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**LEVEL 3**

**Case Management with the CPIMS+**

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# CPIMS+ INTEGRATION PLAN

The Integration Plan has been designed as a tool to support training, but can also be utilized as a staff member becomes familiar with the CPIMS+ as a way to document learnings from the CPIMS+ and share them with colleagues. Tips from the training can be included here as well as any other learnings that result from CPIMS+ utilization.

|  |  |
| --- | --- |
| **Function** | **How to integrate the CPIMS+ in daily practice?** |
| **CPIMS+ for case management steps** |  |
| **CPIMS+ for supervision** |  |
| **CPIMS+ to monitor case management program quality** |  |
| **Other** |  |

# CASE STUDY – STEP 1 IDENTIFICATION AND REGISTRATION

This story is about the fictional child protection case of Nadia, a child receiving case management services in a humanitarian setting. This video is about the first step in the case management process: Identification and Registration.

This is Nadia. Due to conflict, Nadia and her family fled their hometown a year ago. They now live in a camp for internally displaced people. Nadia has heard from her friend who attends child protection sessions that there is an organization that supports children who are at risk of child marriage, so she approached a community volunteer who works with this organization. She was upset and asked to speak to someone who can solve her problem.

The community volunteer called the case management officer to report the case. The case management officer assigned the case to a female caseworker who works in the same area. A caseworker goes straight away to visit Nadia and introduces themself and their role. They agree to go to the Case Management Office in the camp, which is a safe space.

Nadia is upset and the caseworker focuses on providing emotional support and building trust. Nadia wants to talk. The caseworker explains more about case management and confidentiality. For instance, the caseworker explains that she will not take action or share any information onwards until Nadia gives consent to do so.

Nadia explains that she lives with her parents and her grandmother. Nadia is 15 years old, and she has four younger sisters who are 2, 6, 9, and 12 years old. Last week, Nadia discovered that in a few months she is to be married to an older man from her community. She says that the man was a primary school teacher in her hometown. When the caseworker asks Nadia’s opinion, Nadia explains that she does not want to get married and that she wants to stay in school and continue her education. Nadia has confided in her mother about how she feels. Her mother is sympathetic but says it is a good match and Nadia should go through with the marriage. Nadia says that her father overheard her talking to her Mum and said the marriage is ‘for the good of the family.’ Nadia knows that her parents are struggling for money because they lost their income after the family bakery was destroyed during the fighting.

After hearing her story, the caseworker deems the case eligible to receive case management services because Nadia is at risk of child marriage and clearly distressed. The caseworker explains more about consent. Nadia agrees to be registered as a case to receive case management services and she signs the consent form. Now that Nadia’s case has been identified, it must be documented and registered. This can be done using paper forms or a database such as the CPIMS+.

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| **1.A. CONSENT & ASSENT FORM OVERVIEW** | | | | | |
| **Case management step** | | Step 1: Identification and Registration | | | |
| **Core / supplementary form** | | Core form | | | |
| **When to complete** | | 1. At the start of case management services (i.e. after the child meets the eligibility criteria and before conducting the registration interview):   * To provide their permission to participate in the case management process. * To provide their permission for the caseworker to collect and store information about their case and to share non-identifiable aggregate-level information for reporting purposes.   2. During the case management process:   * To obtain their permission to share information with other service providers who can help the child and family meet their specific needs (i.e. during case referrals and case transfers). | | | |
| **Who should complete** | | Assigned caseworker to the case together with the child or the child’s parent/guardian (depending on age and level of maturity of the child, the presence of the parent/guardian, and the best interests of the child).  A separate form should be completed for the child and the parent/guardian. | | | |
| **Purpose of form** | | To record the case’s permission to participate in the CM process, to collect and store information about their case, and to share information with other service providers. | | | |
|  | |  | | | |
| **CONSENT & ASSENT FORM** | | | | | |
| **Date form completed:** *05/09/2022* | | | **Case ID number:** | | |
| **Consent / assent obtained from:** [x] Child [ ] Caregiver [ ] Other, **please specify:** | | | | | |
| **1. PARTICIPATING IN THE CASE MANAGEMENT PROCESS** *Explain the case management purpose and process, as well as the principles followed. Clarify the caseworker’s and the child’s role and responsibilities within the case management process.* | | | | | |
| **I\_Nadia Mohammed Salih\_\_(name of person giving consent), give my permission (for the child) to participate in the case management process.** | | | | | |
| **2. COLLECTING AND STORING INFORMATION ABOUT THE CASE AND TO SHARE NON-IDENTIFIABLE AGGREGATE-LEVEL INFORMATION FOR REPORTING PURPOSES** *Explain what information and why information about their case needs to be stored, as well as how and how long it will be stored in line with data protection protocols in order to respect confidentiality. Explain that non-identifiable information may be shared for reporting purposes and that they may always look into their case records or ask for a copy of it.* | | | | | |
| **I\_ Nadia Mohammed Salih\_\_\_\_(name of person giving consent), give my permission to the caseworker assigned to the case to collect and store personal information about the case (e.g. name, photo, family details).** | | | | | |
| **3. INFORMATION SHARING FOR SERVICE PROVISION** *Explain what information and why information may need to be shared about their case and how it will be shared in line with information sharing protocols in order to respect confidentiality. Explain that they may highlight their specific wishes regarding what information they would not like to have shared with whom. Also clarify that in some occasions information may need to be shared without their consent if they or others are in danger of significant harm. If this would be the case, explain that s/he would be informed about this.* | | | | | |
| **I\_ Nadia Mohammed Salih\_\_(name of person giving consent), give my permission to the caseworker assigned to the case to share information about the case with other service providers according to the details described below.** | | | | | |
| **Information can be shared for the following services:**  *Tick all that apply*  [] Alternative care  [x] Cash assistance  [x] Education (formal)  [] Family tracing and reunification  [] Food  [] GBV survivor support  [] Legal support  [x] Livelihoods  [] Medical  [x] Mental health  [] Non-food items | | | [X] Non-formal education  [] Nutrition  [x] Psychosocial support  [] Services for children with disabilities  [] Shelter  [] Sexual and Reproductive Health  [] Rescue  [] WASH  [] Case Transfer  [ ] Other, please **specify:** | | |
| **Withhold specific information from:**  **N/A** | | | **What specific information to withhold:**  **N/A** | | |
| **Reason for not providing permission and/or withholding information:**  [ ] Fear of harm to themselves or others  [ ] Wants to communicate information her/himself  [ ] Other, please **specify (including with whom and address/location):** | | | | |
| **4. AUTHORIZATION** *To be gathered from the child or the child’s parent/guardian (depending on age and level of maturity of the child, the presence of the parent/guardian, and the best interests of the child). Authorization may be provided by the supervisor of the caseworker in situations where the child is without a parent/guardian and the child is too young to consent themselves and/or when the child is in imminent danger (including sexual violence and severe abuse).* | | | | | |
| **Person providing consent (signature) :**  **Nadia Mohammed Salih** | **Relationship to child:**  *If not the child her/himself* | | **Caseworker:**  **Samera Hassan** | **Date:**  *05/09/2022* | |

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| **1.B. CASE REGISTRATION & INITIAL ASSESSMENT FORM OVERVIEW** | | | | | | | | | | | | | | |
| **Case management step** | | | | | | Step 1: identification and registration | | | | | | | | |
| **Core / supplementary form** | | | | | | Core form | | | | | | | | |
| **When to complete** | | | | | | Directly after consent/assent is obtained. | | | | | | | | |
| **Who should complete** | | | | | | Assigned caseworker to the case. | | | | | | | | |
| **Purpose of form** | | | | | | To register the case for case management and to record data from the initial assessment after the case has been found to be eligible for case management (based on the eligibility criteria). | | | | | | | | |
|  | | | | | | | | |  | | | | | |
| **CASE REGISTRATION & INITIAL ASSESSMENT FORM** | | | | | | | | | | | | | | |
| **Date case was identified / reported:** *05/09/2022* | | | | | | | | | **Date of interview:** *05/09/2022* | | | | | |
| **Date form completed:** *06/09/2022* | | | | | | | | | **Case ID number:** | | | | | |
| **Caseworker: Samera Hassan** | | | | | | | | | **Agency: Participant to determine** | | | | | |
| **1. ELIGIBILITY & CONSENT / ASSENT** *Ensure case meets eligibility criteria and that the consent/assent form is completed before proceeding.* | | | | | | | | | | | | | | |
| **Case meets eligibility criteria:** [ ] No [ X ] Yes | | | | | | | | | **Consent & Assent Form completed:** [ ] No [X ] Yes | | | | | |
| **2. CHILD’S PERSONAL DETAILS** | | | | | | | | | | | | | | |
| **First name: Nadia** | | | | | | | **Middle name: Mohammed** | | | | | **Last name: Salih** | | |
| **Other names or spellings child is known by:** *e.g. nickname, second family name.* | | | | | | | | | | | | | | |
| **Date of birth (DOB):**  *01/11/2007* | | | | | | | **Is the DOB estimated?:**  *If estimated, DOB = 01 January*  [ X ] No [ ] Yes | | | | | **Sex:**  [ ] Male [ X ] Female | | |
| **Previous case code:**  *If transferred from other agency* | | | | **National ID:**  **Participant to determine** | | | | | **UNHCR individual ID:** | | | | **Other relevant ID:** | |
| **Nationality: Participant to determine**  [ ] *Contextualise*  [ ] *Contextualise*  [ ] *Contextualise*  [ ] Other, please **specify:** | | | | | | | | | **Population group:**  *Refer to context specific guidelines on how this is determined in-country*  [ ] Asylum-seeker  [ ] Refugee  [ X ] Internally Displaced Person (IDP)  [ ] Migrant  [ ] Host community  [ ] Returnee  [ ] Stateless person  [ ] National resident (not displaced)  [ ] Foreign national resident  [ ] Other, please **specify:** | | | | | |
| **Child’s ethnic affiliation: Participant to determine** | | | | | | | | |
| **Languages spoken by child:**  **Arabic** | | | | | | | **Special communication needs:** | | | | | **Child’s religion:**  **Muslim** | | |
| **Child’s telephone / other contact details:**  **123465** | | | | | | | | | | | | | | |
| **3. CHILD’S CURRENT CARE / LIVING ARRANGEMENT** | | | | | | | | | | | | | | |
| **Care arrangement:**  [ X ] Parent(s)  [ ] Step parent  [ ] Customary caregiver(s)  [ ] Adult sibling  [ ] Kinship care / extended family  [ ] Foster care  [ ] Residential care | | | | | | | | | [ ] Kafala  [ ] Independent living  [ ] Child-headed household  [ ] Unrelated adult  [ ] No care arrangement  [ ] Other, please **specify:** | | | | | |
| **Current address / location where the child is living:** *Provide as much detail as possible about the location so others can find the location e.g. house, landmark, street, city/village, district, province (adapt according to context)*  **Participant to determine** | | | | | | | | | | | | | | |
| **Where is the child planning to move to (if applicable):** *Provide as much detail as possible about the location so others can find the location e.g. house, landmark, street, city/village, district, province (adapt according to context)* | | | | | | | | | | | | | | |
| **If not with parents, main person currently caring for child** *If with parents, then proceed to family details.* | | | | | | | | | | | | | | |
| **First name:** | | | | | | | **Middle name:** | | | | | **Last name:** | | |
| **Other names or spellings caregiver is known by:** *e.g. nickname, second family name.* | | | | | | | | | | | | | | |
| **Date of birth (DOB):**  *dd/mm/yy* | | | | | | | **Is the DOB estimated?:**  *If estimated, DOB = 01 January*  [ ] No [ ] Yes | | | | | **Sex:**  [ ] Male [ ] Female | | |
| **National ID:** | | | | | | | **UNHCR individual ID:** | | | | | **Other relevant ID:** | | |
| **Is caregiver related to the child:**  [ ] Yes  [ ] No | | | | | | | | | **If not related, does caregiver know the family of the child:**  [ ] Yes  [ ] No | | | | | |
| **Relationship to child:** | | | | | | | | | **Family size:**  Under 18s:  Over 18s: | | | | | |
| **When did this care arrangement start?:**  *dd/mm/yy* | | | | | | | | | | | | | | |
| **Is caregiver willing to continue taking care of the child:**  [ ] Yes, short-term  [ ] Yes, longer-term  [ ] No | | | | | | | | | **If not willing to continue care for the child, provide details:**  *If moving to another location, also provide the location details (e.g. country, province, district, city/village, street, house).* | | | | | |
| **If willing, for how long:** | | | | | | | | |
| **Caregiver’s telephone / other contact details:** | | | | | | | | | | | | | | |
| **Does the child consent for the caregiver to be contacted:**  [ ] Yes  [ ] No, **provide details:** | | | | | | | | | | | | | | |
| **Other persons living in the household:** | | | | | | | | | | | | | | |
| **Full name:** | | **Age:** | | | **Relationship:** | | | **Contact details:** | | | | | | **Consent to contact:**  *y/n* |
| **Amena Mohammed Salih** | | **2** | | | **Sister** | | |  | | | | | |  |
| **Layla Mohammed Salih** | | **6** | | | **Sister** | | |  | | | | | |  |
| **Shaima Mohammed Salih** | | **9** | | | **Sister** | | |  | | | | | |  |
| **Noor Mohammed Salih** | | **12** | | | **Sister** | | |  | | | | | |  |
| **Nora Ali Emad** | | **36** | | | **Mother** | | |  | | | | | |  |
| **Mohammed Salih Karim** | | **40** | | | **Father** | | |  | | | | | |  |
| **Maryam Said** | | **65** | | | **Grandmother** | | |  | | | | | |  |
|  | |  | | |  | | |  | | | | | |  |
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| **4. FAMILY & OTHER IMPORTANT PERSONS DETAILS** | | | | | | | | | | | | | | |
| **Mother** | | | | | | | | | | | | | | |
| **First name: Nora** | | | | | | | **Middle name: Ali** | | | | | **Last name: Emad** | | |
| **Other names or spellings mother is known by:** *e.g. nickname, second family name.* | | | | | | | | | | | | | | |
| **Is the mother alive?:**  [X ] Yes  [ ] No  [ ] Unknown | | | | | | | **If deceased, when and how:**  *dd/mm/yy* | | | | | **If deceased during the emergency, has this been verified?:**  *Through other source then child, then proceed with father details*  [ ] Yes  [ ] No | | |
| **National ID: Participant to determine** | | | | | | | **UNHCR individual ID:** | | | | | **Other relevant ID:** | | |
| **Date of birth (DOB):**  *01/12/1986* | | | | | | | | | **Is the DOB estimated?:**  *If estimated, DOB = 01 January*  [ X ] No [ ] Yes | | | | | |
| **Mother’s ethnic affiliation:**  **Participant to determine** | | | | | | | | | **Mother’s occupation:**  **Housewife** | | | | | |
| **Current address / location where the mother is living (if different to child):** *Provide as much detail as possible about the location so others can find the location e.g. house, landmark, street, city/village, district, province (adapt according to context)*  **Participant to determine** | | | | | | | | | | | | | | |
| **Mother’s telephone / other contact details:**  **4565477** | | | | | | | | | | | | | | |
| **Does the child consent for the mother to be contacted:**  [X ] Yes  [ ] No, **provide details:** | | | | | | | | | | | | | | |
| **Father** | | | | | | | | | | | | | | |
| **First name: Mohammed** | | | | | | | **Middle name: Salih** | | | | | **Last name: Karim** | | |
| **Other names or spellings father is known by:** *e.g. nickname, second family name.* | | | | | | | | | | | | | | |
| **Is the father alive?:**  [ X ] Yes  [ ] No  [ ] Unknown | | | | | | | **If deceased, when and how:**  *dd/mm/yy* | | | | | **If deceased during the emergency, has this been verified?:**  *Through other source then child, then proceed with other important family members to the child*  [ ] Yes  [ ] No | | |
| **National ID:**  **Participant to determine** | | | | | | | **UNHCR individual ID:** | | | | | **Other relevant ID:** | | |
| **Date of birth (DOB):**  *01/11/1982* | | | | | | | | | **Is the DOB estimated?:**  *If estimated, DOB = 01 January*  [X] No [ ] Yes | | | | | |
| **Father’s ethnic affiliation:**  **Participant to determine** | | | | | | | | | **Father’s occupation:**  **Unemployed** | | | | | |
| **Current address / location where the father is living (if different to child):** *Provide as much detail as possible about the location so others can find the location e.g. house, landmark, street, city/village, district, province (adapt according to context)*  **Participant to determine** | | | | | | | | | | | | | | |
| **Father’s telephone / other contact details:**  **445535** | | | | | | | | | | | | | | |
| **Does the child consent for the father to be contacted:**  [ X ] Yes  [ ] No, **provide details:** | | | | | | | | | | | | | | |
| **Other important family members and persons (outside of the household) to the child:** | | | | | | | | | | | | | | |
| **Full name:** | | **Age:** | | | **Relationship:** | | | **Address / Location:** | | | **Contact details:** | | | **Consent to contact:**  *y/n* |
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| **5. INITIAL ASSESSMENT – PROTECTION CONCERNS** *tick all that apply – this should not be asked as direct question but through general dialogue or if raised by the child directly.* | | | | | | | | | | | | | | |
| [ ] Physical abuse / violence  [ ] Sexual abuse / violence  [ ] Rape  [ ] Emotional or psychological abuse / violence  [ ] Neglect  [ ] Abandonment  [ ] Child labour (not Worst Forms)  [ ] Hazardous work  [ ] Sexual exploitation  [ ] Slavery / sale / abduction / trafficking / forced labour  [ ] In conflict with the law  [ ] Associated with Armed Forces or Groups  [ ] Deprived of liberty / in detention  [ ] Serious medical condition  [ ] Functional difficulty (seeing, even if wearing glasses)  [ ] Functional difficulty (hearing, even if using hearing aids)  [ ] Functional difficulty (walking or using parts of her/his body)  [ ] Functional difficulty (remembering or concentrating)  [ ] Difficulty with self-care such as feeding or dressing her/himself (compared to other children of the same age)  [ ] Difficulty communicating | | | | | | | | | [ ] Unaccompanied  [ ] Separated  [ ] Orphan  [ X ] Psychosocial distress  [ X ] Mental disorder  [ ] Substance abuse and addiction (child)  [ ] Belongs to marginalised / discriminated group  [ ] Lack of documentation / birth registration  [ X] Child marriage  [ ] Female genital mutilation (FGM)  [ ] Pregnancy / child parent  [ ] Denial of resources, opportunities or services  [ ] Highly vulnerable care arrangement *e.g. >8 children in household, caregiver’s substance abuse, single vulnerable caregiver*  [ ] Child survivor of Explosive Ordnance (EO)  [ ] Other, please **specify:**  [ ] *Contextualise*  [ ] *Contextualise*  [ ] *Contextualise*  [ ] *Contextualise* | | | | | |
| **6. INITIAL ASSESSMENT – RISK LEVEL** | | | | | | | | | | | | | | |
| **Tick** | **Risk level** | | **Summary of reasons** | | | | | | | | | | | |
| **X** | **HIGH** | | **Nadia is working and at risk of child marriage and clearly distressed** | | | | | | | | | | | |
|  | **MEDIUM** | |  | | | | | | | | | | | |
|  | **LOW** | |  | | | | | | | | | | | |
|  | **NO** | |  | | | | | | | | | | | |
| **7. IMMEDIATE CONCERN(S) THAT NEEDED TO BE ADDRESSED** | | | | | | | | | | | | | | |
| **Tick** | **Immediate concern** | | **Summary of reasons** | | | | | | | **Immediate action taken/ referral conducted** | | | | |
|  | **HEALTH CARE** | |  | | | | | | |  | | | | |
|  | **SAFETY** | |  | | | | | | |  | | | | |
|  | **INTERIM CARE** | |  | | | | | | |  | | | | |
|  | **OTHER** *specify* | |  | | | | | | |  | | | | |
|  | **NO** | |  | | | | | | |  | | | | |

# CASE STUDY – STEP 2 ASSESSMENT

This story is about the fictional child protection case of Nadia, a child receiving case management services in a humanitarian setting. This video is about the second step in the case management process: Assessment.

The caseworker is worried about Nadia because she is at risk of child marriage and because Nadia is showing signs of psychological distress due to her current situation. The caseworker gets back to the office and after discussing with her supervisor, they agree that the case is high risk and that the caseworker should return tomorrow to conduct a detailed, comprehensive assessment.

The caseworker returns the day after meeting Nadia and asks the community volunteer to contact Nadia to come to the case management office to understand and analyse the risk and protective factors surrounding the child. During the assessment, Nadia explains that she works in the market to help support her family. Sometimes she misses school to do this and sometimes she also has to carry heavy items. When asked more about missing school, Nadia says she does not really go to school very much and now works in the market most days. Nadia likes school and is happy because her achievements make herself and her family proud. When asked more about her work in the market, Nadia says that her back hurts from carrying heavy items. She is tired from long days out in the sun and she does not always have water or food. Nadia also says that she is tired from work but is not sleeping well. She finds it hard to fall asleep because she is worried about her family situation overall and her potential marriage. She also has nightmares about the fighting she witnessed in her hometown.

With permission from Nadia, the caseworker meets Nadia’s parents and grandmother, she introduces herself and her role and she explains that after getting their consent, she will support Nadia as her emotional wellbeing has been affected by fighting and displacement. Also, she will support her to continue her study. The caseworker speaks to Nadia’s parents and grandmother who say that she is a very hardworking and strong girl. They would prefer her to be at school, but the situation is difficult, and they are trying their best for her. The family had a successful business in their hometown and hoped Nadia and her sisters would work for the family business after attending school. However, after they fled, they lost their business and have no source of income. They were always a happy and united family, but Nadia’s parents are under a lot of financial and other pressure. Nadia has a good relationship with her grandmother who is a source of comfort. The parents think that due to their issues the best thing for Nadia is to get married as they can not afford her needs.

The caseworker talks to Nadia's parents alone to get their consent to continue follow-up on Nadia’s situation and suggests that she will back tomorrow to develop a case plan together with them to address the issues. The parents agree on that. It is important for the caseworker to document the comprehensive assessment using paper forms or a database such as the CPIMS+.

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| **2.A. ASSESSMENT FORM OVERVIEW** | | | | | | | | | |
| **Case management step** | | | Step 2: assessment | | | | | | |
| **Core / supplementary form** | | | Core form | | | | | | |
| **When to complete** | | | Depending on risk level of the case (to be contextualised):   * High: immediately after registration, before leaving the child. * Medium: within 3 days after registration. * Low: within 1 week after registration.   Or after a case review found a significant change in the context of the child that warrants another assessment. | | | | | | |
| **Who should complete** | | | Assigned caseworker to the case. | | | | | | |
| **Purpose of form** | | | To record information gathered on the case regarding both risks and needs, as well as strengths and resources. The information recorded in this form will be analysed and used as a base for developing the case plan. | | | | | | |
|  | | | | |  | | | |
| **ASSESSMENT FORM** | | | | | | | | | |
| **Assessment start date:** *06/09/2022*  **Assessment completion date:** *06/09/2022* | | | | | | **Case ID number:** | | | |
| **Was a home visit conducted as part of the assessment?**  [X ] Yes  [ ] No*,* please **provide details:** | | | | | | **Was the child seen individually / alone?**  [ X] Yes  [ ] No*,* please **provide details:** | | | |
| **1. VIEWS AND WISHES OF THE CHILD AND CAREGIVER(S)** | | | | | | | | | |
| **Child:** *Describe the views and wishes of the child in regard to her/his situation. This section can be expanded to include the child’s own words, testimony and/or drawing (e.g. of their situation, family and/or journey).*  Last week, Nadia discovered that in a few months she is to be married to an older man from her community. She says that the man was a primary school teacher in her hometown.  Nadia explains that she does not want to get married and that she wants to stay in school and continue her education.  Nadia has confided in her mother about how she feels. Her mother is sympathetic but says it is a good match and Nadia should go through with the marriage.  Nadia says that her father overheard her talking to her Mum and said the marriage is ‘for the good of the family.’ Nadia knows that her parents are struggling for money because they lost their income after the family bakery was destroyed during the fighting. | | | | | | | | | |
| **Caregiver(s):** *Describe the views and wishes of the caregiver(s) in regard to the child’s situation.*  Nadia’s parents and grandmother say that she is a very hardworking and strong girl. They would prefer her to be at school, but the situation is difficult, and they are trying their best for her.  The family had a successful business in their hometown and hoped Nadia and her sisters would work for the family business after attending school. However, after they fled, they lost their business and have no source of income.  The parents think that due to their issues the best thing for Nadia is to get married as they can not afford her needs. | | | | | | | | | |
| **2. ASSESSMENT OF NEEDS**   * *Describe when and where you got your information from – information can come from a variety of sources (e.g. written reports on the child, observations, interviews with the child and family, creative activities like drawing or storytelling conducted with the child, questionnaires and checklists, discussions with other agencies and those who know the child, home visits).* * *Quote information from first hand sources.* * *Describe whether the information is backed up and verified by anything else.* * *Where relevant, describe both the history and current situation.* * *Describe how many times you witnessed a situation or how many people reported the concern.* * *Provide reasons for your analysis of a situation.* * *It can be more helpful for you to identify needs rather than services required. E.g. you could say a child is in need of education rather than saying the child needs to go to school, as there are many different ways of providing a child with an education.* | | | | | | | | | |
| **2.A. CHILD** | | | | | | | | | |
| **Physical wellbeing and health** *E.g. Is the child’s physical development as expected according to their age? Does the child have any health conditions? Does the child have any injuries? Does the child have any mental, physical or sensory impairments/disabilities? Is the child pregnant? Is the child fatigued/exhausted? Is the child’s clothing unclean or in poor condition compared to other children in the community)?* | | | | | | | | | |
| **Risk factors, protective factors, and needs identified:**  Nadia explains that she works in the market to help support her family. Sometimes she misses school to do this and sometimes she also has to carry heavy items.  Nadia says that her back hurts from carrying heavy items. She is tired from long days out in the sun and she does not always have water or food. | | | | | | | | | |
| **Emotional wellbeing, knowledge, and skills** *E.g. How does the child generally feel? Does the child suffer from depression or low self-esteem? Does the child feel happy? Does the child have any fears and/or nightmares? Is the child anxious? Does the child feel numb or come across as detached? Does the child deal with a lot of anger, guilt or hopelessness? Is the child overly clingy or independent according to their age? Describe how s/he deals with setbacks in life? Does the child have essential knowledge and skills such as identifying and regulating emotions and behaviour, thinking of appropriate solutions to conflict, engaging in cooperative play, correctly interpreting other’s behaviours and emotions, and feeling good about oneself and others?* | | | | | | | | | |
| **Risk factors, protective factors, and needs identified:**  Nadia says that she is tired from work but is not sleeping well. She finds it hard to fall asleep because she is worried about her family situation overall and her potential marriage. She also has nightmares about the fighting she witnessed in her hometown. | | | | | | | | | |
| **Social relationships with peers, family and community** *E.g. Does the child participate in social activities? Is the child socially withdrawn? Describe the quality and frequency of contact of the child with peers, family and other adults in the child’s life (does the child avoid contact with any of them; do any of them distance themselves from the child, and if so what are the reasons; do the members of the family avoid interaction with the child in certain settings (e.g. in public)? What tone of voice do they adopt when interacting with the child? Describe how this impacts the child’s wellbeing.* | | | | | | | | | |
| **Risk factors, protective factors, and needs identified:**  They were always a happy and united family, but Nadia’s parents are under a lot of financial and other pressure. Nadia has a good relationship with her grandmother who is a source of comfort. | | | | | | | | | |
| **Education, work, free-time and interests** *E.g. What education did the child obtain? Is the child enrolled into and does the child regularly attend any education programmes? Describe the school environment. Are there any options and opportunities for the child in terms of education? What does the child do in their free-time? Describe the child’s interests? Is the child involved in any activities that may be regarded as contravening the law? Does the child work? Describe the type of work, frequency of work, and how this impacts the child’s wellbeing. If the child is working, how is the money earned used/what does the child spend the money on?* | | | | | | | | | |
| **Risk factors, protective factors, and needs identified:**  During the assessment, Nadia explains that she works in the market to help support her family. Sometimes she misses school to do this and sometimes she also has to carry heavy items.  When asked more about missing school, Nadia says she does not really go to school very much and now works in the market most days. Nadia likes school and is happy because her achievements make herself and her family proud.  Nadia wants to stay in school and continue her education. | | | | | | | | | |
| **Documentation** *E.g. Does the child have birth registration documentation? Does the child have any other registration/identification documents? Is the child missing any documentation needed for their protection and/or to access services now or in the future? Describe how this impacts the child’s wellbeing.* | | | | | | | | | |
| **Risk factors, protective factors, and needs identified:**  There is no problem with documentation. | | | | | | | | | |
| **2.B. LIVING ENVIRONMENT AND FAMILY** | | | | | | | | | |
| **Living environment** *E.g. What is the current living arrangement (type of shelter; privacy)? Describe the relationship between child and the rest of the family. Describe the capacity and ability of the adults in the family to protect the child and respond to her/his needs. Describe the livelihoods situation of the family/household? Who else is the child living with and what are the dynamics within the living environment? Who sleeps in the same room as the child? How many meals does the child/household eat per day? Is this different from other households in the child’s community? Describe the child’s role and whether the child is treated differently to other children in the living environment? Describe the living conditions. Does the child have safe access to drinking water, shower and toilet facilities? Does the child feel safe where s/he lives? Describe how this impacts the child’s wellbeing. Describe the distance to and the options for accessing services.* | | | | | | | | | |
| **Risk factors, protective factors, and needs identified:**  They now live in a camp for internally displaced people. | | | | | | | | | |
| **2.C. CARE ARRANGEMENT** | | | | | | | | | |
| **Care arrangement** *E.g. What is the current care arrangement and how stable/permanent is the arrangement? Is the care arrangement appropriate given age and situation? How was the care arranged (arranged by the child’s parents prior to leaving the country of origin; spontaneously in the country of origin; spontaneously in the present country; arranged by an organisation; arranged by the community); Describe the relationship between child and caregiver. Is the caregiver/family caring for other UASC? Is the caregiver related to the child (if so, what is the relationship?; Is the caregiver in contact with the child’s parents? What are the wishes of the parents (if known); What are the wishes of the child?* | | | | | | | | | |
| **Risk factors, protective factors, and needs identified:**  Nadia lives with her parents and her grandmother. She has four younger sisters who are 2, 6, 9 and 12 years old. | | | | | | | | | |
| **2.D. COMMUNITY** | | | | | | | | | |
| **Community, safety and security, integration and support** *E.g. Describe any concerns about the safety and security of the child (e.g. community violence, harmful traditional practices, situation in the workplace, community perceptions about violence/abuse; risk of recruitment by armed forces or groups)? Does the child have freedom of movement (is the situation different from the rest of the community, and children in general)? Describe how this impacts the child’s wellbeing. Is the child or family accepted in the community/isolated? Does the child or family feel discriminated against in accessing services? Has the child and their family feel targeted by any group? Does the child or family face requests for inappropriate services in return for support? Does the child or family been given formal recognition to remain in the current location? Is the child excluded from activities or groups in the community? Does the child experience any discrimination, prejudice, or bullying in the community? Describe the availability of and access to assistance/services within the community (including community protective mechanisms).* | | | | | | | | | |
| **Risk factors, protective factors, and needs identified:**  Nadia has some friends | | | | | | | | | |
| **3. SUMMARY AND CONCLUSIONS** | | | | | | | | | |
| **Summary:** *Summarize key risk factors, protective factors, and needs based on the assessment sections above and take into account the views/wishes of the child (and family).*  *Nadia lives with her parents and her grandmother. Nadia is 15 years old, and she has four younger sisters who are 2, 6, 9 and 12 years old.*  *Last week, Nadia discovered that in a few months she is to be married to an older man from her community. She says that the man was a primary school teacher in her hometown.*  *When the caseworker asks Nadia’s opinion, Nadia explains that she does not want to get married and that she wants to stay in school and continue her education.*  *During the assessment, Nadia explains that she works in the market to help support her family. Sometimes she misses school to do this and sometimes she also has to carry heavy items.*  *When asked more about missing school, Nadia says she does not really go to school very much and now works in the market most days. Nadia likes school and is happy because her achievements make herself and her family proud.*  *When asked more about her work in the market, Nadia says that her back hurts from carrying heavy items. She is tired from long days out in the sun and she does not always have water or food.*  *Nadia also says that she is tired from work but is not sleeping well. She finds it hard to fall asleep because she is worried about her family situation overall and her potential marriage. She also has nightmares about the fighting she witnessed in her hometown.*  *Nadia is at risk of child marriage, child labour and she showing signs of psychological distress due to her current situation.* | | | | | | | | | |
| **Comprehensive assessment – protection concerns** *the below are provisional, and should be adapted to the local context and needs. Tick all that apply, making necessary adaptations or additions – this should not be asked as direct question but through general dialogue or if raised by the child directly.* | | | | | | | | | |
| [ ] Physical abuse / violence  [ ] Sexual abuse / violence  [ ] Rape  [ ] Emotional or psychological abuse / violence  [ ] Neglect  [ ] Abandonment  [X] Child labour (not Worst Forms)  [ ] Hazardous work  [ ] Sexual exploitation and abuse (SEA)  [ ] Slavery / sale / abduction / trafficking / forced labour  [ ] In conflict with the law  [ ] Associated with Armed Forces or Groups  [ ] Deprived of liberty / in detention  [ ] Serious medical condition  [ ] Functional difficulty (seeing, even if wearing glasses)  [ ] Functional difficulty (hearing, even if using hearing aids)  [ ] Functional difficulty (walking or using parts of her/his body)  [ ] Functional difficulty (remembering or concentrating)  [ ] Difficulty with self-care such as feeding or dressing her/himself (compared to other children of the same age)  [ ] Difficulty communicating | | | | | | [ ] Unaccompanied  [ ] Separated  [ ] Orphan  [X ] Psychosocial distress  [X] Mental disorder  [ ] Substance abuse and addiction (child)  [ ] Belongs to marginalised / discriminated group  [ ] Lack of documentation / birth registration  [X] Child marriage  [ ] Female genital mutilation (FGM)  [ ] Pregnancy / child parent  [ ] Denial of resources, opportunities or services  [ ] Highly vulnerable care arrangement *e.g. >8 children in household, caregiver’s substance abuse, single vulnerable caregiver*  [ ] Child survivor of Explosive Ordnance (EO)  [ ] Other, please **specify:**  [ ] *Contextualise*  [ ] *Contextualise*  [ ] *Contextualise*  [ ] *Contextualise* | | | |
| **Comprehensive assessment – risk level** | | | | | | | | | |
| **Tick** | **Risk level** | **Summary of reasons** | | | | | | | |
| **X** | **HIGH** | **Nadia is working and at risk of child marriage and clearly distressed** | | | | | | | |
|  | **MEDIUM** |  | | | | | | | |
|  | **LOW** |  | | | | | | | |
|  | **NONE** *case may be closed* |  | | | | | | | |
| **Immediate concern(s) that needed to be addressed** | | | | | | | | | |
| **Tick** | **Immediate concerns** *(e.g. health care, safety, interim care, etc.)* | **Summary of issue** | | | | | **Immediate action taken/ referral conducted** | | |
|  | **CONCERN 1** *specify* |  | | | | |  | | |
|  | **CONCERN 2** *specify* |  | | | | |  | | |
|  | **CONCERN 3** *specify* |  | | | | |  | | |
|  | **CONCERN 4** *specify* |  | | | | |  | | |
|  | **NONE** *case may be closed* |  | | | | |  | | |
| **Is a formal Best Interests Determination (BID) required** *Determined in-context in coordination with UNHCR.* | | | | | | | | | |
| **Tick** | **BID Requirement** | **Details** | | | | | | | |
|  | **NO** |  | | | | | | | |
|  | **YES, identifying durable solutions and complementary pathways for unaccompanied children.** |  | | | | | | | |
|  | **YES, determining the most appropriate options for children at risk in exceptional circumstances (including family reunification and temporary care).** |  | | | | | | | |
|  | **YES, possible separation of a child from parents against their will.** |  | | | | | | | |
| **Supervisor Review and Comments** *For high risk cases, assessment must be reviewed and approved by a supervisor. For other risk level cases, revision and approval by a supervisor is not mandatory and depends on a country level decision (rather at agency or inter-agency level).* | | | | | | | | | |
| **Date of review:** *07/09/2022* | | | | | | | | | |
| **Is the assessment reviewed and approved by the supervisor?**:  [ ] No  [ X ] Yes | | | | **Name and signature:**  **Somaia Shakir** | | | | **If no, what needs to be amended?:** | |
| **Supervisor Comments:** *Nadia is at risk of child marriage, child labour and she showing signs of psychological distress due to her current situation.*  *She is high risk case and need an urgent intervention.* | | | | | | | | | |

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# CASE STUDY – STEP 3 CASE PLANNING

This story is about the fictional child protection case of Nadia, a child receiving case management services in a humanitarian setting. This video is about the third step in the case management process: Case Planning.

The caseworker develops a case plan with Nadia and her parents because the support of Nadia’s parents is essential to the case. The Grandmother is also part of making the case plan because she is supportive and protective of Nadia. The caseworker goes over each issue that was identified in the assessment and together they agree on the action points and priorities.

They will work on decreasing risk factors and increasing protective factors. The caseworker with Nadia and her parents prioritises finding immediate solutions for some of the risks and potential harm in Nadia’s life, such as reducing the hours she works in the market and the type of work she is doing. The caseworker also prioritises facilitating a discussion with Nadia, parents and, grandmother about the possible negative consequences of an early marriage for Nadia, such as an end to her education, risks to her health if she gets pregnant, the psychosocial impact of her leaving her family and friends, and the psychological distress that she already experiences.

They discuss longer-term solutions for some of the risks in Nadia’s life, such as alleviating the financial pressure on the family by accessing cash transfer and livelihood services. They also discuss how worried and anxious Nadia has been feeling. They agree that the caseworker will provide emotional support to Nadia and that she will also refer her to specialist mental health and psychosocial support services to deal with her recurring nightmares.

Next, they discuss how to maximise the strengths of Nadia and her family and how to increase the supportive and protective elements around them. For instance, they focus on Nadia accessing evening classes so she can return to school. To reduce the need for Nadia to work and the risk of her being married, the caseworker refers both of her parents to a cash and livelihoods programme. Nadia suggests spending more time with the supportive members of her family, such as her Grandma.

Nadia and her family agree on specific actionable steps and timing for each of the elements, regular visits from the caseworker to discuss progress towards achieving the goals in the case plan and conduct sessions with Nadia and her parents. It is important for the caseworker to document the case plan using paper forms or a database such as the CPIMS+.

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| **3.A. CASE PLAN OVERVIEW** | | | | | | | | |
| **Case management step** | Step 3: case planning | | | | | | | |
| **Core / supplementary form** | Core form | | | | | | | |
| **When to complete** | Depending on risk level of the case (to be contextualised):   * High: within 3 days after the assessment. * Medium: within 1 week after the assessment. * Low: within 2 weeks after the assessment.   Or after a case review found that the case plan needs to be revised. | | | | | | | |
| **Who should complete** | Assigned caseworker to the case together with the child and the caregiver(s) (where possible and appropriate).  Other significant people in the child’s life as well as other service providers and relevant authorities may participate in the development of the case plan if they have a role to play in it *and* if informed consent/assent has been given for this.  Once completed, this form needs to be approved by the supervisor. | | | | | | | |
| **Purpose of form** | To record and plan the agreed upon interventions needed to ensure the child’s protection, ensure her/his care and wellbeing is supported, and address the child’s needs (as identified in the assessment). | | | | | | | |
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| **CASE PLAN** | | | | | | | | |
| **Date Case Plan Agreed:** *08/09/2022* | | | | **Case ID number:** | | | | |
| **1. OVERALL GOAL OF THE CASE PLAN** | | | | | | | | |
| **Overall goal:** *Define a SMART (specific, measurable, achievable/agreed upon, realistic/relevant, and time bound) goal*  **Reducing the risks related to child labour, child marriage, and psychological distress of Naida** | | | | | | | | |
| **2. INTERVENTION PLAN AND SERVICES TO BE PROVIDED** | | | | | | | | |
| **Actions to be taken**  *Order by priority from high to low* | | **Needs responding**  **to** *as identified in the assessment, e.g. alternative care, security (e.g. safe shelter), education (formal), non-formal education, family tracing and reunification, basic psychosocial support, focused non-specialized MHPSS care, specialized MHPSS services, food, non-food items, cash assistance, livelihoods, medical, nutrition, legal support, documentation, services for children with disabilities, sexual and reproductive health, shelter, WASH, durable solution, relocation.* | | **Responsibility of** | **Due date**  *dd/mm/yy* | | **Status**  *Add a cross whenever a next stage is achieved.* | **Notes** *E.g. strengths and barriers that can either assist/progress or hinder achievement* |
| **Facilitating a discussion with Nadia, parents and, grandmother about the possible negative consequences of an early marriage for Nadia** | | **Child Marriage** | | **Caseworker** |  | | [ ] pending  [ X ] ongoing  [ ] completed |  |
| **Reducing the hours she works in the market and the type of work she is doing** | | **Child Labour** | | **Parent and Nadia’s boss** |  | | [ ] pending  [ X ] ongoing  [ ] completed |  |
| **Refer the family to a cash assistance programme** | | **Cash assistant** | | **Caseworker and cash assistant team** |  | | [ ] pending  [ X ] ongoing  [ ] completed |  |
| **Refer the father to a livelihoods support programme** | | **Livelihood** | | **Caseworker and livelihood team** |  | | [ ] pending  [ X ] ongoing  [ ] completed |  |
| **Enrol the child in the evening classes so she can return to school** | | **Non-formal education** | | **Caseworker** |  | | [ ] pending  [ X ] ongoing  [ ] completed |  |
| **Refer the child to specialist mental health and psychosocial support services to deal with her recurring nightmares.** | | **specialized MHPSS services** | | **Caseworker and psychologist** |  | | [ ] pending  [ X ] ongoing  [ ] completed |  |
| **Provide emotional support to the child as she is worried and anxious** | | **Basic psychosocial support** | | **Caseworker** |  | | [ ] pending  [X] ongoing  [ ] completed |  |
| **3. APPROVAL & AGREEMENTS** | | | | | | | | |
| **Names and signatures of persons involved in making the plan** | | | | | | | | |
| **Name:** | | | **Relationship to child:** | | | **Signature:** | | |
| **Nadia Mohammed Salih** | | | **Child** | | |  | | |
| **Mohammed Salih Karim** | | | **Father** | | |  | | |
| **Nora Ali Emad** | | | **Mother** | | |  | | |
| **Maryam Said** | | | **Grandmother** | | |  | | |
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| **Details of anyone who disagrees with parts of the plan and why:**  **N/A** | | | | | | | | |
| **Was the child involved in developing the case plan?:**  [ X ] Yes [ ] No | | | | **If no, why not and what steps will be taken to involve the child moving forward?:** | | | | |
| **Was the caregiver involved in developing the case plan?:**  [ X] Yes [ ] No | | | | **If no, why not and what steps will be taken to involve the caregiver moving forward?:** | | | | |
| **Follow-up / monitoring schedule:** *E.g. Follow-up next week Monday on services to be provided and on next week Friday on situation of the child. Follow-up and monitor twice a week at minimum for the coming month. If situation progresses as expected/desired, then change follow-up and monitor schedule the next month based on the review meeting and amended risk level at the end of this month.*  Follow-up and monitor twice a week at minimum for the coming month. | | | | | | | | |
| **Date of review:** *dd/mm/yy* | | | | | | | | |
| **Is the case plan reviewed and approved by the supervisor?**:  [ ] No  [ X ] Yes | | | **Name and signature:**  **Somaia Shakir** | | | **If no, what needs to be amended?:** | | |

# CASE STUDY – STEP 4 IMPLEMENTING THE CASE PLAN

This story is about the fictional child protection case of Nadia, a child receiving case management services in a humanitarian setting. This video is about the fourth step in the case management process: Implementing the Case Plan.

When implementing the case plan, the caseworker knows to focus on the priority actions related to Nadia’s case. Reducing the risks related to child labour, child marriage, and psychological distress are a priority because they are most likely to cause significant harm to Nadia. As a result, the caseworker focuses on regular visits to Nadia to monitor progress.

The parents continue to agree that Nadia is too young to get married and say they only suggested it because of the financial issues in the household. Nadia and her family want her to continue with school and to become a teacher. The caseworker encourages her parents to speak to Nadia’s boss in the market. They discuss and plan how best to approach him. After discussions with the family, Nadia’s boss agrees to reduce the hours she is working in the market and to give her easier tasks with no heavy lifting. Nadia makes less money but says she feels happier.

The caseworker provides psychosocial support sessions based on the assessment and recommendation of the MHPSS specialist. Nadia has been enjoying these sessions with the caseworker. Her younger sisters join in too and they practice breathing exercises together and do activities related to self-expression and building their self-esteem. Nadia visits the MHPSS center to attend individual sessions with a psychologist to help her deal with her nightmares and the violence she witnessed in her hometown. Nadia tells the caseworker that she is sleeping better, her nightmares happen less often now, and she is more relaxed.

With Nadia working less, the financial pressure on the family has increased. The caseworker goes to speak to the nearby NGO that provides livelihoods services. The NGO says the family is eligible for a Cash for Protection programme and that Nadia’s father could benefit from a Livelihoods scheme to start a small business. As she now only works a few hours in the morning, Nadia can join an accelerated learning programme in the afternoon. The caseworker takes Nadia and her father to meet the teacher responsible for the programme and to enrol.

While implementing the case plan, the caseworker is in regular contact with Nadia and her family who are benefitting from a range of multi-sector support. It is important for the caseworker to carefully document the different actions taken to implement the case plan, including any phone calls or visits to Nadia, her family, other service providers, or any other stakeholders. This can be done using paper forms or a database such as the CPIMS+.

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| **4.A. SERVICES PROVIDED FORM OVERVIEW** | | | | | | |
| **Case management step** | | Step 4: case plan implementation | | | | |
| **Core / supplementary form** | | Core form | | | | |
| **When to complete** | | Whenever a service has been provided to the child and/or family. | | | | |
| **Who should complete** | | Assigned caseworker to the case. | | | | |
| **Purpose of form** | | To record information on services provided to the child and/or family. | | | | |
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| **SERVICES PROVIDED FORM** | | | | | | |
| **Date form completed:** *06/12/2022* | | | | **Case ID number:** | | |
| **1. DETAILS ON SERVICES PROVIDED** | | | | | | |
| **Type of service provided:**  [ ] Alternative care  [ ] Security (e.g. safe shelter)  [ ] Education (formal)  [ ] Non-formal education  [ ] Family tracing and reunification  [ ] Basic psychosocial support  [ ] Focused non-specialized MHPSS care  [ X ] Specialized MHPSS services  [ ] Food  [ ] Non-food items  [ ] Cash assistance  [ ] Livelihoods  [ ] Medical  [ ] Nutrition | | | | [ ] Legal support  [ ] Documentation  [ ] Services for children with disabilities  [ ] Sexual and Reproductive Health  [ ] Shelter  [ ] WASH  [ ] Durable solution (in coordination with UNHCR)  [ ] Relocation  [ ] Other, please **specify:**  [ ] *Contextualise*  [ ] *Contextualise*  [ ] *Contextualise*  [ ] *Contextualise* | | |
| **Was the service provided through an internal referral?:**  [ ] Yes [ ] No | | | | **If so, referral date:**  *dd/mm/yy* | | |
| **Was the service provided through an external referral?:**  [ X ] Yes [ ] No | | | | **If so, referral date:**  *14/09/2022* | | |
| **Date service started:**  *18/09/2022* | | | | **Date service completed:**  *04/12/2022* | | |
| **Details of / comments on service provided:**  The child attended sessions with the psychologist to deal with her recurring nightmares. | | | | | | |
| **Recommendations for follow-up:**  The caseworker ensures that the child is sleeping better, her nightmares happen less often, and she is more relaxed. | | | | | | |
| **2. DETAILS OF FOCAL POINT AT AGENCY PROVIDING THE SERVICE** | | | | | | |
| **Name** | **Agency / Institution** | | **Position / Function** | | **Contact details** | **Location** |
| **Sarah Kamal** | **Peace organization** | | **Psychologist** | | **421432** |  |
|  |  | |  | |  |  |
| **3. ACCOUNTABILITY** *Caseworker to ask child about how they feel about the service provided (in age-appropriate manner, e.g. picking smiley faces)* | | | | | | |
| **Child’s level of satisfaction with service provided:**  [ X ] High  [ ] Medium  [ ] Low | | | | **Child’s suggestions for improvement:** | | |
| **Caregiver’s level of satisfaction with service provided:**  [X ] High  [ ] Medium  [ ] Low | | | | **Caregiver’s suggestions for improvement:** | | |

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| **A. REFERRAL FORM OVERVIEW** | | | | | | | |
| **Case management step** | | Can be initiated at any step | | | | | |
| **Core / supplementary form** | | Core form | | | | | |
| **When to complete** | | Whenever a referral is made for service provision. | | | | | |
| **Who should complete** | | Assigned caseworker to the case. | | | | | |
| **Purpose of form** | | To record the key information for service providers where the referral is made to and for them to be able to provide the service needed. | | | | | |
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| **REFERRAL FORM** | | | | | | | |
| **Case ID number (referring agency):** | | | | **Has consent / assent for this referral been provided by the person being referred for services:**  [ X ] Yes  [ ] No, please **specify why:** | | | |
| **Date of referral:** *14/09/2022* | | | | **Type of referral:**  [ ] Internal  [ X] External | | | |
| **Priority level for response:**  [ ] High *to respond within 24 hours*  [ X] Medium *to respond within 3 days*  [ ] Low *to respond within 1 week* | | | | **Referred through:**  [ ] Phone *high risk cases only*  [ X ] Email *as password protected document*  [ ] In person *in sealed envelope*  [ ] Digital case management system | | | |
| **1. REFERRED BY** | | | | **2. REFERRED TO** | | | |
| **Name: Samera Hassan** | | | | **Name: Sarah Kamal** | | | |
| **Agency / Institution:** | | | | **Agency / Institution: Peace organization** | | | |
| **Position / Function: Caseworker** | | | | **Position / Function: Psychologist** | | | |
| **Phone #:** | | | | **Phone #:** | | | |
| **Email:** | | | | **Email:** | | | |
| **Address / location:** | | | | **Address / location:** | | | |
| **3. KEY INFORMATION ON THE CASE** *All personal information is optional and dependent on limiting the information considered to be sensitive and sharing only that information needed for the service provider to provide the service and on the consent/assent provided by the person being referred on what information can be disclosed* | | | | | | | |
| **First name:**  **Nadia** | | | **Middle name:**  **Mohammed** | | **Last name:**  **Salih** | |
| **Other names or spellings that the person being referred is known by:** *e.g. nickname, second family name.* | | | | | | |
| **Date of birth (DOB):**  *01/11/2007* | | | **Is the DOB estimated?:**  *If estimated, DOB = 01 January*  [ X ] No [ ] Yes | | **Sex:**  [ ] Male [ X ] Female | |
| **Previous case code:**  *If transferred from other agency* | **National ID:** | | | **UNHCR individual ID:** | | **Other relevant ID:** |
| **Languages spoken: Arabic** | | | | **Special communication needs:** | | | |
| **Current address / location where the person is living:** *Provide as much detail as possible about the location so others can find the location e.g. house, landmark, street, city/village, district, province (adapt according to context)*  **Participant to determine** | | | | | | |
| **Telephone / other contact details:** | | | | | | |
| **Primary caregiver details** *Only complete in case the person being referred is a child* | | | | | | |
| **Is caregiver informed about the referral:**  [ ] No  [ X ] Yes | | | | **If no, explain why:** | | | |
| **First name: Mohammed** | | | **Middle name: Salih** | | **Last name: Karim** | |
| **Other names or spellings caregiver is known by:** *e.g. nickname, second family name.* | | | | | | |
| **Date of birth (DOB):**  *01/11/1982* | | | **Is the DOB estimated?:**  *If estimated, DOB = 01 January*  [ X ] No [ ] Yes | | **Sex:**  [X ] Male [ ] Female | |
| **Relationship to child:**  **Father** | | | | **Current address / location:**  **Participant to determine** | | |
| **Caregiver’s telephone / other contact details:** | | | | | | |
| **4. DETAILS OF REFERRAL** | | | | | | | |
| **Reason for referral:** *Describe the issue, the duration and frequency of the issue, the history of the issue, relevant services already provided / interventions undertaken, and any other relevant details for the service provider.*  **Hard to fall asleep because the child worried about her family situation overall and her potential marriage. She also has nightmares about the fighting she witnessed in her hometown.** | | | | | | | |
| **Type of service requested:**  [ ] Alternative care  [ ] Security (e.g. safe shelter)  [ ] Education (formal)  [ ] Non-formal education  [ ] Family tracing and reunification  [ ] Basic psychosocial support  [ ] Focused non-specialized MHPSS care  [X] Specialized MHPSS services  [ ] Food  [ ] Non-food items  [ ] Cash assistance  [ ] Livelihoods  [ ] Medical  [ ] Nutrition | | | | [ ] Legal support  [ ] Documentation  [ ] Services for children with disabilities  [ ] Sexual and Reproductive Health  [ ] Shelter  [ ] WASH  [ ] Durable solution (in coordination with UNHCR)  [ ] Relocation  [ ] Other, please **specify:**  [ ] *Contextualise*  [ ] *Contextualise*  [ ] *Contextualise*  [ ] *Contextualise* | | |
| **Expected outcome of the service requested:** *Describe what you and the person being referred is hoping to achieve through the referral.*  Child to learn how to manage her feelings and deal with her recurring nightmares. | | | | | | | |
| **Is referral accepted by the service provider?:**  [ ] No  [ X ] Yes | | | | **If referral was not accepted by the service provider, state reasons:** | | | |
| **5. CONTACT, FEEDBACK AND FOLLOW-UP ARRANGEMENTS** | | | | | | | |
| **How can contact with the case be initiated and how can feedback on the service provided be given?:**  [ X ] Contact via caseworker  [ ] Contact the person being referred directly | | | | **How will the caseworker follow-up on the referral?:**  *Tick all that apply*  [ ] Phone  [ ] Email  [ X ] Face-to-face meeting (service provider)  [ ] Other, please **specify:** | | | |

# CASE STUDY – STEP 5 FOLLOW-UP AND REVIEW

This story is about the fictional child protection case of Nadia, a child receiving case management services in a humanitarian setting. This video is about the fifth step in the case management process: Follow-up and Review.

The caseworker visits Nadia and her family regularly to monitor whether the situation is improving or whether any risk factors are continuing or have increased, which would require the case to be reviewed and possible urgent action. For the first few weeks, Nadia’s situation seemed to improve, and she felt happier because she had less work and was able to go to school.

However, in a private conversation during a home visit, Nadia confides in the caseworker that she feels she should ask her boss in the market for more work again because her parents do not have enough money for food. Later, Nadia’s mother explains that they have been told the cash transfer programme has been delayed. They are not sure why her father has not been accepted onto the livelihoods programme for small businesses.

The caseworker escalates the issue to her supervisor because of the risks to Nadia if the family does not receive livelihood support. Together, the caseworker and supervisor review the case plan. The supervisor recommends visiting the livelihoods NGO to discuss the referral. They also recommend increasing the number of home visits during this period because of the increased risk of child labour and child marriage.

The caseworker learns that, although the cash programme has been delayed, it is due to start in two weeks' time. She also learns that Nadia’s father can access the livelihoods programme. The issue was that the livelihoods NGO wrote his details down wrong and could not find him. The caseworker spends the next two weeks ensuring that Nadia’s father is enrolled in the small business programme. She also accompanies Nadia’s parents to enrol in the cash for protection programme when it starts.

It is important for the caseworker to document all the follow-up actions that they take, as well as the review. This can be done as many times as necessary and recorded on a paper form or in a database such as the CPIMS+.

|  |  |  |
| --- | --- | --- |
| **5.A. FOLLOW-UP FORM OVERVIEW** | | |
| **Case management step** | Step 5: follow-up and review | |
| **Core / supplementary form** | Core form | |
| **When to complete** | Whenever a follow-up is conducted at any point during the case management process from when the child is first registered and support begins (i.e. responding to a child’s immediate needs) until case closure.  From the moment case plan implementation starts, it is dependent on the risk level of the case (to be contextualised):   * High: at least twice a week. * Medium: at least once a week. * Low: at least once every two weeks. | |
| **Who should complete** | Assigned caseworker to the case. | |
| **Purpose of form** | To record information on the follow-up with the purpose to confirm that specific actions have been taken and services are provided (or to identify and address barriers in accessing services) and to monitor the child’s situation and case plan implementation. | |
|  | |  |
| **FOLLOW-UP FORM** | | |
| **Date form completed:** *26/09/2022* | | **Case ID number:** |
| **1. DETAILS OF FOLLOW-UP** | | |
| **Date of follow-up:**  2*6/09/2022* | | **Date of previous follow-up (if relevant):** *dd/mm/yy* |
| **Followed-up with:**  [ X ] Child  [ X] Caregiver(s) / family  [ ] Service provider (own agency)  [ ] Service provider (referral)  [ ] Other, please **specify:** | | **Followed-up through:**  [ ] Phone call  [ ] Instant message / SMS / WhatsApp  [ ] Email  [ ] Social media  [ ] Ad-hoc home visit (child/family)  [ X ] Scheduled home visit (child/family)  [ ] Face-to-face meeting outside of home (child/family)  [ ] Face-to-face meeting (service provider and child/family)  [ ] Face-to-face meeting (service provider only)  [ ] Community-based group  [ ] Authorities  [ ] Other, please **specify:** | |
| **Followed-up on specific action/service from case plan?:**  [X] Yes  [ ] No | | **Specify which action/service (from case plan) followed-up on *or* what other element followed-up on:**  Cash assistance | |
| **Purpose of follow-up:** *Describe the reason for following-up on this specific action/service/element.*  To ensure that the family received the cash assistant | | | |
| **2. FOLLOW-UP RESULT** | | |
| **Outcome of follow-up:** *E.g. details about the action taken/service provided, the outcomes of the action taken/service provided, details about the change in the child’s situation.*  Nadia’s mother explains that they have been told the cash transfer programme has been delayed. | | | |
| **If followed-up on, has the specific action/service from the case plan been conducted?:**  [ ] Yes  [ X ] No  [ ] Unable to determine | | **If followed-up on, has the situation of the child significantly changed?:**  [ ] Yes, improved  [ ] Yes, declined  [ X ] No  [ ] Unable to determine | |
| **3. NEXT STEPS** | | |
| **Is there a need for further follow-up?:**  [ X ] Yes  [ ] No | | **If so, date of next follow-up:** *04/10/2022* | |
| **Are there any other recommendations based on the follow-up conducted?**  Visit the organization that provides case assistance to know the reason for delaying the program | | | |

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| **5.B. REVIEW FORM OVERVIEW** | | |
| **Case management step** | Step 5: follow-up and review | |
| **Core / supplementary form** | Core form | |
| **When to complete** | Whenever a case review meeting is held. From the moment case plan implementation starts, it is dependent on the risk level of the case (to be contextualised):   * High: at least once a month. * Medium: at least once every two months. * Low: at least once every three months. | |
| **Who should complete** | Assigned caseworker to the case together with the child and the caregiver(s) (where possible and appropriate).  Other significant people in the child’s life as well as other service providers and relevant authorities may partake in the case review meeting if they have a role to play in it *and* if informed consent/assent has been given for this. | |
| **Purpose of form** | To record information captured during the review meeting which looks at how the case is progressing and whether the case can be closed or whether there is a need to return to the case management steps of assessment or case planning. | |
|  | |  |
| **REVIEW FORM** | | |
| **Date form completed:** *03/10/2022* | | **Case ID number:** |
| **1. DETAILS OF REVIEW MEETING** | | |
| **Date of review meeting:** *03/10/2022* | | **Date of previous review meeting (if relevant):** *dd/mm/yy* |
| **Was the child present?:**  [ ] Yes [ X ] No | | **If no, how was the child involved in the review?:**  Before the meeting, Caseworker collected information from the child and asked her opinion about the current situation | |
| **Was the caregiver present?:**  [ ] Yes [ X ] No | | **If no, how was the caregiver involved in the review?:**  Before the meeting, Caseworker collected information from the caregiver and asked their opinion about the current situation | |
| **2. OUTCOMES OF REVIEW MEETING** | | |
| **Review on child’s current situation:** *Describe the overall current situation of the child as discussed in the review meeting.*  For the first few weeks, Nadia’s situation seemed to improve, and she felt happier because she had less work and was able to go to school. However, in a private conversation during a home visit, Nadia confides in the caseworker that she feels she should ask her boss in the market for more work again because her parents do not have enough money for food.  Nadia’s mother explains that they have been told the cash transfer programme has been delayed. They are not sure why her father has not been accepted onto the livelihoods programme for small businesses | | | |
| **Review on case plan implementation:** *Evaluate the status of actions taken and services provided as outlined in the case plan and discussed during the review meeting.*  **Facilitating a discussion with Nadia, parents and, grandmother about the possible negative consequences of an early marriage for Nadia**- Caseworker conducts regular visits to Nadia, Parents, and grandmother. The parents continue to agree that Nadia is too young to get married and say they only suggested it because of the financial issues in the household.  **Reducing the hours she works in the market and the type of work she is doing-** The caseworker encourages her parents to speak to Nadia’s boss in the market. They discuss and plan how best to approach him.  **Refer the family to a cash assistance programme-** Done  **Refer the father to a livelihoods support programme-** Done  **Enrol the child in the evening classes so she can return to school-**Ongoing  **Refer the child to specialist mental health and psychosocial support services to deal with her recurring nightmares**-Done  **Provide emotional support to the child as she is worried and anxious-**Ongoing | | | |
| **Review on progress towards the overall goal of the case plan:** *Evaluate the progress towards meeting the overall goal of the case plan as discussed during the review meeting.*  Nadia’s situation seemed to improve, and she felt happier because she had less work and was able to go to school. However, Nadia feels she should ask her boss in the market for more work again because her parents do not have enough money for food. | | | |
| **Other notes / observations during review meeting:**  The supervisor recommends visiting the livelihoods NGO to discuss the referral. They also recommend increasing the number of home visits during this period because of the increased risk of child labour and child marriage. | | | |
| **3. NEXT STEPS** | | |
| **Did the situation of the child change in such a way that warrants another assessment to be conducted?:**  [ ] Yes  [ X ] No | | **Please provide details:** | |
| **Are any adjustments needed in the case plan?:**  [ ] Yes  [X] No | | **Please provide details:** | |
| **Has the risk level of the case changed?:**  [ ] No  [ X ] Yes | | **If yes, new risk level:**  [ ] High, please **provide details:**  [ X ] Medium, please **provide details:**  [ ] Low, please **provide details:**  [ ] No, please **provide details:** | |
| **Do you recommend to close the case?:**  [ ] Yes  [ X ] No | | **Please provide details:** | |
| **Is there a need for a next case review?:**  [ X ] Yes  [ ] No | | **If so, date of next review meeting:** *02/12/2022* | |

# CASE STUDY – STEP 6 CASE CLOSURE

This story is about the fictional child protection case of Nadia, a child receiving case management services in a humanitarian setting. This video is about the sixth step in the case management process: Case Closure.

It has been three months since Nadia’s father received a loan to start a small business as part of the livelihoods programme. He has opened a small bakery and the family is very happy about this. The caseworker noticed improvements in Nadia’s emotional wellbeing. They no longer do psychosocial sessions in the house because Nadia is feeling a lot more relaxed and has learned some exercises when she is not. Nadia has been able to quit her job in the market. She has caught up with school, which she attends regularly. She is proud to help her father in the bakery at weekends. The family no longer talks about marriage for Nadia. They are happy she is going to school.

Nadia’s situation has been stable for the past three months. The risks of forced marriage and child labour have gone. The caseworker feels confident that Nadia is much safer and happier now. Nadia’s parents and family continue to be supportive. The caseworker explains to her supervisor that the goals of the child and family, as outlined in the case plan, were met. They agree to close the case.

The caseworker speaks to Nadia and her family about their achievements and the recommendation to close her case. They are all in agreement and are happy when the caseworker says she will visit a few more times over the next three months to check everything is still going to plan and that they can contact her any time if the situation changes. It is important for the caseworker to document the case closure using paper forms or a database such as the CPIMS+. The case can be reopened at any time if needed.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **6.A. CASE CLOSURE FORM OVERVIEW** | | | | | | | | | | |
| **Case management step** | | Step 6: case closure | | | | | | | | |
| **Core / supplementary form** | | Core form | | | | | | | | |
| **When to complete** | | When case closure criteria are met (to be contextualised), but (if possible) after a set period of time during which several follow-up visits and at least one case review meeting took place to ensure the child’s sustained wellbeing. | | | | | | | | |
| **Who should complete** | | Assigned caseworker with the approval of the supervisor. | | | | | | | | |
| **Purpose of form** | | To record information on the closure of the case. | | | | | | | | |
|  | | | | |  | | | | | |
| **CASE CLOSURE FORM** | | | | | | | | | | |
| **Date case closed:** *12/12/2022* | | | | | **Case ID number:** | | | | | |
| **1. REASON FOR CASE CLOSURE** | | | | | | | | | | |
| **Primary reason for case closure:**  [ X ] Overall goal of the case plan has been met, child is safe from harm, child’s care and wellbeing is supported and there are no additional concerns.  [ ] Child has turned 18 years-old (ensure a transition plan is in place and the case know where and how to access support)  [ ] Child/caregiver(s) no longer want support and there are no grounds to go against their wishes.  [ ] Relocation of child to an area where there is no agency to transfer the case to  [ ] Child departed for a durable solution where there is no agency to transfer the case to  [ ] Child no longer contactable (wait at least 3 months before closing the case)  [ ] Death of child  [ ] No further action possible/required  [ ] Case opened in error  [ ] Other, please **specify:** | | | | | | | | | | |
| **Provide further details on reason for case closure:**  Nadia’s situation has been stable for the past three months. The risks of forced marriage and child labour have gone. Nadia is much safer and happier now. Nadia’s parents and family continue to be supportive.  The goals of the child and family, as outlined in the case plan, were met. They agree to close the case. | | | | | | | | | | |
| **2. SITUATION OF CHILD AT CASE CLOSURE** | | | | | | | | | | |
| **How long has this case been opened:** *In weeks* | | | | | | | | | | |
| **Brief summary on current situation of case:** *Describe history and current situation of the case, including last services provided/actions taken.*  It has been three months since Nadia’s father received a loan to start a small business as part of the livelihoods programme. He has opened a small bakery and the family is very happy about this.  There is a significant improvements in Nadia’s emotional wellbeing. They no longer do psychosocial sessions in the house because Nadia is feeling a lot more relaxed and has learned some exercises when she is not.  Nadia has been able to quit her job in the market. She has caught up with school, which she attends regularly. She is proud to help her father in the bakery at weekends.  The family no longer talks about marriage for Nadia. they are happy she is going to school. | | | | | | | | | | |
| **If child is moving to a new location** | | | | | | | | | | |
| **New address / location where the child is living:** *Provide as much detail as possible about the location so others can find the location e.g. house, landmark, street, city/village, district, province (adapt according to context)* | | | | | | | | | | |
| **Telephone / other contact details:** | | | | | | | | | | |
| **Care arrangement at closure** | | | | | | | | | | |
| **Child’s current care / living arrangement:**  [X ] Parent(s)  [ ] Step parent  [ ] Customary caregiver(s)  [ ] Adult sibling  [ ] Kinship care / extended family  [ ] Foster care  [ ] Residential care | | | | | [ ] Kafala  [ ] Independent living  [ ] Child-headed household  [ ] Unrelated adult  [ ] No care arrangement  [ ] Other, please **specify:** | | | | |
| **Is this a permanent care arrangement:**  [ X] Yes  [ ] No, please **specify why:** | | | | | |  | | | | |
| **Primary caregiver details** | | | | | | | | | | |
| **First name: Mohammed** | | | **Middle name: Salih** | | | | | **Last name: Karim** | | |
| **Relationship to child:**  **Father** | | | | | | **Current address / location:**  **Participant to determine** | | | | |
| **Caregiver’s telephone / other contact details:** | | | | | | | | | | |
| **3. ARRANGEMENTS MADE TO SUPPORT SUCCESSFUL CLOSURE OF THE CASE** | | | | | | | | | | |
| **Describe the case closure process:** *Provide details of meetings held to discuss closure of the case e.g. between the caseworker and the child, between the caseworker and the caregiver(s), between the caseworker and the supervisor.*  The caseworker explains to her supervisor that the goals of the child and family, as outlined in the case plan, were met. They agree to close the case.  The caseworker speaks to Nadia and her family about their achievements and the recommendation to close her case. They are all in agreement and are happy when the caseworker says she will visit a few more times over the next three months to check everything is still going to plan and that they can contact her any time if the situation changes. | | | | | | | | | | |
| **Has the case closure been discussed and agreed with the child?:**  [ X ] Yes  [ ] No, please **specify why:** | | | | | **Has the case closure been discussed and agreed with the caregiver(s)?:**  [ X ] Yes  [ ] No, please **specify why:** | | | | | | |
| **Has feedback on case management process been gathered from child using ‘child feedback form’?:**  [X ] Yes  [ ] No, please **specify why:** | | | | | | **Has feedback on case management process been gathered from caregiver using ‘caregiver feedback form’?:**  [X] Yes  [ ] No, please **specify why:** | | | | |
| **Has a final follow-up meeting in 3 months’ time been planned with the child and/or caregiver(s) to ensure the situation remains stable?:**  [X] Yes  [ ] No, please **specify why:** | | | | | | **Is the child’s case file complete and up-to-date with all relevant documents included?:**  [X] Yes  [ ] No, please **specify why:** | | | | |
| **How will the case file be stored?:**  [ ] Electronically  [ ] Hard copy  [ X ] Both | | | | | | **Until what date will the child’s case file be stored?:**  *12/12/2027* | | | | |
| **Has the child been told who to contact if s/he has questions, concerns or to access support if required?:**  [ X ] Yes  [ ] No, please **specify why:** | | | | | | **Who has the child been told to contact if s/he has questions, concerns or to access support if required?:**  *Provide name and contact details*  **Samera Hassan** | | | | |
| **4. APPROVAL & AGREEMENTS** | | | | | | | | | | |
|  | **Name** | | | **Agency** | | | **Contact details** | | **Signature** | |
| **Child** | **Nadia Mohammed** | | |  | | |  | |  | |
| **Caregiver** | **Mohammed Salih** | | |  | | |  | |  | |
| **Caseworker** | **Samera Hassan** | | |  | | |  | |  | |
| **Supervisor** | **Somaia Shakir** | | |  | | |  | |  | |

# CASE STUDY – DISCUSSION ANSWERS

**STEP 1: IDENTIFICATION AND REGISTRATION**

**What is the purpose of the identification and registration step?**

* Identification
  + To identify children who are at risk.
  + To determine whether a child requires case management services or should be referred to another agency for case management (e.g., in cases where GBV is best placed to lead) or for just one specific service.
* Registration
  + To register children for case management.
  + To get consent/ assent from child and caregiver.
  + Identify and response to the urgent protection concern.
  + To collect data (e.g., child name, age, sex, protection concern, etc.).

**When do you ask for consent and fill out the consent form?**

* Caseworkers should continually create opportunities for child participation and for the child’s wishes and opinions to be taken in to account.
* Gaining and maintaining assent or consent is also a continual process that happens. throughout the case management process, this means that a caseworker should confirm consent as the case progresses even if it has been provided previously
* It is important to get assent or consent for big decisions that might have a significant impact on the child’s life.
* Always remember to get consent for case management services and for sharing information with third parties for referrals and transfers.
* Get consent for sharing non-identifiable information for reporting.

**Why are eligibility (or intake) criteria and risk and vulnerability (or prioritization) criteria important?**

* Eligibility criteria
  + Eligibility criteria are used to ensure the case is a child protection case, rather than a non-protection issue affecting the child.
  + To ensure that the agency/CW has capacity to provide support to child and family who have a specific protection concern (e.g not all agencies may provide family tracing and reunification services).
* Risk criteria
  + Ensure that support to the most vulnerable children is prioritized
  + To ensure that caseworkers are able to manage caseloads, therefore having a fair distribution of cases of different risks
  + Identify the timeframe for the CM steps (e.g., assessment, case plan, follow up and case review).

**STEP 2: ASSESSMENT**

**What are the protective factors in this case?**

* **Nadia:** could be considered a protective factor for herself as she sought out support and is keen to improve her situation.
* **Nadia’s sister**: who supports Nadia and helped her talk to the community volunteer for help and advice.
* **Nadia parents:** who are legally responsible for her and the core part of a child’s life and without their involvement and collaboration Nadia’s situation may not be improved.
* **Grandmother:** who supports her wishes that Nadia could stay in school.
* **School:** the availability of education services can also be considered a protective factor.
* **Available services:** Case management, for Nadia, Cash and livelihood programs for multiple family members, education and MHPSS.

**What are the different elements to be considered and analyzed when you conduct an assessment with a child?**

* **Immediate concern(s) that needed to be addressed:** (e.g child marriage and worst form of child labor)
* **Views and wishes of the child and caregiver (s):** Nadia doesn’t want to get married and would like to continue her education. while her parents think that she should marry due to financial issues.
* **Physical wellbeing and health:** Nadia’s involvement in child labor could affect negatively both her physical and socio-emotional wellbeing.
* **Emotional wellbeing, knowledge, and skills:** though Nadia Is under distress due to her current situation she also has good communication and problem-solving skills and is able to access support
* **Social relationships with peers, family and community:** Nadia’s relationship with her parents is very tense after she flagged her father’s intent about marriage.
* **Education, work, free-time and interests:** Nadia is currently not attending school as she is working due to family related financial hardship, however, she was accessing school prior to being displacement showing that her parents also do value education.
* **Risk level:** Nadia’s case would in most contexts be considered as high level because of the multiple risks she is facing which are a threat to her physical and emotional wellbeing.

**Do you agree with the risk level mentioned for this case? What are the factors you would consider?**

* The risk level should be determined according to vulnerability and risk assessment criteria that is part of case management SOP in the specific context.
* In Nadia’s case she will in most contexts be considered as a high-level risk case as she is facing multiple risks which pose a threat to both her physical and emotional wellbeing:
  + The type of work she is engaged in is harmful to her physical development as she has to carry heavy loads as well as the fact that she is exposed to harassment. This is also limiting her possibility to an education.
  + The high risk of child marriage with a clear intention communicated by her parents is a clear and imminent risks, this will not only violate her rights as a child but can also farther expose her to gender-based violence
  + The mental health issues she has highlighted as she not able to sleep well and as recurring nightmares due to the situation she is currently living.
  + Displacement of the family might expose to discrimination and limitation of access to the services as well as have limited previous community support mechanisms.
  + The financial issues of the family could negatively affect Nadia’s life.

**STEP 2: CASE PLANNING**

**Why was it important for the caseworker to involve Nadia’s mother in the development of the case plan?**

* Nadia’s mother (and father) are legally responsible for her and with the right support and given the family history are best placed to keep her safe.
* Nadia’s mother is well-placed to support Nadia and help the case plan to be achieved as she can influence the father's decision about Nadia's marriage. Parental cooperation is a key in case management and children’s wellbeing is linked to family wellbeing.

**How do you currently make sure that there is clearly a person responsible and a timeframe for each action?**

* Examples might include
* Involve the child and parent/caregiver in the development of the case plan, as appropriate and ensure there is clear communication with all members of the family on the details of the plan.
* Ensure there is a person and timeframe assigned to each action that needs to be taken, whether this is someone in the family unit or other significant people or a service provider.
* Documentation is also important: e.g. the case plan form that should be signed by persons involved in making the plan to ensure everyone is clear of what has been discussed and committed to.

**What do you think should be included in Nadia’s case plan? Take some time to discuss.**

* Refer the family to a Cash program and a livelihood program, Cash can provide immediate support and livelihoods more long-term.
* Awareness to the parents on the risk of child marriage and child labor and also what the benefits are of an education in the longer term.
* Support Nadia to be able to return to school by supporting the family in making an income.
* Provide counseling to Nadia to be able to confront the current situation and be able to speak and address her concerns.
* Refer Naida to MHPSS services to deal with her recurring nightmares.
* Mediation by the caseworkers to work on the relationship between Nadia and her parents and help restore balance and harmony in the family.

**STEP 4: CASE PLAN IMPLEMENTATION**

**What are the services that the caseworker provided directly to Nadia and her family? Why are those services important?**

* Awareness for parents on the risk of child marriage and child labor.
* Counselling support to Nadia in dealing with the complexities of her current situation.
* Mediation by the caseworker to work on the relationship between Nadia and her parents and help restore balance and harmony in the family

**What are the referrals that the caseworker made to other service providers?**

* Referral to education for Nadia in parallel to referral to CASH and livelihood programming for her parents.
* Referral for additional MHPSS services for Nadia to be able to address her recurring nightmares.

**What actions can be taken to ensure that referrals result in services and improvements to Nadia’s situation?**

* Follow up with family/child to ensure that they are committed to the plan (e.g. child attending the PSS sessions).
* Follow up with service providers by calling or visiting them to discuss if there are any issues in providing the service.
* Conduct case conference if there have been challenges in accessing the service provision to address bottlenecks. This may include Nadia and her parents or just the service providers.

**What are the possible consequences if the referrals are not actioned properly?**

* Children/ families do not receive services.
* Delay in providing services for children and their families.
* Break the confidentiality.

**If a case has to be transferred, what are some actions the caseworker can take to support continuity of care and support for the child?**

* Identify the new case management provider that will receive the case and explain the case without sharing the case personal information.
* The caseworkers need to explain to the child and family the reason for transferring of the case to another caseworker and/or organization.
* The caseworkers need to obtain child and family consent for transferring the case before sharing any information.
* If the new case management provider confirms that they have the capacity to receive the case the CW/ supervisor should transfer the documents of the child to new caseworker/ agency and do a verbal handover, so explain the case.
* Where possible the caseworker should accompany the new caseworker to meet the child the first time and ease the transition.

**STEP 5: FOLLOW-UP AND REVIEW**

**When would a case plan need to be adapted?**

* Progress is not being made, e.g., the child’s situation is not improving.
* The situation of the child has changed, this can also include change in the family situation or other contextual changes which require a revisiting of the case plan.

**What determines the frequency of the follow-up?**

* The risk level of the case determines the frequency: e.g., Nadia's case should be followed up at least twice a week as she is high-risk case.
* If there are specific urgent needs, (ideally the follow-ups should be scheduled) but sometimes the caseworker is obliged to conduct unscheduled follow up when there are urgent needs.

**How often do supervisors conduct case file review in your organisation?**

* A supervisor should review 3-5 files for each caseworker on a monthly basis

**What information is important to record when reviewing a case?**

* Child’s current situation
* Progress towards the overall goal of the case plan
* If any adjustments are needed in the case plan?
* Whether the child's situation changed in such a way that another assessment is required?
* Whether the risk level of the case changed?
* Whether it is recommended to close the case?
* Is there is a need for another case review?

**STEP 6: CASE CLOSURE**

**What are the different case closure criteria?**

* The goals of the case plan have been met and the child is safe from harm, their care and well-being are being supported, and there are no additional concerns.
* The child turns 18 years old (sometimes the caseworker keeps supporting the child a few months after or refer the child to another service provider if needed).
* The child dies
* The child moves away and there is no possibility of doing a transfer

**Why does the case closure need to be approved by the supervisor?**

* To ensure that cases are not closed prematurely.

**What happens to the case file after the case is closed?**

* Closed cases should be stored in a safe place for a specific period of time in accordance with agency’s data protection protocol or national legislation.
* Closure does not mean that all documentation is erased.

**Why would a case be re-opened?**

* At any time whenever, new information becomes available.
* The child’s situation changes: e.g. recurring or new protection risks/concerns arise.

# CASE FILE CHECKLIST TOOL

**Definition:** A case file review is a supervision practice used to assess a caseworker’s application of case management competencies and record keeping. During a case file review the supervisor verifies that the case is being managed properly and the documentation is accurate and complete throughout the steps of a case. It is also an opportunity for a supervisor to identify areas of development and support that might be beneficial for the caseworker.

**Purpose of the Tool:** The Case File Checklist Tool should be used as a guide for supervisors to review a single child protection case. This tool is part of regular coaching, and feedback should be provided in individual supervision sessions.

**Frequency:** A supervisor should review 3-5 files for each caseworker on a monthly basis.

**Guidance:** This tool can be used for the review of case files at all stages of the case management process. It is suggested that the supervisor selects some cases (can be open or closed) randomly for review. The supervisor should review the cases independently and then provide feedback to a caseworker in an individual supervision session and follow up on the progress.

If there are trends within the team regarding common record keeping mistakes or misunderstandings, these can be addressed during group supervision as observed trends.

**Case File Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| **Case Number** |  | **Caseworker** |  |
| **Date** |  | **Supervisor** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **General Documentation** | | Y/N/NA | Comments/Recommendations |
| 1 | Paper documentation for each child is stored in its own individual file, clearly labeled with the individual I.D. code |  |  |
| 2 | Each step in the case management process that occurred thus far has a corresponding form |  |  |
| 3 | All relevant sections of the forms are filled out completely and accurately according to the status of the case |  |  |
| **Identification and Registration** | | Y/N/NA | Comments/Recommendations |
| 1 | The registration form is completed, including thorough details related to child/family information and where to find the child |  |  |
| 2 | Informed consent/] assent to collect, store and share information has been obtained from the child and caregiver |  |  |
| 3 | The child’s protection concern(s) meets the organization/ agency’s vulnerability criteria |  |  |
| **Assessment** | | Y/N/NA | Comments/Recommendations |
| 1 | The assessment was carried out within 1 week of the identification/registration (or in accordance with timelines agreed upon in country) |  |  |
| 2 | The caseworker clearly identified and described the child protection concerns |  |  |
| 3 | The assessment comprehensively described the needs and protective factors for the child and family |  |  |
| 4 | Case documentation provides adequate information to prioritize as low, medium or high risk |  |  |
| **Case Planning** | | Y/N/NA | Comments/ Recommendations |
| 1 | The case plan was completed within 2 weeks from the completion of the assessment |  |  |
| 2 | The actions within the case plan address the identified needs and risks |  |  |
| 3 | The case plan was developed with the child and caregiver |  |  |
| 4 | The case plan clearly identifies the agreed upon timeframes for actions to be taken, and by whom |  |  |
| **Case Plan Implementation** | | Y/N/NA | Comments/ Recommendations |
| 1 | Children and families were referred to appropriate, available services with child/caregiver’s informed consent/assent and in line with confidentiality principles |  |  |
| 2 | Referrals were documented according to the prioritized actions in the case plan |  |  |
| 3 | Direct services were provided in accordance with the case plan |  |  |
| **Follow up and Review** | | Y/N/NA | Comments/ Recommendations |
| 1 | Follow up was conducted regularly according to case plan |  |  |
| 2 | Review of case plan was carried out at least once every three months with child and caregiver |  |  |
| 3 | Based on the review, the case plan was adjusted accordingly |  |  |
| **Case Closure** | |  |  |
| 1 | The reason for the closure is clearly documented |  |  |
| 2 | Documentation indicates that:   * The caseworker/child/caregiver discussed readiness and agreed to close the case * Contact information was given in the event the child/family need to contact the caseworker/ agency |  |  |
| 3 | Approval of the case closure by the supervisor/ manager is documented |  |  |
| 4 | A follow up visit was planned with the child/caregiver and conducted within 3 months after the case was closed |  |  |
| **Actions to be Taken** | | | |
| **Supervisor:** | | **Caseworker:** | |

# INDIVIDUAL SUPERVISION TOOL

**Definition:** Individual supervision meetings are regularly scheduled one-on-one sessions between the supervisor and caseworker that addresses the accountability/administrative, educational/professional development, and supportive functions of supervision.

**Purpose of the Tool:** The Individual Supervision Record should be used by a supervisor to track the progress made with the caseworker over the course of each period. The tool assists the supervisor to facilitate a constructive dialogue with the caseworker about the functions of supervision.

**Frequency/Duration:** Should be held for approximately one hour and routinely scheduled once a week or according to the needs of the caseworker.

**Guidance:** Case management supervisors and caseworkers are both responsible for preparing information to share based on the week’s activities, as well as any pre-determined topics (as discussed in a previous meeting and/or as decided within a capacity building plan). This can include cases, questions from the caseworker and feedback or guidance from the supervisor. Supervisors should create an environment of openness where caseworkers are encouraged to reflect honestly.

Individual supervision meetings should be held in a private location to ensure confidentiality. Identifying information about the case can be discussed openly with the supervisor in this space, for appropriate guidance and support to be offered.

**Individual Supervision**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  | **Supervisor** |  |
| **Caseworker** |  | **Supervision Period (dates)** |  |

|  |  |  |
| --- | --- | --- |
| **Supervision Practices Conducted this Period** | | |
| **# Shadowing Visits** | **# Observation Visits** | **# Case Files Reviewed** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Agenda** | **Sample discussion questions** | **Notes from discussion** |
| **Opening and check-in:**   * Review action points from the previous meeting and any challenges faced * Set and agree upon agenda | * *How was the week/period for the caseworker? Are there issues that s/he would like to add to the agenda?* * *What are the caseworker’s priorities within the hour?* |  |
| **Administrative:**   * Review of current caseload   ***\*If appropriate use Case Discussion tool***   * Other logistics, human resource, operations points for discussion. | * *How many new cases the caseworker has registered and the number of high risk cases or cases requiring intensive actions or response?* * *What are some particular challenges the caseworker is facing and on which, would like some feedback or guidance?* * *What are some accomplishments with cases to be celebrated?* |  |
| **Development:**   * Attitudes * Knowledge * Communication Skills   ***\*Refer to Capacity Building Assessment*** | * *Application of CM knowledge/ skills from training or coaching in your daily work?* * *Are there any skills or information that the caseworker would like to work on?* |  |
| **Supportive:**   * Check in with caseworker * Explore possible self-care strategies or support needed | * *How is caseworker feeling in his/her work?* * *Are there any triggers/red flags that may be an indication of needing extra support or of potential burnout?* * *Any impact on self or personal life related to specific, high risk cases in particular?* |  |
| **Discussion of supervision practices utilized in the past week/period:**   * Concrete and detailed (positive and constructive) feedback for caseworker on the exercise | * *What does the caseworker think about the shadowing, observation session or the case files selected and reviewed?* * *Does the caseworker have any questions or concerns?* |  |
| **Closing and action points:**   * Agree on the main action steps to be taken following the meeting and the time frame for accomplishing these tasks. | * *What are the caseworker's main priorities for improving practice and outcomes for children?* * *What are the supervisor's main priorities for the caseworker to improve practice and outcomes for child*ren? |  |
| **Actions to be taken:** | Supervisor: | Caseworker: |

# CASE DISCUSSION TOOL

**Definition:** A case discussion is a supervision practice to support a caseworker process and analyze a case, explore potential options and determine ways forward. Case discussions can be used as a learning opportunity to reflect on how guiding principles were applied and how difficult situations were managed.

**Purpose of the Tool:** The Case Discussion Guidance Tool should be used by a supervisor to facilitate a collaborative dialogue during an individual or group supervision session.

**Frequency/Duration:** Can be used in individual or group supervision sessions; based upon the needs of a caseworker(s) and in accordance with agency standards.

**Guidance**: Case discussions can take place in an individual supervision or group supervision session. In the beginning, the caseworker presents the background, concerns and current status of the case. Following the presentation, a discussion is opened including questions, brainstorming options, and agreeing upon next steps.

If a case is discussed in a group setting, it is important that the supervisor ensures the caseworker is prepared and comfortable sharing in front of her/his peers. Furthermore, in order to maintain confidentiality, the discussion should occur in a private space according to the “need to know” principle and details related to the case should not be discussed externally.

The questions under each header are suggested, but can be adapted. At times, it can be helpful to use a flipchart to draw out the child’s situation as the caseworker presents.

**Case Discussion**

|  |  |  |  |
| --- | --- | --- | --- |
| **Case Number** |  | **Caseworker** |  |
| **Date** |  | **Supervisor** |  |

|  |  |
| --- | --- |
| **Background Child Information/Family Composition** | **Notes from Discussion** |
| * Referral source and date * Child’s sex, age, nationality * Current residence/location * Care arrangement (living with whom and where?) * Protection status (refugee/IDP) |  |
| **Current Situation/Protection Concerns** |  |
| * Describe the main protection issue in the case, including any specific abusive or violent incidents, if applicable. * Are there immediate safety concerns? If yes; from where/who? Who can provide immediate protection to the child (explore network and resources). * How does the child view the situation? * What are the roles and attitudes of parents/ caregivers (Are they supportive? Motivated to collaborate towards a change? How is the relationship with the child? Are parents / caregivers or others in the household implicated in the protection concerns?) * Is the child at risk of further abuse or violence? * Are other children experiencing or at risk of abuse? * Does the child have other needs that make the case higher risk (i.e., disability, illness, family separation)? * What are the strengths or resources for the child, individually and within the environment? * What do the different people involved, including the child, see as possible ways forward? |  |
| **Actions Taken/ Challenges** |  |
| * Briefly describe the work done on the case so far. * What services have been provided directly? * What referrals have been made? Has the child received those services? * What have been some of the particular challenges (e.g., concerns, referrals, engagement)? |  |
| **Open Discussion** |  |
| * What are the possible options to respond to the challenges with the case? * What are potential positive and negative effects of the options? * What are the best interest considerations with the different options? * Are there contingencies that we should consider? * What are ideas and tips for dealing with resistance and enhancing motivation among the people involved to a positive change? |  |
| **Good Practices/Learning points** |  |
| * Highlight any particular good practices or successful approaches (e.g., BID, child involved in decision-making, age appropriate communication, finding ways of enhancing collaboration and motivation to change) |  |
| **Identify Next Steps** |  |
| * Agree on a way forward including any services to be provided, discussions to hold with the child and/or parent/caregivers, or follow-up to be conducted by individual agencies: person responsible and timeline * Highlight any broader advocacy issues |  |
| **Actions to be Taken** |  |
| Supervisor: | Caseworker: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 6.B. CHILD FEEDBACK FORM OVERVIEW | | | | |
| **Case management step** | Step 6: case closure | | | | | |
| **Core / supplementary form** | Supplementary form | | | | | |
| **When to complete** | This form should be completed at the end of the case management process, or after 3 months (whichever is the shortest period). | | | | | |
| **Who should complete** | Supervisor of the caseworker to collect this information in a child-friendly manner. | | | | | |
| **Purpose of form** | To record feedback on the level of satisfaction regarding the quality of services provided and to identify areas for improvement. | | | | | |
|  | | |  | |
| **CHILD FEEDBACK FORM** | | | | |
| **Date form completed:** *15/12/2022* | | | **Case ID number:** | |
| **Sex:**  [ ] Male  [X ] Female | | | **Date of birth (DOB):**  *01/11/2007* | |
| **1. CONSENT / ASSENT** *Sample script: I would like to speak with you regarding how the caseworker has worked with you and your family. We want to make sure that we give the best service possible to children, so we are asking how the caseworker helped you and if there is anything we could do differently / better. You do not have to tell us anything if you don’t want to and you don’t have to tell me your reasons for that. Even if you decide not to tell us anything, this will not affect the support that you and your family get from us. However, sharing your thoughts and feelings with us may help us improve what we do for other children and families. Anything you tell us will be kept private. This means that although we will share what you say, we won’t tell anyone that you are the one who told us. You can also decide to only not answer certain questions, or change your mind and decide not to continue whenever you wish.* | | | | |
| **I\_\_\_Nadia \_\_\_\_\_\_\_\_\_(name of child giving consent), give my permission for [case management agency] to collect my feedback on the case management process.** | | | | |
| *Only complete where possible and if appropriate* **I\_\_Mohammed Salih\_\_\_\_\_\_\_\_\_\_(name of caregiver giving consent), give my permission for [case management agency] to collect feedback on the case management process from my child.** | | | | |
| **Child providing consent / assent:**  *Signature* | | **Caregiver providing consent / assent:**  *Signature* | | **Date:**  *15/12/2022* |
| **2. QUESTIONS** *You can give examples to prompt feedback, but be careful about asking leading questions. This format is suitable for older children (10 years or older) – it can be adapted for younger children as required. It should be conducted in the language of the child, and facilitated by someone who has the necessary skills and training to facilitate feedback with children, and understands the ethics of working directly with children.* | | | | |
| **Entering the case management process** | | | | | |
| **1. How did you find out about [insert case management agency name] case management services?**  [ ] Caseworker approached me  [ ] Another organization  [ ] Parents  [X ] Family / friends  [ ] School  [ ] Community leader  [ ] Community-based child protection focal point  [ ] Authorities  [ ] Saw a poster/information leaflet  [ ] Cannot recall  [ ] Other, please **specify:** | | | | |
| **2. Before you started working with [Samera Hassan], were you asked whether you wanted to be helped in this way?**  [X ] Yes  [ ] No  [ ] Cannot recall    Please **provide details:** | | | | |
| **Expectations** | | | | | |
| **3. What type of support were you expecting from [insert case management agency name]?** | | | | |
| [ ] Alternative care  [ ] Security (e.g. safe shelter)  [ ] Education (formal)  [ ] Non-formal education  [ ] Family tracing and reunification  [ X ] Basic psychosocial support  [ X] Focused non-specialized MHPSS care  [ X ] Specialized MHPSS services  [ ] Food  [ ] Non-food items  [ X ] Cash assistance  [ X ] Livelihoods  [ ] Medical  [ ] Nutrition | | | [ ] Legal support  [ ] Documentation  [ ] Services for children with disabilities  [ ] Sexual and Reproductive Health  [ ] Shelter  [ ] WASH  [ ] Durable solution (in coordination with UNHCR)  [ ] Relocation  [ ] Other, please **specify:**  [ ] *Contextualise*  [ ] *Contextualise*  [ ] *Contextualise*  [ ] *Contextualise* | | |
| **4. Did you get the support you were expecting to receive?**  [ X ] Yes  [ ] No  [ ] Cannot recall  Please **provide details:** | | | | |
| **The case management process** | | | | | |
| **5. Did the caseworker make a plan [case plan] together with you to get you the support that you needed?**  [X ] Yes  [ ] No  [ ] Cannot recall  Please **provide details:** | | | | |
| **6. Did the caseworker connect you to services that were able to help you?**  [X ] Yes  [ ] No, did not need other services  [ ] No, did not want other services  [ ] Cannot recall  Please **provide details:** | | | | |
| **7. Whenever the caseworker shared information about you with others, were you asked whether you agreed to share that information about you and your situation with those others?**  [ X ] Yes  [ ] No  [ ] Cannot recall  Please **provide details:** | | | | |
| **8. Did you make the decision to stop [insert case management agency name] case management services together with the caseworker?**  [ ] Yes  [ X ] No  [ ] Cannot recall  Please **provide details:** | | | | |
| *For the next few questions, I am going to ask you to what extent you agree with the sentence I mention. If you fully agree with the sentence then you can give it a 10. If you don’t agree with the sentence at all then you can give it a 1. You can also decide to answer with any other number between 1 and 10, the more you agree with the sentence the closer it should be to a 10, and the more you disagree the closer it should be to a 1.* | | | | | |
| **9. The caseworker explained things in a way that was difficult to understand for me.**  *Number between 1 and 10*  1  Please **provide details:** | | | | |
| **10. The caseworker always asked for and listened to my views, opinions and feelings.**  *Number between 1 and 10*  9  Please **provide details:** | | | | |
| **11. I often felt pressured by the caseworker to make a decision or to do something I did not wish to do**.  *Number between 1 and 10*  1  Please **provide details:** | | | | |
| **12. The caseworker followed-up and did the things s/he said s/he would do.**  *Number between 1 and 10*  9  Please **provide details:** | | | | |
| **13. The caseworker only visited me rarely.**  *Number between 1 and 10*  1  Please **provide details:** | | | | |
| **14. The support the caseworker provided to me and my family was useful.**  *Number between 1 and 10*  9  Please **provide details:** | | | | |
| **15. Since I have been working with the caseworker my situation has improved.**  *Number between 1 and 10*  10  Please **provide details:** | | | | |
| **16. Overall, I am very satisfied with the support provided by the caseworker.**  *Number between 1 and 10*  9  Please **provide details:** | | | | |
| **Final Question** | | | | | |
| **17. Do you have any other feedback or concerns you would like to share?**  [ ] Yes  [ X ] No  [ ] Cannot recall  Please **provide details:** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 6.C. CAREGIVER FEEDBACK FORM OVERVIEW | | | | |
| **Case management step** | Step 6: case closure | | |
| **Core / supplementary form** | Supplementary form | | |
| **When to complete** | This form should be completed at the end of the case management process, or after 3 months (whichever is the shortest period). | | |
| **Who should complete** | Supervisor of the caseworker through an interview. | | |
| **Purpose of form** | To record feedback on the level of satisfaction regarding the quality of services provided and to identify areas for improvement. | | |
|  | |  | |
| **CAREGIVER FEEDBACK FORM** | | | | |
| **Date form completed:** *15/12/2022* | | **Case ID number:** | |
| **Relationship to child:**  [ X ] Primary caregiver  [ ] Legal guardian  [ ] Other family member close to the child  [ ] Unrelated adult close to the child  [ ] Other, please **specify:** | | **Sex:**  [ X ] Male  [ ] Female | |
| **Date of birth (DOB):**  *01/11/1982* | |
| **1. CONSENT** *Sample script: I would like to speak with you regarding how the caseworker has worked with you and your child. We want to make sure that we give the best service possible to children, so we are asking how the caseworker helped your child and if there is anything we could do differently / better. You do not have to tell us anything if you don’t want to and you don’t have to tell me your reasons for that. Even if you decide not to tell us anything, this will not affect the support that you and your child get from us. However, sharing your thoughts and feelings with us may help us improve what we do for other children and families. Anything you tell us will be kept private. This means that although we will share what you say, we won’t tell anyone that you are the one who told us. You can also decide to only not answer certain questions, or change your mind and decide not to continue whenever you wish.* | | | |
| **I\_Mohammed Salih\_\_\_\_\_\_\_\_\_(name of person giving consent), give my permission for [case management agency] to collect my feedback on the case management process.** | | | |
| **Person providing consent (signature) :** | | | **Date:**  *15/12/2022* |
| **2. QUESTIONS** *You can give examples to prompt feedback, but be careful about asking leading questions. This interview should be conducted in the language of the caregiver, and facilitated by someone who has the necessary skills and training to conduct interviews and collect feedback.* | | | |
| **Entering the case management process** | | | | |
| **1. How did you find out about [insert case management agency name] case management services?**  [ X ] Caseworker approached me  [ ] Another organization  [ ] My child  [ ] Family / friends  [ ] School  [ ] Community leader  [ ] Community-based child protection focal point  [ ] Authorities  [ ] Saw a poster/information leaflet  [ ] Cannot recall  [ ] Other, please **specify:** | | | | |
| **2. Before you started working with [caseworker name], were you asked whether you wanted your child to be helped in this way?**  [ X ] Yes  [ ] No  [ ] Cannot recall    Please **provide details:** | | | | |
| **Expectations** | | | | |
| **3. What type of support were you expecting from [insert case management agency name]?** | | | | |
| [ ] Alternative care  [ ] Security (e.g. safe shelter)  [ ] Education (formal)  [ ] Non-formal education  [ ] Family tracing and reunification  [ ] Basic psychosocial support  [ ] Focused non-specialized MHPSS care  [ ] Specialized MHPSS services  [ ] Food  [ ] Non-food items  [ X ] Cash assistance  [ X ] Livelihoods  [ ] Medical  [ ] Nutrition | | [ ] Legal support  [ ] Documentation  [ ] Services for children with disabilities  [ ] Sexual and Reproductive Health  [ ] Shelter  [ ] WASH  [ ] Durable solution (in coordination with UNHCR)  [ ] Relocation  [ ] Other, please **specify:**  [ ] *Contextualise*  [ ] *Contextualise*  [ ] *Contextualise*  [ ] *Contextualise* | | |
| **4. Did your child (and you and your family – where applicable) get the support you were expecting to receive?**  [ X ] Yes  [ ] No  [ ] Cannot recall  Please **provide details:** | | | | |
| **The case management process** | | | | |
| **5. Did the caseworker make a plan [case plan] together with you and your child to get you the support that s/he needed?**  [X ] Yes  [ ] No  [ ] Cannot recall  Please **provide details:** | | | | |
| **6. Did the caseworker connect your child (and you and your family – where applicable) to services that were able to help you?**  [ X ] Yes  [ ] No, did not need other services  [ ] No, did not want other services  [ ] Cannot recall  Please **provide details:** | | | | |
| **7. Whenever the caseworker shared information about your child (and you and your family – where applicable) with others, were you asked whether you agreed to share that information with those others?**  [ X ] Yes  [ ] No  [ ] Cannot recall  Please **provide details:** | | | | |
| **8. Did you (and your child where appropriate) make the decision to stop [insert case management agency name] case management services together with the caseworker?**  [ ] Yes  [ X ] No  [ ] Cannot recall  Please **provide details:** | | | | |
| *For the next few questions, I am going to ask you to what extent you agree with the sentence I mention. If you fully agree with the sentence then you can give it a 10. If you don’t agree with the sentence at all then you can give it a 1. You can also decide to answer with any other number between 1 and 10, the more you agree with the sentence the closer it should be to a 10, and the more you disagree the closer it should be to a 1.* | | | | |
| **9. The caseworker explained things in a way that was difficult to understand for me.**  *Number between 1 and 10*  2  Please **provide details:** | | | | |
| **10. The caseworker always asked for and listened to my views, opinions and feelings.**  *Number between 1 and 10*  8  Please **provide details:** | | | | |
| **11. I often felt pressured by the caseworker to make a decision or to do something I did not wish to do**.  *Number between 1 and 10*  2  Please **provide details:** | | | | |
| **12. The caseworker followed-up and did the things s/he said s/he would do.**  *Number between 1 and 10*  8  Please **provide details:** | | | | |
| **13. The caseworker only visited me and my child rarely.**  *Number between 1 and 10*  1  Please **provide details:** | | | | |
| **14. The support the caseworker provided to my child (and me and my family – where applicable) was useful.**  *Number between 1 and 10*  9  Please **provide details:** | | | | |
| **15. Since we have been working with the caseworker my child’s situation has improved.**  *Number between 1 and 10*  9  Please **provide details:** | | | | |
| **16. Overall, I am very satisfied with the support provided by the caseworker.**  *Number between 1 and 10*  9  Please **provide details:** | | | | |
| **Final Question** | | | | |
| **17. Do you have any other feedback or concerns you would like to share?**  [ ] Yes  [X] No  [ ] Cannot recall  Please **provide details:** | | | | |

# THE POWER OF KNOWLEDGE – DISCUSSION ANSWERS

**Examples: Higher Caseload**

* Increased access to services
* Reduced barriers to service
* Increased trust in programming/service providers
* Improved service quality
* Increased awareness of services
* Increased awareness of reportable violence
* New service locations
* Uptick in violence
* Improved service quality
* Increased staff (higher ability to receive)
* Improved referrals/referral pathway
* Population arrival
* Specific major incident occurrence

**Examples: Lower Caseload**

* Reduced access to services
* Increased barriers to service
* Decreased trust in programming/service providers
* Reduction in service quality
* Lack of awareness of services
* Lack of awareness of reportable violence
* Closed service locations
* Reduction in service quality
* Decreased staff
* Decreased referrals/ referral pathway
* Population on the move/leaving area

**Example : Increase High Risk Cases**

* Complex context
* Perpetration by government or high profile; high likelihood or impact of retribution
* Likelihood of suicidal ideation
* Indicative of target population of the program
* Initial onset of emergency; initial access to service
* High stigma in the setting
* Lack of safe houses
* Poor understanding of high risk categorization

**Examples: High amount of high-risk cases**

* Populations may be on the move
* Pressure to close cases; closing cases seen as sign of success
* Issues with case closure protocol
* Lack of barriers that might otherwise prevent access to services (i.e. central location)
* Could be indicative of lower quality of service provision (i.e. no follow ups/action plans)

**Example: Short time from case open to case closed**

* Existence of pressure to close cases
* Belief that success means closing cases quickly
* Impending program closure
* Population on the move
* Indicative of environment (one-time or limited service provision)
* Misunderstanding of case management process
* Poor service provision
* Resource change in organization (fewer staff going forward)
* Change in contextual resources (multi orgs closing)

**Examples: Low number of cases closed per month**

* More significant investment (time and effort) in case management needed
* Non-adherence to the SOP about closing the case
* Failure to document closure
* Lack of understanding the system / home to close
* Indicative of service type (e.g. long requirements for the service to be completed)
* Failure to follow-up

**Examples: High number of services provided**

* Caseworkers are readily accessing CPIMS+
* Caseworkers are completing Follow Up forms
* High need of services provided by your agency
* Over-extending case management
* Frequency of high need cases
* Context with few services available; organization have to provide more services
* Misunderstanding of what it means to provide a
* service

**Examples: Low number of services provided**

* Follow-Up forms are not being completed in the system
* Follow-Ups are not taking place
* Caseworkers have not yet entered their information in CPIMS+
* Case plan forms are not being completed in the system

**Examples: Low Percentage of Assessments Completed**

* Cases have not reached assessment yet
* Assessments are not completed in the system
* Caseworkers have not yet entered their information in CPIMS+
* Poor technology or use of mobile app
* High caseload, which detracts from collecting assessment info
* Delay in data entry
* Data entry training needs/lack of training

**Examples: High Percentage of Assessments Completed**

* Caseworkers are readily accessing CPIMS+
* Caseworkers are completing assessments
* Cases have reached or surpassed the stage of assessments

**Examples: High Percentage of Progress towards Goals**

* Caseworkers are readily accessing CPIMS+
* Caseworkers are completing action plan
* Cases have reached or surpassed the stage of action planning
* Indicative of humanitarian context: emergency vs. protracted development
* Goals are being met/ in progress
* Goals are too simply developed
* Indicative of population movement (stagnant)/ongoing casework

**Examples: Low Percentage of Progress towards Goals**

* Cases have not reached the stage of action planning yet
* Action plans are not being completed in the system
* Users are not updating progress in forms/systems
* Caseworkers have not yet entered their information in CPIMS+
* Indicative of humanitarian context: emergency vs. protracted/development
* Goals are not being met
* Goals are developed without enough consultation
* Indicative of population on the move/one time service provision

# USEFUL LINKS

|  |  |
| --- | --- |
| **Guidance/  Tool/Video** | **Website** |
| [**Case Management Guidelines**](https://casemanagement.alliancecpha.org/en/case-management-guidelines) | https://casemanagement.alliancecpha.org/en/case-management-guidelines |
| [**Inter-Agency Child Protection Case Management Training**](https://alliancecpha.org/en/child-protection-online-library/child-protection-case-management-training-caseworkers-supervisors) | https://alliancecpha.org/en/child-protection-online-library/child-protection-case-management-training-caseworkers-supervisors |
| [**Case Management Supervision and Coaching Package**](https://alliancecpha.org/en/child-protection-online-library/case-management-supervision-and-coaching-training-package-0) | https://alliancecpha.org/en/child-protection-online-library/case-management-supervision-and-coaching-training-package-0 |
| [**CPIMS+ User Guide**](https://support.primero.org/%20books/primeroIMS/PrimeroCPIMSUserGuide/development_v2/) | https://support.primero.org/ books/primeroIMS/PrimeroCPIMSUserGuide/development\_v2/ |
| [**CPIMS+ how-to videos**](https://www.youtube.com/playlist?list=PLSnTMDfTYBLgPMh7jm_XOj_WR0b6NUJdI) | https://www.youtube.com/  playlist?list=PLSnTMDfTYBLgPMh7jm\_XOj\_WR0b6NUJdI |