

# Practical Guidance for Child Protection Case Management Services In the Emergency Response in Lebanon

May 2014

The following document outlines sample for Child Protection Case Management applicable in the emergency response in Lebanon. Importantly, this guidance governs all case management services provided to children through the response, regardless of the nationality or displacement status of the child. It reflects best practice as outlined in the global Minimum Standards for Child Protection in Humanitarian Action (CPWG 2013)<sup>1</sup>, the global Interagency Guidelines on Child Protection and Case Management (due to be released March 2014), as well as the Lebanese national Child Protection Case Management Standard Operating Procedures (currently being field tested) and the national legal framework. The guidance has been developed by the Technical Working Group on Case Management, a sub-group of the national Child Protection in Emergencies Working Group, with the participation of UNHCR, UNICEF, Danish Refugee Council, International Rescue Committee, Save the Children, and the Ministry of Social Affairs (MoSA) emergency team. The guidance has been reviewed by Université Saint Josef and MoSA to ensure it is in line with the national SOP for Child Protection Case Management. The information included should be updated at the regional and sub-regional level to include appropriate contacts and context-specific issues.

\*Specific instructions for adapting this text locally are in highlighted in red.

## 1. Child Protection Case Management

The instructions provided in this guidance are based upon the following definitions and guiding principles. Case management staff and supervisors should consider these when determining what actions to take and in all their interactions with children and their families.

### 1.1 Key Definitions and Guiding Principles

*What is child protection case management?*

Case management is *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 referrals, and in accordance with a project or programme's objectives.* Case management services follow a prescribed series of steps (as detailed in section 2) and are provided by one caseworker who is responsible for coordinating all services and taking decisions in the best interests of the child.

*Key Definitions*

**Caseworker:** *the key worker who interacts with the child and their family and maintains overall responsibility for the child's case throughout the process. In this document, when caseworkers are referred to, it includes social workers as well.*

**Case Conference:** *inter-agency meetings to develop an individual case plan or to review an individual case's status used for complex cases. The purpose of a case conference is to review a child and family's case plan, to explore inter-agency service options, and to reach a decision in the best interest of the child. The child and family participate in case conferences, where appropriate, and their opinions and input should always be sought in order to feed into decisions made.*

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<sup>1</sup> Child Protection Minimum Standards in Humanitarian Situations (2013). Global Protection Cluster, Child Protection Working Group. <http://cpwg.net/minimum-standards/>

**Case Management Meeting:** *are internal agency meetings held at regular intervals to review all open cases among caseworkers, supervisors and managers. Cases are discussed anonymously (i.e. without using names or identifying details), and the meetings are used, to compare how different cases are progressing, to discuss various types of response, to share lessons learned, to prioritize certain cases for immediate response, and to take joint decisions for complex cases.*

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

**Child Associated with Armed Forces or Groups:** *refers to any person below 18 years of age who is or who has been recruited or used by an armed force or armed group in any capacity, including but not limited to children, boys and girls used as fighters, cooks, porters, messengers, spies or for sexual purposes. It does not **only** refer to a child who is taking or has taken part in hostilities.*

**Informed Assent:** *the expressed willingness to participate in services, for children over 12 years, requires the sharing information (in a child-friendly format) on services and potential risks, confidentiality and its limits, and information that will be collected and how it will be used. When parents/ caregivers/ legal guardians are not implicated in abuse, informed consent should also be taken from the parents/ caregivers/ legal guardians.*

**Informed Consent:** *the voluntary agreement of an individual who has the capacity to understand, and who exercises free choice to receive services; it requires caseworkers to share information on services and potential risks, confidentiality and its limits, and information to be collected and how it will be used*

**Psychosocial Support:** *processes and actions that promote the holistic wellbeing of people in their social world. It includes support provided by family, friends and the wider community as well as formal programs by NGOs or government agencies*

**Resilience:** *the ability of children and their families to 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.*

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

**Unaccompanied child:** *are 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.*

**Worst Forms of Child Labour:** *as defined by ILO Convention No 182 and Lebanese national Decree 8987 (29 September 2012), any boy or girl under the age of 18 who is engaged in the following: <sup>2</sup>*

- *All forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage, serfdom and forced or compulsory labour, including recruitment of children for use in armed conflict*
- *Using, procuring or offering a child for prostitution, the production of pornography or for pornographic performance*
- *Using, procuring or offering a child for illicit activities, in particular, for the production and trafficking of drugs*

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<sup>2</sup> Annex 7 – Summary of Decree 8987 provides an overview of the content of the Decree.

- *Work which, by its nature or because of the circumstances in which it is carried out is likely to harm the health, safety or morals of the child*

### *Guiding Principles*

In implementing this guidance, all agencies and staff members agree to follow these guiding principles, which reflect international standards of care and best practice as outlined in the Child Protection Minimum Standards and the UN Convention on the Rights of the Child.

#### **Alternative care**

Children have the right to appropriate alternative care where necessary. Children should not be placed in alternative care unnecessarily and efforts should be directed primarily at enabling children to remain in, or return to the care of their parents, or where necessary, of other close family members. Alternative care can be defined as 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. Use of residential care should be used as a last resort and limited to cases where such a setting is specifically appropriate, necessary and constructive for the individual child concerned and in his/her best interests.

#### **Best Interests of the Child**

The “best interests of the child” encompass a child’s physical and emotional safety (their well-being) as well as their right to positive development. In line with Article 3 of the United Nations Convention on the Rights of the Child (UNCRC) and Article 2 of the Law 422, the best interests of the child should provide *the basis for all decisions and actions taken, and for the way in which service providers interact with children and their families*. Caseworkers and their supervisors must constantly evaluate the positive and negative consequences of actions and discuss these with the child and their caregivers when taking decisions. The least harmful course of action is always preferred. All actions should ensure that the child’s rights to safety and on-going development are never compromised.

#### **Confidentiality**

Confidentiality requires service providers to protect information gathered about clients and to ensure it is accessible only with a client’s explicit permission. For agencies and caseworkers involved in case management, it means collecting, keeping and sharing information on individual cases in a safe way and according to agreed upon data protection policies. Workers should not reveal children’s names or any identifying information to anyone not directly involved in the care of the child. When information is shared, it should be shared on a need-to-know basis and limited to only the information necessary to enable better protection of the child.

#### **Need-to-Know**

The term “need-to-know” describes the limiting of information that is considered sensitive, and sharing it only with those individuals for whom the information will enable to protect the child. Any sensitive and identifying information collected on children should only be shared on a need-to-know basis with as few individuals as possible. Caseworkers have to be especially careful not to accidentally divulge information with other colleagues or spouses unnecessarily.

#### **Non-discrimination**

Caseworkers, supervisors and managers must ensure that all children receive appropriate care and support in their best interests, regardless of their individual characteristics or a group they belong to (e.g. gender, age, socio-economic background, race, religion, ethnicity, disability, sexual orientation or gender identity). Agencies and caseworkers must be trained and skilled to form respectful, non-discriminatory relationships with children and their families, treating them with compassion, empathy and care. Case management staff must actively work to be non-judgemental and avoid negative/judgemental language in their work.

### **Child Participation**

Children have a right to express opinions about their experiences and to participate in decisions that affect their lives. Agencies and caseworkers 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.

### **Building Upon the Child and Family’s Strengths**

All children, and their families, possess resources and skills to help themselves and contribute positively towards finding solutions to their own problems. Caseworkers and supervisors must work to engage children and families to play an active role in the case management process. Case management services (including, for example the way the assessment and reviews are conducted) should focus on empowering children and their families to recognise, prevent and respond to child protection concerns themselves. In practice, this means that, in addition to identifying problems and providing services, caseworkers must consider the child and family’s strengths and resources and how to build their capacity to care for themselves.

## **1.2 Goals and Strategy**

The primary goal of child protection case management is to prevent and respond to children experiencing or at risk of abuse, neglect, violence and exploitation through individual social work services. Within the emergency response in Lebanon, case management services are focused on supporting the most vulnerable and high-risk refugee children as well as other vulnerable children within the community. Case management services are not intended to support all children with problems or address systemic issues (e.g. limited access to education), but rather to protect children experiencing or at risk of physical, emotional or psychosocial harm.

## 1.3 Roles and Responsibilities

The response aims to provide case management services to children experiencing or at risk of abuse, neglect, violence or exploitation. Services will be provided through a community-based approach and include Syrian refugees as well as vulnerable children from the host community and other nationalities.

### 1.3.1 Inter-Agency Response

Each agency participating in the emergency response has different roles and responsibilities within the case management process.

Nationally, UNHCR has a mandate for the protection and care of refugee children, particularly those who are separated or unaccompanied. A UNHCR representative must be involved in decisions regarding the long-term care, relocation or resettlement of refugee children receiving case management services. (See Section 2.6 for further information on inter-agency decision-making mechanisms for refugee children.)

Unaccompanied minors should be immediately notified to UNHCR and fast tracked for registration in case they are unregistered. Tracing must be immediately initiated in collaboration with ICRC.

**At the local level, the CPiEWG or PWG should add details on active case management agencies (INGOs and NGOs) and those responsible for particular hubs.**

### Internal Roles and Responsibilities

Each organization involved in child protection, including case management, should adopt an internal child protection policy/code of conduct that each staff should be trained on, acknowledge through signature, and abide by in the implementation of their work. A failure to comply with the policy would be considered as grounds for immediate dismissal. An example of child protection policy is provided in Annex 8 and was originally prepared by KAFA Violence & Exploitation in cooperation with UNICEF. Within each organization, staff members will play different roles in the case management process. Caseworkers, in particular, have distinct responsibilities from their managers and supervisors. Most importantly, caseworkers always maintain overall responsibility for a child's case once assigned and must follow up on services provided internally and externally. Supervisors are responsible for assigning cases, providing technical support and psychosocial support to caseworkers, and ensuring adherence to best practices.

Requirements of Caseworkers	Requirements of Managers & Supervisors
Identify individual cases through regular presence in the community and accept referrals from other agencies and community partners.	Schedule and supervise case management meetings at least every two weeks. Share minutes of case management meetings with team and senior CP management.
Conduct initial (rapid) assessments for CP cases and prioritize them according to risk level.	Conduct weekly case management meetings with all caseworkers, providing technical advice on cases and psychosocial support to caseworkers. Ensure that complex cases are followed up in the agreed time frame.
Develop case plans that respond to needs addressed in rapid assessments and seek support of supervisor when necessary.	Support individual cases where required and provide regular monitoring of all aspects of case management services.
Regularly follow up to ensure all services	Ensure staff gaps and training needs do not

and action points listed in the case plan are carried out within agreed time frames. Ensure that progress is regularly reviewed.	result in gaps in support to individuals in case management, and address such issues with senior management.
Regularly monitor and support to children and families through home visits, providing guidance, advice and emotional support, community mediation and referrals.	Monitor timescales for response, services follow-up and review of cases. Ensure cases are receiving appropriate support.
Work with supervisors and managers to arrange case conferences for complex cases and ensure children receive multi-disciplinary support.	Facilitate and attend case conferences for complex cases. Ensure case conferences are called involving UNHCR when making decisions regarding the long-term care or relocation of separated and unaccompanied refugee children.
	Review staff case loads to ensure they are manageable and share challenges with senior management.
Manage cases in line with SOPs, adhere to standard documentation processes and follow best practice guidance.	Ensure access to material, logistical, and further technical support and set eligibility criteria for material and other support.
Regularly document cases using and agreed upon inter-agency and internal forms, update databases to ensure a comprehensive record of the case. <sup>3</sup>	Monitor the documentation of cases through review of files and databases. Ensure confidentiality and that data protection and information-sharing protocols are respected. Review and analyse trends in the caseload to inform programming.
Maintain the highest standards of professional conduct and ensure their actions do not put the child at risk of further harm.	Provide briefings on child safeguarding and appropriate behaviour with children to all case management staff. Ensure any concerns are reported and addressed immediately.

The above this is not exhaustive, but provides core guidance for case management staff.

**Case allocation:**

Supervisors and managers are responsible for assigning caseworkers specific cases according to their skills and capacity to meet the child (and their family’s) needs. Managers should consider issues of gender, culture and identity as well as experience and geographic coverage when assigning cases. (For example, a young male caseworker may not be appropriate to work with an adolescent female. Similarly, an inexperienced caseworker may not be able to deliver quality services to more than 25 cases at one time.) Wherever possible, caseworkers should be assigned cases in a similar geographic area to limit logistical challenges in delivering services to children and families.

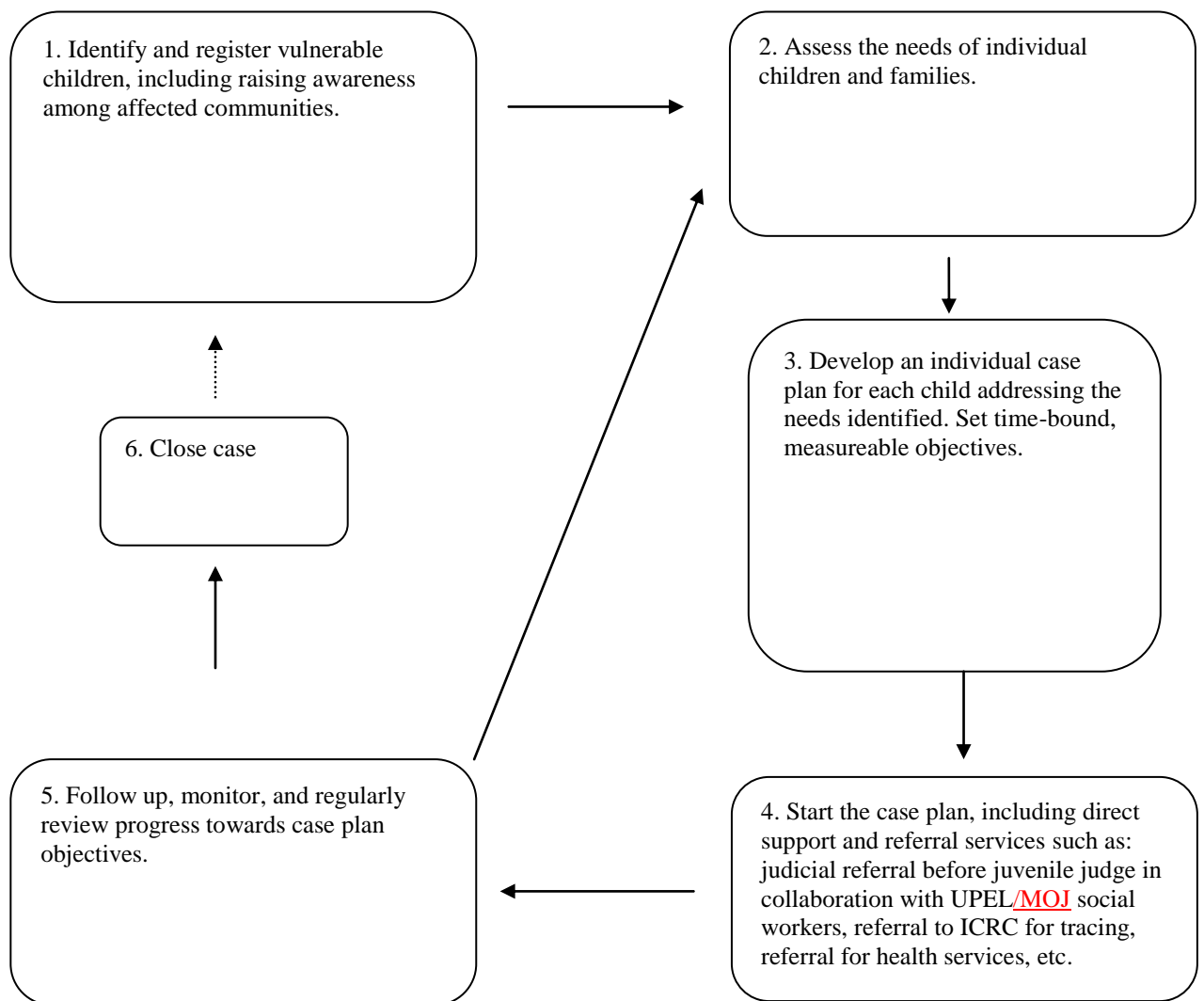
**Caseload:**

Supervisors and managers must be aware of the number of cases staff have, the complexity and progression of each case, and the timeline for achieving case objectives. They are responsible for

<sup>3</sup> Currently, existing inter-agency forms include: CP Rapid Assessment Form, Comprehensive/ Best Interest Assessment Form, and Inter-agency Referral Form.

ensuring no one caseworker is overburdened and for providing caseworkers with support to reach agree upon goals. Minimum standards require that caseworkers be responsible for no more than 35 cases at any one time, but this may need to be reduced based on caseworkers capacities and the complexity of cases.

Best practice is for one caseworker to manage a child (and their family’s) case from initial assessment through to case closure. This allows for the development of a positive, helping relationship and ensures confidentiality and consistent follow up. Caseworkers will follow the steps outlined below and in the next section for all cases. Supervisors and caseworkers should keep in mind that case management **is not** a linear process. Each of the six steps below are inter-linked and may at some time trigger a return to an earlier stage or process.



## 2. Case Management Steps in Detail

### 2.1 Identification and Registration

Identification is the initial contact with the child who may have protection needs, and the point at which a case management agency determines whether or not a child requires case management services. Case management agencies should have specific vulnerability criteria to provide guidance to frontliners and staff from other sectors on which kinds of cases they are able to respond to. These criteria should also guide the decision-making process internally on whether or not to register a child for case management services. For example, an agency might only accept child protection cases (e.g. those involving abuse, neglect, violence or exploitation) and refer on cases that have no protection risks but require assistance for basic needs (e.g. education, food, shelter).

#### Sources of Identification

- UNHCR Registration Centres
- NGOs providing protection programs in the area
- Frontliners (e.g. health workers, teachers, municipality employees, and other professionals who have routine contact with children)
- Government agencies such as MoSA and UPEL and Ministry of Justice mandated social workers)
- Refugee Outreach Volunteers
- Community members and community-based protection groups
- Children and families themselves

#### Forms

- Inter-agency Referral Form: should be completed for all child protection referrals, **except those involving child survivors**, child recruitment, or other high risk issues where sharing information in written form might put the child at risk. When referring cases of SGBV, call the receiving agency directly and do not attempt to investigate or obtain further information without support from an SGBV agency. For other sensitive child protection issues, call the lead CP agency in your hub for guidance.
- Registration Form: each case management agency should have a registration form that records a child and families essential details (including contacts, exact address, displacement status, etc.) and is inputted into their case management database.

Caseworkers should be careful not to make promises during this stage of case management and treat the child (and their family) with respect, care and empathy. During the registration process, caseworkers must request the child's (and their parent or caregiver) permission to provide services and provide them with enough information to make an informed decision. This process is called informed consent. Caseworkers must provide information on the case management process and potential risks; the information to be collected, how it will be stored and with whom it will be shared; and confidentiality and its limits. Children of age are able to participate in the informed consent process individually. However, their parent or caregivers should be included with the child's permission. Children under 15 years of age can participate in an informed assent process but require the permission of a parent or caregiver as well. In the case where no parent or caregiver is available (e.g. due to separation or role in the abuse), caseworkers can use the informed assent process, but should involve a supervisor.

### 2.2 Assessment



An assessment gathers and analyses information about a child (and their family’s) situation, considering the protection risks/ concerns involved as well as strengths, resources and protective factors of the child, their family and community. Caseworkers should use a rapid assessment to prioritise the child’s immediate physical protection and safety and basic needs such as food, shelter and medical care. The caseworker must document the assessment using the CP Rapid Assessment Form (see Annex 2).

A priority/ risk level must be assigned based on the considerations detailed in the table below to ensure caseworkers are regularly follow up and monitoring cases to prevent the risk of additional harm. Caseworkers can also use this table as a guide for assessing risk throughout the case management process. Importantly, depending on how a child’s situation evolves, they may move up or down the risk scale and require a higher or lower level of follow up and monitoring by the caseworker.

According to the law 422, high risk cases are defined as:

- Children exposed to abuse or exploitation that threatens their health and safety
- Children exposed to sexual or violent corporal attack
- Children living in a state of vagrancy and mendacity

Children in these three categories should be considered for judicial referral to a juvenile judge in coordination with UPEL and in the future social workers mandated by the Ministry of Justice. According to article 2, law 442, the social worker has become the principle actor in the protection of the child throughout the judicial process. The presence of a social worker, by law, must be guaranteed at all phases of the judicial, investigatory and reintegration process.

The table below provides a more expansive definition of high risk to encourage caseworkers to monitor closely cases where there is a chance of further serious harm to the child.

<b>RISK ASSESSMENT GUIDE</b>				
<b>TYPE OF RISK &amp; DEFINITION</b>	<b>HIGH RISK (Level 1)</b>	<b>MEDIUM RISK (Level 2)</b>	<b>LOW RISK (level 3)</b>	<b>NO RISK (level 4)</b>
<b>Follow up time frame</b>	(Recommended response within 24-48 hours and bi-weekly follow up)	(Recommended response within 3-5 days and weekly follow up)	(Recommended response within 10 days and fortnightly to monthly follow up)	(No action required, Case closure recommend)
<b>Definition of Risk/ Harm level</b>	<i>Child significantly harmed or at immediate, serious risk of harm;  Urgent response and frequent follow up required</i>	<i>Child harmed or at risk of serious future harm;  Response and follow up required</i>	<i>Child at risk of harm; monitoring required  Or child no longer a level 2 but monitoring required to ensure harm removed and positive well being of the child</i>	<i>Child no longer at risk.  No further monitoring required</i>
<b>TYPE OF HARM/ RISK:</b>				
<b>Violence (physical abuse)</b>	Serious injury Infant or toddler injured in Domestic Violence (DV) incident Child attempted to suicide	Excessive corporal punishment Threats to injure Dangerous and reckless behavior	Threats to injure Non injurious, occasional corporal punishment	No violence present (factors causing the harm have been addressed or removed) Person causing harm

		Child is self harming		no longer has contact with the child
<b>Abuse (sexual and emotional abuse)</b>	Any sexual contact between a child and an adult (where person causing harm has access to the child) Child is being persistently belittled, isolated, or humiliated by a significant caregiver  Child is promised to be married in the following days or child promised to married and will move out of the area (e.g. back to Syria) in the following days	Child is promised to be married in the future The child has been sexually violated in the past and not received any support Significant caregivers approach to the child is harmful (occasional belittling, isolation or humiliation)	Child is treated differently than other siblings and parent/caregiver or other relevant person is negative towards the child	The child and family have received support and there are no sexual harm factors present Factors causing the emotional harm have been addressed (parent received support) Person causing harm no longer has contact with the child
<b>Neglect</b>	Serious injury or illness due to neglect (malnutrition with no apparent causal factors)	Lack of supervision Inadequate basic care Failure to protect The child is often left to look after themselves, or is undertaking tasks beyond his/her developmental capacity	Caregivers are emotionally distant	The child's basic needs are being met and the caregiver
<b>Exploitation</b>	Child involved in worst forms of child labor, including sexual exploitation.	Child under 14 forced to work Child over 14 forced to work in dangerous or harmful circumstances	Parents are threatening to send the child to work  Child over 14 is working in a safe environment with little exposure to harm	The child is no longer working, supports have been put in place to ensure the child does not return to work
<b>Psychosocial distress</b> (parent not coping, or not protective and/or no services involved)	The child has attempted suicide Child has stopped communicating/speaking The child's sense of reality is affected The child has intense violent behaviors	The child's social skills, ability to self-care and retain school attendance is significantly impaired The child is using drugs and/or alcohol The child becomes frequently absent minded The child has distressing flash-backs The child is bed-wetting The child is often crying and/or sad The child has unexpected and intense fears, phobias and anxiety The child has sleeping and concentration problems	The child is sad and withdrawn The child is displaying anger	The child's psychosocial wellbeing is restored; the child is engaged in a range of activities and is not displaying behaviors of concern

		The child is suddenly behaving much younger than his/her age The child is self harming		
<b>Highly vulnerable children</b>  Unaccompanied and Separated Children	Unaccompanied child under 15 Separated child under suspicious care, abuse or neglect UASC with level 2 harm factors Pregnant teenage girls Child parent	Unaccompanied child over 15 Child alone under 13 Separated child under 12 with unknown family Child headed household UASC (female) with unknown family  Unaccompanied child with difficulties reintegrating the community	UASC who have had BIA and BID completed, who have caregivers, and their needs are being met	The child is being adequately cared for and the situation has been monitored for several weeks with no issues arising  The child is being adequately cared for and no harm or vulnerability factors are present
Adolescent pregnancy/ Child parent	Unaccompanied adolescent pregnancy/child parent Adolescent pregnancy/child parent with level 2 harm factors	Adolescent pregnancy/child parent with psychosocial distress and difficulties with community and family reactions or low levels of support	Adolescent pregnancy/child parent with family support	Adolescent pregnancy/child parent with significant family support and network
Child disabled or chronically ill	Child under 5 with level 2 harm factors	Child and family are not accessing the support that they need	Child disabled or chronically ill with challenging behaviours	Child disabled or chronically ill but has significant family support and the child and family are accessing all the supports that they need
Domestic violence present in the home	Child under 5 Child is witnessing domestic violence and there are level 2 harm factors Significant injuries to the parent suffering the violence	Child is displaying emotional distress and difficulties learning and socializing	There has been sporadic disputes and violence, but the child is over 15 and has support networks	No violence present (factors causing the harm have been addressed or removed) Person causing harm no longer has contact with the child

### Comprehensive assessment

In complex cases, a comprehensive assessment may be necessary to further understand the child’s situation. Caseworkers and supervisors should take the decision to carry out a comprehensive assessment together. When necessary, caseworkers should complete a comprehensive assessment within two weeks of identification and consider the child’s developmental needs, the parent/ caregiver’s capacity, social and cultural context, and community/ wider family influences. Caseworkers should be careful to ensure that the child and their family’s have the opportunity to

participate in the assessment and that their opinions and priorities are considered. The comprehensive assessment should be documented using the Best Interest Assessment and Comprehensive Assessment Form (See Annex 3).

### **Best Interest Determination for durable solutions:**

Best interest Determination processes remains an integral part of the comprehensive child protection system. UNHCR primary purpose is to safeguard the rights and well-being of refugees and other persons of concern. UNHCR's ultimate goal is to help refugees find durable solutions that allow them to rebuild their lives in dignity and peace. Therefore UNHCR will undertake best interest determination in line with the existing national system for durable solutions purposes: family tracing in collaboration with ICRC, reunification, resettlement, voluntary repatriation. To this end UNHCR will support the establishment of best interest determination panels for refugees in collaboration with MOSA, case management agencies and UNICEF.

## **2.3 Case Planning**

After an initial assessment has been made, the caseworker should discuss the case with their supervisor and develop a case plan within two weeks. The case plan must be based on the needs and priorities identified in the assessment, and include specific, time-bound objectives and a list of services/ action points necessary to meeting the child's needs. Caseworkers should leverage both the services provided by their agency and the services and resources available from other agencies and the community. Supervisors are responsible for reviewing the plan, ensuring it is in the best interest of the child, and verifying that it is realistic and achievable within the timeframe given.

*Case planning meetings are internal agency meetings used to develop a case plan for an individual child and include the participation of the child, parents/ caregivers/ legal guardians (where appropriate), and caseworker. In complex cases, the caseworker's supervisor may also be present. Case planning meetings are essential to facilitating the child (and their parents') meaningful participation in the case management process.*

Caseworkers must complete a written copy of the case plan, using their agency's preferred format, detailing the case objectives, services to be provided and time frame. A written copy of the case plan should be provided to and reviewed with the child (and their family, where appropriate) and their feedback sought in a case planning meeting. Once finalized, the case plan should be signed by the caseworker, supervisor and the child (and their parent or caregiver, where appropriate).

[List all the services provided by your agency and/ or the inter-agency network responsible for case management services.]

## **2.4 Implementing the Case Plan**

Once the case plan has been developed and agreed upon with supervisors, the caseworker can then begin working with the child and their family to implement the plan. This will involve providing services directly and, with the permission of the child and family, linking them with other services through inter-agency referrals.

Importantly, while another agency may be responsible for providing a specific service, **the caseworker is always responsible for the case**, for ensuring that all agreed upon services are provided and that the needs of the child are being met on an on-going basis.

## 2.5 Follow up, Monitoring and Review

### **Key Definitions**

**Follow up:** *checking that specific actions have been implemented in the child's case plan*

**Monitoring:** *regular activities (e.g. home visits, weekly meetings with the child, etc.) to verify that the situation of the child is stable and progressing positively*

**Review:** *a process done at specific intervals between the caseworker and supervisor (and in some cases the child and their family) to see if progress is being made towards case plan objectives, if the case plan remains appropriate, and whether the child requires additional/ different services*

Throughout case management, caseworkers and their supervisors are responsible for follow up, monitoring and review of the child's case. These processes can be just as important as the services provided as they ensure an on-going relationship with the child and family. Caseworkers have primary responsibility for follow up and monitoring (regardless of whether services are provided directly or through referrals) and will abide by the general guidelines on timing and frequency in the risk assessment table (i.e. at least twice a week for high risk cases, twice a month for medium risk, once a month for low risk). Supervisors and caseworkers should agree on appropriate steps for following up and monitoring a case. During follow up and monitoring, caseworkers should seek information on how the services impacted the child and how the child is progressing and if needed adjust the plan according to the new developments.

Supervisors should meet with caseworkers at least once a week for either individual or group supervision to ensure the progression of cases and appropriate psychosocial support for caseworkers. Peer-to-peer groups may be scheduled to facilitate self-care and mutual support for caseworkers handling particularly challenging issues.

**Case management meetings** are routine, internal agency meetings among caseworkers, supervisors, and managers to review caseloads and discuss cases anonymously. These meetings allow the team to review progress, share common experiences, and receive technical advice and support from senior managers.

**Review** of a child's case should take place at least once every two months or once every month for high-risk cases. All those involved in preparing and implementing the plan, including in some cases the child and family, should attend. Ideally a manager or someone not directly involved in the case should chair the review.

**Case conferences** are planned opportunities to review a complex case's status at an inter-agency level with a structured agenda and identified chairperson. These forums are opportunities to review a child's case plan, to explore inter-agency service options, and to reach decisions in the best interest of the child.

While there is currently no local level BID process in Lebanon, this may be launched in the future and would likely include UNHCR, UNICEF and MoSA, more particularly for resettlement and

relocation across the border. Case conferences can be used to come to certain decisions regarding complex child protection cases. In particular, case conferences should be convened whenever one of the following situations arises<sup>4</sup>:

- Determining appropriate long-term care arrangements and/ or durable solution for separated and unaccompanied children;
- When considering relocating a child across regions in Lebanon;
- Possible separation of a child from parents or caregivers against their will;
- In situations where the child is at imminent risk of death or attack (e.g. honor crimes)
- All children associated or formerly associated with armed forces or armed groups

When the case involves a refugee child, UNHCR should be included in the case conference along with the caseworker and supervisor. In the case of removing a child from a home, UPEL will need to be involved as they are the only legally mandated agency able to do so. If UPEL is not responding in a timely manner and a refugee child is in urgent risk, UNHCR and MoSA must be consulted on a possible removal. Children and parents/ caregivers/ legal guardians may not always be included in all case conferences, but their input should be sought and their perspective considered in the decision-making process. MOSA and MoJ are in the process of developing a protocol to expand UPEL mandate to additional organizations and assign social workers from other specialized agencies to respond timely and effectively to high risk cases.<sup>5</sup>

## 2.6 Case Closure

Case closure is the final step in the case management process and is usually reached when the goals of the child's case plan have been met. Case closure can also take place in the case of a child's death, resettlement, repatriation or relocation, or when a child turns 18. The specific criteria for when a case can be closed should be identified by the agency or agencies involved and follow a period of monitoring to ensure a child's status remains stable. Importantly, the decision to close a case can only be taken by a manager after review with the caseworker and supervisor. At a minimum, there should be a meeting between the supervisor and caseworker to review what happened and identify lessons learned. The reasons for closing a case should be explained to the child and their parent/ caregiver/ legal guardian. In some cases, a formal meeting might be convened to discuss case closure and agree on final steps.

Importantly, a case referred to the judiciary cannot be closed until the legal case has been resolved.

### Case Transfer

The transfer of a case indicates that the full responsibility for coordination of the case plan, follow up and monitoring of the child is being handed over to another agency or department. This is often appropriate when a child moves but still requires support to ensure their protection. When transferring a case, caseworkers, supervisors and managers will need to put in place a clear plan for hand-over to the receiving agency, and clearly communicate this to the child and the family.

## 3. Documentation and Case Tracking

Caseworkers are responsible for completing documentation throughout all stages of case management services according to agreed upon data protection policy and respecting confidentiality. All case files should include, at a minimum, the following documents:

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<sup>5</sup> The case management practical guidance will be reviewed once the process of mandating additional organizations is finalized and endorsed.

- **Consent Form:** written permission to provide services and release information to other agencies, signed by the child (and in some cases the parent/ caregiver)
- **Registration Form:** basic data and historical information on the child and their family
- **Assessment Form:** records the details of the initial CP assessment conducted with the child and family and the needs identified (i.e. Child Protection Rapid Assessment Form, see Annex 3); an additional comprehensive assessment form may be added in high risk cases (see Annex 4).
- **Case Plan:** detailing the child’s assessed needs, services to be provided and actions to be taken, and specific, time-bound objectives for the case. Schedules and procedures for follow-up, monitoring and review should also be included.
- **Case Plan Review:** documents case review meeting scheduling one-two months from initial registration and action points decided
- **Case Notes:** an on-going document that details all services provided, referrals made, monitoring and follow up visits, and any other actions taken on behalf of the child including dates, names and contact information of those present, and observations of the child/ their family. Documentation of visits and meetings with the child and family should include caseworker observations, details of the conversations that took place, and the next action needed (including due date).
- **Closure/ Transfer Forms:** documenting the reason for a case closure, signed by the child (and in some cases their caregiver), and receiving agency, if appropriate

Whenever possible, caseworkers should use the exact words of a child or their parent when documenting meetings and discussions. This can be an essential tool for monitoring progress and identifying potential problems.

Caseworkers and their supervisors are responsible for ensuring that all case documents are complete and factual. Caseworkers should be careful to distinguish between facts and professional judgement, ensuring that all professional judgements are substantiated and non-judgemental.

When national SOPs and tools are finalized and agreed upon by all intervening agencies, case management agencies should work to adopt these new national level tools.

All files should be held in a locked case file cabinet and/or password protected computer and managed according to the agency’s data protection policy. The name of the child should not appear on the outside of the file, and standard case numbers should be used in all correspondence regarding the case rather than the child’s name or details. Caseworkers and their supervisors should be aware of procedures for securing or destroying case files in the case of an emergency evacuation or relocation (See Annex 5 Data Protection Protocol).

## **Case Tracking and Databases**

Managers and supervisors in each organization are responsible for tracking every child’s case in systematic way and developing tools for monitoring and follow up. Each organization must have a comprehensive database that lists each of the cases they are involved in, the primary protection concern involved, case plan and services, next follow up, and current status of the case.<sup>6</sup> Databases containing detailed case information should not include children’s names, but rather case numbers to

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<sup>6</sup> Some organizations may employ data caseworkers or other data entry staff to ensure case tracking, and these staff should be including in case management meetings and trainings.

ensure data protection and confidentiality. Organizations must have a data protection protocol in place to protect information relating to children’s cases. (See Annex 5.)

#### 4. Inter-agency Resolution Mechanism

All agencies and inter-agency groups engaging in child protection case management services should have an official mechanism to resolve misunderstandings and disputes in the handling of children’s cases. Within an agency, this can involve informal discussions with a senior manager or coordinator when disagreements arise between caseworkers and their supervisors. At an inter-agency level, focal points for each agency should be identified at the local, regional and national level to resolve case management disputes. If issues cannot first be resolved at the local level, they can then be appealed at the regional or national level according to agreed upon procedures.

<b>Agency</b>	<b>Focal Point</b>	<b>Contact Number</b>	<b>Email Address</b>	<b>Location</b>
<i>United Nations</i>				
UNHCR				
UNICEF				
<i>Government Representatives</i>				
MoSA				
<b>UPEL</b>				
<i>National NGOs</i>				
<i>International NGOs</i>				



**ANNEX 1**  
**INTER-AGENCY REFERRAL FORM<sup>7</sup>**

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<sup>7</sup> This form along with the rapid assessment and comprehensive assessment forms have been duly translated into Arabic and are available for use.

## Interagency Referral Form of Persons with Specific Needs

Technical Guidance for Child Protection Case Management in Lebanon –

Individual information			
<b>Name:</b>	<b>UNHCR registration #:</b>		
<b>Address:</b>	<b>Phone #:</b>		
<b>DOB:</b>	<b>Date of referral:</b>		
Priority		Referrals focal point:	
<input type="checkbox"/> High (Follow up requested within 24 hours)	From (Name/Agency):		
<input type="checkbox"/> Medium (Follow up within 3 days)	To (Name/Agency):		
<input type="checkbox"/> Low (Follow up within 10 days)			
Specific Needs			
Child at risk		Woman at risk/SGBV	
<input type="checkbox"/> Unaccompanied child	<input type="checkbox"/> Female head of household without support		
<input type="checkbox"/> Separated child	<input type="checkbox"/> Physical violence		
<input type="checkbox"/> Child associated with armed forces or groups	<input type="checkbox"/> Sexual assault		
<input type="checkbox"/> Children victims of violence, abuse, exploitation or neglect	<input type="checkbox"/> Psychological and emotional abuse		
<input type="checkbox"/> Child spouse	<input type="checkbox"/> Denial of resources, opportunities and services		
<input type="checkbox"/> Child carer	<input type="checkbox"/> Forced marriage		
<input type="checkbox"/> Child engaged forced labor/worst form of child labor	<input type="checkbox"/> Rape		
<input type="checkbox"/> Undocumented child	<input type="checkbox"/> Other:		
<input type="checkbox"/> Other:			
Older Person at risk		Critical medical condition	
<input type="checkbox"/> Single older person with children	<input type="checkbox"/> Life threatening medical condition requiring immediate intervention and treatment		
<input type="checkbox"/> Unable to care for self			
Disability		Torture	
<input type="checkbox"/> Physical disability	<input type="checkbox"/> Mental / physical impairment hindering functions in daily life		
<input type="checkbox"/> Sensorial disability			
<input type="checkbox"/> Intellectual impairment			
Serious medical condition		Specific legal and physical protection needs	
<input type="checkbox"/> Addiction	<input type="checkbox"/> Security risks		
<input type="checkbox"/> Chronic Illness	<input type="checkbox"/> Detained/at risk of detention		
<input type="checkbox"/> Mental Illness	<input type="checkbox"/> At risk of removal/refoulement		
<input type="checkbox"/> Difficult Pregnancy	<input type="checkbox"/> Evicted/at risk of eviction		
Other family members with specific needs			
<b>#</b>	<b>Name</b>	<b>Specific needs</b>	<b>Relationship</b>
1			
2			
3			
4			
Background information (problem description, duration, frequency, etc.)			
Recommended actions			
<input type="checkbox"/> Case management <input type="checkbox"/> Health assistance <input type="checkbox"/> Psychosocial support <input type="checkbox"/> Physical/legal protection assessment <input type="checkbox"/> Education <input type="checkbox"/> Shelter/cash for rent <input type="checkbox"/> Legal Assistance <input type="checkbox"/> NFI assistance <input type="checkbox"/> Relocation/safe shelter <input type="checkbox"/> WASH intervention <input type="checkbox"/> Other: _____			
Specify:			
Other Services Provided (where appropriate and necessary only, explain other services already being provided that receiving agency need not address)			
Consent to Release Information (Read with person of concern and answer any questions before s/he accepts)			
<input type="checkbox"/> The person targeted by this referral understands that the purpose of the referral and of disclosing this information to (referral agency) is to ensure the safety and continuity of care among service providers seeking to serve this family. The referring agency _____, has clearly explained the procedure of the referral to me and has listed the exact information that is to be disclosed.			
Date:			

### ANNEX 2

**CHILD PROTECTION RAPID ASSESSMENT FORM** *In the case of an SGBV survivor, please do not complete this form. Refer immediately to an SGBV specialized agency or department.*

Before beginning the interview, be sure to complete the **informed consent or informed assent** process with the child (and parent/ caregiver, where appropriate). You will need to provide them with information on the services provided, how information obtained will be used/ stored, confidentiality and potential risks of participating. A suggested script is below:

*Hello my name is \_\_\_\_\_ and I am a caseworker from [Name of Agency]. We learned that you [the child] might need some additional help, and I'm here today to talk to you [and your family] about what's going on. What we talk about today won't be shared with your neighbors or friends; it is just between us. Together we will decide what are the main things you [and your family] need help with and come up with a plan for how to help. I will be your caseworker throughout the process, which means I will be the one responsible for the plan we make and that I'll be the one following up with you and your family. I won't share information about you or your family without your permission, unless I think you are in immediate danger. Then I might need to ask someone for help. My agency will store some information about you to help us keep track of services we are providing and the kinds of problems children in your community face. Your name and personal details will always be kept private. Your participation in services we offer is always voluntary – it's up to you. You can ask questions at any time today or in the future. You can also decide at any time to stop receiving services, and there will be no negative consequences for you or your family.*

*Do you understand the services I have explained and what we are going to do here today? [Yes or No]*

*Do you agree to participate in case management services provided by [Name of Agency]? [Yes or No]*

Child's Name \_\_\_\_\_ Child's age \_\_\_\_\_

Child's Signature or Fingerprint \_\_\_\_\_

*If the child is under 15, a non-offending parent or caregiver should sign as well. If no parent or caregiver is available (e.g. in the case of an unaccompanied child), you may proceed without parental consent, but should consult your supervisor.*

Caregiver Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Caregiver Signature \_\_\_\_\_

**WITNESS**

I confirm that the informed consent process has been followed and the child (and their parent/ caregiver) has given consent freely.

Caseworker Name: \_\_\_\_\_

Caseworker Signature \_\_\_\_\_ Date \_\_\_\_\_

Agency \_\_\_\_\_

**Begin the interview and try to engage the child (and parent or caregiver) in a conversation. Allow them to lead the discussion. You can always ask questions and get further information after. This is about establishing a helping relationship!**

*First I would like to get some basic information about you and your family. If you have any ID or UNHCR card, it might be helpful to fill in some of the information.*

Basic Information	
First and Last Name of the child: Alias/Nickname (if any):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Mother's name: Father's name:	Caregiver's name: Relationship with the child:
Date of Birth/Age: Place of Birth: Date of Arrival (country): Date of Arrival (current location): Identity documents: <input type="checkbox"/> Yes(indicate type of documentation): <input type="checkbox"/> No	Current address and contact details:  (include as much info as possible about exact location, plus a phone number)

<input type="checkbox"/> UNHCR ID No: <input type="checkbox"/> UNHCR Linked files: <input type="checkbox"/> Other ID No:	<b>Religion:</b> <input type="checkbox"/> Sunni <input type="checkbox"/> Shiite <input type="checkbox"/> Christian <input type="checkbox"/> Other (specify) <input type="checkbox"/> Prefer not to specify	
<b>Nationality:</b> <input type="checkbox"/> Syrian <input type="checkbox"/> Lebanese <input type="checkbox"/> Palestinian <input type="checkbox"/> Iraqi <input type="checkbox"/> Stateless <input type="checkbox"/> Other (Specify)	<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	<b>Displacement status:</b> <input type="checkbox"/> Resident <input type="checkbox"/> Lebanese Returnee <input type="checkbox"/> Refugee (registered with UNHCR) <input type="checkbox"/> Not registered with UNHCR <input type="checkbox"/> Stateless <input type="checkbox"/> Other
<b>Known Vulnerabilities</b> <input type="checkbox"/> Separated child <input type="checkbox"/> CAFAAG <input type="checkbox"/> Women-headed Household <input type="checkbox"/> Unaccompanied child <input type="checkbox"/> Child-headed Household <input type="checkbox"/> Single parent/ caregiver <input type="checkbox"/> Child at risk of recruitment <input type="checkbox"/> Disability <input type="checkbox"/> Other (Please Specify) _____ <input type="checkbox"/> Mental Health Issues <input type="checkbox"/> Serious Medical Issues		

*Now I would like to talk to you about how you and your family are doing and the challenges you [and your family] might be facing.*

**Rapid Assessment**

**Ask the child what is his/her major concern or issue.** Write down their exact words as much as possible, as well as observations of their behavior while they are explaining. Ask clarifying questions if necessary

**Ask the child about their current living situation and list your own observations, including the type of accommodation, people living with the child, relationship between child and caregivers, any safety concerns, etc.**

**Ask the child about their safety in Lebanon and detail any specific risks or protection incidents.**

**Ask the child about any other needs he/ she might have, prioritize child’s health, safety, and basic needs (food, WASH, Shelter, NFIs)**

**Ask the child how they feel since coming to live in Lebanon.**

**Interviewer Observation:**

**Did the child present any of the following symptoms after the conflict, the displacement or specific event:**

- bedwetting  headaches  aggressive behavior  nightmares  sleeping problems  anxiety  
 isolation/ refusal to participate in regular activities

**If yes, explain:**

**Ask the child about resources and strengths they have in their current location. For example, does the child attend school? Are they participating in psychosocial activities? Do they have good friends in the area? Let the child tell you what they feel positive about in their current situation.**

**Initial Risk Assessment**

**High (24-48h)\*\***

Child Seriously Harmed or At Risk of Serious, Imminent Harm

**Low (10 days)**

Child At Risk of non-imminent harm

**Medium (3-5 days)**

Child Harmed or At Risk of Serious Harm

**No response**

Child no longer at risk, No further action required

**Explain why you have rated the case as such:**

**\*If the child is in immediate risk of harm to their health or safety, action should be taken while you are still with the child to address this.**

**Recommendations/ Next steps**

**Discuss with the child what they would like to be done next and express you would like to do next and detail initial recommendations here, including how soon you will conduct a first follow up. Make sure this shared with a caregiver where appropriate.**

### ANNEX 3 BEST INTEREST AND COMPREHENSIVE ASSESSMENT FORM

*This form is to be used to complete a comprehensive assessment for all complex child protection cases, including those involving separated and unaccompanied children. If a rapid assessment has been conducted, attempt to fill in as much information as possible prior to the interview and verify it with the child and family in the course of the interview.*

*Begin by explaining the purpose of your interview and asking for the child and family’s permission to talk about their family and home life. For each section, ask a general question first and allow the child to guide the interview. Fill in as much information as possible from what they tell you before asking clarifying questions.*

Case Information	
<b>Date:</b> <b>Case No.:</b> <b>Primary Caseworker:</b> <b>Caseworker Supervisor:</b> <b>Agency:</b> <b>Location:</b>	Reason for BIA/ Comprehensive Assessment: <input type="checkbox"/> <b>High Risk Case</b> <input type="checkbox"/> <b>Unaccompanied Child</b> <input type="checkbox"/> <b>Child Engaged in Worst Forms of Child Labour</b> <input type="checkbox"/> <b>Temporary/ Long Term Care Arrangements</b> <input type="checkbox"/> <b>Custody Issue</b> <input type="checkbox"/> <b>Resettlement</b> <input type="checkbox"/> <b>Child-Headed Household</b> <input type="checkbox"/> <b>On-going risk of physical or other abuse</b> <input type="checkbox"/> <b>Child in conflict with the law</b> <input type="checkbox"/> <b>Other: Please Specify:</b> _____

#### Section 1: Care Arrangements and Living Conditions

*Can you tell me about your family (the family you are living with)?*

##### 1a) Care Arrangements

**Who do you currently live with?** More than one possible (Complete Part F if child is not accompanied by his parents)

- Immediate family    Women headed household    Elderly person caring    Alone  
 Extended family    Host family    Other minors    Others:

**How is your relationship with your family/ the people you live with? Do you like to stay here?** (If child spouse, ask about treatment from spouse and family)

**In case of no home visit – Ask the child how they would describe the place where you are staying? Otherwise fill in from your own observations.**

If home visit conducted	Which type of accommodation:	Housing conditions:
<b>Date:</b> <b>Interviewer’s observation on housing:</b> <i>Number of rooms:</i> <i>Number and identity of persons sleeping in same room as the child:</i>	<input type="checkbox"/> Owned house/apartment <input type="checkbox"/> Host Family <input type="checkbox"/> Renting house/apartment <input type="checkbox"/> Collective Shelter/Centre <input type="checkbox"/> Tent (ITS or FTS) <input type="checkbox"/> Garage or unfinished building <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Overcrowding <input type="checkbox"/> Dangerous items in household <input type="checkbox"/> Unhygienic <input type="checkbox"/> Not suitably equipped for climate <input type="checkbox"/> Other (specify)

**Other (Shelter or Wash assistance received etc)**

##### 1b) Family Members living with the child

Full Name	Relationship to child	Sex (M/F)	Marital status	Date of Birth / Age	Specific needs


**1c) Consultation with parents/ adult caregivers**

**Name:** \_\_\_\_\_ **Date of Birth/Age:** \_\_\_\_\_

**Sex:**  Male  Female **Nationality:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Are you the legal guardian for this child?**  No  
 Yes if yes, are guardianship documents available?  
 Not legally, but with permission of the parents

**How would you describe your relationship with the child?**

**How is the child getting along with other children? What daily activities are they engaged in?**

**IF SEPARATED OR UNACCOMPANIED ONLY: What information do you have about the child, his/her life and the family separation?** Include information about status of father or mother, any contact caregiver has with child’s other family members, etc.

**Section 2: Health and Safety**

**2a) Safety/Security (Complete Part F if specific concerns arise)**

**Do you feel safe here (in your accommodation, in your neighbourhood, etc) ?** If not what are the reasons, list any concerns.

**FOR SYRIAN REFUGEES: What were you doing before you came to Lebanon? How did you make your way to Lebanon?**

**FOR SYRIAN REFUGEES: How did you make your way to Lebanon?**

**2b) Psychosocial wellbeing**

**Where/to whom do you go to discuss problems or ask for help/assistance?**

Mother  Father  Friends  Neighbours  
 Other family member (specify)  Other (specify)  No One

**Do you ever trouble sleeping? Do you have nightmares?**

<b>Interviewer observation: Does the child appear distressed or have such difficulty functioning in their daily life that they should be assessed by a mental health professional? If yes, describe why?</b>
<b>2c) Health/medical access</b>
<b>How are you feeling? How is your health?</b>
<b>Do you have any problems accessing medical care?</b> (Does the child know where and how to access care) If so, explain why.
<b>Interviewer observations:</b> Does the child look healthy and/or have any disabilities?

<b>Section 3: Daily life</b>		
<i>Can you tell me a bit about what you do each day?</i>		
<b>3a) Education</b>		
<b>Do you attend school or ever miss school?</b> <input type="checkbox"/> I always attend school <input type="checkbox"/> Don't attend school at all <input type="checkbox"/> Once per week <input type="checkbox"/> Once per month <input type="checkbox"/> Never	<b>What grade are you in (in Lebanon)?</b>  <b>What other education activities do you attend?</b>	<b>Do you attend remedial classes?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (where) <b>Did you attend school in your home country?</b> If yes until which grade and for how long.
<b>Do you have any difficulties or problems at school or going to school?</b> If so, what are they?		
<b>3b) Daily activities</b>		
<b>Can you tell me a little bit about what you do each day? Do you spend time with friends, other children?</b>		
<b>Do you currently work?</b> <input type="checkbox"/> Yes    if yes, How many hours per day:                      How many days per week: <input type="checkbox"/> No                      Type of work:    For how many months:		
<b>Do you earn any money for the work?</b> Is so, how much and what do you use it for.		
<b>Does your family depend on the money you earn ?</b>		



<input type="checkbox"/> No <input type="checkbox"/> Yes if yes, specify
<b>Interviewer observations:</b> Does the work constitute Worst Forms of Child Labour (WFCL)(ILO Convention 1999 No. 182 ): slavery or slavery-like practices, recruitment of children into armed forces/groups, prostitution, production of pornography, illicit activities such as drug trafficking, or an immediate risk to the child’s health and safety. <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Please explain:</b>   
<b>Other</b>
<b>Is there any other information you would like to share with me today? Is there anything else you would like to talk to me about today?</b>   

<b>Section 4: Conclusions</b>		
<b>Additional observations and comments of the interviewer. Include any observations on the child and family’s resources and strengths.</b>   		
<b>The child is at imminent risk ?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Risk Assessment,</b> <input type="checkbox"/> 24-48h (High Risk) <input type="checkbox"/> 3-5 days (Medium Risk) <input type="checkbox"/> 10 days (Low Risk)	
<b>4a) Recommendations for additional actions</b>		
Indicate the available options and analysis. What is recommended for the child’s best interest considering: Views of the child, Safe Environment, Family and close relationships, Development and identity needs     		
<b>Next Actions/ Follow Up Needed (including development of case plan and time frame for all actions)</b>		
<i>Type of</i>	<i>Details</i>	<i>Timeframe</i>

<b>Action</b>		
<b>4b) Review</b>		
<b>Name and Signature of Interviewer:</b>	<b>Name and Signature of Reviewer:</b>	
	<b>Comments:</b>	
<b>Date:</b>	<b>Date:</b>	

**ANNEX 4**  
**REFERRAL PATHWAY**

*At the regional level, CPiEWG's should add the case management referral pathways appropriate to their location.*

## ANNEX 5 DATA PROTECTION POLICY

### Template Data Protection Protocols

The following document reflects the best practices for protecting data and is to be used as guidance when developing data protection protocols for your program. The information below should be reviewed and adapted to meet the specificities of the country and context you are working in.

It is important to remember that information on children belongs to the children. Those who keep the information do so on their behalf and should use it only in their best interest, and with their informed consent. The following data protection protocols are based on the concept of confidentiality, which is a central component of the principles of best interest and participation for children<sup>8</sup>.

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 (i.e. where serious safety concerns are identified (see point 8) or where service providers are required by law to report abuse (see point 9)). Information can be stored or transmitted verbally, on paper or by electronic data.

Confidentiality is in the best interest of a child because it prevents the misuse of information about them for purposes beyond their control, including for purposes leading to their exploitation, stigmatization and abuse – either intentionally or unintentionally. It also helps to ensure that their views and opinions are heard and respected at all times.

#### **Key Definitions:**

<b>Confidentiality:</b>	the principle that requires service providers to protect information gathered about clients and ensure it is accessible only with a client's explicit permission
<b>Informed consent:</b>	the voluntary agreement of an individual who has the capacity to understand, and who exercises free choice to receive services (for children and adults aged 15+ only), requires caseworkers to share information on services and potential risks
<b>Informed assent:</b>	the expressed willingness to participate in services, for children under 15 years, requires the same sharing of information (in a child-friendly format) on services and potential risks
<b>Mandatory reporting:</b>	the term used to describe legal or statutory systems that require service providers to report certain categories of crimes or abuse (e.g. sexual violence, child abuse, etc.); best interests of the child should be considered when agencies are considering whether or not to comply with such policies
<b>Need-to-know:</b>	the limiting of information that is considered sensitive, and sharing it only with those individuals for whom the information will enable to protect the child

#### **General data protection**

1. It is important to have a clear understanding of the context you are working in. Before starting to use the database, an assessment should be carried out that reviews all applicable domestic data protection laws and the possible implications they might have for staff and the organizations involved. This process should also take into consideration the level of sensitivity of the data that will be collected related to security risks specific to the context. In cases where data will need to be shared or transferred across borders, agencies should consider potential constraints to protecting data (eg. security officials at borders who may request to access data).

<sup>8</sup> These principles are outlined in the United Nations Convention on the Rights of the Child, and the Organization of African Unity African Charter on the Rights and Welfare of the Child.

2. All staff involved in the work should be aware of the data protection protocols and the security implications of sensitive data.
3. All agencies holding information on children should have a written data protection policy, based on the principle of confidentiality, which should ideally be framed within the agencies' broader child protection policy. An obligation to uphold this policy should be written in to staff contracts.
4. All children on whom information is gathered should be allocated a code based upon an agreed upon standard coding format. This format may indicate areas of identification or areas of origin but should guarantee anonymity of the child. The code should be used to refer to the child's case either verbally, on paper or electronically (including in word documents, emails, skype conversations, etc.) in place of any identifiable information such as name or date of birth. All files should be stored according to the allocated code.
5. Access to information on children should be limited only to those who need to know it and to whomever the children agree to know it.
6. Those gathering information must obtain informed consent from the child (and/ or their parent/ caregiver), preferably in written form. When children are too young (usually under 15 years) to consent, their informed assent should be sought (i.e. willingness to participate in services) while a parent or caregiver gives consent. The informed assent/ consent process must include explaining to the child (and their parent/ caregiver, where appropriate) exactly why they are gathering information, how it will be used and by whom. Information should be shared 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. In situations where mandatory reporting laws exist and are functioning, service providers must explain these limits on confidentiality when obtaining consent. Even with very young children (i.e. under 5 years old), efforts should be made to share and explain information in an appropriate format.
7. Children should be given the opportunity to highlight any information that they do not want disclosed to any particular person. For example, they may not want their family to be told personal details about them that they would rather communicate face-to-face.
8. In exceptional circumstances, information disclosed by children can be shared against their wishes if it is considered – after careful evaluation - in their best interest to do so, but the reasons for doing so must be clearly explained to them. There is no hard or fast rule for disclosing information shared by a child, but generally, information should be shared when the child or another person is at risk of being harmed. Because this is subjective, each case should be considered individually, and decisions to disclose information should be taken at the highest level of the agency or agencies involved.
9. In some settings, **mandatory reporting laws** exist that require service providers to report cases of actual or suspected abuse to a central agency, limiting confidentiality between agencies and their clients. Where these laws exist and are functioning, they should be explained to the child (and/ or caregiver) during the informed consent process. In some cases, mandatory-reporting systems may be seriously flawed (e.g. because of lack of clear procedures and guidelines, lack of capacity to respond, etc.) and can further jeopardize children and families safety, particularly in emergency settings. Service providers should then consider the child's safety and best interests along with the potential legal implications of not reporting to determine the appropriate next steps. **Decisions regarding compliance with mandatory reporting laws should be taken at the highest level of the agency involved.**
10. After gathering information, it should be passed only to a person designated to receive it, for clearly defined purposes, such as a line manager or partner agency. Information sharing lines must be clearly mapped out and understood by all staff. Passing information between different agencies requires that all agencies concerned comply with the standard data protection protocols.

11. Children 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.
12. Staff working directly with children must receive regular debriefs for their own well-being. During debriefs, information disclosed by staff about children should be discussed anonymously. If there is a need to break such anonymity, this should be done with the person designated to receive the information and in conformity with the best interest of those concerned.
13. It is important for managers to make sure that the data protection protocols are being followed through regular monitoring and mentoring of staff and that they are updated when needed (e.g. if changes in the context occur).

### **Paper file security**

14. Each case should be stored in its own individual file, clearly labeled with the individual case code on the outside of the file. ***It is imperative*** that the child's name does not appear on the outside of the file.
15. Paper files should be kept in a secure place, accessible only to the person responsible for the information. This usually means that they are stored in a lockable filing cabinet, and the keys kept with the person responsible for the information. No one else should be given independent access without permission.
16. Paper files should be transferred by hand between people responsible for the information. During transfer, the files should be stored in a sealed box or sealed envelope. In exceptional circumstances the Child Protection Manager may need to identify a non-Child Protection staff member to be designated for this task. In this circumstance, the staff member must be briefed on the Data Protection Protocols and sign these.
17. Original documents (such as birth certificates) should be scanned and then returned to the child. 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.
18. Paper files and/or filing cabinets should be marked with a color-coding system according to sensitivity of data they contain and therefore the order of priority in which they should be removed/destroyed in the event of an emergency evacuation/relocation.
19. Rooms containing paper or electronic information should be kept securely locked when the person responsible for the information leaves the room.

### **Electronic data security**

20. Computers should be fitted with up-to-date anti-virus software so as to avoid corruption and loss of information.
21. All electronic information on children should be password protected, and the password changed on a regular basis. Information should be transferred by encrypted or password protected files whether this is by internet or memory sticks. Memory sticks (USBs) should be passed by hand between people responsible for the information and be password protected, and the file erased immediately after transfer. Ensure that the file is also permanently erased from the recycle bin file of your computer.
22. At least two backups should be taken on a weekly basis; one to be stored in the location of the database, and second to be sent for secure storage in a pre-defined centralized location. The reason for having an off-site back-up is so that the data can be retrieved if the main database becomes damaged (due to flooding, for example). It also means that the main database can be destroyed in an emergency evacuation/relocation without this meaning the loss of all electronic data. Typically, the on-site back up is an external hard drive which is kept locked in a filing

cabinet, and the off-site back up is done through emailing the backend of the database to the designated receiver as an encrypted, password-protected zip file.

### **Emergency evacuation/relocation plan**

23. In the event of an evacuation/relocation, management must ensure that the computer(s) where the database is setup, its back up systems and paper files are moved to a safe location. When moving database assets and paper files is not possible, management should ensure assets are destroyed and papers burnt. Information saved in back up systems will then become the only source of information on the children. It should be noted that in some circumstances, it may not be necessary to destroy files and therefore is more important to ensure they are properly secured and protected during the period of evacuation/relocation. This is a judgment call that will need to be made by management.
24. A clear evacuation/relocation plan should be developed that outlines a 'scheme of delegation' dictating who has responsibility for making decisions regarding removing or destroying data (for both paper and electronic data). This plan should be incorporated into the standard evacuation/relocation plan for the whole agency by security managers/senior staff.
25. The country director, security manager, logistic manager, IT manager, senior management team and child protection staff should know their individual responsibilities detailed in the evacuation/relocation plan and be aware of the sensitive nature of data being collected. Briefing on the evacuation plan should be part of the standard induction checklist for relevant staff.
26. Evacuation/relocation drills should be carried out to ensure that each individual knows their responsibilities and is able to act quickly in an emergency evacuation/relocation. In the event of a deteriorating security situation, evacuation/relocation plans should be reviewed—and if necessary, re-evaluated—by senior management and security personnel.

### **Lead agencies**

27. Lead agencies in an inter-agency network are responsible for overseeing that all other agencies have appropriate data protection protocols in place, including evacuation/relocation plans.
28. In case of an emergency evacuation/relocation, lead agencies should coordinate with other agencies in the network to ensure that all agencies are able to evacuate without compromising data security and confidentiality.
29. Lead agencies should contact the IA CP IMS Steering Committee and/or the Project Coordinator as soon as possible to alert them to the evacuation/relocation and seek support as necessary.

## **ANNEX 6**

### **INFORMED CONSENT FORM**

#### **Sample Informed Consent Form for Child Protection Case Management Services**

Child protection case management services are being offered to you (or your child) by [NAME OF AGENCY]. After discussing these services with a staff member or caseworker, please read the below statements and circle yes or no.

I understand that case management services are being offered to me (or my child) by [NAME OF AGENCY]. **YES/ NO**

I have been provided with information about these services and [NAME OF AGENCY]. **YES/NO**

I have had the opportunity to ask questions and discuss the services to be provided. **YES/ NO**

I understand that I (or my child) will participate in case management services provided by [NAME OF AGENCY] and that this may involve referrals to other agencies and visits to my home. **YES/ NO**

I understand that information will be collected about me (and/ or my child) stored in the agency's files/ databases, and that information without my/ our names or identifying details may be shared with other agencies to inform programs for my/ our community. **YES/ NO**

I understand that information identifying me and my child will not be shared with anyone outside my caseworker and their direct supervisor without my (and/ or my child's) explicit permission. **YES/ NO**

Have you (and your child) received enough information about the services to be provided, the agency providing them, and the potential risks? **YES/ NO**

Do you understand that you (and/ or your child) are free to withdraw from services?

- At any time
- Without giving a reason for withdrawing
- Without affecting your relationship with [NAME OF AGENCY] or other services you might receive

**YES/ NO**

I have read this information (or had the information read to me). I/ we have had my questions answered and know that I can ask questions later if I have them.

I agree to take part in case management services provided by [NAME OF AGENCY]. **YES**

**OR**

I do not wish to take part in services, and I have not signed the consent/ assent below. **YES**

#### **Only if the child consents/ assents:**

**Print full name of the child:** \_\_\_\_\_

**Signature of the child:** \_\_\_\_\_

**Date:** \_\_\_\_\_ (Day/ month/ year)



If the child cannot read, this form must be read through and the child's consent obtained verbally. The witness will sign the below statement.

**I have witnessed the accurate reading of the consent form to the child, and he or she has had the opportunity to ask questions. I confirm that he or she has given assent/ consent freely.**

**Print full name of witness:** \_\_\_\_\_

**Signature of witness:** \_\_\_\_\_

**Date:** \_\_\_\_\_ (Day/ Month/ Year)

*If the child is under 15 years of age, the consent of a parent or caregiver is required before providing services.*

**Print full name of parent/ caregiver:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Signature of parent/ caregiver:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*For the caseworker or manager:*

**I have accurately read or witnessed the accurate reading of the consent form to the potential client (and their parent/ caregiver) and the individual(s) has had the opportunity to ask questions. I confirm the individual(s) has given consent freely.**

**Print name of caseworker/ manager** \_\_\_\_\_

**Signature of caseworker/ manager** \_\_\_\_\_

**ANNEX 7**  
**Summary Decree 8987 and Labour Law**

Stipulation	Legal Framework	Age
<p>Verification of the children and adolescents ages shall be the responsibility of the employers regardless of the class to which they belong. Employers have the duty to ask each child, prior to his employment, his identification documents.</p>	<p>Labour Law: 1946 amended. Article 24.</p>	<p>18</p>
<ul style="list-style-type: none"> <li>• No more than six hours work daily with one hour rest after four consecutive hours.</li> <li>• No work between 7 pm and 7 am.</li> <li>• Rest of at least 13 uninterrupted hours between two periods of work.</li> <li>• No additional work during the daily and weekly rests or during holidays and the establishment’s vacation period.</li> <li>• Entitled to a minimum of 21 days of annual leave with full pay after one year of continuous work.</li> <li>• Benefit from at least 2/3 of the annual leave without interruption and the rest of the period during the same year.</li> </ul>	<p>Labour Law: 1946 amended. Article 23</p>	
<p>Children under-18 shall not be employed in totally prohibited works and activities which, by their nature harm the health, safety or morals of children, limit their education and constitute one of the worst forms of child labour:</p> <p><b>1- Activities involving physical hazards:</b></p> <ul style="list-style-type: none"> <li>• Handling explosives, wearing weapons, engaging in combats or war, given the psychological as well as physical hazards</li> <li>• Working in quarries, caves, mines, and crushing sites, whether underground or not</li> <li>• Activities that may not be carried out without wearing personal protective equipment to prevent immediate and direct hazard</li> <li>• Activities exposing the child to carcinogens or atomic radiations or substances that may cause infertility/birth defect.</li> </ul> <p><b>2- Activities involving psychological hazards</b></p> <ul style="list-style-type: none"> <li>• Any forced labor, including slavery and trafficking of children</li> <li>• Domestic service</li> <li>• Work that requires the child to sleep or reside in the workplace or outside the parents’ house or work in the streets or roads</li> <li>• Working in the preparation of bodies for funerals and burials.</li> </ul> <p><b>3- Activities involving moral hazards</b></p> <ul style="list-style-type: none"> <li>• Any work using or exploiting a child’s body for sexual or pornographic purposes or similar acts</li> <li>• Betting, gambling and horse-races etc..</li> <li>• Any illicit work or activity or any work or activity that violates the criminal laws, such as the transportation, sale, marketing, dealing or use of all kinds of drugs.</li> </ul> <p><b>4- Education:</b> Activities preventing the child from pursuing academic education, statutory vocational training or assistance lessons.</p>	<p>Decree 8987: 2012. Annex 1.</p>	
<p>In accordance with Articles 22, 23 and 27, it is forbidden to employ children or adolescents in the jobs listed in Annex 1:</p> <ul style="list-style-type: none"> <li>• Underground work in mines, quarries and all stone extraction work</li> <li>• Oven work for the melting, refining and firing of mineral products</li> <li>• Silvering mirrors by the quicksilver process</li> <li>• Production and handling of explosives</li> <li>• Glass melting and firing</li> <li>• Oxyacetylene welding</li> </ul>	<p>Labour Law: 1946 amended.</p> <p>Annex 1</p>	<p>18</p>

Stipulation	Legal Framework	Age
<ul style="list-style-type: none"> <li>• Production of alcohol and all other alcoholic drinks</li> <li>• Duco painting</li> <li>• Handling, treatment or reduction of ashes containing lead, and de-silvering lead</li> <li>• Production of welding material or alloys with more than ten per cent lead content</li> <li>• Production of litharge, massicot, minimum, white lead, micro-orange or lead sulphate, chromate or silicate</li> <li>• Mixing and pasting operations in the production or repair work of electric accumulators</li> <li>• Cleaning workshops where the operations listed under no.s 9, 10, 11 and 12 are carried out</li> <li>• Operating driving engines</li> <li>• Repairing or cleaning driving engines on the run</li> <li>• Asphalt production</li> <li>• Tannery work</li> <li>• Work in warehouses of fertilisers extracted from excrement, manure, bone and blood</li> <li>• Cutting up animal carcasses.</li> </ul>		
<p>Adolescents shall not be admitted to employment unless they have been subject to a medical examination to ascertain that they are fit for the work for which they are employed. Medical certificates shall be given free of charge by the Ministry of Public Health and shall be subject to a yearly renewal until the adolescent reaches 18. These certificates may be revoked at any time in case the adolescent becomes unfit for the work for which he was employed. (Article 22 as modified by law 536 of 1996).</p>	Labour Law: 1946 amended.	18
<p>The vocational training and technical education of children under 17 in a plant or factory cannot be deemed employment. It must be subject to the Minister of Labour’s approval. The child shall receive a medical certificate from the Ministry of Public Health.</p>	Decree 8987: 2012	17
<p>Children over 16 years of age may be employed in the works indicated in Annex 2 (below) provided they are offered full protection for their physical, mental and moral health and provided they receive a special education, or appropriate vocational training in the field of work, unless the type of work or the hazard is one of the Worst Forms of Child Labour (above).</p> <p><b>Occupational hazards:</b></p> <p><b>a) Chemical hazards, including dusts and fibers</b></p> <p><b>b) Physical Hazards:</b> Noise, radiation, high atmospheric pressure (e.g. diving), tremors, high or low temps.</p> <p><b>c) Biological hazards</b> (Viruses, bacteria, parasites, etc...) directly or indirectly transmitted</p> <p><b>d) Ergonomic hazards</b> (the compatibility between humans and work equipment and machines)</p> <p><b>e) Psychological, social and mental hazards and general working conditions:</b> night shifts between 7 pm and 7 am; working more than 6 hours a day; responsibilities requiring significant supervision/care/guidance by an adult; verbal/physical abuse.</p> <p><b>f) Safety Hazards:</b> heights, sharp / mobile machines, explosives, driving, extended periods in hot or cold weather</p> <p><b>Prohibited Work</b></p> <ol style="list-style-type: none"> <li>1- <b>Agricultural activities</b> (inc. family farms) <b>which require:</b> Driving or operating tractors or machines; using pesticides, contact with poisonous plants including tobacco, heights, sharp tools, more than 4 hours of work.</li> <li>2- <b>Fishing and Diving:</b> Fishing deep in the sea, diving, using fishing guns, explosives or electricity;</li> <li>3- <b>Slaughtering:</b> Working in animal slaughter houses;</li> <li>4- <b>Animals:</b> Working with dangerous, wild or poisonous animals;</li> <li>5- <b>Factories:</b> All kinds of works in factories that manufacture tiles, rocks and the like;</li> </ol>	Decree 8987: 2012	16

Stipulation	Legal Framework	Age
<p>6- <b>Production:</b> Any work in production or transformative industries employing 20+ staff, e.g.: Food, beverage, textiles, clothing, leather, wood, paper, chemicals, cement, building materials, rubber, plastic, glass, minerals, machines, equipment, vehicles, trailers, waste.</p> <p>7- <b>Utility Supply:</b> All types of work in the supply of electricity, gas, water and steam;</p> <p>8- <b>Building:</b> All work in building, demolition, excavation, construction, sand-blasting, heights climbing;</p> <p>9- <b>Small Enterprises (of &lt; 20 workers) with High Occupational Hazard Rate:</b> e.g. mechanics, smithery.</p> <p>10- <b>Service and Entertainment Industries:</b> Hotels, restaurants, amusement centres, internet cafes, etc.</p> <p>11- <b>Transportation:</b> Working in any of land, air or marine means of transportation.</p> <p>12- <b>Trade:</b> Working in places where there is exchange of currencies, funds, jewellery, other precious goods.</p> <p>13- <b>Within Health and Medical Centres</b> with exposure to patients, body fluids, medical waste, transmission of infections, chemicals, drugs, gases, radiation, death, incurable disease, without specialist supervision.</p> <p>14- <b>Care Work</b> for the elderly, the disabled, otherwise ill (unless for short intermittent periods and under the direct supervision of specialized social workers or persons familiar with juvenile psychology).</p> <p>15- <b>Security:</b> Working in centres for personal security and bodyguard</p> <p>16- <b>Waste:</b> Working in cleaning services, waste collection and sorting, in sewers or stagnant water channels;</p> <p>17- <b>Protecting others</b> against potential hazards, e.g. life guard.</p> <p>18- <b>Horse Racing:</b> Working in the horse racing track and in all activities accompanying horse-races</p>		
<p>In accordance with Articles 22, 23 and 27, it is forbidden to employ children under-15 in the jobs listed in Annex 2. The employment of adolescents in these jobs and industries is subject to the presentation of a medical certificate:</p> <ul style="list-style-type: none"> <li>• Blood baking, bone firing, soap baking, tallow melting, production of fertilisers, all leather preparation operations</li> <li>• Production of paint, varnish, glue, cement or sugar, tobacco handling</li> <li>• Cotton ginning or working in halls where machines are installed</li> <li>• Glassmaking, printing, handling and ravelling of rags</li> <li>• Preparation of hemp or flax or wool, spinning or weaving or knitting of silk or cotton or flax with a machine</li> <li>• Forging, marble and stone hewing and sculpture, coppersmith work</li> <li>• Building work except for rural structures not exceeding eight metres in height, transporting passengers, handling goods.</li> </ul>	<p>Labour Law: 1946. Article 23 modified by law 536 of 1996.</p> <p>Annex 2</p>	15
<p>It is absolutely prohibited to employ children under 13.</p>	<p>Labour Law: 1946. Article 22 modified by law 536 of 1996.</p>	13
<p>Vocational training establishments may contravene the Articles 22 and 23, on condition that the adolescent is not under twelve years of age and that its program specifies the type of trade, the hours and conditions of work, and that it is ratified by both the Ministry of Labour and the Public Health Services.</p>	<p>Labour Law: 1946 amended Article 25.</p>	12

**ANNEX 8**

**Child Protection Policy for Service Providers working with Children displaced and affected by the Syrian Crisis (see PDF file)**