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care



**Case management  
in the context of  
care reform  
in Eastern and  
Southern Africa**

## **Acknowledgements**

This paper was developed as part of the regional learning platform on care reform in Eastern and Southern Africa. The platform is an opportunity for policymakers and practitioners from across the region to share learning on care reform. The platform was developed by UNICEF's Eastern and Southern Africa Regional Office (ESARO) and by Changing the Way We Care (CTWWC).

This document has been made possible with funding from USAID's Displaced Children and Orphans Fund. UNICEF ESARO commissioned Child Frontiers to run the regional learning platform, and this document was written by Ismael Ddumba-Nyanzi of Child Frontiers.

Published by UNICEF ESARO 2024.

Cover image: © UNICEF/UNI406082/Abdul

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## Acronyms

<b>CTWWC</b>	Changing the Way We Care
<b>CPIMS+</b>	Primero Child Protection Information Management System
<b>DMO</b>	District Mainstreaming Officer
<b>DSWO</b>	District Social Welfare Officer
<b>HES</b>	Household Economic Strengthening
<b>HIV</b>	Human Immunodeficiency Virus
<b>HVAT</b>	Household Vulnerability Assessment Tool
<b>ICT</b>	Information Communication Technology
<b>IZU</b>	Inshuti z'Umuryango
<b>ISS</b>	Integrated Social Services
<b>ISSOP</b>	Inter-sectoral Standard Operating Procedures for Child Protection and Family Welfare
<b>NCDA</b>	National Child Development Agency
<b>NCMS</b>	National Case Management System
<b>NMTDPF</b>	National Medium-Term Development Policy Framework
<b>SIL</b>	Supervised Independent Living
<b>SOPs</b>	Standard Operating Procedures
<b>SPDS</b>	Social and Personal Development Scales
<b>SWIMS</b>	Social Welfare Information Management System
<b>QAF</b>	Quality Assessment Framework
<b>UNICEF</b>	United Nations Children's Fund



## Introduction

Across Eastern and Southern Africa, governments are increasingly recognising the importance of ensuring that children can grow up safe and well cared for in nurturing families. These policies reflect the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child, which highlight the rights of the child not be separated from their parents unless it is in their best interests, and to receive appropriate alternative care.<sup>1</sup> Investments are being made in policies and mechanisms to strengthen families, reduce reliance on residential care, and promote family-based alternative care. This care reform is occurring alongside wider efforts to build child protection systems. Within the scope of these ongoing care reforms, case

management is recognised as a central component of child protection systems. It provides a valuable tool in direct and intensive work with vulnerable children and families, ensuring that they get the services they need.

This paper explores the role of case management in the context of care reforms. It offers cross-cutting principles of good practice, essential steps, and describes critical factors involved in effective case management practices. Drawing on literature from the region, the paper aims to provide overarching guidance to professionals and stakeholders involved in children's care, welfare, and protection. The annexe provides details of case management resources from the Eastern and Southern Africa region and beyond.

## What is case management?

Case management may be defined as:

“The process of helping individual children and families through direct social-work type support, and information management.”<sup>2</sup>

It entails a systematic and coordinated approach to assessing and addressing the individual needs and circumstances of vulnerable children and families and other populations in need.<sup>3</sup> It is a collaborative process involving a designated case manager (sometimes also referred to as a case worker or other context-specific names) working with vulnerable groups to:

- identify individuals vulnerable to specific risks,
- assess their strengths and explore their needs,
- jointly set goals to ensure that rights are being met,

and develop a plan,

- provide services directly or make referrals to services,
- follow up and evaluate progress, and
- terminate the case when the goals have been met.<sup>4</sup>

The aim is to ensure that the situation and unique circumstances of each child and family are considered so that interventions can act in the best interests of the child.<sup>5</sup>

Case management may be utilised as a part of programmes to support children without or at risk of losing parental care, or as part of programmes or services addressing a broader spectrum of child welfare and social protection concerns.<sup>6</sup>

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## When to use case management for children without or at risk of losing parental care

Ensuring all children grow up in a supportive, protective, and caring environment to develop their full potential is a fundamental right recognised by the Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child, and the Guidelines for the Alternative Care of Children, adopted by the United Nations General Assembly in 2009.<sup>7</sup> However, in Eastern and Southern Africa, many children are deprived of protective family care, resulting in adverse effects on their development and leaving them vulnerable to exploitation and violence.<sup>8</sup> The separation of children from their families is caused by multiple factors, including poverty, limited access to basic social services, violence or neglect, parental death or illness and issues affecting family functioning such as divorce or separation of parents, and substance abuse. Disability within a family, affecting a child or caregiver, can also heighten the risk of family separation. For example, discrimination against children with disabilities and lack of access to services for those with disabilities is one of the main causes of child abandonment and

placement of a child in residential care in Uganda.<sup>9</sup> The abandonment or institutionalisation of children with disabilities stems from various factors, including societal stigma and discrimination that surround disability, inadequate access to support services and resources for families caring for children with disabilities and the inability of some families to meet the additional needs of children with disabilities.<sup>10</sup> Children are at greater risk of being separated from their families during humanitarian crises such as civil unrest, armed conflicts, natural disasters, and pandemics.<sup>11</sup>

Effective case management can contribute to the prevention of separation, enhance decision making around children’s care to ensure it is based on consideration of children’s needs and best interests, help enable effective support for children in alternative care, and facilitate sustainable reintegration of separated children back to their parents, extended family or wider kinship networks. Table 1 provides further details of the role of case management in relation to children’s care.

**Table 1 The role of case management in children's care**

	Role of case management
Prevention of family separation	Case management can enable the prompt identification and delivery of assistance to children and families in adversity, especially in high-risk cases or situations involving complex needs.
Formal care placements involving the courts and/or social services – such as placement into foster care, residential care or formal kinship care arrangements	<p>By carefully assessing each child's situation, case management processes can help determine whether alternative care is necessary, and which forms of alternative care are most appropriate.<sup>12</sup></p> <p>For children in formal care arrangements, such as foster care or residential care, case management support is essential in identifying and addressing their needs, as well as those of their families. These children often have complex and diverse needs resulting from their traumatic experiences. Case management allows for customised plans that address the unique needs of each child.<sup>13</sup></p> <p>Case management also enables regular home visits/follow-ups, service provision and review to determine whether each placement is still appropriate and whether separation from parents is necessary.</p>
Informal care placements into kinship care – agreements made between family members not involving the courts or social workers	<p>Case management can also be beneficial for some children in informal kinship care arrangements, particularly those identified as at risk or with complex needs, ensuring that they receive appropriate support and care.<sup>14</sup></p> <p>For instance, kinship carers looking after children with disabilities and complex health needs benefit from case management support to ensure that support needs are met.<sup>15</sup> Case management is not needed for all children in kinship care.</p>
Supporting reintegration back to families from alternative care	<p>Case management can effectively be used to support the reintegration of children back into their families, whenever possible and in the best interests of the child.<sup>16</sup> Successful reunification and safe, long-term reintegration requires careful and often intensive work with children and families, to determine if reintegration is appropriate, prepare the child and family, reunite the child with the family and provide follow-up support.<sup>17</sup> It is not a single, one-off event, but rather a longer-term process. Case management is a key approach in supporting children through the different stages of the reintegration process.<sup>18</sup></p>

Children in formal alternative care placements require case management services, as do children being reintegrated back into families after a period of separation. Case management is neither necessary nor appropriate for all children at risk of separation or for all children in informal kinship care arrangements.<sup>19</sup> For these children and their families, decisions about when to use case management support should be based on the criteria used to determine if any vulnerable family

or child needs this support. This varies by context and each country needs to establish risk criteria that would trigger case management support. Common criteria used to trigger case management support include the following.<sup>20</sup>

- Children are living without a caregiver.
- Children's needs are complex and require individualised and coordinated multisectoral support.

- There is a high risk of harm to children and a need for regular monitoring and support to mitigate this risk. For example, children living with parents but in a home where there is domestic violence, and also children living with persons with complex needs, such as long-term mental or physical health problems or disabilities requiring support from multiple service providers.
- Children or caregivers face high levels of discrimination and lack support from the wider family or community as a result.
- Vulnerable children and their families require ongoing support and follow-up over an extended period to achieve their goals and sustain positive outcomes.
- In emergency situations requiring immediate and time-sensitive responses where case management is not feasible. Crisis management and urgent interventions may take precedence to ensure the safety and wellbeing of children.

For children at risk of separation or in informal kinship care arrangements, case management may not be needed under the following circumstances.<sup>21</sup>

- When there is a low risk of harm to the child.
- When the main risks relate to structural factors such as poverty which cannot be resolved by case management interventions. Instead, children and families may require greater support from their wider family or community networks, or access to social protection, or other services.
- When contact with the child/family is likely to be limited to one or two sessions, and there is no expectation that the child will need ongoing support/intervention.

While establishing a case management system is crucial for improving the care of children,<sup>22</sup> an excessive emphasis on this approach can be problematic. Attempting to offer individualised case management to all at-risk children can quickly overwhelm care and protection systems, especially in countries where the social service workforce is already grappling with substantial caseloads.<sup>23</sup> Using case management too widely can spread resources thinly and mean that the children and families genuinely in need of case management services do not receive the support they need.<sup>24</sup>

Furthermore, some families are resistant to outside interference in the private sphere of the family. An insistence on case management may deter people from seeking help or agreeing to care for a vulnerable child, especially in cases where it can be stigmatising or 'othering' for the child and family (i.e., making them stand out as somehow different from others in the community).<sup>25</sup> Contextualised case prioritisation criteria should be developed to ensure that support is available to those who will benefit the most from case management.

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## Principles and steps of case management

### Principles and considerations for effective case management

As with case management for all vulnerable groups, case management for children separated from their families or experiencing inadequate care should be guided by the following principles.<sup>26</sup>

- 1 **Do no harm.** Case management processes should aim to benefit and not harm children and their families. Agencies should carry out a full risk

assessment to determine the harm that could be caused and to identify steps to mitigate risk to children and families. Children must be involved in discussions around risk as they will have important insights.<sup>27</sup> Efforts should be made to implement proper mechanisms for safeguarding children from abuse or violence through organisational child protection policies and procedures. This is essential to reduce the risk of staff or other stakeholders abusing children at any stage in the case management process. It is also vital to establish

child-friendly complaints mechanisms that enable children to safely report abuse and exploitation. Effective and impartial complaint mechanisms are especially important for children placed in alternative care, particularly residential care, as they face an increased risk of violence, exploitation, neglect, and abuse.<sup>28</sup> The risk is even greater for children with disabilities.<sup>29</sup>

## 2 **Prioritise the best interests of the child.**

Consistent with Article 3 of the Convention on the Rights of the Child and Article 4 of the African Charter on the Rights and Welfare of the Child, the best interests of the child must be a primary consideration in all decisions made during the case management process.<sup>30</sup> This includes decisions regarding the removal of a child from his/her parents, placement in alternative care and whether reintegration is appropriate. Alternative care should only be considered when it is necessary, and the chosen forms of care should be appropriate to support the child's wellbeing.<sup>31</sup>

The concept of the "best interests of the child" encompasses both the physical and emotional safety of the child, as well as their right to positive development.<sup>32</sup> In some contexts, there may be a legal requirement to carry out a Best Interests Determination Assessment. Detailed guidance on assessing and determining the best interests of the child can be found here.

For children in alternative care or for whom alternative care may be needed, best interests determination should be grounded in an assessment undertaken by qualified professionals, and should cover the following areas.<sup>33</sup>

- The child's own freely expressed opinions and wishes (based on the fullest possible information), considering the child's maturity and ability to evaluate the possible consequences of each option presented.
- The situation, attitudes, capacities, opinions and wishes of the child's family members (parents, siblings, adult relatives, close 'others'), and the nature of their emotional relationship with the child.
- The level of stability and security provided by the child's day-to-day living environment (whether with parents, in kinship or other informal care, or

in a formal care setting).

- Where relevant, the likely effects of separation and the potential for family reintegration.
- The child's special developmental needs.
- Foreseeable short-term and longer-term consequences of a given solution for the effective protection of all other rights.

Case workers must balance the strengths of the child against the risk that they face and discuss these when making decisions with the child and their caregiver. The least harmful course of action is always preferred.<sup>34</sup>

- 3 **Non-discrimination.** Ensure that children are not discriminated against because of their gender, age, religion, race, socio-economic background, ethnicity, disability or other characteristic/group they belong to.<sup>35</sup> For example, decisions about a child's placement in alternative care should be based solely on their best interests and individual needs, rather than on any status or circumstance of the child or parents, including ethnicity, religion, sex, mental and physical disability, or chronic illnesses. Case management staff must also: "actively work to be non-judgemental and avoid negative/judgemental language in their work."<sup>36</sup>
- 4 **Acknowledge diversity.** This requires a recognition that each child's experience of separation is unique and can be influenced by factors such as age, gender, ethnicity, disability status, reasons for separation, and experiences during separation.<sup>37</sup> Understanding and considering these diverse factors is crucial at every stage of the case management process to ensure the best possible outcomes for each child. By recognising and considering this diversity throughout the case management process, case managers can ensure that interventions are tailored to be responsive and respectful of the unique needs and experiences of each child.
- 5 **Ensure case management is context-specific and culturally sensitive.** This enhances the effectiveness and relevance of case management, ultimately leading to better outcomes and improved wellbeing for children facing adversity. In the context of children's care, cultural sensitivity and ensuring that case management is context-specific entails aligning approaches and tools with the social norms around care and other aspects of the care





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system. It is essential to avoid directly importing case management practices or standard operating procedures (SOPs) from one context to another without proper adaptation.<sup>38</sup>

**6 Seek informed consent/assent.** Informed consent is:

“...the voluntary agreement of an individual who has the capacity to give consent, and who exercises free and informed choice.”<sup>39</sup>

In relation to case management, this means that families and children must give permission to proceed with case management and other care-related actions, such as referrals and information collection.<sup>40</sup> Before they give this permission, they must 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.”<sup>41</sup>

Information should be shared in a user-friendly manner that both children and adults can understand.<sup>42</sup> Adults can give their consent, but younger children may lack the capacity to give informed consent or may not be considered old

enough to consent by law. In these cases, children’s assent should still be sought. It is vital to continuously check consent at the different stages of the case management process.<sup>43</sup> In some cases, consent may be denied by children and adults. Agencies may still have a legal mandate to intervene to protect the child if it is felt that the child is at risk. It is vital to explain this to the child and family and encourage their engagement.<sup>44</sup>

**7 Respect confidentiality.** Case managers play a critical role in handling sensitive and confidential information concerning vulnerable children and families. To ensure the highest level of confidentiality and protection, case managers must share information on a need-to-know basis.<sup>45</sup> This means that information should only be disclosed to individuals who have a legitimate and specific reason to access it, such as professionals directly involved in the child’s care, support, or decision-making process. Having agreed protocols on information sharing and referrals can ensure confidentiality and that the best interests of the child are upheld. This helps safeguard the privacy of children, minimising the risk of unauthorised disclosure or breaches of confidentiality.

Respecting confidentiality also involves implementing robust data security measures, in both physical

and digital environments.<sup>46</sup> Case managers must be diligent in maintaining professional ethics and integrity. They should exercise discretion in conversations and discussions related to the case, ensuring that they share information in appropriate settings and with the necessary stakeholders. In addition, case managers must exercise caution and sensitivity when determining what information to share with both the family and the child.<sup>47</sup> For example, consider a situation where a child in foster care has been diagnosed with Human Immunodeficiency Virus (HIV) or behavioural problems but expresses a desire to keep this information confidential from their caregivers out of fear of rejection. In such cases, the case manager must carefully consider the child's wishes and balance them with the need for the caregiver to be aware of the child's health condition to ensure appropriate support and care.

However, confidentiality is limited when safety concerns are identified which must be reported by law, or where the assistance of service providers is necessary. Limits to confidentiality must always be explained to the child and their caregivers.<sup>48</sup>

- 8 **Meaningful child participation.** The right of children to participate in all decisions that affect their lives in accordance with their age and maturity, including those around their care, must be respected. The perspectives of children should be sought and taken into consideration when making decisions about their initial placement in alternative care (which includes determining the appropriate alternative care setting), managing transitions to different placements, planning for their departure from care, and preparing for independent living.<sup>49</sup> This should include seeking children's views on services which can support children and their families and carers.

Case managers should actively assist children in expressing their views and perspectives. Such support includes encouraging children to voice any concerns, reassuring them of their ability to take decisions and building a greater sense of power and control in their lives. Particularly in contexts where it may be dangerous to speak out publicly, case managers have a responsibility to create a safe and confidential space. Very young children and children with disabilities have the same right as all other children to participate in decision making that affects their lives, although this may take more time and

skills from the caseworker to be able to support the child to voice their views.

As outlined in sections 6 and 64 of the Guidelines on the Alternative Care of Children, children should have access to all the necessary information to enable them to make well-informed decisions regarding their available care options. It is also imperative to involve the child's family or other significant individuals whom the child trusts in the decision-making process.

- 9 **A strengths-based approach, family-centred approach.** Effectively supporting children's care necessitates a family-centred approach, which entails identifying the family's needs and capabilities and empowering them to protect and care for the child. By adopting this approach, case managers can foster a supportive and sustainable environment that promotes the child's wellbeing and development within their family context. Case management should be underpinned by a strengths-based approach, which identifies and builds on a child and family's strengths, resources, agency, and potential contributions to efforts for their wellbeing and protection. This stands in contrast to a pathology-based approach that solely focuses on the challenges and problems faced by children and their families.<sup>50</sup> Case managers should assist children and families facing adversity in identifying their strengths and resources and foster a strategy to enhance and build upon them.<sup>51</sup>

- 10 **Community engagement.** Community engagement in case management involves actively engaging community structures (such as child protection committees), community volunteers, and community and religious leaders in the process of identifying, assessing, planning, implementing, and evaluating interventions for individuals and families. Through such engagement, case managers can harness local knowledge, resources, and networks to provide culturally relevant, comprehensive, and sustainable support to individuals and families. Community members can also act as 'cultural brokers' or 'mediators.'<sup>52</sup> They bring cultural and relationship competence and can quickly find solutions where no service systems exist or where outside agencies can take time to respond.<sup>53</sup>

For example, in Rwanda, community volunteers known as *Inshuti z'Umuryango* (IZU meaning 'Friends of

the Family’) are often the first entry points into communities. These individuals help to identify children who are without or at risk of losing parental care and help mobilise communities to respond.<sup>54</sup>

- 11 **Accountability.** Accountability means being held responsible for actions and the results of those actions. Agencies and staff involved in case management are accountable to the child, the family, and the community.<sup>55</sup>

Agencies and individuals providing case management must comply with the national legal and policy framework, and codes of ethics established by professional organisations, such as national associations of social workers or similar regulatory bodies. Case workers must be continually aware of and adhere to ethical standards. This includes respecting the child and family’s rights to confidentiality, autonomy, and self-determination, as

well as maintaining boundaries and avoiding conflicts of interest. By adhering to ethical standards, case workers demonstrate their commitment to upholding the highest standards of practice and accountability.

- 12 **Coordinate and collaborate.** Effectively supporting children without or at risk of losing parental care requires a coordinated approach involving various stakeholders and sectors (e.g., health, education, child protection, and social welfare) from within government and civil society.<sup>56</sup> Through effective coordination, case managers can streamline the delivery of services to avoid duplication and ensure that all necessary areas of support are addressed.<sup>57</sup> One approach that can be used to enhance individual case coordination is case conferencing (see Box 1). A case conference is a planned meeting that brings together all the different actors who have a role in supporting a vulnerable child or children and families.<sup>58</sup>

## BOX 1

### Case conferencing

Case conferencing plays a crucial role in case management for children without parental care by enabling professionals to collaborate effectively, leveraging their resources and expertise to achieve the most favourable outcomes for vulnerable children. A case conference is a formal, planned, and typically multidisciplinary meeting involving service providers from a variety of fields to make decisions in the child’s best interests. These service providers may include social workers, psychologists, educators, healthcare professionals, and representatives from child protection agencies. Their collective expertise and experience allow them to understand and discuss a problem from multiple perspectives, enabling the identification of unique solutions tailored to each case.

Case conferences can take place at any time throughout the case management process, including assessment, case planning, monitoring and case closure.<sup>59</sup> For example, during case planning, professionals from different backgrounds and sectors can meet to assess the child’s

situation, identify any challenges or vulnerabilities they may face, and determine the most appropriate course of action to ensure their safety and wellbeing. This helps create a tailored plan that considers the child’s unique circumstances, providing them with the necessary support and services to thrive in a nurturing environment. As part of the follow-up and review process, they can also meet to assess the effectiveness and appropriateness of the actions taken and decisions made throughout the case and make needed adjustments to the case plan. The composition of members of a case conference will vary, based on the unique circumstances that have led to the case conference being convened. It is encouraged that wherever appropriate, and depending on children’s evolving capacity, children and caregivers should be supported to participate in case conferencing to ensure they can express their views.

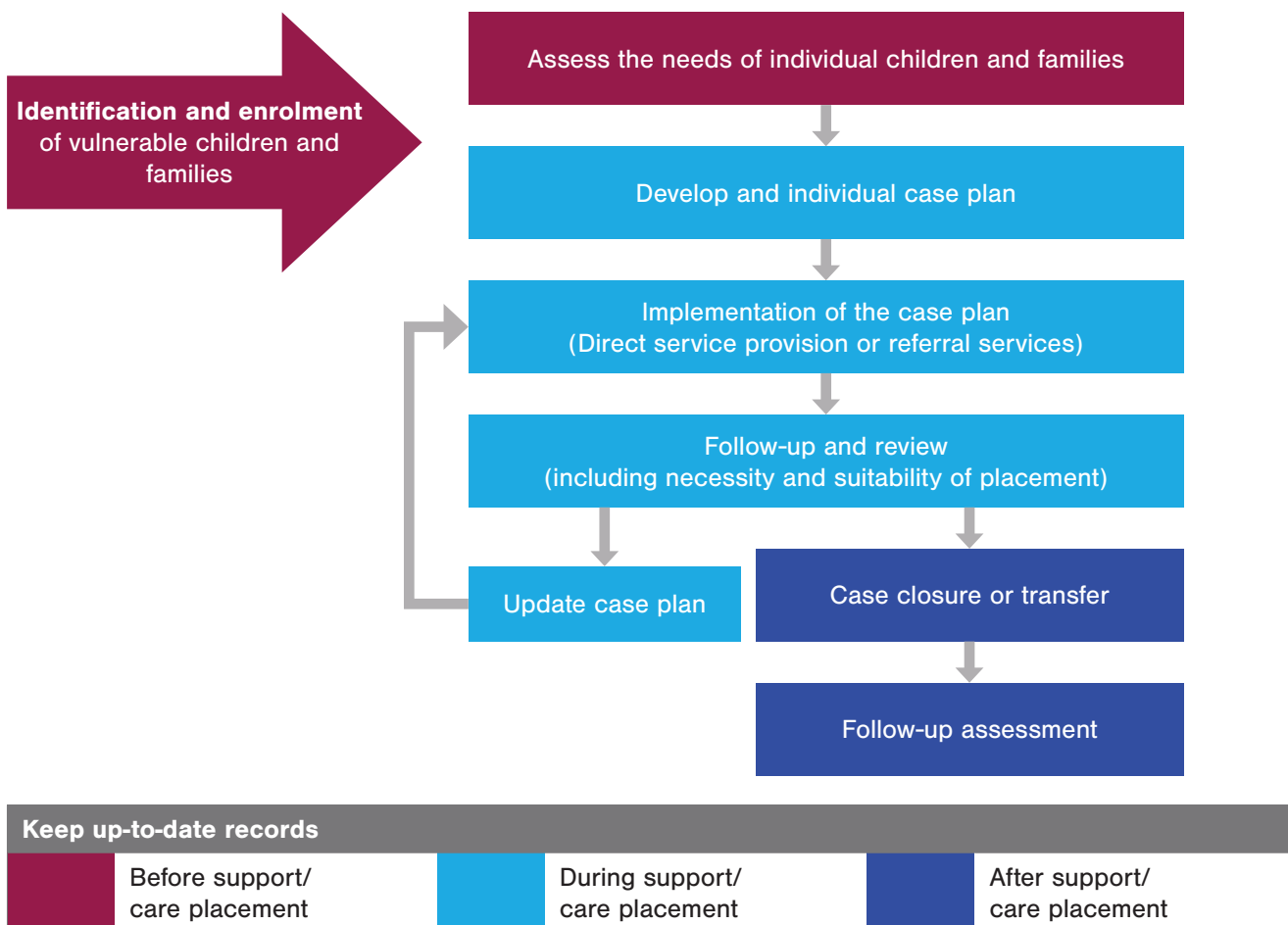
SOPs for case conferencing based largely on guidance from Eastern and Southern Africa can be found [here](#).

## Steps in the case management process

The case management process consists of six steps, as depicted in Figure 1. The sequence and duration of

these stages may vary depending on the complexity and nature of each specific case. Some cases, for example, might require more extensive assessments, while others may necessitate swift intervention to ensure the immediate safety of the child or family.

**Figure 1 Steps in case management**



### Step 1: Identification and intake/enrolment

Case management begins when a child is identified as in need of case management support based on locally defined risk criteria (see discussion above). These children may be identified and referred by community members, community volunteers, para-social workers, government authorities, or other service providers operating at the community level. Alternatively, the child or their family members may directly seek help by presenting themselves (self-referral).<sup>60</sup>

Children and their families who meet the criteria should be registered using either the Intake Form or Initial Case Record. The registration process involves the initial collection of data on the child, which may include:<sup>61</sup>

- The child's name, age, and sex.
- The child's current care arrangements.

- Care and protection concerns or needs.
- Priorities for immediate action.
- Date and location where they are registered.

A caseworker may encounter cases that fall outside the organisation's eligibility criteria. It's crucial to be aware of alternative services, such as healthcare, to which they can promptly refer the child. It is also important to provide the child and their family with information about additional support services they can access.<sup>62</sup>

### Step 2: Assessing the needs of the child and the family

Assessment entails gathering and analysing information to gain a comprehensive understanding of a child's situation, needs, strengths, family connections and circumstances. Assessments should focus on the

strengths, resources and protective factors that the child and the family have, as well as what they are missing. Assessments should be done in full consultation with the child and family and the wishes and opinions of the child must be sought and taken into consideration. This allows the case manager to draw up a case plan and provides a solid basis for taking important decisions, such as whether to support the family to care for the child, return the child to the biological family or place the child in alternative care.<sup>63</sup>

The primary aim is to determine if services or an alternative care placement are needed, and if so, the most suitable support and assistance required.<sup>64</sup> The assessment should be orientated on the child and should proceed from the principle of **providing for the best interests of the child** (see section 4.1). It should also be underpinned by a **strengths-based approach**, and the child and the family should be involved in the assessment process.

The assessment is typically conducted in two phases: initial assessment or screening, and comprehensive assessment.<sup>65</sup>

### **Initial assessment or screening**

Initial assessment or screening serves as a preliminary evaluation to quickly establish whether the circumstances pose an immediate threat to the child's safety and wellbeing.<sup>66</sup> This allows the case manager to determine the need for further evaluation and possible immediate intervention.<sup>67</sup> Where the child is at immediate risk of harm in the family or care setting, a child may need to be removed to a place of greater safety. This initial assessment is often conducted as part of the registration process. Where this is not possible, assessment should ideally occur within the first 24 hours following identification and registration, and if that is not feasible, within a maximum timeframe of 48 hours.<sup>68</sup> Assessments are more urgent in some circumstances, such as the child being in a potentially life-threatening situation.<sup>69</sup>

Wherever possible:

“The caseworker who will work with the child should be the one to carry out the initial assessment and use age-appropriate, child-friendly interview techniques to include the child in the process. This is the first opportunity for the caseworker to establish a relationship with the child and family that will form a core part of the direct services provided as part of the case management process.”<sup>70</sup>

### **Comprehensive assessment**

A comprehensive assessment should follow the initial assessment to gain a more in-depth view of the child and family's situation. The [Inter-Agency Guidelines for Case Management and Child Protection](#) indicate that an assessment should be carried out within one week of the child being registered.

Carrying out a comprehensive assessment is a process that can take from a few days to several weeks. It is important to develop context-specific criteria and tools for assessing the needs of children and families.<sup>71</sup> It can be useful to consider three main domains and parameters that can be considered when carrying out this assessment:

- **The child's developmental needs.** This includes aspects of the child's health, education, psychosocial needs, and existing disabilities or limitations to functioning. These needs are likely to vary by factors such as age, gender, and experience during and after separation.
- **Parenting/caregiving capacity.** This focuses on the capacity of the parents (or those acting in their stead) to meet the needs of the child(ren) appropriately.
- **The influence of family and environmental factors on the parent/caregivers' capacity to bring up the child.** This includes social and cultural context, family member's development needs, economic factors, and community and wider family supports and influences.<sup>72</sup>

An example of a comprehensive assessment tool is available in Ghana's [Case Management Standard Operating Procedures for children in need of care and protection](#). In Uganda, a similar tool is employed alongside the [Household Vulnerability Assessment Tool \(HVAT\) for Caregivers](#) to generate detailed information about the level of vulnerability that the child and family face in relation to family-child separation.

### **Step 3: Case planning**

Case planning involves developing a comprehensive and individualised plan outlining the goals, objectives, and actions to be taken to address the specific needs of vulnerable children and their families identified during the assessment. These goals may include ensuring the child's safety, promoting their physical and emotional wellbeing, facilitating access to education and healthcare, and establishing stable and nurturing care



arrangements. The latter may include improving care within the child's family, finding suitable alternative care options (such as kinship care or foster care), placing the child for adoption, or reintegration back into the child's family.

A case plan should be developed within two weeks of an assessment being completed.<sup>73</sup> This plan must be developed with the participation of the child, their primary carers, and other relevant stakeholders, building on the resources of the child, their family and networks.<sup>74</sup> One approach used for case planning is family group conferencing, during which immediate and extended family members, child welfare practitioners, and other relevant officials and significant individuals in the life of the child come together to develop a plan for the child with the facilitation of a case manager. A family conference allows for both immediate and extended family members to help make decisions about the best way to support the family to take care of their child.<sup>75</sup> These meetings should be in person; however, in some extreme cases where very long distances or security are an issue, virtual meetings may be necessary.

The case plan should include, at a minimum:

- Specific goals to be achieved during the case management process. These goals encompass the child's wellbeing, safety, development, and prospects. In the case of children without or at risk
- of losing parental care, it can be valuable to define a permanency goal. Permanency is having a "family for life"<sup>76</sup> and a sense of belonging and connectedness.<sup>77</sup> Permanency for children can be reached through different pathways, including living in (or returning to) the parental home, permanent placement with an alternate family (e.g., kinship care, long-term foster care, guardianship), supervised independent living (SIL), or adoption.<sup>78</sup>
- Specific strategies, interventions, and short-term, medium-term and long-term actions to be implemented to address the identified needs and support the child or family in achieving their goal.
- Responsibilities and roles of each party involved, including the case manager, the child, caregiver and wider family, and any other relevant stakeholders or service providers.
- Timelines for achieving goals, outlining the specific action steps and target dates for completion.
- Indicators for determining when actions have been completed and when the goals have been accomplished.
- Plan for ongoing monitoring and review to assess the progress towards goals. For example, for children to be placed in alternative care, the plan should include a schedule for when a placement will be reviewed

so that any changes in a child's situation can be responded to.

- Steps for case closure, including the criteria for successful completion of the case plan and the transition to aftercare or other support services.

The case plan helps to ensure that multisectoral support that is tailored to the unique strengths, needs and circumstances of the child and family is rendered in a coordinated and timely manner.<sup>79</sup> In addition, having a well-defined plan is crucial for managing expectations as it provides clarity, direction, and a framework for all involved parties. Uncertainties and unrealistic expectations can lead to frustration, disappointment, and consequent harm to the individuals concerned.<sup>80</sup> In addition, a well-defined plan enables regular monitoring and evaluation of progress.

Where possible and appropriate:

“the child should be provided with a simple written copy of the plan that they can understand. This is especially important when some of the action points are their responsibility to take forward.”<sup>81</sup>

Case managers should recognise that plans are fluid, and should be revisited at key points (e.g., when a date for reunification is decided, when reunification occurs, when there has been a crisis in the family or amongst service providers).<sup>82</sup> By regularly reviewing the outcomes and adjusting the strategies as needed,

it becomes easier to address any challenges that arise during the process. This adaptive approach ensures that the plan remains relevant and effective, increasing the chances of successful outcomes for the children and their caregivers. Review of case management plans is discussed in further detail below.

Examples of relevant case plans and case review templates can be found in the [Guidelines for Child Protection Case Management and Referral in Kenya](#) and Ghana's [Case Management Standard Operating Procedures for Children in Need of Care and Protection](#).

#### Step 4: Implementation of the case plan

Implementation entails the execution of the case plan. This involves providing direct support and/or referrals to other service providers, such as social protection programmes.<sup>83</sup> The case plan will vary greatly depending on the circumstances of the child and their family or caregiver. Table 2 provides an example of interventions that could be included in a case plan for a child who has been identified as at risk of separation, considering common drivers for inadequate care and family separation in Eastern and Southern Africa.<sup>84</sup> Such services may be provided by case workers or case managers directly, by external agents such as community volunteers, or through referral to other service providers.

**Table 2 Examples of services and support that could be provided in the case plan of a child at risk of separation**

Family strengthening services/intervention	Services for children at risk
<ul style="list-style-type: none"> <li>• Household economic strengthening (HES)</li> <li>• Ensuring access to basic health, education and social protection services</li> <li>• Parenting and caregiver education and support, including linkages to peer support groups or home-visiting programmes</li> <li>• Mental health and psychosocial support</li> <li>• Substance use/abuse treatment</li> <li>• Family violence prevention/services</li> <li>• Strengthening family relationships and networks and accessing community support</li> </ul>	<ul style="list-style-type: none"> <li>• Birth registration/legal documents</li> <li>• Education support</li> <li>• Specialised support for children with disabilities</li> <li>• Mental health and psychosocial support services</li> <li>• Vocational and life skills training</li> <li>• Family tracing and reunification</li> </ul>

Referrals link children and families to appropriate service providers for necessary services, with the child's and the family's consent.<sup>85</sup> A referral is made when an identified need cannot be adequately addressed by case managers.<sup>86</sup> Case managers must know the local service providers and build good working relationships with them. The caseworker maintains the overall responsibility for the case and should follow up and make sure that referrals result in service provision for the child and that the case plan is being implemented.<sup>87</sup>

The [Malawi Child Protection Case Management Framework](#) emphasises essential considerations for case managers to follow when making referrals for children in need of care and protection. These considerations are as follows.

- Have full and thorough knowledge of the available resources, including eligibility requirements and the types of services provided,
- Ensure that referrals specifically address the identified problem or need,
- Assess the cost of accessing services (considering e.g., distance to services, affordability etc.),
- Call ahead to notify the service organisation about the forthcoming referral,
- Confirm whether the service organisation or agency will accept the child and family; the service start date and the expected service period should be provided, and
- Establish a systematic mechanism for tracking the child and family's progress to ensure the intended support is effective and producing positive outcomes.

### **Step 5: Follow-up and review**

**Follow-up** involves monitoring the child's situation and identifying any changes in a child or family's circumstances and whether they are receiving appropriate services and support. This entails regular visits and actively seeking feedback from the child, caregivers, and other relevant stakeholders. By doing so, emerging issues can be identified promptly, and any necessary adjustments can be made to ensure that the child's needs are being effectively met. For children in alternative care, part of the purpose of follow-up is to enable case managers to re-evaluate whether the placement continues to be in the child's best interests and assess progress made toward the reintegration of the child with his/her family.<sup>88</sup>

Follow-up can be done by professional social workers, paraprofessionals, and community volunteers. In Rwanda, for example, IZU are involved in monitoring children's safety and the reintegration processes by carrying out household visits, including with recently reunited children or those in foster care.<sup>89</sup> Where problems are identified, reports are made to professional social workers. Similarly, the Zimbabwe National Case Management System (NCMS) relies on community volunteers (known as Community Childcare Workers) who link the identified child protection cases to district-level child protection services.

The frequency of monitoring may vary, depending on the level of need and the interventions required. For example, children or caregivers in crisis may require more frequent, intensive, one-on-one support, while more stable or resilient children and caregivers can be supported to take more responsibility for their wellbeing and will require less frequent monitoring by case managers.<sup>90</sup>

**Review** is a reflection on how the implementation of the plan is progressing, whether the objectives outlined in the case plan are being met, whether the plan remains relevant, and how to adjust the plan if necessary.<sup>91</sup> According to the Guidelines for the alternative care of children (see Para. 67), any care placement and support provided to a child and their family must be subject to 'regular reviews' (preferably at least every three months) to determine its continuing appropriateness.<sup>92</sup> This should occur more frequently in an emergency context. The Inter-agency guidelines for case management and child protection also recommend that plans should be reviewed at least every three months.<sup>93</sup>

However, the frequency of plan reviews may vary from country to country based on laws and regulations, and the specific needs of the children involved. For example, in Uganda, the case plan for children in residential care must be reviewed and updated every six months, with the involvement of the child, the child's primary caregiver in the children's home, and the child's parents/family where possible and appropriate. A record of any revisions and updates must be kept on the child's file.<sup>94</sup>

One approach that can be used as part of the follow-up and review process is case conferencing (see Box 1).

### **Step 6: Case closure**

The final step in the case management process is case closure. Closing cases demonstrates the achievement of goals related to child and family wellbeing. Additionally, it frees up the case manager's capacity to handle other





cases. A key aspect of the review process (described above) is to determine when a case can be closed. Case closure occurs in cases where it is deemed that the child and family no longer require case management support.<sup>95</sup> The specific criteria for when a case can be closed should be identified as part of standard operating procedures. Most often, cases are closed when the goals of the child and family, as outlined in the case plan, have been met. Other reasons cases can be closed include the following.

- When a case manager is confident that the child's safety and wellbeing are secure.
- When the family/child no longer wants support and there are no grounds for going against their wishes (i.e. provided this is safe for the child).
- The permanence goal has been met. In the context of care reform, this represents the goal of achieving a stable and permanent living situation for a child who has been placed in alternative care, such as reunification with their biological family, adoption, or independent living. The permanence goal is established to ensure the child's wellbeing and stability by providing them with a secure and nurturing environment for their future.

As per the [Inter-Agency Guidelines for Case Management and Child Protection](#), cases should not be closed immediately after the plan has been concluded, but after a set period of time during which several monitoring visits take place to ensure the child's

sustained wellbeing. After closure, a visit should take place within three months (often less in an emergency setting) to ensure that the situation remains stable and to seek feedback from the child and their family on the service provided.<sup>96</sup>

The decision to close the case should be made with the participation of the child (with due regard to his/her age and understanding) and his/her family. Completion of a case closure form is essential. Additionally, the decision to close the case must be recorded in the case plan, including the reasons and the person who authorised the case closure.<sup>97</sup> A closed case can be re-opened in the future if the child and/or family require more help and support.<sup>98</sup>

In some situations, cases are not closed but are transferred to another agency. 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.<sup>99</sup> Transfer of a child's care should only happen when necessary, and with good cause, as transfers can harm the child and lead to drop out of the case management system. Transfers should not happen simply because the case is challenging. If caseloads are transferred to another agency, the process must involve a review of all case files and consent to share information where this is needed.<sup>100</sup>

Box 2 below provides an overview of the steps in case management as they are applied in the reintegration of children from residential to family-based care in Rwanda.

**BOX 2****Overview of case management for the reintegration of children from residential care, Rwanda**

Process step	Action	Responsible person	Tool/form
Case registration	Collect basic biographical information of children eligible for reintegration	National Child Development Agency (NCDA) Child Protection and Welfare Officer and staff of the residential institution and the child	Registration form
Child assessment	Written record of key information related to the child including the child's wishes and needs captured through review of existing documentation; interview with the child, caregivers and others familiar with the child; application of specific assessment tools e.g. Portage and Social and Personal Development Scales (SPDS); and observation.	NCDA case worker/Child Protection Officer (social worker/psychologist); involving the child, the staff of the residential institution and other individuals who are familiar with the child and concerned with the child's wellbeing and protection	Child assessment form Teachers' Guide for Special Educational Needs Assessment and Individual Education Plan published by the Rwanda Education Board, Ministry of Education, in 2019
Case plan	Describes the needs of the child in different areas, including health, education and care; formulates objectives and actions to address those needs when the child is reintegrated; identifies proximal services for which referral is required.	NCDA case worker/Child Protection Officer (social worker/psychologist); involving the child, the staff of the residential institution and other individuals who are familiar with the child and concerned with the child's wellbeing and protection, e.g. physiotherapist, occupational therapist, teacher etc.	Case plan form
Family tracing	Collect information about family ties gathered from records, staff at the residential institution, the child, or through field research; can assist in making decisions on eligibility for reunification or placement in family-based alternative care.	NCDA case worker/Child Protection Officer (social worker/psychologist); involving the child, the staff of the residential institution and other individuals who are familiar with the child and concerned with the child's wellbeing and protection, e.g. physiotherapist, occupational therapist, teacher etc.	Family tracing form; proof of no trace document
Family assessment	Assess the capacity of the child's family of origin, extended family or identified adoptive/foster family to receive the child.	NCDA/Child Protection and Welfare Officer with local government in the child's district/sector/cell/village of origin	Family assessment form
Case management report	Prepare the case management report that provides a brief overview of the case and is drafted in preparation for the case management meeting (see below) to present the case to other Social Welfare Officers.	NCDA/Child Protection and Welfare Officer	Case management report form

Case conferencing	Organise the case management meeting with all the people responsible for the care and protection of the child to discuss and agree on the best option for the child or adolescent. The individual responsible for handling the case will present key information using the case management report and other information available.	NCDA Child Protection and Welfare Officer, District Mainstreaming Officer (DMO), and involving the child, the staff of the residential institution, and other individuals who are familiar with the child and concerned with the child's wellbeing and protection e.g. in charge of social affairs at sector and cell levels, physiotherapist, occupational therapist, teacher etc.	Case management meeting report form
Placement decision	Record the details of the placement decision for the child in this form; it includes the preparation and placement schedule.	NCDA Child Protection and Welfare Officer and DMO	Placement decision form
Child, family and community preparation	Assess whether both parties agree with the placement decision and assess whether there could be a match. Once both the child and the receiving family are in agreement with the placement decision, further sessions with both parties will take place and the community will be prepared.	NCDA Child Protection and Welfare Officer; child, family and community	Child, family and community preparation form
Child's reunification with the family or placement in family-based alternative care/ independent living	Record the details on where the child is placed, including the address and contact details of the family and whether the child is linked to existing community resources/service providers.	NCDA Child Protection and Welfare Officer and DMO	Child placement form
Post-placement support and follow-up	The case can be closed when a child and/or family does not require any more support from the NCDA Child Protection and Welfare Officer and when the child lives within a safe and protective environment and when the family is linked to existing community inclusive initiatives.	NCDA Child Protection and Welfare Officer, DMO, Social affairs in charge at sector and cell levels, Community Health Worker, Inshuti z'Umuryango; child and family	Post-placement support and follow-up form
Case closure	The case can be closed when a child and/or family does not require any more support from the NCDA Child Protection and Welfare Officer and when the child lives within a safe and protective environment and when the family is linked to existing community inclusive initiatives.	NCDA Child Protection and Welfare Officer, DMO, Social affairs in charge at sector and cell levels, Community Health Worker, Inshuti z'Umuryango; child and family.	Case closure form

Source: National Child Development Agency, Rwanda (2021) [Operational Guidance on Inclusive Children's Reintegration](#)

# What needs to be in place for effective case management?

Effective case management relies on a strong and well-functioning care system.<sup>101</sup> The care system provides the foundation and support necessary for case managers to carry out their duties effectively and ensure the wellbeing of children without or at risk of losing parental care. A robust care system includes various components including the following.<sup>102</sup>

## 1 Legislation, policies, and tools and guidance.

Legislation and policies provide a legal basis and set the framework and standards for interventions with families, including identifying the agency or agencies responsible for those interventions.<sup>103</sup> Tools, protocols/guidelines, and standards for case management should be specifically tailored to a specific context and purpose.<sup>104</sup> These should include tools and guidance around family strengthening/prevention separation, placements of children in alternative

care, support for children while in alternative care and children's reintegration back into families. Such guidance helps ensure that consistent processes and high-quality approaches are applied. Tools and guidance should define implementation structures, roles and responsibilities, case management supervision and information-sharing protocols, and standards for documentation and record-keeping.<sup>105</sup>

Box 3 provides examples of guidance developed around children's reintegration in Kenya and Zambia. Further examples of tools and guidance can be found in the annexe. It should be noted that tools and guidance must be context-specific, culturally sensitive, and aligned to the social norms and care systems of a particular country. It is essential to avoid directly importing case management practices or from one context to another without proper adaptation.

### BOX 3

## Guidance on case management to support children's reintegration in Kenya and Zambia

In 2019, the Government of Kenya, with support from Changing the Way We Care (CTWWC), developed a *Caseworker's guidebook for case management for the reintegration of children into family or community-based care*. This Guidebook seeks to provide a framework of principles, considerations, steps, and procedures, along with a road map for successful reintegration of children back into families or communities. This is aimed at standardising how state and non-state service providers promote family- and community-based care and protection for this reintegration. The development of the guidebook was informed by the National Child Protection Case Management and Referral Pathway Guidelines in Kenya and the Guidelines for the Alternative Family Care of Children in Kenya.

In Zambia, the Ministry of Community Development and Social Services developed tools to support

the reintegration of children, through tailored collaborative efforts which included the following.

- Guidance on the importance of reintegration and the principles for successful reintegration.
- An overview of the purpose of case management for reintegration.
- The types of information that social workers are expected to collect and manage to support reintegration.
- An explanation of the roles and responsibilities of different stakeholders.
- Step-by-step guidance on each stage of the reintegration process: assessment, screening, planning and review, development of a reunification agreement, and post-placement monitoring and review which is aligned with the alternative care and reintegration guidelines.<sup>106</sup>



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2 **Adequate, competent and supervised social service workforce**, comprising volunteers, paraprofessionals and professionals.<sup>107</sup> The workforce plays a vital role in implementing case management practices, conducting assessments, and providing essential support services to children and families.<sup>108</sup> Ensuring social workers have appropriate caseloads is crucial to allow them to give sufficient attention and care to each case, thus promoting more effective interventions.<sup>109</sup> The Global Social Service Workforce Alliance, in partnership with the United Nations Children's Fund (UNICEF), has developed [Guidance on Developing Minimum Social Service Workforce Ratios](#). It is intended to help governments and other policymakers plan the minimum social service workforce needed to provide the services and support required, both nationally and in specific local contexts.<sup>110</sup> Additionally, [Guidance and Tool for Costing the](#)

[Social Service Workforce](#) have been developed to guide policymakers and planners on how to apply a set of variables to their specific context to calculate the costs of human resources required to meet a target minimum ratio of social service workers per population.

Further, to effectively support children without or at risk of losing parental care, the workforce requires ongoing training, regular supervision, coaching and mentorship to fully comprehend and efficiently implement case management protocols, utilise case management tools appropriately, and adhere to case management principles.<sup>111</sup> An example is provided in Box 4. In addition, the workforce should be effectively supported by putting in place policies and practices that foster job satisfaction and retention.<sup>112</sup> This includes providing continuing professional development opportunities and facilitating opportunities for social workers to connect with peers and share experiences.

**BOX 4****Workforce strengthening for effective case management as part of care reforms in Zambia**<sup>113</sup>

In Zambia, UNICEF has worked with the Department of Social Welfare and the University of Zambia to develop two training modules on alternative care and case management procedures for in-service training of District Social Welfare Officers (DSWOs). The modules include the following.

- National and international legal frameworks on care.
- The primary importance of supporting families and preventing separation.
- Care decision making within the continuum of care for children at risk of separation or in need of care.
- How to use case management tools for care planning, monitoring, and review.

DSWOs spend two weeks in the classroom receiving this training. Upon return to their workstations, each is mentored through the management of selected cases to further enhance knowledge and skills.<sup>114</sup> Ongoing remote supervisor and peer-to-peer mentoring are provided through a WhatsApp group established as part of this process, which has proven particularly useful. The WhatsApp group allows Social Welfare Officers across the country to share best practices and challenges and seek guidance on active cases. Supervisors and managers are given an insight into the problems faced by DSWOs so that they can identify common support needs and guide social workers accordingly. The platform also helps generate case studies for ongoing in-service training and newly developed courses in social work at the University of Zambia's Department for Social Work.

3 **Continuum of service.** To effectively meet the diverse needs of children and families, a comprehensive range of services must be developed within the care system. The existence of a continuum of services allows children's unique and multifaceted protection needs to be met through case management referrals. These include the following.

- Services to prevent family separation. This may involve providing supportive counselling and therapy, education support, parenting skills training, healthcare and medical services, practical assistance to address specific needs (such as safe and stable housing), and legal or financial livelihood support. Financial and livelihood support may include cash transfers, vocational training or access to income-generating activities.
- Provision of alternative care and adoption services in line with existing regulations and guidelines.<sup>115</sup> Notably, a variety of family-based options should be available, along with a well-established and systematic procedure for determining the most suitable option through a process known as 'gatekeeping'.<sup>116</sup>

- Supporting family reintegration, in accordance with the [Guidelines on Children's Reintegration](#).

4 **Coordination and referral mechanisms.** Meeting the needs of children without or at risk of losing parental care requires action from a range of sectors, including child protection, education, health, social protection/financial support, and justice. A multisectoral approach requires mechanisms for coordination and referral to avoid parallel responses and ensure a seamless process is in place to refer individuals or families from one service to another.<sup>117</sup> This requires the following.

- Establishing coordination structures at multiple levels.
- Harmonising case management instruments and standard operating procedures across sectors and the development of referral protocols or procedures that outline the roles and responsibilities of participating agencies (see example in Box 5).
- Clarifying which agency or authority is responsible for providing specific services to whom and where (referred to as the referral pathway).<sup>118</sup>

**BOX 5****Integrating case management for vulnerable children, Ghana**

The Integrated Social Services (ISS) initiative seeks to enhance the care and protection of vulnerable children by strengthening inter-sectoral collaboration among social welfare, social protection, and health actors at the decentralised and national levels. The initiative uses the social welfare system as the entry point. Interventions centre around the development of coordination mechanisms, procedures, training, and data management systems necessary to support inter-sectoral linkages and referrals. ISS is based on the Coordinated Programme and the National Medium-Term Development Policy Framework (NMTDPF) 2018–2021 and 2022–2025.

As part of this initiative, Inter-Sectoral Standard Operating Procedures for Child Protection and Family Welfare (ISSOP) were developed to streamline case management. The ISSOP provides a harmonised framework of agreed standards, principles and procedures for all child protection and family welfare stakeholders to understand each other's roles and responsibilities. The ISSOP helps to hold stakeholders mutually accountable to each other and the beneficiaries they serve. It

identifies specific procedures for the use of forms, tools and guides by the social services and other key stakeholders. The guides, tools, and forms of this ISSOP have been designed to improve the quality of social services.

In addition, a Social Welfare Information Management System (SWIMS) has been developed to document and report on the provision of social welfare services, based on standard national data collection forms, workflows, referral pathways and standard operating procedures. This web-based system allows case managers to a) register details of vulnerable children and their families, their protection concerns, and care arrangements; b) refer and transfer cases to other service providers; c) undertake a comprehensive assessment and develop case plans; and c) collect, organise, and store data in a secure way to facilitate data sharing at all levels to strengthen processes and practices. It ensures that accurate and up-to-date information is accessible to all relevant stakeholders, while also respecting confidentiality and privacy rights.

**5 Financial and material resources.** Adequate financial and material resources are fundamental for effective case management. For example, financial resources provide the means to recruit and retain a qualified workforce and enable the acquisition of necessary tools and infrastructure that enable case managers to deliver services efficiently. Access to adequate material resources, such as office supplies, equipment, and technology, ensures that case managers have the necessary tools at their disposal to carry out their responsibilities effectively, ensuring seamless delivery of case management services.

**6 Information management system.** Information management plays a vital role in effective case management by ensuring accurate and timely information is accessible to all stakeholders involved in supporting children and vulnerable families, facilitating decision making and service delivery. The essential

components of information management include standardised case management forms and procedures, data protection protocols, information sharing protocols, and a robust information management system.<sup>119</sup> Establishing robust information management systems can augment the case management process and enable efficient data collection, storage, and sharing (see Box 5 for an example from Ghana). An example of an information system is the Primero Child Protection Information Management System (Primero CPIMS+). Primero CPIMS+ offers a comprehensive platform designed to manage cases efficiently, ensuring that critical information is accurately recorded, organised, and accessible when needed.

Countries are also increasingly leveraging Information and Communication Technology (ICT) tools and platforms to support integrated case management. The use of new technologies, such as cell phones, smartphones, tablets and computers, has the

potential to make case management simpler, even in remote areas, while maintaining confidentiality. For example, these technologies can augment case management by ensuring real-time information access, improving information management and outcome monitoring at the child and family level.<sup>120</sup> However, the role that ICT can play, particularly with respect to information management, should not be considered in isolation or as a stand-alone solution. Rather, it should be mainstreamed into the process

for developing an integrated case management system.<sup>121</sup>

Furthermore, stringent data protection protocols are essential to safeguard the privacy and confidentiality of sensitive information collected during the case management process, ensuring compliance with legal and ethical standards regarding privacy protection. Other programming principles for using ICT for case management are summarised in Box 6.

## BOX 6

### Programming principles for using ICT for integrated case management

1. Use ICT to strengthen a programme, not salvage it. This means that underlying programme fundamentals must be in place. In the case of integrated case management, this involves referral pathways, standard operating procedures, and clearly defined roles and responsibilities.
2. Where possible, leverage existing ICT tools and platforms, before developing something completely new.
3. Ensure that child protection and other programming specialists are spearheading the design and development process, working collaboratively with technology experts.
4. From the start, data security, privacy and confidentiality should be paramount and must be factored in, with input from practitioners at all levels.
5. Ensure that users perceive a benefit from using ICT.
6. Consider inter-operability issues and systems for safe and managed disclosure of appropriate data. The collection of information and personal data triggers delicate issues regarding what information can be shared, under what circumstances and with whom. As information systems are increasingly linked to services and referral mechanisms, standards for disclosure must be developed.
7. Ensure that there is capacity to manage the system and address malfunctions and that the system is as simple as possible.
8. Determine how information and data will be managed and viewed, and plan this into the design from the start.

Source: UNICEF (2017) *Integrating Case Management for Vulnerable Children: A Process Guide for Assessing and Developing an Integrated Case Management System in Eastern and South Africa*.

**7 Child participation and family and community engagement.** Families and wider communities are the main sources of support for children in Eastern and Southern Africa who cannot be looked after by parents.<sup>122</sup> Successful engagement with families and communities is therefore essential in developing and implementing case plans. This may involve utilising members of the extended family or community to provide support to vulnerable households, or asking

extended family members or friends of the family to care for children when parents cannot.<sup>123</sup> Community members can provide support informally or be involved via a more formal community volunteer role. As noted above, family and child participation is a key principle in case management, and children must be consulted in all decisions that affect them. Children can also be involved in supporting one another, for example via peer support groups for reintegrated children.



# Assessing the quality of the case management system

Assessing the quality of case management is essential to guarantee effective and efficient support for children and families facing adversity. This entails evaluating how case management systems operate and function, aiming to enhance their effectiveness, i.e., ensure children and families receive the support they need in a timely, systematic, and effective manner. By systematically evaluating the quality of case management services,

organisations can uphold their responsibility to provide tailored, responsive assistance that addresses the unique needs and challenges faced by children and families.

To facilitate this process, several quality assessment frameworks and toolkits have been developed that could be adapted to the context (see Box 7).

## BOX 7

### Quality assessment frameworks for case management

The [Case Management Quality Assessment Framework \(QAF\)](#), developed under by the Alliance for Child Protection in Humanitarian Action, provides a framework and tool for assessing how a particular case management system operates and functions, and by extension how it can be improved. While developed for use in humanitarian contexts, it can be adapted for use in development settings. The QAF comprises eight main dimensions across which case management in a particular context is assessed. These focus on a) the case management response and processes,

b) the factors/systems that need to be in place for case management to be effective, and c) whether monitoring, accountability, and learning processes are adequate.

The [Case Management Toolkit: A User's Guide for Strengthening Case Management Services in Child Welfare](#) provides a comprehensive assessment framework for analysing current systems, procedures, and practices against international standards and professional case management practices at both the case level and the system level.

# Conclusions

Effective case management is a key part of care reform strategies. Case management can contribute to the prevention of separation, effective decision making around care, support to children in alternative care and sustainable and safe reintegration back into families.

Case management is needed for children in formal alternative care or being reintegrated back into families from sustained periods in formal care. However, case management may not be necessary for all children at risk of separation or in informal kinship care arrangements. For these groups, case management is unlikely to be needed in cases where the risks are low, needs are not complex, and structural factors like poverty are the main concerns. It is therefore important to develop context-specific criteria to determine situations that require case management support. This ensures that this valuable but intensive approach can be directed to the children and families that need it the most.

Effective case management relies on a strong and well-functioning care system, which includes legislation and guidance, a volunteer and professional social workforce with appropriate training, support and caseloads, coordination and referral mechanisms, adequate services, and child and community participation. Information management also plays a vital role in effective case management. Monitoring and evaluating the quality of case management is essential to ensure that children and families receive effective and efficient support. It is vital to avoid directly importing case management practices from one context to another without proper adaptation.

To conclude, well directed, context-specific, case management operating as part of a wider care system can do much to ensure that vulnerable children grow up in the safe and nurturing families so vital for achieving their rights.

# Annex: Case management resources

## Case management guidance specifically relating to children's care in Eastern and Southern Africa

- Changing the Way We Care (2023) [Case management: A scalable model for reintegration of children without parental care in Kenya](#).
- Changing the Way We Care (2023) [Disability measurement in residential care facilities in Kenya and its role within case management](#).
- Changing the Way We Care (2023) [Reunification and reintegration of children with disabilities into family care: Guidance for residential care facilities & case management teams](#).
- Department of children's services, Kenya (2019) [Caseworker's guidebook: Case management for reintegration of children into family or community-based care](#).
- Learning brief on family and workforce strengthening and case management: [The importance of integrating family strengthening, reunification, case management and workforce strengthening](#).
- Ministry of Community Development and Social Services (2023) *Children in alternative care: A case management guidance note for social welfare officers*. Zambia.
- Ministry of Gender, Labour, and Social Development (2019) *Case management for separated children in Uganda: Standard operating procedures and tools*. Kampala, MGLSD.
- National Council for Children's Services (2023) [National guidelines for transitioning childcare system in Kenya](#).
- Republic of Kenya (2021) [Case worker's handbook: Case management for reintegration of children into family- or community-based care](#).

## General case management guidance for child protection from Eastern and Southern Africa

Ministry of Community Development and Social Services, Zambia (2023) *Statutory case management handbook*. Lusaka: MCDSS, Zambia.

Ministry of Gender, Children and Social Protection, Ghana (2018) [Case management standard operating procedures for children in need of care and protection in Ghana](#).

Ministry of Gender, Labour, and Social Development, Uganda (2016) [A handbook for case management in child protection: A resource guide for multi-sectoral case management agencies in Uganda](#).

Ministry of Gender, Labour, and Social Development, Uganda (2019) [Case management standard operating procedures for child programming in Uganda](#).

Ministry of Labour and Social Protection, Kenya (2019) [Guidelines on child protection case management and referral in Kenya, 2018](#).

National Child Development Agency, Rwanda (2022) *National child protection case management framework of Rwanda*.

The Government of Malawi (2015) [Child protection case management framework, training manual](#) and [booklet](#).

## Global guidance on case management for child protection

The Alliance for Child Protection in Humanitarian Action (2019) [Interagency guidelines for case management and child protection](#).

The Alliance for Child Protection in Humanitarian Action (2019) [Case management quality assessment framework \(QAF\)](#).

Partnerships for Every Child (2016) [A Common Assessment Form: A guide to assessment and interdisciplinary case management for providing help to children and families at risk or in a difficult situation](#).

## Integrated case management

UNICEF (2017) [Integrating case management for vulnerable children: A process guide for assessing and developing an integrated case management system in Eastern and South Africa](#).

## Case conferencing

Changing the Way We Care (2023) [Standard operating procedures for case conferencing](#).

### **Best interests' determination**

UNHCR (2021) [UNHCR Best Interests Procedure \(BIP\) guidelines: Assessing and determining the Best Interests of the Child](#).

[UNHCR Best Interests Procedure for refugee and asylum-seeking children at risk](#). A self-paced microlearning online course on UNHCR's Best Interests Procedure for asylum-seeking and refugee children at risk.

### **Case management for children with disabilities**

Sammon, E.M. and Burchell, G. (2018) [Family care for children with disabilities: Practical guidance for frontline workers in low- and middle-income countries](#).

National Child Development Agency, Rwanda (2021) [Inclusive case management for children's reintegration. Training module for the Social Service Professionals. Participants Handbook](#)

National Child Development Agency, Rwanda (2021) [Inclusive case management for children's reintegration. Training module for the social service professionals. Facilitators Manual](#)

National Child Development Agency, Rwanda (2021) [Operational Guidance on Inclusive Children's Reintegration](#).

UNICEF (2023) [Disability Inclusive Child Protection Competency Framework for Strengthening the Social Service Workforce](#). New York: UNICEF.

# Endnotes

- 1 United Nations (1989) *Convention on the rights of the child*. New York: United Nations, Art.9; African Union (1999) *African charter on the rights and welfare of the child*. Addis Ababa: African Union, Art. 19.
- 2 Child Protection Working Group (2014) *Inter-agency guidelines for case management and child protection*. Geneva: Child Protection Working Group (CPWG), p.5. [https://alliancecpha.org/sites/default/files/technical/attachments/cm\\_guidelines\\_eng.pdf](https://alliancecpha.org/sites/default/files/technical/attachments/cm_guidelines_eng.pdf)
- 3 Global Social Service Workforce Alliance (2018) Core concepts and principles of effective case management. Approaches for the social service workforce. <https://www.socialserviceworkforce.org/sites/default/files/uploads/Case-Management-Concepts-and-Principles.pdf>
- 4 Save the Children 2011 cited in UNICEF (2017) *Integrating case management for vulnerable children: A process guide for assessing and developing an integrated case management system in Eastern and South Africa*.
- 5 CPWG 2014; Alliance for Child Protection in Humanitarian Action (2021) *Community volunteers and their role in case management processes in humanitarian contexts: A comparative study of research and practice*, [cecm - report - low\\_res.pdf](https://cecm-report-low-res.pdf)
- 6 Save the Children (2011); CPWG
- 7 United Nations 1989; African Union 1999; United Nations (2010) *Guidelines for the alternative care of children*.
- 8 Tolfree, D. (2006) *Facing the crisis: Supporting children to live in families in their communities*. First Resort Series. London, United Kingdom: Save the Children UK.
- 9 ACPF (2011) *Children with disabilities in Uganda: The hidden reality*. Addis Ababa: The African Child Policy Forum. [Children with disabilities in Uganda- The hidden realities.indd \(afri-can.org\)](https://www.afri-can.org/sites/default/files/Children%20with%20disabilities%20in%20Uganda%20-%20The%20hidden%20realities.indd%20(afri-can.org))
- 10 Equal Opportunities Commission and OHCHR (2018) *The rights of persons with disabilities in Uganda: An assessment of selected national laws in relation to the convention on the rights of persons with disabilities*. Kampala: UN Office of the High Commissioner for Human Rights (OHCHR).
- 11 UNICEF and CTWWC (2023) *Building climate change into care reform in Eastern and Southern Africa*. Nairobi: UNICEF.
- 12 Cantwell, N., Davidson, J., Elsley, S., Milligan, I. and Quinn, N. (2012) *Moving forward: Implementing the 'Guidelines for the alternative care of children'*. UK: Centre for Excellence for Looked After Children in Scotland.
- 13 Changing the Way We Care (2023a) *Disability measurement in residential care facilities in Kenya and its role within case management*. [ctwwc\\_disability\\_measurement\\_report\\_11may23\\_final\\_1.pdf \(bettercarenetwork.org\)](https://bettercarenetwork.org/sites/default/files/2023-07/ctwwc_disability_measurement_report_11may23_final_1.pdf)
- 14 Family for Every Child (2023) *How to support kinship care. Lessons learnt from around the world*. [https://familyforeverychild.org/wp-content/uploads/2024/01/2559-FEC-Kinship-Care-Guideline\\_web.pdf](https://familyforeverychild.org/wp-content/uploads/2024/01/2559-FEC-Kinship-Care-Guideline_web.pdf)
- 15 Family for Every Child 2023; SOS Children's Villages (2023) *Strengthening families. How family strengthening can help prevent the unnecessary separation of children from their families*. Central and Eastern Europe and Central Asia. Austria: SOS.
- 16 Changing the Way We Care (2023b) *Case management: A scalable model for reintegration of children without parental care in Kenya*. [https://bettercarenetwork.org/sites/default/files/2023-07/insight\\_case\\_management\\_scalable\\_model.pdf](https://bettercarenetwork.org/sites/default/files/2023-07/insight_case_management_scalable_model.pdf)
- 17 Changing the Way We Care (2023c) *Case management learning brief: How case management contributes to sustainable reintegration of children from residential care to family-based care and community services*. [https://bettercarenetwork.org/sites/default/files/2023-09/learningbrief\\_cm\\_reintegrationcase\\_story\\_series\\_1.pdf](https://bettercarenetwork.org/sites/default/files/2023-09/learningbrief_cm_reintegrationcase_story_series_1.pdf)
- 18 For practical guidance on many of the steps and issues in this section (i.e. informed consent, data management), see CPWG 2014.
- 19 Family for Every Child 2023; Changing the Way We Care (2023d) *Family strengthening support for families at risk of separation. Guidance on identification of and support to families at risk of separation and delivery of family strengthening activities*. Unpublished draft. Nairobi: CTWWC.
- 20 Family for Every Child 2023; Changing the Way We Care 2023d; SOS 2023; Global Social Service Workforce Alliance 2018.
- 21 Family for Every Child 2023; Changing the Way We Care 2023d; SOS 2023; Global Social Service Workforce Alliance 2018.
- 22 A case management system refers to a set of coordinated components that connect to each other and that are all necessary for the case management process to work (these components include legal and policy frameworks, implementation structures and roles, resources, workforce capacity, programmes and services, and data management, monitoring and evaluation). Maestral, UNICEF (2017) *Integrating case management for vulnerable children: A process guide for assessing and developing an integrated case management system in Eastern and South Africa*. <https://bettercarenetwork.org/sites/default/files/Integrating-Case-Management-for-Vulnerable-Children.pdf>
- 23 Proudlock, P. (2020) *Orphaned and abandoned children in the care of family members – commentary on the children's amendment bill*. South Africa: Universities of Cape Town and Pretoria.
- 24 Proudlock 2020; Children's Institute, Centre for Child Law and Children in Distress Network (2022) *The CSG 'Top-up' for orphans. Frequently asked questions*. South Africa: Children's Institute, Centre for Child Law and Children in Distress Network.
- 25 Family for Every Child 2023
- 26 Not all principles outlined in the inter-agency guidelines on case management and child protection are listed here.
- 27 Inter-Agency Group on Children's Reintegration (2016) *Guidelines on Children's Reintegration*. <https://bettercarenetwork.org/sites/default/files/Guidelines%20on%20Children%27s%20Reintegration%20DIGITAL%20.pdf>
- 28 Konstantopoulou, F. and Mantziou, I. (2020) Maltreatment in residential child protection care: A review of the literature. *Dialogues in Clinical Neuroscience & Mental Health* 3.2: 99–108; Sherr, L., Roberts, K.J. and Gandhi, N. (2017) Child violence experiences in institutionalised/orphanage care. *Psychology, Health & Medicine* 22(sup1): 31–57.
- 29 Ministry of Health (2018) *Violence against children and youth with disabilities in institutional settings in Rwanda. A qualitative study*. Kigali: Ministry of Health.
- 30 All decisions should be made on a case-by-case basis, and case workers should respect fully the child's right to be consulted and to have his/her views duly considered in accordance with his/her evolving capacities and based on his/her access to all necessary information. Every effort should be made to enable such consultation and information provision is carried out in the child's preferred language.
- 31 Cantwell *et al.* 2012.

- 32 CPWG 2014.
- 33 Cantwell *et al.* 2012.
- 34 CPWG 2014.
- 35 CPWG 2014.
- 36 CPWG 2014.
- 37 Department of Children's Services (2019) *Caseworker's guidebook: Case management for reintegration of children into family or community based care*. Kenya: Department of Children's Services. [Caseworker's Guidebook](#)
- 38 Maestral, UNICEF 2017.
- 39 CPWG 2014, p.17.
- 40 CPWG 2014, p.17.
- 41 CPWG 2014, p.17.
- 42 CPWG 2014, p.17.
- 43 Inter-Agency Group on Children's Reintegration 2016.
- 44 Inter-Agency Group on Children's Reintegration 2016.
- 45 Ministry of Gender, Labour, and Social Development (2019) *Case management for separated children in Uganda: Standard operating procedures and tools*. Kampala: MGLSD; Ministry of Gender, Labour, and Social Development (2016) *A Handbook for Case Management in Child Protection: A resource guide for multi-sectoral case management agencies in Uganda*.
- 46 Inter-Agency Group on Children's Reintegration 2016.
- 47 Inter-Agency Group on Children's Reintegration 2016.
- 48 CPWG 2014.
- 49 Ministry of Gender, Labour, and Social Development 2019.
- 50 4 Children (2017) *Good practices in case management. How your OVC program can be ready for a site improvement monitoring system (SIMS) assessment*. [https://ovcsupport.org/wp-content/uploads/2017/09/17OS388-SIMS-case-management\\_FINAL\\_ONLINE.pdf](https://ovcsupport.org/wp-content/uploads/2017/09/17OS388-SIMS-case-management_FINAL_ONLINE.pdf)  
CPWG 2014.
- 51 Inter-Agency Group on Children's Reintegration 2016.
- 52 Kirmayer, L. (2012) Cultural competence and evidence-based practice in mental health: Epistemic communities and the politics of pluralism. *Soc Sci Med* 75.2: 249–56; Wessells, M.G. (2015) Bottom-up approaches to strengthening child protection systems: Placing children, families, and communities at the centre. *Child Abuse & Neglect* 43: 8–21.
- 53 [https://bettercarenetwork.org/sites/default/files/2022-02/cecm\\_report\\_low\\_res.pdf](https://bettercarenetwork.org/sites/default/files/2022-02/cecm_report_low_res.pdf)
- 54 NCD and UNICEF (2023) *The Inshuti z'Umuryango: The volunteers helping keep children safe in Rwanda. Results brief*. Retrieved from: [https://bettercarenetwork.org/sites/default/files/2023-04/result\\_brief.pdf](https://bettercarenetwork.org/sites/default/files/2023-04/result_brief.pdf)
- 55 CPWG 2014.
- 56 4 Children 2017.
- 57 GSWA 2014; CPWG 2014.
- 58 4 Children (2019) *Case conferencing: An innovative approach to addressing complex needs of vulnerable children*. [case conferencing an innovative approach.pdf \(crs.org\)](#)
- 59 Ministry of Labour and Social Protection (2018) *Guidelines on child protection case management and referral in Kenya*, 2018.
- 60 Davis, R.T. and Simmel, C. (2014) *Case management toolkit: A user's guide for strengthening case management service in child welfare*. <http://www.iss-usa.org/uploads/File/Case%20Management%20Toolkit.pdf>
- 61 CPWG 2014
- 62 CPWG 2014.
- 63 Ministry of Gender, Labour, and Social Development (2019) *Case management for separated children in Uganda: Standard operating procedures and tools*. Kampala, MGLSD.
- 64 Alliance for Child Protection in Humanitarian Action 2014.
- 65 The assessment should follow the four stages outlined in the inter-agency guidelines on case management and child protection (CPWG 2014) (see p. 54).
- 66 Ministry of Gender, Labour, and Social Development 2019; Ministry of Community Development and Social Services (2023) *Children in alternative care: A case management guidance note for social welfare officers*. Zambia.
- 67 CPWG 2014.
- 68 CPWG 2014.
- 69 Ministry of Community Development and Social Services 2023.
- 70 CPWG 2014, p. 54.
- 71 Davis and Simmel 2014; CPWG 2014.
- 72 Ministry of Labour and Social Protection (2019) *Guidelines for child protection case management and referral in Kenya, 2019*. [Guidelines on Child Protection Case Management and Referral in Kenya, 2019](#).
- 73 CPWG 2014, p. 59.
- 74 Save the Children 2011.
- 75 Ministry of Community Development and Social Services 2023.
- 76 Sinclair, I., Baker, C., Lee, J. and Gibbs, I. (2007) *The pursuit of permanence: A study of the English childcare system*. London: Jessica Kingsley.
- 77 Schofield, G., Beek, M. and Ward, E. (2012) Part of the family: Planning for permanence in long-term family foster care. *Children and Youth Services Review* 34.1: 244–253
- 78 Cantwell *et al.* 2012.
- 79 Government of Rwanda (2022) *National Child Protection Case Management Framework of Rwanda Rwanda*: Government of Rwanda
- 80 Inter-Agency Group on Children's Reintegration 2016.
- 81 CPWG 2014, p. 59.
- 82 Ministry of Community Development and Social Services 2023.
- 83 Delap, E. (2021) *Caring systems. Maximising synergies between care reform and children protection system strengthening in Eastern and Southern Africa*. Kenya: UNICEF
- 84 UNICEF and CTWWC (2024) *Strengthening families to prevent separation*. Nairobi: UNICEF.
- 85 [National Case Management System for the Welfare and Protection of Children in Zimbabwe 2017](#)
- 86 [https://bettercarenetwork.org/sites/default/files/18OS-34655-Referrals-Mech\\_FINAL.pdf](https://bettercarenetwork.org/sites/default/files/18OS-34655-Referrals-Mech_FINAL.pdf)
- 87 National Child Protection Case Management Framework of Rwanda 2022; [National Case Management System for the Welfare and Protection of Children in Zimbabwe 2017](#)
- 88 Ministry of Gender, Labour and Social Development 2019; National Child Protection Case Management Framework of Rwanda 2022.
- 89 <https://www.unicef.org/rwanda/media/1656/file/2019-Programme-Brief-Building-Social-Workforce.pdf>
- 90 4 Children 2017.
- 91 CPWG 2014; [National Case Management System](#)

[bettercarenetwork.org](http://bettercarenetwork.org))

92 UN 2010.

93 CPWG 2014.

94 Key informant interview with head of alternative care unit, Uganda.

95 Ministry of Gender, Labour and Social Development 2019

96 CPWG 2014, p. 68.

97 CPWG 2014.

98 CPWG 2014.

99 CPWG 2014.

100 CPWG 2014, p. 68.

101 UNICEF (2021) *Caring systems. Maximising synergies between care reform and child protection system strengthening in Eastern and Southern Africa*. <https://www.unicef.org/esa/media/10911/file/Caring-Systems-2021.pdf>

102 UNICEF 2021.

103 Policies, laws, regulations, and standards influence case management, as discussed in [World Vision's paper A Systems Approach to Child Protection](#)

104 The case management process should be built on recognised and agreed upon procedures that are documented (written down) and followed consistently by all stakeholders engaged in the process.

105 Ministry of Labour and Social Protection 2019.

106 Source: [Care reform in Zambia: A virtual study tour](#)

107 Better Care Network and Global Social Service Workforce Alliance (2014) *Working paper on the role of social service workforce development in care reform*. Washington, DC: IntraHealth International. [The Role of Social Service Workforce Strengthening in Care Reforms\\_0.pdf](#)

108 Agencies should actively consider the diversity of their workforces, considering factors such as ethnicity, gender, sexual orientation, and faith.

109 Child Welfare Information Gateway (2022) *Caseload and workload management*. [Caseload and Workload Management \(childwelfare.gov\)](#)

110 [Guidance on Developing Minimum Social Service Workforce Ratios](#).

111 Global Social Service Workforce Alliance 2018.

112 Global Social Service Workforce Alliance 2018.

113 Source: [Care reform in Zambia: A virtual study tour](#)

114 Source: [Care reform in Zambia: A virtual study tour](#)

115 Partnerships for Every Child (2016) *A common assessment form: A guide to assessment and interdisciplinary case management for providing help to children and families at risk or in a difficult situation*. <https://www.socialserviceworkforce.org/resources/common-assessment-form-guide-assessment-and-interdisciplinary-case-management-providing>

116 Gatekeeping encompasses a systematic and recognised process that serves multiple purposes. Firstly, it is utilised to assess whether a child requires placement in an alternative care setting or if they can be supported within their family. Secondly, if necessary, gatekeeping involves referring the child and their family to appropriate forms of family support and other services to bolster their wellbeing. Lastly, it plays a crucial role in determining, from the available options, which alternative care arrangement best suits the child's unique situation and needs.

117 Maestral, UNICEF 2017.

118 Maestral, UNICEF 2017; Roelen, K., Long, S. and Edström, J. (2012) Pathways to protection – referral mechanisms and case management for vulnerable children in Eastern and Southern Africa: Lessons learned and ways forward. [https://www.ids.ac.uk/download.php?file=files/dmfile/Pathwaystoprotection\\_finalreport\\_Jun12.pdf](https://www.ids.ac.uk/download.php?file=files/dmfile/Pathwaystoprotection_finalreport_Jun12.pdf)

119 Ministry of Community Development and Social Services (2018) Assessment of case management systems for improved access to basic social services for vulnerable children and adolescents in Zambia. Lusaka: MCDSS, Zambia. [Zambia-SEEVCA-research-briefs-2018-case-management.pdf \(unicef.org\)](#)

120 Maestral, UNICEF 2017.

121 Maestral, UNICEF 2017.

122 Delap 2021

123 Delap 2021.

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June 2024

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