Case Management: Systems & Accountability

Social Work in Child Protection Projects 1 2009

© Tdh

Dr. Patrick O'Leary, University of Bath, University of South Australia & Jason Squire, Terre des hommes

Terre des hommes
aide à l'enfance Kinderhilfe
aiuto all'infanzia child relief www.tdh.ch

UniSA

UNIVERSITY OF BATH

Authors

Dr. Patrick O'Leary is based at University of Bath, UK in the department of Social and Policy Sciences and is a visiting Associate Professor at the University of South Australia, School of Social Work and Social Policy. Patrick has worked in the area child protection and gendered based violence for over 15 years providing research and practice expertise to government and non-government organisations. This work has included designing case management and risk assessment processes like the approach implemented at Tdh. Patrick is a child protection consultant for Tdh and has provided punctual support to various delegations globally.

Jason Squire (BA, Med.) has worked with Tdh since 2004 in various delegations. Jason is the current Country Delegate of Lebanon and introduced case management to Tdh during his work with the post-Tsunami project in Sri Lanka. Since its introduction, the practice of case management has been refined and more clearly defined and linked with Tdh child protection themes such as psychosocial and participation programming.

This publication has evolved from research and field experience in number of countries where Tdh operates including Sri Lanka, Pakistan, Nepal, Sudan and Lebanon. The authors bring solid field and academic child protection histories to the functioning and application of child protection and case management within the humanitarian aid context, having both worked in the human service industry in Australia and other countries, in various capacities, for a number of years. The authors would like to thank the direction of Tdh, namely Philippe Buchs and Ignacio Packer, as well as Yann Colliou from the Emergency Cell and Sabine Rakotomalala from the Resources Persons Department for their ongoing support and input.

Purpose

Case management provides a framework for professional management of child protection projects. It is important that individuals implementing a case management system are well supported and understand it fully.The purpose of this document is to transfer knowledge within Tdh, among partners and to donors.

Summary

This document focuses on implementing a case management system during the initial start up phases of an emergency child protection project. The concepts are not exclusive to emergency projects and hold strong relevance to the inclusion of the system into existing development projects. The document provides useful guidelines and tools for improving social work.

Case management is an important resource in providing the highest quality service to vulnerable children in very challenging circumstances that arise out of humanitarian work. For it to be successfully implemented it requires project leadership at a number of levels. Leadership comes primarily through seeing the value of the system as central to promoting child rights. This requires pillars of support to be built and sustained, especially amongst staff but also in other activities such as resource identification, project tool development and capacity training of staff. These activities keep the intervention child focused.

1. Introduction to a Case Management Approach

Increasingly organisations involved in emergency child protection relief need to demonstrate that their services are appropriate and accountable both to individuals and to the collective needs of both beneficiaries and humanitarian actors. There is a constant shift towards, and requests being made, for more effective and efficient coordination of humanitarian actors to best meet the needs of beneficiaries[1]. Case management is a **systematic and accountable** process that fully meets these requirements, but primarily and most importantly, meets the needs of beneficiaries both individually and collectively.

When Tdh commences a child protection project in response to a humanitarian disaster it typically does so in a **climate of turmoil and community breakdown.** At the same time Tdh aims to provide a high quality and professional response to children. These conditions can challenge models of intervention and the effectiveness of our response. Children in need will often be experiencing a high level of trauma related stress along with continuing displacement and potential exploitation and abuse. It is important that children receive professional humanitarian assistance and that Tdh ensures a measurable and accountable response that is able to meet the project's objectives, despite the external chaotic environment.

1.a. Why is case management important for child protection?

A well functioning case management approach will ensure that project goals and objectives are met with a professional and systematic response, which **is child centred**. The child is made active in their own protection and this is crucial to facilitating resiliency and recovery from the humanitarian crisis. Case management actively supports project activities such as psychosocial play centres, mother and child health clinics, WATSAN hygiene promotion activities, child rights awareness, to name a few. Its methodology of actively finding solutions within the context and utilising local resources provides realistic solutions to children identified at risk during the various project activities.

Not all children benefiting from Tdh projects are in need of individual case management practices. Most of the children are able to rely on their **own protection strategies** or from primary support actors such as their family or community. For those children identified at risk or in urgent need of assistance, a system of accountability and decision making ensures that all actors are considered and activated towards finding solutions.

What underpins a case management approach is the establishment, development and monitoring of a child protection **workplace culture** within all missions. The starting point is all staff knowing who Tdh is and what the project is designed to achieve. The Tdh Child Protection Policy and Tdh

[1] This can be best highlighted through the UN Humanitarian reform or 'cluster approach' as well as expected coordination outcomes requested by donors.

Charter is the starting point for developing a successful workplace culture. Sharing and promoting the thorough understanding of the project, budget and log-frame objectives, provide further layers of development. All of these promote a sense of 'ownership' of the project for staff and focuses their activities and approaches on children. This will assist in communities understanding Tdh's role in child protection and the importance of child and community involvement.

1.b. What is case management?

Case management systematically arranges assistance to individuals from the beginning to the end of the relationship. The system facilitates a **step-by-step approach**, from identification, to assessment, intervention and to case closure. It empowers and relies on field workers recording information and making decisions at each step of intervention on a child protection issue or issues. It also relies on these decisions being monitored by line managers. Embedded in this process are standardised data management practices that provide a basis to examine program effectiveness at a variety of levels.

At each step child protection workers search for and attempt to provide answers and information to key child protection questions such as:

- What are the serious risks to the child's or children's safety?
- What is trying to be achieved in the 'best interest of the child'?
- At what level can the child participate in the process?
- Who should be consulted (for example: parents, other family members, community leaders or supporters, other specialist services or organisations, health services, police or statutory authorities)?
- What decisions have been taken and why?
- What resources can be used to assist the child?
- What is Tdh's plan for intervention?
- What is the timeline for action?
- Is this within Tdh's project objective?

The goal of case management is to provide a transparent monitoring and quality control system that facilitates a process to justify actions to promote child protection. It relies on a **team approach based** on strong child focused management decisions within the scope and objectives of the project.

Case files should provide enough information for any member of a team to know the steps that have been taken and the steps needed to be taken by reading the case file.[2] Case management systems also provide the basis for providing a clear overview of cases. Information is recorded in a data base to monitor the overall work of a project. This will show the profile of cases, detect any changes and provide an overview of the cases encountered within selected target groups or communities. Importantly this systematic approach provides crucial data for monitoring and evaluation requirements of the project and for meeting log-frame objectives.

[2] A simple test of this is for someone outside of the process and decision making line to read the case file and know exactly what the issue(s) is, what decision and actions have been made and what direction the case is taking for closure.

2. The Operation of a Case management System

2.a. Starting a case management system

The first step of starting or implementing case management practices into an existing project is to understand who and what resources are available to the child and the Tdh team. **Resource identification and mobilisation** is a cornerstone to success. A clear and thorough resource list *must* be constructed with the community and shared with all actors. These resources must be made clear to staff, the child and their community. This strategy provides a sustainable action, empowers children and communities and all stakeholders to address future child protection issues, after the Tdh project ceases.

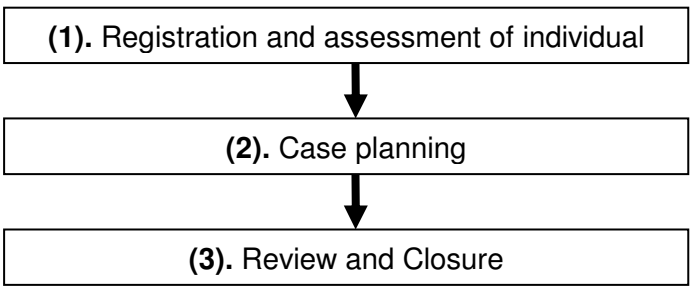
This resource map must examine and cover:

- Government and INGO/NGO child protection support structures
- Willingness and openness of the community to Tdh's approach
- The security risks to staff while intervening on child protection
- Accessibility to children
- What protection issues the staff are likely to encounter
- What systems of protection children are already being engaged and can be utilised and/or perhaps enhanced[3]

Resource Mapping

2.b. Implementing a case mangement system

Case management systems must be flexible and designed to be appropriate to the capacity of the team and the type of cases encountered. Systems should commence with a simple framework and as the professional capacity of the team increases the sophistication of the system can grow. The terms *basic and advanced system* are used below to highlight and recognise the building phases and sequential implementation of case management practices into a project. Whether a case management system is a basic or a more advanced design it relies on the following three essential stages:



[3] In order to find these staff must dedicate time to talking to children and finding out what 'informal' mechanisms of protection exist for the child or children. These include: family, friends, neighbours, schools, recreational activities, etc. A simple tool is a daily/weekly time map for the child or children, this should reveal what they do with their time and who they rely on for help, recreation, health, education and support.

Stage 1 - Registration and assessment

All children involved should be registered with Tdh. This information collection can be operationalized in tools such as, play centre registration forms, home visit assessments, hygiene promotion or clinic attendance registers. These tools have a twofold function: 1/ to collect basic data on the child and 2/ to visually assess the child's exposure to risk. Training should cover signs of children at risk, such as abuse, malnourishment, neglect and/or psychosocial well being. In all assessments of children, risk assessments should be an essential activity to ensure the urgency of the case is determined. Categorisation of the type of protection problems will assist with providing a clear picture at the information recording stage. Information concerning the particular problem should be collected from the child, parents and other relevant parties (eg: community members, other organisations or Government actors involved).

Risk Assessment

Stage 2 - Case planning

Basic System; Information concerning the child's family and living situation should be recorded in a basic child file using a matrix system. Problems and the needs of the child and family should be recorded. The action that Tdh can offer the child and family should be recorded and the necessary steps, along with a timeline for these to be achieved. There should be clear information from the Tdh worker responsible for following up the case. Information should be stored and monitored by a relevant manager.

Basic Case planning

Advanced System; This phase of case management is where trained project staff will work more closely with the child and with identified resources. Often this process reveals more complex issues and requires more detailed responses. This stage is generally entered into after the project or implementation has some maturity, with key maturity markers such as: a data base, smooth operation with the basic system, Tdh has a trusted relationship with resources, the delivery of identified project needs training has occurred and staff feel more confident in their role and understanding of the project's objectives and limitations.

All relevant information should be detailed in the case file, preferably electronically[4]. Cases will be classified according to their problem type and assessment of risk. This information will be used to allocate cases to relevant and suitably skilled staff; less serious cases will be handled by staff more centrally located with communities (play centre staff or clinic staff), while the more serious or complex cases will be allocated to more specialist staff (social workers, community health supervisors, psychologists, etc.) in consultation with community based staff.

Genogram and Social Map

[4] This information might include family and community information in a Genogram and/or Ecomap.

All cases in this system must be brought to case conferences, to enable planning of necessary actions and to facilitate discussion and monitoring within a team context. All actions must be recorded and a review date set to assess progress.

Advanced Case planning

Stage 3 - Review and closure

The basis of a sound case management system is the requirement that cases are regularly reviewed to ensure service is delivered within a timely manner. It also ensures that cases are not unnecessarily held open for prolonged periods to ensure that dependency is not created and the capacity of staff is maximised to respond to new cases.

Basic System; There should be a basic tool to monitor deadlines along with information to ascertain whether planned actions and desired outcomes have been achieved. The review could be conducted at team meetings or through individual follow-up with individual workers. It is also important that high risk cases are regularly reviewed. Cases that have been open for long periods should be reviewed to ensure that Tdh is active and can justify the case remaining open. Once case goals have been achieved or the case is inactive because Tdh can not assist further, the case should either be referred or closed.

Advanced System; As a protection project moves from its initial emergency response it is likely more 'hidden' problems[5] or chronic issues of child protection will emerge. This requires a more detailed monitoring process and information recording. There is also a need for greater supervision from specialist protection staff and/or project management. Consideration should be given to facilitating and mobilizing child and community intervention and/or developing joint strategies with other INGO/NGO or Government actors, rather than purely focusing on individual cases.

2.c. Case mapping with clear goals and exit strategies

Case mapping must involve the child, parents, Government services and community members. All of these actors will have an expectation and hold different levels of responsibility to the child. **The child must be made active in their own protection** and Tdh staff should encourage and make sure this happens. Regular case management meetings with these actors are central to this, matched to goal driven case mapping. A simple method of achieving case mapping is to clearly identify the issue(s) and establish a clear goal to be achieved.

Case Example: Child not having a birth certificate and not attending school.

Tdh staff must talk and facilitate communication between all the resources

[5] See Research on common child protection problems in emergency zones .

to achieve the identified goals of obtaining a birth certificate and getting the child back or enrolled in school.

This process must involve the child, family, school principal, Government services and Tdh management. A careful plan based on resources identified to achieve the goal is explained to all parties and the process commenced. Support will be needed by the child and parent to achieve the result, such as providing documents. The connection and communication of resources to the child should be the role taken by Tdh staff, i.e.: empowering self determination and power in the relationship.

Once the child has the birth certificate and/or is enrolled in school, the Tdh case worker should gradually remove him/herself from the relationship. It should be encouraged that the Tdh worker makes some monitoring visits to ensure regular school attendance. This should be promoted as being professional and human in our response.

2.d. Case conferences

Case conferences are a key process in the success of case management. Staff need to be supported in their work with children. The case conference is a time for all staff to share their cases and identified problems. This allows for staff to hear about similar problems being facing and also to identify and share resources and solutions.

Senior management should be present at these meetings. Not only to support decision making, but also to gain a clear picture on the progress of the cases and the child protection issues being identified by the project. This conference can give managers a clear picture of Tdh's relationship with the community and the general progress of the project.

Location
Care should be taken to where the conference takes place. Often sensitive and private matters are discussed. Ideally it should take place in a room where the door can be closed, otherwise in a location where privacy of discussion can be assured.

Frequency
Case conferencing can take place on a daily or hourly basis if needed. Ideally different levels of cases should be separated and discussed. High risk cases might need daily or hourly conferencing, where as birth certificate cases might need to be reviewed and discussed fortnightly. The timing and frequency of case conferences is set by management[6]. It should be set at a regular time and on the same day. This allows for preparation and promotes a routine for staff.

Closing Cases
A golden rule of case management is: no case can be closed without consultation and authorisation! Staff can not close cases without the

[6] The recommendation at the minimum is to have 2 per month, i.e.: fortnightly.

signature or explanation to a line manager. Ideally there should be three levels of recommendation, i.e.: the field staff, their supervisor and then a senior manager. All levels should review the case by reading case notes and, if necessary, holding discussions with the case worker and/or child/family to feel comfortable with the decision made.

The following are questions to consider before closing a case:

- Has the child and or family been informed of the decision?
- Has the child been made aware of the resource that are available to them if there is a another child protection issue or need
- Has Tdh acted in the 'best interest of the child'?
- Has everything been done to assist the child?
- Is the child safe now?
- Have we met the goal(s) of the case?
- What can we learn from our intervention?

Chairperson

A clear chairperson and an assistant should be identified. It is not useful to have a revolving chair. This chairperson is crucial in maintaining a consistency of decision making. They must have access and thorough knowledge of the project objectives and budget. Ideally this person should be a senior manager who has authority in the project. They should be able to see the trends and consistency of problems that are being brought to the conference and facilitate solutions using project objectives or resources.

The chairperson should use a consultative approach in finding solutions and encourage staff to find solutions based on project limits and objectives. The staff must be empowered and trusted to make decisions. Importantly they must have a solid knowledge of available resources and use them. It is not useful to have staff waiting to make decisions only at a case conference, particularly in crisis cases. Staff must be making decisions between conferences. The conference provides the forum to question decisions and to facilitate a consistent approach to problems.

Process

The process should be to cover all cases being worked on by the staff. This can be difficult when 4-500 cases are active. The chairperson must be aware of the number of cases, the progression of each one of them and what the timing is of the likely outcome.

A helpful technique is to gather similar cases and quickly assess if anything has changed, such as waiting for birth certificates. There can also be the approach of each staff identifying three cases each which are causing them the most problems and discuss these. The basic principles are to cover each case and give advice or make a decision on them. Decisions on one case can and should flow onto others, but care needs to be taken not to blanket all child protection cases of a similar vein with the same decision. This runs against the principles of individually managing child protection problems.

Some trapdoors

A trap for managers and chair people is that staff will often only give information in response to the questions they are asked during case

management meetings. These responses might not give you and them adequate information to take the actions required and leads to poor decision making. To facilitate a comprehensive approach, case reviews should follow with a consistent process of questioning. This will send the message out to staff that you want full explanations about cases.

Some suggested surrounding questions and topics include:

- How active are the family and child in finding a solution to this problem?
- Have we spoken to the parents, relatives, neighbours, resources, etc.?
- Have you told the child?
- Who have you spoken to about this problem?
- What resources have you used or do you need?
- What and who else is involved in this issue? Why did this take place? (surrounding and impacting factors)

3. Key principles

Child centred mapping of resources

The use of community resources are the strength of any humanitarian aid agency's child protection response. These can be know as 'informal' mechanisms of protection and include key people such as parents, siblings, friends, neighbours, relatives, community leaders, etc. Clear identification and mapping of these is central to an effective child protection response. The simplest method of identifying and mobilizing them is to use child participation approaches and actively listen to children and use creative methods to gain the information. What you are looking for is answers to adult questions like, who protects you? This can be a complicated question for children to understand and to answer. Asking such a question results in short responses, such as "I don't know". If asked in a different manner with questions such as, what is you best friend's name? Do you play with you brothers and sisters? Where do you play? Who is there when you play? Firstly these questions lead onto many more, but also this will reveal more about the child and their informal mechanisms of protection. It also gives staff the opportunity to understand the child's environment and situation better, plus build relationships.

Do not replace the function of the existing government services

It might be the case that a Tdh programme is better funded, staffed and/or equipped than the government's child-care services. This can lead to a relationship where the government becomes over reliant or inactive. Be vigilant in this respect. Tdh programmes should not provide services to the point where they overtake or undermine the position and authority of the existing child-care services, regardless of whether these services are seen to be ineffective. If the services are ineffectual, the Tdh project should have the capacity to empower, train, coach and support them – this should have been highlighted during child protection resource mapping. The basic operational principle is to work with the government services, to utilize their legislative power and processes to assist the children and, at the same time, to offer assistance to their services when needed. Case management expertise through negotiated training and coaching programs may offer an

important contribution to this assistance and provides a sustainable action for projects.

Commitment from Tdh senior management
This requires and ongoing commitment to training and review of its implementation and operation. Managers must:
- Deliver capacity building training throughout the project
- Schedule and attend case management meetings
- Question and examine decisions made
- Monitor case files and notes recorded
- Check uniform compliance to case management documentation and processes
- Establish and monitor a data base
- Continually question whether the child has been made active and listened to in the decisions made, regardless of whether it is seen as positive to them or not
- Support staff with ideas and reinforce good practices results
- Go to the field with staff and see how they work, network and communicate with children, communities and resources
- Congratulate staff on a job well done
- Maintain a consistency of decision making

Compliance by all staff
Wthout 100% compliance there is a high risk of failure. Staff should:
- Be provided with and use the same tools
- Record information in a standard way
- Keep information updated on an overall data base
- Be compelled to be compliant to the approach through their job description, supervision and performance reviews

Staff and child relationship
There needs to be an understanding of the risks than can occur during the relationship between Tdh staff and the child. The limits and restrictions of the relationship and actions should be made clear to the child, the child's family and staff members. These include Tdh's legal limitations and powers of investigation or law enforcement. It needs to be made very clear to Tdh staff that **we do not have any legal power** and in some cases they are potential witnesses, particularly if involved in abuse, violence or legal support cases. Clear and regular monitoring of staff and child relationships needs to take place by managers. Tdh must not position itself within the family unit as the central point of decision making. If this happens Tdh becomes part of the problem.

One major issue is the exiting of Tdh case workers from the relationship with the child[7]. Careful consideration needs to be taken how and when to leave the relationship. There is a natural bond that develops between child and case workers, indeed it is promoted on one hand but needs to be closely

[7] In Sri Lanka problems were encountered where staff were seeing children on their days off and on weekends and forming personal relationships with the family. This resulted in non-objective assistance being delivered to families and the child resulting in a culture of dependency. Management identified this trend and realigned the relationship(s) to a professional level.

monitored due to a level of unhealthy dependence on each other. Regular case management meetings need to take place to avoid an extended and unnecessary relationship between Tdh and the child. At all stages the child should be informed and a process of gradual withdrawal adopted.

4. Training

Case management requires a programme of training that sequentially adds to staff expertise. Training should be incorporated into a holistic package of child protection learning where it integrates core elements of Tdh's approach, such as child participation and resource mapping. This is important as it allows the process to be integrated into a coordinated approach[8]. For example, case management relies on assessments and in turn assessments rely on good child centred communication strategies. As much as possible training needs to be integrated and synchronised to build the necessary knowledge and skills at each stage of the case management process. With the introduction of 'social workers' within the Tdh child protection approach, it is important to provide training that can be accredited as part of competency based approach but also to support frequent project objectives to capacity build local workforces in child protection.

5. Responding to criticism or difficulties

Case management systems need to be viewed realistically. They do not offer a solution to basic questions of resources or causes of problems. A case management system will not stop problems such as unaccompanied children occurring, but it will provide a basis for a structure to help protect children that Tdh identifies at risk or as victims. In this way case management needs to be understood as one part of an overall child protection strategy. Case management can help identify potential resources for referral, but on its own it can not create these resources.

A common criticism regarding case management is that it's dismissed as ineffective when there are no obvious local resources to refer cases to. This is where alternative protection responses based on child participation and child centred resource mapping should be mobilized as a priority and the results factored into case planning. This process will reveal 'informal' mechanisms of protection as previously highlighted. Case management does not fully rely on external referral systems in order operate. Regardless of the existence of external resources it is important to understand that the services Tdh is providing to children still require an accountable and professional framework of delivery. This is a central principle of case management.

Another criticism is that sometimes the language and process of case management is authoritarian, mechanical or impersonal. This is simply not true. Indeed, those national staff who have held case file responsibilities regularly report their enjoyment of the approach and relish in the close and

[8] Training/coaching programmes for staff may also include modules on communication, child/youth participation, community mobilisation, resource identification, capacity building and mobilization.

personal relationship that is developed with children. Furthermore national staff constantly report they mostly like the approach because they feel they are actually doing something concrete for children, giving them a strong feeling of satisfaction and this has a positive flow-on effect to other project activities. Case management promotes a far closer and more effective and trusting relationship with children and their families than most other project activities.

Effective models of case management should be culturally and individually sensitive. Case management is not an instrument of control over others, but rather it is a system to structure quality and professional service to children in emergency contexts that are particularly challenging. In this way case management provides a basis for accountability to children, Tdh, donors and local communities.

Where there is scepticism about the use of case management, a key question needs to be asked: what other process will be put in place to ensure appropriate monitoring of child protection services and accountability? Therefore when responding to common misconceptions about case management we should be clear in explaining what its objectives are, as well as, the things it can not achieve. We should also put the onus on projects to demonstrate how they will ensure accountability, quality, monitoring and evaluation without a systematic approach such as this.

6. Conclusion

Protection projects with the most vulnerable children in the world places a particular responsibility on organizations to ensure that staff have professional methods to carry out their work. Case management provides Tdh with a professional framework to organise a formal system of accountability to beneficiaries and in turn demonstrate to donors and other stakeholders its activities and outcome. It is important to strongly emphasize case management is driven by Tdh's charter to improve the lives of children who have been damaged or made vulnerable because of war or natural catastrophe, or in less publicised situations of distress.

Annex 1. Resources Mapping

Organisation	Contact	Phone	Location	Working Locations	Resources	Suggestions and project links
Tyr Municipality	Abde el Hussein el Housaini (NGO Liaison)	03/272228	Tyr	All villages of Qadaa Tyr	* Tyre Municipality has the authourity to direct any municipality to work with us. They full support us and want to build a good relationships with INGO's	Asked if we can make awareness for the community about recycling to help them because they will open a recycling factory in the south
Al Kayan	Dr. Salim Dib	03/332627	Tyr	All Tdh project villages	*Mobile Medical Service (check up and medication) *Computer and English courses - 10USD * Have regular picnics for people in various places in Lebanon for free - transport included	Suggested if we have large number of children they can do a class for Tdh beneficiaries alone
Amel	Mona Chaker	03/487698	Tyr	All Tdh project villages	*Medical center for all heatlh services and medication *Funded by UNICEF for mother's awareness on health care for children *Funded by the French Embassy to work on aged care	Asked if the awareness for the mothers can take place in our centers
Nabbee	Ali Salam	03/485085	Alrachidie Camp	All Tdh project villages	*Work on development and psycho-social intervention *Training schools about :child rights, protection, sharing, child to child, psychological intervention…. *They work in the official schools	If we will make any activities or training in the common village they want to coordinate not to duplicate
Nabee	Aida Adoura	70/956117	Albas Camp	Kleile, Jbal Bottom, Ayta Chaab	*They run kindegardens (4-5 years) *Operate a center which is open for children after school to assist with homework *Run awarness about mother and child health *Vocational training for girls, assisting drop outs. (free+transportation)	Both organisations are keen to collaborate and make some common activities for the events in the village. We can use their clowns.

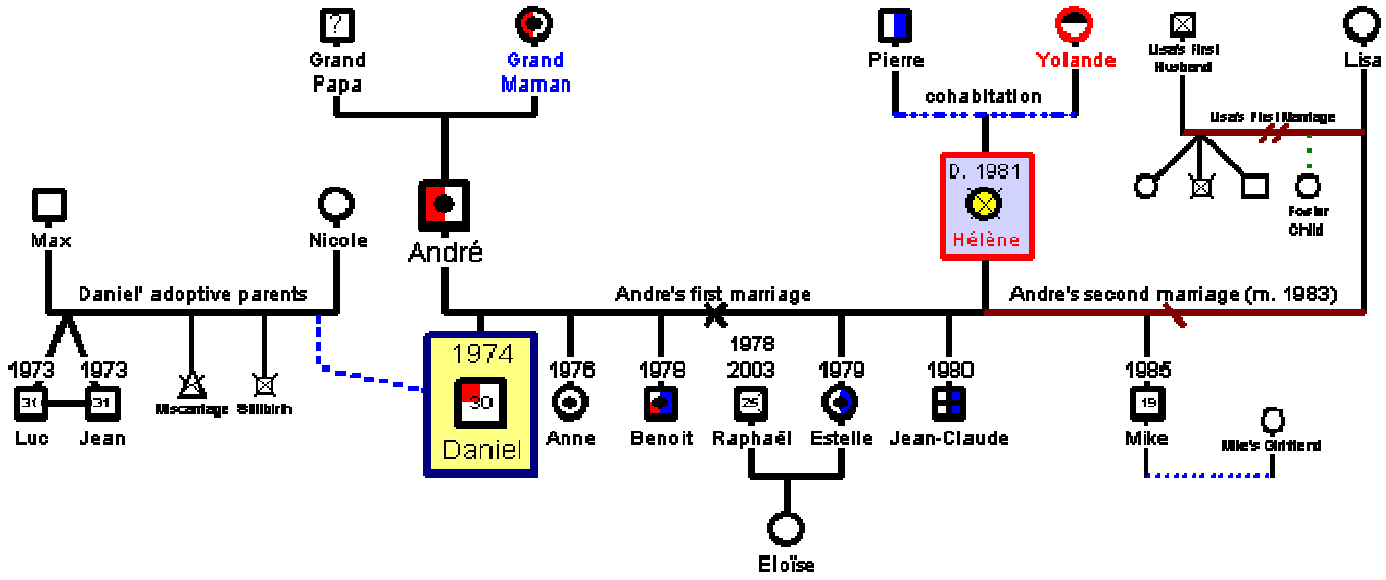
Annex 2. Risk and Responsibility Assessment

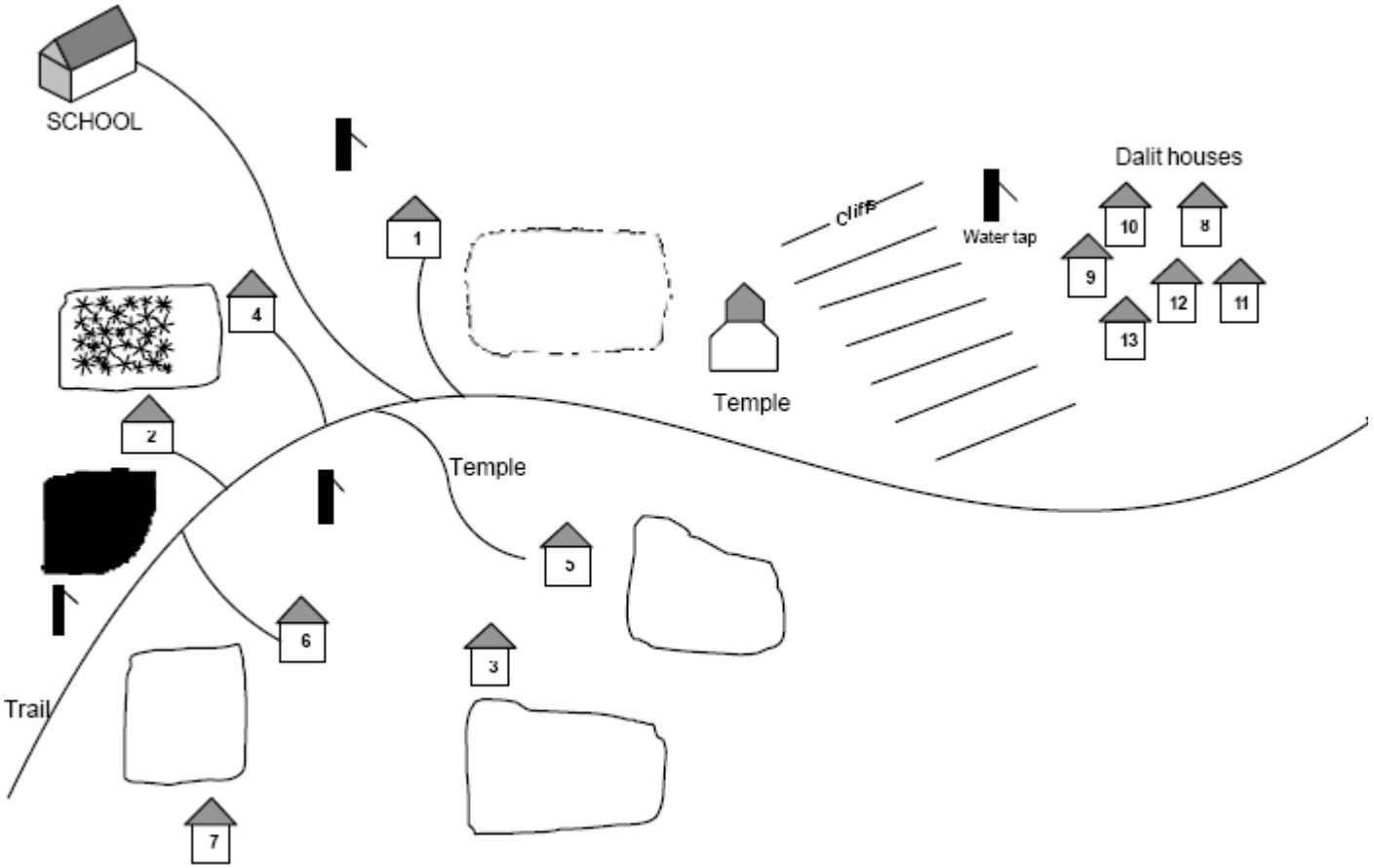
	Case Types	Description (examples)	Category	Risk	**Primary** Case Manager	Minimum Notification Time to PC	**Immediate** Supervisory Case Management Responsibility	**Ultimate** Supervisory Case Management Responsibility
A	**Child Abuse**	Physical Abuse Sexual Abuse Neglect Child Labour Child Soldier Child Trafficking	1	High	SW	24 Hours	PC	Delegate
			2	Medium	SW	24 Hours	PC	PC
			3	Low	SW	24 Hours	PC	PC
			4	No Action	SW	24 Hours	PC	PC
B	**Health**	Physical/Medical Disability	1	High	SW	24 Hours	PC	Delegate
			2	Medium	SW	24 Hours	PC	PC
			3	Low	SW	2 Days	PC	PC
			4	No Action	SW	2 Days	PC	PC
C	**Psychological**	Mental Health	1	High	SW	24 Hours	PC	Delegate
			2	Medium	SW	2 Days	PC	PC
			3	Low	SW	2 Days	PC	PC
			4	No Action	SW	2 Days	PC	PC
D	**Chronic - on going**	Domestic violence Alcohol / Drug Family breakdown Extreme poverty	1	High	SW	24 Hours	PC	Delegate
			2	Medium	SW	2 Days	PC	PC
			3	Low	SW	2 Days	PC	PC
			4	No Action	SW	2 Days	PC	PC
E	**Social**	Birth Certificate School Attendance Work (Vocational Training Referral) Displaced or Separated	1	High	SW	24 Hours	PC	Delegate
			2	Medium	SW	2 Days	PC	PC
			3	Low	SW	2 Days	PC	PC
			4	No Action	SW	2 days	PC	PC

Annexe 3. Basic case planning

Report Number	Received Date	Catogory	General Description	Location	Tdh Employee	Primary Case Manager	Date Finalised
Amp/05/01	12.07.2005	E 3	Not attending schoool	Pandyruppu	Thayalane	Hasmathulla	15.08.2005
Amp/05/02	12.07.2005	E 3	Not attending school	Pandyruppu	Thayalane	Hasmathulla	15.08.2005
Amp/05/03	14.07.2005	E 3	Not attending school & poor health	Pandyruppu	Thayalane	Hasmathulla	22/09/2005
Amp/05/04	14.07.2005	E 3	No birth certificate	Pandyruppu	Thayalane	Jayaruban	
Amp/05/05	14.07.2005	E 3	No birth certificate	Pandyruppu	Thayalane	Jayaruban	
amp/05/06	14.07.2005	E 3	No birth certificate	Pandyruppu	Thayalane	Jayaruban	
Amp/05/07	25.07.2005	E 3	Not attending school	Pandyruppu	Thayalane	Hasmathulla	15/08//2005
Amp/05/08	25.07.2005	D 2	aggressive boy	Pandyruppu	Thayalane	Hasmathulla	15/08//2005
Amp/05/09	20.07.2005	E 3	Not attending school	Pandyruppu	Thayalane	Haseena Banu	16/12/2005
Amp/05/10	11.08.2005	E 3	Not attending school	Wesley College	Riyal	Riyal	
Amp/05/11	25.07.2005	C 2	not attending school & fear of another tsunami	Pandiruppu	Thayalenee	Hasmathulla	10.12.2005
Amp/05/12	26.07.2005	E 3	No birth certificate	Wesley College	Riyal	Riyal	16/12/2005
Amp/05/13	26.07.2005	E 3	Not attending school	Wesley College	Riyal	Riyal	16/12/2005
Amp/05/14	19.07.2005	E 3	No birth certificate	Wesley College	Riyal	Riyal	16/12/2005
Amp/05/15	19.07.2005	E 3	No birth certificate	Wesley College	Riyal	riyalk	16/12/2005
Amp/05/16	20.07.2005	E 3	Not attending school	Wesley College	Riyal	Riyal	16/12/2005
Amp/05/17	03.08.2005	A 2	Child labour	Pandyruppu	Thayalane	Hasmathulla	10.12.2005

Annex 3. Genogram and Social Map




SCHOOL
Dalit houses
Cliff
Water tap
Temple
Temple
Trail
1
2
3
4
5
6
7
8
9
10
11
12
13

Annexe 4. Advanced case planning

Case No.	Age Sex	Type	Other Risks Present	Priority Risk	Start case	Current Action	Referal Pathway Link	Current Result	Finalisation date
DR\01	14 M	E3 drop out	B3 (Physical Disablity)	E3	15.03.2008	Maintain regular family and child visits, enquiries with school and liaison with resources	Lebanese Red Cross, Dr. Dib and SDC	Child is in micro-project and attending Tdh CFS. Child is going to school 1-2 days per week - support still needed	
DR\03	17 M	E3 drop out	none	E3	27.03.2008	Link with VTC course, monitor and support attendance	Jbal Amel Academy	Currently attending VTC course - finishes August 08	
DR\04	15 F	E3 drop out	D3 (Family Breakdown)	E3	02.04.2008	Meeting with mother and village resources - try linking current Tdh activities in village	Tdh, School Principal and Village Mayor	Child wants to attend school but mother is keeping her home to help her	
DR\05	7 M	E3 truant	none	E3	04.04.2008	Assessment on hearing difficulties - bullying by other children	Dr. Dib and School Principal	Appointment made with Dr. Dib	
DR\06	15 M	E3 truant	none	E3	05.04.2008	Monitor child's attendance at school. Liaise with Teachers and Principal	School Teachers and Principal	Child is happy and likes school. He is attending Tdh CFS after school.	25.06.2008