STANDARD OPERATING PROCEDURES ON CHILD PROTECTION CASE MANAGEMENT

NATIONAL COMMISSION FOR WOMEN AND CHILDREN

ROYAL GOVERNMENT OF BHUTAN

November 2021

FOREWORD

To be written by NCWC

ACRONYMS

BID	Best Interests Determination
CAA	Child Adoption Act
CCPA	Child Care and Protection Act
CICL	Children in Conflict with the Law
CIDC	Children in Difficult Circumstances
CMIS	Central Management Information System
CMTF	Case Management Task Force
CP	Child Protection
CRC	Convention on the Rights of the Child
CSOs	Civil Society Organizations
D/TWCWC	Dzongkhags and Thromdes-level Women and Child Welfare Committee
DVPA	Domestic Violence Prevention Act
GBV	Gender-Based Violence
GCFP	Gender and Child Focal Point
NCWC	National Commission for Women and Children
R&R	Rules and Regulations
RENEW	Respect, Educate, Nurture and Empower Women
RBP	Royal Bhutan Police
RGoB	Royal Government of Bhutan
SOPs	Standard Operating Procedures
WCPD	Women and Child Protection Desk (RBP)
WCPU	Women and Child Protection Unit (RBP)
WCWC	Women and Child Welfare Committee

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SECTION 1: BACKGROUND AND INTRODUCTION

1.1. BACKGROUND

Bhutan is a small landlocked country neighbored by China in the north and India in the south. It has a population of 727,145 people. Of the total population 52 percent are male and 48 percent female. Children aged 0 to 19 years-old make up around 35 percent of the population. Most of Bhutan's children (62%) live in rural areas.

The Royal Government of Bhutan (RGoB) has made considerable progress in promoting and protecting the rights of children. The Constitution of the Kingdom of Bhutan 2008 reflects commitments of the country towards ensuring that children are protected against all forms of discrimination and exploitation including trafficking, prostitution, abuse, violence, degrading treatment and economic exploitation. The ratification of the Convention of the Rights of the Child (CRC) including its two option protocols, without reservations, further confirms the country's commitment to promote and protect the rights of children.

In the last few years, the RGoB enacted the Child Care and Protection Act of Bhutan 2011 (CCPA), the Child Adoption Act 2012 (CAA) and the Domestic Violence Prevention Act of Bhutan 2013 (DVPA) in order to ensure the provision of effective and appropriate services for the care and protection of women, children in difficult circumstances (CIDC) and children in conflict with the law (CICL). The Rules and Regulations (R&R) for the three acts came into effect on 1 January 2015. The National Commission for Women and Children (NCWC) has been designated as the Competent Authority to implement the three Acts and to ensure the provisions in the CRC are upheld.

In line with the CCPA and R&R, NCWC as the Competent Authority developed the Standard Operating Procedures (SOPs) on case management for women and children in difficult circumstances. The SOPs have been implemented to provide effective, appropriate, systematic and timely services to the protection issues faced by women and children in need of care and support. It outlines the integral roles and responsibilities of different stakeholders involved in dealing with women and children in difficult circumstances, including amongst others the Dzongkhag and Thromde Women and Child Welfare Committee, Civil Society Organizations (CSOs), Royal Bhutan Police (RBP), Royal Court of Justice, the Designated Medical Doctor/One Stop Crisis Center, Educational Institutions and the Competent Authority itself.

NCWC (i.e. Protection Officers), the WCWC at the Dzongkhag and Thromde levels (i.e. Gender and Child Focal Persons/(interim) Protection Officers) and CSOs (currently only the case managers of Respect, Educate, Nurture and Empower Women (RENEW) and Nazhoen Lamtoen) are the primary actors who have case managers conducting child protection case management. These actors also have case management supervisors who technically oversee the casework conducted by its case managers. The Gender and Child Focal Persons (who are the case managers at their level) are member secretaries of the D/TWCWC. The D/TWCWCs are chaired by the Dzongdags and Executive Secretary who also function as the case management supervisor at their level. Other stakeholders represented in the SOPs primarily play a role – in the child protection case management system – in detecting and identifying potential child protection cases, screening for and addressing immediate needs, and referring the case for case management to the case management system. An Early Identification and Safe Referral manual has been developed for this and various actors have been trained on it.

Despite these achievements, there still remain challenges ahead. The effective implementation of the SOPs have been a challenge due to constraints in human resources, finances and technical capacity. Case managers are burdened by the number of cases they handle due to the lack of adequate staff. Furthermore, case managers rely on personal connections during the case management process rather than on formal and agreed upon procedures. The SOPs were developed at a time when there was limited understanding on child protection and case management in the country and therefore, while the SOPs outline the integral roles and responsibilities of different stakeholders involved in dealing with CIDC, they do not describe the protocols and processes for conducting case management and some provisions in the SOPs may not be in line with international standards and best practices for child protection case management. As a consequence, the implementation of a uniform and standardized approach to conducting child protection case management has been a challenge in Bhutan. In addition, there is a need for the development of child protection case management standards around human resources, and tools for and capacity building of the social service workforce in line with international standards and best practices for child protection case management.

1.2. PURPOSE AND SCOPE OF THE SOPs

The SOPs describe guiding principles, roles and responsibilities, the minimum procedural standards within the case management process, and the associated tools (including forms) to be used as part of case management. It brings together existing international and national related legislation, policies and procedures to provide a comprehensive, but concise and practical guide for all actors implementing and conducting child protection case management.

PURPOSE OF THE SOPs

The purpose of these SOPS is to provide a common and uniform approach to addressing cases of children who are harmed or at risk of harm and in need of protection and ensuring quality, consistency, coordination in services and adherence to the internationally agreed upon standards on case management.

The SOPs are limited to case management for children in need of protection this includes a child who:

- Is at risk of harm or harmed and in need of protection;
- Is found without having any home or settled place of abode and without any ostensible means of subsistence and is a destitute;
- Has a parent or guardian who is unfit or incapacitated to take care of or exercise control over the child;
- Is found to associate with any person who leads an immoral, drunken or depraved life;
- Is being or likely to be abused or exploited for immoral or illegal purposes; or
- Is a frequent victim at the hands of individuals, families or the community.

The case management for Children in Conflict with the Law (CICL) is outlined in the SOPs on Case Management for CICL. As for child survivors of Gender-Based Violence (GBV) – including sexual violence and harmful practices based on socially ascribed (i.e. gender) differences between males and females – the Interagency Guidelines on GBV Case Management for GBV Service Providers prescribes that young child survivors (i.e. 10 years and below) should be supported by a child protection case manager and that older children (i.e. 11 years and above) should be supported by a GBV case manager. These SOPs do not override, but are complementary to and interlink at different stages of the child protection case management process to the SOPs on Case Management for CICL and the Interagency Guidelines on GBV Case Management for GBV Service Providers.

The SOPs on child protection case management are intended for the following audiences:

- Case management supervisors and agencies responsible for the implementation, coordination and governance of child protection case management, including the National Case Management Agency (see *section 1-5* in grey).
- Case managers conducting child protection case management (see *section 6-10* in white);

Frontliners (as described Early Identification and Safe Referral Manual) who are responsible for the identification and safer referral of child protection cases to the case manager/case management agency are referred to the Early Identification and Safe Referral Manual.

1.3. CHILD PROTECTION CASE MANAGEMENT

Children faced with protection issues and who have complex needs require a range of responses to stabilize them and help them recover. Navigating multiple systems like health, education, justice, social protection and protection can however be confusing and disempowering. Children are also often not able to access services themselves. Case management was developed as a means to ensure that children and their families are able to benefit from the full range of protective services and supports available to them. Case management is not an intervention on its own, but it rather provides case managers with a systematic process of linking a child to appropriate services and coordinating the support to a child and his or her caregivers – the case manager thereby acts as an advocate for the child to ensure holistic, multi-sectoral and continuity of care. Case management contributes to a functioning child protection system, offering the social service workforce the ability to effectively respond to the complex and urgent needs of children facing issues of violence, abuse, exploitation and neglect.

STANDARD DEFINITION ON CHILD PROTECTION CASE MANAGEMENT

Child protection case management is an approach for addressing the needs of an individual child who is at risk of harm or has been harmed. The child and their family are supported by a case manager in a systematic and timely manner through direct support and referrals. Case management provides individualized, coordinated, holistic, multi-sectoral support for complex and often connected child protection concerns.

1.4. DISSEMINATION, REVIEW AND REVISION OF THE SOPs

NCWC will ensure hard copies of these SOPs are provided to the relevant actors at the national, Dzongkhag and Thromde levels. It is also recommended that the responsible agencies print out the eligibility flowchart, referral pathways and protocols, urgent action and contact details card, prioritization guide (see *Annexes)* and key case management steps/flow chart (see *section* 9) for use as posters on office walls or for case managers to carry with them as a quick reference guide for every-day-use. As well as dissemination, regular capacity building and ongoing supervision and coaching is needed to ensure the SOPs are well understood and operationalized.

In terms of revising these SOPs, NCWC should conduct a review of these SOPs every two years or if the answer to any of these questions is 'yes':

- Are the SOPs not achieving its purpose?
- Since the last review, have there been any changes to the context in Bhutan or significant new information about child protection threats, violations and vulnerabilities that may impact on the eligibility and prioritization of cases?
- Have any of the procedures proven unworkable or not appropriate in the context of Bhutan?

The review will take into account changes in context, impact on risk, vulnerability and eligibility for case management, updates in service mapping and referral pathways, and developments in the case management process and information management system. Case managers and case management supervisors are encouraged to provide their feedback on the SOPs during the review process.

Other case management tools, protocols and guidance which are annexed to these SOPs should be revised as and when necessary without waiting for a formal review process. For example, a mapping of the services available at the Dzongkhag and Thromde levels may change rapidly and it is critical that the service mapping is considered as a living document and continually updated across all sectors, in order to remain relevant and effective as a case management tool. Referral pathways should also be updated to reflect these available services.

Once the SOPs have been revised, the updated SOPs revision date should be marked on the front page and the SOPs will be systematically disseminated as described above.

SECTION 2: DEFINITIONS AND STANDARD

2.1. DEFINITIONS

The below capture the key terms and definitions for child protection case management. A complete list of terms and definitions can be found in *Annex O*:

- **Alternative Care:** Alternative care is the care provided for children by caregivers who are not their biological parents.

- **Assent:** The expressed willingness to participate in services.

- **Best Interests Determination:** A formal process with strict procedural safeguards designed to determine the child's best interests for particularly important decisions affecting the child.

- **Caregiver:** A caregiver is someone who provides daily care, protection and supervision of a child. This does not necessarily imply legal responsibility and therefore goes beyond only parents. It also includes customary caregivers. A customary caregiver is someone that the community has accepted, either by tradition or common practice, to provide the daily care, protection and supervision of a child.

- **Case:** The individual at the center of the case plan.

- **Case manager:** The key worker in a case who maintains responsibility for the child's care from identification to case closure. In Bhutan, case managers are not to be confused with a case management supervisor (see supervisor below). Case managers refers to government social workers, child protection workers from CSOs and para-social workers involved in case management.

- **Child:** Any person under the age of 18

- **Child in Conflict with the Law:** A child who is above 12 years of age and is found to have committed an offence.

- **Child in Contact with the Law:** A child who is contact with the formal justice system as a perpetrator, victim or witness.

- **Child in Difficult Circumstances:** A child who is found without having any home or settled place of abode and without any ostensible means of subsistence and is a destitute; has a parent or guardian who is unfit or incapacitated to take care of or exercise control over the child; is found to associate with any person who leads an immoral, drunken or depraved life; is being or likely to be abused or exploited for immoral or illegal purposes; or is a frequent victim at the hands of individuals, families or the community.

- **Child Protection:** the prevention of and response to abuse, neglect, exploitation, and violence against children.

- **Child Protection Case Management System:** A case management system comprises the set of coordinated formal and informal components within a child protection system that connect to

each other and that are all necessary for the case management process to work. They work on several levels of society – from the national level down to the community levels – and consists of: government programs and funding; legal and policy framework on the rights of children and roles and responsibilities of actors – as well as SOPs which describe the standards and protocols for case management; oversight mechanisms such as ongoing supervision and coaching of case managers; regulation, requirements and accreditation of frontline case managers; aware communities and informal community-based child protection mechanisms which are linked to the formal child protection case management system – especially when it comes to identification and safe referrals of child protection cases; supportive formal structures such as referral and Best Interests Determination (BID) mechanisms; effective coordination between the different stakeholders in the system, e.g. through a national child protection case management task force and its decentralized structures; and comprehensive information management systems to collect, store, manage, share, and analyze case data.

- **Community-based child protection mechanism:** A network or group of individuals at the community level who work in a coordinated way to ensure the protection and wellbeing of children in a village, urban neighborhood or other community.

- **Confidentiality:** The obligation that information about an individual disclosed in a relationship of trust will not be disclosed or made available to unauthorized persons that are inconsistent with the understanding of the original disclosure or without prior permission.

- **Consent:** Informed, free and voluntary agreement of an individual who has the legal capacity to give consent.

- **Documentation:** The process of collecting and storing information specific to the individual child and her/his family, both information that the child and family provide directly as well as any information collected indirectly, this also includes the use of case management forms, notes taken, and gathering these in case files.

- **Family Reunification:** The process of bringing together the child and his or her family or previous caregiver to establish or re-establish long-term care. The term is also used when children are united with family with whom they did not live before.

- **Family Tracing:** In the case of children, this refers to the process of searching for both family members and/or primary legal or customary caregivers. The term also refers to the search for children whose parents are looking for them. The objective of tracing is reunification with parents or other close relatives.

- **Gender-Based Violence:** An umbrella term for any harmful act perpetrated against a person based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion and other deprivations of liberty.

- **Protective Factors:** Conditions or attributes in individuals, families, communities, and the larger society that, when present, mitigate or eliminate risk and increase the resilience and coping mechanisms of the individual.

- **Referral:** The process of formally requesting services for a child or their family from another agency through an established procedure and/or form; case managers maintain overall responsibility for the case regardless of referrals.

- **Resilience:** The ability of children and their families to deal with, and recover from, adversity and crisis, influenced by individual characteristics and external factors like: diversity of livelihoods, coping mechanisms, life skills such as problem-solving, the ability to seek support, motivation, optimism, faith, perseverance and resourcefulness.

- **Risk Factors:** Conditions or attributes in individuals, families, communities, and the larger society that, when present, increase the vulnerability of the child.

- **Separated Children:** Those separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives. Separated children may, therefore, include children accompanied by other adult family members.

- **Supervision:** A relationship that supports the case manager's technical competence and practice, promotes well-being and enables effective and supportive monitoring of casework.

- **Unaccompanied Children / Minors:** Children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.

- **Vulnerability:** Physical, social, economic and environmental factors that increase the susceptibility of a community or individuals to difficulties and hazards and that put them at risk as a result of loss, damage, insecurity, suffering and death.

2.2. STANDARD

The Royal Government of Bhutan strives to attain the following standard on child protection case management:

STANDARD ON CHILD PROTECTION CASE MANAGEMENT

Children who are harmed or at risk of harm and in need of protection are identified and have their needs addressed through an individualized case management process, including direct one-on-one support and connections to relevant service providers.

SECTION 3: ROLES AND RESPONSIBILITIES

3.1. THE NATIONAL CASE MANAGAMENT AGENCY: NCWC

As per the CCPA 2011, NCWC has been designated as the Competent Authority in regards to the promotion and protection of the rights of children in Bhutan. The roles and responsibilities of NCWC in relation to child protection case management is to act as the National Case Management Agency and to:

- Oversee and regulate the implementation of national guidelines, SOPs and tools for case management (including the SOPs on child protection case management, the SOPs on case management for CICL, the Interagency Guidelines on GBV Case Management for GBV Service Providers and the Early Identification and Safer Referral Manual) and to promote their use by all case management actors through dissemination and capacity building.
- When receiving complaints of child protection cases directly, to assign the case to the relevant Protection Officer to provide the assistance required by the child in line with the child protection case management SOPs (see especially *section 9*) – and if required to RBP (in the case of child protection cases who are also CICL).
- Ensure appropriate technical supervision and coaching of Protection Officers is in place within the agency (see *section 3.5 and 4.4*).
- Provide assistance to case managers and supervisors at the Dzongkhags and Thromdes, when requested.
- On the recommendation of a Protection Officer/case manager to remove a child from his/her parents for more than 14 days, to place a child into long-term alternative care or to repatriate a child, ensure a Best Interests Determination procedure (see BID panel outline below) is conducted and if determined in the best interests of the child by the panel, coordinate (including with the Court if needed) the removal of the child from his/her parents for more than 14 days, the placement of a child into long-term alternative care, or the safe repatriation of a child (in collaboration with the Department of Labour and other relevant agencies), when and where needed.
- Ensure that the case managers input their cases into the CMIS.
- Manage the Central Management Information System (CMIS) in which all records of child protection cases are maintained, and use aggregate level data from the CMIS to conduct quality checks on the implementation of child protection case management (in line with these SOPs) in order to further inform policy and program development as well as capacity building of the social service workforce.
- Ensure that the Protection Officers collate and update the list of service providers (see *section 5.1)* and ensure that the service mappings are available in electronic format.
- Maintain and share with all relevant stakeholders the list of: a) registered Protection Officers; b) members of WCWC and D/TWCWC; and c) any other relevant service providers and personnel working for and with children (based on the service mapping, see *section 5.1*).
- Review the relevant case management SOPs (e.g. the SOPs on child protection case management, the SOPs on case management for CICL, the Interagency Guidelines on GBV Case Management for GBV Service Providers and the Early Identification and Safer Referral Manual) at least every two years as per *section 1.5* of these SOPs.
- Conduct awareness and advocacy programs on child protection case management at the national and local levels.

3.2. A MULTI-SECTORAL COORDINATION BODY FOR CASE MANAGEMENT

Effective coordination between different stakeholders in the case management system is a crucial component of the system and essential for the case management process to be able to provide a holistic and multi-sectoral response in addressing the needs of individuals in need of protection. Effective coordination should happen through formalized coordination platforms at different levels of society – from the national level (chaired by the National Case Management Agency) down to the community levels (at the Dzongkhag and Thromde levels).

The overall goal of these coordination platforms is to support the National Case Management Agency in the strengthening and implementation of a standardized and harmonized multi-sectoral case management system and multi-sectoral approach to responding to cases in need of protection in Bhutan. The coordination platforms should have a longer-term work plan which will aim to:

- Map members' ongoing case management efforts (building on 'Who does What, Where and for Whom) as a basis to enhance stronger inter-departmental and inter-agency coordination;
- Advocate for the child protection case management system to be supported by sufficient, professional and dedicated case managers and case management supervisors – which includes contributing to the promotion and professionalization of social work through the Bachelor's Degree in Social Work, Sociology or Psychology.
- Strengthen the informal sector as the first line of protection for children by establishing and reinforcing linkages between community-based child protection mechanisms and the formal case management system – including considering to identify and train community-based case management volunteers to support case managers in the management of low risk cases.
- Support the development and implementation of a national Best Interests Determination (BID) panel as a formal procedural safeguard mechanism for important decisions taken during the case management process which significantly affect the life of a child;
- Improve the Central Management Information System (CMIS) as the case management information management system;

BID PANEL

Decisions which may have a significant impact on the life of a child should not only be taken by a case manager and their supervisor. Strict procedural safeguards should apply to decisions relating to:

- The removal of a child from the care of the child's parent/s for more than 14 days;
- Placement of a child for long-term kinship or foster care or long-term residential care in accordance with existing national laws;
- Repatriation of a child; and
- Any other decisions that have a significant impact on the life of a child.

In order to come to a balanced and properly weighted decision on this, a formal BID panel is required which proceduralizes and formalizes the best interests of the child principle into a best interests determination process.

Such a panel should consist of representatives from the National Case Management Agency; the Court; UNICEF; relevant sectors such as health, the RBP and education amongst others; relevant CSOs; and the case manager on the case. The panel should have decentralized structures at the Dzongkhag and Thromde levels and has the responsibility to make a formal best interests determination decision for instances as outlined above by taking into account:

- An assessment report of the case manager with written and reasoned recommendations on possible (multiple) solutions for the issue at hand which are informed by the full and effective enjoyment of all the rights recognized in the CRC;
- The views and opinions of the child which should have been given due weight in the assessment report of the case manager through the participation of the child and the child-friendly procedures adopted;
- A holistic and multi-disciplinary analysis by persons with relevant expertise who take into account the short-, medium- and long-term impact on the life of the child of the different solutions recommended;
- Independent decision-making;
- A robust appeal-review process for the child and caregivers.

- Ensure proper monitoring, evaluation, accountability and learning mechanisms in the child protection case management system and to identify trends in the case load and generate evidence for further program and policy development;
- Support the National Case Management Agency in the review of relevant case management SOPs (e.g. the SOPs on child protection case management, the SOPs on case management for CICL, the Interagency Guidelines on GBV Case Management for GBV Service Providers and the Early Identification and Safer Referral Manual) at least every two years as per *section 1.5* of these SOPs.

3.3. DZONGKHAGS AND THROMDES WOMEN AND CHILD WELFARE COMMITTEE

Where a national level WCWC was formed in 2018, Dzongkhags and Thromdes have their own WCWCs (D/TWCWC). The Gender and Child Focal Persons (who are the Protection Officers/case managers at their level) are member secretaries of the D/TWCWC. The D/TWCWCs are chaired by the Dzongghags and Executive Secretary who also function as the case management supervisor at their level. The roles and responsibilities of the D/TWCWC in relation to child protection case management is to:

- Oversee and regulate the implementation of national guidelines, SOPs and tools for case management (including the SOPs on child protection case management, the SOPs on case management for CICL, the Interagency Guidelines on GBV Case Management for GBV Service Providers and the Early Identification and Safer Referral Manual) and to promote their use by all case management actors through dissemination and capacity building at the Dzongkhag/Thromde-level.
- When receiving complaints of child protection cases directly, to assign the case to the relevant Protection Officer/case manager to provide the assistance required by the child in line with the child protection case management SOPs (see especially *section 9*) – and if required to RBP (in the case of child protection cases who are also CICL).
- Perform the role of a case management supervisor for the Protection Officer/case manager (fulfilled by the Chairs of the D/TWCWC and according to *section 3.5 and 4.4*).
- Render full assistance to the Protection Officer/case manager in providing necessary services required for the welfare of the child.
- On the recommendation of the Protection Officer/case manager to remove a child from his/her parents for more than 14 days, to place a child into long-term alternative care or to repatriate a child, ensure a Best Interests Determination procedure (see BID panel outline above) is conducted at the Dzongkhag/Thromde-level and if determined in the best interests of the child by the panel, coordinate (including with the Court if needed) the removal of the child from his/her parents for more than 14 days, the placement of a child into long-term alternative care, or the safe repatriation of a child (in collaboration with the Department of Labour and other relevant agencies), when and where needed.
- Ensure that the Protection Officers/case managers input their cases into the CMIS.
- Use aggregate level data from the CMIS to conduct quality checks on the implementation of child protection case management (in line with these SOPs) in order to further inform policy and program development as well as capacity building of the social service workforce at the Dzongkhag/Thromde-level.
- Ensure that the Protection Officers/case managers at the Dzongkhag/Thromde-level collate and update the list of service providers (see *section 5.1)* and ensure that the service mappings are available in electronic format.
- Maintain and share with all relevant stakeholders the list of: a) registered Protection Officers; b) members of D/TWCWC; and c) any other relevant service providers and personnel working for and with children (based on the service mapping, see *section 5.1*).
- To issue directives/orders to:

- Provide necessary assistance to the parents, customary caregivers or legal guardian to be able to care and protect the child in a manner that is responsive to the child's needs (age, gender and special needs) if necessary;
- Refer the child and family for appropriate services (e.g. to receive counselling from a counsellor, to seek the services of the police to trace the parent/or legal guardian of the child, or to see the assistance from CSOs) if necessary and based on the case plan prepared by the Protection Officer;
- Provide any other service that is required for the effective rehabilitation and reintegration of the child;
- Transfer a case (see *section 9.6)* to another Protection Officer or CSO if required.

- If the child protection case is found not to have parent/s or an adult caregiver who is able to care for the child, within 24 hours of receiving a report of the case appoint a legal guardian or refer the child to a place of safety.
- Liaise with the National Case Management Agency for technical guidance and assistance if and when needed.
- Conduct awareness and advocacy programs on child protection case management at the national and local levels.

3.4. CIVIL SOCIETY ORGANIZATIONS IMPLEMENTING CASE MANAGEMENT

CSOs are critical partners in implementing the SOPs on child protection case management. The roles and responsibilities of the CSOs in relation to child protection case management is to:

- Contextualize these SOPs to the agency's internal structure.
- When receiving complaints of child protection cases directly, to assign the case to the relevant case manager to provide the assistance required by the child in line with the child protection case management SOPs (see especially *section 9*) – and if required to RBP (in the case of child protection cases who are also CICL).
- Ensure appropriate technical supervision and coaching of case managers is in place within the agency (see *section 3.5 and 4.4*).
- On the recommendation of a case manager to remove a child from his/her parents for more than 14 days, to place a child into long-term alternative care or to repatriate a child, coordinate with the D/TWCWC or National Case Management Agency to organize a Best Interests Determination procedure for the case (see BID panel outline above) and implement the decision determined to be in the best interests of the child made by the panel.
- Ensure that the case managers input their cases into the CMIS.
- Ensure that the case managers collate and update the list of service providers (see *section 5.1)* and feed these into the service mappings made available in electronic format by the D/TWCWC and National Case Management Agency.
- Liaise with the D/TWCWC and National Case Management Agency for technical guidance and assistance if and when needed.
- Conduct awareness and advocacy programs on child protection case management at the national and local levels.

3.5. CASE MANAGERS AND CASE MANAGEMENT SUPERVISORS

It is essential that staff working in case management have a clear division of roles and responsibilities. The table below includes a division of roles and responsibilities between case managers and case management supervisors.

CASE MANAGER

i.e. NCWC Protection Officers in Thimphu, Gender and Child Focal Persons (GCFPs) acting as (interim) Protection Officers at the Dzongkhag and Thromde levels, and Case managers of CSOs.

- At the direction of the case management supervisor, meet with the child within 24 hours (excluding time taken to travel) and ascertain whether a child is eligible for case management.
- Conducts the day-to-day casework in the field in order to ensure child protection cases are identified and receive individual case management support in line with the SOPs on child protection case management (see especially *section 9*).
- Supports child protection cases in assessing their situation and identifying the risk and protective factors in their life, informs the child and caregivers of all the available options to address their needs, and supports them in identifying and then reaching personal goals by leveraging their strengths and referring them to the relevant service providers.
- Sends case plans and case closures for review and approval by the case management supervisor.
- In the case of considering the removal of a child from his/her parents for more than 14 days, to place a child into long-term alternative care or to repatriate a child, coordinate with the supervisor to organize a Best Interests Determination procedure for the case (see BID panel outline above) and implement the decision determined to be in the best interests of the child made by the panel.
- Acts as a liaison between the child and service providers, linking the child (and family) to these services, advocating for timely and quality care, and following up on these services in a coordinated manner.
- Provides psychosocial support and basic emotional support to children and families throughout the case management process.
- Ensures proper documentation of case management practice through the case management forms (see *section 10.2*) and protects case data by adhering to the data protection and information sharing protocols (see *section 10.1*).
- Ensure cases are entered into the CMIS.
- Maintains an up-to-date service mapping for referrals at her/his level (see *section 5.1)* and feed these into the service mappings made available in electronic format by the D/TWCWC and National Case Management Agency.
- Builds relationships with service providers relevant to the child protection risks at her/his level.
- Actively engages in all capacity building opportunities, including formal trainings, shadowing/observation, capacity assessments, etc.
- Participates in regular case management meetings with the case management team.
- Prepares for and participates in regular structured individual supervision sessions, identifying challenges and areas for development.

CASE MANAGEMENT SUPERVISOR

i.a. Case management supervisors of NCWC (for NCWC Protection Officers in Thimpu), Chairs of the WCWC at the Dzongkhag and Thromde levels (for the GCFPs at that level), case management supervisors at CSOs.

- Assigns child protection cases to a Protection Officer/case manager.
- Coaches and supervises case managers in their casework in order to ensure the effective, timely and quality implementation of the case management process in line with the SOPs on child protection case management (see especially *section 9*).
- Reviews and approves case plans and case closures as recommended by the case manager.
- Provides support to case managers in handling complex cases and, depending on the complexity of the case, seeks guidance from the D/TWCWC or National Case Management Agency.
- In the case of a Protection Officer/case manager considering the removal of a child from his/her parents for more than 14 days, to place a child into long-term alternative care or to repatriate a

child, coordinate with the D/TWCWC or National Case Management Agency to organize a Best Interests Determination procedure for the case (see BID panel outline above).

- Reviews staff caseloads every 2 weeks to ensure they are in line with the staff ratios outlined in the SOPs on child protection case management.
- Provides ongoing capacity building to case managers on the SOPs and associated case management tools (e.g. forms) and annexes.
- Support case managers through a coaching approach; including reflective practice, self-awareness, collaborative problem solving and the application of case management guiding principles.
- Convenes and leads regular case management meetings with the case management team (one meeting every 2 weeks).
- Prepares for and leads in regular structured individual supervision sessions with each case manager (1 hour per case manager every 2 weeks).
- Review case files through case file audits on a monthly basis.
- Conducts a case manager capacity assessment with each new case manager within the first month of recruitment.
- Facilitates shadowing visits for new case managers and conducts observations of case managers on a regular basis.
- Ensures the safety of case management team within the communities they are operating.
- Promotes self-care and team building of the case management team.
- Ensures access to appropriate material and logistical support for case managers.
- Ensures that case managers maintain an up-to-date service mapping for referrals at their level (see *section 5.1*) and feed these into the service mappings made available in electronic format by the D/TWCWC and National Case Management Agency.
- Conducts gap analysis and provides recommendations on improvement of the functionality of referral mechanisms and direct service provision.
- Supports the design, set-up and monitoring, evaluation and reporting of case management – including ensuring that case managers enter their cases into the CMIS.

3.6. SERVICE PROVIDERS IDENTIFIED IN THE SERVICE MAPPING FOR CASE MANAGEMENT

The roles and responsibilities of service providers (as identified in the multi-sector service mapping, see *section 5.1*) in relation to child protection case management is to:

- Detect and identify potential child protection cases, screen for and address immediate needs, and refer the case for case management to the Protection Officer/case manager, CSO, D/TWCWC or National Case Management Agency in line with the Early Identification and Safer Referral manual.
- Inform the parents/legal guardian/customary caregivers of the mandatory reporting of child protection cases to the Protection Officer/case manager, CSO, D/TWCWC or National Case Management Agency.
- Provide the services as requested by the Protection Officer/case manager of the CSO, D/TWCWC or National Case Management Agency.

SECTION 4: HUMAN RESOURCES

4.1. MATCHING A CASE TO A CASE MANAGER: ONE CASE MANAGER ON ONE CASE

Child protection case management should always be provided by one case manager who is responsible for conducting the case management process from registration to case closure, ensuring that decisions are taken in the best interests of the child, and who is accountable for coordinating the actions of all actors within the case management process for that case. Case managers should have only minimal additional responsibilities such as conducting awareness raising activities or other duties.

Once a child is identified to be eligible for case management (see *section 8.1*), the child should be matched to an appropriate case manager. It is the responsibility of the case management supervisor to assign a child protection case to a case manager. Whether or not a case manager can be deemed appropriate depends on the case manager's characteristics, such as age, gender, ethnicity and language. For this reason, there should be both male and female case managers available to children. A child might have a preference as to the gender of the case manager they want to talk to. This should be established as early on in the process as possible and if the child prefers e.g. a female staff as a case manager, this should be made possible.

4.2. STAFF RATIOS

Good case management practice is underpinned by well supervised, experienced, trained, and where possible, certified staff who have the time and resources to carry out their work. In order to ensure this, case managers must have a reasonable caseload, reflecting their skills, competencies and experience.

STAFF RATIOS

- Case manager should not support more than 25 cases at the same time.
- Each supervisor should not oversee more than 6 case managers.

Case managers should not support more than 25 cases at the same time. This is the maximum caseload for a case manager and the actual caseload is dependent on factors like the distance to follow-up on cases, the distance between cases, the number of high risk cases in a caseload, and the capacity and experience of the case manager. Case managers who are new to the program or do not yet have sufficient case management experience should, after a period of receiving initial training and shadowing another more experienced case manager, not support more than 10 cases and may not yet take up high risk cases. This can be gradually increased and expanded following appropriate coaching and supervision. The case management supervisor should review the caseload of individual case managers to ensure it is manageable at least once every 2 weeks. Each supervisor should not oversee more than 6 case managers.

4.3. CORE COMPETENCIES

The core competencies for case managers and case management supervisors can be found below.

CORE COMPETENCIES FOR CASE MANAGEMENT STAFF

PERSONAL COMPETENCIES

• Knows and Questions Oneself

Knows one's strengths, weaknesses and resources; questions and assesses oneself in order to develop skills; critically reflects upon one's own practice and performance using supervision and support systems.

• Is Flexible and Open to Change and Adapts to Cultural Differences

Avoids stereotypical responses by examining own behaviour and bias; shows an openness and interest in learning about norms and values of others.

CORE COMPETENCIES FOR CASE MANAGEMENT STAFF *(continued)*

• Analyzes, Thinks in a Critical and Creative Way and Makes Decisions
Examines difficult issues from different perspectives; gathers relevant information before making decisions and checks assumptions against facts; finds creative solutions and shows initiative; makes decisions in a well thought-out and effective way.
• Manages Emotions and Stress
Listens to and expresses feelings and emotions in an appropriate way; allows others to express themselves; learns to manage stress in order to release the tension and act effectively; knows the signs of feeling stressed and creates opportunities to allow oneself to talk about this as part of an agenda item during supervision.
• Acts with Integrity
Works within a framework of clearly understood humanitarian values and ethics; does not abuse one's own power or position; resists undue political pressure in decision-making; shows consistency between expressed principles and behavior; acts without consideration of personal gain.

SOCIAL COMPETENCIES

• Communicates and Listens to Others
Communicates clearly, concisely, responsibly, and with respect; adapts communication and messages to children and adults at various capacities; demonstrates active listening.
• Builds Trust
Creates and maintains an environment in which others can talk and act without fear of repercussion.
• Negotiates, Manages Problems and Conflicts
Helps children and adults face up to their responsibilities; sets a framework with clear rules and limits; plays the role of mediator in order to find positive solutions and allows children and adults to learn from them; handles conflicts in a positive way; formulates agreements or informal contacts of what both sides expect.
• Work in a Team / a Network with Cooperation
Works with colleagues to contribute to team development; respects everyone's opinions and promotes their skills with joint action; gives and receives constructive feedback.
• Shows Empathy, Warmth and Genuineness
Shows interest in each person's life and feelings; puts oneself in the shoes of others and listens to their needs; adopts a non-discriminatory attitude.
• Supports, Motivates a Person/Group
Adapts one's leadership style to the child and the family and works alongside them to lead them towards a common goal; creates and maintains the motivation of the target group.

METHODOLOGICAL COMPETENCIES

• Plans, Implements and Evaluates the Intervention
Prepares, produces, implements and evaluates plans with individuals, families, groups, communities and professional colleagues.
• Promotes Participation and Cooperation
Encourages the individual or the group to take part in the identification of their needs and resources; works with individuals, families, groups and community to help them make informed decisions.

TECHNICAL COMPETENCIES

• Knows the Theoretical Framework Needed for Working with Children and Families
Knows the legal, policy and procedural frameworks linked to child protection; knows the target group and relationship dynamics; understands child development in the country; has knowledge or understanding of th local context, including cultural considerations impacting on child welfare.
• Understands Protection Concerns for Children
Has a good knowledge of indicators for and consequences of abuse, neglect, exploitation and violence on children; has a good understanding of core theories related to child care and protection; identifies factors which increase vulnerability and risk, and reduce resilience in different situations and during different stages of development.
• Understands Child Protection Programming
Has basic understanding of the main principles and approaches to child protection programming; understands that child protection is a sector in its own right and can identify linkages with other sectors; understands the basic roles and responsibilities of agencies involved with safeguarding children.
• Uses a Rights-Based Approach in Child Protection
Has basic knowledge of national and international legal frameworks and conventions relating to child care and protection including the CRC; understands the challenges associated with being able to address children's rights holistically with limited time and resources; demonstrates understanding of the different clusters of child rights, especially children's rights to protection; is aware of legal frameworks that apply to emergencies including Intrnational Humanitarian Law.
• Advocates on Child Protection Issues
Expresses differences in opinion in a sensitive and controlled manner, illustrating tact when dealing with others; is able to identify basic advocacy messages in child protection for different target audiences; is able to communicate effectively with different audiences including the police.

CORE COMPETENCIES FOR CASE MANAGEMENT STAFF *(continued)*

• **Has the Specific Tools for Professional Practice**
Knows the tools for service mapping, risk and resource assessment, case management as well as techniques for individual interviews and for group support; knows a variety of tools and mechanisms related to child protection support, procedures to follow in case of sexual violence, how to deal with victim of abuse, etc.
• **Acts with Accountability**
Operates in compliance with accountability principles and codes of conduct; shows respect for beneficiaries; takes responsibilities for own actions and honors commitments; actively involves stakeholders and encourages participation; and ensures openness and transparency.

PERSONAL BACKGROUND AND REQUIREMENTS

• Be a Bhutanese citizen.
• Has not been diagnosed mentally unfit for employment by a medical doctor.
• Does not have any criminal record of domestic violence or has not been convicted for any other crime
• Has a minimum of a bachelor's degree in social work, psychology, gender, child development, education, counselling, sociology or basic special education or has at least a diploma in any of the aforementioned fields.
• Any other requirement that the National Case Management Agency deems necessary.
• Adheres to the Authority Code of Ethics.

4.4. CAPACITY BUILDING AND SUPERVISION AND COACHING

Case managers and case management supervisors should receive on-going capacity building through training, as well as on-going supervision and coaching to ensure these skills are put into practice.

Training

All case management staff should be trained using NCWC's initial training package on child protection case management. NCWC should ensure these trainings are conducted at least once a year to ensure all new case management staff are trained. A case manager capacity assessment should be conducted with each new case manager within the first month of recruitment in order to appropriately target capacity building initiatives (see *Annex H*).

Supervision

All casemanagers should be provided with supervision – both informal and more structured. Case management supervisors are responsible for ensuring case managers are trained and prepared for their case management role and for regularly monitoring case managers' practice and providing support so that they conduct their casework in line with best-practice. The functions of supervision within case management are:

SUPERVISION

Supervision is a relationship that supports the case manager's technical competence and practice, promotes well-being and enables effective and supportive monitoring of casework. The role of consistent, quality supportive supervision directly relates to positive outcomes for children.

- **Accountability and Administrative:** This is to ensure competent and accountable practice of case managers. It includes elements such as:
  - Human resources
  - Planning, assigning and overseeing the quality of case work
  - Coordinating with other actors
  - Documentation and reporting
  - Material and logistical support
  - Reinforcing safety and ethical standards
- **Educational and Professional Development:** This is to ensure case managers are continually updating their knowledge and skills and applying them to their daily work. It includes elements such as:

- Assessing competencies
- Collaborating on personal learning plans
- Promoting reflective practices
- Reinforcing the application of guiding principles
- Encouraging self-awareness

- **Supportive:** This is to ensure the emotional and psychological wellbeing of case managers. It includes elements such as:
  - Creation of a safe space for reflection
  - Promoting positive self-care practices with case managers
  - Having empathy and normalizing feelings
  - Reinforcing realistic expectations and healthy boundaries
  - Providing recognition and encouragement

In order for case managers to provide quality case management to vulnerable children, all three functions of supervision must be provided.

How to Effectively Supervise Case Managers

Coaching is at the heart of supervision. It is an attitude that places the case manager as the driver of their own development. The supervisor's role as coach is to use specific practices to help the case manager recognize their strengths and challenges, and assist them to set – and realize – realistic goals towards achievement. Coaching also helps the case manager to reflect upon his or her work and role. Case management is complex, interpersonal work requiring self-awareness to avoid doing harm. This includes being aware of one's own prejudices, gender norms and power dynamics.

SUPERVISION AS A PROTECTIVE PRACTICE

- Children should remain at the centre of the supervision process.
- Supervision protects children and their caregivers from case managers who have inadequate experience, are careless, or who breach professional boundaries.
- Supervision protects case managers from making mistakes, burn-out or over/under involving themselves, which may cause harm to children.
- If processes are designed in such a way that case managers are encouraged and supported to reflect on their practice, a culture of openness and transparency

Supervision should be carried out by someone who has more child protection and case management experience, ideally a trained or qualified social worker with experience managing cases themselves. Agencies responsible for the implementation, coordination and governance of child protection case management– including the National Case Management Agency – need to consider whether the knowledge and skills required for supervising case management exist. For example, often the direct line managers are expected to supervise Case managers, but they may lack technical knowledge on child protection and case management as they have been recruited for their program management skills. Performance management of staff has less to do with the quality and content of casework, but is more associated with the performance of the case manager in relation to their job. This is different from case management supervision, where the focus is on what is happening for or to the child rather than the activities of the case manager (although there is a link). In addition, case managers may be reluctant to engage in supervision with managers if they think it affects their performance appraisal. For this reason, it is strongly discouraged to combine performance management and supervision. If the two processes are combined it is critical to ensure that performance management should not dominate case management supervision.

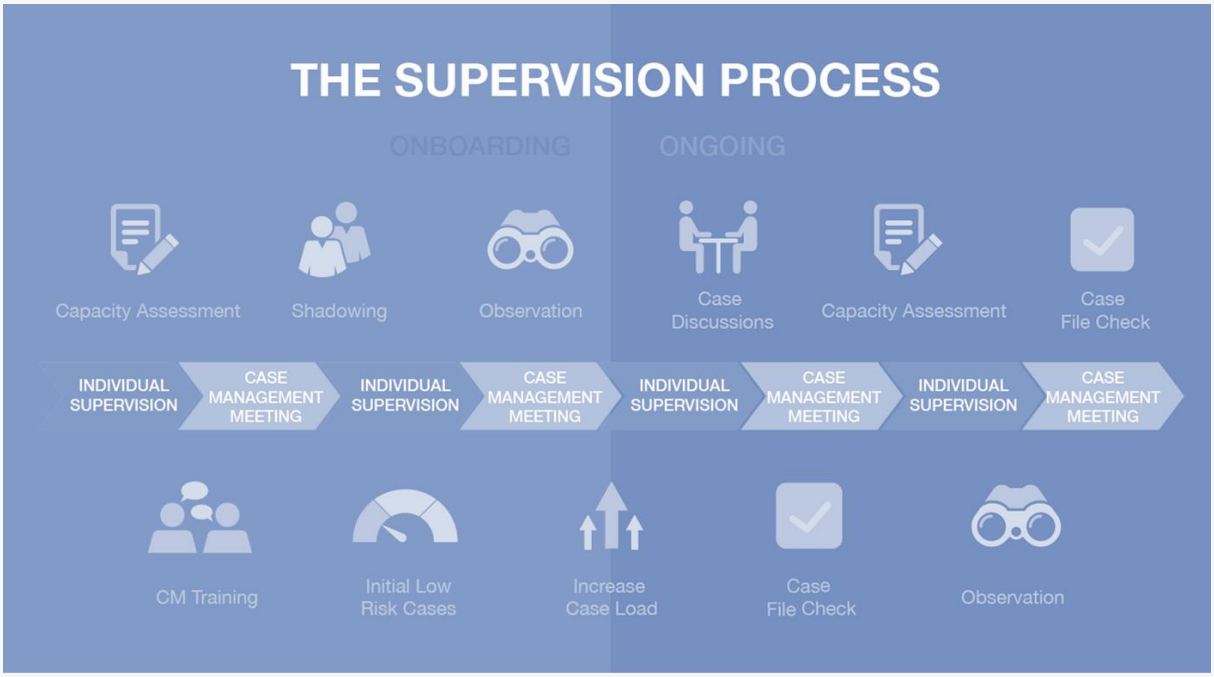
Supervision needs to be:

- **Regular and consistent:** This means convening and leading case management meetings with the entire case management team once every two weeks and conducting regular structured individual supervision sessions with each case manager (1 hour per case manager) every other week. It is important to meet at a set time so that the case manager and supervisor can prepare for the session. Ad-hoc support may also be necessary and should be provided but should not take the place of a regular supervision meeting.

- **Collaborative:** Supervisors should encourage their case managers to come to supervision meetings with an agenda, identifying the cases they want to discuss, specific questions they have, and/or topical areas of technical support.
    - Give the case manager the space to talk first, before asking questions.
    - Facilitate an environment for discussion so that case managers can learn from one another.
    - Problem solve with the case managers – letting them lead the process – before providing solutions.
- **An opportunity for learning and professional growth:** Supervisors should use the sessions to support case managers ' learning and professional development.
    - Ask the case manager to reflect on what they think could have been done differently or better.
    - Provide them with the opportunity to role-play their suggestions with you. You can also play the role of the case manager to demonstrate how to do something accurately.
    - Provide concrete feedback on what the case manager did well.
- **Safe:** Supervisors should ensure that supervision meetings feel like a safe space for case managers – where they can make mistakes and not be judged, and where they can receive constructive feedback, not criticism.
    - The confidentiality principle should also apply in supervision. Case managers should have a physical space to discuss and seek advice in regard to difficult cases in a confidential manner to reduce the risk of breaching confidentiality commitments to the child.
    - Be sure to emphasize to the case managers that it is important for them to show you what they did or said to the child and caregivers NOT what they think they should have done. Explain that this is the best way for them to learn and for you to provide support.

Supervision and Coaching Practices and Tools

The figure and table below presents the supervision practices and tools which should be used by case management supervisors.



SUPERVISION PRACTICE	ONE-ON-ONE	GROUP	DEFINITION, GUIDANCE AND TOOLS
Individual supervision session	X		**Definition:** A regular, 1:1 session between supervisor and case manager **Purpose:** Address all 3 functions of supervision **Frequency:** Bi-weekly for at least one hour **Guidance:** Both parties are responsible to prepare and contribute **Tool:** Individual Supervision Record (Annex F)
Case management meeting		X	**Definition:** Regular sessions between the supervisor and the case management team **Purpose:** Provide all three functions of technical supervision **Frequency:** Bi-weekly for 60-90 minutes **Guidance:** Meetings should be collaborative, private opportunities to identify and address professional development and learning needs and facilitate an exchange among team members **Tool:** Case Management Meeting Record (Annex G)
Case manager capacity assessment			**Definition:** Examines a case manager's skills, attitudes, and knowledge to perform effectively in the role **Purpose:** Identify and acknowledge strengths and address development needs on individual as well as team levels **Frequency:** Upon recruitment and reviewed at least every 6 months **Guidance:** This is intended to be a private but collaborative and supportive process leading to a capacity building plan **Tool:** Case manager Capacity Assessment (Annex H)
Shadowing			**Definition:** A case manager attends a face-to-face interaction between a senior case manager and a child/caregiver **Purpose:** To meet the case manager's learning and development needs by modeling good practice **Frequency:** 5-10 shadowing visits during the first 1-2 months of employment **Guidance:** 1. Consent of the child and caregiver is necessary. 2. Supervisor and senior case managers hould decide on appropriate cases for shadowing visits based on criteria, 3. After the session, the case manager has a formal opportunity to reflect on and ask questions about what they observed **Tool:** Shadowing Tool (Annex I)
Observation			**Definition:** Supervisor attends a face-to-face interaction between a case manager and a child/caregiver **Purpose:** Observe case manager's skills in order to provide feedback in individual sessions

			Frequency: Every 2 weeks as a case manager develops skills and confidence and at least every 2 months for experienced case managers **Guidance:** 1. Consent of the child and caregiver is necessary, 2. Supervisor and case manager should decide on appropriate cases for observation visits based on criteria **Tool:** Observation Tool (Annex J)
Case file audit			**Definition:** Supervisor verifies a case file is being managed properly and that documentation and record-keeping meets standards **Purpose:** To meet administrative/accountability function and identify any learning or development needs related to process **Frequency:** A supervisor should review 2-5 files for each case manager on monthly basis **Guidance:** 1. Review files at any stage of the case management process including closed files, 2. Flag any issues for feedback and review, 3. Note any trends across the team and address during supervision sessions **Tool:** Case File Checklist (Annex K)
Case discussion			**Definition:** An in-depth discussion of a case in order to reflect, process, analyze, explore options and determine ways forward **Purpose:** To support case managers with challenging or complex cases **Frequency:** Based on needs and agency standards **Guidance:** Can be discussed at either individual sessions or case management meetings – with preparation. **Tool:** Case Discussion Tool (Annex L)

4.5. RESOURCES FOR CASE MANAGERS

Case managers will need to have resources for:

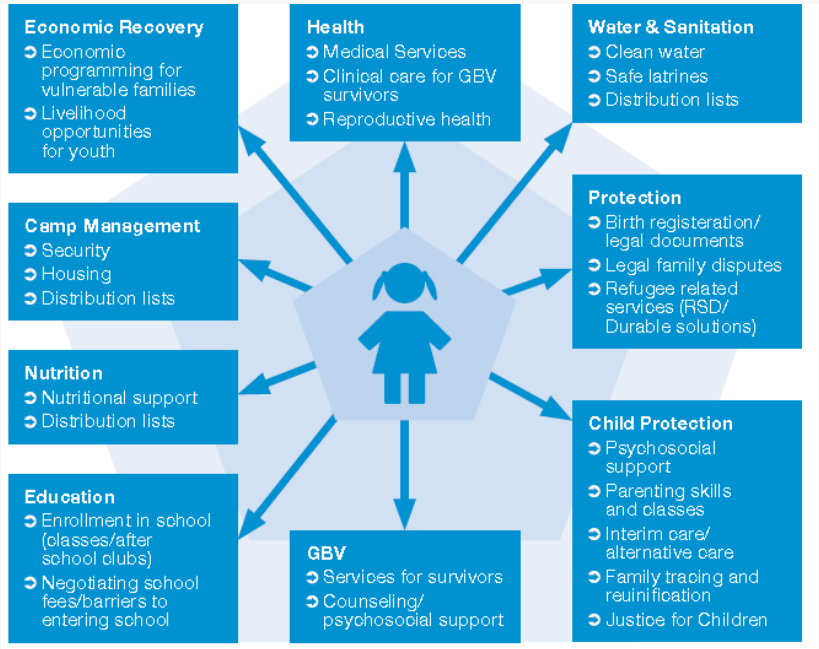
- **Office set-up:** E.g. office space, furniture and infrastructure such as computers, internet, items for proper information management such as case files, a lockable case file cabinet, printed case forms and key tools and stationery.
- **Appropriate space:** in order to ensure confidentiality and privacy during meetings with children and families (this may be a mobile or stationary unit).
- **Salaries:** Based on the agency's salary scales for both case managers, case management supervisors and possibly information management officers/data entry staff.
- **Supervision and training**: Resources to deliver on-going training, support and supervision of case managers is essential for an effective case management procedure.
- **Transportation:** For example for home visits (such as a vehicle, cash for fuel/transport).
- **Communication:** Such as a duty phone/phone credit for case managers to contact families.
- **Emergency money:** (Sometimes referred to as an Emergency Case Fund) to enable immediate response when needed, such as emergency medical care.

SECTION 5: SERVICE PROVIDERS

5.1. MULTI-SECTOR SERVICE MAPPING

As case managers do not provide all the services and support needed for persons at heightened risk of rights violations, they need to make appropriate and safe referrals to other service providers. Service mapping, referral pathways (*section 5.2*) and information sharing protocols (*section 10.1*) are core components for conducting referrals. Multi-sector service mapping is an essential element of, and pre-condition to, case management as it helps case managers as well as their clients to know which services they can access and how.

Service mapping should be done at the National, Dzongkhag/Thromde and Gewog level. Case management actors at these respective levels should lead this development/revision process with the support of NCWC at the national level and the WCWC at the Dzongkhag and Thromde levels (D/TWCWC). Protection Officers are responsible for collating and updating the service mapping at their Dzongkhag and Thromde level. A service mapping template can be found on page 3 of *Annex A*. It should reflect the current service availability and therefore be updated every 6 months, or sooner as and when changes occur. An online version of the service mapping which can be updated real-time can be accessed *[insert link].*



Examples of the various types of support required to respond to child protection needs
CPWG (2014), Inter-Agency Guidelines for Case Management and Child Protection

5.2. REFERRAL PATHWAYS AND PROTOCOLS

Referral protocols are the means by which referrals are made to service providers following agreed information sharing protocols (see *section 10.1*) and defined referral pathways. Referral pathways map the process of referral to assistance and services for child protection cases. The receiving organization of the referral is responsible for providing the specific service while the case manager maintains overall responsibility to follow up with the client and service provider to ensure quality assistance is provided and risks are mitigated.

The eligibility and referral pathways and protocols (incl. a service mapping template) for child protection case management can be found in *Annex A*.

SECTION 6: APPROACHES AND GUIDING PRINCIPLES

Case managers and case management supervisors conducting child protection case management, as well as agencies responsible for the implementation, coordination and governance of child protection case management, should comply with the following approaches and principles to guide their work, behavior and interaction with children and their families/caregivers. Together they provide a foundation of care and responsibility for decisions and actions taken in relation to case management.

6.1. A CHILD-CENTERED AND CHILD-FRIENDLY APPROACH

The case manager adopts a child-centered and child-friendly approach in which s/he provides a safe environment in which a child's rights are respected and in which they are treated with dignity and respect in regards to their experiences and the informed decisions they would like to make. The case manager ultimately aims at empowering the child (and caregivers where appropriate) by giving them increased awareness of choices they have in dealing with protection risks, assisting them to express their needs and wishes and to help the child to make informed decisions themselves about how to address the risks they face. The case manager thereby works towards finding methods and solutions that are in line with the child's values and beliefs and ensures services are provided in ways that are appropriate and accessible for children. For example, by providing information in formats/language that can be understood by children of different ages, by assigning a male/female case manager as preferred by the child, and holding case planning and case review meetings at locations and times that are convenient for children and their families (rather than those which fit in with the working hours of the case manager).

6.2. GUIDING PRINCIPLES

Do No Harm

This means ensuring that actions and interventions designed to support the child (and her/his caregivers) do not expose them to further harm. At each step of the case management process, care must be taken to ensure that no harm comes to children or their families as a result of case manager conduct, decisions made, or actions taken on behalf of the child or family. For example, case managers will refrain from giving information and options to a child (and caregivers where appropriate) unless they are certain of its accuracy and applicability to the child's case. Caution should also be taken to ensure that no harm comes to children or families as a result of collecting, storing or sharing their information. Case managers will therefore also avoid recording unnecessary information that, in the wrong hands, could put the child at risk of harm – while sharing information only on a need-to-know basis and based on the principle of informed consent.

Cultural Sensitivity

In addition, case managers must avoid creating conflict between individuals, families and communities. When what is in the best interest of the child conflicts with cultural values or practices in the family or community, case managers will continue to prioritize the child's best interests and take decisions that do not place them at risk. It may be difficult to identify solutions that are seen as acceptable to the family or community, but case managers must make every effort to work with the child, family and community to identify acceptable solutions that at the same time uphold the rights of the child. With difficult issues like child marriage or child labour, case managers should apply harm reduction strategies and seek to address the underlying causes of social conditions. In some contexts, confronting these protection issues and practices can lead to conflict and may create additional risks for the child, family and community as well as for case managers . Decisions made around these issues must include a careful assessment of risk and always respect the principles of do no harm.

The Best Interests of the Child

The "best interests of the child" encompass a child's physical and emotional safety (their wellbeing) as well as their right to positive development. In line with Article 3 of the United Nations Convention on the Rights of the Child (CRC), the best interests of the child should provide the basis and be the primary consideration for all decisions and actions taken, and for the way in which service providers interact with children and their families. Determination of best interests of the child must amongst others include the following:

- The views and wishes of the child;
- The views and wishes of the parents, families or legal guardian (except where they are the alleged abuser);
- The health, education, development, (physical and emotional) safety, identity and rights of the child;
- Protection of the child from abuse, violence, exploitation and neglect;
- The impact of decisions on the life of the child – both on the shorter and longer term;
- The importance of keeping children with their parents, families or legal guardian (unless determined otherwise by the Competent Authority) who have the primary responsibility for the child's care, upbringing, protection and development and who should be provided with the appropriate and necessary support and assistance to fulfill that role;
- The institutionalization of a child only as a last resort after reasonable inquiry and that too for the minimum possible duration;
- The need for community, stable living arrangement and to rehabilitate and reintegrate children back to the society.

All actions should ensure that the child's rights to safety and on-going development are never compromised. The "best interests of the child" must guide all decisions made during the case management process. Case managers must constantly evaluate the risks and resources of the child as well as positive and negative consequences of actions and discuss these with the child (and their caregivers where appropriate) when making decisions. The least harmful course of action is the preferred one. Often in child protection there is no one "ideal" solution possible, but rather a series of more or less acceptable choices that must be balanced with a child's best interests.

Non-discrimination

Adhering to the non-discrimination principle means ensuring that children are not discriminated against (treated poorly or denied services) because of their individual characteristics or a group they belong to (e.g. gender, age, socio-economic background, race, language, religion, ethnicity, disability, political affiliation, sexual orientation or other status). The case manager will form a respectful, non-discriminatory relationship with the child, treating them with compassion, empathy and care. Case managers must actively work to be non-judgmental and avoid negative/judgmental language in their work. The case manager will at the same time challenge discrimination, including policies and practices that reinforce discrimination, and promote services to be accessible for all child protection cases.

Accountability

Case managers are responsible for their actions and for the results of those actions on children, their families, and communities. Case managers must be trained on child safeguarding policies. They will also have to comply with child protection policies and professional codes of conduct where these exist. Agencies responsible for the implementation, coordination and governance of child protection case management must take responsibility for the initial training, on-going capacity building and regular supervision of case managers and case management supervisors to ensure appropriate quality of care and implementation of these SOPs. They (and case managers) are also responsible for providing children and their caregivers with routine opportunities to give feedback on the support and services they have received.

Professionalism
Case managers will act with integrity by not abusing the power or the trust of the child and caregivers. Case managers cannot ask for or accept favors, payments or gifts in exchange for services or support. Personal and professional limitations and boundaries will also be recognized and respected. Steps should be taken to address conflicts of interest where these arise. An example of a conflict of interest might be where the case manager and child are in some way related or from the same social network, or where the case manager working with the child is also the case manager for the perpetrator of the abuse. Case managers will take action to resolve these issues in a way that is positive for the child and that they are not negatively affected nor given an unfair benefit as a result.

Sound Knowledge of Child Development, Child Rights and Child Protection
Assessments and interventions must be made on the basis of knowledge about child development, child rights and child protection. Child development knowledge helps case managers to determine how to involve and communicate with children depending on the age and evolving capacities. Child rights knowledge is essential to ensure international norms and standards are respected and incorporated into case decisions. Knowledge on child protection will help case managers to recognize and understand risk factors, protective factors, vulnerability and resilience. Without such knowledge, case plans may not adequately address children's needs and uphold their rights, and could even be harmful to the child.

Empowerment and Strengths-Based
All children, and their families, possess resources and skills to help themselves and contribute positively towards finding solutions to their own problems. Case managers and supervisors must work to engage children and families to play an active role in the case management process. Throughout the case management process (including during assessment, case planning, and reviews) case managers should focus on empowering children and their families to recognize, prevent and respond to child protection concerns themselves. In practice, this means that, in addition to identifying problems and providing services, case managers must consider the child and family's strengths and resources and how to build their capacity to care for themselves.

Participation & Decision-making
Children have a right to express opinions about their experiences and to participate in decisions that affect their lives. The role of the case manager is to listen to the child and caregivers, to inform them about the available options in a child-friendly manner, and to help the child and caregivers to make the best-informed decision possible in the circumstances. While case managers are providing an important service, it is ultimately the child and their family's lives that are affected; they must always be active participants in the decisions made for their care. Case managers are responsible for communicating with children their right to participate – including the right not to answer questions that make them uncomfortable – and supporting them to claim this right throughout the case management process. Involving children, and their families, in planning and decision-making regarding their own care is critical to ensure services provided are appropriate and effective; furthermore it is an important part of the recovery process that builds their sense of control over their lives and helps them to develop natural resilience and their ability to be agents for their own protection.

Children may be less at ease or feel less confident in participating and in making decisions. Case managers have a role to play in encouraging children to voice their concerns and in reassuring them about their ability to make decisions – even where their status may be weak (e.g. due to gender, ethnicity, or disability). Particularly in situations where it may not be safe for children to speak out, case managers have a responsibility to create a safe and confidential space for children to participate in their own case. It is important to remember that a child's ability to make decisions is related to their age, maturity, and evolving capacities. Even very young children are able to participate in decisions, although this may take more time and skills from the case manager to be able to support the child to voice their views.

Listening to children's ideas and opinions should not interfere with caregivers' rights and responsibilities to express their views on matters affecting their children. While service providers may not always be able to follow the child's wishes (based on considerations of their best interest), they should always empower and support children and deal with them in a transparent and respectful manner. In cases where a child's wishes cannot be prioritized, the reasons should be explained to the child.

Informed Consent

Informed consent is a legal responsibility the case manager has to the child and caregivers. It helps to protect a child's rights. Through it, the case manager builds trust and demonstrates their collaborative intention to work with the child and caregivers and to help them to restore power and control over their lives. In all circumstances, informed consent should be sought from the child and/or caregivers:

1. Prior to providing services:
    - To provide their permission to participate in the case management process.
    - To provide their permission 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 them to meet their specific needs (i.e. during case referrals and case transfers).

To ensure informed consent, case managers must ensure the child and caregivers fully understand the services and options available, potential risks and benefits to receiving services, information that will be collected and how it will be used, and confidentiality and its limits. The case manager will also ensure that the decision of the child and/or caregivers to provide their informed consent is voluntary and not coerced by others.

In case the child and/or caregivers face barriers to communicate or to provide consent (e.g. due to the age and maturity of the child or due to a disability), the case manager will look for informed assent. Informed assent is the expressed willingness of the client to participate. The case manager can use pictures, hand gestures or symbols to ask if someone is willing to participate in an activity or to access a service.

In some situations, informed consent/assent may not be possible or may be refused, and yet intervention may still be necessary to protect the child. For example, if a 9 year-old girl is being sexually abused by her father, she may be confused and face dilemma when considering to report against her own family. That does not mean that agencies can ignore what is happening. Where consent/assent is not given, and where the case managers goes (with the approval of the supervisor) against the wishes of the child/caregivers in order to protect a child, the reasons for this should be explained and the participation of the child/caregivers continually encouraged.

Confidentiality

Respecting confidentiality requires case managers to protect information gathered about children and their families and to ensure it is accessible only with a child's and/or caregiver's explicit permission. Confidentiality is an important principle of casework as it is on this basis that trust is gained and information is exchanged. Case managers will collect, store, and share information on individual cases in a safe way and according to agreed-upon data protection and information sharing protocols. Case managers will keep the information they have on the case private and confidential and not reveal a child's or their caregivers' names or any other identifying information to anyone not directly involved in the case. This means taking special care in securing case files and documents and avoiding informal conversations with colleagues who may be naturally curious and interested in the work.

When informed consent is provided by the child and/or caregivers to share information with others, the case manager will only do this on a need-to-know basis. The term “need to-know” describes the limiting of information that is considered sensitive and sharing it only with those individuals who require the information in order to protect the child and with as few individuals as possible.

Importantly, confidentiality is limited when case managers identify safety concerns (for the client or others) and need to reach out to other service providers for assistance (e.g. health care workers), or where they are required by law to report abuse/crimes. These limits must be explained to the children and caregivers during the informed consent or assent process. Supervisors and case managers should work together closely to take decisions in such cases where confidentiality needs to be broken.

Mandatory Reporting Laws

Children and caregivers must be made aware of the mandatory reporting rules in Bhutan, the types of information which may trigger them, and the possible consequences of reporting, before beginning the case management process. This information should be shared with the child and/or family as part of the informed consent process. In this way, a child and caregivers may choose not to disclose vital information, which is within their rights.

The Penal Code in Bhutan compels all individuals to report crimes that they directly witness themselves. This, however, does not apply to case managers who may receive reports of crimes from a survivor of abuse or a third party (i.e. not witnessing it themselves).

As per the DVPA, cases of domestic violence should be reported to the RBP if the nature of the violence is grave and poses risk to the survivor and his/her family. In addition, mandatory reporting shall be practiced in case of a child GBV survivor. However, the DVPA also notes the principle of mandatory reporting only in line with the wishes of the survivor. Case managers should therefore consider the principles of do no harm and the best interests of the child in all circumstances.

It is good practice to deal with mandatory reporting decisions on a case-by-case basis and to consider the child’s safety along with the potential legal implications of not reporting. This will help determine the appropriate next steps. When in doubt, the National Case Management Agency should be contacted for guidance on mandatory reporting requirements without sharing a child’s and caregivers’ identifying details.

SECTION 7: COMMUNICATION AND INFORMED CONSENT/ASSENT

7.1. COMMUNICATION PRINCIPLES

Some communication practices need to be adhered to when working with individual children. The following communication best practices should guide all communication with children by Case managers .

Be Nurturing, Comforting and Supportive

Children who are at risk/have experienced abuse rarely seek help independently, especially younger children, and will usually be identified by someone else. Children may not understand what is happening to them or may experience fear, embarrassment or shame about the abuse. This can affect their willingness and ability to talk to a case manager or other service provider. A case manager's initial reaction will impact their sense of safety, willingness to talk, and psychological wellbeing. A positive, supportive response will help abused children feel better, a negative response (such as not believing the child or getting angry) could cause further harm.

Reassure the Child

Children need to be reassured that they are not at fault for what has happened to them and that they are believed. Children rarely lie about being abused. Healing statements are essential to communicate at the outset of disclosure and throughout case management. A case manager needs to find opportunities to tell children that they are brave for talking about the abuse and that they are not to blame for what they have experienced. A case managers should tell children that they are not responsible for the abuse and emphasize that s/he is there to help them begin a process of change.

Use healing statements such as:

- *"I believe you" which builds trust*
- *"I am glad that you told me", which builds a relationship with the child*
- *"I am sorry this happened to you", which expresses empathy*
- *"This is not your fault", which is non-blaming*
- *"You are very brave to talk with me and we will try to help you", reassuring and not making promises*
- *"These are difficult things you are telling me" or "Many children feel upset after a thing like that happens", which shows that you accept that their feelings (anger, fear, anxiety…) are natural in the situation.*

Do No Harm: Be Careful Not to Distress The Child Further

A case manager should try to limit any interactions that might distress the child. S/he should not:

- Become angry with a child
- Force a child to answer a question that he or she is not ready to answer
- Force a child to speak about the situation before he/she is ready
- Have the child repeat the story of abuse multiple times to different people (follow-up conversations with children who become distressed are not considered "multiple interviews")

Speak so Children Understand

Information must be presented to children in ways and language that they understand, based on their age and developmental stage.

Help Children Feel Safe

During registration and/or assessment, children often like to have a trusted adult present, especially young children and those who are scared. Case managers should always offer children the choice to have a trusted adult present, or not. The case manager should not force a child to speak to/in front of someone they appear not to trust. The case manager should also not include the person suspected of the abuse in the interview.

There may be times when it is appropriate to talk to children and caregivers separately (e.g. for unaccompanied children identified as living with unrelated caregivers) as children may hesitate to speak in front of caregivers.

Always Tell the Truth
Case managers should always tell the truth —even when it is difficult. If the case manager doesn't know the answer, s/he should tell the child, "I don't know." Honesty and openness develops trust and helps children feel safe.

Tell Children Why You Are Talking With Them
Every time a case manager communicates with a child, s/he should take the time to explain to the child the purpose of the meeting. It is important to explain why you want to speak with them, and what they will be asked and what will be asked to his/her caregiver. At every step of the process, explain to children what is happening.

Use Appropriate People
the child should be matched to an appropriate case manager. It is the responsibility of the case management supervisor to assign a child protection case to a case manager. Whether or not a case manager can be deemed appropriate depends on the case manager's characteristics, such as age, gender, ethnicity and language. For this reason, there should be both male and female case managers available to children. A child might have a preference as to the gender of the case manager they want to talk to. This should be established as early on in the process as possible and if the child prefers e.g. a female staff as a case manager, this should be made possible.

Pay Attention to Non-Verbal Communication
It is important to pay attention to the child's (as well as the case manager's own) non-verbal communication during any interaction.

Respect Children's Opinions, Beliefs And Thoughts – Right To Participate
Children have a right to express their opinions, beliefs and thoughts about what has happened to them as well as any decisions made on their behalf. Case managers are responsible for communicating to children that they have the right to share (or not to share) their thoughts and opinions. The child should be free to answer "I don't know" or to stop speaking with a service provider if s/he is in distress. The child's right to participation includes the right to choose not to participate.

7.2. MEETING THE CHILD

The below is a guide for case managers on how to prepare for, conduct and end a meeting with a child.

What Should You Do Before You Meet

- Try to have an open mind about the child and his or her situation. Sometimes, how we listen is affected by what we have heard about a child. Before you meet, think about what you have been told, and whether it made you feel critical of the child.
- Make sure you read any information that has been provided about the case, e.g. at the point of identification, ahead of time. This minimizes multiple interviewing, which can be harmful and stressful to the child. It can also to build trust as the child may feel valued and cared for.
- Put your phone on silent and make sure anyone who needs to know where you are is informed so that they don't interrupt you.

Where Should You Meet

- Use a quiet, private place so that you are not disturbed or overheard. Often the best conversations happen when you are going for a walk or involved in some other activity, but this may not offer enough privacy for some conversations.

- Choose a safe place so that the child feels safe and you are both safe.
- Tell your colleagues what you are doing so that your actions are not misunderstood – if interviewing alone leave the entry/exit to the space slightly open.

Before You Talk

- Sit at the same level as the child, or on the floor with small children. Keep your eyes aligned with the child's eyes.
- Try not to bend over or look down at the child, or squat to look up into the child's face.
- Remove any barriers, such as a desk, that are between you. These strategies show respect for the child and reinforce feelings of trust.
- Be aware of your body language – you should be open and friendly not authoritative.
- Try to create a child-friendly atmosphere: include child-friendly toys and materials.

Introducing Yourself

- All case managers must introduce their name, the organization that they are working for and their position in the organization, and explain their role and the purpose of the meeting. It helps the child/family feel comfortable and safe and builds the relationship and trust.

For example:
"My name is Karma and I am a Protection Officer with NCWC. My job is to help girls and boys when they feel sad or have any problems. I am here to keep you safe, listen to you, and give you information about how to get help if you need it."

Introducing The Interview

Every time you communicate with a child and family, but especially during registration, you should take the time to explain the purpose of the meeting and the case management process you will follow. It helps to secure the wellbeing of the child and family throughout the process. It also avoids raising expectations of receiving additional benefits.

Explain to the child (in child-friendly language) and family (see *section 7.3* for a more detailed description):

- Why you want to speak with them and what you intend to ask
- What case management is and how the process will look like
- What their rights are in the process
- That there are no right or wrong answers

Taking Informed Consent/Assent

Talking with children requires permission. Therefore, consent/assent should always be sought from children and/or their caregivers before starting case management or providing services (see *section 7.3*).

Conducting The Interview

Asking questions in the right way helps a child to relax and communicate freely. There are three types of questions a case manager can ask:

- *Closed questions* require "yes", "no", or equally simple answers.
- *Leading questions* "suggest" the answer "yes" or "no", leading the child to give a particular answer.
- *Open questions* do not suggest any right or wrong answers and encourage the child to continue talking.

Examples of leading questions:
"Is everything all right?"
"Do you agree?"
"You do like living here, don't you?"
"There's no problem at home is there?"

Examples of open questions:
"What happened next?"
"What is it like living there?"
"What would you like to tell me about that?"
"What did you do then?"

Sometimes we want to ask closed questions but they do not encourage the child to talk. They are conversation-enders or limit what children can say. With leading questions, children usually find it hard to answer differently to the way that is suggested even if they disagree/the situation differs. They think you don't want to hear about negative feelings /worries. Open questions are the best form of questions as they show you are interested and actively listening to what you are being told. They help you learn more about a child's life, feelings, and what is important to them. To come up with an open question, focus on the central issue you want to ask about, e.g. "how about school?" Closed and leading questions are often used in normal life but in casework the goal is to use open questions so that the best information can be received from child/family.

THINGS TO SAY AND DO

- Try to find a quiet place to talk and minimize outside distractions;
- Stay near the person but keep an appropriate distance depending on their age, gender and culture;
- Let them know you hear them, for example, nod your head and say…"*I undertand."*;
- Be patient and calm;
- Provide factual information IF you have it. Be honest about what you know and what you don't know. *"I don't know but I will try to find out about that for you.";*
- Give information in a way the person can understand - keep it simple;
- Acknowledge how they are feeling, and any losses or important events they share with you, such as loss of home or death of a loved one. *"I'm so sorry…"*;
- Respect privacy. Keep the person's story confidential, especially when they disclose very private events;
- Acknowledge the person's strengths and how they have helped themselves.
- Summarise and reflect back to verify and clarify points made. *"May I just check that I have understood this correctly? You have told me of a few options that you have available. You could go to live with your uncle who lives an hour away, you could move back to Thimphu with your sister, or you could stay here. What do you see as the advantages and disadvantages of each of these possibilities?"*

THINGS TO NOT SAY AND NOT TO DO

- Don't pressure someone to tell their story;
- Don't interrupt or rush someone's story;
- Don't give your opinions of the person's situation, just listen;
- Don't touch the person if you're not sure it is appropriate to do so;
- Don't judge what they have or haven't done, or how they are feeling. Don't say…*"You shouldn't feel that way."* or *"You should feel lucky you survived."*;
- Don't make up things you don't know;
- Don't use too technical terms;
- Don't tell them someone's else's story;
- Don't talk about your own troubles;
- Don't give false promises or false reassurances;
- Don't feel you have to try to solve all the person's problems for them;
- Don't take away the person's strength and sense of being able to care for themselves.

Taking Notes

You have to complete the consent form with the child and/or caregiver first as this gives you permission to write down any further information. Explain why you are writing things down and what will happen to the papers. Children and families in difficult situations can be suspicious about why someone is writing down what they say and what is going to happen to the information. Balance the need to have adequate information on children with the need to avoid their anxiety even further.

Ask permission to take notes. "*Do you mind if I take notes? I have to do this so I don't forget and have to ask you again next time*". Be transparent about what you are writing – write so the child and family can see your notes. Ask "*Is this accurate – what I'm writing?*"

Other than completing essential information, it is best to concentrate on communicating with the child, perhaps writing brief comments you can expand on later, if needed. Most people find it difficult to concentrate on talking to a child and taking notes at the same time. This can improve with time and if you know the information you need to gather clearly.

Ending The Interview

What to Do:

- Explain next steps, "*I'm going to try to find a family for you to live with.*" "*We're going to start looking for your family, although this may take a long time and we can't be sure of finding them.*" "*I'm going to talk to your aunt to see if we can sort the problem out together.*"
- Ask the child if they have any questions or if there is anything else they would like to share. It is common for people to say at the very end of a conversation something that is very important to them, but is difficult to talk about. They want you to know, but at the same time want to suggest it is not really important, in case you do not understand. What to Do:
    - After discussing next steps, wait to see if the child has something else to say.
    - Then say, "*Perhaps there is something else you want to say*" or "Is there anything else that is worrying you?"
- Tell the child if and when you are going to meet again, "*I'll come and see you again next week and we can have another chat.*" "*We won't be meeting again but I hope our talk has helped.*"
- End with some positive comments. This is nearly always possible and can make the child feel valued and encouraged. E.g. "*You have shown a lot of strength in the way you have helped your family make friends here.*" "*It was very brave of you to come all this way on your own.*"

How Long Should The Conversation Last

Most children take time to relax, get to know you and begin exploring difficulties. The child should always set the pace of the conversation, not you. It is better to go slowly. Don't ask for too much information too quickly. Children may become flooded with fear when discussing their experiences. You should stop if the child appears distressed.

It is usually better to have one longer conversation rather than two or three short conversations. Children who are very distressed may prefer to have several short meetings, but usually at least 20 minutes is necessary. If you can't complete the interview, make an arrangement for the next one.

A general guide as to age-appropriate lengths of time to talk with children about abuse are:

- 30 minutes for children under the age of 9;
- 45 minutes for children between 10–14 years;
- Maximum one hour for children 15–18 years old.

Long interviews (up to one hour) should be avoided but if absolutely necessary it is important to take breaks or at least to check if they are needed and to be prepared to stop.

7.3. INFORMED CONSENT/ASSENT

At the very outset of meeting with a child and their caregivers, case managers are responsible for explaining their role and the case management process and services available to help the child and family. Most often, children and possibly caregivers will not fully understand what the case manager's role is and what is going to happen. This can cause children and caregivers to be fearful or unsure about engaging in the case management process. An important part of case management is being

upfront about the services being offered – and regulations governing such services (e.g. confidentiality principle) – and obtaining permission from the child and/or the caregiver before proceeding.

INFORMED CONSENT/ASSENT

Informed consent means the informed, free and voluntary agreement of an individual who has the legal capacity to give consent. Therefore, to provide "informed consent", the person giving it must be informed about and able to understand what they are consenting to. Informed assent refers to the expressed willingness to participate in services. "Informed Assent" is sought from children who by nature or law are too young to give consent but who are old enough to understand and agree to participate in services. A case manager will also look for informed assent from a person with a (communicative) disability through the use of pictures, hand gestures or symbols to ask if someone is willing to participate or to access services.

When to Request for Informed Consent/Assent

In all circumstances, informed consent/assent should be sought from the child and/or caregivers:

1. Prior to providing services:
    - To provide their permission to participate in the case management process.
    - To provide their permission 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 them to meet their specific needs (i.e. during case referrals and case transfers).

To ensure informed consent, case managers must ensure the child and caregivers fully understand the services and options available, potential risks and benefits to receiving services, information that will be collected and how it will be used, and confidentiality and its limits. The case manager will also ensure that the decision of the child and/or caregivers to provide their informed consent is voluntary and not coerced by others.

Who to Request Informed Consent/Assent from

A child or the child's caregiver usually gives consent. Whether child or caregiver gives consent can depend on the age and level of maturity of the child. To provide "informed consent" the individual must be able to understand, and take a decision regarding, their own situation. In Bhutan, there is no formal minimum age of consent. The CCPA R&R recognizes the evolving capacities of the child to participate in decision-making regarding their care – subject to their age, maturity, development and capacity. The table below can be used as a guide for deciding who to request informed consent/assent from.

If it is not in the best interest of the child to include a caregiver in the informed consent process (e.g. if the caregiver is the suspected abuser), the case manager needs to identify whether there is a trusted adult in the life of the child who can provide the consent. If there is no other trusted adult to provide consent, the case manager needs to determine the child's capacity in decision-making based on their age and level of maturity.

If consent/assent is not provided, the case manager needs to decide on a case-by-case basis and based on the child's age and level of maturity, the presence of caregivers (i.e. supportive or not), and the urgency of needs (e.g. the child is at imminent risk of significant harm or death without protective intervention), whether it is appropriate to go against the wishes of the child and/or caregiver. Case managers should take the time to discuss the child and caregiver's fears and concerns with proceeding with case management and provide clear and accurate answers to help address these. Where consent/assent is still not provided, and where the case managers goes (with the approval of the supervisor) against the wishes of the child/caregiver in order to protect a child, the reasons for this should be explained and the participation of the child/caregiver continually encouraged.

AGE GROUP	0-5 YEARS-OLD	06-11 YEARS-OLD	12-14 YEARS-OLD	15-18 YEARS-OLD
CHILD	-	Informed assent (oral)	Informed assent (written)	Informed consent (written
CAREGIVER	Informed consent (written)	Informed consent (written)	Informed consent (written)	With child's permission: informed consent (written)
IF NO CAREGIVER OR NOT IN CHILD'S BEST INTEREST	Other trusted adult or case manager	Other trusted adult or case manager	Other trusted adult or only informed assent from the child (depending on the level of maturity)	Only informed consent from the child (depending on the level of maturity)
NOTES	Informed consent for children in this age range should be sought from the child's caregiver or another trusted adult in the child's life, not from the child. If no such person is present, the case manager may need to consent for the child, in-line with actions that support their health and wellbeing. Very young children are not sufficiently capable of making decisions around care and services and as such for children this age range informed assent will not be sought. However, the case managers hould still seek to explain to the child what is happening, in very basic and appropriate ways.	Typically, children in this age range are not legally able nor sufficiently mature enough to provide their informed consent for participating in services. However, they are able to provide their informed assent or 'willingness' to participate. Children in this age range should be asked their permission to proceed with services and actions which affect them directly. This permission can be provided orally by the child, and documented as so on the informed consent form. For children in this age range, written caregiver informed consent is required, along with the child's informed assent. If it is not possible to obtain informed consent from a caregiver, another trusted adult (identified by the child) who can be safely brought into decisions regarding services for the child should be approached to consent for the child.	Children in this age range have evolving capacities and more advanced cognitive development, and therefore may be sufficiently mature enough to make decisions and provide informed assent and/or consent for continuing with services. Standard practice should be that the case manager seeks the child's written informed assent to participate in services, as well as the caregiver's written informed consent. However, if it is deemed unsafe and/or not in the child's best interest to involve the caregiver, the case manager should try to identify another trusted adult in the child's life to provide informed consent, along with the child's written assent. If this is not possible, a child's informed assent can have due weight if the case manager assesses the child to be mature enough.	Children aged 15 years and older are generally considered sufficiently mature to make decisions. This means that older adolescents can give their informed consent. Ideally, supportive and non-offending caregivers are also included in decision-making around services for the child from the outset and provide their informed consent as well. However, decisions for involving caregivers should be made with the child directly. If the adolescent (and caregiver) agrees to proceed, the case manager documents the informed consent of the caregiver as well.

How to Obtain Informed Consent/Assent

During the introduction to the interview, but not before getting into the specifics of the case, tell the child and/or caregiver:

- Your name, the organization you are working for and your position in the organization;
- Why you want to speak with them and what you intend to ask (and that there are no right or wrong answers);
- What case management includes (e.g. listening to problems, identifying needs and strengths, helping to meet needs) and how the process will look like, including the benefits and limitations of case management;
- How confidentiality will be ensured during the process (e.g. informed consent/assent, how information will be safely and securely stored and used);
- Any situations when information would need to be shared without or against their consent (e.g. when their safety of that of others is in danger or due to mandatory reporting laws in Bhutan);
- What their rights are in the process (e.g. they are free to stop participating or to not answer any questions at any point in time during the process).

Help the child and/or caregiver to make a decision about whether to proceed based on the information shared, or explain the limits to confidentiality if you have to open a case without consent. Provide it in a child-friendly way that encourages the child and/or caregiver to ask questions in order to help them make an informed decision.

If the child and/or caregiver agree to provide their informed consent, use the consent form (see *Annex D*) and proceed from their onward (see *section 9*).

SECTION 8: ELIGIBILITY AND PRIORITIZATION OF CASES

8.1. ELIGIBILITY

After receiving a report of a possible child protection case, the case management supervisor should assign the case to an appropriate case manager (see *section 4.1*). Within 24 hours (excluding time taken to travel) of receiving the assignment, the case manager should meet with the child and ascertain whether a child is eligible for case management.

Not having appropriate gatekeeping processes in place to establish eligibility for case management may lead to high caseloads which can overwhelm the limits of the response. This may have as a consequence that the specific needs of individual children cannot be responded to in a timely and appropriate manner (sometimes even causing non-intervention), and can additionally cause confusion with the community as expectations are raised for the child and family but not met. The eligibility criteria define those children who require an individual case management response as opposed to referring them to other services or community-based support.

ELIGIBILITY CRITERIA FOR CHILD PROTECTION CASE MANAGEMENT

- The person is a child.
- The child is harmed or at risk of harm because the child:
  - Is at risk of harm or harmed and in need of protection;
  - Is found without having any home or settled place of abode and without any ostensible means of subsistence and is a destitute;
  - Has a parent or guardian who is unfit or incapacitated to take care of or exercise control over the child;
  - Is found to associate with any person who leads an immoral, drunken or depraved life;
  - Is being or likely to be abused or exploited for immoral or illegal purposes; or
  - Is a frequent victim at the hands of individuals, families or the community.
- The child requires an individual, systematic, holistic, and coordinated response in accessing services through the support of an individual case manager.

Annex A provides a flowchart for determining eligibility for child protection case management based on the eligibility criteria outlined here. This flow chart is to be used by case managers in determining eligibility for case management for individual children as soon as a child protection case is identified. Although the eligibility criteria ensure a targeted response, they are not meant to be exhaustive. Discretion needs to be exercised when determining whether the child is a child protection case in need of protction. Case managers always need to balance their duty of care with their capacity to respond. A decision to take in a case for case management should therefore always be taken on a case-by-case basis.

It is also important to note that the Interagency Guidelines on GBV Case Management for GBV Service Providers prescribes that young child survivors (i.e. 10 years and below) should be supported by a child protection case manager and that older children (i.e. 11 years and above) should be supported by a GBV case manager. However, sometimes overlap can still happen. For instance, when a child above the age of 11 who meets the eligibility criteria is enrolled in child protection case management and is then found to be a survivor of sexual violence after her/his enrolment. In such situations it can be good practice to conduct a meeting with the potential GBV case manager/agency and for the case manager most technically appropriate to assume primary responsibility for the case. However, the case manager must always ask the child and/or caregiver for informed consent and what their preference is. It often might be the case manager that has the ongoing relationship with the child to remain the main case manager (so the child does not need to relive/tell their story several times). In such an instance, the case manager should coordinate closely with the GBV case manager to ensure appropriate services are provided.

Not all children in need of protection require individually targeted child protection interventions. A nuanced analysis of which children should receive what type of intervention, such as case management support, is needed. Among the large numbers of children in need of support, child protection professionals should differentiate and identify those cases that are at significant risk of harm or who are harmed and who require an individual, systematic, holistic, and coordinated response in accessing services through the support of an individual case manager. In doing so, child protection professionals should focus on children who's rights to protection from violence, abuse, exploitation, neglect, family reunification, identity, and life are threatened and/or violated and who are vulnerable to be harmed because of that rights violation/threat.

DISTINGUISHING BETWEEN VULNERABILITY AND RISK

The terms risk and vulnerability are different things although strongly related. They are sometimes used interchangeably which can cause confusion. In order to understand risk and vulnerability, it is also helpful to understand the terms threats and violations.

Threats and violations refer to threats (something that may happen) and violations (something that has happened or is happening) of children's rights based on the United Nations Convention on the Rights of the Child. In child protection case management, this particularly focuses on the violations of and threats to children's rights to protection from violence, abuse, exploitation and neglect (but may also include violations of and threats to children's rights to survival and development).

Vulnerability refers to individual, family, community and society characteristics that reduce children's ability to withstand adverse impact from violations of and threats to their rights. Examples include a child's separation status, a child's age and gender, the attachment relationship between child and caregivers, the socioeconomic status of the family, the access to services in the community, culture and traditional practices in the community, and the national child protection case management system. Vulnerability is therefore the opposite of **resilience** and draws from the same balance between risk and protective factors within the different protection layers of the ecological framework.

Risk refers to the likelihood that violations of and threats to children's rights will manifest and cause harm to children. It takes into account the type of violations and threats, as well as children's vulnerability and resilience.

The relationship between risk and vulnerability can therefore be described as:

Risk = threats and violations x vulnerability/resilience

For example:
A child with disabilities may be very vulnerable to abuse, but if they have a loving family and a good support network, they may be at low risk.
A child who lives with their family and goes to school may be considered not so vulnerable, but if their father drinks and is violent then the child may be at high risk of abuse and negligence.

8.2. PRIORITIZATION

It is necessary to prioritize cases within the caseload in order to ensure that those cases most in need of urgent attention receive case management support in a timely manner. The risk level of a case determines the timelines with which to respond to an individual child's needs throughout the case management process.

Cases can be prioritized as high, medium, low or no risk.

- **High risk:**
  The child is significantly harmed or at risk of significant harm or death if left in her/his present circumstances without protective intervention;
- **Medium risk**:
  The child is harmed to some degree if left in her/his present circumstances without protective intervention. However, there is no evidence that the child is at risk of significant harm or death;
  (continued below)

- **Low risk:**
  The child is at risk of harm if left in her/his present circumstances without protective intervention;
- **No risk:**
  The child is found to be not at risk of harm or is no longer at risk of harm.

No risk can occur when cases were initially found to be eligible for case management at the identification stage, but where new information found at the registration or assessment stages shed a new perspective on the case which decreased the risk level. Cases may also be re-categorized to no risk as the case plan is implemented and the individual child's needs are addressed.

The case prioritization guide in *Annex B* can be used by case managers to differentiate between cases that are high, medium, low or no risk within those cases that have been found eligible for case management. The timelines for action, response and follow-up throughout the case management process according to the risk level of a case are outlined below.

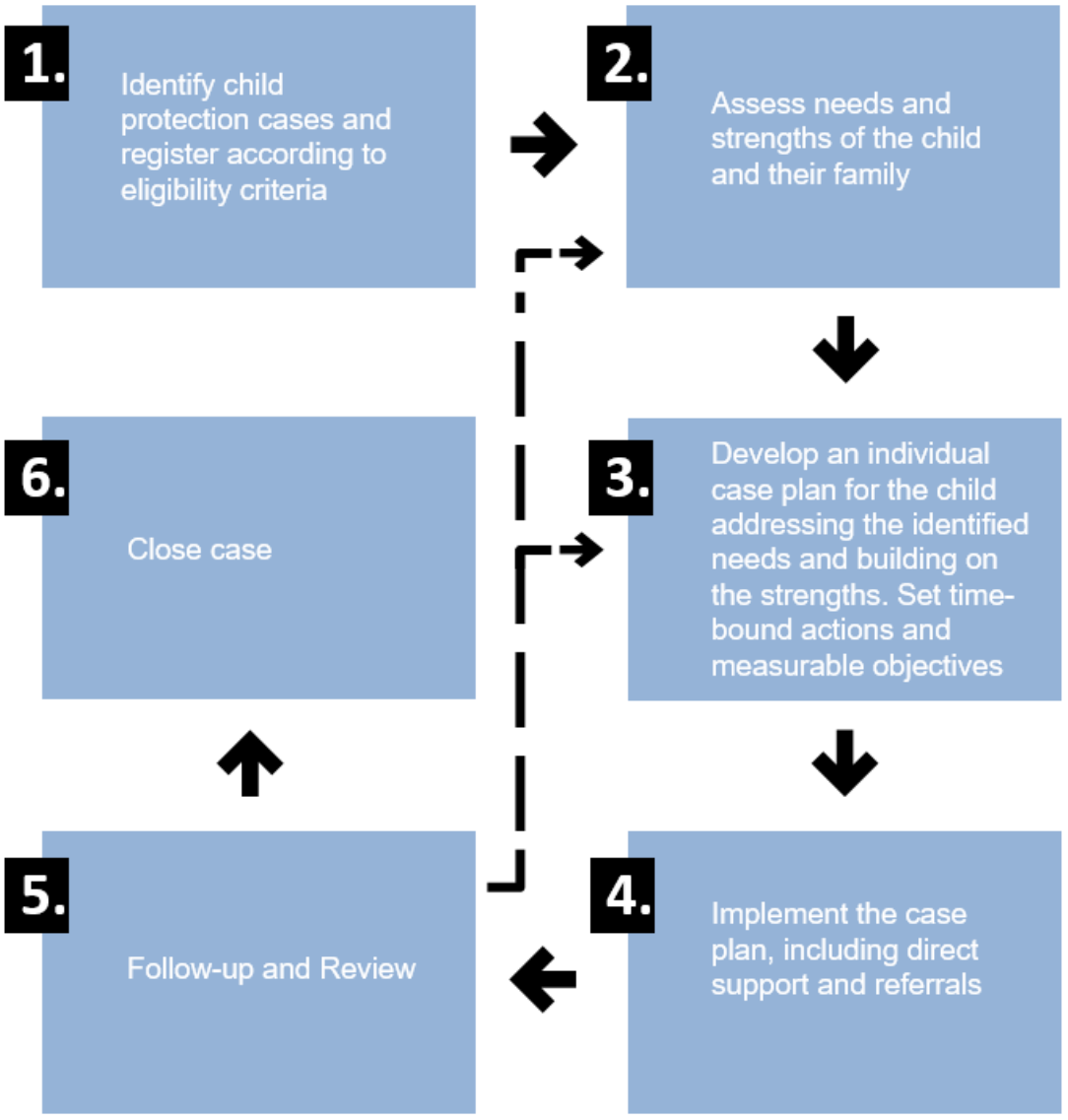
EXAMPLE OF CASE MANAGEMENT TIMELINES BY RISK LEVEL

Risk Level	High	Medium	Low	No
Assessment Timeline	Immediately after registration, before leaving the client.	Within 3 days after registration.	Within 1 week after registration.	No action required or case closure recommended. Potential monitoring by community-based mechanisms.
Case Plan Timeline	Within 3 days after the assessment.	Within 1 week after the assessment.	Within 2 weeks after assessment.	
Follow-Up Timeline	At least twice a week as soon as case plan implementation started.	At least once a week as soon as case plan implementation has started.	At least once every two weeks as soon as case plan implementation has started.	
Review Timeline	At least every 1 month.	At least every 2 months .	At least every 3 months.	

When working with affected communities, case managers should know what to do if they come across a child or family who needs immediate, on-the-ground support due to threats to life, safety or dignity. This includes unaccompanied children without safe interim care options. Concerns such as these need to be addressed immediately (while respecting the confidentiality and wishes of the child/caregiver – as long as this does not put the child at further risk) before proceeding with any of the next steps in the case management process. A template Urgent Action and Contact Details Card is included as *Annex C* and should be completed with the contact details of the relevant service providers at the national, Dzongkhag/Thromde and Gewog level. This card should be carried with case managers at all times. The same information should be made available to communities in an accessible and child-friendly format.

SECTION 9: CASE MANAGEMENT PROCESS

This section examines in greater detail the different steps of the case management process, and key factors to consider at each step of the process. *Annex N* provides a guidance for remote follow-up of case management during times of COVID-19. Case management generally follows a cycle of steps to identify and respond to the needs of children in need of protection. While not always the same for every child's situation, the case management process generally moves through the steps described below. On the other hand, case management is not always a linear process. The steps shown in the diagram below are interlinked and may at sometimes trigger a return to an earlier stage in the process. Assessment, case planning, case plan implementation and case reviews may be repeated several times before a case is closed.



9.1. IDENTIFICATION AND REGISTRATION

Objective
Detecting and identifying a child protection case, building rapport with the child and caregivers and collecting information for the purpose of responding to immediate and urgent needs and potentially registering the child for case management.
When
Once a child protection case is identified, the child meets the eligibility criteria and the case manager has the capacity to take up the case (taking into account the case manager to cases ratio in *section 4.2*).
Procedures
1. Identification Within 24 hours of receiving a report of a possible child protection case, the case management supervisor should assign the case to an appropriate case manager (see *section 4.1*). Within 24 hours (excluding time taken to travel) of receiving the assignment, the case manager should meet with the child and ascertain whether a child is eligible for case management. **2. Introduce** Introduce yourself and explain your role and the case management process available to help the child. Follow the step-by-step process for meeting the child in *section 7.2*. **3. Prioritize immediate and urgent needs** Prioritize any immediate and urgent needs that need to be addressed immediately (e.g. health care, safety, overnight/interim care) before proceeding with the next steps (use, if needed, the *urgent action and contact details card in Annex C* and the *referral form in Annex D*). Put in place a safety plan when and where needed (see below). **4. Address barriers to participation** Mitigate any physical, social/attitudinal or communicative barriers for participation to the best extent possible. Ensure communication is age-appropriate; adapted to the person's level of understanding, education and literacy; and child-friendly. **5. Determine whether to open a case file** Determine if the case meets the eligibility criteria before registering the case for case management (use *section 8.1* and the *eligibility and referral pathways and protocols in Annex A*). **6. Begin the process of informed consent/assent** Seek informed consent/assent from the child and/or caregiver (see *section 7.3* and use the *consent form in Annex D)*: • To provide their permission to participate in the case management process. • To provide their permission to collect and store information about their case and to share non-identifiable aggregate-level information for reporting purposes. Leave one copy of the form with the child and caregiver. Take into account the child's preference regarding the profile of case manager (i.e. male/female, ethnicity, language) and offer for another case manager to continue the process when appropriate and possible. **7. Register the child for case management** Ascertain whether the child has received case management support before. If so, coordinate with the other/previous case manager regarding a case transfer if and when appropriate. If not, register the child for case management (use the *initial screening and registration form in Annex D*) and leave one copy with the child and caregiver. **8. Determine the protection concerns and risk level** Make an initial assessment of the protection concerns and risk level of the case to determine the timeframe for action and response throughout the next steps of the case management process (see *section 8.2* and use the *case prioritization guide in Annex B* and *the initial screening and registration form in Annex D*).
Tools
• Urgent action and contact details card (Annex C) – *procedure 3*

• Eligibility and referral pathways and protocols (Annex A) – *procedure 5* • Case prioritization guide (Annex B) – *procedure 8*
Documentation – Annex D
• Referral form – *procedure 3* • Consent form – *procedure 6* • Initial screening and registration form – *procedure 7 and 8*
Additional Notes
• **Identification** To promote identification of child protection cases in need of case management, frontliners and communities should at a minimum be sensitized on what to look out for and how to identify different child protection concerns with children, what case management is, the eligibility criteria for case management, and how and where to safely refer a person without doing harm using the Early Identification and Safe Referral Manual. • **Child without parent/s or an adult caregiver** If the child protection case is found not to have parent/s or an adult caregiver who is able to care for the child, the Competent Authority or D/TWCWC shall within 24 hours of receiving a report of the case appoint a legal guardian or refer the child to a place of safety. • **Consent** Note that consent is not static and should be evaluated throughout the time children are provided with case management support. Consent can be given in full or in part, and access to one service should not be contingent on consent to others. Inherent in the right to provide consent is also the right to refuse assistance.

SAFETY PLANNING EXPLAINED

Safety planning is a technique to help a child in a dangerous situation to stay as safe as possible. During the safety planning process, case managers can help the child (and family if and when appropriate) think of strategies to help them stay safer. The purpose of safety planning is finding a way to minimise the chances of harm to the child by identifying ways to escape, ways to avoid harm, and places and people to go to for safety. Developing a safety plan allows a child in a threatening situation to react in ways that have already been decided upon. The child, therefore, does not have to decide in the spur of the moment what to do in a crisis situation —the options already exist and, when necessary, the plan can be put into action.

Safety plans can be developed (and updated) at different stages of the case management process depending on the level of danger, the urgency of the situation, and readiness of the child to talk about the danger s/he faces. As risks can change, they should be monitored by the case manager in collaboration with the child (and family if and when appropriate) throughout the case management process. It may be useful to develop a schedule for periodically reviewing risks and mitigation strategies in the safety plan.

9.2. ASSESSMENT

Objective
Gathering and analyzing information in order to form a professional judgement about the child's situation and to provide all relevant information for designing an adequate case plan.
When
Within 1 week of registration (this may need to be conducted earlier depending on the risk level of the case – see *section 8.2*) or if a case review finds a significant change in the situation of the child warranting a review of the assessment.
Procedures
1. Introduce Introduce this step of the case management process and ensure the child and/or caregiver(s) fully understand the methodology used and the potential risks and benefits. Follow the step-

by-step process for meeting the child in *section 7.2*. Remind the child and/or caregiver(s) that they can withdraw fully or for specific aspects of the assessment process at any time.

2. **Prioritize immediate and urgent needs**
   Prioritize any immediate and urgent needs that need to be addressed immediately (e.g. health care, safety, overnight/interim care) before proceeding with the next steps (use, if needed, the *urgent action and contact details card in Annex C* and the *referral form in Annex D*). Put in place a safety plan when and where needed (see *section 9.1)*.
3. **Address barriers to participation**
   Mitigate any physical, social/attitudinal or communicative barriers for participation to the best extent possible. Ensure communication is age-appropriate; adapted to the person's level of understanding, education and literacy; and child-friendly.
4. **Plan for the assessment**
   Plan for the assessment together with the child and/or caregiver(s) (where possible and if appropriate) deciding how to carry out the assessment, where the information will be sought, and who should be involved. Case managers should build relationships with the child and/or caregiver(s) where they feel respected, heard and safe, and where decisions are taken together with the child and/or caregiver(s). Remember that you may not be able to collect all information at one time. Very young or distressed children may take several sessions to feel comfortable enough to provide information (if ever), or it may take them time to remember information about themselves and their past.
5. **Conduct the assessment**
   Work with the child, caregiver(s), family, community and other agencies/professionals to identify the problems and needs, as well as the strengths and resources that the child has in her/his life. Take into account both the history and current situation of the child as well as their aspirations for the future. Verify, cross-check and analyze the information in order to arrive at a reliable understanding of the child's situation and background. Document the assessment findings (use the *assessment form in Annex D*).
6. **Reassess the protection concerns and risk level**
   Reassess the initial assessment of protection concerns and risk level of the case to determine the timeframe for action and response throughout the next steps of the case management process (see *section 8.2* and use the *case prioritization guide in Annex B* and *the assessment form in Annex D*).

Tools

- Urgent action and contact details card (Annex C) – *procedure 2*
- Case prioritization guide (Annex B) – *procedure 6*

Documentation – Annex D

- Referral form (Annex D) – *procedure 2*
- Assessment form (Annex D) – *procedure 5 and 6*

Additional Notes

- **Information sources for the assessment**
  Base the assessment on a variety of sources such as direct observations, interviews with the child and family, child-friendly activities (e.g. drawings, storytelling), questionnaires and checklists, interviews with and expert reports from other agencies and professionals, and home studies. However, the central source of information remains the child and/or caregiver(s) – ensure that their story, background, views, needs and aspirations are heard and taken into account.

- **Documenting the assessment**
  Document the findings of the assessment thereby clearly differentiating between factual and non-factual (interpreted) information, describing when and where the information was retrieved from and whether the information is backed up and verified by anything else, and providing reasons for the analysis of the situation.

- **Needs vs services**
  When undertaking assessment, it is normally more helpful for you to identify needs rather than services required (known as needs-led assessments). E.g. you should say a child is in need of education rather than saying the child needs to go to school. There are many different ways of providing a child with an education (such as tutors, education clubs and literacy groups), school is just one way.

9.3. DEVELOP CASE PLAN

Objective
Documenting, with the child and/or caregiver(s), the agreed upon interventions needed to ensure the child's needs are addressed, her/his protection secured and wellbeing promoted. The case plan outlines what is needed, who will meet those needs, what the follow-up should be and the appropriate timeframe for each action.
When
Within 2 weeks of completing the assessment (this may need to be conducted earlier depending on the risk level of the case – see *section 8.2*) or if a case review finds the case plan is not working warranting a review of the case plan.
Procedures

1. **Plan for the case planning meeting**
   Set a date with and prepare the child and/or caregiver(s) (where possible and if appropriate) for the case planning meeting so they know what will happen and how to contribute. Decide with the child and/or caregiver(s) (where possible and if appropriate) who needs to be present during the meeting. Other significant people in the child's life as well as other service providers and relevant authorities may also 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 by the child and/or caregiver (see *section 7.3* and use the *consent form in Annex D)*.
2. **Introduce**
   Introduce this step of the case management process and ensure the child and/or caregiver(s) fully understand the methodology used and the potential risks and benefits. Follow the step-by-step process for meeting the child in *section 7.2*. Remind the child and/or caregiver(s) that they can withdraw fully or for specific aspects of this process at any time.
3. **Prioritize immediate and urgent needs**
   Prioritize any immediate and urgent needs that need to be addressed immediately (e.g. health care, safety, overnight/interim care) before proceeding with the next steps (use, if needed, the *urgent action and contact details card in Annex C* and the *referral form in Annex D*). Put in place a safety plan when and where needed (see *section 9.1)*.
4. **Address barriers to participation**
   Mitigate any physical, social/attitudinal or communicative barriers for participation to the best extent possible. Ensure communication is age-appropriate; adapted to the person's level of understanding, education and literacy; and child-friendly.
5. **Summarize the assessment findings**
   Review the assessment findings and ask the child and/or caregiver(s) whether they see this in the same way and whether there is anything they would like to add.
6. **Agree on an overall goal for the case plan together**
   Together with the participants in the meeting, agree on an overall specific, measurable, achievable, relevant and timely goal for the case plan. The overall goal will act as an indicator to decide whether case closure is valid at the end of the case management process.
7. **Agree on actions together**
   Together with the participants in the meeting, identify which problems should be addressed and prioritize these for the short, medium and long-term. Take one problem at a time and

discuss the possible actions the child, caregiver(s), case manager, family, community or others can take to address the issue. Agree on the actions – including referrals to other service providers – and when these should be taken (see *section 5* and use the *eligibility and referral pathways and protocols in Annex A*).

8. **Document the case plan**
   Document the case plan (use the *case plan form in Annex D*). Review it together and have the participants in the meeting sign the case plan. Leave one copy of the case plan with the child and/or caregiver(s).
9. **Get informed consent/assent for referrals needed**
   Seek informed consent/assent to share information with other service providers who can help them to meet their specific needs (see *section 7.3* and use the *consent form in Annex D)*.
10. **Agree when/where to have the review meeting**
    Together with the participants in the meeting, plan for the next meeting to review the case plan (within 3 months or sooner depending on the risk level of the case – see *section 8.2*).
11. **Share the case plan with the case management supervisor for review and approval**
    Once the case plan is agreed with the child and/or caregiver(s), request for the case plan to be approved by the supervisor. The purposes of the review should be for the case manager with their supervisor to reflect on the specific case details, options for services to address needs, and discuss any potential challenges in order to implement the case plan. The supervisor should not decide to add or adapt an action in the case plan without the child's and caregiver(s) (where possible and if appropriate) full involvement and informed consent.

Tools

- Urgent action and contact details card (Annex C) – *procedure 3*
- Eligibility and referral pathways and protocols (Annex A) – *procedure 7*

Documentation – Annex D

- Consent form – *procedure 1 and 9*
- Referral form – *procedure 3*
- Case plan form – *procedure 8*

Additional Notes

- **Case conferences**
  Some cases or situations are particularly challenging and require additional planning. Case conferences are more formal multi-sector/inter-agency case planning or review meetings for very complex cases. These cases may benefit from a case conference meeting with various experts, specialists and stakeholders involved in the case. The Protection Officer/case manager determines the member composition of such a meeting in coordination with the National Case Management Agency or D/TWCWC (at the Dzongkhag and Thromde levels) – depending on the needs of the child and with their and/or their caregiver's informed consent/assent. Usually, the meeting is only limited to those that have a role to play in the implementation of the case plan. The purpose of a case conference is to explore multi-sectoral/inter-agency service options and to decide on and plan these accordingly in the best interests of the child. Case conferences should be documented through a report of the meeting. The case manager has overall authority and responsibility for the case plan and its implementation; actors involved in case conferencing do not have the authority to approve case plans.

9.4. IMPLEMENT THE CASE PLAN

Objective

Working with the child, caregiver(s) (when possible and appropriate), family, community and service providers to ensure actions as set out in the case plan are implemented and the child receives the appropriate services (including directly and through referrals to other service

providers). The case manager is responsible for coordinating all of these services, documenting progress, and ensuring case plan objectives are being met.

When

Immediately after the case plan has been agreed upon.

Procedures

The following are not sequential steps, but actions conducted throughout the implementation of the case plan with the informed consent/assent of the child and/or caregiver(s) (see *section 7.3*):

- **Direct service provision**
  Direct service provision by the case manager includes psychological first aid, basic emotional support/counselling, parenting advice, cash and in-kind assistance, negotiation, etc. Document each service the child and caregiver(s) receive (use the *services provided form in Annex D*).
- **Referral**
  Where the case manager is not able to provide direct service provision, the case manager contacts other relevant service providers to ensure the relevant service is provided in a safe and accountable manner to the child and/or caregiver(s) through a quality referral (use the *eligibility and referral pathways and protocols in Annex A).* Record the referral (use the *referral form in Annex D*) and document each service the child and caregiver(s) receive (use the *services provided form in Annex D*). Leave one copy of the referral form with the child and/or caregiver(s). Help the child and/or caregiver(s) to complete the procedures for accessing services (e.g. completing administrative processes, setting-up appointments) and accompany them to the service provider if and when appropriate (case managers may also arrange and ensure safe transportation for the child and/or caregivers to access services). The receiving organization of the referral is responsible for providing the specific service while the case manager maintains overall responsibility to follow up with the child and/or caregiver(s) and service provider to ensure quality assistance is provided and risks are mitigated.

Tools

- Eligibility and referral pathways and protocols (Annex A) – *procedure for referrals*

Documentation – Annex D

- Referral form – *procedure for referrals*
- Services provided form – *procedure direct service provision and after the service is provided through a referral*

9.5. FOLLOW-UP AND REVIEW

Objective

- Following-up on an ongoing basis with the child, caregiver(s) and service providers to ensure the child and caregiver(s) are receiving appropriate services and support, while monitoring the child's situation and identifying any changes in their circumstances.
- Conducting review meetings at interval periods to discuss whether the objectives outlined in the case plan are being met, if the plan remains relevant and how to adjust.

When

As soon as case plan implementation has started:

- Follow-up needs to be conducted at least once in every 2 weeks (this may need to be conducted more often depending on the risk level of the case – see *section 8.2*) throughout the rest of the case management process.
- Case review meetings need to be held at least once every 3 months (this may need to be conducted more often depending on the risk level of the case – see *section 8.2*).

Procedures

1. **A. Follow up with the child and/or caregiver(s) or on actions implemented in the case plan and monitor progress**

Follow-up (e.g. through home visits, face-to-face meetings with service providers, phone, email, etc.) on an ongoing basis with the child and/or caregiver(s) and service providers to ensure the child is receiving appropriate services and support, while monitoring the child's situation and identifying any changes in their circumstances.

or

1. **B. Plan for the case review meeting**
   Prepare the child and caregiver(s) (where possible and if appropriate) for the case review meeting so they know what will happen and how to contribute. Decide with the child and caregiver(s) who needs to be present during the meeting. Other significant people in the child's life as well as other service providers and relevant authorities may also participate in the review meeting if they have a role to play in it and if informed consent/assent has been given for this by the child and/or caregiver(s) (see *section 7.3* and use the *consent form in Annex D)*.
2. **Introduce**
   Introduce this step of the case management process and ensure the child and/or caregiver(s) fully understand the methodology used and the potential risks and benefits. Follow the step-by-step process for meeting the child in *section 7.2*. Remind the child and/or caregiver(s) that they can withdraw fully or for specific aspects of this process at any time.
3. **Prioritize immediate and urgent needs**
   Prioritize any immediate and urgent needs that need to be addressed immediately (e.g. health care, safety, overnight/interim care) before proceeding with the next steps (use, if needed, the *urgent action and contact details card in Annex C* and the *referral form in Annex D*). Put in place a safety plan when and where needed (see *section 9.1)*.
4. **Address barriers to participation**
   Mitigate any physical, social/attitudinal or communicative barriers for participation to the best extent possible. Ensure communication is age-appropriate; adapted to the person's level of understanding, education and literacy; and child-friendly.
5. **A. Document the follow-up**
   Document the follow-up (use the *follow-up form in Annex D)*.

or

5. **B. Conduct and document the review meeting**
   Together with the participants in the meeting, hold the review meeting. Discuss the situation of the child and whether the case plan is working.
   - In case the situation has significantly changed, consider conducting another assessment and adjust the case plan based on this (*move back to section 9.2)*.
   - In case the case plan does not seem to be working, discuss what the reasons could be and how these could be addressed and adjust the case plan where needed **(***move back to section 9.3)*.
   - In case the case plan is progressing well, discuss the next steps that need to be taken and continue with the case plan implementation *(move to step 6 within follow-up and review)*.
   - In case the overall objective of the case plan has been achieved, consider whether the case can move towards case closure (*move directly to section 9.6)*.

   Document the outcomes of the meeting (use the *review form in Annex D*).
6. **Reassess the risk level of the case**
   Reassess the risk level of the case to determine the timeframe for action and response throughout the next steps of the case management process (see *section 8.2* and use the *case prioritization guide in Annex B* and *the review form in Annex D*).
7. **Agree when/where to have the next review meeting**
   Together with the participants in the meeting, plan for the next review meeting (within 3 months or sooner depending on the risk level of the case – see *section 8.2*)
8. **Move back to step 5 and repeat until case closure**

Tools – Annex D

- Urgent action and contact details card (Annex C) – *procedure 3*

- Case prioritization guide (Annex B) – *procedure 6*

Documentation

- Consent form – *procedure 1.B*
- Referral form – *procedure 3*
- Follow-up form – *procedure 5.A*
- Review form – *procedure 5.B and 6*

Additional Notes

- **Case conferences**
  Some cases or situations are particularly challenging and require additional planning. Case conferences are more formal multi-sector/inter-agency case planning or review meetings for very complex cases. These cases may benefit from a case conference meeting with various experts, specialists and stakeholders involved in the case. The case manager determines the member composition of such a meeting in coordination with the National Case Management Agency or D/TWCWC (at the Dzongkhag and Thromde levels) – depending on the needs of the child and with their and/or their caregiver's informed consent/assent. The purpose of a case conference is to explore multi-sectoral/inter-agency service options and to decide on and plan these accordingly in the best interests of the child. Case conferences should be documented through a report of the meeting. The case manager has overall authority and responsibility for the case plan and its implementation; actors involved in case conferencing do not have the authority to approve case plans.

9.6. CASE CLOSURE

Objective

Closing a case when case closure criteria are met so that efforts can be concentrated on proactively following up with other cases within the active caseload and opening new cases in need of case management support.

When

When case closure criteria are met and at least after several follow-up visits and at least one case review meeting has taken place.

Procedures

1. **Verify that case closure criteria are met together with the child and caregivers(s) (where possible and if appropriate)**
   Conduct a review meeting with the child and caregiver(s) (where possible and if appropriate) and determine if the case closure criteria are met.
   Case closure criteria:
   - 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;
   - The child and caregiver(s) (where possible and if appropriate) no longer want help, and there are no grounds to go against their wishes;
   - The relocation/movement of the child to an area where there is no agency/case manager to transfer the case to (ensure the child is at least referred to appropriate services in the area);
   - The child cannot be found and contacted for a period of 90 days minimum (despite repeated attempts). Try to relocate the child/family in coordination with the police. All attempts to contact the child must be recorded in the child's case file. The case file can be reopened in the event the child returns.
   - The child passed away;
   - No further action possible/required;
   - Case opened in error.

2. **Request for the case closure to be approved by the case management supervisor**
   Once the case closure is agreed with the child and caregiver(s) (where possible and if appropriate), request for the case closure to be approved by the supervisor.
3. **Prepare the child and caregiver(s) (where possible and if appropriate) for case closure**
   Discuss case closure with the child and caregiver(s) (where possible and if appropriate). Set a date with and prepare the child and caregiver(s) for the case closure meeting in order to ensure a smooth and non-disruptive transition. Other significant people in the child's life as well as other service providers and relevant authorities may also participate in the case closure meeting if informed consent/assent has been given for this by the child and/or caregiver.
4. **Introduce**
   Introduce this step of the case management process and ensure the child and/or caregiver(s) fully understand the methodology used and the potential risks and benefits. Follow the step-by-step process for meeting the child in *section 7.2*.
5. **Address barriers to participation**
   Mitigate any physical, social/attitudinal or communicative barriers for participation to the best extent possible. Ensure communication is age-appropriate; adapted to the person's level of understanding, education and literacy; and child-friendly.
6. **Close the case**
   The child and caregiver(s) should be made aware that they can contact the case management agency should needs arise again. Also provide any information on other relevant services in order to prevent gaps in service delivery. Record the case closure (use the *case closure form in Annex D*). Leave one copy of the case plan with the child and/or caregiver(s). Review all the forms in the child's case file and ensure the case file is complete. Store the closed case file in a secure place for a specific period of time in accordance with the data protection protocols (see *section 10.1* and the *Data Protection and Information Sharing Protocols in Annex E*).
7. **Final follow-up**
   Conduct a final follow-up 3 months after case closure to ensure the child's sustained well-being. Re-open the case if and when needed (use the *case re-opening form in Annex D*).
8. **Child and caregiver feedback**
   Ensure another case manager (or the supervisor) seeks feedback from the child and caregiver(s) on the case management process after final follow-up (use the *child feedback form* and the *caregiver feedback form in Annex D*).
9. **Submit a report**
   Submit a report the National Case Management Agency outlining the steps taken and the progress made with the case (submit non-identifiable information only). Submit a report to the Protection Officer in case of non-Protection Officer case managers.

Documentation – Annex D

- Case closure form – *procedure 6*
- Case re-opening form – *procedure 7*
- Child feedback form – *procedure 8*
- Caregiver feedback form – *procedure 8*

Additional Notes

- **Case transfer vs case closure and referrals**
  Case transfers differ from case closures/referrals. Case transfers can happen at any stage of the case management process. During a case transfer, the full responsibility for the case (and case file) is being handed over to another case manager who will continue the case management process (in contrary to a referral where the case manager remains responsible). Undertake a case transfer only as a last resort, e.g. due to greater technical proficiency of another case manager or geographical proximity to the child. The child and caregiver(s) (where possible and if appropriate) must be consulted before the transfer and the child and/or caregiver must provide their informed consent or assent. The reasons for the case transfer and the steps taken should be clearly documented (use the *case transfer form in Annex D*).

SECTION 10: INFORMATION MANAGEMENT

10.1. DATE PROTECTION AND INFORMATION SHARING

Data protection is a crucial aspect of child safeguarding. Children's personal data and the sharing of data must be documented and managed using safe and appropriate systems, protocols and tools. The following are fundamental principles to guide the processing of personal data. Personal data should be:

- **Given and shared with informed consent and on a need-to-know basis:** Case information regarding a child with protection concerns should be considered confidential and not be shared without the child's prior knowledge and informed consent. If information is shared, only the least amount of information necessary may be shared and only with those who require the information to provide protection and assistance to the child. Confidential information, however, may also be disclosed without consent due to mandatory reporting laws in-country (if they do not cause harm to the child) or to prevent serious, foreseeable and imminent harm to the child or another person (see *section 2.3*). Children and their families/guardians should be made aware of these limitations to confidentiality before accessing support. Limitations to confidentiality should furthermore not prevent case managers from informing the child and her/his family/guardian before the information is shared.
- **Obtained only for clearly specified and lawful purposes:** Information should not be requested or required from children unless it is essential to the provision of protection, care and assistance.
- **Processed fairly and lawfully:** This is related to case information being processed in the 'best interests of the child' as a fair and legitimate basis.
- **Adequate, relevant and not excessive in relation to the purpose for which they are processed:** Only the least amount of information should be collected for the maximum impact on the wellbeing of the child.
- **Accurate and kept up to date:** This includes ensuring that the child's own views and actual situation are recorded objectively, rather than the opinions or judgments of the case manager.
- **Not be kept for longer than is necessary for that purpose:** Case information should be destroyed or rendered anonymous as soon as the specified purpose(s) of data collection and data processing have been fulfilled. It may, however, be retained for an additional specified period, if required, for the benefit of the child.
- **Processed in accordance with the rights of data subjects:** This includes the right and possibility of the child concerned to access and amend her/his data.
- **Adequately protected:** This implies appropriate technical and organizational measures against unauthorized or unlawful processing of personal data. In practice, this means, for example, storing physical files in locked cabinets, avoiding sharing information without informed consent/assent, and using a safe and secure electronic child protection case management database.

Case managers are obliged to follow strict rules of data protection and confidentiality and have to respect the child's right to privacy. Data protection protocols guide what information to collect, how the information will be used, and how the information will be stored. Information sharing protocols define what information about the client should be shared, when, for what purpose, by whom and with whom. The child protection case management data protection and information sharing protocols are included as *Annex E*.

10.1. DOCUMENTATION AND RECORD KEEPING

Documentation is the process of collecting and storing information specific to individual children and their families, including information that the child and family provide directly as well as any information collected indirectly. Good record keeping is a professional and ethical responsibility, and in some countries a legal obligation. Documentation and good record keeping facilitates effective and accountable case management.

Documentation

The table below presents an overview of the case management forms which are standardized in Bhutan and to be used by all case managers and agencies responsible for the implementation, coordination and governance of child protection case management (including the National Case Management Agency). The purpose of these forms are to both facilitate case managers in their casework at each step of the case management process, as well as to facilitate trend analysis of data collected in order to further inform programming, advocacy and policy development at the Gewog, Dzongkhag-Thromde and national levels. The forms are standardized across case management actors as this helps ensure uniformity in documentation across the caseload and facilitates more effective information sharing when and where necessary.

The fields in the forms comprise of each question/data section to be completed by the case manager. There are two type of fields:

1. **Core Fields** – fields highlighted in Orange are to be used as a minimum in every context (e.g. both in emergency contexts as in non-emergency contexts) and for every case.
2. **Non-core Fields** – all other fields are not core fields. These fields can be used as appropriate and relevant based on the case and the context.

In the forms, there are both closed-question fields with pre-selected options to choose from, as well as open-ended (i.e. 'free text') questions. This distinction is made based on what information is needed for the use of the case manager only, and what information is needed for aggregate trend analysis and reporting as well. In general, the latter is captured through closed-question fields while the former is captured through open-ended questions. Closed-question fields provide the opportunity for case managers to complete those sections more expeditious and facilitates aggregate trend analysis and reporting. Open-ended questions provide the opportunity for more detailed narrative by the case manager, encourage critical thinking on the side of the case manager, and promote the case manager to 'drive' the case management process (with the child and family) instead of being driven by the questions in the forms.

Record Keeping

A separate case file should be maintained for every child, with key information presented in a standard, structured way. The case file does not only include case management forms, but also additional notes taken by the case manager on the case (i.e. case notes). All home visits, meetings, telephone calls and other information received that relates to the child and family, should be recorded in the child's individual case file with care and accuracy. Copies of important records (e.g. copies of ID, medical documentation, school records) may also be kept and filed in the child's case file if and when needed (with the informed consent/assent of the child and/or caregiver – see *section 7.3*).

Overview of Forms

The tables below provide an overview of the standardized case management forms in Bhutan for child protection case management. The forms can be found in *Annex D*.

Case Management Step 1: Identification & Registration (see *section 9.1)*

Name of Form	When to Complete	Who should Complete	Purpose of Form
Consent Form	1. At the start of case management services (i.e. after the child meets the eligibility criteria – see *section 8.1* – for child protection case management and before conducting the registration interview): • To provide their permission to participate in the case management process. • To provide their permission for the case manager 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).	**Assigned case manager** to the case **together with the child and/or the child's caregiver** (depending on age and level of maturity of the child, the presence of the caregiver, and the best interests of the child – see *section 7.3*). A separate form should be completed for the child and the caregiver.	To record the case's permission to participate in the case management process, to collect and store information about their case, and to share information with other service providers.
Initial Screening & Registration Form	Directly after informed consent/assent is obtained.	**Assigned case manager** to the case.	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 – see *section 8.1*).
Case Re-Opening Form	Whenever the case meets the eligibility criteria (see *section 8.1)* again after the case has already been closed.	**Assigned case manager** with the **approval of the supervisor**.	To record information on the reason for re-opening the case.

Case Management Step 2: Assessment (see *section 9.2)*

Name of Form	When to Complete	Who should Complete	Purpose of Form
Assessment Form	Depending on risk level of the case (see *section 8.2)*: • 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.	**Assigned case manager** to the case.	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.

Case Management Step 3: Develop Case Plan (see *section 9.3)*

Name of Form	When to Complete	Who should Complete	Purpose of Form
Case Plan	Depending on risk level of the case (see *section 8.2)*: • 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.	**Assigned case manager** to the case **together with the child and the caregiver(s)** (where possible and appropriate) and with the **approval of the supervisor**. 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.	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).

Case Management Step 4: Case Plan Implementation (see *section 9.4)*

Name of Form	When to Complete	Who should Complete	Purpose of Form
Services Provided Form	Whenever a service has been provided to the child and/or family.	**Assigned case manager** to the case.	To record information on services provided to the child and/or family.

Case Management Step 5: Follow-up and Review (see *section 9.5)*

Name of Form	When to Complete	Who should Complete	Purpose of Form
Follow-up Form	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 (see *section 8.2)*: • High: at least twice a week. • Medium: at least once a week. • Low: at least once every two weeks.	**Assigned case manager** to the case.	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.
Review Form	Whenever a case review meeting is held. From the moment case plan implementation starts, it is dependent on the risk level of the case (see *section 8.2)*: • High: at least once a month. • Medium: at least once every two months. • Low: at least once every three months.	**Assigned case manager** 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.	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.

Case Management Step 6: Case Closure (see *section 9.6)*

Name of Form	When to Complete	Who should Complete	Purpose of Form
Case Closure Form	When case closure criteria are met (see *section 9.6)*, 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.	**Assigned case manager** with the **approval of the supervisor**.	To record information on the closure of the case.
Child Feedback Form	This form should be completed at the end of the case management process, or after 3 months when the final follow-up is conducted.	**Supervisor of the case manager** or **another case manager** to collect this information in a child-friendly manner.	To record feedback on the level of satisfaction regarding the quality of services provided and to identify areas for improvement.
Caregiver Feedback Form	This form should be completed at the end of the case management process, or after 3 months when the final follow-up is conducted.	**Supervisor of the case manager** or **another case manager** through an interview.	To record feedback on the level of satisfaction regarding the quality of services provided and to identify areas for improvement.

Forms which can be used at any stage of the Case Management Process

Name of Form	When to Complete	Who should Complete	Purpose of Form
Referral Form	Whenever a referral is made for service provision.	**Assigned case manager** to the case.	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.
Case Notes (not a specific form)	Entries should be made on an ongoing basis throughout the case management process and as soon as possible after an action is taken or relevant issues relating to the child arise.	**Assigned case manager** to the case.	To provide a detailed timeline and history on all actions taken by the case manager on the case and to record information not captured in the case management forms.

A non-identifiable code should be allocated to each case file and marked on the front of the case file (names should not be recorded on the front of case files). The code is used for documentation, referral and when sharing information relating to the case. Case codes will be created in the following manner as presented in the table below. A list that links the case file codes with the children's names should be maintained and stored in a different location.

EXAMPLE CASE CODE FORMAT IN BHUTAN

Case ID Code: 003-0712-20-NCWC-KT					
Example	003	0712	20	NCWC	KT
Description	Number of cases dealt with in the month, with 00 in front. (3)	Date (day and month) of the registration of the case. (07/12/2020)	Last digits of the registration year (2020)	Acronyms of the organization providing with whom the child is registered for case management (NCWC)	Initials of case manager opening the case (Karma Thanda)

Case files should be stored in a locked cabinet or password protected computer and managed according to the case management data protection and information sharing protocols included in *Annex E*. Each individual case file ultimately belongs to the child, and the child and/or caregiver should have access to review and read the information at any time as part of their meaningful participation.

10.2. DATABASE

While case management forms are used to record case data, a protection case management database is used to store data for the purpose of information sharing, supervision, trend analysis, and reporting. In Bhutan, the CMIS has been established to streamline, consolidate and analyze existing case data. Next to using the case management forms in hard copy format, case managers are required to also fill in the online forms and record the information into the CMIS. The National Case Management Agency is responsible for:

- Ensuring that each case of is updated into the Central Management Information System (CMIS).
- Managing the CMIS in which all records of child protection cases are maintained.
- Using aggregate level data from the CMIS to conduct quality checks on the implementation of child protection case management (in line with these SOPs) in order to further inform policy and program development as well as capacity building of the social service workforce.

It is recommended that the National Case Management Agency/national CMTF investigates the possibilities to strengthen the CMIS in order to ensure that automated processes reduce the time needed for time-consuming administrative processes in the case management process (e.g. double entry of data by case managers in the case management forms on hard-copy and soft-copy formats).

10.3. MONITORING AND EVALUATION (M&E)

Monitoring and evaluation (M&E) is necessary to assess whether child protection case management is achieving the quality and outcomes intended. Through a variety of information collected through M&E activities, agencies responsible for the implementation, coordination and governance of child protection case management (including the National Case Management Agency) can learn about the quality and impact of the case management support provided, and take the necessary steps to improve them. The below presents an overview of the different M&E activities which are to be conducted.

Child and Caregiver Feedback Forms

The final step in case management is to evaluate the service provided from the perspective of the child and caregiver(s). Service evaluation is done through direct client feedback. The child and caregiver feedback forms (in *Annex D*) provide an opportunity for clients to give feedback on the services they received and key information to help case managers, supervisors and agencies identify gaps, challenges, and areas for improvement. Information collected through the feedback forms always remain anonymous, and must be voluntary.

The forms should be completed at the end of the case management process, or after 3 months when the final follow-up is conducted. The information should be collected by the supervisor of the case manager (who was assigned to the case) or another case manager in a child-friendly manner (see *section 7*). It is important that the supervisor or case manager collecting the information explains to the child and caregiver(s):

- That no information about their actual situation will be requested, but that their feedback on the quality of services is highly valued and that the purpose of the feedback is to help the organization improve its services.
- That the survey is voluntary and all the information they share will remain anonymous and confidential and will not impact the services they currently receive or may need in the future.

Case File Audits

Conducting case file checks on a regular basis can help track whether forms are being used and filled out appropriately and if services are being provided as per the SOPs on child protection case management. A supervisor should review 2-5 (random) files for each case manager on a monthly basis using the case file checklist tool in *Annex K.* Supervisors should:

- Review random case files at any stage of the case management process including closed files.
- Flag any issues for feedback and review.
- Note any trends across the team and address these during supervision sessions.

Case file audits should never take the place of actual in-person supervision, and the information supervisors get from the reviews should always be complemented by other supervision methods.

Supervision and Coaching of Case Managers

All casemanagers should be provided with supervision – both informal and more structured. Case management supervisors are responsible for ensuring case managers are trained and prepared for their case management role and are supported so that they conduct their casework in line with best-practice. Supervision also provides the opportunity for regularly monitoring case managers ' practice and the different supervision practices and tools can therefore provide important information for M&E (see *section 4.4*).

Child Protection Case Management Indicators

Annex M provides a catalogue of suggested child protection case management indicators which can be used to monitor the achievement of measurable benchmarks which define the quality and outcomes of child protection case management.

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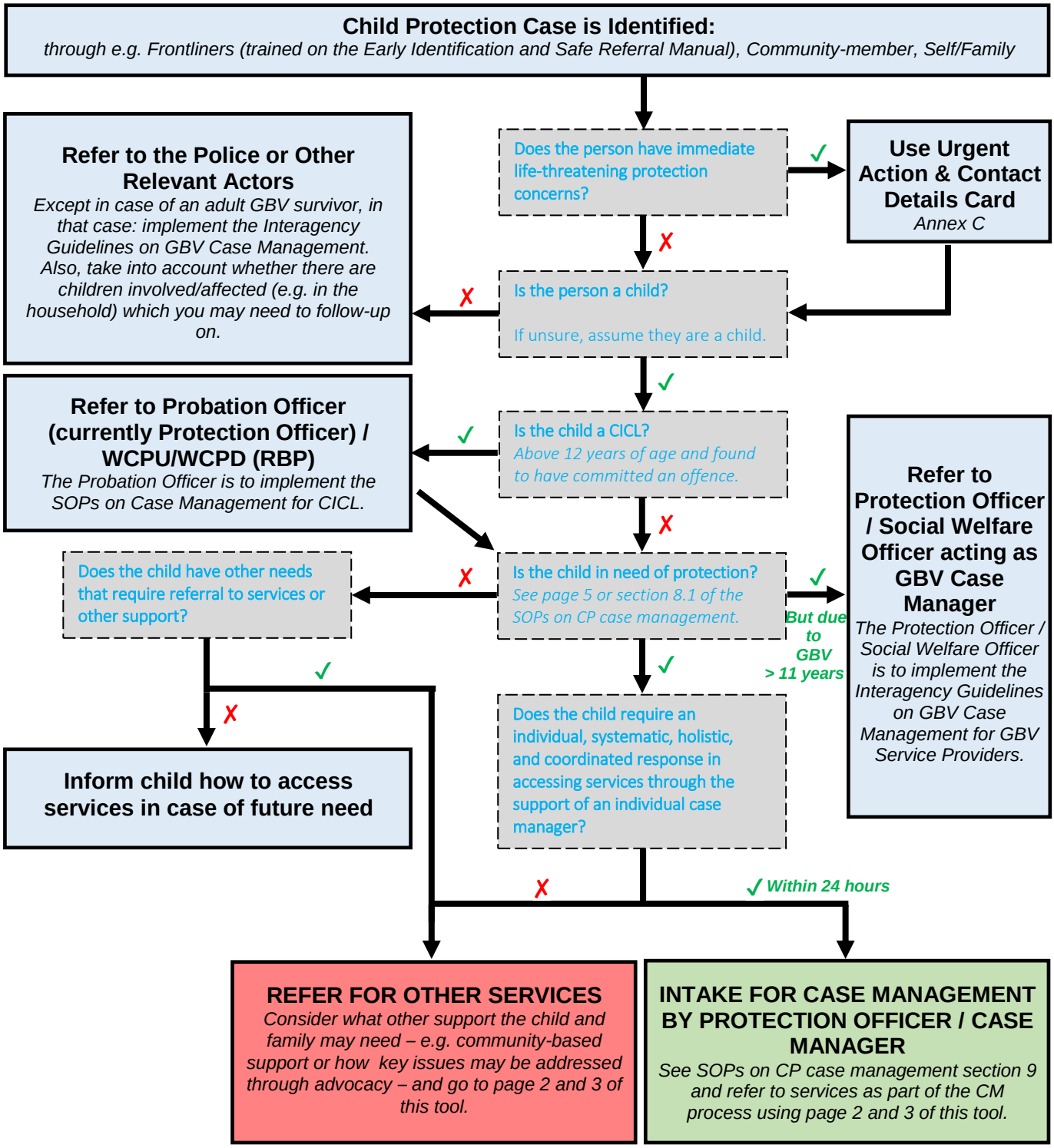
ANNEX A: ELIGIBILITY AND REFERRAL PATHWAYS AND PROTOCOLS (incl. service mapping template)



REFERRAL PROCESS

When case managers identify individuals who need to be referred to other service providers they should proceed with the following steps and adhere to the best practices below:

1. **Provide a safe and caring response using psychological first aid and the communication principles in section 7 of the SOPs on CP case management.**

2. **Provide information on available services and assistance (see page 3 below).**

3. **Respect confidentiality and wishes of the child and seek informed consent/assent from the child and/or caregiver (see section 7 of the SOPs on CP case management).**

4. **Complete the referral form.**

5. **Send the referral form and accompany the child to the service provider or conduct a remote referral (e.g. phone), see page 3 below and adhere to information sharing protocols (Annex E of the SOPs on CP case management).**

6. **Follow-up on the status of the referral and keep doing so until the (quality) service is provided.**

BEST PRACTICES FOR REFERRALS

- ✓ DO NOT dismiss a child who seeks help outside of your area of work.
- ✓ Have current information and contact details for the range of services offered available.
- ✓ Offer to refer a child to a suitable service provider, but do let the child and/or caregiver make an informed choice based on options and information. DO NOT force anyone to seek assistance (s)he does not want or feel comfortable with.
- ✓ Keep the door open for referral later when/if the child and/or caregiver feels more comfortable.
- ✓ No referral should be made without informed consent/assent, except in case of an immediate safety or security risk to the child or others.
- ✓ Only share information with staff in trusted organizations and only share the (limited) information needed for the service provider to provide their service.

MULTI-SECTOR SERVICE MAPPING TEMPLATE

SERVICES NEEDED	REFERRAL OPTION 1	REFERRAL OPTION 2
ALTERNATIVE CARE / INTERIM CARE	**[NAME AGENCY 1]** **Focal point:** *(name, position)* **Contact:** *(phone, email)* **Location:** *(physical address)* **Admission criteria:** *(boys/girls, age group)* **Operating times:** *(days, times)* **Notes:** *(costs, documents needed)*	**[NAME AGENCY 2]** **Focal point:** *(name, position)* **Contact:** *(phone, email)* **Location:** *(physical address)* **Admission criteria:** *(boys/girls, age group)* **Operating times:** *(days, times)* **Notes:** *(costs, documents needed)*
CASH, KIDU AND IN-KIND ASSISTANCE	**[NAME AGENCY 1]** **Focal point:** *(name, position)* **Contact:** *(phone, email)* **Location:** *(physical address)* **Admission criteria:** *(boys/girls, age group)* **Operating times:** *(days, times)* **Notes:** *(costs, documents needed)*	**[NAME AGENCY 2]** **Focal point:** *(name, position)* **Contact:** *(phone, email)* **Location:** *(physical address)* **Admission criteria:** *(boys/girls, age group)* **Operating times:** *(days, times)* **Notes:** *(costs, documents needed)*
CIVIL REGISTRATION	**[NAME AGENCY 1]** **Focal point:** *(name, position)* **Contact:** *(phone, email)* **Location:** *(physical address)* **Admission criteria:** *(boys/girls, age group)* **Operating times:** *(days, times)* **Notes:** *(costs, documents needed)*	**[NAME AGENCY 2]** **Focal point:** *(name, position)* **Contact:** *(phone, email)* **Location:** *(physical address)* **Admission criteria:** *(boys/girls, age group)* **Operating times:** *(days, times)* **Notes:** *(costs, documents needed)*
DIVERSION (CICL)	**[NAME AGENCY 1]** **Focal point:** *(name, position)* **Contact:** *(phone, email)* **Location:** *(physical address)* **Admission criteria:** *(boys/girls, age group)* **Operating times:** *(days, times)* **Notes:** *(costs, documents needed)*	**[NAME AGENCY 2]** **Focal point:** *(name, position)* **Contact:** *(phone, email)* **Location:** *(physical address)* **Admission criteria:** *(boys/girls, age group)* **Operating times:** *(days, times)* **Notes:** *(costs, documents needed)*
EDUCATION AND LIFE SKILLS	**[NAME AGENCY 1]** **Focal point:** *(name, position)* **Contact:** *(phone, email)* **Location:** *(physical address)* **Admission criteria:** *(boys/girls, age group)* **Operating times:** *(days, times)* **Notes:** *(costs, documents needed)*	**[NAME AGENCY 2]** **Focal point:** *(name, position)* **Contact:** *(phone, email)* **Location:** *(physical address)* **Admission criteria:** *(boys/girls, age group)* **Operating times:** *(days, times)* **Notes:** *(costs, documents needed)*
FAMILY TRACING AND REUNIFICATION	**[NAME AGENCY 1]** **Focal point:** *(name, position)* **Contact:** *(phone, email)* **Location:** *(physical address)* **Admission criteria:** *(boys/girls, age group)* **Operating times:** *(days, times)* **Notes:** *(costs, documents needed)*	**[NAME AGENCY 2]** **Focal point:** *(name, position)* **Contact:** *(phone, email)* **Location:** *(physical address)* **Admission criteria:** *(boys/girls, age group)* **Operating times:** *(days, times)* **Notes:** *(costs, documents needed)*
FOOD AND NUTRITION	**[NAME AGENCY 1]** **Focal point:** *(name, position)* **Contact:** *(phone, email)* **Location:** *(physical address)*	**[NAME AGENCY 2]** **Focal point:** *(name, position)* **Contact:** *(phone, email)* **Location:** *(physical address)*

	Admission criteria: *(boys/girls, age group)* **Operating times:** *(days, times)* **Notes:** *(costs, documents needed)*	**Admission criteria:** *(boys/girls, age group)* **Operating times:** *(days, times)* **Notes:** *(costs, documents needed)*
GBV	**[NAME AGENCY 1]** **Focal point:** *(name, position)* **Contact:** *(phone, email)* **Location:** *(physical address)* **Admission criteria:** *(boys/girls, age group)* **Operating times:** *(days, times)* **Notes:** *(costs, documents needed)*	**[NAME AGENCY 2]** **Focal point:** *(name, position)* **Contact:** *(phone, email)* **Location:** *(physical address)* **Admission criteria:** *(boys/girls, age group)* **Operating times:** *(days, times)* **Notes:** *(costs, documents needed)*
HEALTH CARE (INCL. MENTAL HEALTH)	**[NAME AGENCY 1]** **Focal point:** *(name, position)* **Contact:** *(phone, email)* **Location:** *(physical address)* **Admission criteria:** *(boys/girls, age group)* **Operating times:** *(days, times)* **Notes:** *(costs, documents needed)*	**[NAME AGENCY 2]** **Focal point:** *(name, position)* **Contact:** *(phone, email)* **Location:** *(physical address)* **Admission criteria:** *(boys/girls, age group)* **Operating times:** *(days, times)* **Notes:** *(costs, documents needed)*
LEGAL AID AND ACCESS TO JUSTICE	**[NAME AGENCY 1]** **Focal point:** *(name, position)* **Contact:** *(phone, email)* **Location:** *(physical address)* **Admission criteria:** *(boys/girls, age group)* **Operating times:** *(days, times)* **Notes:** *(costs, documents needed)*	**[NAME AGENCY 2]** **Focal point:** *(name, position)* **Contact:** *(phone, email)* **Location:** *(physical address)* **Admission criteria:** *(boys/girls, age group)* **Operating times:** *(days, times)* **Notes:** *(costs, documents needed)*
LIVELIHOODS	**[NAME AGENCY 1]** **Focal point:** *(name, position)* **Contact:** *(phone, email)* **Location:** *(physical address)* **Admission criteria:** *(boys/girls, age group)* **Operating times:** *(days, times)* **Notes:** *(costs, documents needed)*	**[NAME AGENCY 2]** **Focal point:** *(name, position)* **Contact:** *(phone, email)* **Location:** *(physical address)* **Admission criteria:** *(boys/girls, age group)* **Operating times:** *(days, times)* **Notes:** *(costs, documents needed)*
PARENTING SKILLS	**[NAME AGENCY 1]** **Focal point:** *(name, position)* **Contact:** *(phone, email)* **Location:** *(physical address)* **Admission criteria:** *(boys/girls, age group)* **Operating times:** *(days, times)* **Notes:** *(costs, documents needed)*	**[NAME AGENCY 2]** **Focal point:** *(name, position)* **Contact:** *(phone, email)* **Location:** *(physical address)* **Admission criteria:** *(boys/girls, age group)* **Operating times:** *(days, times)* **Notes:** *(costs, documents needed)*
PSYCHOSOCIAL / COUNSELLING	**[NAME AGENCY 1]** **Focal point:** *(name, position)* **Contact:** *(phone, email)* **Location:** *(physical address)* **Admission criteria:** *(boys/girls, age group)* **Operating times:** *(days, times)* **Notes:** *(costs, documents needed)*	**[NAME AGENCY 2]** **Focal point:** *(name, position)* **Contact:** *(phone, email)* **Location:** *(physical address)* **Admission criteria:** *(boys/girls, age group)* **Operating times:** *(days, times)* **Notes:** *(costs, documents needed)*
(RE)INTEGRATION SUPPORT	**[NAME AGENCY 1]** **Focal point:** *(name, position)* **Contact:** *(phone, email)* **Location:** *(physical address)* **Admission criteria:** *(boys/girls, age group)* **Operating times:** *(days, times)* **Notes:** *(costs, documents needed)*	**[NAME AGENCY 2]** **Focal point:** *(name, position)* **Contact:** *(phone, email)* **Location:** *(physical address)* **Admission criteria:** *(boys/girls, age group)* **Operating times:** *(days, times)* **Notes:** *(costs, documents needed)*

SAFETY AND SECURITY	**[NAME AGENCY 1]** **Focal point:** *(name, position)* **Contact:** *(phone, email)* **Location:** *(physical address)* **Admission criteria:** *(boys/girls, age group)* **Operating times:** *(days, times)* **Notes:** *(costs, documents needed)*	**[NAME AGENCY 2]** **Focal point:** *(name, position)* **Contact:** *(phone, email)* **Location:** *(physical address)* **Admission criteria:** *(boys/girls, age group)* **Operating times:** *(days, times)* **Notes:** *(costs, documents needed)*
SHELTER	**[NAME AGENCY 1]** **Focal point:** *(name, position)* **Contact:** *(phone, email)* **Location:** *(physical address)* **Admission criteria:** *(boys/girls, age group)* **Operating times:** *(days, times)* **Notes:** *(costs, documents needed)*	**[NAME AGENCY 2]** **Focal point:** *(name, position)* **Contact:** *(phone, email)* **Location:** *(physical address)* **Admission criteria:** *(boys/girls, age group)* **Operating times:** *(days, times)* **Notes:** *(costs, documents needed)*

ANNEX B: CASE PRIORITIZATION GUIDE

It is necessary to prioritize cases within the caseload in order to ensure that children most in need of urgent attention receive case management support in a timely manner. This case prioritization guide helps to differentiate the urgency for action, response and follow-up between those cases that have been found to be eligible for case management. Cases can be prioritized as high, medium, low or no risk. The determination of the risk level for each case will determine the timeframes for assessment, case planning, and follow-up and review in the next steps of the case management process.

PRIORITIZATION

Prioritization is used to determine the timelines with which to respond to a child's needs within the case management process

SET-UP OF THE CASE PRIORITISATION GUIDE

The table below presents the definitions of the different risk levels, the corresponding timeframes of response within the case management process, and examples of child protection cases with high, medium, low and no risk. The table also presents examples of immediate concerns due to threats to life, safety or dignity which need to be addressed immediately before proceeding with any next step in the case management process.

NOTES TO USING THE CASE PRIORITISATION GUIDE

- **Contextualize**: The content of the table provides examples for differentiating between high, medium, low and no risk cases for specific child protection issues. These can be adapted and further expanded as necessary.
- **Assessing the risk level for a protection concern**: In assessing the risk level for a protection concern (e.g. physical violence and abuse, neglect, child labor), the (potential) degree of harm is the main consideration to take into account. In order to determine this, case managers should take into consideration factors such as the child's age and gender, the child's separation status, the child's health and disability status, the frequency and severity of the protection concerns, when an incident happened, the opportunity of potential perpetrators to contact the child, and the protective and risk factors within the family and wider environment of the child. This assessment is based on a 'snapshot in time' and case managers should take into account that the risk level may evolve over time and should be reconsidered throughout the case management process.
- **Assessing the risk level for a case:** Children are often faced with multiple protection concerns (i.e. they can be an unaccompanied child who is engaged in child labor). Each protection concern may be assigned a different risk level (see 'assessing the risk level for a protection concern'). However, the overall risk level of a case is equal to the highest risk level assigned to the different protection concerns which the child is faced with. Compounding protection concerns therefore often increase the overall risk level of a case. As with assessing the risk level for a protection concern, cases may be re-prioritized as the situation and context changes. This could be as new information becomes available, or because the case plan is being implemented and protection concerns are being addressed (moving the case from the higher risk levels to the lower risk levels, and ultimately to a level of no risk).

Risk level	HIGH	MEDIUM	LOW	NO
Definition	**Child significantly harmed or at risk of significant harm or death if left in her/his present circumstances without protective intervention.**	**Child is harmed to some degree if left in her/his present circumstances without protective intervention. However, there is no evidence that the child is at risk of significant harm or death.**	**Child is at risk of harm if left in her/his present circumstances without protective intervention.**	**Child found to be not at risk of harm or is no longer at risk of harm.**
Timeframe for response	**Comprehensive assessment** **Immediately after registration & initial assessment, before leaving the child.** **Case plan** **Within 3 days after the assessment.** **Follow-up** **At least twice a week as soon as case plan implementation has started.** **Case review** **At least every month.**	**Comprehensive assessment** **Within 3 days after registration & initial assessment.** **Case plan** **Within one week after the assessment.** **Follow-up** **At least once a week as soon as case plan implementation has started.** **Case review** **At least every two months.**	**Comprehensive assessment** **Within one week after registration & initial assessment.** **Case plan** **Within two weeks after assessment.** **Follow-up** **At least once every two weeks as soon as case plan implementation has started.** **Case review** **At least every three months.**	**No action required or case closure recommended.** **Potential monitoring by community-based mechanisms.**

Immediate concerns which need to be addressed immediately before proceeding with any next step in the case management process.	**HEALTH CARE** e.g. child is injured or in need of medication/medical attention within a certain timeframe (including if sexual assault has occurred within the past 120 hours). **SAFETY CONCERNS** e.g. there are indicators of ongoing abuse of the child occurring within the family. **OVERNIGHT/INTERIM CARE REQUIRED** e.g. children without adult care and/or where it is unsure whether the child's home or current living arrangement is safe enough to stay in until further assessment is made. ***OTHER DIRECT SUPPORT NEEDED*** *to be contextualised in context.*			

Physical violence and abuse	✓ Child experiencing or at risk of serious physical violence or abuse with significant harm or death as a result. ✓ Child with disabilities / under the age of 5 injured in domestic violence incident. ✓ Child at risk of becoming seriously impaired by treatable condition and her/his parents or legal caretakers fail to provide or consent to treatment.	✓ Child experiencing non-injurious physical violence or abuse and is not at-risk of significant harm or death. ✓ Child witnessing physical violence and abuse.	✓ Child experienced serious physical violence or abuse with the perpetrator(s) no longer having contact with the child but without the child having adequate support from family, community and service providers. ✓ Child living in household with reported incidents of domestic violence.	✓ No violence present (factors causing or potentially causing harm have been addressed or removed). ✓ Child experienced prior physical violence or abuse with the perpetrator(s) no longer having contact with the child and with the child having adequate support from family, community and service providers.
Emotional violence and abuse	✓ Child is being persistently belittled, isolated, discriminated, humiliated, threatened and intimidated, or treated in another non-physical but hostile form by a significant caregiver or another person with frequent contact to the child. ✓ Significant caregiver's (or another person with frequent contact to the child) approach to the child who is disabled / under the age of 5 is emotionally harmful in a non-physical manner (e.g. occasional belittling, isolation or humiliation).	✓ Significant caregiver's (or another person with frequent contact to the child) approach to the child over the age of 5 is emotionally harmful in a non-physical manner (e.g. occasional belittling, isolation or humiliation).	✓ Child is at-risk of being negatively treated differently than other siblings/children by a significant caregiver or another person with frequent contact to the child.	✓ Factors causing or potentially causing the emotional harm have been addressed (caregiver received support or person causing harm no longer has contact with the child).

Sexual violence, abuse and exploitation	✓ Child experiencing or at risk of sexual violence, abuse and/or exploitation where the person causing harm has access to the child. ✓ Child experienced sexual violence, abuse and/or exploitation within the last 120 hours. ✓ Girl mother with a child with disabilities. ✓ Child who is married below age of consent without the child having adequate support from family, community and service providers. ✓ Child who became pregnant as a result of rape (and may be forced to marry). ✓ Child engaged to be married below age of consent regardless of consent; marriage to occur in less than one month. ✓ Child engaged to be married; above age of consent and not consenting to marriage.	✓ Child experienced sexual violence, abuse and/or exploitation in the past (more than 120 hours ago) with the perpetrator(s) no longer having contact with the child but without the child having adequate support from family, community and service providers. ✓ Child who is married below age of consent with the child having adequate support from family, community and service providers. ✓ Child engaged to be married below age of consent regardless of consent; marriage to occur in more than one month. ✓ Child engaged to be married; above age of consent and consenting to marriage.	✓ Child experienced sexual violence, abuse and/or exploitation in the past (more than 120 hours ago) with the perpetrator(s) no longer having contact with the child and with the child having adequate support from family, community and service providers. ✓ Child who is married above age of consent.	✓ No sexual violence, abuse and/or exploitation present (factors causing or potentially causing harm have been addressed or removed).

Neglect	✓ Serious injury or illness due to neglect from caregiver (e.g. malnutrition with no apparent causal factors or failure to seek timely and appropriate medical care for a serious physical or mental health problem). ✓ Child with disabilities / under the age of 5 being neglected by caregiver.	✓ Caregiver fails to protect a child from non-injurious harm or to fulfil a child's rights to basic necessities. ✓ Caregiver being emotionally or psychologically unavailable or chronically inattentive to a child; failing to nurture or encourage the child; denying the child warmth and opportunities for developmental enrichment or exposing the child to intimate partner violence and substance abuse.	✓ Caregiver fails to provide safe and appropriate adult supervision that – in light of the child's age, development or situation; the duration and frequency of the unsupervised time; and the environment in which a child is left unsupervised – places the child at risk of harm.	✓ Factors causing or potentially causing the harm have been addressed (caregiver received support and factors causing or potentially causing harm have been addressed or removed).
Child labour	✓ Child involved in or at risk of entering the Worst Forms of Child Labour, including: forced or bonded labour, recruitment into the armed forces or an armed group, trafficking, sexual exploitation, illicit work, or life-threatening hazardous work.	✓ Children under the age of 13 in child labor (including children under the age of 13 in light work). ✓ Child from the age of 17 in non-life-threatening hazardous work.	✓ Parents are threatening to send the child under the age of 13 in child labor (including children under the age of 13 in light work). ✓ Parents are threatening to send the child from the age of 17 into non-life-threatening hazardous work.	✓ The child is no longer in child labor or at-risk of child labor and supports have been put in place to ensure the child does not return to child labor. ✓ Child in productive and stimulating work activities (not affecting their health, development and education).

Mental disorders and psychosocial distress	✓ Child in severe distress to the extent of suicide, self-harm (including risk behavior such as substance abuse), harm to others and/or apathy. ✓ Child with (a) potential serious mental disorder(s): - The child is suffering from severe signs of distress to the extent that it limits her/his daily functioning. - The child is threatening to harm her/himself or others.	✓ Child is showing signs of distress for 6-8 weeks after signs begun with no change or improvement, while other children are recovering.	✓ Child is showing signs of normal distress – including physical, cognitive, emotional symptoms and changes in behaviour – for less than 6-8 weeks after signs begun and without the child having adequate support from family, community and service providers.	✓ Child is showing signs of normal distress – including physical, cognitive, emotional symptoms and changes in behaviour – for less than 6-8 weeks after signs begun, and the child has adequate support from family, community and service providers. ✓ The child's psychosocial wellbeing is restored; the child is engaged in a range of activities and is not displaying physical, cognitive, emotional symptoms of distress nor behaviors of concern.
Unaccompanied and Separated Children	✓ Unaccompanied child without access to appropriate care and support. ✓ Separated child under the age of 15 in highly vulnerable care arrangement (e.g. more than 8 children in household, caregivers into substance abuse, single vulnerable caregiver - physical/mental illness, disability, elderly).	✓ Unaccompanied under the age of 15 with access to appropriate care and support. ✓ Separated child at the age of 15 and above in highly vulnerable care arrangement (e.g. more than 8 children in household, caregivers into substance abuse, single vulnerable caregiver - physical/mental illness, disability, elderly).	✓ Unaccompanied child at the age of 15 and above with access to appropriate (temporary or recently placed long-term) care and support (e.g. supported and monitored independent living arrangement). ✓ Separated child with access to appropriate (temporary or recently placed long-term) care and support.	✓ Unaccompanied and / or separated child who has been reunified with family or is placed in long-term and durable alternative care where the child is being adequately cared for and the situation has been monitored and follow-up on for at least 6 months with no issues arising.

Children Associated with Armed Forces and Armed Groups	✓ Child associated with armed forces or armed groups. ✓ Child at risk of being recruited into armed forces or armed groups. ✓ Child released from or left armed forces or armed groups and who is at risk of significant harm due to discrimination, violence and/or abuse.	✓ Child released from or left armed forces or armed groups and who is at risk of harm due to discrimination, violence and/or abuse. ✓ Child released from or left armed forces or armed groups and not receiving support or services as needed.	✓ Child released from or left armed forces or armed groups in temporary care arrangement or recently reunified/placed in a long-term care arrangement and receiving support and services as needed.	✓ Child released from or left armed forces or armed groups who has been reunified with family or is placed in long-term and durable alternative care where the child is being adequately cared for, the child has been reintegrated into the community, and the situation has been monitored and follow-up on for at least 6 months with no issues arising.
Children in contact with the law	✓ Child deprived of liberty (arrested or in detention). ✓ Child in conflict with the law who enters the formal justice system with no possibility for diversion or appropriate child-friendly alternative sentencing and restorative justice measures.	✓ Child in conflict with the law who enters formal justice system with possibility for diversion or appropriate child-friendly alternative sentencing and restorative justice measures.	✓ Child in conflict with the law who did not enter formal justice system, but is at risk of doing so if services are not provided. ✓ Child in contact with the law as a witness and without adequate family, community and/or juvenile justice system support.	✓ Children in conflict with the law who have been dealt with through diversion from the justice system or through appropriate child-friendly alternative sentencing and restorative justice measures and the situation has been monitored for at least 3 months with no further risk present. ✓ Child in contact with the law as a witness and with adequate family, community and/or juvenile justice system support.

ANNEX C: URGENT ACTION AND CONTACT DETAILS CARD

URGENT ACTION REFERRALS

Urgent concerns that need to be addressed immediately (while respecting the confidentiality and wishes of the child/caregiver – unless this puts the child at further risk) before proceeding with any next steps in the case management process.

HEALTH CARE

e.g. child is injured or in need of medication/medical attention within a certain timeframe (including if sexual assault has occurred within the past 120 hours an urgent medical referral is needed since this is within the window of time for the provision of lifesaving treatment – e.g. legal evidence collection within 48 hours, prevention of HIV within 72 hours, emergency contraception within 120 hours).

SAFETY CONCERNS

e.g. there are indicators of ongoing abuse of the child occurring within the family.

OVERNIGHT/INTERIM CARE REQUIRED

e.g. children without adult care and/or where it is unsure whether the child's home or current living arrangement is safe enough to stay in until further assessment is made.

OTHER DIRECT SUPPORT NEEDED

to be contextualized in context.

After Urgent Action, Follow-up and continue with Case Management

- ✓ Registration
- ✓ Assessment
- ✓ Case Planning
- ✓ Case Plan Implementation
- ✓ Follow-up and Review
- ✓ Case closure

AGENCY NAME

HOURS OF OPERATION: ---------------

NAME OF FOCAL POINT 1 :

LOCATION: ---------------------------------
EMAIL: --------------------------------------
PHONE #: -----------------------------------

NAME OF FOCAL POINT 2 :

LOCATION: ---------------------------------
EMAIL: --------------------------------------
PHONE #: -----------------------------------

AGENCY NAME

HOURS OF OPERATION: ---------------

NAME OF FOCAL POINT 1 :

LOCATION: ---------------------------------
EMAIL: --------------------------------------
PHONE #: -----------------------------------

NAME OF FOCAL POINT 2 :

LOCATION: ---------------------------------
EMAIL: --------------------------------------
PHONE #: -----------------------------------

AGENCY NAME

HOURS OF OPERATION: ---------------

NAME OF FOCAL POINT 1 :

LOCATION: ---------------------------------
EMAIL: --------------------------------------
PHONE #: -----------------------------------

NAME OF FOCAL POINT 2 :

LOCATION: ---------------------------------
EMAIL: --------------------------------------
PHONE #: -----------------------------------

AGENCY NAME

HOURS OF OPERATION: ---------------

NAME OF FOCAL POINT 1 :

LOCATION: ---------------------------------
EMAIL: --------------------------------------
PHONE #: -----------------------------------

NAME OF FOCAL POINT 2 :

LOCATION: ---------------------------------
EMAIL: --------------------------------------
PHONE #: -----------------------------------

BEST PRACTICES FOR REFERRALS

- ✓ Informed consent/assent needs to be given by the child/family before being able to make a referral – unless this puts a child at further risk.
- ✓ Accompany the child / family to the service.
- ✓ Have current information and contact details for the range of services offered and who the staff providing them are.
- ✓ Case workers maintain overall responsibility over the case and to follow-up on the referral with the child and service provider to ensure progress updates and needs are met.

ANNEX D: CASE MANAGEMENT FORMS

INFORMED CONSENT FORM - CHILD

I ……holding CID No…….from …….. Village…… Gewog…….Dzongkhag – having understood the process, potential benefits and limitations, my rights and confidentiality in case management – give my informed consent to:

1. participate in the case management process.
2. the case manager to collect and store information about my case and to share non-identifiable aggregate-level information for reporting purposes.
3. the case manager to share information with other service providers who can help me meet my specific needs.
4. withdraw my consent at any point of time.

I have requested the case manager to not share the following information with the following person(s)/organization(s), if any:

……
……
……
……
……
……
……
……
……

Name and Signature of the Client

Affix Legal Stamp

Name and Signature of the Witness

Date:

Place:

INFORMED CONSENT FORM - CAREGIVER

I …… holding CID No…….from ……..Village……Gewog…….Dzongkhag – having understood the process, potential benefits and limitations, my rights and confidentiality in case management – give my consent as (Parent/Guardian/Legal Representative) of Mr./Ms. …… from Village……. Gewog…….. Dzongkhag to:

1. participate in the case management process.
2. the case manager to collect and store information about my child's case and to share non-identifiable aggregate-level information for reporting purposes.
3. the case manager to share information with other service providers who can help my child meet her/his specific needs.
4. withdraw my consent at any point of time.
5. sign the Consent Statement attached if the child is 12 years old and above including children with disabilities who are deemed fit to give their own consent.

I have requested the case manager to not share the following information with the following person(s)/organization(s), if any:

……
……
……
……
……
……
……

Name and Signature of the Client

Affix

Legal

Stamp

Name and Signature of the Witness

Date:

Place:

CONSENT STATEMENT FOR CHILDREN AGE 12 AND ABOVE

Statement	Agree	Disagree
I have understood the process, potential benefits and limitations, my rights and confidentiality in case management		
I am willing to participate in the case management process.		
I am willing to provide information about myself, my family, and the difficulties/problems I am facing – as long as I am comfortable to do so		
If I find it hard to provide information to the case manager, then I permit the case manager to ask my family or others who know about my difficulties/problems with my informed consent		
I allow the case manager to collect and store information about my case through: a. Completing case management forms and taking notes on b. Voice recording c. Photographing the information I or my family give about me if required – I am always able to request the case manager to stop doing so and to delete the information collected.		
I allow the case manager to share non-identifiable aggregate-level information for reporting purposes.		
If I wish to know what is contained in the records or reports on me prepared by the case manager, I will be permitted to read them		
The confidentiality of all information that I provide will be maintained by the case manager.		
I understand the limits of confidentiality as explained to me by the case manager.		
I allow the case manager to share information with other service providers who can help me meet my specific needs – as discussed and agreed with me during the case management process.		
I am willing to assist the case manager by thinking about and discussing the best ways to overcome my difficulties/problems.		
I am willing to take part in activities that are required to help overcome my difficulties/problems.		
I am willing to discuss the results that have been achieved in overcoming my difficulties/problems with the case manager.		
If my difficulties/problems have been resolved, the case manager will terminate their assignment to assist me and my family.		
If I experience any other difficulties, I may contact the case manager again.		
If I am not comfortable with the current case manager, I may request for a change.		
I am always able to withdraw my consent on any of the above		

Name of child

Signature

INITIAL SCREENING AND REGISTRATION 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 – see section 8.1).

Date case was identified / reported:	**Date of Registration:**	
Agency:	**Case manager:**	**Case no:**
Case meets eligibility criteria: [ ] No [ ] Yes	**Consent & assent form completed**: [ ] No [ ] Yes	

CHILD'S PERSONAL DETAILS

Name of the child:	**Sex:** [ ] Male [ ] Female [ ] Other	**Date of birth:**	**Contact No(s):**

CID No/ Passport No/ Residential permit No:	**Any physical, speaking, hearing or cognitive disability:** [ ] No [ ] Yes, please describe:

Present address:	**Permanent address:** Village: Gewog: Dzongkhag/ Dungkhag:	**Marital status:** Single [ ] Divorced [ ] Married. [ ] Separated [ ] Widowed [ ] Other:	**Marriage certificate:** Yes [ ] No [ ] Under Process [ ]

Nationality: [ ] Bhutanese [ ] Indian [ ] Other, please specify:	**Languages spoken by child:**	**Special communication needs:**

CHILD'S CURRENT CARE ARRANGEMENT

Care arrangement:

[ ] Parent(s)	[ ] Foster care	[ ] Kinship care / extended family
[ ] Step parent	[ ] Residential care	[ ] Unrelated adult
[ ] Customary caregiver(s)	[ ] Independent living	[ ] No care arrangement
[ ] Adult sibling	[ ] Child-headed household	[ ] Other, please specify:

PARENTS DETAILS

Mother's name:	**Father's name:**
Contact No(s):	**Contact No(s):**
CID No/ Passport No/ Residential permit No:	**CID No/ Passport No/ Residential permit No:**
Present address:	**Present address:**
Permanent address: Village: Gewog: Dzongkhag:	**Permanent address:** Village: Gewog: Dzongkhag:

Occupation:	**Occupation:**
IF NOT WITH PARENT(S), GUARDIAN/SPOUSE OR PRIMARY CAREGIVER DETAILS	
Guardian/Spouse's name:	**Caregiver's name:**
Date of birth:	**Date of birth:**
Sex: [ ] Male [ ] Female [ ] Other	**Sex:** [ ] Male [ ] Female [ ] Other
Relationship to child:	**Relationship to child:**
Contact No(s):	**Contact No(s):**
Present address:	**Present address:**
Permanent address: Village: Gewog: Dzongkhag:	**Permanent address:** Village: Gewog: Dzongkhag:
CID No/ Passport No/ **Residential permit No:**	**CID No/ Passport No/** **Residential permit No:**
Occupation:	**Occupation:**
When did this relationship start:	**When did this relationship start:**

OTHER RELEVANT PERSONS (INSIDE OR OUTSIDE THE HOUSEHOLD):

Name:	Sex:	DOB:	Relationship:	CID No:	Contact details:

PERPETRATOR DETAILS

Name of perpetrator:	**Relationship to child:**	**Contact No(s):**
Sex: [ ] Male [ ] Female [ ] Other	**Present address:**	**Permanent address:** Village: Gewog: Dzongkhag:
DOB:		
CID No/ Passport No/ Residential permit No:		
Occupation:		

INITIAL ASSESSMENT	
Type of case:	**Specify:**

Initial assessment – Protection concerns:

[ ] Physical abuse / violence
[ ] Sexual abuse / violence
[ ] Emotional or psychological abuse / violence
[ ] Neglect
[ ] Abandonment
[ ] Child labor (not Worst Forms) / economic exploitation
[ ] Hazardous work
[ ] Sexual exploitation
[ ] Slavery / sale / abduction / trafficking / forced labor
[ ] In conflict with the law
[ ] 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
[ ] Psychosocial distress
[ ] Mental disorder
[ ] Substance abuse and addiction (child)
[ ] Substance abuse and addiction (parent(s)/caregiver(s))
[ ] Belongs to marginalized / discriminated group
[ ] Lack of documentation / birth registration
[ ] Child marriage
[ ] Pregnancy / child parent
[ ] Denial of resources, opportunities or services
[ ] Other, please specify:

INITIAL ASSESSMENT – RISK LEVEL:

Tick	Risk Level	Summary Of Reasons
	High risk	
	Medium risk	
	Low risk	
	No risk	

IMMEDIATE CONCERNS THAT NEEDED TO BE ADDRESSED:

Tick	Concern	Summary Of Reasons	Immediate Action Taken/ Referral Conducted
	Health care		
	Safety		
	Overnight/Interim Care		
	Other		
	No		

Respectfully Submitted by:

(……)
Case manager

ASSESSMENT 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.

Case No:	**Date assessment completed:**
CASE BACKGROUND	
CASE OBSERVATION	
1. Living and Care Arrangement	
Risk factors:	
Protective factors:	
Needs:	
2. Safety and Protection	
Risk factors:	
Protective factors:	
Needs:	
3. Psychological Wellbeing	
Risk factors:	
Protective factors:	
Needs:	
4. Health	
Risk factors:	
Protective factors:	
Needs:	

5. Social Support Network
Risk factors:
Protective factors:
Needs:
6. Education
Risk factors:
Protective factors:
Needs:
7. Economic Situation
Risk factors:
Protective factors:
Needs:
SUMMARY AND CONCLUSIONS
VIEWS AND WISHES OF THE CHILD
VIEWS AND WISHES OF THE CAREGIVER(S)
RECOMMENDATIONS

COMPREHENSIVE ASSESSMENT – PROTECTION CONCERNS

[ ] Physical abuse / violence
[ ] Sexual abuse / violence
[ ] Emotional or psychological abuse / violence
[ ] Neglect
[ ] Abandonment
[ ] Child labor (not Worst Forms) / economic exploitation
[ ] Hazardous work
[ ] Sexual exploitation
[ ] Slavery / sale / abduction / trafficking / forced labor
[ ] In conflict with the law
[ ] 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
[ ] Psychosocial distress
[ ] Mental disorder
[ ] Substance abuse and addiction (child)
[ ] Substance abuse and addiction (parent(s)/caregiver(s))
[ ] Belongs to marginalized / discriminated group
[ ] Lack of documentation / birth registration
[ ] Child marriage
[ ] Pregnancy / child parent
[ ] Denial of resources, opportunities or services
[ ] Other, please specify:

COMPREHENSIVE ASSESSMENT – RISK LEVEL

Tick	Risk Level	Summary of Reasons
	High risk	
	Medium risk	
	Low risk	
	No risk	

IMMEDIATE CONCERNS THAT NEEDED TO BE ADDRESSED:

Tick	Concerns	Summary of Reasons	Immediate action taken/ referral conducted
	Health		
	Safety		
	Overnight/ Interim Care		
	Other		
	No		

Respectfully Submitted by:

(……)
Case manager

CASE PLAN

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).

Case No:		**Date case plan agreed:**		
OVERALL GOAL OF THE CASE PLAN				
ACTIONS				
NEEDS	**ACTION REQUIRED**	**RESPONSIBLE AGENCY**	**DUE DATE:**	**STATUS**
1. Addressing Immediate Risks				
a. Health				
				[ ] pending [ ] ongoing [ ] completed
b. Safety				
				[ ] pending [ ] ongoing [ ] completed
c. Overnight/Interim care				
				[ ] pending [ ] ongoing [ ] completed
d. Other				
				[ ] pending [ ] ongoing [ ] completed
2. Protection Needs				

a.	Emotional wellbeing needs			
				[ ] pending [ ] ongoing [ ] completed
b.	Physical development needs			
				[ ] pending [ ] ongoing [ ] completed
c.	Education/ Livelihood skill needs			
				[ ] pending [ ] ongoing [ ] completed
d.	Social relationship needs			
				[ ] pending [ ] ongoing [ ] completed
3.	**Care Arrangement & Family**			
a.	Care arrangements needs			
				[ ] pending [ ] ongoing [ ] completed
b.	Family situation needs			
				[ ] pending [ ] ongoing [ ] completed
4.	**Community Level**			
a.	Community integration and support needs			
				[ ] pending [ ] ongoing [ ] completed

b.	Legal services required			
				[ ] pending [ ] ongoing [ ] completed
5.	**Other**			
a.	Other			
				[ ] pending [ ] ongoing [ ] completed

APPROVAL AND AGREEMENTS – NAMES AND PERSONS INVOLVED IN MAKING THE CASE PLAN

Name	**Relationship to Child**	**Signature**

Details of anyone who disagrees with the plan and why:

Was the child involved in developing the case plan? [ ] 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? [ ] Yes [ ] No	**If no, why not and what steps will be taken to involve the caregiver moving forward?:**
Is the case plan reviewed and approved by the supervisor? [ ] Yes [ ] No	**Date of next case review meeting:**

Respectfully Submitted by:
Case manager (……)

Approved by:
Case Management Supervisor (……)

REFERRAL 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.

Case No:	**Date of referral:**
Has consent / assent for this referral been provided by the person being referred for services: [ ] Yes [ ] No, please **specify why:**	
Priority level for response: [ ] High *to respond within 24 hours* [ ] Medium *to respond within 3 days* [ ] Low *to respond within 1 week*	**Referred through:** [ ] Phone *high risk cases only* [ ] Email *as password protected document* [ ] In person *in sealed envelope* [ ] CMIS
REFERRED BY	**REFERRED TO**
Name:	**Name:**
Agency / Institution:	**Agency / Institution:**
Position / Function:	**Position / Function:**
Contact No(s):	**Contact No(s):**
Email:	**Email:**
Address / location:	**Address / location:**

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 <u>and</u> on the consent/assent provided by the person being referred on what information can be disclosed*

Name of the child:	**Sex:** [ ] Male [ ] Female [ ] Other	**Date of birth:**	**Contact No(s):**
CID No/ Passport No/ Residential permit No:		**Any disability:** [ ] No [ ] Yes, please specify:	

Present address:	**Permanent address:** Village: Gewog: Dzongkhag/ Dungkhag:	**Marital status:** Single [ ] Divorced [ ] Married. [ ] Separated [ ] Widowed [ ] Other:	
Languages spoken by child:		**Special communication needs:**	

PRIMARY CAREGIVER DETAILS *Only complete in case the person being referred is a child*

Is caregiver informed about the referral: [ ] No [ ] Yes	**If no, explain why:**

Name of the caregiver:	**Sex:** [ ] Male [ ] Female [ ] Other	**Date of birth:**	**Contact No(s):**
CID No/ Passport No/ Residential permit No:			

Present address:	**Permanent address:** Village: Gewog: Dzongkhag/ Dungkhag:	**Relationship to child:**

DETAILS OF REFERRAL

Reason for referral:

Type of service requested:

[ ] Alternative care
[ ] Basic Psychosocial Support
[ ] Community-Based Protection / Social Services
[ ] Counselling
[ ] Cash assistance / Non-food Items
[ ] Documentation
[ ] Education
[ ] Food and Nutrition
[ ] Family Tracing and Reunification
[ ] Investigation
[ ] Legal Services
[ ] Livelihood Skills/ Vocational Training
[ ] Medical
[ ] Mental Health Services
[ ] Psycho-Education
[ ] Recreational Services
[ ] Relocation
[ ] Removal
[ ] Rehabilitation Services
[ ] Reintegration Services
[ ] Representation
[ ] Services for children with disabilities
[ ] Special Education
[ ] Shelter Services
[ ] Other, please specify:

Expected outcome of the service requested:

CONTACT, FEEDBACK AND FOLLOW-UP ARRANGEMENTS

How can contact with the case be initiated and how can feedback on the service provided be given?: [ ] Contact via case manager [ ] Contact the person being referred directly	**How will the case manage follow-up on the referral?:** [ ] Phone [ ] Email [ ] Face-to-face meeting (service provider) [ ] Other, please **specify:**

TO BE COMPLETED ON CASE MANAGER COPY AFTER REFERRAL

Is referral accepted by the service provider?: [ ] No [ ] Yes	**If referral was not accepted by the service provider, state reasons:**

Respectfully Submitted by:

(……)
Case manager

SERVICES PROVIDED FORM

To record information on services provided to the child and/or family.

Case No:	**Date form completed:**

DETAILS ON SERVICES PROVIDED

Type of services provided:

[ ] Alternative care
[ ] Basic Psychosocial Support
[ ] Community-Based Protection / Social Services
[ ] Counselling
[ ] Cash Assistance / Non-food Items
[ ] Documentation
[ ] Education
[ ] Food and Nutrition
[ ] Family Tracing and Reunification
[ ] Investigation
[ ] Legal Services
[ ] Livelihood Skills/ Vocational Training
[ ] Medical
[ ] Mental Health Services
[ ] Psycho-Education
[ ] Recreational Services
[ ] Relocation
[ ] Removal
[ ] Rehabilitation Services
[ ] Reintegration Services
[ ] Representation
[ ] Services for children with disabilities
[ ] Special Education
[ ] Shelter Services
[ ] Other, please specify:

DETAILS OF THE AGENCY PROVIDING THE SERVICES:

Sl No	Service Provided	Start Date	Completion Date	Agency/ Institution	Dealing Person	Contact

Details/ comments on service provided:

Recommendations for follow-up:

Respectfully Submitted by:

(……)
Case manager

FOLLOW-UP 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.

<table>
<tr><td>Case No:</td><td>Date of follow up:</td></tr>
<tr><td colspan="2">DETAILS OF FOLLOW UP</td></tr>
<tr><td>Followed-up with:
[ ] Child
[ ] Caregiver(s) / Guardian/ family
[ ] Service provider
[ ] Other, please specify:</td><td>Followed-up through:
[ ] Face-to-face meeting (child/family/guardian)
[ ] Face-to-face Meeting (service provider)
[ ] Home visit
[ ] Phone call
[ ] Email
[ ] Community-based group
[ ] Toll Free Helpline
[ ] Other, please specify:</td></tr>
<tr><td colspan="2">Type of services followed-up on from case plan:
[ ] Alternative care
[ ] Basic Psychosocial Support
[ ] Community-Based Protection / Social Services
[ ] Counselling
[ ] Cash Assistance / Non-food Items
[ ] Documentation
[ ] Education
[ ] Food and Nutrition
[ ] Family Tracing and Reunification
[ ] Investigation
[ ] Legal Services
[ ] Livelihood Skills/ Vocational Training
[ ] Medical
[ ] Mental Health Services
[ ] Psycho-Education
[ ] Recreational Services
[ ] Relocation
[ ] Removal
[ ] Rehabilitation Services
[ ] Reintegration Services
[ ] Representation
[ ] Services for children with disabilities
[ ] Special Education
[ ] Shelter Services
[ ] Other, please specify:</td></tr>
<tr><td colspan="2">Purpose of the follow up:</td></tr>
<tr><td colspan="2">Outcome of the follow up:</td></tr>
<tr><td>Is there a need for further follow-up?:
[ ] Yes
[ ] No</td><td>If so, date of next follow-up:</td></tr>
<tr><td colspan="2">Any other recommendation:</td></tr>
</table>

Respectfully Submitted by:

(……)
Case manager

REVIEW 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.

Case No:	**Date of review meeting:**
DETAILS OF REVIEW MEETING	
Was the child present?: [ ] Yes [ ] No	**If no, how was the child involved in the review?:**
Was the caregiver present?: [ ] Yes [ ] No	**If no, how was the caregiver involved in the review?:**
OUTCOMES OF REVIEW MEETING	
Review on child's current situation:	
Review on case plan implementation:	
Review on progress towards the overall goal of the case plan:	
Other notes / observations during review meeting:	

NEXT STEPS	
Did the situation of the child change in such a way that warrants another assessment to be conducted?: [ ] Yes [ ] No	**Please provide details:**
Are any adjustments needed in the case plan?: [ ] Yes [ ] No	**Please provide details:**
Has the risk level of the case changed?: [ ] No [ ] Yes	**If yes, new risk level:** [ ] High, please **provide details:** [ ] Medium, please **provide details:** [ ] Low, please **provide details:** [ ] No, please **provide details:**
Do you recommend to close the case?: [ ] Yes [ ] No	**Please provide details:**
Is there a need for a next case review?: [ ] Yes [ ] No	**If so, date of next review meeting:**

Respectfully Submitted by:

(……)
Case manager

Approved by:

(……)
Case Management Supervisor

CASE CLOSURE FORM

To record information on the closure of the case.

Case No:	**Date case closed:**

Reason for closure of the case:

[ ] 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).
[ ] The child and caregiver(s) (where possible and if appropriate) no longer want help, and there are no grounds to go against their wishes.
[ ] The relocation of the child to an area where there is no agency/case manager to transfer the case to.
[ ] The child cannot be found and contacted for a period of 90 days minimum (despite repeated attempts). All attempts to contact the child must be recorded in the child's case file. The case file can be reopened in the event the child returns.
[ ] The child passed away;
[ ] No further action possible/required
[ ] Case opened in error
[ ] Other, please specify:

SITUATION OF THE CHILD AT CASE CLOSURE

Brief summary on current situation of child:

Child's Care Arrangement at Case Closure

Care arrangement:

[ ] Parent(s)	[ ] Foster care	[ ] Kinship care / extended family
[ ] Step parent	[ ] Residential care	[ ] Unrelated adult
[ ] Customary caregiver(s)	[ ] Independent living	[ ] No care arrangement
[ ] Adult sibling	[ ] Child-headed household	[ ] Other, please specify:

Child and Primary Caregiver's Contact Details at Case Closure

Child's name:	**Primary caregiver's name:**
Date of birth:	**Date of birth:**
Sex: [ ] Male [ ] Female [ ] Other	**Sex:** [ ] Male [ ] Female [ ] Other
	Relationship to child:
Contact No(s):	**Contact No(s):**
Present address:	**Present address:**

Permanent address: Village: Gewog: Dzongkhag:	**Permanent address:** Village: Gewog: Dzongkhag:
CID No/ Passport No/ **Residential permit No:**	**CID No/ Passport No/** **Residential permit No:**
ARRANGEMENTS MADE AT CASE CLOSURE	
Has the case closure been discussed and agreed with the child?: [ ] Yes [ ] No, please **specify why:**	**Has the case closure been discussed and agreed with the caregiver(s)?:** [ ] Yes [ ] No, please **specify why:**
Has feedback on case management process been gathered from child using 'child feedback form'?: [ ] Yes [ ] No, please **specify why:**	**Has feedback on case management process been gathered from caregiver using 'caregiver feedback form'?:** [ ] 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?: [ ] Yes [ ] No, please **specify why:**	**Is the child's case file complete and up-to-date with all relevant documents included?:** [ ] Yes [ ] No, please **specify why:**
How will the case file be stored?: [ ] Electronically [ ] Hard copy [ ] Both	**Until what date will the child's case file be stored?:**
Has the child been told who to contact if s/he has questions, concerns or to access support if required?: [ ] 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?:**
Any further recommendation:	

APPROVAL & AGREEMENTS

	Name	**Agency (if official)**	**Contact Details**	**Signature**
Child				
Caregiver				
Case manager				
Supervisor				
Other				

CHILD FEEDBACK FORM

To record feedback on the level of satisfaction regarding the quality of services provided and to identify areas for improvement.

Case No:	**Date form completed:**
Sex: [ ] Male [ ] Female [ ] Other	**Date of birth:**

CONSENT / ASSENT *Sample script: I would like to speak with you regarding how the case manager 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 case manager 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_____(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_____(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 / signature:**	**Date:**

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?

[ ] Case manager approached me
[ ] Another organization
[ ] Parents
[ ] Family / friends
[ ] School
[ ] Local leader
[ ] Community-based child protection focal point
[ ] Authorities
[ ] Saw a poster/information leaflet
[ ] I don't remember
[ ] Other, please **specify:**

2. Before you started working with *[case manager name]*, were you asked whether you wanted to be helped in this way?

[ ] Yes
[ ] No
[ ] I don't remember

Please **provide details:**

Expectations

3. What type of support were you expecting from [insert case management agency name]?

[ ] Alternative care
[ ] Basic Psychosocial Support
[ ] Community-Based Protection / Social Services
[ ] Counselling
[ ] Cash Assistance / Non-food Items
[ ] Documentation
[ ] Education
[ ] Food and Nutrition
[ ] Family Tracing and Reunification
[ ] Investigation
[ ] Legal Services
[ ] Livelihood Skills/ Vocational Training
[ ] Medical
[ ] Mental Health Services
[ ] Psycho-Education
[ ] Recreational Services
[ ] Relocation
[ ] Removal
[ ] Rehabilitation Services
[ ] Reintegration Services
[ ] Representation
[ ] Services for children with disabilities
[ ] Special Education
[ ] Shelter Services
[ ] Other, **please specify**:

4. Did you get the support you were expecting to receive?

[ ] Yes
[ ] No
[ ] I don't remember

Please **provide details:**

The Case Management Process

5. Did the case manager make a plan [case plan] together with you to get you the support that you needed?

[ ] Yes
[ ] No
[ ] I don't remember

Please **provide details:**

6. Did the case manager connect you to services that were able to help you?

[ ] Yes
[ ] No, did not need other services
[ ] No, did not want other services
[ ] I don't remember

Please **provide details:**

7. Whenever the case managers hared information about you with others, were you asked whether you agreed to share that information about you and your situation with those others?

[ ] Yes
[ ] No
[ ] I don't remember

Please **provide details:**

8. Did you make the decision to stop *[insert case management agency name]* case management services together with the case manager?
[ ] Yes
[ ] No
[ ] I don't remember

Please **provide details:**

Say: 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 case manager explained things in a way that was difficult to understand for me.
Number between 1 and 10

Please **provide details:**

10. The case manager always asked for and listened to my views, opinions and feelings.
Number between 1 and 10

Please **provide details:**

11. I often felt pressured by the case manager to make a decision or to do something I did not wish to do.
Number between 1 and 10

Please **provide details:**

12. The case manager followed-up and did the things s/he said s/he would do.
Number between 1 and 10

Please **provide details:**

13. The case manageronly visited me rarely.
Number between 1 and 10

Please **provide details:**

14. The support the case manager provided to me and my family was useful.
Number between 1 and 10

Please **provide details:**

15. Since I have been working with the case manager my situation has improved.
Number between 1 and 10

Please **provide details:**

16. Overall, I am very satisfied with the support provided by the case manager.
Number between 1 and 10

Please **provide details:**

Final Question

17. Do you have any other feedback or concerns you would like to share?
[ ] Yes
[ ] No
[ ] I don't remember

Please **provide details:**

CAREGIVER FEEDBACK FORM

To record feedback on the level of satisfaction regarding the quality of services provided and to identify areas for improvement.

Case No:	**Date form completed:**
Relationship to child: [ ] Parent [ ] Legal guardian [ ] Other family member close to the child [ ] Unrelated adult close to the child [ ] Other, please **specify:**	**Sex:** [ ] Male [ ] Female [ ] Other **Date of birth:**

CONSENT *Sample script: I would like to speak with you regarding how the case manager 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 case manager 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_____(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:**

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?

[ ] Case manager approached me
[ ] Another organization
[ ] My child
[ ] Family / friends
[ ] School
[ ] Local leader
[ ] Community-based child protection focal point
[ ] Authorities
[ ] Saw a poster/information leaflet
[ ] I don't remember
[ ] Other, please **specify:**

2. Before you started working with *[case manager name]*, were you asked whether you wanted your child to be helped in this way?

[ ] Yes
[ ] No
[ ] I don't remember

Please **provide details:**

Expectations

3. What type of support were you expecting from *[insert case management agency name]*?

[ ] Alternative care
[ ] Basic Psychosocial Support
[ ] Community-Based Protection / Social Services
[ ] Counselling
[ ] Cash Assistance / Non-food Items
[ ] Documentation
[ ] Education
[ ] Food and Nutrition
[ ] Family Tracing and Reunification
[ ] Investigation
[ ] Legal Services
[ ] Livelihood Skills/ Vocational Training
[ ] Medical
[ ] Mental Health Services
[ ] Psycho-Education
[ ] Recreational Services
[ ] Relocation
[ ] Removal
[ ] Rehabilitation Services
[ ] Reintegration Services
[ ] Representation
[ ] Services for children with disabilities
[ ] Special Education
[ ] Shelter Services
[ ] Other, **please specify**:

4. Did your child (and you and your family – where applicable) get the support you were expecting to receive?

[ ] Yes
[ ] No
[ ] I don't remember

Please **provide details:**

The Case management Process

5. Did the case manager make a plan [case plan] together with you and your child to get you the support that s/he needed?

[ ] Yes
[ ] No
[ ] I don't remember

Please **provide details:**

6. Did the case manager connect your child (and you and your family – where applicable) to services that were able to help you?

[ ] Yes
[ ] No, did not need other services
[ ] No, did not want other services
[ ] I don't remember

Please **provide details:**

7. Whenever the case managers hared 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?

[ ] Yes
[ ] No
[ ] I don't remember

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 case manager?
[ ] Yes
[ ] No
[ ] I don't remember

Please **provide details:**

Say: *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 case manager explained things in a way that was difficult to understand for me.
Number between 1 and 10

Please **provide details:**

10. The case manager always asked for and listened to my views, opinions and feelings.
Number between 1 and 10

Please **provide details:**

11. I often felt pressured by the case manager to make a decision or to do something I did not wish to do.
Number between 1 and 10

Please **provide details:**

12. The case manager followed-up and did the things s/he said s/he would do.
Number between 1 and 10

Please **provide details:**

13. The case manager only visited me and my child rarely.
Number between 1 and 10

Please **provide details:**

14. The support the case manager provided to my child (and me and my family – where applicable) was useful.
Number between 1 and 10

Please **provide details:**

15. Since we have been working with the case manager my child's situation has improved.
Number between 1 and 10

Please **provide details:**

16. Overall, I am very satisfied with the support provided by the case manager.
Number between 1 and 10

Please **provide details:**

Final Question

17. Do you have any other feedback or concerns you would like to share?
[ ] Yes
[ ] No
[ ] I don't remember

Please **provide details:**

CASE RE-OPENING FORM

To record information on the reason for re-opening the case.

Case No:	**Data case re-opened:**

REASON FOR CASE RE-OPENING

What is the reason for re-opening the case:

tick all that apply

[ ] Physical abuse / violence
[ ] Sexual abuse / violence
[ ] Emotional or psychological abuse / violence
[ ] Neglect
[ ] Abandonment
[ ] Child labor (not Worst Forms) / economic exploitation
[ ] Hazardous work
[ ] Sexual exploitation
[ ] Slavery / sale / abduction / trafficking / forced labor
[ ] In conflict with the law
[ ] 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
[ ] Psychosocial distress
[ ] Mental disorder
[ ] Substance abuse and addiction (child)
[ ] Substance abuse and addiction (parent(s)/caregiver(s))
[ ] Belongs to marginalized / discriminated group
[ ] Lack of documentation / birth registration
[ ] Child marriage
[ ] Female genital mutilation (FGM)
[ ] Pregnancy / child parent
[ ] Denial of resources, opportunities or services
[ ] Other, **please specify**:

Provide further details on the circumstances leading to the case being re-opened:

Respectfully Submitted by:

(……)
Case manager

Approved by:

(……)
Case Management Supervisor

ANNEX E: DATA PROTECTION AND INFORMATION SHARING PROTOCOLS

Data Protection and Information Sharing Protocol (DPISP)

SAVE THE CHILDREN, BHUTAN OFFICE

19 DECEMBER 2019

Table of Contents

1. Introduction

The need for laws pertaining to cyber security, data protection and privacy issues are reflected in several government documents including Bhutan 3-Government Master Plan (2014).

However, there is limited literature as well as policies and guidelines on privacy in Bhutan. While various policies like the Social Media Strategy and Guideline policy of Bhutan (2011), Bhutan Information and Communications Technology Policy and Strategies (2004) and Bhutan e-Government Master Plan (2014) mentions about privacy, these documents do not exhibit any standards on privacy issues.

Although there are no specific laws in the country that cover breach of privacy, Sections 317-325 and 468-471 of the Penal Code of Bhutan (2004) mentions offences against privacy. Section 320 of the PCB states *"A defendant shall be guilty of the offence of libel, if the defendant defames another person through the means of writing, drawing, or photographing."* However, these laws do not seem to cover offences for breach of privacy acts, such as publishing personal information online. Section 219 of the Child care and Protection Act of Bhutan also specifies offences against invasion of child's privacy.

In absence of standards and stern policies and regulation, privacy, data protection and information sharing related to child protection becomes a difficult issue to tackle. To prevent and respond to abuse, neglect, exploitation and violence affecting children, data and information must be handled with utmost care and attention to mitigate potential risks to children and families.

In Bhutan, case management system for child protection involves multiple actors including the nodal agency, National Commission for Women and Children (NCWC), CSOs, RBP, Central Monk Body, ministry of labour and the Office of the Attorney General. Development partners and donors include UNICEF and Save the Children These agencies work together to address child protection risks faced by most deprived children and families by providing a range of services. Therefore it is essential that all involved actors agree on a common data protection and information sharing protocols.

With the aim of harmonizing and standardizing approaches in order to support safe and ethical data storage, sharing, archiving, and destruction, an impact assessment on existing practices of information sharing and data protection protocol was carried out to understand the data management protocols in the NCWC and Nazhoen Lamten. However, this protocol can be used by other actors in the country who deal with management of data and information related to child protection.

This Data Protection and Information Sharing Protocol (DPISP), is expected to mitigate potential risks to children and families through the protection of Personal Data and anonymous data.

An impact assessment of the data sharing and information management protocol was conducted at NCWC and Nazhoen Lamten to understand the existing practices. As per the impact assessment findings CMIS have been established to streamline, consolidate and analyze existing data. However, uncertainty in dealing with data due to unclear protocols, confidentiality and ethical norms are some of the challenges highlighted. Further, the existence of multiple data systems (law enforcement, health, education, population data and civil registration) and different reporting and storage format do not enable information sharing.

2. Definitions

Anonymous data means that the information cannot be linked to an identified or identifiable person.

Personal Data is defined as any data related to an individual that can be used to identify an individual or that identifies an individual such as name, age, gender, marital status, CID number and biometric data such photographs, fingerprints, and iris images. As per international data protection laws, personal data can be distinguished as **Personal Identity Information** and **Sensitive Personal Data.**

Personal Identity Information includes, but is not limited to a person's

- Name
- Address
- Citizenship identity number
- Gender
- Marital status
- Date of birth/age
- Bank account numbers

Sensitive personal data is personal data that merits stern security and warrants confidentiality. It includes, but is not limited to a person's

- Race and ethnicity
- Physical or mental status
- Sexual orientation
- Political affiliation
- Religious beliefs
- Criminal and medical records
- Biometric data (Photos, fingerprints, etc.)
- Financial status

Biometric data is data relating to unique physical, physiological or behavioural characteristics that has been recorded and can be authenticated digitally to identify an individual. E.g.: iris and finger print scans, and facial recognition.

Need-to-know means limiting of information that is considered sensitive, and sharing it only with those individuals for whom the information will be used for the protection of the child.

Informed consent is permission granted by the data subject to either collect, process of share his/her personal data. However, the person, before granting permission, must be aware/made aware of the intention, purpose and risks to their privacy.

Confidentiality means ensuring that information disclosed to you by a child is not used without his or her consent or against his or her wishes and is not shared with others without his or her permission, except in exceptional circumstances

Situation monitoring is the process of assessing elements of the situation of child protection concerns and children at risks, the objective is to get an understanding of the profiles/characteristics of children facing various types of risks, incidents and vulnerabilities in location. Situation monitoring can be generated and compared over

time. By regular generation of comparable trends and patterns, child protection organizations can identify gaps and needs, and therefore inform their programs and response. Another objective is to compile information about the case management and services provided to children in order to coordinate the provision of services.

Privacy breach is an incident involving the unauthorized collection, use or disclosure of personal information. Unauthorized disclosures of personal information are the most common sources of privacy breaches and can occur when personal information is lost, stolen, inadvertently disclosed through human error or sharing information without informed consent.

3. Rationale

The purpose of this DPISP is to provide guidance for storing, sharing, archiving and destroying information related to children and families linked to child protection case management services.

The approach contained in the DPISP is guided by international child rights and follows the principle of the best interests of the child, the principles of 'do no harm', and best practices for confidentiality, all of which require that information is only shared on a 'need-to-know' basis.

Bhutan's Child Care and Protection Act 2011 also protects childrens' rights by creating a uniform child justice system. The law establishes facilities for care, protection, education, treatment and rehabilitation for children in difficult circumstances and children in conflict with the law.

This DPISP is complementary and integral to the Standard Operating Procedures (SOPs) for Case Management of CICL and CLDC in the context of the development response. This DPISP does not override those Case Management SOPs, but rather provides guidance specifically on safe and ethical data protection and information sharing.

4. Objectives

The objectives of these Protocol are:

- To enhance protection of personal data and ensure right to privacy of vulnerable children including CIDC and CICL;
- To promote transparency and accountability in case management;
- To foster data responsibility among the custodians of data and information;
- To harmonize data collection, analysis, storage and sharing norms and procedure across different stakeholders;
- To enhance coordination and cooperation on data management and protection with relevant stakeholders.

The Guidelines should also be used when sharing personal data with third parties.

5. Participating Authorities and Agencies

The following Child Protection authorities and agencies agree to participate in this DPISP. See Annexure I for list of official signatories

a. NCWC
b. Nazhoen Lamten (CSO)
c. .....
d. .....

6. General Principles

6.1 Confidentiality

"Confidentiality based on the Best Interest of the Child and Do no Harm Principle."

I. The best interests of the child, including considerations of physical safety, social and emotional wellbeing should be the primary consideration in decision-making on data protection and information sharing.
II. Information/personal data must be accessible only to authorized person(s) for the purpose of providing child protection services, including case manager, supervisor, and other service providers (e.g., referral agencies), who shall maintain full confidentiality unless there is an informed consent or an agreement to do so.
III. The requirement to uphold confidentiality is not time-bound, unless a timeframe for disclosure of information has been agreed upon.
IV. The way information is shared depends primarily on the purpose and need for the sharing of such information, the type of information being shared, and the level of sensitivity of the information.
V. In exceptional cases, where the authority is mandated or commanded by the court, the authorized person(s) may disclose information/data.
VI. Information shall not be shared with the parents/caregivers, if they are the perpetrator or suspects, to avoid endangering the safety of the child.
VII. Information on client shall be shared with third party/officials other than those mentioned in 6.1 (II), if a prior written and signed non-disclosure agreement is put in place.
VIII. Access to information by third party/officials other than those mentioned in section 6.1 (II) of this guideline, must be restricted unless it is necessary for the conduct of one's official duties or to ensure the best interest of the children.
IX. Sharing of information to facilitate access to services being provided by other agencies, should be decided upon on a case-by-case basis. The information should include only those required by the agency to be able to provide support to the client.

6.2 Assent/Informed Consent

I. When obtaining informed consent/assent, an explanation must be given to the child and their parent/caregiver, on the purpose, intention, use(s) and

user(s) of data and information, as well as limits on confidentiality (i.e. where serious safety concerns are identified and/or mandatory reporting requirements).

II. Obtaining informed consent/assent shall not be one time process

III. Information should be shared sensitively in language and formats appropriate to the child's age and capacity to understand, and the child (and parent/caregiver) should be given opportunities to ask questions.

IV. Children should be given the opportunity to highlight any information that they do not want disclosed to any person, or agency. For example, they may not want their family to be told personal details about them that they would rather communicate face-to-face. In addition, it is also equally important to inform children about the need to disclose some vital information which is in their best interest.

V. Children/caregivers have the right to access and review information held about them. Agencies holding information should therefore make provisions for them to be able to access their information as and when they need to do so (including after their case is closed).

VI. If informing or seeking permission from the parents/caretaker is likely to endanger child safety, dealing officers must make the best decision possible for the protection of children. The general practice in such case is to conduct a privacy impact assessment, which is a privacy-specific risk-benefit analysis aimed at weighing the probability of harm against the anticipated benefits, and ensuring that the benefits significantly outweigh the potential risks and that any identified risks are avoided or mitigated. This includes considerations for the safety of dealing personnel(s).

VII. There is no legal age requirement to get permission from a child. It is general practice to look at the evolving capacity of the child to determine if they are capable of making decisions and/or taking action where they could understand the implications of their participation.

VIII. Service providers and other agencies, who have the information should use it only in the best interest of the child, and with their informed consent. Notwithstanding this, in exceptional cases, such as to prevent harm or provide protection to the client, information may be revealed only to the concerned individual/agency upon conducting privacy impact assessment.

7. General Data Protection

7.1 Data stored in Papers/files (Hard Copy)

I. Information gathered on every child should be allocated a unique case code based upon an agreed standard coding format for the purpose of anonymizing and tracking the case.

II. For agencies and authorities using CMIS, case codes will be assigned randomly by the CMIS.

III. The case code should be used to refer to the child's case verbally, on paper, and electronically (including in word documents, emails, skype conversations, etc) instead of referring to Personal Data such as the child's name.

IV. Original documents should not be stored in paper files so that destruction of paper files can be done without any hesitation in the event of an emergency evacuation/relocation. Original documents must either be photographed or scanned and returned to the child/caregivers.

V. Printing, photocopying or scanning of data related to children should be done in-house. Any extra copies of forms should be fully destroyed using an electronic shredder so that they are illegible and disposed of confidentially.

VI. Each case and all related forms and paperwork should be stored in its own individual file, clearly labelled with the individual case code. It is imperative that the child's name does not appear vividly. Files should be stored according to the allocated code.

VII. Paper files should be kept in a secure place, accessible only to the case manager(s) and supervisor(s) responsible for the information. This requires a lockable filing cabinet, with arrangements for the keys to be kept with the person with responsibility for the information. No one else should be given independent access, unless on a need-to-know basis and when permission has been given.

VIII. While on leave, if necessary the responsible official must designate and officially assign another person.

IX. Case files should not be left unattended at any time and no one else should be given independent access without permission from the person responsible.

X. Paper files should be transferred by hand only by the person(s) responsible for the information (for example when required for use in case conferences and case review meetings). During transit and transfer, the files should be stored in a sealed box or sealed envelope.

7.2 Data Stored in Electronic (Soft Copy)

I. All electronic devices used for storing information such as smartphones, tablets, laptops, and desktops must be password protected and participating agencies and authorities will ensure that each individual member of staff uses his or her own login and not share passwords.

II. All electronic files (e.g. PDF, CSV, Word, Excel) must be password protected. If emailing a document containing child protection case management data, the password should not be attached/written in the same email. Staff must ensure that emails are only sent to the intended recipient with no cc and bcc.

III. With regard to emails sharing files that contain data and information about children, the sender should receive a written request or agreement as specified in section 6.1 (VIII). If the receiver is a service provider, the information should include only those required by the agency to be able to render support to the client.

IV. Secure passwords should be used, i.e. containing at least eight characters, including at least one number, one capital letter, one letter and one special character.

V. Passwords for documents and computers must be changed on a regular basis (minimum every 3 months) or when an authorized user leaves their current position.

VI. Responsible persons or data custodians, with whom electronic copies exist, must lock/password protect their electronic devices.

VII. Staffs are not allowed to save case management information on their personal computers. Only work-assigned computers can be used for managing information related to child protection case management.

VIII. The computers hosting data on children should only be accessed by authorized personnel and should be used exclusively for that purpose.

IX. Computers should be fitted with up-to-date anti-virus software so as to avoid corruption and loss of information.

X. Data backup(s) should be in place in order to prevent loss of data.

XI. Storage devices such as hard drive, USB drive, memory chip or CDs used for storing data and information relating to case management should be labeled 'confidential' and kept in a secure place under lock and key.

XII. While sharing electronic files within the same organization or between two individuals in the same agency (e.g., when handing over a case to another dealing officer), a separate USB stick or hard drive should be used to transfer the files. The files must be deleted immediately after the transfer.

8. Information and Data sharing

8.1 Sharing Personal Data

Case management system often requires engaging multiple stakeholders in enhancing holistic support to implement effective case management. Services of psychologist, doctors, counsellors are required. Hence these actors need information of the cases being referred. The lead case manager providing child protection case management services requires external support from other agencies to provide case management services to meet the needs of the child or family.

I. The rationale for sharing Personal Data with an agency receiving a referral is to enable the provision of holistic, multi-sector services as needed based on the best interests of the individual child or family. However, Personal Data shared must be limited to only the information necessary for the referral agency to provide that service effectively.

II. Only the following Personal Data may be shared for the purpose of case management if needed:
    - Case ID (if referring to another child protection case management provider);
    - Name of child;
    - Address and Contact Details of child and/or caregiver;
    - Agency making referral;
    - Name and contact of agency representative making referral;
    - Date of referral;
    - Type of service(s) required; and
    - Relevant background information.

III. However, sensitive data must be protected and restricted at all times, unless there is a compelling need such as a court order.

IV. In case of Case Transfers for the Purpose of Continued Case Management Service Provision or if a new case manager or new agency is becoming the lead for the case, then it is necessary to transfer the contents of the case file to the receiving person, unless it is in the best interests of the child not to do so. However, transfer of such cases must indicate that the full responsibility for the coordination of case plan, follow up and monitoring of the child is being handed over to another agency or case manager.

V. Person receiving the data/information should be the direct service provider, such as another case manager, a psychologist etc. Therefore data/information should not be routed through officials/individuals other than the one directly involved or providing services.

VI. The child and (where relevant) parents/caregivers must be consulted and consent sought to the transfer of information and data.

VII. When sharing information with parties other than those directly involved in case management, including media and other agencies/individuals, responsible person/agencies must ensure personal data remain confidential unless a consent is sought. Notwithstanding this, the responsible person/agency must ensure the best interest of the child at all times.

VIII. Sharing Personal Data for the purposes of situation monitoring and coordination is not allowed because it is deemed unnecessary and it has the potential to cause harm. However, sharing of anonymous and aggregate data for the purposes of situation monitoring and coordination may be allowed.

IX. Anonymous, aggregate reports gathered by the implementing agencies and coordination groups will be shared with other agencies/partners based on the framework in place, if there is any.

X. Sharing Personal Data with donors is not allowed because it is not necessary or appropriate and violates the principles of confidentiality, need-to-know information sharing, the best interests of the child, and potentially the do-no-harm principle. Sharing anonymous, aggregate data for the purpose of complying with funding agreements and demonstrating achievements is permissible

9. Data retention and disposal

I. When a child protection case is closed, the hard copy and electronic copy will be archived in a secure location (locked filing cabinet or CPIMS+, respectively) for a duration as long as its foreseeable potential value outweighs the risk associated with retention. After that period, the case file will be destroyed.

II. If it is not possible to delete a case file due to systemic complexity or circumstance does not allow it, the file must be archived to the extent that is no longer visible on the active case list.

III. Participating authorities and agencies commit to developing an evacuation/relocation plan in the event of an emergency such as fire incident, flooding or other natural disaster. That plan must include a scheme of delegation explaining who is responsible for removing/retaining and, if necessary, destroying hard and soft copy files, which may require destruction of assets and burning of papers.

IV. Sensitive personal data should only be retained for the time that is necessary for the specified purpose or till the case closure.

V. non-sensitive aggregate data should be retained as long as it is needed for monitoring and evaluation of processing, and for donor reporting and other accountability purposes.

VI. Participating authorities from time to time must determine the balance between sensitivity, potential future value of the data and value of loss that would be created if the data is destroyed, by conducting risk assessment. Before destroying such data, it should be clear how hard it would be to regain the value lost by destruction.

VII. If sensitive personal data is needed for purposes other than case management, after seeking informed consent and ensuring best interest of the child, responsible persons/agencies shall ensure that the data is rendered less sensitive by removing unnecessary and sensitive information.

VIII. Should the data be deleted from computer and other electronic devices, it must be ensured that files are not retrievable. This can be done with tools like ‘disk sanitization’ or ‘disk wipe’.

IX. Hard copies in paper must be either burned or destroyed with paper shredder.

10. Operational responsibility

I. Participating agencies/implementing agencies may designate a Data Protection Officer (DPO), who shall be made responsible for;
- overseeing effective and harmonized compliance with data protection principles, and implementing this Guideline;
- identifying, with all relevant stakeholders, effective responses to data protection breaches; and
- coordinating with other stakeholder on data protection-related matters.
- ensuring that Privacy Impact Assessments are conducted;
- advising the agency(s) on how to meet the standards set out in these Guidelines
- coordinating with other agencies and stakeholders
- sharing, retaining and storing data and information in a manner prescribed by this guideline

II. Implementing agencies must ensure:
- all personnel handling personal data are familiar with the contents of this Guideline;
- appropriate trainings and skills are provided; and
- appropriate IT security measures are in place.

11. Actions on breaches of confidentiality and privacy

I. If a confidentiality/privacy breach is made or noticed at any level, it is the responsibility of the data protection officer, case managers or any individual or agency to immediately report the situation to the higher management of the agency from where the breach occurred.

II. The management may convene a joint meeting calling representatives from the participating agencies within 10 days from reporting such a breach to assess and mitigate the risk and decide on course of action, which might include investigation or administrative action.

III. Actions on breach may be imposed in line with CCPA and Penal Code if Bhutan.

IV. The nature of breaches could be classified as presented in the table below to assess the risk and call for action.

Types of security breach	Description	Example
Data theft	● Intrusion into data and information targeting hardware or paper files evading security measures put in place. ● Intentional or unintentional access by unauthorized individuals to paper records/electronic devices when left unsecured or secured	● Hacking ● Malicious software ● Physical break-ins ● Opportunistic theft
Negligent/malicious breach of privacy	● When the responsible person or authorized person, intentionally or unintentionally, reveals or leaks sensitive data or allow access or reveal to another individual/agency	● Sharing password with unauthorized persons ● Leaving computer unattended with sensitive information ● Leak from disgruntled/corrupt employee ● Revealing data in exchange of favor/cash ● Sharing original/photocopies/electronic copies with unauthorized person

Annexure I

I on behalf of ……(agency) declare that I agree to fully comply with the Data Protection and Information Sharing Protocols.

Signature:

Official name:

Designation:

Date

I declare that I have fully briefed the staff member above signed on the Data Protection and Information Sharing Protocol on ……. (Date)

Save the Children:

Name, signature and date:

ANNEX F: INDIVIDUAL SUPERVISION RECORD

Individual Supervision Record

Definition: Individual supervision meetings are regularly scheduled one-on-one sessions between the supervisor and case manager 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 case manager over the course of each period. The tool assists the supervisor to facilitate a constructive dialogue with the case manager about the functions of supervision.

Frequency/Duration: Should be held for approximately one hour and routinely scheduled every 2 weeks or according to the needs of the case manager.

Guidance: Case management supervisors and case managers 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 case manager and feedback or guidance from the supervisor. Supervisors should create an environment of openness where case managers 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 Record

Date	
Case manager	
Supervisor	
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 case manager? Are there issues that s/he would like to add to the agenda?* • *What are the case manager'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 case manager has registered and the number of high risk cases or cases requiring intensive actions or response?* • *What are some particular challenges the case manager 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 Assessment***	• *Application of CM knowledge/ skills from training or coaching in your daily work?* • *Are there any skills or information that the case manager would like to work on?*	
Supportive: • Check in with case manager • Explore possible self-care strategies or support needed	• *How is case manager 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 case manager on the exercise	• *What does the case manager think about the shadowing, observation session or the case files selected and reviewed?* • *Does the case manager 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 case manager's main priorities for improving practice and outcomes for children?* • *What are the supervisor's main priorities for the case manager to improve practice and outcomes for child*ren?	
Actions to be taken:	**Supervisor:**	**Case manager:**

ANNEX G: CASE MANAGEMENT MEETING RECORD

Case Management Meeting Record

Definition: Case management meetings (or "group supervision" meetings) are regularly scheduled gatherings between the supervisor and case management team that can address the accountability/administrative, educational/professional development, and supportive functions of supervision (but *should not* be used as a replacement of individual supervision.)

Purpose of the Tool: The Case Management Meeting Record should be used by a supervisor to track the progress made with case managers over the course of each period. The tool assists the supervisor to facilitate a constructive dialogue with the case managers about the functions of supervision. The tool also provides space for supervisors to take minutes of the meeting to keep a record of issues and actions to be taken.

Frequency/Duration: Should be held once every 2 weeks for minimum 1 hour, depending on the context and needs. It is recommended that once a month the supervisor organize an extended meeting (for an additional hour, up to half of the day) to focus on skill development or staff-care and wellbeing.*

Guidance: Case management supervisors are responsible for regularly scheduling and organizing case management meetings with their teams. Case managers are expected to undertake necessary preparation and participate fully in the meeting. The supervisor should facilitate collaborative discussions between team members and encourage case managers to offer suggestions and facilitate the discussion.

Case Management meetings should be held in a private location to ensure confidentiality. The case management team should agree that what is discussed in the meeting related to cases is not shared externally. Case managers should be encouraged to share about challenging cases, but should avoid presenting identifying information, according to the “need to know” principle.

**Extended Case Management Meetings: An extended session should occur at least once a month based on the capacity or well-being needs of case managers . Topics can include:*

- ***Topical session:*** *The case management supervisor should either choose the topic in advance (based on the technical support or well-being needs s/he identifies to be a priority) or ask the case managers to identify topics for which support is desired.*
- ***Case discussion:*** *The case management supervisor asks a case manager to discuss an interesting or challenging case from which other staff can learn according to the format outlined in the* ***CP Case Discussion Guide (see Annex H)****.*
- ***Guest speaker:*** *The case management supervisor may invite technical experts to share information on a specific child protection issue or a skill to be developed within the team. Supervisors can also request a presentation to be made by a representative from a community service (legal, police, medical, registration, etc.).*

Supervisor Name
Date
Case managers Present

Case Management Meeting Record

Agenda	Notes from discussion
Welcome, opening and check-in • Supervisor greets the team (can use an icebreaker or energizer). • Agenda is reviewed and agreed upon by the team. • Establish or briefly review meeting "agreements" especially related to sharing of information.	

Administrative
• Supervisor shares reflections from the past week and provides updates on logistics, reporting, recruitment, etc.
• Supervisor invites case managers to ask questions or share if they are facing any administrative or operational challenges in their work.
• Case manager check-in (each team member shares the following):
  • A success or positive experience from the week
  • Challenges that s/he has been experiencing
  • Anonymous review of:
  i. Number of open cases
  ii. High risk cases and some medium risk cases [stagnating cases, complex protection issues, etc.]	

Development • Based on the capacity building plans of the case managers , supervisor can suggest potential topics for a team learning event such as teach-back, guest speaker, or special events. • Case managers should be asked to share any learning opportunities they are aware of or if they have a topic they wish to teach-back to the team.	

Supportive • Reference the mandala exercise; track progress towards the goals; discuss if the goals are still relevant. • Supervisor or case manager can propose team-building activities or address team wellness issues they have noted since the last meeting.	
Closing and action points • Summary of the meeting, highlighting the action points raised and the expected timeframe. • Schedule for the following week.	
Actions to be taken by Supervisor:	**Actions to be taken by Case managers :**

ANNEX H: CASE MANAGERCAPACITY ASSESSMENT

Child Protection Case Manager Capacity Assessment Tool

Definition: A capacity assessment is a supervision practice used to examine a newly recruited case manager's knowledge, skills and attitudes. It outlines areas where further development and support may be needed to perform effectively in the role.

Purpose of the Tool: The Capacity Assessment Tool should be used to assess the case manager's attitudes, knowledge and skills. These are minimum competency standards for all case managers providing case management services. The results of the assessment should inform the capacity building and development actions that a supervisor provides in individual and group supervision sessions.

Frequency/Duration: Should be conducted immediately after the case manager is recruited and reassessed in 6 month intervals, depending on the organizational capacity, staff ratios and needs.

Guidance:

Before

The Supervisor Should
Upon recruiting a new case manager, it is suggested that the supervisor organize an extended individual supervision session in a quiet and private space. In order to review the whole assessment about 2-3 hours are needed. If it is preferred, this process can be broken down into 2 or 3 separate sessions.

During

The Supervisor Should
Begin by describing the capacity assessment process to the case manager. The supervisor can say: *This is a tool that has been developed with some of the key standards that are expected of a child protection case manager. We don't expect you to be an expert and have perfect answers from the very beginning. It takes time to understand child protection case management guiding principles and how to apply them with children and families. During our first weeks together, this assessment will determine the areas where you need more technical support. After the assessment, we will continue working together to build your knowledge and skills. After a few months, we will revisit the assessment to see how you are progressing.* Explain to the case manager that the assessment is divided into three sections and that you will be taking notes in order to remember her/his responses. Invite the case manager to raise any questions about the tool or the process to ensure s/he feels comfortable. The supervisor should ask the questions on the questionnaire in order and give the case manager time to explain/describe their answer. Allow the case manager to speak openly and ask clarifying questions. Supervisors are encouraged not to provide answers, but should respond if there are some alarming issues that require immediate discussion and direction. Once the assessment is complete, the supervisor and case manager should discuss what are the suggested priorities in each area for technical capacity building and development.

After

The Supervisor Should
During regular individual supervision sessions, the supervisor should refer back to the capacity assessment in order to provide ongoing coaching to the case manager. If several case managers need guidance in the same area, the supervisor can organize a training or development session during group supervision. The supervisor should also arrange shadowing sessions for the case manager to observe the application of guiding principles in practice. After approximately 6 months, the supervisor should re-assess the case manager to determine her/his progress and continuous development needs.

Date	
Case Manager	
Supervisor	

Case Manager Capacity Assessment

Part One: Child Protection Attitudes

Statements	**Does the Case Manager:**				**Case Manager's Response and Notes from Discussion**	**Development Priority?**
	Strongly Agree	**Agree**	**Disagree**	**Strongly Disagree**		
1. Children have something to offer the community.						
2. Violence can be the child's fault.						
3. Residential care should be a last resort for long-term child care arrangements.						
4. Children who experience traumatic events cannot recover or become productive members of society.						
5. A case manager should always consider a child's opinion and wishes when making a decision that will affect her or him.						
6. It is acceptable for parents or caregivers to use physical force to punish a child.						
7. Children tell the truth about abuse or separation.						
8. Children can be abused by a close family member or friend.						
9. Children deserve kindness, support and care after being abused or separated from their families or caregiver and this is my responsibility						
10. Children don't experience mental health problems.						
Actions to be taken	**Supervisor:**				**Case manager:**	

Part Two: Case Management Knowledge

Knowledge Questions	Possible Correct Responses	Case Manager's Response and Notes from Discussion	Development Priority?
1. What are some Guiding Principles of case management?	1. Do No Harm 2. Promote the Child's Best Interests 3. Non-discrimination/Treat Every Child Fairly and Equally 4. Adhere to Professional Ethical Standards and Practices/Apply Code of Conduct 5. Seek Informed Consent and/or Informed Assent 6. Respect Confidentiality 7. Ensure Accountability/ Be Responsible for Actions and the Result of Those Actions 8. Empower Children and Families to Build Upon Their Strengths 9. Base All Actions on Child Development, Child Rights, and Child Protection 10. Facilitate Meaningful Participation of Children 11. Provide Culturally Appropriate Processes and Services 12. Coordinate and Collaborate 13. Observe Mandatory Reporting Laws and Policies		
2. How should a case manager promote the best interests of a child within case management?	1. Evaluate the positive and negative consequences of actions, and consult with supervisor on complex cases 2. Discuss options with the child and their caregivers (where appropriate and safe) when making decisions 3. Ensure that all actions taken keep the child safe and promote their physical, emotional, social and cognitive health and well-being 4. Always consider the importance of maintaining family and sibling bonds		

3. What are the limits to confidentiality when working with children?	1. If there are mandatory reporting laws in place 2. The immediate and urgent need to protect a child's physical and/or emotional safety 3. The need to obtain parental consent if a young child presents for services (and there is no risk in doing so) 4. If a child is at risk of harming herself/himself or another person		
4. When and how should a case manager obtain informed consent/assent?	<u>When</u>: 1. At the start of case management services 2. For referrals to other services providers <u>How</u>: 1. Ensure the child and their caregiver fully understand the case management process 2. Ensure that the child and their caregiver fully understands how the information collected will be used and stored 3. Communicate in a child-friendly manner when gaining consent/assent from children 4. Encourage the child and her/his caregiver to ask questions about the process 5. Follow national laws on informed consent and assent 6. Ask the caregiver and/or child (where appropriate) to sign the consent form and/or give verbal consent		
5. What are the steps of case management?	1. Identification and registration 2. Assessment 3. Development of the case plan 4. Implementation of the case plan 5. Follow up and review 6. Case closure		

6. What types of child protection issues require a case management response?	1. Unaccompanied or separated child (UASC) 2. A child that has experienced sexual abuse 3. A child that has experienced neglect 4. A child that has experienced physical abuse 5. A child that has experienced emotional abuse 6. A child that lives or works on the streets or is involved in hazardous labor 7. A child that is emotionally distressed or that has mental health or psychosocial needs 8. A child associated with armed groups or armed forces 9. A child in detention or recently released		
7. What are some common signs of abuse for children?	1. A significant change in behavior 2. Nightmares 3. Problems in school (hard to concentrate) 4. Withdrawing from friends and community activities 5. Anger and aggression 6. Thoughts of wanting to die; attempted suicide 7. Fear of particular people, places or activities 8. Additional reactions that are common to population/cultural context		
8. What are some key considerations when developing a case plan?	1. Developed within two weeks of the assessment 2. Involvement of the child and caregiver (where appropriate) or trusted adult 3. Content of case plan should reflect the individual assessment of the child/family 4. Should set specific, time-bound actions outlining who is responsible for what		
9. How can a case manager empower caregivers to support children?	1. Assess the behaviors and conditions that contribute to the risk of child maltreatment and determine what is needed to make changes 2. Describe the types of services available and how to access them		

	3. Facilitate the family's or caregiver's investment in and commitment to the outcomes, goals and tasks outlined in the case plan 4. Support parents to find ways of meeting their children's basic needs 5. Assess resiliencies, strengths, or resources in the family or household that will provide the foundation for change		
10. What are the main criteria for closing a case?	1. Overall goal of the case plan has been met, child is safer from harm, child's care and wellbeing is supported and there are no additional concerns 2. Child/caregiver(s) no longer want support and there are no grounds to go against their wishes 3. The child and family relocate and the case file can be closed or transferred as appropriate 4. When a child turns 18 5. In the case of a child's death 6. Child no longer contactable (wait at least three months before closing the case)		
Actions to be taken	**Supervisor:**	**Case manager:**	

Part Three: Case Management Skills

Knowledge Questions	Possible Correct Responses	Case Manager's Response and Notes from Discussion	Development Priority?
1. How should a case manager engage with a child during the registration/intake stage?	1. Warmly greet the child 2. Introduce herself/himself by name, role and organization in a way that the child and caregiver can understand 3. Explain to the child and caregiver the purpose of the interaction in a simple and clear way 4. Provide the child with a choice to have someone else present		
2. How can a case manager help a child feel safe through verbal and non-verbal communication?	• Sit at the child's level • Utilize creative interview techniques (drawing, puppets, dolls, etc.) • Use simple language and words that the child uses • Stay calm and comforting throughout the interaction with the child • Ask open-ended questions • Use reframing and summarizing • Reflect on what the child has shared • Check-in regularly with the child to ensure that she/he is understanding the child accurately • Offer a child a chance to take breaks if s/he becomes visibly distressed		
3. What are supportive statements children should hear from case managers throughout the case management process?	1. Thank you for sharing your story with me 2. You can take your time 3. This is not your fault 4. I am sorry to hear this happened to you 5. These are difficult things you are telling me; many feel upset after a thing like that happens 6. You are strong and brave 7. I will try to help you		
4. What are some important choices children should be offered when talking about their experience?	1. The choice to have a caregiver or trusted person in the room 2. The choice of where to have the conversation		

	3. The choice to decide when to have the conversation 4. The choice to have a male or female ccase manager		
5. How can case managers engage with children to understand their feelings and wishes?	1. Pay close attention to what the child says and how she or he behaves 2. Draw pictures of faces that represent different feelings and ask the child which one is the closest to how she or he feels 3. Ask the child to draw a picture about what s/he is feeling in her/his mind and heart 4. Play games with the child to help her/him relax and feel comfortable to tell his/her story 5. Ask open-ended questions in clear and simple language		
6. How should a case manager respond if a caregiver becomes hostile or angry during an interview?	1. Remain composed and calm 2. Do not raise your voice 3. Attempt to calm the person down; try determining what is causing the anger and recognize their feelings 4. Give the person space and time to think 5. Be alert for possible aggression and leave the situation if it feels unsafe 6. Carry a cell phone, whistle, or personal alarm and use it (where appropriate) 7. Conduct interviews with a colleague to mitigate risks		
7. What are some important considerations when interviewing a child who has experienced abuse?	1. Do not push the child to speak about her or his experience 2. Tell the child s/he can take her/his time 3. Engage the child in friendly conversation instead of asking heavy questions that might re-traumatize the child (i.e., Can you tell me about your favorite game? Etc.) 4. Tell the child that you are here to help 5. Other culturally appropriate considerations		

8. How can a case manager demonstrate empathy and respect to children and their families?	1. Pay attention to verbal and nonverbal cues 2. Determine what is important to the child and family 3. Show a genuine desire to understand their situation 4. Keep an open mind 5. Create an environment of respect and acceptance 6. Listen for an acknowledge difficult feelings and encourage honest discussion		
Actions to be taken	**Supervisor:**	**Case manager:**	

ANNEX I: CASE MANAGERS HADOWING TOOL

Child Protection Case Management Shadowing Tool

Definition: Case management shadowing is a supervision practice that is used to show new or inexperienced case managers how to engage with children and families. During a shadowing visit, a senior case manager or supervisor conducts an interview/meeting with a child as though the case manager is not present. The case manager is a neutral observer during this contact for the purposes of learning and development. The goal of the exercise is for a senior case manager or supervisor to demonstrate an interaction with a child to support the case manager's development of how case management and child protection principles are put into practice.

Purpose of the Tool: The Case Management Shadowing Tool should be used as a guide for case managers while watching a senior case manager or the supervisor interact with a child. Reflections and discussions of shadowing sessions should occur in individual supervision sessions.

Frequency/Duration: It is suggested that 5-10 shadowing visits occur during a case manager's first 1-2 months of employment. Before shadowing visits occur, a case manager must have successfully completed a child protection case management training.

Guidance: This tool can be used for the shadowing of sessions at all stages of the case management process. It is suggested that the supervisor determine which cases should be observed according to the case manager's capacity building plan, but always considering the confidentiality and safety of the child as a priority. Supervisors should consider the child's current vulnerability, safety and wellbeing according to the "do no harm" principle. Only one case manager should be invited to shadow a session in order not to overwhelm the child and family.

Shadowing of a case management session can only happen with the consent of the child and her/his caregiver prior to the session. It should be explained to children and their caregivers in advance that a case manager will be shadowing the case management sessions in order to learn, and that all information disclosed during this session will remain confidential.

Before

The Supervisor Should	The Case manager should
• Discuss the shadowing process with the case managers o that they understand the purpose of the exercise, allowing the case manager to ask any questions and raise any concerns they have in advance of the scheduled shadowing exercise. • Arrange a shadowing visit with an appropriate case and ensure that informed consent occurs with the child and caregiver. • Ensure that consent was obtained for the visit.	• Attend a child protection case management training. • Be familiar with the child's case file ahead of joining a meeting.

During

The Supervisor/Senior Case manager should	The Case manager should
• Introduce the child and caregiver to the case manager and remind them why the s/he is joining the visit • Explain that the case manager might be taking notes about the supervisor's practice and let the child/caregiver/other see the notes if they are interested.	• Not interrupt the supervisor/senior case manager. • Take notes referencing the shadowing tool to apply theory to practice. • During the sessions, the case manager should fill the shadowing tool, making sure that concrete examples are noted.

After

The Supervisor Should	The Case manager should
• Shortly after the session, have an individual session with the case manager to discuss the shadowing session • (Some questions that the supervisor should ask include: "What did you observe during the session," "what did you learn," "what went well," "what might you do differently," "do you have any questions," etc.)	• Complete the shadowing tool, including questions for the supervisor. • Participate in an individual supervision session with the supervisor, and share reflections and observations from the shadowing session. • Ask any questions that may exist from this specific session or technical areas that the supervisor can provide more guidance on.

Case Management Shadowing

Date	
Case manager	
Supervisor	

Areas of Observation	**List examples observed and questions for the supervisor**
1.PREPARATION Demonstrate proper planning and organization for the session.	
2. INTRODUCTION Introduce the session appropriately to the child (and caregiver).	
3. CONFIDENTIALITY Protect the child's confidentiality with consent.	
4. COMMUNICATION Engage using child-friendly communication techniques that are age/developmentally/ culturally appropriate.	
5. TRUST Seek to establish/maintain trust.	
6. SUPPORT SKILLS Reassure the child, and create a nurturing and supportive relationship.	
7. PARTICIPATION Promote the child's participation and seek to understand the wishes of the child in the session.	
8. SAFETY Assess the child's/family's safety and other urgent needs.	
9. CLOSING Close the session appropriately.	

ANNEX J: CASE MANAGEROBSERVATION TOOL

Child Protection Case Management Observation Tool

Definition: A case management observation is a supervision practice used to assess a case manager's application of case management competencies during a face-to-face interaction with a child (and/or caregiver). During the observation, a case manager conducts an interview/meeting with a child as though the supervisor is not present. The supervisor is a neutral observer during this contact unless it is essential to intervene, because a case management principle is significantly violated (there is a risk of causing harm) or the case manager explicitly asks for support or feedback. The goal of the exercise is for a supervisor to observe child/case manager interactions to support the case manager's development in applying case management and child protection best practices.

Purpose of the Tool: The Case Management Observation Tool should be used as a guide to the observation of case management provision by supervisors. This tool is part of the regular coaching and feedback should be provided in individual supervision sessions.

Frequency/Duration: It is suggested that observations occur more regularly (i.e. once every two weeks) with new case managers as they are building their skills, but should continue bi-monthly with more experienced case managers (i.e. once every two months).

Guidance: This tool can be used for the observation of sessions at all stages of the case management process. It is suggested that the case manager and supervisor determine together which cases should be observed according to the child's vulnerability, safety and well-being according to the "do no harm" and "best interest of the child" principles.

Observation of case management provision can only happen with the consent of the child and her/his caregiver prior to the session. It should be explained to children and their caregivers in advance that observing case management sessions provides the case manager with an occasion to receive support to ultimately improve the quality of service s/he provides and that all information disclosed during this session will remain confidential.

Before

The Supervisor Should	The Case managers hould
• Discuss the process with the case managers o that they feel reassured about the exercise, allowing the case manager to ask any questions and raise any concerns they have in advance of the scheduled observation exercise. • Schedule an observation with an appropriate case in advance with the case manager. • Be familiar with the child's case file ahead of joining a meeting and any issues that may arise.	• Schedule the interviews or meetings with a child and family with an appropriate case. The case managers hould obtain the child's informed consent/assent and the consent of the caregiver when needed. • Eventual risks or concerns associated with the observation should be discussed with the child and caregiver. If no concern is underlined and the child/survivor provides consent, then the observation can take place.

• Ensure that consent has been obtained for the visit.	

During

The Supervisor Should	The Case managers hould
• Allow the case manager to take the lead. • Not interrupt the case manager unless it is necessary. • Explain that you will be taking notes about the case manager's practice and let the child/caregiver/other see the notes if they are interested. • Take notes referencing the observation tool, highlighting specific examples for areas of improved or good practice that can be praised afterwards.	• Introduce the child and caregiver to the supervisor and remind them why the supervisor is joining the visit. • Lead the session with the child and/or caregiver as though the supervisor is not present.

During the sessions, the supervisors should fill the Observation Tool, making sure that concrete examples are noted.

After

The Supervisor Should	The Case manager should
• Complete the Observation Tool, including constructive and positive feedback. • Shortly after the session, have an individual supervision session with the case manager to provide feedback from the observation.	• Participate in an individual supervision session with the supervisor and share reflections/feelings about the observation. • Ask any questions that may exist from this specific session or technical areas that the supervisor can provide more guidance on.

Case Management Session Observation

Case Number	
Date	
Case manager	
Supervisor	

Areas of Observation	Examples (Did the Case Manager…)	Examples observed and comments for the Case Manager
1.PREPARATION Demonstrate proper planning and organization for the session	• Ensure the available background information was gathered and adjustments/considerations were made prior to the session • Select a quiet, private, safe and child-friendly location for the interview • Have a clear objective/goal for the session	
2. INTRODUCTION Introduce the session appropriately to the child (and caregiver)	• Introduce himself/herself by name, role and organization in a way that the child and caregiver could understand • Explain to the child and caregiver the purpose of the interaction in a simple and clear way • Provide the child with a choice to have someone else present	
3. CONFIDENTIALITY Protect the child's and/or caregiver's confidentiality with their consent	• (If completing an intake or referring the case) Obtain the child and caregiver's informed consent/assent and explain the limits of confidentiality and mandatory reporting policies to the child and caregiver • Keep all documents secure • Take notes and document the case only upon having obtained informed consent	
4. COMMUNICATION Engage using child-friendly communication techniques that are age/developmentally appropriate.	• Sit at the child's level • Utilize creative interview techniques (drawing, puppets, dolls, etc.) • Use simple language and words that the child used • Stay calm and comforting throughout the interaction with the child • Ask open-ended questions • Use reframing and summarizing	

	• Reflect on what the child has shared • Check-in regularly with the child to ensure that s/he is understanding the child accurately	
5. TRUST Seek to establish/maintain trust	• Greet the child warmly • Give full attention • Avoid interrupting the child or caregiver • Listen before asking questions • Provides relevant and accurate information • Avoid making promises that cannot be fulfilled	
6. SUPPORT SKILLS Reassure the child (and caregiver as needed) and create a nurturing and supportive relationship	Use statements such as: • Thank you for sharing your story with me • You can take your time • This is not your fault • I am sorry to hear this happened to you • These are difficult things you are telling me, many feel upset after a thing like that happens • You are strong and brave • I understand you are feeling (frustrated, angry, sad, etc.); it is a very normal reaction for someone in your situation • I will try my best to help you	
7. PARTICIPATION Promote the child's participation (and caregiver's as needed), and seek to understand the wishes of the child in the session	• Invite the child to express her/his own opinions and feelings throughout the session • Communicate with the child using simple, clear, non-blaming language • Respect the child's wishes (i.e., if the child doesn't want to answer or says "I don't know") • Avoid asking too many questions or force the child to answer • Give the child time to make decisions • Inform the child that s/he can stop the session at any time	

8. SAFETY Assess the child's safety and other urgent needs	• Assess the child's sense of personal safety in the home and community • Review the safety plan (if applicable) with the child	
9. CLOSING Close the session appropriately	• Summarize what happened during the session with the child and thank her/him for her/his participation • Ask if the child or caregiver have any questions • Agree with the child (and caregiver) in simple and clear manner what will happen next and when • Ensure that the child/caregiver are aware of how to contact the case manager, if necessary	
ACTIONS TO BE TAKEN	**Supervisor:**	**Case manager:**

ANNEX K: CASE FILE CHECKLIST TOOL

Case File Checklist Tool

Definition: A case file review is a supervision practice used to assess a case manager'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 case manager.

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 case manager 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 case manager 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	
Date	
Case manager	
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 case meets the eligibility criteria		
2	Informed consent/assent to participate in the case management process and to collect, store and share information has been obtained from the child and caregiver before registering the case		
3	The registration form is completed, including thorough details related to child/family information and where to find the child		
4	The case has been provided an initial assessment of protection concerns		
5	The case has been provided an initial risk level and is prioritized for timely action and response within the case management process		
Assessment		Y/N/NA	Comments/Recommendations
1	The assessment was carried out at least within 1 week of the identification/registration (or earlier depending on risk level of the case)		
2	The assessment comprehensively described the risk factors, protective factors and needs of the case for the child, family and community levels		
3	The case manager clearly identified and described the child protection concerns		
4	The case has been provided a risk level based on the comprehensive assessment and is prioritized for timely action and response within the case management process		
Case Planning		Y/N/NA	Comments/ Recommendations
1	The case plan was completed at least within 2 weeks from the completion of the		

	assessment (or earlier depending on the risk level of the case)		
2	The case plan was developed with the child and caregiver(s) (where possible and appropriate)		
3	The actions within the case plan address the identified needs and risks and build upon the case's protective factors		
4	The case plan sets out a SMART objective and clearly identifies the agreed upon timeframes for actions to be taken, and by whom		
5	The case plan has been signed-off by the supervisor		
Implementation of the Case Plan		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 3 months (or more often depending on the risk level of the case) with all of those involved in the development of the case plan		
3	Based on the review and if found that the situation of the child significantly changed, another assessment has been conducted		
4	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 case manager/child/caregiver discussed readiness and agreed to close the case • Contact information was given in the event the child/family need to contact the case manager/ 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:	**Case manager:**

ANNEX L: CASE DISCUSSION TOOL

Case Discussion Tool

Definition: A case discussion is a supervision practice to support a case manager 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 case manager(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 case manager 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 case manager 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 case manager presents.

Case Discussion

Case Number	
Date	
Case manager	
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:	**Case manager:**

ANNEX M: CHILD PROTECTION CASE MANAGEMENT INDICATORS CATALOGUE

CASE MANAGEMENT SYSTEM			
Indicator	**Target**	**Source of Data / Tool**	**Notes**
A formal child protection case management coordination group (e.g. national CMTF) is in place and active	YES	Coordination group Minutes of Meetings	"Active" means: the group meets regularly, has appropriate representation from the relevant child protection case management stakeholders (including the government authority responsible for child protection case management), and has an action plan with specific outputs and outcomes.
Standard Operating Procedures for child protection case management are in place – including guiding principles, eligibility criteria, risk level guide, and case closure criteria	YES	SOPs	
A procedural safeguarding mechanism is in place to ensure that the best interests of the child are assessed and determined for decisions which may significantly impact the life of the child	YES	- SOPs - National best interests procedures	
Service mapping and multi-sectoral referral pathways for child protection case management are in place at the national level and in the targeted sub-national geographical areas and updated at least every 6 months	YES	Service mapping and multi-sectoral referral pathways	
Sufficient financial, material and logistical resources are in place that enable case managers to perform their duties in a competent and accountable manner	YES		Financial, material and logistical resources may include (but are not limited to): telephones, computers, transport, meeting space, Emergency Case Funds for beneficiaries, and a budget for capacity building, supervision and coaching.

Informal community-based child protection mechanisms are linked to the case management system	YES	- Documentation on # of referrals made by community-based child protection mechanisms - Central Management Information System	- Informal community-based child protection mechanisms may include (but are not limited to) e.g. community-based child protection committees, existing community structures also performing child protection activities. - "Linked to" refers to these mechanisms identifying, referring and/or supporting children who are harmed or at risk of harm (according to the eligibility criteria).

CASE MANAGEMENT PROCESS: *Identification and Registration*			
Indicator	**Target**	**Source of Data / Tool**	**Notes**
% of children, adults and service providers in targeted communities who know where and how to refer children who are harmed or at risk of harm to child protection case management services	80%	- KAP - Questionnaires - Surveys	"Harmed or at risk of harm" refers to the eligibility criteria defined in-context.
% of children and adults who feel safe referring children in need of protection to child protection case management services	100%	- KAP - Questionnaires - Surveys	
% of cases registered meeting eligibility criteria	100%	- Central Management Information System - Case file checklist tool	
% of cases registered with the consent form completed	100%	- Central Management Information System - Case file checklist tool	
% of cases registered provided with an initial assessment of protection concerns and initial risk level during registration and initial assessment	100%	- Central Management Information System - Case file checklist tool	
% of cases registered and identified with immediate concerns that threaten the life, safety and dignity of the child who receive urgent action to address these concerns without delay (i.e. before leaving the location)	100%	- Central Management Information System - Case file checklist tool	

CASE MANAGEMENT PROCESS: *Assessment*			
Indicator	**Target**	**Source of Data / Tool**	**Notes**
% of cases for whom assessment was carried out within one week of registration	100%	- Central Management Information System - Case file checklist tool	

CASE MANAGEMENT PROCESS: *Case Planning*			
Indicator	**Target**	**Source of Data / Tool**	**Notes**
% of cases for whom an individual case plan was developed within two weeks of the assessment	100%	- Central Management Information System - Case file checklist tool	
% of cases where it is possible and appropriate to involve the child/caregiver in which the child/caregiver are also involved in the development of the case plan	100%	- Central Management Information System - Case file checklist tool	The indicator takes into account that there may be instances where it is not possible and/or appropriate for the child (e.g. too young to participate in the development of the case plan) and/or caregiver (e.g. abusive caregiver who is not willing to participate) to be involved in the development of the case plan.
% of case plans approved by supervisor in order to ensure that case plans match the needs identified in the assessment and that actions are appropriate and timely	100%	- Central Management Information System - Case file checklist tool	
% of complex cases that require a multi-disciplinary/inter-agency case plan (or for whom a procedural safeguarding mechanism is required in order to determine the best interests of the child) that undergo a case conference	100%	- Central Management Information System - Case file checklist tool	

CASE MANAGEMENT PROCESS: *Case Plan Implementation*			
Indicator	**Target**	**Source of Data / Tool**	**Notes**
% of cases who receive the actions identified as needed in the case plan	90%	- Central Management Information System - Case file checklist tool	- The target takes into account that certain services may not be available or accessible.

% of referrals for which consent / assent has been provided	90%	- Central Management Information System - Case file checklist tool	- The target takes into account that there may be instances where a referral is made in the best interest of the child without the consent / assent of the case.

CASE MANAGEMENT PROCESS: *Follow-up and Review*			
Indicator	**Target**	**Source of Data / Tool**	**Notes**
% of cases who have been followed-up with regularly in line with the case plan and risk level of the case	100%	- Central Management Information System - Case file checklist tool	
% of cases for whom a case review was conducted at least every three months	100%	- Central Management Information System - Case file checklist tool	
% of cases where it is possible and appropriate to involve the child/caregiver in which the child/caregiver are actually present during the case review	100%	- Central Management Information System - Case file checklist tool	The indicator takes into account that there may be instances where it is not possible and/or appropriate for the child (e.g. too young to participate in the case review) and/or caregiver (e.g. abusive caregiver who is not willing to participate) to be present during the case review.
% of cases for whom another assessment was conducted after the review found that the situation of the child significantly changed in such a way that it warrants another assessment	100%	- Central Management Information System - Case file checklist tool	
% of cases for whom the case plan was revised after the review found that adjustments in the case plan are needed	100%	- Central Management Information System - Case file checklist tool	
% of complex cases that require a multi-disciplinary/inter-agency case review (or for whom a procedural safeguarding mechanism is required in order to determine the best interests of the child) that undergo a case conference	100%	- Central Management Information System - Case file checklist tool	

CASE MANAGEMENT PROCESS: *Case Closure*			
Indicator	**Target**	**Source of Data / Tool**	**Notes**
% of cases closed that meet the case closure criteria	100%	- Central Management Information System - Case file checklist tool	
% of cases closed due to the overall goal of the case plan being met, the child being safe from harm with their care and wellbeing being support, and without additional child protection concerns	80%	- Central Management Information System - Case file checklist tool	The target takes into account that cases may also be closed due to other reasons (e.g. relocation of the child to an area where there is no agency to transfer the case to, death of the child, or the child/caregiver no longer wanting support and without grounds to go against their wishes).
% of cases closed with whom case closure has been discussed and agreed with the child/caregiver	90%	- Central Management Information System - Case file checklist tool	The target takes into account that there may be instances where it is not possible and/or appropriate for case closure to be discussed and agreed with the child/caregiver (e.g. child is no longer contactable and case manager has waited at least three months before closing the case).
% of case closures approved by supervisor	100%	- Central Management Information System - Case file checklist tool	
% of cases closed for whom a final follow-up meeting in at least three months' time has been planned to ensure the situation remains stable	90%	- Central Management Information System - Case file checklist tool	The target takes into account that there may be instances where it is not possible and/or appropriate for a final follow-up meeting to be planned (e.g. child is no longer contactable and case manager has waited at least three months before closing the case).
% of cases who report that their situation has improved since working with the case manager	90%	Caregiver / Child Feedback Form	
% of cases who report to be overall satisfied with the support provided by the case manager	90%	Caregiver / Child Feedback Form	

HUMAN RESOURCES			
Indicator	**Target**	**Source of Data / Tool**	**Notes**
Job Descriptions for case management staff are in place	YES	Job Descriptions	
% of case managers with a caseload of not more than 25 active cases[1]	100%	- Central Management Information System	
% of supervisors supervising not more than 6 case managers	100%	- Central Management Information System	
% of case managers who report they have received training on child protection case management, as well as who are receiving ongoing and structured supervision and coaching on child protection case management on a regular basis	100%	Surveys	Timeframes and frequency of supervision and coaching activities are defined in the SOPs
% of case managers and supervisors who meet all of the required core competencies 6 months after their recruitment	100%	- Case manager capacity assessment tool - Observation tool	
% of case managers who demonstrate full knowledge of their Job Description and the SOPs	100%	Case manager capacity assessment tool	

INFORMATION MANAGEMENT FOR CASE MANAGEMENT			
Indicator	**Target**	**Source of Data / Tool**	**Notes**
Child protection case management forms are in place and harmonized between agencies	YES	Child protection case management forms	
% of cases with complete and up-to-date individual case files	100%	Case file checklist tool	
Data protection and information sharing protocols are in place	YES	Data protection and information sharing protocols	
A child protection case management information management database is in place	YES	Information management database	

[1] Idem.

Child protection case management data is analyzed and used to improve programming.	YES	Data analysis products	

ANNEX N: CHILD PROTECTION CASE MANAGEMENT GUIDANCE FOR REMOTE FOLLOW-UP IN COVID-19 SITUATION

Year 2020

National Commission of Women and Children

Acknowledgement

National Commission for Women and Children would like to express our sincere gratitude to UNICEF, Bhutan for coming up and providing 'Guidance Note on child protection case management for remote follow-up in COVID-19 situation'. This timely and relevant guidance note would not have been possible or materialized without the support from UNICEF.

We would also like to extend our gratitude to all the other divisions and services under NCWC for their active participation and contribution in developing this guidance note.

Introduction

COVID-19 has been declared a global pandemic. As the virus continue to spread, the usual normalcy of the people has been totally distorted. Schools across the country has been closed and the business have been badly hampered. People are facing multiple levels of stress which includes not limited to physical and psychological, health risk, family confinement, isolation and economic vulnerability. Children particularly are venerable since it is likely that they will experience domestic violence and abuse due to stressful home environment and with the closure of school and online learning initiated, children are spending most of their time online which can pose another danger of sexual exploitation and cyber bullying. In addition, economic vulnerability may lead to increase in child labour and child marriage and many other child protection issues.
At time like today, child protection case managers play a critical role in protecting our children but the usual face to face services and support to the children and their families may not be possible for health and safety reasons. Such times can hamper the continuation and timely services and support for the children and their families.

This guidance note on the remote case management is intended to support our case workers through child protection case management process during COVID-19 at the same time ensuring the safety of both the children and the case managers .

As a result of COVID-19 face to face follow-up may not always be possible for all Child Protection case managers doing case management with children and their families.

This guidance note is intended to support child protection case manager to provide remote child protection case management, including the key child protection principles[2] of survival and development, non-discrimination and inclusion, child participation, and the best interest of the child. It focuses on:

- How case managers should **provide remote support to children within their existing case load assessed to be at medium or high risk;**

- **What specific considerations case workers need to make when conducting interviews/assessment of new cases received, or referral that need to be** handled remotely, primarily through phone calls.

This document is intended to support case manager through Child Protection (CP) Case Management processes during the COVID-19 outbreak response in Bhutan. CP case management is normally a long-term process which can take several months depending on the unique needs of the child, their coping mechanisms and support system. In emergencies, numerous challenges

can be faced by CP case workers to provide face-to-face emotional support, in children and their families accessing services in a timely manner. In such circumstances, new incidents of child abuse, neglect, violence and exploitation, can be further exacerbated by the absence in person support to the child, as well as other much needed services.

In the case of Bhutan, the current COVID-19 outbreak, will likely result in children who are already subjected to neglect, abuse, violence and exploitation being placed at further risk of abuse by perpetrators within the home such as family members, or in the community. The **provision of remote child protection case management should only be considered as a modality of support under exceptional circumstances** when in person support is not feasible or advisable due to safety and security concerns which impede access such as the COVID-19 outbreak. Due to the current situation in Bhutan, remote case management, including emotional support, and referrals (via telephone) may be the most feasible modality to provide services to children exposed to abuse despite its many challenges, risks, and constraints.

As a CP case manager during the COVID-19 outbreak, it's important to continue to provide case management services to children at medium and high risk, which are already in the existing caseload as well as new cases. Remote case management is being recommended as an exceptional implementation modality as a result of COVID-19. These guidelines serve to support CP Case workers through a complex operational context. In cases where the child is in imminent danger – face to face follow up with the relevant authorities is critical (please see more on this below). In cases where the child is at high risk and contact by phone is not possible it will be important for the CP protection officer (his/her agency) to consider ways in which the case worker can access and visit the child exceptionally and on rare occasions to monitor the child's safety and ensure they are not in imminent danger amid COVID-19.Please note the measures implemented by the Government of Bhutan to restrict movement remains the primary consideration for all agencies, however in cases where children are in imminent danger the CP case worker needs to coordinate with the relevant authorities (please see more below).

For both medium and high-risk cases, it is crucial to visit the child face to face once it is deemed safe from COVID-19.

Key standards to Consider/Follow:

Specific considerations on safety and security of the child during remote case management: In instances where you have specific concerns about the safety of the child in the household, please consider the following.

1st Step: **Calling the family:**

Please note that children normally don't have access to phones themselves, especially children in younger age groups. Therefore, the case manager should call the number of a trusted adult caregiver/parent.

- The case manager should call the parent/caregiver or the person your agency has been working with as part of the case management process. This should ideally be a trusted adult who is already engaged in the CM process prior to the COVID-19 outbreak.
- The case manager should clearly explain that due to the current outbreak and lockdown he/she is therefore contacting the family to propose another modality.
- Ensure that the parent/caregiver or trusted adult fully understands the case management process.
- Case Manager should explain at the onset of the call that the call is expected to last between 30 and 45 minutes, depending on the safety of the child/family and their needs
- The case manager should inform the parent/caregiver/trusted adult that due to the current circumstances the primary mode of communication to follow up on the child's case plan will be done through phone.
- The case manager should explain to the parent/caregiver/trusted adult that whilst the adult's regular involvement in the case plan is very important, it's also important for the child to have space to speak to the case manager one to one. The case manager can explain that this is important in terms of supporting the child's resilience.
- In case the case manager suspects that the parents/caregivers are not revealing the real situation and the child's safety is at risk, the case manager should act in the best interest of the child including referral to relevant agencies.

2nd Step: **Verify that safety and security conditions are in place to ensure the child is not at further risk, while asking the child's consent or assent to proceed with the phone call:**

- In the instances where you feel that the child sounds uncomfortable, do not continue and ask the child if they are able to contact you when she/he is available through a missed-call, text message, or any other means that she/he feels comfortable.
- In case if the child is not responding to the case manager and realizes that the child is in danger, the case manager should act in the best interest of the child.
- Once you are sure to proceed, please ask the following questions to confirm the safety and security conditions:
  - Are you comfortable talking right now? Do you agree to continue this talk now over the phone? Or do you prefer we schedule a different time? Or do you prefer to miss-call me or text me when you are ready?
  - Is this the right number to call? Or do you prefer me to call any other alternative numbers?
  - Are you taking the call from a room that gives you the space to speak privately and confidentially? If this is not possible, no worries, we will manage and I can ask you some questions to which you can answer YES or NO if that makes it easier for you, does that sound ok?
- For unaccompanied, and separated children, ensure the family they are living with treats them like other children in the household and consider numerous options of a care plan.
- **Decide with the child** what to do in the following scenarios:

(SAY: Before we continue, let us talk about some of the measures we can put in place in case we are interrupted, or you feel that you are no longer safe)

- Someone involved in the abuse, or someone who the child doesn't trust in the household picks up the phone
- The child does not feel safe/confident as someone may be listening the call and there is a need to stop the call

- **Agree with the child on a safe word or a code that can be used if they feel unsafe and would rather not speak any more.**
- **Also agree that the child can change the subject if they feel unsafe or listened to**. The case worker can suggest something simple such as discussing the weather, COVID 19 guidance, or any activities they are doing at home etc,.. to change the subject.
- **Ask for consent repeatedly:**
  - Do you feel safe enough for our conversation? Please know that it's ok to say no to me, I can call back at another time that is better for you. I am here to support you.
  - Are you fine talking now?
- **Once safety is confirmed, the case management services can be introduced. It is important to highlight confidentiality, child participation and the concept of their best interests.**

***REMEMBER:** If the child does not sound comfortable to talk, please do not continue and give them an option to contact you when they do feel more comfortable speaking, you can suggest through a missed-call, text message, or any other means that they feel comfortable. During the COVID-19 crisis, this may be challenging for a child living in an overcrowded setting with many family members. In these cases, it is important that the case manager relies on his/her understanding of the child's living conditions from previous house visits in order to consider whether or not it is feasible for the child to find a safe place and time where they are likely to be able to speak more freely. **Do No Harm** is paramount to this.

3rd Step: **Follow up with the parent/caregiver/trusted adult and the child**

- Based on the child's main concerns, agree on the most appropriate care arrangements in case the child/or adult falls ill.
- The case worker should facilitate this for the child by explaining to the parent/caregiver/trusted adult that it is recommended for the child to go into a room alone to speak privately if possible. Case workers need to explain that we all need to adhere to the Government of Bhutan (RGoB) restrictions of ceasing our movements, ask them to stay as close to their house as possible to speak privately to remain in line with RGoB restrictions on movement.
  *****Please note*** *it is the case manager's responsibility to consider any potential concerns there may be in terms of the child having the space and time to speak to the case managers without the interference of the adult, or other members of the household.*
  *****Please note*** *that children in overcrowded settings may not have the option to go to a different room. In these instances, the case manager needs to ask close ended questions in case the child doesn't feel comfortable sharing information over the phone. In these instances case managers need to explain to the child that whilst they aren't allowed to go out, if there is an outside area right outside their house, near their house where they can have some space to speak (without coming into contact with anyone), you can call back when they can talk.*
- For unaccompanied, and separated children ensure you consider numerous options of a care plan, ensure the family they are living with treats them like other children in the household.

- Provide the child, as well as the caregiver (where appropriate) with the updated information on the currently available and reachable services during the emergency in their area that respond to her/his/their family's needs.

- Make the necessary referrals where applicable and manage expectations regarding service provisions due to the current situation highlighting that delays are highly likely.
- Ensure that your discussion with the child and parent/caregiver/trusted adult includes the prioritization of which immediate needs need to be addressed, and which referrals should be prioritized accordingly.
- Inform the child and parent/caregiver/trusted adult of the Mental Health and PsychoSocial Support (hotlines: 17123237, 17123238, 17123239, 17123240, 17123241, Sherig Counselling or the Woman and Child Helpline **1098)** if they need emotional support explaining that emotional support, and help is normal.
- Maintain a child centered approach, ensuring that the child's best interests are at the core of case planning. Ensure that the child plays a very clear role in being involved in decision making throughout the case management process, so it is clear why and how decisions were taken as part of their case plan.

Specific Considerations:

Specific considerations in cases where the child, or caregiver cry over the phone:

The CP case manager should focus on **healing statements** and validate the child or adults' feelings. This means repeating statements such as

"*It must be difficult', I'm sure it wasn't/isn't easy to go through all this".*

Specific considerations in cases where the child, or family/caregiver disclose to you that they are suffering from COVID19 symptoms:

Ensure to tell both the child and the caregivers/trusted adult if they experience any COVID-19 symptoms (high temperature, coughing, problems in respiration, throat pain, fatigue, diarrhea, vomiting, runny nose) or are taking care of anyone showing these symptoms or was in contact with anyone who travelled to outside countries, please call the Ministry of Health COVD-19 helpline at 2121.

Specific considerations for children at imminent danger:

- For children in imminent danger, especially when home visits are not possible anymore– ensure an urgent referral is made and actioned. This involves closely coordinating with the National Commission for Women and Children (NCWC)
- In the event where the parent/caregiver is placing the child in imminent danger, consider checking with the child whether there is an adult member of the household or in the immediate vicinity who they trust.

Specific Consideration:

- If a CP case manager receives a call from a child or third-party reporting abuse, violence, exploitation or neglect, the child protection actor has a responsibility to respond.
- The CP case manager needs to reassure the caller be it the child or a third party that his/her case will be taken care and provide as much details of the agency and the contact person.

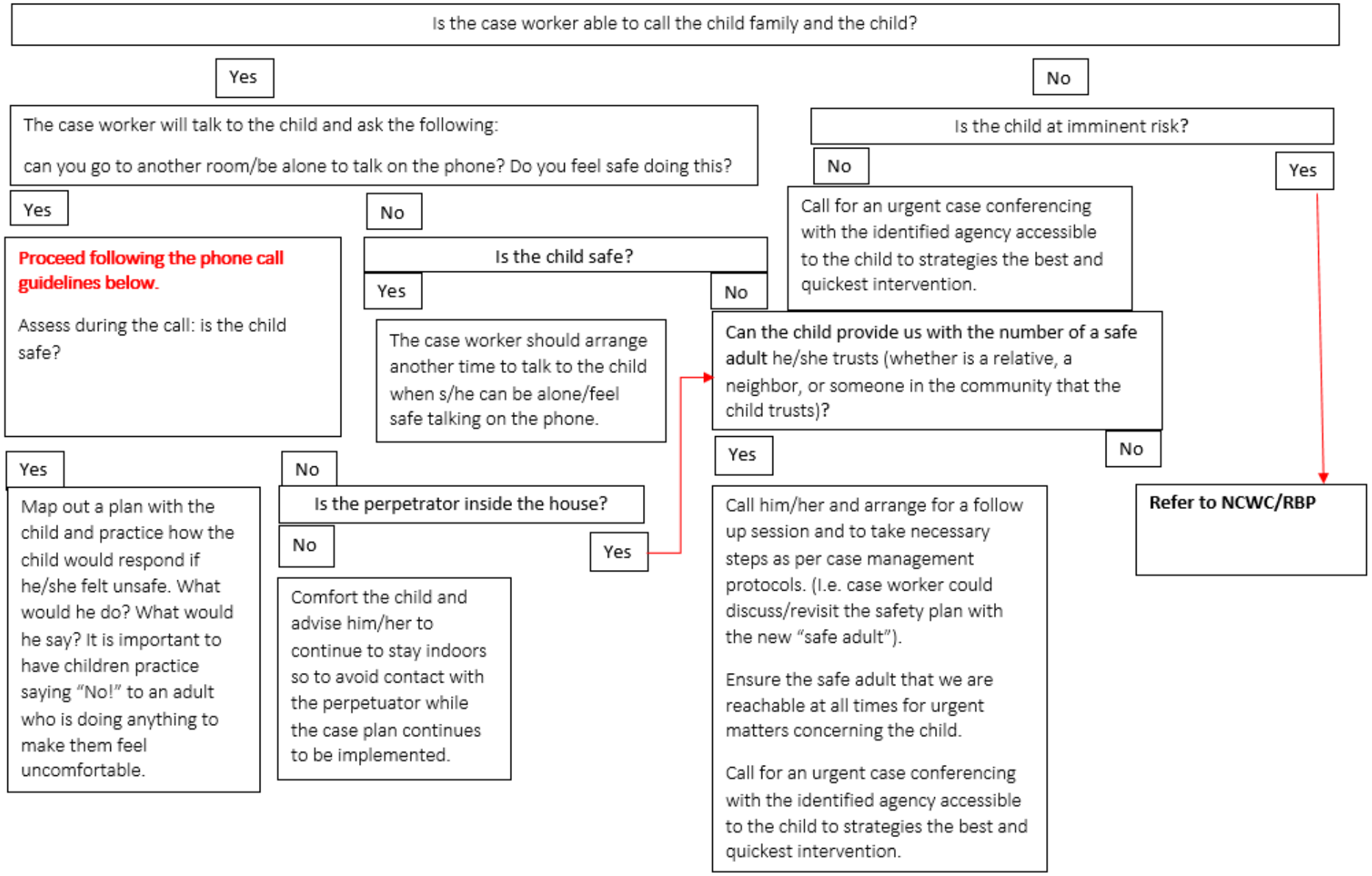
- The case manager should assess with the caller (him/her) to what extent the child is at risk and reach the child by phone- either calling their family, or a relevant person in the household/community.
- Act immediately taking into consideration the best interest of the child, incase the child does not have access to phone or other services, and the child's safety is at risk, including seeking the support of front-line workers and relevant agencies to visit him/her.
- A safety plan is to be set with the concerned child and/or family until further intervention.

Child Protection Case Managers ' Responsibilities:

- Ensure helpline/hotline phones are available at all times.
- Ensure the child and family have your contact details, including a 24 hour helpline/hotline and ideally a direct contact to the case manager.
- If a case manager is working from home, they need to secure a private room/place to do counseling respecting the child's privacy.
- Be prepared for emergencies and have updated information on the service providers.

If there is an emergency related to a high-risk case and a **child is in imminent danger, the CP case manager should reach out to their supervisor and act immediately in the best interest of the child**

Follow-up Pathway:



Guidelines for phone calls: When calling a new case for the first time:

EXPLAIN to the child and caregiver who you are, for which organization you work and how you can help him/her.

UNDERSTAND the reason why the child called or may have been referred to you, the situation s/he is in right now and what is s/he expecting from you

EXPLAIN to the child that because of the current situation, we, the case manager is not able to visit them as regularly would do, but that we can have a conversation on the phone instead. Make sure that the child is comfortable with this idea.

ASK the child and caregiver if they are receiving support from any other agency? Consider whether there is any duplication, if not then continue providing support. If there is, ask the child/caregiver to consider which of the two CP case workers they would like to continue with.

POSSIBLE TEXT TO USE: At this time service providers are all trying to follow the recommendations to remain indoors and limit all movements due to COVID-19.

REASSURE the child that we are still committed to support him/her with all the support needed.

When calling a case for follow-up:

EXPLAIN to the child the reason for calling.

EXPLAIN to the child that he/she should only be agreeing to talk/respond to the questions if he/she feels completely safe and has no fears of repercussions based on this call.

REMIND the child of the "safety word" that was previously agreed (during the safety planning) and that he/she can use it whenever he/she requires further support or if not feeling safe at any point while talking to the case manager. If you did not agree on a "safety word" with the child previously, agree on one with him/her during the call while explaining the purpose of this word and how he/she can use it.

ASK THE CHILD:

Do a little recap from the last session and continue to base the intervention on the already established safety plan; Do you remember the safety plan we set together (to go over it with the child over the phone)? Is there any information you would like to share with me today?

How things have progressed since our last visit/chat? Is he/she experiencing the same level of risk? Higher? Lower? Has something happened since the last visit that the child wants to share with the case worker?
Do you want to agree on a safe word that can be used whenever you don't feel safe or you are unable to talk (if not done previously)?

ASK THE CHILD:
How she/he is feeling? Are you feeling safe?

EXPLORE WITH THE CHILD other (new) immediate negative impacts as a result of COVID-19 that he/she might be experiencing, and how those make her/him feel?
i.e.: Not being able to attend school? Not being able to attend PSS activities? Not allowed to go out? Has he experienced other risks (i.e. tension in the house? Increase in negative coping mechanism- worst forms of child labour, intimate partner violence and domestic violence, exposure to high levels of stress and tension? Increase violence at home? Stigma? Loss of a caregiver/someone in the household? Separation from a caregiver due to them having to be hospitalized etc.?

ASK THE CHILD what is his/her condition and if he/she has any signs and symptoms of the COVID 19?
Provide a small awareness session or remind the child about COVID-19 prevention measures in order to reinforce messages that are being shared by other channels or longer sessions if the child hasn't yet received any messages.

ASK THE CHILD how the child is getting along with other children? What daily activities are they engaged in? Ask the child about his/her psychosocial wellbeing/ Ask the child about his/her family and close relationships. Ask the child if he/she is feeling safe within their care arrangement and the environment. What does he/she need to feel safe? What are the main actions that we can support him/her with?

PROVIDE the case manager should remind the child the number of the hotline and the case manager number and encourage him/her to call anytime he/she would need to.

In case the child or the family has Wechat, WhatsApp..etc the case manager should communicate via the most convenient way. The child can be asked to send a text message or to miscall and the case manager will call back. The safety plan developed previously would have included this information and modalities of communication.

AT ALL TIMES: let the child freely express and talk as much as he/she needs/wants. Use positive Communication and listening skills. Be attentive and knowledgeable, be cautious and prepared, to be assertive!

Guidelines for phone calls:

i. When calling a new case for the first time:

EXPLAIN to the child and caregiver who you are, for which organization you work and how you can help him/her.

UNDERSTAND the reason why the child called or may have been referred to you, the situation s/he is in right now and what is s/he expecting from you

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AT ALL TIMES: let the child freely express and talk as much as he/she needs/wants. Use positive Communication and listening skills. Be attentive and knowledgeable, be cautious and prepared, to be assertive!

- Child protection case managers need to work with the child on her/his circles of trust/protection and ensure a safety plan is in place regarding their physical safety and their safety with respect to care arrangements in the event a member of the household is unwell with COVID-19.
- Ensure the safety plan is realistic and based on recommendations by the child/caregiver of what is possible.

SUPPORTING THE CAREGIVER

Although this guidance note is focused on the work of the case manager with the child, it will be important to also check how caregivers are feeling. In this specific circumstance, caregivers might feel overwhelmed, scared, worried, powerless, frustrated and their caring capacity. As tension in the households rises, domestic violence, corporal punishment and other forms of abuse against children and negative coping mechanisms can also increase.

1. Consider referring them for counselling sessions or PSS service providers to address managing stress, and positive parenting.
2. Consider the Health Help Centre Helpline 112 for caregivers or children who need emotional support or experience suicidal ideation

******During the phone call, if you come to know that the child is victim of any form of abuse, the case manager the case manager should act in the best interest of the child as per the child protection case management SOP.***

If case manager fills out any forms during the conversation, it is **imperative to ensure the safe storage** of any identifiable information of the child. Documents prepared during remote case management should be cared for in the same way as face-to-face case management. In such cases, please keep the information in a safe place with a lock. In case any electronic case management system is in place, please follow the agreed-upon data safety measures.

ANNEX O: LIST OF TERMS AND DEFINITIONS

Abandonment
Caregiver failure to maintain contact with a child or to provide reasonable support for a specified period of time.

Alternative Care
Alternative care is the care provided for children by caregivers who are not their biological parents. This care may take the form of informal or formal care. Alternative care may be kinship care; foster care; other forms of family-based or family-like care placements; residential care; or supervised independent living arrangements for children.

Assent
The expressed willingness to participate in services. For younger children who are by definition too young to give informed consent, but old enough to understand and agree to participate in services, the child's "informed assent" is sought.

Assessment
A process of gathering and analysing information in order to form a professional judgement about the child's situation.

Basic Psychosocial Support
MHPSS interventions that focus on strengthening family and community supports. Examples of basic psychosocial support include early childhood development activities, structured psychosocial activities in child- or youth-friendly spaces, creative, cultural and sports activities for children of different ages that also engage their families and community members, life skills and peer-to-peer groups for adolescents, including groups specific to girls' and boys' needs and interests, support groups for parents (mothers and fathers), women or other child caregivers, and positive parenting training.

Best Interests Determination
A formal process with strict procedural safeguards designed to determine the child's best interests for particularly important decisions affecting the child. It ensures a child's social wellbeing, physical, emotional and intellectual development by balancing factors in order to assess the best option, through the involvement of decision makers with relevant expertise, and through the involvement of the child without discrimination, in making decisions affecting them.

Biological Parent(s)
The biological parents are the birth family of the child. It can mean both parents, if they are together, or the mother or father.

Case
The individual at the centre of the case plan. In different settings people may use different terms such as "client" or "case" to refer to the individual at the centre of a case plan.

Case Closure
The point at which case work with the child ends.

Case Plan
A case plan is the documentation of the goals and next steps for a child and family based on a comprehensive assessment.

Case Transfer
A case transfer describes the process of handing over the full responsibility for coordination of the case management process to another organisation and/or case manager.

Caregiver
A caregiver is someone who provides daily care, protection and supervision of a child. This does not necessarily imply legal responsibility and therefore goes beyond only parents. It also includes customary caregivers. A customary caregiver is someone that the community has accepted, either by tradition or common practice, to provide the daily care, protection and supervision of a child.

Case Management
A way of organising and carrying out work to address an individual child's (and their family's) needs in an appropriate, systematic and timely manner, through direct support and/or referrals, and in accordance with a project or programme's objectives.

Case Manager
The key worker in a case who maintains responsibility for the child's care from identification to case closure. In Bhutan, case managers are sometimes also referred to as "case managers" which is not to be confused with a case management supervisor (see supervisor below). Case managers refers to government social workers, child protection workers from CSOs and para-social workers involved in case management

Child
Any person under the age of 18.

Child Abuse
A deliberate act of ill treatment that can harm or is likely to cause harm to a child's safety, well-being, dignity and development. Abuse includes all forms of physical, emotional, sexual, neglect and/or exploitative ill treatment**.**

Child in Conflict with the Law
A child who is above 12 years of age and is found to have committed an offence.

Child in Contact with the Law
A child who is contact with the formal justice system as a perpetrator, victim or witness.

Child in Difficult Circumstances
A child who:

- Is found without having any home or settled place of abode and without any ostensible means of subsistence and is a destitute;
- Has a parent or guardian who is unfit or incapacitated to take care of or exercise control over the child;
- Is found to associate with any person who leads an immoral, drunken or depraved life;
- Is being or likely to be abused or exploited for immoral or illegal purposes; or
- Is a frequent victim at the hands of individuals, families or the community.

Child-Headed Household
A child-headed household is one in which a child or children (typically an older sibling), assumes the primary responsibility for the day-to-day running of the household, providing and caring for those within the household.

Child Labour
Child labour is work carried out to the detriment and endangerment of a child, in violation of international law and national legislation. It either deprives children of schooling or requires them to assume the dual burden of schooling and work.

Child Marriage
Marriage of a girl or boy before the age of 18 and refers to both formal marriages and informal unions in which children under the age of 18 live with a partner as if married.

Child Protection
The prevention of and response to abuse, neglect, exploitation, and violence against children.

Child Protection Case Management System
A case management system comprises the set of coordinated formal and informal components within a child protection system that connect to each other and that are all necessary for the case management process to work. They work on several levels of society – from the national level down to the community levels – and consists of: government programs and funding; legal and policy framework on the rights of children and roles and responsibilities of actors – as well as SOPs which describe the standards and protocols for case management; oversight mechanisms such as ongoing supervision and coaching of case managers; regulation, requirements and accreditation of frontline case managers; aware communities and informal community-based child protection mechanisms which are linked to the formal child protection case management system – especially when it comes to identification and safe referrals of child protection cases; supportive formal structures such as referral and Best Interests Determination (BID) mechanisms; effective coordination between the different stakeholders in the system, e.g. through a national child protection case management task force and its decentralized structures; and comprehensive information management systems to collect, store, manage, share, and analyze case data.

Child Trafficking
The recruitment, transportation, transfer, harbouring or receipt of persons under the age of 18, by means of threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.

Children in Conflict with the Law
Refers to a child above 12 years-old who is alleged as, accused of, or adjudged as, having committed an offense under national laws.

Civil Society Organization
An organization registered under the Civil Society Organization Act of Bhutan 2007.

Community
A neighbourhood, vicinity or locality where the child resides.

Community-Based Child Protection Mechanism
A network or group of individuals at the community level who work in a coordinated way to ensure the protection and wellbeing of children in a village, urban neighbourhood or other community.

Competent Authority / National Case Management Agency
The National Commission of Women and Children or any authority established by the Government, in line with the CCPA and DVPA.

Confidentiality
The obligation that information about an individual disclosed in a relationship of trust will not be disclosed or made available to unauthorized persons that are inconsistent with the understanding of the original disclosure or without prior permission.

Consent
Informed, free and voluntary agreement of an individual who has the legal capacity to give consent.

Counsellor
A person accredited by the BBCC and working for the NCWC, DYS or any other relevant service provider including a CSO.

Court
A Child Justice Court or a Bench and where no such Court or Bench has been constituted, any regular Court/Bench empowered under the CCPA to exercise the powers conferred on a Child Justice Court in the case of a CICL, or any Royal Court of Justice in Bhutan.

Documentation
The process of collecting and storing information specific to individual children and their families, both information that the child and family provide directly as well as any information collected indirectly, this also includes the use of case management forms, notes taken, and gathering these in case files.

Domestic Violence
Violence against a person by another person with whom that person is, or has been in a domestic relationship.

Domestic Relationship
Means (1) spousal relationship; (2) a family relationship; (3) an intimate personal relationship; and/or (4) ordinarily shares a household with a defendant.

Emotional or Psychological Abuse / Violence
Persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional health and development e.g. humiliating and degrading treatment such as bad name calling, constant criticism, belittling, persistent shaming, solitary confinement and isolation.

Exploitation
The use of children for someone else’s advantage, gratification or profit often resulting in unjust, cruel and harmful treatment of the child.

Extended Family
The wider network of family members that might include grandparents, uncles, aunts, cousins etc.

Family Reunification
The process of bringing together the child and his or her family or previous caregiver to establish or re-establish long-term care. The term is also used when children are united with family with whom they did not live before.

Family Tracing
In the case of children, this refers to the process of searching for both family members and/or primary legal or customary caregivers. The term also refers to the search for children whose parents are looking for them. The objective of tracing is reunification with parents or other close relatives.

Focused Non-Specialized Mental Health and Psychosocial Support (MHPSS) Care
MHPSS interventions, delivered by trained and supervised lay or non-specialized workers, that provide focused care to children and families who have specific emotional, social, health or protection needs. Providers may be community outreach workers, health or social service staff, counsellors, teachers or others.

Follow-up
Involves checking that a child and his/her family are receiving appropriate services and support. It also involves monitoring the child's situation and identifying any changes in a child or family's circumstances.

Foster Care
The care for a child placed by the Competent Authority or judicial authority in the domestic environment of a family other than the child's own family that has been selected, qualified, approved and supervised for providing such care by the Competent Authority.

Gender-Based Violence
Gender-based violence (GBV) is an umbrella term for any harmful act perpetrated against a person based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion and other deprivations of liberty. These acts can occur in public or in private spaces. Common forms of GBV include sexual violence (rape, attempted rape, unwanted touching, sexual exploitation and sexual harassment), intimate partner violence (also called domestic violence, including physical, emotional, sexual and economic abuse), forced and early marriage and female genital mutilation. GBV is recognized as a widespread international public health and human rights issue.

Guardian
Any person who in the opinion of the Competent Authority, having cognizance of any proceeding in relation to the child, has, for the time being, the actual charge of, or control over, that child.

Identification
The process of establishing which children are at risk of harm and where these children may be found.

Implementation of Case Plan
The actions taken in order to realise the plan including direct support and services and referral to other agencies/service providers, as appropriate.

Institution
All institutions related to childcare, protection and development of a child.

Interim Care
Describes care arrangements for unaccompanied and separated children or other children in need of care, and intends to be temporary (less than 14 days), pending the return of the child to his or her own family.

Kinship or Extended Family Care
Refers to the placement of children with relatives (kin).

Longer-Term Care
An alternative care placement lasting for more than 14 days.

Neglect
Deliberately, or through carelessness or negligence, failing to provide for, or secure for the child, their rights to physical safety and development e.g. abandonment, the failure to properly supervise and protect children from harm as much as is feasible, the deliberate failure to carry out important aspects of care which results or is likely to result in harm to the child, the deliberate failure to provide medical care or carelessly exposing a child to harm.

Parent
A child's biological or adoptive mother/father.

Person with Functional Difficulties
A person with a physical or mental disabilities and/or impairments.

Physical Abuse / Violence
Physical abuse involves the use of violent physical force so as to cause actual or likely physical injury or suffering (e.g. hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, female genital mutilation, torture).

Protection Officer
An officer appointed by the Government under the DVPA but who shall also fulfils the roles of the Child Welfare Officer and the Probation Officer as defined under the CCPA, CAA and the respective Rules and Regulations.

Protective Factors
Conditions or attributes in individuals, families, communities, and the larger society that, when present, mitigate or eliminate risk and increase the resilience and coping mechanisms of the individual.

Rape
Non-consensual penetration (however slight) of the vagina, anus, or mouth with a penis or other body part. Also includes penetration of the vagina or anus with an object.

Referral
The process of formally requesting services for a child or their family from another agency through an established procedure and/or form; case managers maintain overall responsibility for the case regardless of referrals.

Registration
Information collected for the purpose of establishing the identity of the child and registering the child for case management.

Resilience
The ability of children and their families to deal with, and recover from, adversity and crisis, influenced by individual characteristics and external factors like: diversity of livelihoods, coping mechanisms, life skills such as problem-solving, the ability to seek support, motivation, optimism, faith, perseverance and resourcefulness.

Review
The regular meeting of those responsible for the child's best interests and the child, during which the progress, current and future, of the case plan is discussed.

Risk Factors
Conditions or attributes in individuals, families, communities, and the larger society that, when present, increase the vulnerability of the child.

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

Sexual Abuse / Violence
Any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, unwanted kissing, fondling, or touching of genitalia and buttocks.

Sexual Exploitation
Any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes. This includes profiting monetarily, socially or politically from the sexual exploitation of another.

Specialized Mental Health and Psychosocial Support (MHPSS) Services
Specialized services, delivered by mental health clinicians or social service professionals, that include care for children and caregivers with pre-existing mental health disorders and disabilities (including developmental and intellectual disabilities) that can worsen in crisis situations. It also includes care for those who are prone to developing or have developed mental health problems or severe distress that interferes with their daily functioning as a result of the emergency situation. Specialized services may include mental health interventions (i.e. psychological and/or psychiatric treatment) and social services (e.g. mental health case management).

Stakeholders
Relevant government and non-government organisations and individuals in Bhutan.

Supervision
A relationship that supports the case manager's technical competence and practice, promotes well-being and enables effective and supportive monitoring of casework.

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

Vulnerability
Physical, social, economic and environmental factors that increase the susceptibility of a community or individuals to difficulties and hazards and that put them at risk as a result of loss, damage, insecurity, suffering and death.

Women and Child Welfare Committee
A committee constituted to advice, and oversee matters relating to cases of women and children in difficult circumstances and children in conflict with law, and coordination amongst the agencies involved.

Worst Forms Of Child Labour
Are prohibited to any person below the age of 18 and to be eliminated as a matter of urgency as a subset of child labour. They include:

- All forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and serfdom and forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict;
- The use, procuring or offering of a child for prostitution, for the production of pornography or for pornographic performances;
- The use, procuring or offering of a child for illicit activities, in particular for the production and trafficking of drugs as defined in the relevant international treaties;
- Work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or morals of children, also known as “hazardous work”.