour and its worst forms and any agreed inter-agency procedures.
- Seek consent from the child and family to intervene on their behalf and share case information with service providers.
- Provide a caring and compassionate response.
- Provide information to the child and family about rights and available services.
- Take basic information including contact details so that further contact is possible and follow-up can be conducted.
- Follow previously agreed referral mechanisms. If a child is identified by an agency that has no expertise in supporting vulnerable children, make a referral to a child protection or another specialised agency.
- Identify and respond to immediate needs such as medical assistance, food or shelter and protection from life-threatening events.
- Determine whether children meet the vulnerability criteria for case management.

POTENTIAL POINTS OF CONTACT FOR IDENTIFYING CHILD LABOUR

- Through schools, local service providers, health clinics.
- Outreach in the community (door-to-door, self-reporting), community-based committees, religious and community leaders.
- Community centres, organised safe spaces, multi-service centres, child clubs, after-school programmes, including health services.
- Through working with employers, employers' associations, trade unions.
- Through contact with children in the workplace, shops, streets or fields.
- Working with children who have previously been in child labour through outreach or peer networks.
- Through existing child labour monitoring systems.
- Community-level profiling or assessment.
- Through social assistance/welfare programmes.
- Through law or border enforcement departments

When children do not meet the vulnerability or risk criteria set out by your own organisation:

- Refer children and their caregivers to appropriate services, and provide information on who can support them.
- Sensitively explain the reason why you are not able to support them, and remain polite and friendly.
- Share your case management vulnerability criteria with other organisations so they know who you can help and how.
- Provide feedback to agencies who refer children to you who fall outside your criteria.

REGISTRATION

Registration is the recording of basic information that represents the first step to a child formally entering the case management system. Case workers should make the most of every opportunity they have to gather information on the child using observation, discussion and interview techniques.

Registration occurs when the child meets the vulnerability criteria set out by your organisation and when both the child and their family give informed consent/assent to accept services. Registration may happen at the same time as initial assessment to collect information about the child, their work and his/her family. Registration should use a common format of questions, previously agreed as part of inter-agency efforts to harmonise support to vulnerable children. In addition to standard registration questions asked, registration information specific to child labour should include:

- name and place of employment (contact details), the type of work involved, number of hours and days worked, and where the child can be found if not in work;
- initial concerns related to hazardous and dangerous work, education status, immediate protection risks, and the health and wellbeing of the child.

INITIAL (PRELIMINARY) ASSESSMENT

Assessment is the collection and analysis of information that helps case workers to develop a case plan in the best interests of the child. This is the first opportunity for case workers to establish a relationship and to build trust with a child in child labour, and with their caregivers, and is an important part of the case management process. The initial assessment of children in child labour should consider immediate physical protection, health and safety concerns in the home and work, including exposure to physical or sexual abuse and injuries related to sexual violence; life-threatening situations (for example, violence, extreme heat, cold, height, depth); exposure to toxic substances; infectious places; deprivation of oxygen; broken bones; internal and soft tissue injuries, and so on. It should also contain overviews of the workplace conditions (hours per week, rest periods, hazards and violence); of access to basic needs such

as food, shelter, healthcare and education; and of protective factors in place. Initial assessment should provide enough information to determine a preliminary risk level of the child which will determine the next steps.

A risk matrix helps case workers and supervisors to determine what level of risk a child in child labour may be exposed to and the contributing risk, vulnerability and protective factors. When a child is thought to be at high-risk of harm, a comprehensive assessment must be conducted as soon as possible.

RISK MATRIX

A risk matrix outlines the types of risks and vulnerability factors that influence risk, the conditions of work that are typical of different levels of risk, and the types of work which by nature and their conditions are typical of different levels of risk

HIGH RISK MEDIUM RISK LOW RISK NO RISK

Tool 15. Child labour risk matrix provides an example risk matrix.

STEP TWO: COMPREHENSIVE ASSESSMENT

Comprehensive assessment provides the opportunity to assess the holistic needs of a child in child labour. Child labour has profound long-term consequences for the health and development of a child, and a comprehensive assessment must consider the immediate, medium-term and long-term risks to the child as well as the strengths, skills, resources and protective influences the child, their family and peers (in cases where there are no caregivers) have to counteract the harmful impact of child labour.

The assessment should provide information on the needs, strengths and weaknesses of the child, the broader family/household situation and the community. It should also identify whether other children in the household are working, accessing preventive services such as ECD, education or training, or whether they face additional protection risks. A comprehensive assessment should include a visit to their home (when safe and appropriate), community and workplace where possible, to verify their living and working conditions. Caseworkers should also speak with the child about their own wishes and needs.

KEY ACTIONS DURING COMPREHENSIVE ASSESSMENT:

- Identify and understand different terminologies, definitions and concepts used around child labour among families, communities and actors. For instance, where children work alongside their caregivers, their caregivers may not see what they do as work but as a normal part of family life, or they may use different words to describe the same type of work; this is commonly the case for domestic labour. Clarify and translate definitions to ensure that case workers, families and children can understand each other.
- Know the organisational eligibility criteria for the case management services.
- Know the risk levels associated with different types of child labour and associated case management actions.
- Caregivers and children may hide certain aspects of the child's work when it is an illegal form of work. Case workers should assume that they are not always being told "the whole story". It may also not be possible to talk directly or privately with a child, particularly where social norms and beliefs are important aspects of children's work. Take this into consideration and seek to understand different perceptions of child labour by:
 - asking probing questions about what a girl or boy does all day, their school attendance, time spent with family and friends, and so on;

OBSERVATION

Observation is a key skill for case workers to obtain visual information about the activities and conditions of working children in a way which is less intrusive and threatening in many instances. It can often be used in the first moments of meeting a child in child labour to assess their situation. Observing children in their workplace or home can also both give context to and verify information provided in other settings such as interviews by children, caregivers, employers or community members.

Tool 14. Signs of child labour provides a list of potential signs of child labour/WFCL including signs of slavery and trafficking.

- using drawings, role play, photos, stories, maps or diagrams to help describe children's days or experiences or to guide discussions with children;
 - crosschecking with multiple sources who know the child and family.
- It is important for case workers to build trust and create a relationship with children and caregivers that is helpful and not blaming. Try to secure privacy and confidentiality; seek consent to talk without parents/caregivers or employers being present where possible.
 - If it is not possible to talk to children in the context, work to develop activities and/or spaces for young people where they have time away from their place of employment or family to reflect on their situation, including their living and working conditions.
 - Do not aim to collect extensive information on children's work in the initial stages; instead, focus on determining the extent of harm faced by the child at home, in the community and in the workplace.
 - Develop strong observation skills to identify risks related to the work environment, potential hazards, treatment of the child by employers, the appearance and condition of the child, workplace safety and facilities. In high-risk cases, the case worker may need initially to collect information using observation and discussion instead of writing in order to put the child, employer or family at ease. Always explain why you are there.
 - Make sure that there is adequate time to focus on identifying the individual needs of all children within the household who are involved in harmful work when working with families.
 - When children become distressed, focus on providing emotional support to the child and seek advice from trained MHPSS specialists where possible. Do not continue to ask questions about work which may prolong their distress.
 - When children disclose ongoing sexual or physical abuse, act immediately to minimise further harm, and keep the child safe. Know the locally available referral and reporting pathways for urgent safety concerns and discuss with case management supervisors.
 - Make sure that translators are briefed and trained on techniques to communicate with vulnerable children. Ensure that they understand child labour and key terminology. Ensure that translators record what children share instead of their own interpretation.

STEP THREE: CASE PLANNING

Once a comprehensive assessment has been conducted and the situation of the child is better understood, a case plan should be completed. A case plan identifies what should happen to meet a child's immediate, short-, medium- and long-term needs (goals and actions); who is responsible for the actions; by when they should be accomplished; and the frequency/dates of follow-up visits and reviews. Case planning should be based on the assessment, should involve the child and family, and should focus on different strategies, depending on the level of risk faced by the child.

Global standards for child protection case management services in humanitarian settings suggest the time frames below. However, these should always be determined locally in coordination with other child protection case management agencies to ensure a harmonised approach between actors.

HIGH RISK: Case planning should happen within three days of the comprehensive assessment. Efforts should focus on building relationships, developing trust and ensuring a child's immediate safety and wellbeing by reducing exposure to life-threatening hazards in the short term (focusing on the most serious), while creating longer-term objectives that focus on integration, including learning and economic assistance.

MEDIUM RISK: Case planning should happen within one week of the comprehensive assessment and focus on preventing the circumstances of a child and family from deteriorating further and child labour becoming a worst form or high risk. Measures should focus on strengthening a child's wellbeing, reducing risks and harm, and increasing access to services.

LOW RISK: Case planning should happen within two weeks of the comprehensive assessment and focus on providing information and awareness about child labour and access to services such as school registration, food and income support, health, cash, learning and PSS opportunities.

KEY ACTIONS DURING CASE PLANNING:

- Focus on needs rather than available services. When there is a lack of appropriate services or alternative options, think about what is in the child's best interest. Address the most critical needs first which have the most negative impact on a child. Look at service provision but also the role of the case worker and the family in mediation, local-level advocacy and support to help secure better safety and welfare for a working child.
- Include safety planning and harm reduction strategies to reduce the levels of risk that children face at home and work, particularly where they cannot/will not be removed quickly.
- Be realistic and understand local and individual constraints. While every effort should be made to ensure that children get back into full-time education and families have sustainable and adequate income to stop children working, this might not always be possible, and for children over the age of 15 this might not be desired. Case plans should aim for manageable and incremental improvements in a child's life, and these may begin small – for example, by ensuring children who are working have access to a support service for an hour or two a week or providing safety equipment, before advancing into more complex issues.
- Work closely with parents and children together from the beginning, particularly for children aged over 10 who are starting early adolescence. Involve employers where it is not possible to remove children from work. For young children under 10 years, work closely with caregivers first, and then work with the children.
- Include an analysis of the causes of child labour (in the household) and an appropriate plan that responds to these causes, such as behavioural/cultural factors versus economic factors or a combination of both.

- Make individual plans for children involving key figures in the child's life. Case plans may need to be developed for every child in the house to ensure their protection and prevent siblings from being drawn into child labour as an unintended consequence of one child being withdrawn from work. For instance, providing ECD, which frees up an older child's role in caring for younger siblings, may put them or other siblings at risk of other forms of child labour or early marriage.
- Include joint planning between sectors and actors that provide complementary services, clearly outlining any local authority mandates and other roles, responsibilities and agreements for follow-up.
- Balance the “needs” of children and adolescents versus their “wishes”, i.e. including services and activities which children and adolescents themselves “want” (vocational skills, income-generating activities, sports, recreation, and so on) as well as services and activities that case workers expect they “need” (to get them back into education, e.g. catch-up classes or reduced risks of self-care and protection, harm reduction strategies, sexual and reproductive health/HIV, awareness of child labour and other child protection issues).
- For **high risk cases**, prioritise safety planning as an immediate response that can reduce harm and provide children with basic skills to protect themselves in dangerous situations.

Tool 18. Safety Planning offers guidance on how to develop a safety plan with a child who is in child labour/WFCL.

STEP FOUR: IMPLEMENTING THE CASE PLAN AND REFERRAL

Case workers will need to work with the child, family and other actors to implement the case plan and achieve improvements in a child's protection from exploitation. This can happen through:

- direct support and services provided by the case worker (e.g. information, counselling, emotional support, mediation, safe work kits, emergency cash);
- referrals to other services or assistance within the organisation responsible for case management (e.g. group activities for children, vocational training, food assistance);
- referrals to other agencies or service providers (e.g. livelihood programmes for parents/caregivers, health, WASH);
- referral within established child labour monitoring and referral systems usually established by Ministries of Labour or other local authorities with the support of the ILO.

KEY ACTIONS DURING IMPLEMENTATION:

- Make special efforts to ensure that services are tailored to the realities of working children.
- Monitor the impact of plans and interventions on other children in the household, including their workload, work type and school/ECD attendance.
- Address other protection risks that the child may experience in the home and community (such as violence, separation from caregivers, discrimination) alongside child labour. Addressing protection concerns comprehensively will lead to better outcomes.

- Families may also need additional support while a case plan is being implemented – for instance, childcare or ECD to allow parents to attend activities or training, or legal support.
- Know the law: Understand relevant legislation and policy as it relates to child labour and its worst forms. If case workers know the law, they will be more able to reinforce the capacity of others and raise concerns and complaints to duty bearers where necessary.
- During referrals, accompany children where needed, and make sure that children have the necessary support, translation and documentation.
- In many humanitarian contexts, urgent removals from work may not always be possible, or in children’s best interests. Case workers should support children and their caregivers to develop harm reduction strategies and safety plans that can provide some immediate protection for children.
- Adhere to strict confidentiality and information-sharing procedures to keep children safe from potential consequences of seeking assistance.
- Accessing emergency case funds can help to pay for emergency healthcare, transport or other incidentals to support harm reduction strategies, while accessing safe work kits, NFI kits and similar, can help the economically vulnerable in the short term.
- Support children’s reintegration into the community, including social, educational and economic support.
- Provide follow-up visits and support in the community and family.

STEP FIVE: FOLLOW-UP AND REVIEW

Both follow-up and review are needed to make sure that a case plan is being implemented and to determine whether the objectives are being met, whether the plan continues to be relevant and to meet the child’s needs, and whether adjustments are needed.

FOLLOW-UP should be implemented according to locally contextualised and agreed time frames or determined on a case-by-case basis. Global case management minimum standards suggest the following procedures for follow-up:

HIGH RISK: Frequent follow-up required. A recommended child should receive twice-weekly follow-up in the initial phases, moving to weekly once a child’s exposure to severe harm is reduced and the case plan is being implemented consistently. Where this is not possible, conduct weekly in-person visits and monitoring by other means such as phone calls or by monitoring use of services.

MEDIUM RISK: Follow-up required. A recommended child should receive weekly follow-up in the initial phases and visits every two weeks once a plan is being implemented consistently and the child is reintegrated back into school. Where this is not possible, conduct visits in person every two weeks and monitor by other means such as phone calls or monitoring uptake of services such as attendance at school.

LOW RISK: A recommended child should receive follow-up every two weeks, and then it can be lowered to once a month in order to focus on monitoring a child’s wellbeing, ensuring continued education and removal from

harm. If this is not possible, conduct less frequent in-person visits and monitor through other means such as phone calls or by monitoring the uptake of services and attendance at school.

REVIEW identifies a need to adjust the case plan because of changing circumstances or the completion or implementation of activities or services, or it addresses any challenges encountered during the implementation of the case plan.

KEY ACTIONS DURING FOLLOW-UP AND REVIEW:

- Visits to provide services or to conduct ad hoc monitoring can be a good opportunity to observe a child's environment and behaviour to verify progress.
- Plan your visit to ensure it has a purpose and considers any potential repercussions at home or work, including exposure to further harm because of the interaction with a case worker. Consider your personal safety when conducting follow-up visits, particularly in children's workplaces or homes that are complicit in exploitation.
- Follow-up can take place in a variety of ways, and some options include:
 - family/home visits and meeting both child and caregivers;
 - formal or informal school visits/calls with teachers/school management;
 - visits to the child's workplace and interviews with both child and employer;
 - regular engagement with service providers;
 - visits to places the working children are known to frequent;
 - visits in community centres or safe spaces (during activities, or meetings);
 - informal community-based follow-up, for example, with key people in the community or law enforcement.
- Make sure that the child (and family) are receiving the planned services, that exposure to harm and hazards has been reduced, and that the circumstances of the working child are stable and improving.
- Examples of follow-up actions for child labour cases:
 - Checking whether the child received the medical support needed and whether any treatment plan is being followed for injuries or ill health.
 - Checking that injuries and poor health are being prevented at home and in the workplace.
 - Checking that the child has registered for school, continues to attend school and their progress improves.
 - Checking how mediation with employers has changed their conduct towards the child or whether working conditions have improved.
 - Checking whether safety equipment is being used.
 - Checking how a parent's behaviour has changed and influenced their attitude towards their child's work.
 - Checking parent engagement in livelihoods interventions or training, and whether they are seeking additional support or guidance where needed.
 - Checking attendance and progress in vocational training, mentorships, job placement, coaching and so on.

- When challenges are encountered, involve others such as case supervisors to arrange case reviews. Case conferencing can be a formal process of problem-solving, which will need to be multi-actor in complex cases. Always adhere to global standards and follow locally agreed procedures for case conferencing.
- It is important for case workers to use their negotiation and advocacy skills to act on behalf of a child or family and to help them seek positive changes at home and work, access resources and services.
- Caseworkers can also play an influential role in promoting dialogue about child labour at the local level.

**WHAT TO LOOK FOR IN WORKPLACES
(ADAPTED FROM THE ILO RAPID ASSESSMENT GUIDE 2005)**

Closed premises (factories, workshops and homes for domestic work)

- Chemicals, detergents
- Dirty and badly maintained premises
- Weak walls, roofs or floors
- Unprotected heights
- Exposed wiring
- Flammable surfaces
- Excessive heat or humidity
- Excessive cold or draughts
- Small workspaces or living spaces
- Insufficient ventilation
- Dust, gases, bad smells, noise or vibrations
- Poor or inappropriate lighting
- Slippery floors
- Constraints and abuse (common behind closed doors in domestic and other home-based work – see below)

Working conditions

- Working hours per day
- Period of the day
- Number of days per week
- Working hours per week
- Overtime whether enforced or optional
- Rest periods during the day
- Tasks performed by boys and by girls, with descriptions including repetitiveness and physical position required for performance of task

<p>Open premises (fields, streets, water)</p> <ul style="list-style-type: none"> • Work under water • Work at heights • Work underground • Work in confined spaces • Manual handling or transport of heavy loads • Exposure to hazardous agents, substances or processes • Exposure to sun, heat, cold, rain or wind • Exposure to insects, reptiles or animals • Vehicle and road safety (including boats and cars) 	<p>Constraints and abuse</p> <ul style="list-style-type: none"> • Isolation • Locked doors • Children in slavery or bonded labour • Children working illegally • Sexual, physical and psychological harassment • Verbal abuse or intimidation • Corporal punishment and beatings • Fines • Health abuses or withholding food and water
<p>Tools, machines, equipment</p> <ul style="list-style-type: none"> • Unsuitable hand tools, sharp objects or unguarded equipment • Power machinery, tractors or vehicles • Hoisting machinery • Ovens, fires, smelters, hot irons or welding torches • Pressure tanks • Grinders or polishers • Freezers 	<p>Emergency and personal care</p> <ul style="list-style-type: none"> • Suitability of clothing and shoes • Adequacy and maintenance of protective and safety gear • Availability of drinking water and toilet or sanitary facilities or restrictions of use • Use of separate working, eating and living places and whether food is provided • Availability of medical officer, access to healthcare, first aid kit, fire extinguishers or life jackets • Marked emergency exits ready to use

STEP SIX: CASE CLOSURE

Case closure is the point at which individual case management work with the child ends. Case closure should be undertaken by the caseworker in collaboration and under authorisation of a case manager or supervisor. In some situations, case closure may seem unachievable for children where access to services or alternatives are limited or options have been exhausted and failed to improve the wellbeing and protection of a child. However, case closure can also indicate that a case plan has been successful, and that intensive case management support is no longer needed.

KEY ACTIONS DURING CASE CLOSURE:


- Set and agreed locally on criteria for case closure of child labour cases, in line with global minimum standards and case management guidelines.
- Case managers/supervisors should review and record the completion/participation of activities and services in the case plan until they decide (in conjunction with case workers or other authorities) that case management is no longer necessary or worthwhile.
- Case managers/supervisors may consider closing cases for adolescents if they feel there has been enough improvement in other aspects of the case plan such as physical safety and removal from hazards or welfare even if the child continues to work.
- Consideration should be given to adolescents who are turning 18 to ensure transitions are planned and support is not stopped unexpectedly.
- Careful planning is needed when funding will affect the duration that case management can continue for children in child labour; planning will ensure that transitions are supported and not stopped unexpectedly.

If positive outcomes in a case have not been achieved, the following actions should be considered:

- Case supervisors should try to transfer the case to a more specialised service provision where possible.

- In some circumstances a case supervisor may consider closing a case when:
 - a child is over the minimum working age (15 years old);
 - all options to reduce harm have been explored or tried, including taking legal or judicial action against parents and employers, or placing the child in alternative care to prevent them from being exploited;
 - a child between 15 and 18 years refuses further social assistance or case management support;
 - the case plan has been successful, and support is no longer needed;
 - the best interest of a child has been fully considered and as much support put in place as feasibly possible.

TACKLING COMMON PROBLEMS DURING THE CASE MANAGEMENT PROCESS

COMMON PROBLEMS	SOLUTIONS
<p>Lack of alternatives (including non-formal education, household economic support, vocational training, age-appropriate and safe employment for adolescents).</p> <p>Lack of specialised services for high-risk cases (specialised MHPSS support).</p>	<p>Develop wide-ranging inter-agency service mappings. Establish links with a greater number of service providers to prioritise high-risk households. Attend other sector working group meetings to coordinate and advocate for greater investment in services where there are gaps. Work with existing service providers to build up their portfolios of available support, including expanding provisions available in other areas. Jointly plan with other service providers or work in consortiums to seek funding and develop services at the same time as providing case management. Update TORs and share updated referral pathways with up-to-date contact information among organisations and the community. Work with communities to initiate/strengthen community-led services. Generate evidence on unmet needs to reinforce planning, fundraising and advocacy.</p>
<p>Children moving back into work, re-offending, or remaining in harmful and illegal employment.</p>	<p>Provide regular follow-up visits for at-risk children. Mediate with children, caregivers, employers to seek positive outcomes for children in line with their wishes and best interests. Involve local authorities where needed. Seek to reduce hazards in the workplace if withdrawal from work is not feasible.</p>
<p>Limited sanctions for employers or parents who continue to allow children to work in harmful conditions despite the availability of assistance and support.</p>	<p>Discuss with children and caregivers the possible avenues to end child labour. Advocate for greater labour inspections in the area/industry where children are employed. Work with local trade unions to work systematically to improve working conditions.</p>
<p>Significant caseload (in terms of volume and need) can prevent case workers from providing systematic in-depth assessment and increase pressure on supporting services.</p>	<p>Develop and use a risk matrix to focus on cases based on humanitarian and organisational priorities. Plan for sufficient time within caseloads to conduct individual elements for complex cases, e.g. assessment/ follow-up, etc. and enough case workers within projects to conduct case work for the number of children who require it. Generate evidence on unmet needs to reinforce planning, fundraising and advocacy.</p>
 <p>Additional challenges for refugees and IDPs to access services that form a standard part of the response to child labour.</p>	<p>Make sure all households have required registration and documentation. Coordinate and advocate (including with local ILO offices) for greater access to services and inclusion alongside host communities in systems which protect children from child labour, e.g. CLM or social protection. Work with actors within child labour systems such as labour inspectors, etc. to provide practical assistance to increase their reach to refugee or other displaced populations who are currently excluded. Refer households to refugee support agencies that may be able to provide targeted assistance.</p> <p>Tool 10. Child labour in refugee, internally displaced and migrant settings contains more detailed guidance.</p>

<p>Children who prefer to work or families preferring children to work instead of taking economic or educational assistance – particularly when assistance is not valued as much as children’s wages.</p>	<p>Counteract harmful social norms with messages that child labour exacerbates poverty. By working all day and not attending school, children are not gaining skills to help them get a well-paid job. Work that affects their physical and mental health impacts on their short- and long-term health and limits their opportunities in the future. It also increases urgent costs for things like medical care making it more difficult to escape poverty. Use Tool 13. Child labour key messages to address harmful social norms.</p>
<p>Misinformation and a lack of support from communities or service providers to support children in child labour in local communities.</p>	<p>Identify key messages based on the main risk factors of child labour in the context. Provide accurate information on child labour, reiterating the extent, severity and harmful consequences of child labour. Develop relationships over time and provide practical support to overcome barriers to access and identify focal points or advocates within the community to promote children’s access to services. Strengthen social cohesion in communities where marginalisation is a concern.</p>

PROVIDING ALTERNATIVE CARE TO CHILDREN IN CHILD LABOUR

This is guidance for caseworkers and case managers who provide alternative care for children in child labour, including the worst forms of child labour. This guidance complements the key actions outlined in Child Protection Minimum Standard 19 on Alternative Care and global guidelines on case management and alternative care in emergencies².

KEY ACTIONS BEFORE PLACING CHILDREN IN ALTERNATIVE CARE:

- Conduct careful assessment which includes children’s work and ongoing monitoring of children and caregivers to identify risks that alternative care may present.
- Where children in child labour are identified in a high-risk situation, or where efforts have failed to sufficiently improve their welfare and wellbeing – despite a package of support and intervention for parents/caregivers to remove children from harmful work – discuss with case managers/supervisors the possibility of a child being removed from their current caregivers to safeguard their protection.
- In refugee contexts conduct a best interest assessment and follow locally agreed procedures.
- Only place a child in an alternative care placement under clear case management procedures that are in line with the legal framework including that which is relevant for refugee contexts. If these are not available or relevant to the context, identify foster care parents using agreed and coordinated criteria, and ensure that children and caregivers are prepared before placement using a case management process.
- Identify available alternative care options for children in the WFCL, i.e. interim care centre, foster parents and supported independent living arrangements, so that when a child is identified, there is a place where they can be cared for.

² Interagency Working Group on Unaccompanied and Separated Children (2013). [Alternative Care in Emergencies Toolkit](#).

When children cannot be removed due to a lack of alternatives, inaction of duty bearers, or lack of legal mandate to do so, safety planning and developing harm reduction strategies should be used to protect the child as much as possible. **Tool 17. Safety Planning** contains further information on safety planning.

KEY ACTIONS FOR SUPPORTING CHILDREN WHO ARE PLACED IN ALTERNATIVE CARE:

- Never assume that because children are in family-based care they are protected and no longer need family reunification. Both children living with adults who are not well known to them and children who have no contact with their family are more at risk of exploitation and related protection risks.
- Understand the risk factors and warning signs that children in alternative care may be exploited.
- Regularly follow up those children in alternative care who are believed to be at risk of child labour. Follow set procedures.
- Take steps to prevent child labour by supporting kinship or foster caregivers where needed, including access to available livelihoods and cash assistance. Conduct regular follow-up for children in family-based care to ensure that children in their care are not exploited.
- Ensure that children in alternative care can access reporting mechanisms and complaints procedures to reduce the risk of exploitation (abuse or neglect).
- Take immediate action if a child in an alternative care placement is believed to be exploited:
 - Work collaboratively with both child and caregiver to mediate and identify solutions to child labour and guarantee attendance at school.
 - Ensure children’s participation in decision-making regarding how best to respond, including through separate consultations in cases where caregivers are suspected to be complicit in the exploitation.
 - Where a child in an alternative care placement is identified as being in a high-risk child labour situation, seek an immediate change of placement.
 - Where children in alternative care are reported as “not seen”, “disappeared” or “missing”, and their whereabouts or wellbeing is unknown, ensure necessary follow-up to verify their situation.
 - Support adolescents over the minimum working age to access decent work, mediate with employers for greater safety measures and risk reduction where children are engaged in hazardous labour and obtain support to access appropriate alternatives to hazardous work when the work cannot be made safer.
 - Promote regular contact with the birth family where possible.

PROMOTING JUSTICE FOR CHILDREN IN OR AT RISK OF CHILD LABOUR

This is guidance for caseworkers and case managers who provide alternative care for children in child labour, including the worst forms of child labour. This guidance complements the key actions outlined in Child Protection Minimum Standard 20 on Justice for Children.

KEY ACTIONS FOR PROMOTING JUSTICE FOR CHILDREN IN OR AT RISK OF CHILD LABOUR:



- Work with children in child labour and their families to prevent children coming into contact with the law.
- Make sure that parents/caregivers and children are aware of the law and possible legal implications if they break it, particularly in refugee contexts.
- When children are identified in detention because of their involvement in child labour or the WFCL, advocate for children's:
 - release and inclusion in diversion programmes;
 - referral to community-based services and family-based care rather than institutions and punitive responses;
 - regular monitoring and access to legal support while detained;
 - access to case management support, family unity and adherence to any protective features of legal systems for children – for instance, having social workers (or another child advocate) present to support children during interviews or court proceedings, separate systems for children and adults.
- Strengthen and raise awareness of reporting mechanisms for child exploitation victims that are available in the community, and ensure mandatory reporting requirements for service providers working with children.
- Where children and families report child labour and the WFCL as a crime, ensure that all concerns raised through reporting around victimisation or personal security of witnesses are reported and followed up with senior management and/or law enforcement.
- Make sure that parents and caregivers of children in the WFCL are aware of available services provided by justice actors such as legal assistance or legal aid.