

Case Management SOP for Cox's Bazar, Bangladesh

Case Management Technical Working Group Revised version, July 2021

Contents

1. BACKGROUND AND INTRODUCTION	2
2. Definitions	4
3. Case Management Principles.....	6
Information management principles	9
4. Case Management Process	10
5. Overview of roles and responsibilities of key actors and coordination bodies.....	13
1. Relevant government bodies at different levels.....	13
2. Case Management Technical Working Group	14
3. The Child Protection Sub-Sector	14
4. Child Protection Case Management Agencies.....	14
5. Case Management Supervisors.....	14
6. Caseworkers.....	14
7. Department of Social Services (DSS) and other Government bodies.....	15
8. Service providers identified through the related mapping.	15
9. Relevant community structures including local leadership.....	15
10. Case Management Volunteers.....	15
11. Children and their families / caregivers.....	15
12. Child Protection Focal Points and other relevant focal points	16
6. Caseworker, Case Management Supervisor and case management volunteer Roles and responsibilities	16
1) Specific Roles and Responsibilities of Case worker :.....	16
2) Specific Roles and Responsibilities of Case Management Supervisor:	17
3) Roles and responsibilities of Case Management Volunteers and para social workers	18
7. Community and Interagency Coordination:	19
a) Community engagement	19
b) Interagency Coordination	19
8. Staff Ratios and case allocation	19
9. Remote Case Management.....	20

Case Management SOP

10. Documentation and Information Management	21
Data Protection / Information Sharing	22
CPIMS+ functions and considerations	23
Annexes	26
Annex 1: Examples of Case Management Services (To be discussed and reviewed)	26
Annex 2: FTR protocol	26
Annex 3: BID SOP	26
Annex 4: DPISP	26
Annex 5: Referral Pathways	26
Annex 6: Remote Case Management Guidance	26
Annex 7: CFPF contact list.....	26
Annex 8: GBV/CP SOP	26
Annex 9: CORE COMPETENCIES of case workers.....	26
Annex 10: definitions of protection concerns for CPIMS+.....	27

1. BACKGROUND AND INTRODUCTION

Case Management

Child protection Case Management is a systematic process to identify a child’s vulnerability to certain risks, assess their needs and strengths, set goals in a participatory manner with the child and, where appropriate the family and the caregiver, arrange, sometimes provide, coordinate, and advocate for a package of multiple services to meet the person’s complex needs, monitor and evaluate progress, and terminate the case when the goals have been met.

Objective and Scope of the SOP

Objective: To define best practices, guiding principles, roles and responsibilities, case management processes, and coordination procedures to prevent, mitigate and respond to protection concerns affecting all children in Bangladesh, both for Rohingya refugee and the host community.

This SOP is to ensure quality, consistency, coordination in child protection services in Rohingya response, in host community and adherence to the internationally agreed upon standards in Case Management. In ensuring cases are managed in an appropriate, systematic, coordinated, and timely way. This SOP outlines the minimum procedures for child protection staff and case workers to know their role and responsibilities case management process. The child protection concerns covered by this SOP include (but not limited with) children without adequate care including orphans, unaccompanied and separated children, children head of household (CHHs), children in need of immediate protection such as neglected children, children living on the street, children in conflict/contact with the law, children experiencing psychosocial distress and trauma, children involved in criminal gangs including armed groups, child labour, child survivors of GBV including sexual abuse, early and forced marriage, child survivors of human trafficking, child abuse

Case Management SOP

including physical and emotional abuse, and other forms of violence including corporal punishment. This SOP is designed to be used in coordination with existing national and international resources, policies, and standards, including Best Interest Determination (BID) SOPs for refugee children.

Recognising that the Government of Bangladesh has the mandate for case management, the SOP should be read together with relevant national guidelines and tools. Whilst the SOP primarily focuses on the refugee context, the key elements should be applicable for partners working within the host community and providing support to Department of Social Services in this regard.

This SOP is a live document and should be updated at a minimum on a yearly basis, and whenever the Rohingya response context changes.

Context Analysis

Over a million Rohingya refugees fled violence in Myanmar in successive waves of displacement since early 1990s. The latest exodus began in August 2017, when violence broke out in Myanmar, which caused a massive flee across the border in Bangladesh, Cox's Bazaar. The population is extremely vulnerable, requiring properly targeted interventions that address their safety and dignity. As of 2021, approximately 860,000 refugees are now residing in 34 camps in Ukhiya and Teknaf Upazilas. More than half of them are women and girls, 60% are children under 18 years old. 30% of them require continuous humanitarian assistance to complete their daily activities. At the same time, COVID-19 containment measures and related restricted service provision in camps since March 2020 have impacted pre-existing needs and service gaps. As protection risks escalated throughout the onset of COVID-19, funding for this vital sector declined. In 2020, only 50.8 percent of protection sector funding requirements were met by the end of the year (FTS).

The lack of access to regular income and livelihood opportunities continues to be a major impediment towards higher degrees of self-reliance among the Rohingya. Poor diets, a lack of formal education, insufficient health as well as water, sanitation and hygiene (WASH) provisions remain challenges, and weak shelter structures leave the refugees vulnerable to the impacts of the recurring cyclone seasons that destroy thousands of shelters each year. The displacement has increased the risk for Rohingya children, making them susceptible to abuse, exploitation, violence including sexual violence and neglect. According to J-MSA published in May 2021, the child marriage with all its negative consequences remains a concern in the camps with 5% to 10% of Rohingya households entering into child marriages. The suspension of learning activities is likely to also have contributed to an increased exposure of children to protection risks. At the same time, secondary data indicates a general increase in protection issues in camps, especially in crime and theft, as well as an increased presence of criminal groups with heightened levels of control. Furthermore, limited access to child, and women and girls' friendly spaces and learning centres negatively impacts the mental health of children and adolescents. Education enrolment is very low. At the same time, the loss of access to education services as a result of the COVID19 outbreak constituted a major concern to households. Disrupted daily routines and access to TLCs also led to concerns about children's well-being, while Rohingya households reported increases in child protection issues in their communities, most notably in child labour and children going missing, both having been reported to have increased in communities by 16% of households. Impacts of exacerbated protection risks in camps may have been compounded by the limited presence of protection actors following the enactment of COVID-19 containment measures. On the other hand, the needs among the host communities in Ukhiya and Teknaf arise mainly from existing development challenges, but may have been compounded by the

Case Management SOP

refugee influx. The outbreak of the COVID-19 pandemic and associated containment measures put in place nationwide both in 2020 and 2021 severely disrupted livelihoods among the host community populations, which is likely to have exacerbated pre-existing needs.

2. Definitions

- **Case management:** is a systematic process to identify a person's vulnerability to certain risks, assess their needs and strengths, set goals in a participatory manner with the person, arrange, sometimes provide, coordinate, and advocate for a package of multiple services to meet the person's complex needs, monitor and evaluate progress, and terminate the case when the goals have been met. There are steps to case management outlined in this document.
- **Child or minor:** refers to person under the age of 18
- **Caregiver:** A caregiver is someone who provides daily care, protection, and supervision of a child. This does not necessarily imply legal responsibility. A customary caregiver is someone that the community has accepted, either by tradition or common practice, to provide the daily care, protection, and supervision of a child.
- **Child Protection:** the prevention of and response to abuse, neglect, exploitation, and violence against children.
- **Child Protection System:** The set of laws, policies, regulations, and services needed across all social sectors – especially social welfare, education, health, security, and justice – to support prevention and protective responses for children inclusive of family strengthening.¹
- **Confidentiality:** The obligation that information about an individual disclosed in a relationship of trust will not be disclosed or made available to unauthorized persons that are inconsistent with the understanding of the original disclosure or without prior permission.
- **Assent (informed):** The expressed willingness to participate in services. For younger children who are by definition too young to give informed consent, caregiver or social worker consent will be sufficient. Where a child has capacity (developmental and maturity) to provide consent and understand the implications of giving consent, this will be sought directly from the child
- **Informed Consent:** Informed, free, and voluntary agreement of an individual who has the legal capacity to give consent. This includes full information of risks, benefits, and limitations of confidentiality before it can be considered informed consent
- **Case:** The entire aspect of the case management including the interventions, the case plan, the people involved and the principles. A case involves only one individual child.
- **Caseworker/ case manager:** The key worker in a case who maintains responsibility for the child's care from identification to case closure.
- **Documentation:** The process of collecting and storing information specific to individual children and their families, both information that the child and family provide directly as well as any information

¹UNICEF Global Strategy, 2008.

Case Management SOP

collected indirectly, this also includes the use of case management forms, notes taken, and gathering these in case files and data in the CPIMS+. And/or ProGres 4

- **Psychosocial Support:** Refers to any type of local or outside support that aims to protect or promote psychosocial wellbeing and prevent or treat mental health issues
- **Referral:** The process of formally requesting specific services for a child or their family from another agency, however, the caseworker maintain overall responsibility for the case management for the individual child.
- **Transfer:** Is where the case is entirely handed over to another case worker (CP or GBV) and the existing caseworker no longer manages the case
- **Refugee:** refers to any person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside their country of nationality, and is unable to or, owing to such fear, is unwilling to avail themselves of the protection of that country.
- **Resilience:** The ability of children and their families to deal with, and recover from, adversity and crisis, influenced by individual characteristics and external factors like: diversity of livelihoods, coping mechanisms, life skills such as problem-solving, the ability to seek support, motivation, optimism, faith, perseverance and resourcefulness.
- **Husband:** in the case of child marriage, the husband is not the caregiver of the child but is recognized as the spouse
- **Supervision:** A relationship that supports the caseworker's technical competence and practice, promotes well-being, and enables effective and supportive monitoring of casework.
- **Separated child** refers to a child who is separated from both parents/caregivers or from his/her previous legal or customary primary caregiver, but not necessarily from other relatives
- **Orphan²:** An orphan is a child who has lost both parents (as a result of death)³ in many countries a child who has lost one parent is considered an orphan, but this can result in the unnecessary placement of a child in alternative care, rather than being supported by their surviving parent.
- **Unaccompanied child:** refers to a child who has been separated from both parents/caregivers and relatives and who is not being cared for by an adult who, by law or custom, is responsible for doing so. This means that a child may be completely without adult care or may be cared for by someone not related or known to the child, or not their usual caregiver e.g. a neighbour, another child under 18, or a stranger.
- **Alternative care** refers to the situation where a child is living with people who are not their biological parents. This may be community based alternative care or formalized arrangement⁴

² Note that this term is not commonly used in Child Protection Case Management but is referred to in various documents and agreements in Cox's Bazar therefore included in the present SOP

³ IAWG (2004) Interagency Guidelines on Unaccompanied and Separated Children IAWG,

⁴ Please refer to Alternative Care Guidelines for more detailed descriptions

Case Management SOP

3. Case Management Principles

Guiding Principles:

Do No Harm

This means ensuring that actions and interventions designed to support the child (and their family) do not expose them to further harm. At each step of the case management process, care must be taken to ensure that no harm comes to children or their families as a result of caseworker conduct, decisions made, or actions taken on behalf of the child or family.

Caution should also be taken to ensure that no harm comes to children or families as a result of collecting, storing, or sharing their information. For example, care should be taken to avoid creating conflict between individuals, families, or communities, and collecting unnecessary information that, if in the wrong hands, could put the child or family at risk of violence. Unless care is taken, this may expose a child and his/her family to further harm such as revenge acts of violence.

Prioritise the Best Interest 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), 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 risks and resources of the child and his environment as well as 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 the preferred one.

All actions should ensure that the child’s rights to safety and on-going development are never compromised. The Best Interests Principle must guide all decisions made during the case management process. Often in child protection there is no one “ideal” solution possible, but rather a series of more or less acceptable choices that must be balanced with a child’s best interests.

Non-discrimination

Adhering to the non-discrimination principle means ensuring that children are not discriminated against (treated poorly or denied services) because of their individual characteristics or a group they belong to (e.g. gender, age, socio-economic background, race, religion, ethnicity, disability, sexual orientation or gender identity).

Children in need of protective services should receive assistance from agencies and caseworkers that are trained and skilled to form respectful, non-discriminatory relationships with them, treating them with compassion, empathy, and care.

Adhere to Ethical Standards

For agencies and staff working with children, professional ethical standards and practices should be developed and applied; these may be professional codes of conduct and child protection policies. Adhering to ethical standards includes following the guidelines presented in this document. These guidelines are fundamental to the delivery of professional and quality care and protection for children.

Case Management SOP

Involve the Child in Decision-making

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

Ensure Accountability

Accountability refers to being held responsible for one's actions and for the results of those actions. Agencies and staff involved in case management are accountable to the child, the family, and the community.

Empower Children and Families to build upon their 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.

Throughout the case management process (including during assessment, case planning, and reviews) caseworkers should focus on empowering children and their families to recognize, prevent, and respond to child protection concerns themselves. In practice, this means that, in addition to identifying problems and providing services, caseworkers must consider the child and family's strengths and resources and how to build their capacity to care for themselves.

While caseworkers are providing an important service, it is ultimately the child and their family's lives that are affected; they must always be active participants in the decisions made for their care. Furthermore, helping children to participate in decision-making is an important part of the recovery process that builds their sense of control over their lives and helps them to develop natural resilience.

Base all Actions on Sound Knowledge of Child Development, Child Rights and Child Protection

Assessments and interventions must be made on the basis of knowledge about child development, child rights and child protection (such as understanding vulnerabilities and risk factors, and family dynamics). *Child development* knowledge helps caseworkers to determine how to involve and communicate with children depending on the age and evolving capacities. As standards for the treatment of children vary across cultures and regions, *child rights* knowledge is essential to ensure international norms and standards are respected and incorporated into case decisions. Finally, staff working with children who are affected by humanitarian crises, sexually exploited or unaccompanied or separated should also receive specialized training in handling such sensitive cases. Without such knowledge, case plans may not adequately address children's needs and uphold their rights and could even be harmful to the child.

Facilitate Meaningful Participation of Children

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

Case Management SOP

participate – including the right not to answer questions that make them uncomfortable – and supporting them to claim this right throughout the case management process. Children’s participation helps to prevent a caseworker from coming to a decision that is in their best interests but against their wishes (e.g. removing them from an abusive home), and caseworkers should explain such decisions with care and empathy to the child involved. Involving children, and their families, in planning and decision-making regarding their own care is critical to ensure services provided are appropriate and effective; furthermore, it contributes to children’s natural resilience and their ability to be agents for their own protection. Children must be involved in all steps of the case management process including development of the case plan.

It is important to remember that a child’s ability to make decisions is related to their age, maturity, and evolving capacities. Even very young children are able to participate in decisions, although this may take more time and skills from the caseworker to be able to support the child to voice their views. Children have the right to receive information in an appropriate format so that the child understands what is happening throughout the case management process.

Provide Culturally Appropriate Processes and Services

Caseworkers and agencies should recognize and respect diversity in the communities where they work and be aware of individual, family, group, and community differences. This is important to be able to make an informed and holistic assessment of a child’s situation. Cultural sensitivity also improves caseworkers’ capacity to work effectively with children, families, and communities and to identify solutions that leverage local methods of care and protection and are in line with the children and families’ values and beliefs. Without consideration of the cultural context, the quality of case management services can be hindered, leading to the development of case plans that do not fit the realities of people’s lives and beliefs and that may not be acceptable and therefore difficult to implement.

When what is in the best interest of the child conflicts with cultural values or practices, managers and caseworkers must continue to prioritize the child’s best interests and take decisions that do not place them in additional risk (do no harm).

Coordinate and Collaborate

Child protection programs are more effective when agencies work together, and involve communities, families, and children in their efforts. Case management can provide a process for improving coordination and collaboration among all actors with a mandate to protect children including community leaders, government departments, other sector service providers and agencies to provide holistic multi-sectoral support to the child.

Maintain Professional Boundaries & Addressing Conflicts of Interests

Caseworkers and agencies should act with integrity by not abusing the power or the trust of the child or their family. Caseworkers must not ask for or accept favours, payments, or gifts in exchange for services or support. Personal and professional limitations and boundaries must be recognized and respected. Steps should be taken to address conflicts of interest where these arise. An example of a conflict of interest might be where the caseworker and child are in some way related or from the same social network, or where the caseworker working with the child is also the caseworker for the perpetrator of the abuse.

Case Management SOP

Information management principles

Seek Informed Consent and/or Informed Assent

Informed consent is the voluntary agreement of an individual who has the capacity to give consent, and who exercises free and informed choice. In all circumstances, consent should be sought from children and their families or caregivers prior to providing services.

To ensure informed consent, caseworkers must ensure that children and their families fully understand: the services and options available (i.e. the case management process), potential risks and benefits to receiving services, information that will be collected and how it will be used, and confidentiality and its limits. Caseworkers are responsible for communicating in a child-friendly manner and should encourage the child and their family to ask questions that will help them to make a decision regarding their own situation⁵.

Informed assent is the expressed willingness to participate in services. It requires the same child-friendly communication of information outlined above. However, for younger children too young to give informed consent, but old enough to understand and agree to participate in services, the child's "informed assent" is sought. Even for very young children (those under 5 years old) efforts should be made to explain in language appropriate to their age, what information is being sought, what it will be used for, and how it will be shared.

In situations where the child protection concern involves the caregiver (where perpetrator of abuse for example) then informed assent of child is sufficient to open the case. No signature is required.

Respect Confidentiality

Confidentiality is linked to sharing information on a need-to-know basis. Confidentiality must be explained as part of the informed consent process. Respecting 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, sharing, and storing information on individual cases in a safe way and according CMTWG DPISP⁶. Workers should not reveal children's names or any identifying information to anyone not directly involved in the care of the child. This means taking special care in securing case files and documents and avoiding informal conversations with colleagues who may be naturally curious and interested in the work.

Data protection

All information should be stored in a manner which prevents any other actor from accessing data related to children and their cases. This applies to paper and electronic data related to case management. For paper forms, adequate locks and limited access is applicable, for electronic format, in Cox's Bazar this is primarily through CPIMS+ which has inherent data protection protocols, where CPIMS+ is not used electronic data is only shared in password protected manner with minimum persons accessing such information.

Information sharing on a "need to know" basis

⁵ Sample informed consent form available as annex to the present document

⁶ CMTWG DPISP being revised in 2021

Case Management SOP

The term “need to-know” describes the limiting of information that is considered sensitive and sharing it only with those individuals and sharing it only with those individuals who require the information in order 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. When conducting referrals to other agencies, only the information relevant to that service should be shared and no other information related to the child’s history or case.

4. Case Management Process

Confidentiality must be maintained in this entire process

4.1 Identify Vulnerable Children and Register

identification of children at risk is based on the understanding that factors that put children in a situation of heightened risk can include both risks in the wider protection environment and risks resulting from individual circumstances. Actors will identify children depending on some vulnerability criteria’s then the case workers will register that case in CP Rapid Registration format which is an initial opening of a case. There can be many sources of identification of a case. For example-CBCPC members, Volunteers. Etc

4.2 Assessment

Following the identification and registration of a case, the child protection actors will conduct a rapid assessment and complete the assessment Form. The case worker will introduce him/herself and the objective of the interview, and how the interview will take place. Children and/ or caregivers should understand that there is no right or wrong answer. If the assessment concludes that case management is required for the child the case worker will seek consent/assent from children and their parents/caregivers before proceeding .(in some cases if the beneficiary does not agree to give consent/assent case worker can be a consent giver there). Then they should open a case file within one week from the assessment. After the rapid assessment it is compulsory to do a comprehensive assessment to have a wider view on child’s life and environment. File should not contain child’s name on the front, instead should have a reference code and should be kept in a locked cabinet.

4.3 Develop Case Plan

After completing the comprehensive assessment, the case worker should develop an individual case plan for an individual case along with the participation of the child and (where appropriate⁷) the parents/caregiver considering child’s vulnerability, needs and context. The plan should be SMART. Once developed, a written copy of the case plan should be provided to or reviewed with the child (and their family, where appropriate).In some complicated cases the caseworker should discuss the case with their supervisor (and in some cases, a wider team or can arrange a case conference if multiple referral required).A plan should be develop within two weeks after completing comprehensive assessment. Case-planning forms should document the case objectives, services to be provided and time frame and be signed by the caseworker, child and caregiver and approve by the Case Management Supervisor.

4.4 Implement the Case Plan

⁷ i.e. assuming the caregiver is not perpetrator of offence

Case Management SOP

Once the case plan is developed, it is then possible to move onto the next step of implementing the plan. Based on the plan, you should work with the child, the family, the community, and any service providers to ensure the child receives the appropriate services. You may provide direct or referral services according to need. An essential direct service provided is the psychosocial support done by the social worker themselves during regular monitoring and other meetings with the child and the family. Using child friendly communication, providing advice on daily challenges, and being a resource for the family a unique form of psychosocial support the social worker can provide him-/herself, which can contribute to the entire family's wellbeing when done correctly.

Referrals form a key part of implementing the case plan as the case worker cannot fulfil the necessary needs of the child. Referral is the process of formally requesting services for a child or their family from another agency (e.g. cash assistance, health care, etc.) through an established procedure and/or form; social workers maintain overall responsibility for the case regardless of referrals.

Referral Pathway is a service mapping to know or to have a view of which support, or services are accessible nearby for referrals. It needs to be updated at least every 6 months

BEST PRACTICES FOR REFERRALS

- Informed consent/assent needs to be given by the child/family before being able to make a referral.
- Accompany the child / family to the service
- Be familiar with the services offered and staff providing them.
- Case workers maintain overall responsibility to follow up on the case plan with the child and service provider provides specific services under the case plan
- Case worker will ensure safety of the child during referrals
- Follow up on the outcome of the referral

4.5 Follow up and Review

The case plan should outline the frequency of follow-up visits made by the social worker to the child and caregiver. These will vary according to the needs of the child and caregiver but should not be any less than every week for the first few weeks and at least every two weeks until the first review after 12 weeks.

During the follow-up visits, the social worker should ensure that the child and the caregiver are seen both together and separately to enable both to have the space to speak openly about the care situation and express any difficulties or concerns. The social worker should give advice and support to mediate on any issues or challenges arising in the care relationship between the child and caregiver. The social worker should ensure that both the child and the caregiver feel that they have come to a reasonable solution and have agreed a positive way forward, or that next steps towards a resolution. More frequent monitoring visits may be suitable if there are difficulties or alarming concerns.

4.6. 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,

Case Management SOP

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.

Transfer of a child's case should be avoided unless it is necessary. If considering the transfer of a child's case, there must be good cause and a clear indication that the child will receive a better degree of service than they are currently receiving. When transferring whole caseloads to another agency and/or the government, the process should include a review of all case files to confirm consent on sharing information where this is needed.

When any agency changes their activity or agenda, they should have to be very much clear that all cases has been transferred to other existing agency. This includes when a project ends, or an agency leaves the camp in which they were working.

4.6 Case Closure

The decision to close cases will be made on the basis of reaching the protection outcomes set out during the assessment process and documented in the child's case plan. Cases will be closed if any of the following criteria are met:

- The goals of the child/caregiver as outlined in the case plan has been met, the child is safe from harm, their care and well-being is being supported, and there are no additional concerns, but not sooner than three months after the goals have been met
- Identification of a durable solutions, including reunification of the child with her/his family
- The family/child no-longer wants the support, and this is not in contradiction with the best interests of the child.
- The child has turned 18 years of age⁸
- The child has been reported missing for three consecutive months and is suspected to have left the camp.
- The child has died.

The closure process will include a review and confirmation of family and community support in ensuring the child can live her/his life in safety and dignity.

The Child Protection Agency will retain all documentation of the child/child's case files in a safe and secure place for a minimum of three years. Closed files of missing children will be retained with no time limit, and until such time a decision is made on the status by the Case Management Technical Working Group.

Case Closures are an important part of case management as the case management process should be time-bound. Case managers are responsible for determining when the protection needs are met, and the case can be closed. Case closure empower the child and ensures that cases do not remain open unnecessarily leading to caseworkers being overloaded with cases (more than 25).

⁸ If protection concern still exists, transfer case to appropriate agency (e.g. GBV) or discuss with the 18 year old what referral needs to continue to empower them to take responsibility going forward

Case Management SOP

4.7. Final Follow up- After the closure of a case within 3 months case worker need to do a final follow up to ensure the child is not vulnerable anymore or safeguarded.

Case conference- Are more formal multi-sector / inter-agency case planning or review meetings for very complex cases. The purpose of a case conference is to explore multispectral / inter-agency service options, and to make formal decisions in the best interest of the child. Case conferences should be documented with a report / minutes. The child and family participate in some (need based) case conferences. Any participation would require careful planning and facilitation. The opinions and input of the child and family should always be sought in order to feed into decisions made.

Cases reopen

In the case of a closed case facing repetitive or additional vulnerabilities, a case can be reopened based on a new assessment. The process will then be starting over, taking into account previous information and steps taken. In this scenario whole process have to be maintain starting from assessment.

Note: For refugee children, the Best Interest Determination (BID⁹) can intervene at any moment of the case management process cases as follows:

- Unaccompanied children, with the aim of a durable solution, within 2 years of identification
- Separation from Parents/Caregivers: Removal of child from his/her parents/caregivers against their will
- Exceptional Situations: where a clear decision in the child's best interests is not easily found. This could include temporary care arrangements, complex family reunification and other cases, as defined by the context or on a case-by-case basis

However, a pending BID should not stop you from taking urgent action to protect a child. BIDs should not slow actions to protect children and promote their wellbeing. It is UNHCR's responsibility to make sure that best interests' procedures are conducted promptly.

5. Overview of roles and responsibilities of key actors and coordination bodies

This section outlines the roles and responsibilities of actors involved in child protection case management, as follows:

1. Relevant government bodies at different levels.

The Department of social services and the Ministry of Women and Children's Affairs are the key government bodies responsible for case management. In Host Community, DSS is primarily responsible for case management and is supported by Child Protection actors on a needs-basis.

In Rohingya Camps, both Child Protection actors and DSS provide Case Management services to Rohingya children in collaboration with relevant law enforcement bodies and other authorities for referral based on services required.

⁹ BID Annex

Case Management SOP

2. Case Management Technical Working Group

The CMTWG play a critical role at Cox' Bazar level in development of tools, guidance and capacity building modules for Case Workers and Case Management Agencies. The CMTWG also acts as a forum where complex cases can be discussed, trends in case management identified and solutions brainstormed for specific child protection concerns.

The CMTWG meets on a monthly basis¹⁰ and ad hoc meetings called where necessary.

The CMTWG falls within the CPSS therefore documents, guidelines and SOPs developed by CMTWG are ultimately shared with CPSS for endorsement.

The CMTWG further maps case management in the response and works to ensure no duplication and maximum coverage for child protection to ensure all children with child protection concerns have access to life saving case management.

3. The Child Protection Sub-Sector

CPSS is the overarching body for coordination of child protection interventions in both Host Community and Rohingya camps. The CMTWG falls under the umbrella of the CPSS.

4. Child Protection Case Management Agencies.

Case Management Agencies are responsible for adhering to the guidelines of the CPSS and the CMTWG, sharing tools and materials for wider use and standardization amongst Case Management actors for standardized, continuity of care for children in Rohingya Response. Case Management agencies further commit to contributing human resources towards strengthening Case Management within the response and actively engaging in the CMTWG.

5. Case Management Supervisors.

Case Management Supervisors are responsible for ensuring the quality and consistency of the case workers, following up on cases where necessary and identifying gaps in services. Case Management supervisors provide one to one mentoring and trainings for their case workers. Supervisors are also ultimately responsible for ensuring accurate information management (CPIMS+ in most agencies) and regularly ensuring that case workers are providing all steps of the case management process and documenting as such

Case Management supervisors are there to support case workers throughout the case management process and should ensure internal systems are in place to ensure support mechanisms are in place for case workers

6. Caseworkers.

Caseworkers are trained "social work" type actors who undertake the day-to-day case management process explained in section 6 (1). Caseworkers are the key to effective quality and continuous support for children within their care. Case workers should not manage more than 25 cases at any given time and must ensure that each child only has one case worker. Both within CPIMS+ (where relevant) and

¹⁰ Where necessary the CMTWG meets bi-weekly or on an ad hoc basis

Case Management SOP

at field level, case workers must work to avoid duplication, and to ensure coordination and maximum coverage. Clear guidance as to who is caseworker where duplication is identified should be immediate and communicated to child, case workers, supervisors and updated in relevant information system

7. Department of Social Services (DSS) and other Government bodies

DSS is an active member of the CMTWG. The Department of Social Services has the overall mandate to provide case management within the host community in Cox's Bazar. Humanitarian actors working on case management in the host community must prioritise coordination with DSS and, where requested to do so, provide support to DSS in their case management activities. Humanitarian actors do not replace the activities of DSS but play a supportive role in this regard¹¹. Additionally, DSS provides case management services within the camp context and all efforts must be taken by humanitarian actors to ensure camp-level and Cox's Bazar level coordination with DSS to ensure continuity of care and avoid duplication.

The Ministry of Women's and Children's Affairs (MoWCA) also provides case management to both children and women in Cox's Bazar.

8. Service providers identified through the related mapping.

Service providers identified in referral pathways provide specific services for child protection and other risks identified in the case management process. These are not case managers and are only providing the specific service for which the child is referred. Usually these are persons from other sectors providing specific support to address a child protection risk within the case plan.

9. Relevant community structures including local leadership.

Communities play a vital role in the case management process through: a) identification of child protection cases; b) mediation where necessary such as violence in the home; c) linkages to specific community members to offer community level child protection services where identified and where the community is best placed to provide support.

10. Case Management Volunteers

Case Management Volunteers are trained Rohingya or Host community actors who are responsible for follow up of low and medium risk cases in the event that access is restricted. Volunteer receive a small stipend and are therefore different from community-based structures. Agencies support volunteers with this process (see Remote Case Management Guidelines)

11. Children and their families / caregivers.

Children and their families and caregivers are at the core of the case management process and involved in all steps of the process. Informed consent/assent is needed for all stages of the process, children and caregivers work with caseworkers to develop and implement case plans and to raise concerns to caseworkers as needed. All case worker activities build on the strengths and capacities of child and caregivers

¹¹ Note that the present document focuses primarily on camp-based case management and where actors are working on case management in the host community, further discussion with CPSS and DSS should be proactively sought out.

Case Management SOP

12. Child Protection Focal Points and other relevant focal points

Child Protection focal points (CPFPPs) exist in all camps and are the central point for referrals. Other sectors are encouraged to channel their referrals through the CPFPPs it is therefore essential that case workers, case management volunteers and case management supervisors liaise with CPFPPs. Case workers should inform the CPFPPs upon arrival in the camp on a daily basis so that CPFPPs are able to refer in a timely manner when referred by other sectors/actors. CPFPPs also maintain a list of referral pathways for other sector referrals so coordination by case workers and CPFPPs will benefit the overall systematic continuity of care at camp level.

Where challenges exist in terms of access or other issue, the CPFPP (or the Protection Focal Point) should be the first contact for case workers and the CPFPP will firstly attempt to resolve the issue at camp level. If this is unsuccessful, CPFPPs will contact CPSS for support.

Focal points from other sectors play an important role in coordinating with CPFPPs to ensure up to date and daily referral pathways

6. Caseworker, Case Management Supervisor and case management volunteer Roles and responsibilities

Within each organisation, 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 supervision support to caseworkers, and ensuring adherence to best practices.

1) Specific Roles and Responsibilities of Case worker¹²:

a) Case Management for Individual Children and their Families:

- Follow all steps of Case Management for individual child
- Provide quality case management services to children who have experienced or are at risk of violence, abuse, neglect and exploitation or are otherwise vulnerable in line with the eligibility criteria and case prioritization guide.¹³
- Support children and (where appropriate) their families through the case management process (identification and registration, assessment, case planning, implementation of the case plan, follow-up and review, case closure) as outlined in the Standard Operation Procedures.
- Provide psychosocial support and emotional support to children and families throughout the case management process.
- Conduct safe referrals to essential services as appropriate, and follow-up to ensure services provided were responsive to the needs identified within the assessment. Accompany the child to receive services that are not provided by agencies.

b) Communication and Coordination:

- Liaise with CP focal person, volunteers, community members, service providers, NGO partners and government stakeholders to identify and safely refer children at risk.

¹² See Annex for core competencies of Case Workers

¹³ Annex- case management services example/ menu of services

Case Management SOP

- Maintain effective relationship with GBV case worker/actors and other key actors working towards child protection (including counter-trafficking workers, general protection workers and other sector focal points for appropriate referral)
 - Maintain an up-to-date service mapping and referral pathway for respective geographical area.
 - Ensure coordination and up to date contact details of other services the child may require and support the child to access such services (such as education, health, nutrition, etc) even outside of immediate geographical area as needed
- c) Case Management Teamwork:
- Actively engage in all capacity building opportunities, including formal trainings, shadowing/observation, mentoring capacity assessments, etc.
 - Participate in regular case management meetings with the case management team.
 - Prepare for and participate in regular structured coaching and individual supervision sessions/meeting, identifying challenges and areas for development.
- d) Documentation:
- Regularly document cases using agreed upon inter-agency and internal forms of the CPIMS+.
 - Update CPIMS+ or ProGres v4 as appropriate to ensure a comprehensive record of the case through data entry regularly and timely basis.
Where agency does not use CPIMS+, ensure appropriate case management system is in place (for example ProGres V4)
 - Ensure case is not duplicated¹⁴ and each child only has one case manager

2) Specific Roles and Responsibilities of Case Management Supervisor:

Supervision is a relationship that supports the caseworker's technical competence and practice, promotes well-being, and enables effective and supportive monitoring of casework. It is a two-way street; both sides must invest time and attention to gain benefits.

Supervision is a relationship that supports the caseworker's technical competence and practice, promotes well-being, and enables effective and supportive monitoring of casework. It is a two-way street; both sides must invest time and attention to gain benefits. The supervisor **supports** the caseworker to do effective child protection case management. The caseworker is the active participant in the work with children and families. The supervisor is behind them supporting them and helping them develop the skills, knowledge and attitudes that make them good at their job. Always need to remember:

- Just as children's best interests are at the center of case management; they should also be at the center of supervision.
- Child protection work is not easy, and it will take time for caseworkers develop their competencies throughout their career. They must constantly keep up to date with new theories and methods and to stay abreast of their own practice issues and challenges. Caseworkers must make time and space to reflect or think about what they are doing well, what they could be doing better, and which areas they want to improve or request support. It is through supervision

¹⁴ See section 10

Case Management SOP

that caseworkers can continue refreshing and reflecting on their knowledge, skills, and attitudes.

Following are the specific Roles and Responsibilities of Case Management Supervisor:

1. **Accountability and Administrative: Ensuring competent, accountable practice of staff:**

- Human resources management through Planning and assigning work with appropriate case load.
- Provide material and logistical support.
- Coordinating with other actors.
- Documentation and reporting.
- Reinforcing safety and ethical standards.

2. **Educational and Professional Development: Ensuring staff are continually updating their knowledge and skills:**

- Assess competencies.
- Collaborate on personal learning plans.
- Promote reflective practices.
- Reinforcement of guiding principles.
- Lead in regular case management meetings with the CM team (one meeting every 1-2 weeks).
- Prepare for and lead in regular structured individual supervision sessions with each caseworker (1 hour per caseworker every 1-2 weeks).
- Provide ongoing capacity building to caseworkers on the SOPs, case management tools, ISP/DPIISP, referral pathways, etc.
- Support caseworkers through a coaching approach; including reflective practice, self-awareness, collaborative problem solving and the application of case management guiding principles.
- Facilitate shadowing visits for new caseworkers and conduct observations of caseworkers on a regular basis.

3. **Supportive: Ensuring the emotional and psychological well-being of your staff:**

- Creation of a safe space for reflection.
- Promotion of self-care.
- Having empathy and normalizing feelings.
- Reinforcing realistic expectations and healthy boundaries.
- Recognition and encouragement.

3) Roles and responsibilities of Case Management Volunteers and para social workers

Trained case management volunteers and/or para social workers should be engaged to identify children at risk, refer them to case workers and support with follow in low risk cases assigned by case workers. They may also be engaged in accompanying children to other services under the case plan under instruction of the case worker and consent of the child.

All work of the Case Management volunteer must follow case management principles and case management steps and only act under the supervision of the case worker.

Case Management SOP

Case Management Volunteers will receive training on case management but will not manage child protection cases directly.

Case Workers will shadow and support case workers where there is adequate consent from the child

Note: In exceptional cases where access is limited access for humanitarian workers, case management volunteers have a greater responsibility which is outlined in ANNEX A on Remote Case Management¹⁵.

7. Community and Interagency Coordination:

a) Community engagement

Communities play a key role in case management and can support effective case management. Some key roles of community members are listed below but this should not be considered as an exhaustive list.

Case Workers should also ensure that they understand the balance between the protective role of community members and the potentially harmful role of community members. Community members should be engaged accordingly using their best judgement and in consultation with the child.

Where a case worker is familiar with community dynamics and requests that community members support the case management process, case workers may engage communities where it is safe to involve them in, for example: Identification of children at risk; supporting case worker to resolve family disputes; prevention of child marriage; temporary alternative care; Identification and prevention of child labour and other situations where it is recognised and agreed that community members can support the case management process. This is all under the purview of the case worker and in recognition of the possibility to do harm if not carefully supervised.

b) Interagency Coordination

Case workers must

- Liaise with service providers, CP partners, CP camp focal and government stakeholders to ensure safe identification and referral of children at risk, according to the eligibility criteria¹⁶.
- Ensure that case management team maintain an up-to-date service mapping/referral pathway for the geographical area.
- Lead inter-agency case conferences (presentation of cases and dissemination of challenges), as per the SOPs.
- Actively participate in all relevant working group meetings as well as bilateral meetings with other agencies on behalf of the Case Management program, in close consultation with the Child Protection Manager

The CPSS IMO maintains and updates referral pathways which should be utilised by case workers

8. Staff Ratios and case allocation

Staff Ratios:

¹⁵2021 revised Remote case management guidance

¹⁶ Annexed

Case Management SOP

The caseworker to cases ratio, case management supervisor to caseworker's ratio, and (where applicable) data entry staff to cases ratio should be agreed upon between case management actors and included in the SOPs. It is encouraged that caseworkers conduct their own data entry.

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

The minimum standard is that the number of cases allocated to each caseworker recommended standards is 25. However, the maximum caseload for a caseworker and the actual caseload is dependent on factors like the distance to follow-up on cases, the distance between cases, the number of high-risk cases in a caseload, and the capacity of the caseworker. However, this will need to be considered according to the specific programme that is being implemented as in some cases this will be more than can be managed. The case management supervisor should review the caseload of individual caseworkers to ensure it is manageable at least once every 2 weeks. Each supervisor should not oversee more than 5-6 caseworkers.

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 male caseworker would not be appropriate to work with an adolescent female from the Rohingya culture.) Wherever possible, caseworkers should be assigned cases in a similar geographic area to limit logistical challenges in delivering services to children and families.

Staff capacity

Caseworkers and Case Supervisors should have their capacity assessed and receive on-going capacity building through training, supervision, and coaching. It is important to ensure staff have the competencies to conduct CM in a safe and professional manner. The child-to-staff ratio should align with caseworkers' abilities, children's needs and other constraints and obligations. Staff skills and knowledge should be assessed during the recruitment process. All caseworkers should receive (a) standard introductory and ongoing training (including shadowing) and (b) regular, structured supervision and coaching. Child protection CM teams must priorities staff care within their team to prevent burnout and promote quality care.

9. Remote Case Management¹⁷

Humanitarian agencies consider remote Child Protection Case Management during infectious disease outbreak like COVID-19 pandemic. A considerable amount of preparation, planning and adaptation needed for a qualitative remote CM services to deal with various child protection issues. Following measures and steps are suggested as a guidance when supporting children remotely, either by phone, text or through CM Volunteers. Please refer the **Technical Note on Remote Case Management for Child Protection during COVID-19 in CXB, 2021**

¹⁷ 2021 Guidance Remote Case Management in COVID

Case Management SOP

10. Documentation and Information Management

Documentation is a critical part of case management as all actions undertaken in the case management process must be recorded safely and effectively by case workers with close supervision. Recognising that different forms and tools may be used in host community, the following section outlines the overall responsibilities of members of the CMTWG and certain elements will be adapted on an as-needed-basis to ensure harmonisation with the host community case management activities,

- Case workers have responsibility to:
- Ensure documentation of cases using agreed upon CMTWG inter-agency forms.
- Ensure update CPIMS+ and/or the data base indicated to ensure a comprehensive record of the case through data entry regularly and timely basis.
- Safely refer cases on need to know basis only
- Safely transfer cases (see below)
- Avoid Duplication by searching MoHA, Progress Individual ID and FCN number before opening case and entering into CPIMS+
- Regularly check the CPIMS+ (or alternative) and raise flag if any documentation is concerning, duplication, inconsistent or otherwise needs revision by supervisor and/or IMO
- Documentation and Record Keeping:
- For Case Management documentation social worker should use Both Hard copy and Soft copy (CPIMS+).
- There must be an individual case file for each child receiving case management support. All actions, services and referrals must be recorded on the case file as the case file must be a comprehensive record of all interactions with a child

Minimum Documentation Requirement: each case file should contain

- Consent Form
- Assessment Form (Rapid and comprehensive)
- Case plan
- Referral Form (if applicable)
- Follow-up forms and case notes
- Case closure
- Transfer form (if applicable)
- FTR (If applicable)
- Foster care agreement, screening, and other relevant documentation (if applicable)

Case Transfer should be documented according to the CPIMS+ protocols and in line with DPISP. In situations where transfer is undertaken by one agency using CPIMS+ to an agency using another different information management system, this must be adequately recorded, and all relevant fields filled in by the receiving agency in close collaboration with the transferring agency. The transferring agency must

Case Management SOP

document all relevant fields into hard file and share this confidentially to the receiving agency. There should be a priority for both agencies and can be supported by CPSS IMO.

Data Protection / Information Sharing

Multiple actors are working together to address the child protection risks facing Rohingya children and families through the provision of a range of services, including case management. All Case Management actors need to agree on data protection and information sharing protocols, with the aim of harmonising and standardising approaches in order to support safe and ethical data collection storage, sharing, archiving, and destruction. Safe and ethical information sharing will contribute towards improved inter-agency coordination, identifying, and targeting gaps, prioritization of actions, and improved effectiveness of programming of prevention and response efforts.

Through Data Protection and Information Sharing Protocol (DPISP), it is anticipated that potential risks to children and families misuse of information will be mitigated through the protection of **Personal Data**¹⁸ and sharing appropriately anonymous data. Anonymous data means that the information cannot be linked to an identified or identifiable person.

DPISP is complementary and integral to the Standard Operating Procedures (SOPs) for Case Management in the context of the Rohingya Response in Bangladesh. This DPISP does not override those Case Management SOPs, but rather provides guidance specifically on safe and ethical data protection and information sharing. This DPISP should also be read in conjunction with the CPIMS+ Implementation Plan and Terms of Use.

Data stored in hard copy

Protecting Data Stored in Paper (Hard Copy) Forms and Files must be stored in secure place accessible only to the case worker including, for example, locks and singular key. Files will only be labelled by case file number (not name of the child or identifying information)

For agencies and authorities using CPIMS+, case codes will be assigned randomly by the CPIMS+.

It is not permissible to keep original documents such as ID cards or medical reports. Instead, original documents must either be photographed or scanned and returned to the child/family. 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.

Data Stored in Electronic (Soft Copy) Forms and Files

- Smartphones, tablets, laptops, and desktops (hereafter electronic devices) themselves must be password protected and participating agencies and authorities will ensure that each individual member of staff uses his or her own login and not share passwords.

¹⁸ Personal Data: is defined as any data related to an individual who can be identified from that data and other information; or by means reasonably likely to be used related to that data. Personal data includes: biographical data such as name, sex, marital status, date and place of birth, country of origin, country of asylum, occupation religion and ethnicity, FCN number, MOHA ID, PROGRESS ID etc.; biometric data such as photographs, fingerprints, and iris images; and any expression of opinion about the individual, such as assessments of his/her needs and situation.

Case Management SOP

- In addition to the electronic device itself, all electronic files (e.g. Word, Excel) must be password protected. If emailing a document containing child protection case management data, the password should be emailed separately. Staff must ensure that emails are only sent to the intended recipient, with no one else in copy, including line managers.
- Strong passwords should be used, i.e. containing at least 8 characters including one number, one capital letter, one letter and one special character that cannot be easily guessed e.g. ‘**Ch1ldProt8tion!** and default shared network drives should be disabled.
- Passwords for documents and computers must be changed on a regular basis (minimum every 3 months) or when an authorised user leaves their current position.
- Staff must lock their computer when away from it. Computers should also be set to automatically lock if the user is away from the machine.
- Staff are not allowed to save case management information on their personal electronic devices. Only work-assigned computers / Mobile/ Tablet devices can be used for managing information related to child protection case management.
- The computers hosting data on children should only be accessed by authorised personnel. and should be used exclusively for that purpose.
- Computers should be fitted with up-to-date anti-virus and firewall software so as to avoid corruption and loss of information.
- Electronic files must be backed-up in a different and secure location with proper password.
- When a member of staff leaves their current role or job, they must hand over all child protection case management information to the caseworker taking over as lead for the case. Any Personal Data saved on the computer must be erased before handover.
- Memory sticks (USBs) and external hard drives should not be used to store or exchange child protection case management Personal Data.

CPIMS+ functions and considerations

CPIMS+ is the primary information management system used by Case Management agencies in Cox's Bazar (not all agencies but majority)

Case Management and CPIMS+

The database software allows caseworkers to store and organize children's information in electronic "case files" that can be adjusted and edited as a child's case progresses over time. The system can be programmed to "flag" tasks that are due (or overdue) for each child in his/her caseload, thereby encouraging timely management and follow-up of each case.

Data Aggregation, Analysis and Dashboard

The database can produce reports based on a user's need for information and can generate data analyses of aggregate data and trends in data over time. Such data analysis can be used to inform a child protection program's design, strategy and plans for resource allocation. Reports produced by the database can be used for advocacy purposes, influencing governments, and fulfilling donor reporting requirements.

Case Management SOP

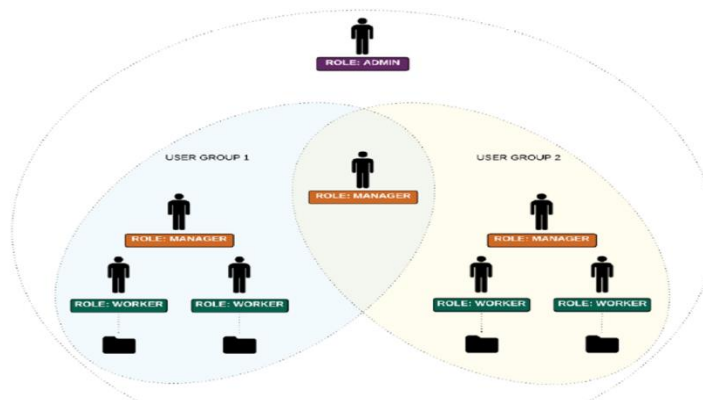
Information Sharing

The system allows information to be shared internally within an agency, with other CPIMS+ users working within a common information sharing agreement, and externally, with other systems e.g. the GBV and MRM IMS. Records can be synchronized easily between child protection agencies and/or sub-offices using Primero, allowing for near real time data sharing. Children's case files can be electronically transferred from one agency to another, as determined by the child protection staff.

Who Can See What in CPIMS+?

In CPIMS+ Information is managed by using different permission / Role. In Bangladesh CPIMS+ there is one System administrator for monitoring CPIMS+ and ensure the software is running smooth.

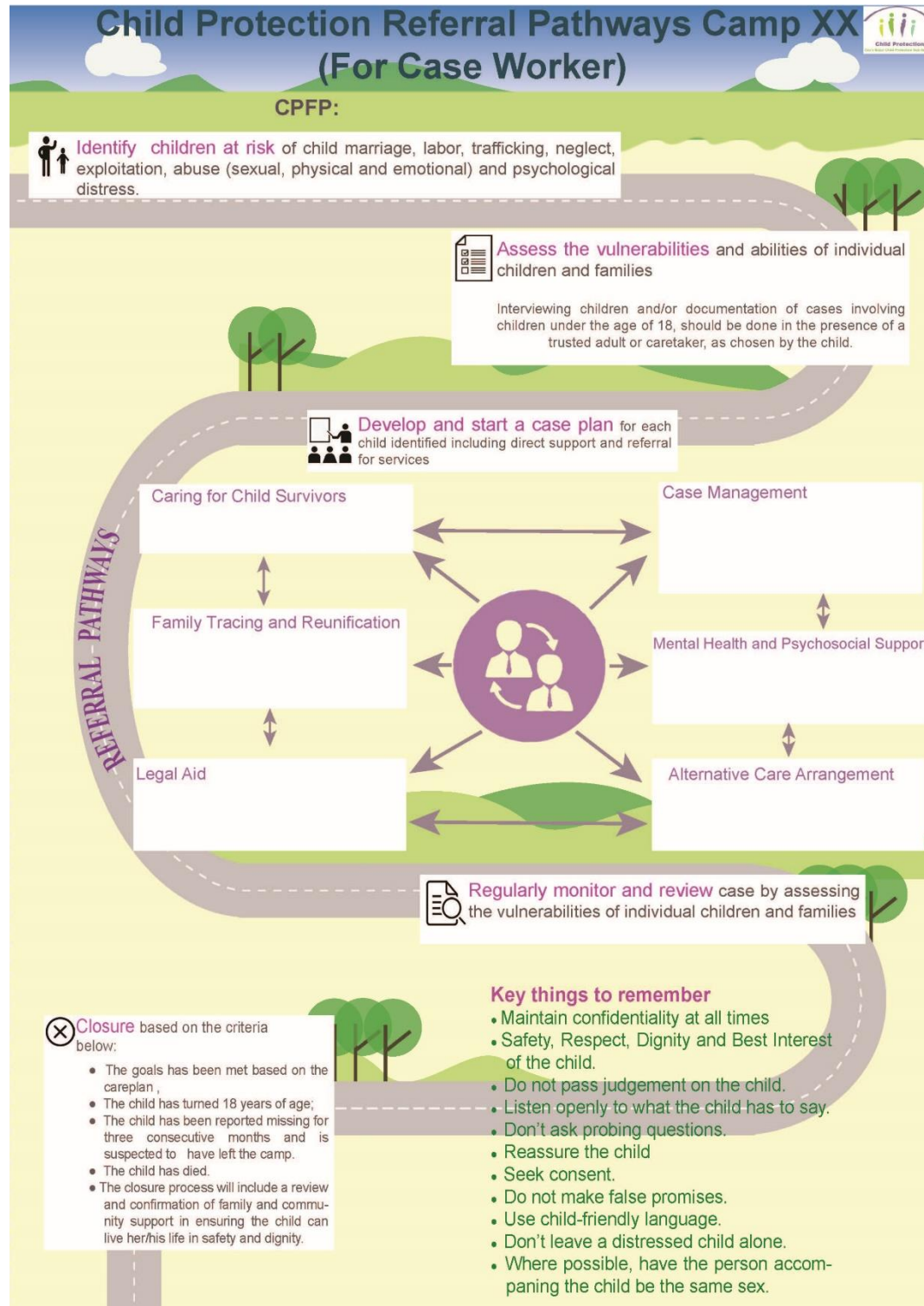
In Agency level There are mainly three role permission. Agency Coordinator, Case Manager and Case worker. Case worker is mainly responsible for creating cases and editing cases and enter all the case follow up information. Case Manager can see the overall cases but can't edit any information into cases. But he is responsible for approving case plan and case closer. Where Agency Coordinator can see only anonymous cases information. But he is mainly responsible for creating user id and user group for his agency.



CPIMS+ user Guide: The link - <https://jackmiszencin.gitbooks.io/primero-cpims-user-guide/content/UsersGuide.html>

Referral Pathways Template¹⁹

¹⁹ Annex in process of being updated



ANNEXES

Annex 1: Examples of Case Management Services (To be discussed and reviewed)

1. Alternative care arrangements – This is mostly for children without parental support including UASCs.
2. Family tracing and reunifications – This is mostly for UASCs.
3. Basic Material assistance – clothes, blankets, food, hot meals, scholastic etc. This is usually based on needs and must be based on exceptional deprivations and to address a specific protection concern or vulnerabilities. Otherwise, the child/family should be referred to the various sectors providing those items
4. Interim safe shelter.
5. Cash assistance /grants– to families as part of social protection
6. Mediation/ reconciliation – family mediation (child-parent mediation, parent-to-parent mediation)
7. Basic counseling /basic emotional support
8. Justice for children -Legal representation, diversion, and related services
9. Durable solution (resettlement, integration, repatriation)
10. Advocacy if linked to a resolution of a specific case for example removal from prison, access to territory,
11. Rescuing /Extracting a child from child labor situation,
12. Action to stop a violation from continuing/Occurring
13. Reintegration services -
14. Rehabilitation services -disability, drugs, prisoners, Children Associated with Armed Groups.
15. To be discussed and further added

Annex 2: FTR protocol

Annex 3: BID SOP

Annex 4: DPISP

Annex 5: Referral Pathways

Annex 6: Remote Case Management Guidance

Annex 7: CPFPP contact list

Annex 8: GBV/CP SOP²⁰

Annex 9: CORE COMPETENCIES of case workers

- Previous experience working in Child Protection Case Management services provision.
- University degree in social work, psychology, social sciences, or related field.
- Good knowledge and understanding of humanitarian principles and established international child protection minimum standards.

²⁰ Under development

Case Management SOP

- Experience in implementing programs focusing on: working with vulnerable children, social work with children and families, working with child survivors of abuse and violence, children outside of parental care, psychosocial support, etc.
- Proven project management skills, including in monitoring and evaluation for child protection projects. - Proven experience of providing training and capacity building on child protection technical areas with a variety of audiences.
- Ability to work independently and as a team player who demonstrates leadership and is able to support and train local staff and also able to work with disaster affected communities in a sensitive and participatory manner.
- Well-developed written and oral communication skills. Able to communicate clearly and sensitively with internal and external stakeholders as a representative of the concerned agency. Works and lives with a flexible, adaptable, and resilient manner.
- Demonstrates awareness and sensitivity to gender and diversity. Have experience and the ability to live and work in diverse cultural contexts in a culturally appropriate manner. Has a capacity to make accurate self-assessment particularly in high stress and high security contexts.
- Is well planned and organized even within a fluid working environment and has a capacity for initiative and decision making with competent analytical and problem-solving skills.
- Knowledge of Plan policies and procedures, Sphere and the Red Cross/NGO Code of Conduct. Requires general finance, administration, information management and telecommunication skills and proficiency in information technology/ computer skills.
- Fluency in English and Bangla (both reading and writing).
- Prior experience of working in greater Chittagong Division and knowledge of Chittagonian or Rohingya is a plus.

Moreover, the following Training are recommended for CM Staff:

- Inter-Agency Case Management Training
- Case management Technical supervision training.
- Family Tracing & Reunification (FTR) Training.
- Training on Alternative Care Arrangement.
- Training on Caring for child survivor of sexual Abuse.
- Best Interest Procedure-UNHCR
- Child Protection Information Management System Plus (CPIMS+)
- Self-Care
- PFA

Annex 10: definitions of protection concerns for CPIMS+²¹

²¹ Under development