MINISTÉRIO DA SOLIDARIEDADE SOCIAL E INCLUSÃO

Direção Nacional de Reinserção Comunitária

Child and Youth Protection Case Management

Standard Operating Procedures

2024

Developed and published with assistance from UNICEF Timor-Leste

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Preface

This document replaces the Case Management Policy and Procedures 2008 and is based on a joint review ofthe policy undertaken from Mayuntil September 2022 through the Case Management Task Force (CMTF). Its members are child protection actors based in governmental and non-governmental institutions. The CMTF is led by MSSI in cooperation with UNICEF with members from The Ministry of Health, Ministry of Education, The Asia Foundation Nabilan Programme, PRADET, Forom Comunição Juventude, Fokupers, AlFeLA, VPU, Casa Vida, ADTL, Alola Foundation and Codiva.

The inter-agency child and youth protection case management standard operating procedures has been prepared as part of the great effort to strengthening the child and youth protection system in Timor-Leste. It is a general statement of action which should be taken in relation to case management in child protection and provides common guidelines based on international standards for its implementation. It is intended to influence and guide the decisions taken by professionals in the social service sector; specifically, those working with children and families.

The policy is based on international best practice models and aimsto support a standard national approach to case management which will improve joint working and communication.

The Child and Youth Protection Case Management Standard Operating Procedures are underpinned by the national and international legal framework and sets the standard for interventions as required by the government of Timor-Leste in relation to preventing and responding to child and youth protection concerns in order to ensure their well-being. The SOPs are also aligned with the national legal framework including the Civil Code, Penal Code, Law against Domestic Violence and the newly passed Law on Protection of Children and Youth in Danger (Law No. 6/2023 of 1st of March).

This policy has been approved by the Ministry of Social Solidarity and Inclusion through a Ministerial Dispatch Ref …./…/.

Sra. Veronica das Dores
Ministra da Solidariedade Social e Inclusão
Maio 2024

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Abbreviations

CM	Case Management
CP	Child Protection
CPO	Child Protection Officer
CRC	Convention on the Rights of the Child
CMTF	Case Management Task Force
CPiE	Child Protection in Emergencies
CPMS	Child Protection Minimum Standard
DNAP	The Disability National Action Plan
DNIRC	National Directorate for Inclusion and Community Reinsertion
DV	Domestic Violence
GBV FP	Gender-based violence Focal Point
INDDICA	Institute For the Defense of Children's Rights
IRC	International Rescue Committee
MSSI	Ministério da Solidariedade Social e Inclusão
NAP	National Action Plan
NDICR	Ministry, National Directorate for Inclusion and Community Reinsertion
NGO	Non-Governmental Organisation
OPAC	Optional Protocol on the Involvement of Children in Armed Conflict
OPD	Organisation of People with Disabilities
PCTL	Proteção Civil (Civil Protection)
RDTL	Democratic Republic of Timor-Leste
STI	Sexual Transmitted Infections
SDG	Sustainable Development Goals
SOGIESC	Sexual orientations, gender identities, gender expressions and sex characteristics
UNICEF	United Nations Children's Fund

Background & Introduction

Objectives of the case management standard operating procedures

Case management is a child and youth protection intervention that supports and protects children and youth throughout their life cycle, starting from being an unborn child during the time of pregnancy until the child reaches adulthood.[1]

The Standard Operating Procedures (SOPs) for child and youth protection case management builds part of the efforts to strengthen the child and youth protection system in Timor-Leste. It supports inclusive and effective child and youth protection mechanisms in preventing and responding to child and youth protection concerns and violations. The primary focus of the SOPs is to provide step-by step guidance for the government and child protection (CP) actors to provide effective and appropriate case management in child and youth protection. However, this document contains specific guidelines to be adapted to the use for CP actors in humanitarian settings.

The SOPs were developed based on the SDG and follows international standards. An inter-agency consultative process with government partners and national and international actors working in child and youth protection ensured the SOP's context relevance and culture sensitivity.

The SOPs contain international minimum procedural standards within the case management process based on key reference documents:

- Minimum Standard for Child Protection in Humanitarian Action (CPMS), (The Alliance for Child Protection in Humanitarian Action, 2019)
- Inter-agency Guidelines for Case management and Child Protection, (CPWG, The Child Protection Working Group, 2014)
- Guidelines for Mental Health and Psychosocial Support in Emergency Settings (Inter-agency Standing Committee IASC, 2007)
- The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere, 2018)
- Interagency Minimum Standards for Gender-Based Violence in Emergency Programming, (UNFPA, 2019)
- Caring for Child Survivors of Sexual Abuse, (IRC, 2012)
- Law Against Domestic Violence (2010)
- Law on the Protection of Children and Youth in Danger (2023)

The SOPs describe guiding principles, procedures, roles, and responsibilities in the prevention of and response to child rights violations, abuse, neglect and exploitation of all children and youth in Timor-Leste. The SOPs focus on all children and youth with protection concerns to ensure their safety and well-being. It includes a strategy for addressing cases of violence against children (VAC) and ensures quality, consistency, coordination in services and adherence to internationally agreed upon standards on case management.

[1] UNICEF Child Protection Strategy (2021-2030): 45

Objecives

- To establish a national standard that ensures all children and youth, regardless of their gender, nationality, sexual-orientation, religion, disability, to have adequate access to child and youth protection services and are protected from violence (including sexual and gender-based violence), abuse, neglect and exploitation at home and in the community, and ensures that affected children and youth are receiving appropriate support through the case management process.
- To set comprehensive standards that support child protection caseworkers to provide targeted support to children and youth at greatest risk of child protection violations. This includes child and youth survivors of sexual violence, children and youth in Alternative Care, children and youth in conflict with the law, children and youth with disabilities, children and youth with psychosocial distress and mental health conditions.
- To structure and strengthen coordination mechanisms at national, regional, municipal and community levels, and set agreed roles and responsibilities for all organizations and individuals that are involved.
- To provide a common strategy for addressing cases of children and youth who are harmed or who are at risk of harm and adhering to the guiding principles and protocols in ensuring quality, consistency and coordinated services.
- To create national mechanisms that enhance child and youth protection data collection, and upgrade its quality and security, to promote the principles of confidentiality, informed consent and best practices by child protection caseworkers.
- To promote the role of communities in responding to protect children and youth and supporting national structures in identifying, referring, and responding to the needs of the children and youth.
- To strengthen partnership with people with disabilities and Organisations of People with Disabilities to better protect the needs of children with disabilities./
- To ensure that child and youth protection case management, prevention and access to support and specialised services is prioritised in all emergency preparedness and response plans and processes.

The SOPs are a living document that should be revised and updated at least every three years.

Structure of the SOPs

There are **five main sections** to the SOPs:

SECTION 1: DEFINITIONS AND GUIDING PRINCIPLES FOR CASE MANAGEMENT IN CHILD AND YOUTH PROTECTION
This section explores the meaning and definition of the general terms being used in case management concepts and the principles that should inform and underpin case management practice.

SECTION 2: ROLES AND RESPONSIBILITIES
This section describes the different roles and responsibilities in child and youth protection of the government line ministries and the relationship with other sectors. Furthermore, the section defines the role and responsibilities of the caseworker and their supervisors.
Another important actor to ensure child protection is the community and community-based child and youth protection mechanisms and referral pathways and mechanisms to ensure good coordination and service provision for the needs of all children and youth.

SECTION 3: CASE MANAGEMENT PROCESS
This section examines in greater detail the different steps that form part of the case management

process, and the key elements to be considered. It is aimed primarily at frontline caseworkers and their supervisors; those who work daily with children and their families. This section can also be useful to managers and advisors who have responsibility for either establishing or implementing case management responses and supervising caseworkers.
Furthermore, this section defines the CM Process for assisting child and youth survivors of (sexual) violence and alternative care in case of domestic violence.

SECTION 4: INFORMATION MANAGEMENT SYSTEM
Section 4 examines the importance of information management in case management. It describes guidelines on how to document and keep record of the collected and protected data in order to deliver a high-quality and confidential case management service.

In addition, the Reference Section at the end of the SOP contains a comprehensive list of references and other useful materials.

Furthermore, you can find different boxes along this document:

In humanitarian setting/Emergency-BOX: (throughout the SOPs)
The red boxes provide additional information and considerations in case of an emergency or humanitarian setting.

FORM-BOX: (in SECTION 3)
The form box contains all forms that are required to be filled out as tools in the CM process. Complete forms can be found in the Appendices.

Who should use the SOPs?

The SOPs are intended for all child and youth protection actors, particularly those who offer child and youth protection case management services, offer any other child and youth protection services, or work directly with children, youth families and communities. This includes community groups, non-governmental organisations, government institutions, policy makers, international organisations, and donors.

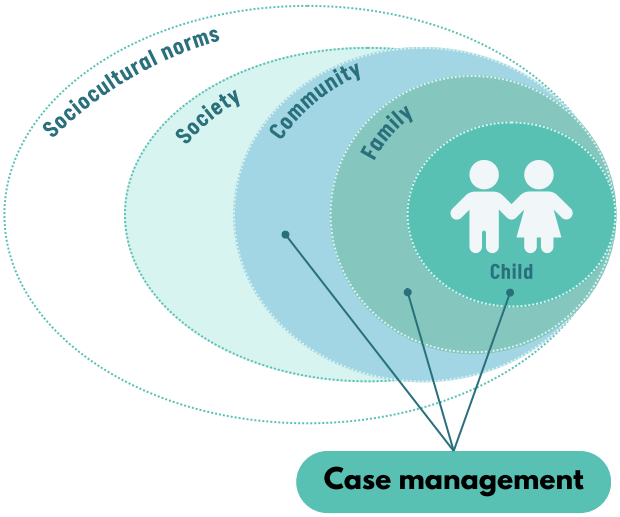
What is case management?

Case management (CM) is an approach for addressing the needs of an individual child and their family. The child and their family are supported by a caseworker in a systematic and timely manner through direct support and referrals. CM provides individualised, coordinated, holistic, multisectoral support for complex and often connected child protection concerns.[2]

[2] CPMS(2019):164

Case management within the socio-ecological model

Case management systems are an essential part of the child protection response. Case management is implemented at three levels of the social ecological model: child, family and community.



The views and decisions of the child and their family should direct the case management process. The best interests of the child are a primary consideration. Support to children should be adapted to their personal situation, characteristics and specific needs, strengths and risks (including their gender, age, developmental stage, functional impairments, language and cultural identity).[3]

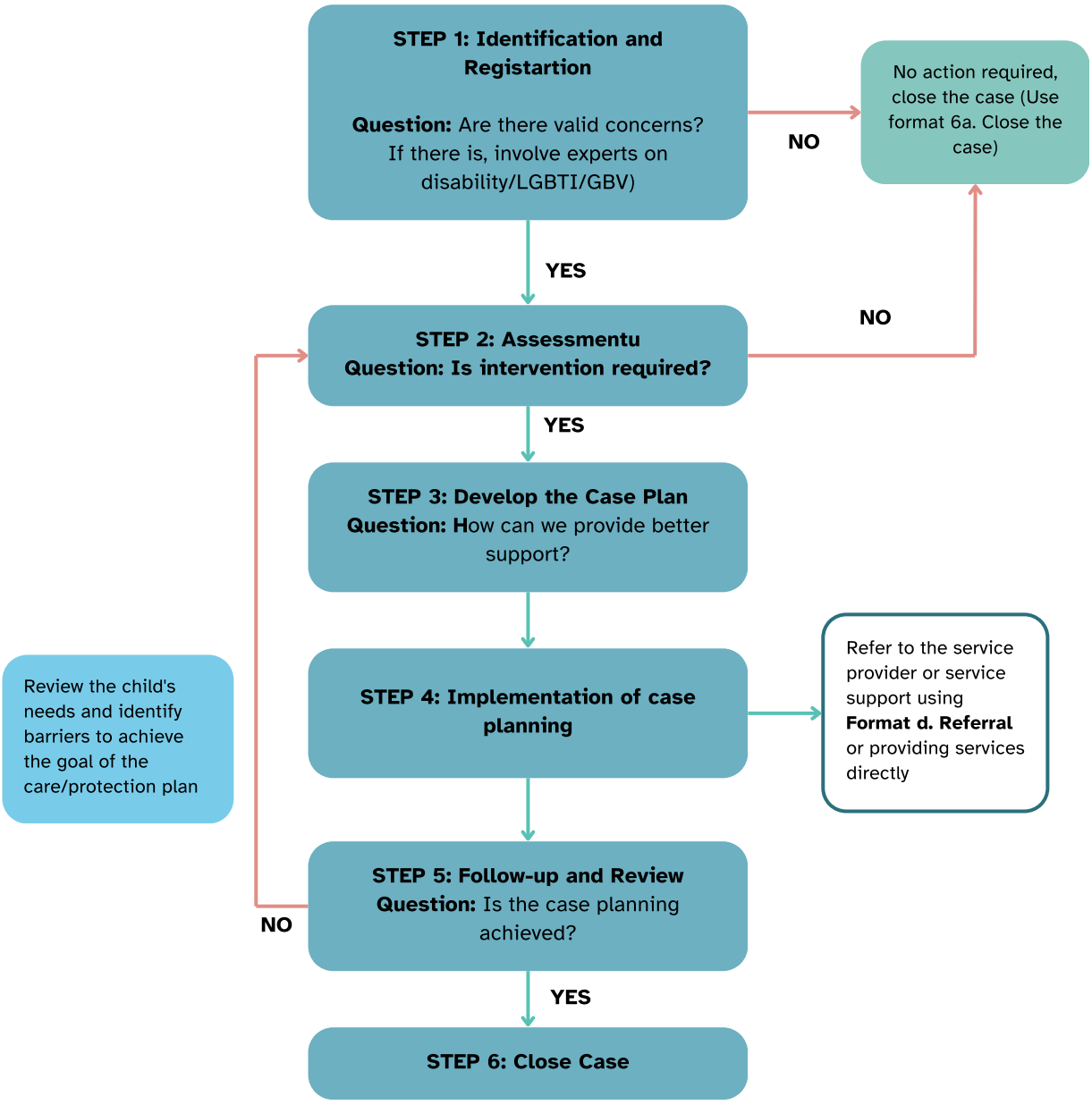
Case management should be…

1. Focused on the needs of an individual child and their family, ensuring that concerns are addressed systematically in consideration of the best interests of the child and building upon the child and family's natural resilience;
2. Necessary and adequate to the situation of need for protection in which the children find themselves at the moment the decision for an intervention is taken and can only take place as long as it is necessary for the protection of the child or youth[4];
3. Provided in accordance with the established[4] case management process, with each case through a series of steps (as shown below) involving children's meaningful participation and family empowerment throughout;
4. Involved in the coordination of services and supports within an interlinked referral system;
5. Integrated into systems for ensuring the accountability of case management agencies;
6. Provided continuously by one caseworker who is responsible for ensuring that decisions are taken in best interests of the child, the case is managed in accordance with the established process, and who takes responsibility for coordinating the actions of all actors.[5]

[3] CPMS (2019): 196
[4] Law N°6/2023, art. 6°(Law on the Protection of Children and Youth in Danger)
[5] CPWG (2014): 14

GENERAL STEPS OF CASE MANAGEMENT PROCESS

For detailed information, please go to section 3.



This diagram summarizes the steps in case management. The steps outlined here provide general information as guidelines and examples only. It must be used in conjunction with detailed guidance from the SOP.

National and international legal & policy framework

This section is a brief overview of the existing (national and international) legal and policy framework related to child and youth protection and case management in child and youth protection in Timor-Leste.

Key laws and relevant provisions	
Law	**Content**
Law N°6/2023, Law on the Protection of Children and Youth in Danger	The child protection law is a milestone in protecting children in Timor-Leste by providing a solid legal framework. It was approved in March 2023The object of the child protection law is to promote the rights and protection of children and young people in danger, in order to guarantee their well-being and integral development (art.1). Amongst others it provides clear definitions regarding child protection (art.4), defines the main orienting principles of child protection (art.6), provides modalities of intervention by competent entities (Chapter II) and protection measures available to address the needs of children and youth in danger (Chapter III).
National Action Plan for Children (2016-2020)	The NAP for Children (2016-2020) is a road map outlining how to progressively build an enabling environment that respects, protects and fulfills the rights of all boys and girls in the country particularly of children living in a disadvantaged situation. Case management Policy and Standard Operating Procedures is one of the action points for the strategy of the Ministry amongst others to respond to SEA, to ensure adequate safeguards and clear criteria based on the best interest of the child in the process of alternative care and to establish monitoring mechanism to improving accountability, transparency and prevention of violations of the rights of the child.
Law N° 7/2010, Law against Domestic Violence	• The law acknowledges that families have, first and foremost, a special duty to protect and defend groups that are particularly vulnerable, such as women, children, the elderly and the disabled, against all forms of violence, exploitation, discrimination, abandonment, oppression, sexual abuse and other forms of ill-treatment. • All citizens have to prevent acts of domestic violence and to facilitate assistance to the victims of such violence. • The State has a role to play in coordinating with public and private entities and community leaders for the implementation of policies aimed at preventing domestic violence and the support to its victims. • A crime of domestic violence is considered as a **public crime**
Law N°29/2017 ***Regulamento de Disciplina do Pessoal Docente e Nao Docente dos Establecimentos Escolares***	Education Law presents a great effort in including child protection into the education sector. It includes the collaboration and referral to CPO in order to offer case management interventions.

The Penal Code	• Criminalizes several violations of children's rights (e.g., sexual abuse (art. 177°, "abuso sexual de menor"), sexual acts with adolescents (art.178° , "Actos sexuais com adolescentes"), child prostitution (art. 175°, "Prostitucão infantil"), child pornography (art. 176°, "Pornografía infantil"), trafficking of children (art. 163°, Tráfico de pessoas), the involvement of children in armed conflict, OPAC));
	• Children in conflict with the law:
	• Sets the minimum age of criminal responsibility at 16 years of age, art. 20°;
	  ◦ Sets the minimum age of consent to criminal acts at 16, art. 47°.
	  ◦ Sets the effective age of consent for sexual activities for children under the age of 14, while recognising a level of recognition to the vulnerability of minors aged 14 to 16 for sexual acts (art. 177° & art. 178°).
	• **Criminalises failure to report a public crime where a funcionario publico is aware of such crimes and has an obligation to report it (art. 286), linked with art. 211, Penal Procedure Code.**

Civil Code	• Sets the minimum age for marriage at 16 years (art.1490°, 1500°). • Sets the minimum age at 16 for legal autonomy (e.g., marriage, adoption, sign official documents), art 128°, "Emansipasaun".
Law N.° 4 /2012, Labour Code	**Birth registration:** Art. 1 Objective and mandatory registration Art. 206: Mandatory transmission: Registration by the government needs to be provided free of charge and is mandatory to register all citizens (including all children)
Constitution of the Democratic Republic of Timor-Leste (RDTL)	Estabelese idade minimu ba servisu iha tinan 15 (art.68). Labarik entre idade 13-15 bele performa iha servisu kma'an (art 69). Estabelese proibisaun ba servisu perigu, art.67, no kondisaun minimu ba servisu.
Konstituisaun República Demokrátika Timor-Leste (RDTL)	**Art. 9 (Reception of international law):** The Timorese legal order shall adopt the General or international principles of law as long as there is no law established yet: This includes: International Convention on the Rights of the Child, International Covenant on Economic, Social and Cultural Rights and the International Labour Organization's Worst Forms of Child Labour Convention 182 and the Protocol to Prevent, Supress and Punish Trafficking in Persons Especially Women, and Children, Supplementing the United Nations Convention against Transnational Organized Crime, (Palermo Protocol). **All norms that are contrary to provisions of international conventions are invalid.**

	Art. 16 (Universality and Equality) *All citizens are equal before the law, shall exercise the same rights and shall be subject to the same duties.* *No one shall be discriminated against on grounds of colour, race, marital status, gender, ethnical origin, language, social or economic status, political or ideological convictions, religion, education and physical or mental condition.*
	Art. 18 (Child Protection), N° 1: *Children shall be entitled to special protection by the family, the community and the State, particularly against all forms of abandonment, discrimination, violence, oppression, sexual abuse and exploitation.*
	Art. 21 (Disabled Citizen) *A disabled citizen shall enjoy the same rights and shall be subject to the same duties as all other citizens, except for the rights and duties which he or she is unable to exercise or fulfil due to his or her disability.* *The State shall promote the protection of disabled citizens as may be practicable and in accordance with the law.*
UN Convention on the Rights of the Child	The Convention on the Rights of the Child (CRC), ratified by Timor-Leste in 2003, is an international human rights treaty which sets out the civil, political, economic, social, health and cultural rights of children.
	Art. 3: In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, **the best interests of the child** shall be a primary consideration.
	Art. 19: *State Parties shall take all appropriate…measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse while in the care of legal guardian(s) or any other person who has the care of the child.*
Organic Law of the Ministry of Social Solidarity	**No. 9. 15 May 2019:** Sets the mandate for DNIRC to 'develop and implement policy and programmes in defence of the rights of children' (Article 11, Section 2(a).)
Disability National Action Plan (DNAP) (2021-2030)	**The National Action Plan for People with Disabilities (DNAP) is the second phase (2021-2030) and exists as the government's national commitment to implementing the National Policy on the Inclusion and Promotion of the Rights of People with Disabilities.**

Key policies, regulations and guidelines by Ministry of Social Solidarity and Inclusion	
Policy	**Content**
Case Management in Child Protection Policy and Procedures (2008)	• It sets out the government's values and principles for ensuring the well-being and safety of children and articulates the CM procedures to be followed once a child has been identified as at risk, or already suffering abuse, neglect or exploitation. • Defines responsibilities and expectations of all those with responsibilities for protecting children. • CPOs are required to follow these standard procedures.
Policy and Procedures for Child Care Centres and Boarding Houses (2008)	Sets minimum standards and responsibility for institutional care
Standard Operating Procedure in terms of management and coordination to assist victims of domestic violence, sexual violence and other forms of violence against women and children (2017)	SOP includes a referral network for cases of domestic violence and GBV and guides the roles and responsibilities of different stakeholders in the process.
National Policy for Inclusion and Promotion of the Rights of People with Disability (2012)	• To guide the improvement of existing basic services to be more inclusive of the needs of people with disabilities. • Strengthen the coordination, collaboration and communication mechanisms for implementation and monitoring of the NAP between line ministries and civil society, development partners for the implementation of government priorities in the NAP. • Promote national and local leadership for the implementation of inclusive development in all sectors with a multi-sectoral approach.
Child And Family Welfare Policy (2021)	The Policy guides the development of a child and family welfare system that: • Provides a positive foundation to support strong and healthy families and communities. • Outlines arrangements for child welfare and specific responsibilities of the State in this regard. • Is congruent with positive traditional beliefs and values while aspiring to the fulfilment of rights in accordance with international commitments. • Is realistic and sustainable in the medium and longer term

Case management in child protection in emergencies

Emergencies are humanitarian crises that can frequently overwhelm the resources and capacity of affected communities and societies to cope, and therefore require urgent action. Emergencies tend to fall into one of two categories:

- sudden or rapid onset emergencies (e.g., flooding, earthquake)
- chronic emergencies that develop gradually but may continue for years (e.g., civil conflict)
- public health emergencies (e.g., pandemics such as COVID-19)

Why children are more vulnerable and at-risk during emergencies?

- Children depend on adults and have the need for being taken care of;
- Children face risks of being displaced, separated from their family and community, losing a parent or a loved one, and losing their home and possessions;
- During an emergency there is a lack of safety and security, and children rely on humanitarian assistance, which makes them become more exposed to violence, exploitation, abuse and other injustices, which can cause psychosocial distress or mental disorders;
- Weakened child protection services, including security, justice, and social services can result in an environment rife with violations against children.
- Children with disabilities are at higher risk of rights violations, because they are subject to stigma and discrimination and may have less access to coping mechanisms.[6]

In humanitarian setting/ Emergency it is important

- To screen for the most vulnerable and at-risk children to ensure their safety,
- To focus on basics and to keep it simple,
- To ensure timely response based on inter-agency coordination and agreements,
- To ensure you act based on the CM principles and follow the general CM steps, always keeping the best interest of the child in mind!
- To coordinate and collaborate with emergency response services, national and local emergency response structures

Since becoming an independent nation, Timor-Leste has experienced different emergencies, amongst others the civil unrest in 2006, the big easter floods in April 2020 and the COVID-19 pandemic.

The GoTL and within the MSSI has the primary responsibility of ensuring that children are protected at all times, especially during emergencies. Local aid organizations, international organizations, communities, families and parents all share the responsibility of caring for and protecting the child while the primary obligation lies with local authorities, which bear the responsibility of making sure that services and assistance for children's safety and well-being are available.

CPiE is an area of critical concern for many reasons. Children are a vulnerable group. Their dependence on adults and their need for care make them even more vulnerable. In emergencies, so many factors increase a child's vulnerability. Displacement, separation from family and community, losing a parent or a loved one, and losing home and possessions are all factors that can endanger a child's life. The lack of safety and security, and reliance on humanitarian assistance also means they become exposed to violence, exploitation, abuse and other injustices.

In general, weakened child protection services, including security, justice, and social services in an emergency can result in an environment rife with violations against children. Assisting children

[6] UNICEF (2017): Guidance Including children with disabilities in humanitarian action – Child Protection.

in the context of an emergency has to be done through careful interventions, which address both their immediate needs and protects them from long-term harm.[7]

Effective child protection builds on existing capacities and strengthens preparedness before a crisis occurs. During humanitarian crises, timely interventions support the physical and emotional health, dignity and well-being of children, families, and communities.[8]

Case management is a vital intervention in humanitarian settings and its objective is *that children and families who face child protection concerns in humanitarian settings are identified and have their needs addressed through an individualised case management process, including direct one-on-one support and connections to relevant service providers*[9] and all child protection actors effectively prevent and respond to child protection violations in humanitarian situations.

During an emergency child protection systems and case managements processes can be

- overwhelmed by the rising child protection needs
- can be weakened due to existing support systems and structures that are impacted negatively by the emergency.

In emergencies these SOPs will indicate faster and more efficient procedures and mechanisms for protecting children as indicated in each section.

It is important to take into account informal (e.g., services arising from the community or civil society) and formal systems and include both as part of the interventions that might be offered through the case management process. Caseworkers should implement the case management within the formal system to maintain accountability and consistency.[10]

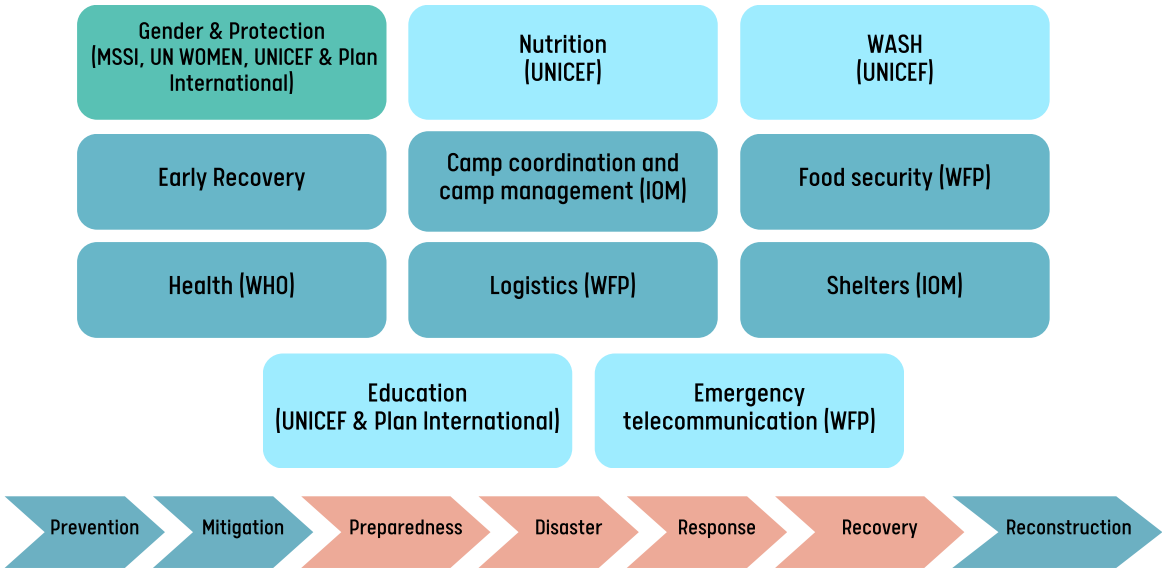
National emergency response based on a cluster approach

CPiE is a multi-sectoral area of work involving many actors. All need to be prepared to act and equipped with the necessary resources that enable them to provide an effective and a well-rounded response. Therefore, coordination is the key to effective Emergency preparedness, planning and response. Authorities, humanitarian agencies, civil society organisations and affected populations should coordinate actions to protect all affected children in a timely, efficient manner.[11]

For effective emergency preparedness, planning and response, the GoTL adapted the IASC cluster approach. It is coordinated by the Ministry of Defense under the Civil Protection.

The cluster approach divides different sectors into cluster and subcluster with an organizational lead to support the government in responding faster to the gaps and needs evolving out of an emergency as the national capacity is unable to meet needs in line with humanitarian principles. Clusters create partnerships among international humanitarian actors, national and local authorities, and civil society.

[7] UNICEF (2015): Child Protection in Emergencies.
[8] CPMS (2019): 19
[9] Alliance (2019): 197
[10] CPWG (2014): 26-27
[11] CPMS (2019): 54

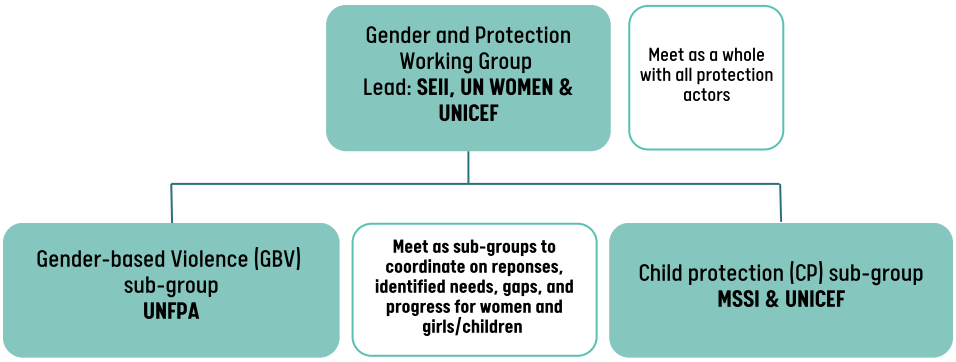


Under the Protection Cluster, led by UN WOMEN and UNICEF, Timor-Leste has adapted a **sub-cluster system for Child Protection and Gender-based violence prevention and response** integrated with the previous existing Gender and Protection Working Group (GPWG).

The GAPWG works to ensure that humanitarian responses recognize and build on existing local capacities. The work of the PCTL will be guided by the principles of gender equality, humanity, neutrality, impartiality, and independence.

The two subgroups within the Protection Working Group are:

- CP Sub- Group (specialized on children under 18 years old), led by UNICEF and MSSI
- GBV- Sub-Group (specialized on women and), led by UNFPA and SEI.



The SOP for Case Management in Child and youth protection includes emergency preparedness, planning and response of the government. MSSI in cooperation with UNICEF developed this SOP based on the Minimum Standards for Child Protection. It is part of the national strategy to strengthen the CPiE in Timor-Leste. Especially during emergencies when governmental structures and services are weakened, Case Management is an important intervention in CPiE as it identifies children and families who face child protection concerns and provides one-on-one support in addressing their needs through individualized case management process. Based on the findings, caseworkers connect children and their families to relevant service providers and mobilize relevant community resources.

For more information about national emergency structures for Child Protection Case Management see Appendix 4.

Section 1: Definitions and guiding principles for case management in child and youth protection

1.1 Concepts and definitions of key terms[12]

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

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

Case worker: The key worker in a case who maintains responsibility for the child and youth's care from identification to case closure.

Labarik: definisaun legál labarik bazeia ba idade

Definition of a Child	17/18[13]
Minimum age for marriage	Tinan 16[14]
Age for compulsory education	Tinan 6-15
Minimum age for employment	Tinan / 13(for light work)[15]
Age for consenting to sexual activity	Tinan 14[16]
Minimum age of criminal responsibility	Tinan 16[17]
Minimum age for voluntary recruitment to military service	Tinan 18

Child at-risk of abuse[18] **:** Refers to a child who is without proper care and supervision and is at-risk of being harmed, ill-treated, abused, exploited, or pushed into criminality. It includes an abandoned child, neglected child, street child, child worker, child beggar, or run-away. It also includes a child whose care givers are unable or unwilling to control the child's harmful or irresponsible behaviour.

[12] Based on CPWG (2014)
[13] 17 years old based on the Civil Code and the Law on the Protection of Children and Youth in Danger. 18 years old based on ratified international conventions CRC, OIT 182 and Palermo Protocol.
[14] Civil Code, Art. 1490
[15] Labour Code
[16] Penal Code Art. 177 on sexual abuse of a minor
[17] Penal Code, Art. 20
[18] Law N°6/2023 , Law on Protection of Children and Youth in Danger, art°4.2

Child or youth in danger:

A child or youth who is in any of the following situations is considered a child or youth in danger:

a. Is abandoned or lives on their own;
b. Is the victim, direct or indirect, of physical or psychological abuse, sexual abuse, child pornography, domestic violence or any other crime defined in the criminal law;
c. Is neglected for gravely or repeatedly not receiving nutrition, health, education, hygiene, supervision or affection adequate to their age and personal situation;
d. Is forced into activities or work that is excessive or inappropriate to their age, dignity and personal situation or prejudicial to their education and development;
e. Is subjected, directly or indirectly, to behaviours that seriously affect their security, emotional balance, wellbeing or development;
f. Takes on behaviours or indulges in activities or consumption that seriously affects their health, safety, training, education or development with out their parent, legal representative or guardian prohibiting in a way to remove that situation;
g. Any other situation in which their life, physical or physhic integrity, safety, health, training, education or development of the child or youth are at stake.[18]

Child abuse[19]:

All forms of physical or emotional harm, sexual abuse, neglect, negligent treatment or exploitation of a child, whether habitual or not, and whether or not committed by the child's parents, guardians or strangers. Child abuse is a criminal offence. Child abuse includes:

- **Physical Abuse[20]:** Physical abuse describes any act, single or repeated, which produces physical injury or harm to a child. It includes burning, hitting, punching, shaking, kicking and beating.
- **Psychological Abuse[21]:** Psychological abuse describes any act that causes serious behavioural, emotional or mental disorder. It includes verbal abuse, mental abuse and psychological maltreatment.
- **Sexual Abuse[22]:** Sexual abuse describes any sexual act with a child under the age of consent, whether male or female, or if over the age of consent that constrains any person to witness, engage, or take part in an undesired sexual relation. Sexual abuse includes acts of sexual violence (including rape), molestation, incest, and sexual exploitation.
- **Neglect[23]:** Neglect describes where the child's basic needs have been deliberately unattended or inadequately attended, physically or emotionally, by his/her parents or guardian, where the parents/guardian have the capacity and means to provide such needs.
- **Abandonment**: Abandonment refers to the abandonment or intentional leaving of a child by his/her parents or guardian without providing for the child's care, supervision and support.[24]
- **Sexual Exploitation:** Sexual exploitation happens when a second party benefits from sexual activity involving a child, whether male or female, through money, profit, or any other consideration, including through child trafficking.

[18] Law N°6/2023 , Law on Protection of Children and Youth in Danger, art°4.2
[19] Child abuse is typified in the Penal Code in Art. 155°- Abuse of a minor
[20] Physical violence, understood to be any conduct that causes bodily harm or harms a person's health. Law. No. 7/2010 Law on Domestic Violence, Art. 2. Penal Code in Articles 145- 155 are physical violence crimes.
[21] The Law No. 7/2010 Law on Domestic Violence, Article 2 defines Psychological violence as: understood to be any conduct that causes emotional harm and reduces self-esteem, aimed at degrading or controlling the actions, behaviour, beliefs and decisions of another person through threats, coercion, humiliation, manipulation, isolation, constant surveillance, systematic persecution, insults, blackmail, ridiculing, exploitation, restrictions to the right to move freely or by any other means that cause harm to the psychological wellbeing and to self-determination.
[22] Sexual violence is typified in the Penal Code in Articles 171 – Sexual coercion, 172- Rape, 174- Sexual exploitation of another, 175- Child prostitution, 176- Child pornography, 177-Sexual abuse of a minor, 178-Sexual acts with adolescents, 179- Sexual abuse with a person incapable of resisting, 180- Sexual fraud, and 181 Sexual exhibitionism.
[23] Neglect is typified in the Penal Code in Article 148 ("Ofensas a integridade física negligentes").
[24] Abandonment is typified in the Penal Code in Article 143 (Exposição ou abandono).

Primary caregiver:

Primary caregiver describes the relationship established between the child or youth and the person who has been assuming, on a continuous basis, the essential functions of those exercising parental responsibilities.[25]

Child-centered approach

A child-centered approach means to put the child's individual needs, interests, preferences, choices and wishes in the center of all actions. Additionally, all actions to support the child need to be based on the child's developmental level and individual strengths.

In case management this means to:

- Plan and design all aspects of the case management intervention to meet the individual needs and abilities of every child
- Give all children the same opportunity to access and participate in all parts of the intervention
- Adjust and develop activities towards all children's unique needs
- Include the child, their family and support system in the decision making
- Make the child's voice and preferences a priority
- Reflect and seek feedback from all involved.

Child in conflict with the law:

Anyone under the age of 17 who comes in contact with the justice system as a result of being suspected or accused of committing a crime. Children under 16 years who are perpetrators of criminal acts cannot be held accountable in front of the legal system (art° 20 and 21 of the Penal code). Children over 16 years can be held criminally responsible in the criminal justice system.

Child labor:[26]

The minimum legal age to work is 15 years, although starting from 13 years, children are allowed to do easy work as long as it does not interfere with the compulsory education. A child cannot do unhealthy, dangerous or hazardous work. Therefore, if a child's work does not fulfil the above listed criteria, it is considered as child labor and can have a great and long-lasting negative impact on the child's development.

Child marriage:

Child marriage is a formal or informal union where one or both parties are under the age of 18. All child marriage under the age of 16 is considered forced, as children are not able to give full consent to marriage.

Child protection:

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

Child protection in emergencies:

The prevention of and response to abuse, neglect, exploitation and violence against children in emergency.

Child and youth protection networks:[27]

Child and youth protection networks include representatives from social services, child and youth protection services, municipalities, communities and entities with competence in children and youth working in teams at the Municipal or administrative post level for the prevention, promotion, and protection of children's rights.

Child and youth protection services:[28]

The service under direct administration of the State, central and decentralized, with the responsibility for the protection of children and youth, that functions in the direct dependence of MSSI.

Child and youth protection system:

"Child and youth protection system" includes all public or private entities, collective or individual, which contribute to ensure the well-being, promote the rights of children and youth, prevent any violation of their rights and protect children and youth, always safeguarding his/her best interest.[29]

[25] Law N°6/2023, Law on Protection of Children and Youth in Danger, art°4.1 e), Guarda de facto
[26] Labour Code, Art° 68
[27] Law No6/2023, Law on the Protection of Children and Youth in Danger, Article 4.1 h)
[28] Law No6/2023, Law on the Protection of Children and Youth in Danger, Art. 4.1 i)
[29] Law No6/2023, Law on the Protection of Children and Youth in Danger, Art. 4.1 j)

Child separation
Child Separation describes a child that is separated from their family and usual caregivers.

Children may be separated from their families for their own protection, such as in cases of domestic violence. Children may also be inappropriately separated and placed in temporary alternative care with another family or in an institution (e.g. shelter), due to a perception of family need or sometimes for more illicit reasons. In an institution, the well-being of most children is most at risk with institutional care lacking the necessary stimulus for a child to thrive and if separated for more illicit reasons can be the subject of exploitation and abuse.

Every emergency, whether a natural disaster or armed conflict, may further lead to separation of children from their families and caregivers. Children who are separated from their families and usual caregivers (in emergencies) face a multitude of risks to their health and well-being.

Child trafficking
Child trafficking describes the action or practice of illegally procuring and relocating children, typically for the purpose of forced labour or sexual exploitation.

Children with disabilities
Children with disabilities" means children with physical, mental, psychosocial, intellectual, neurological or other sensory impairments which in interaction with various environmental, behavioural or other barriers may hinder their full and effective participation in society on an equal basis with other children.[30]

Client
The client is the individual who receives the case management services.

Disability inclusion
An approach that aims to address barriers faced by persons with disabilities, support their specific needs and ensure their participation.[31]

Emergency[32]
Serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts that exceeds the ability of the affected community or society to cope using its own resources and therefore requires urgent action.

Entities with competence in children and youth[33]
Public or private collective individuals who provide their activities with children and youth

Family
The concept of family in Timor-Leste is defined by the ‘sacred house’ [uma-lulik], consisting of children, parents, grandparents, uncles, in-laws, cousins and other extended family members. Key principles include reciprocity, obligations and a sense of shared responsibility for common well-being. There is a strong sense of interdependence among individuals, families and community members. Priority is placed on stability, harmony and peace and decisions are made through processes involving dialogue, mediation and reconciliation.

Responsibility for the care of children in Timor-Leste is considered to be a shared responsibility within the family. All female members of the family, including aunts, cousins and in some cases close neighbours can be considered a child’s ‘mother’. The same principle applies to male family members.

The Law Against Domestic Violence in Article 3 provides the following definition of family: “For the purposes of this law, members of a family shall refer to people in the following family relationships:

[30] Law No6/2023, Law on the Protection of Children and Youth in Danger, Article 4.1 c)
[31] UNICEF (2017)
[32] CPMS (2019): 307
[33] Law No6/2023, Law on the Protection of Children and Youth in Danger, Article 4.1 d)

a. Spouses or ex-spouses;
b. Persons who live or have lived under conditions analogous to spouses, even though without cohabitation;
c. Relatives in the ascending and descending line of one or both spouses or of anyone in the situation referred to in the preceding paragraph, as long as they are the same relationship of dependency and part of the household economy;
d. Any other person who is part of the same context of dependency or household economy, including any person who carries out an activity in the household continuously and with a subordinated status." [34]

Impairment

An impairment in body function or structure.

There are four broad categories of impairments:

- **Physical**: Difficulty in the performance of body functions. Walking, moving arms and legs, using hands, etc
- **Sensory**: Difficulty seeing, hearing or communicating. People who are deaf, hard of hearing, blind or have low vision, non-verbal.
- **Mental:** Difficulty with concentration and attention, and memory, maintaining energy, difficulty with mood changes and perceptions, psychosocial distress. It is often associated with mental health conditions such as depression or schizophrenia, but noting that not all people who experience this impairment identify with or have access to a medical diagnosis[35] , and impairments may be long term or episodic. Preferred language for disability associated with this impairment is psychosocial disability.
- **Cognitive**: Difficulty with language, reasoning, memory, learning. Often associated with conditions such as, Down syndrome, brain injuries, dementia.

Gender

"Gender" describes the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys. It differs from sex which is defined most often at birth based on biological anatomy. Non-binary gender identity refers to any gender identity or expression which does not fit the male/female or boy/girl binary.

Gender plays a critical role in how children are treated and how their rights are respected within families and communities. Societies' gender norms influence girls' and boys' different experiences, potential and risks. These 'gendered norms' also affect children with non-binary gender identity or sex characteristics or orientation, such as those who identify as lesbian, gay, bisexual or transgender or who are intersex. Pre-existing gender inequalities tend to increase during a humanitarian crisis. For example, girls face greater risks of child marriage, and boys may be more vulnerable to forced recruitment. Transgender children may be at a greater risk of prejudice, stigma, violence or difficulties accessing humanitarian services. Analyses of children's risks and resilience related to gender should be conducted throughout the CM cycle. Gender also impacts family dynamics and care arrangements for children. Interventions should:

- Be sensitive to the root causes of gender discrimination and inequality;
- Avoid reinforcing or continuing gendered power relations; and
- Support gender equality whenever possible

[34] Law N° 7/2010, Law against Domestic Violence, Art. 3
[35] This functional impairment assessment is not diagnostic but for referral support

LGBTI children

LGBTI stands for lesbian, gay, bisexual, transgender and intersex. It describes a group of young people, including children, who may have a different gender identity as assigned by birth, different sexual orientation as heterosexual, or are intersex, meaning being born with variations on sex characteristics. LGBTI refers to a group of people who share some things in common, and within which there is also diversity. Each group of people within 'LGBTI' has distinct special needs.

Measures of promotion and protection [36]

The measure(s) adopted by the child and youth protection services or the court, in line with the Law for the Protection of Children and Youth in Danger, that promotes the integral well-being and protect the child or youth in danger.

Organisations of people with disabilities (OPDS)

OPDs are organisations that are led by people with disability to represent the views and advocate for the rights of people with disability. In Timor-Leste these organisations include Ra'es Hadomi Timor Oan (RHTO) and Association for the Disabled of Timor Leste (ADTL).

People with lived experience of disabilities, are best placed to understand the specific requirements of children with disabilities. Further they have specific understandings of needs, barriers to access, and referral pathways to services for specific support required such as assistive devices. In addition, they are well positioned to provide peer to peer psychosocial support for the child and their families.

Parents

The Civil Code defines the conditions of establishing a parental relationship with a chid. This comes along with the "Parental" responsibilities, which consists of the essential competence of the parents, in the interest of their children, to watch over their safety and health, provide for their basic needs, direct their education, represent them, even if unborn, and administer their assets.[37]

Promotion and protection agreement [38]

A written agreement between the child and youth protection services and the parents, legal representative or guardian, and also the child or youth over 12 years old, which establishes an individual plan and measures of promotion and protection.

Protective factors

Conditions or attributes in individuals, families, communities, or the larger society that, when present, mitigate or eliminate risk in families and communities that, when present, increase the health and well-being of children and families.[39]

Psychosocial support

Care and support which influences both the individual and the social environment in which people live and ranges from care and support offered by caregivers, family members, friends, neighbours, teachers, health workers, and community members on a daily basis but also extends to care and support offered by specialists.[40]

Refferal

The process of formally requesting services for a child, youth or their family from another agency (e.g. cash assistance, health care, etc.) through an established procedure and/or form; caseworkers maintain overall responsibility for the case regardless of referrals.

Resilience

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

[36] Law N.o 6/2023, Law on the Protection of Children and Youth in Danger, Art. 4.1 f)
[37] Civil Code, Art. 1758
[38] Law N.o 6/2023, Law for the Protection of Children and Youth in Danger, Art. 4.1 a)
[39] Children's Safety Network (2012)
[40] IRC (2009)

Risk
The likelihood that a hazard will happen, its magnitude and its consequences; the probability of external and internal threats (e.g. armed attacks, natural disasters, gender-based violence) occurring in combination with individual vulnerabilities (e.g. poverty, disability, membership of a marginalized group).[41]

Risk assessment
Methodology to determine the nature and extent of risk by taking into account potential hazards and existing conditions of vulnerability that together could harm children and their families. Risk assessments should take into account community capacity to resist or recover from the hazard's impact.[42]

Reunification of child separation
Reunification is the process of ensuring that children return to the care of their parent(s), family or primary caregivers as quickly as possible after an emergency.
Emergencies increase the possibility for children to become separated from their parents or legal guardians. During the evacuation or sheltering process, parents and caregivers may find that they are at work or on the field and their children are in school, playing outside in an unknown place, or other location.
Separation from one's family during or after an emergency can have mental and physical effects on children. The faster children reunite with the people they know and love, the better their outcomes will be.

Secondary victimisation
Secondary victimization, occurs when the survivor of violence suffers further harm not as a direct result of the criminal act, but due to the manner in which institutions and other individuals, including case workers, deal with the survivor. Secondary victimization may be caused by repeated exposure of the survivor to the perpetrator, repeated interrogation about the same facts, the use of inappropriate language or insensitive comments made by all those who come into contact with the survivor.

Sexual and gender-based violence[43]
Any act that is perpetrated against a person's will that is based on gender norms and unequal power relationships. It encompasses threats of violence and coercion. It can be physical, emotional, psychological, or sexual in nature, and can take the form of a denial of resources or access to services. It inflicts harm on women, girls, men and boys.

Social workforce
"Servisu Nain Sosial" representing governmental or non-governmental entities with competence in children's issues, with specialized training in child protection, working as a team, at the municipal level, in the prevention, promotion and protection of children's and young people's rights.

Trauma-informed approach[44]
Trauma-informed services do no harm. They do not re-traumatise or blame survivors for their efforts to manage their traumatic reactions, and they embrace a message of hope and optimism that recovery is possible. In trauma-informed services, trauma survivors are seen as unique individuals who have experienced extremely abnormal situations and have managed as best they could.
Trauma-informed care is based on the understanding that:

- a significant number of people living with mental health conditions have experienced trauma in their lives
- trauma may be a factor for people in distress
- the impact of trauma may be lifelong
- trauma can impact the person, their emotions and relationships with others.

Urgent situation[45]
A situation of actual or imminent danger to life or serious compromise to the child or youth's physical or psychic integrity that requires immediate protection.

[41] CPMS (2019)
[42] Ibid.
[43] CPMS (2019): 314
[44] Blue Knot Foundation (2022): What is trauma-informed Care?
[45] Law No6/2023, Law on the Protection of Children and Youth in Danger, Art. 4.1 k)

Vulnerability

Vulnerability describes physical, psychosocial, social, economic, and environmental factors that increase the susceptibility of children to difficulties and hazards and that put them at risk as a result of loss, damage, insecurity, suffering and death.
Additional factors can be: Disability, mental health difficulties, maltreatment, out-of-home care, in detention, out of school, Parent's health and health behaviours and Violence.[46]

1.2 Guiding principles for case management[47]

Principle 1: DO NO HARM

Do No Harm means ensuring that actions and interventions designed to support the child (and their family) do not expose them to further harm. Caution should also be taken to ensure that no harm comes to children or families as a result of collecting, storing or sharing their information.

What is a "Principle"?
A principle is a truth, a rule, or a belief, that guides our behaviour
(Oxford English Dictionary)

Principle 2: BEST INTEREST OF THE CHILD

The best interests of the child encompass a child's physical and emotional safety (their well-being) as well as their right to positive development. In line with Article 6 of Law on the Protection of Children and Youth in Danger, the best interests of the child should provide the basis for all decisions and actions taken, and for the way in which child protection actors interact with children and their families. This means all decisions concerning the child and young person shall give priority consideration to their best interest, which is assessed in their individual, family and community context, considering the consequences of each decision, whether immediate or long term, and with a view to promoting their well-being and full development.[48]

Principle 3: EQUALITY AND NON-DISCRIMINATION[49]

Equality and non-discrimination – all children and young people have equal rights and cannot be subject to any type of discrimination based on any condition, namely color, race, sex, gender, language, religion, nationality, ethnic origin, sexual orientation, physical or mental condition, social position or economic situation, political or ideological opinion of the child, their relatives or primary caregivers.

Principle 4: SEEK INFORMED CONSENT AND NON OPPOSITION[50]

Informed consent is the voluntary agreement of an individual who has the capacity to give consent, and who exercises free and informed choice. To provide informed consent, the person giving it must be able to understand what they are consenting to. In all circumstances, consent must be sought from all children and their families or caregivers prior to providing any kind of services, including case management intervention. The application of any promotion and protection measures by the child and youth protection services depends on the expressed consent of the parents, legal representative or guardian.

The Law Against Domestic Violence Article 5 stipulates that any intervention to support a victim should take place after consent is given. A child of the **age of 16**, can consent at any time, by him or herself to any specific intervention defined in the DV law. Therefore, any specific intervention defined by the DV law depends only on his/her consent.
A child victim of domestic violence of the **age between 12-16** can only then give consent without a parent or legal representative, if the intervention is needed in a timely manner and the consent of the parent or legal representative cannot be reached, as well as when the parent/legal representative him/herself is the perpetrator if the crime.

[46] OECD (2022): What is child vulnerability and how can it be overcome?
[47] Based on CPWG (2014), CPMS (2019) and Sphere (2018)
[48] Law N°6/2023, art.6°.a (Law on the Protection of Children and Youth in Danger)
[49] Law N°6/2023, art.6°.n (Law on the Protection of Children and Youth in Danger)
[50] Law N°6/2023, art.13, 14, Consent, (Law on the Protection of Childlren and Youth in Danger), Law N°7/2010 LADV, Art°5 & 6

Child victims of domestic violence **under the age of 12**, have the right to express their opinion regarding the intervention, but require a parent or legal representative to give consent for the child.

Non opposition is expressed willingness to participate in services and is sought from children who are by law or nature too young, not mature enough or have an impairment to give informed consent, but who are old and mature enough to understand and agree to participate in services. According to Article 14 of the Law on the Protection of Children and Youth in Danger, non-opposition from a child or youth below 17 is considered relevant based on their ability to understand the nature of the application of the promotion and protection measure. Even very young children (under 5 years old), have the right to participate and efforts should be made to share and explain information in an age-appropriate language inline with participation principles.

To ensure informed consent and non opposition, caseworkers must ensure that children and their families fully understand:

- The services and options available (i.e., the case management process);
- Potential risks and benefits to receiving services;
- Information that will be collected and how it will be used, and confidentiality and its limits, including situations when information would be shared without consent.

Information must be shared in languages and formats appropriate to the child's age and capacity to understand. Caseworkers are responsible for communicating in a child-friendly manner and should encourage the child and their family to ask questions that will help them to make a decision regarding their own situation.

Where consent and non opposition is not given, and where caseworker and other child protection actors are involved, have a legal mandate to take actions to protect a child, the reasons for this should be explained and the participation of children and appropriate family members continually encouraged, (e.g., if sexual abuse of a child occurs, it is mandatory for the civil servants (funcionario publicos), including CPOs to report the incident).

Principle 5: CONFIDENTIALITY[51]

Respecting confidentiality requires child protection actors to protect information (including, documents or images) gathered about clients and to ensure it is accessible only with a client's explicit permission. For agencies and caseworkers involved in case management, it means collecting, keeping, sharing, and storing information on individual cases in a safe way. Workers should not reveal children's names or any identifying information to anyone not directly involved in the care of the child. Importantly, confidentiality is limited when caseworkers identify safety concerns and need to reach out to other service providers for assistance (e.g., health care workers), or where they are required by law to report crimes.

Principle 6: ACCOUNTABILITY

Accountability refers to being held responsible for one's actions and for the results of those actions. Child protection actors involved in case management are accountable to the children they work to protect, the family, and the community. Participatory mechanisms, accessible to children and their caregivers allowing them to provide feedback on the support and services are essential for accountability.

[51] Law N°6/2023, art.6°.c (Law on the Protection of Children and Youth in Danger)

Principle 6: ACCOUNTABILITY

Igualdade no naun-diskriminasaun - labarik no foin-sa'e hotu iha direitu ne'ebé hanesan no labele sujeita ba kualkér tipu diskriminasaun bazeia ba kualkér kondisaun, hanesan kór, rasa, seksu, jéneru, lian, relijiaun, nasionalidade, orientasaun seksuál, kondisaun fíziku ka mentál, pozisaun sosiál ka situasaun ekonómika, opiniaun polítika ka ideolojika labarik nian, sira-nia família ka responsável prinsipál sira.

Accountability refers to being held responsible for one's actions and for the results of those actions. Child protection actors involved in case management are accountable to the children they work to protect, the family, and the community. Participatory mechanisms, accessible to children and their caregivers allowing them to provide feedback on the support and services are essential for accountability.

Principle 7: EMPOWERMENT OF CHILDREN AND THEIR FAMILIES

Instead of focusing on needs and deficits, caseworkers should focus on children's and their family's strengths and abilities (also called strengths-based approach) and how to build their capacity to care for themselves and to find solutions to their own problems. This will build on the resilience and potential growth inherent within each individual. Throughout the case management process (including during assessment, case planning, and reviews), caseworkers should focus on empowering children and their families and community-based support to recognize, prevent, and respond to child protection concerns.

Helping children to participate in decision-making is an important part of the recovery process that builds their sense of control over their lives and helps them to develop natural resilience.[52]

Principle 8: MEANINGFUL PARTICIPATION

Children have a right to freely express opinions including about their experiences and to participate in decisions that affect their lives[53]. Agencies and caseworkers are responsible for communicating with children their right to participate, including the right not to answer questions that make them uncomfortable, and supporting them to claim this right throughout the case management process.

Meaningful participation for a child with disability ensures that decision making and communication process' are accessible. As such, approaches will need to be adapted for children with hearing impairments, children with physical impairments, children with visual impairments, children with intellectual impairments, and children with communication impairments.

Children's participation helps to prevent a caseworker from coming to a decision that is in their best interests but against their wishes (e.g., removing them from an abusive home), and caseworkers should explain such decisions with care and empathy to the child involved. Involving children, and their families, in planning and decision-making regarding their own care is critical to ensure services provided are appropriate and effective; furthermore, it contributes to children's natural resilience and their ability to be agents for their own protection.

Caseworkers have a role to play in encouraging children to voice their concerns and in reassuring them about their ability to take decisions. Particularly in contexts where it may be not safe for children to speak out publicly, caseworkers have a responsibility to create a safe and confidential space for children to participate in their own case. Case workers should provide appropriate support to the children living with disabilities and facilitate to their meaningful participation.

[52] Resilience is the ability to survive and even thrive under abnormal or difficult decisions.
[53] Law no. 6/2023. Law on the Protection of Children and Youth in Danger. Art. 6.k

Principle 9: MAINTAIN PROFESSIONAL BOUNDARIES & ADDRESSING CONFLICTS OF INTEREST

Caseworkers and agencies should not abuse the power or the trust of the child or their family. Caseworkers must not ask for or accept favors, payments or gifts in exchange for services or support. Personal and professional limitations and boundaries must be recognised and respected. Steps should be taken to address conflicts of interest where these arise in a way that the child is not negatively affected. For example a caseworker who is related to a client should have a colleague conduct the case management.

Principle 10: COORDINATION AND COLLABORATION

Caseworkers should not work in isolation. Proactive collaboration with families, other service providers, Organizations of people with disability (OPDs), community leaders and volunteers, as well as governmental departments, and members of other disciplines and organizations is integral to the success of a case management process. Caseworkers need to follow agreed protocols on information sharing and referrals and ensure confidentiality and the best interests of the child.

Section 2: Roles and responsibilities

2.1 Roles of the government line ministries

Ministry of Social Solidarity and Inclusion (MSSI)

MSSI has designated responsibility for the social and child welfare and protection of all Timorese people and is the GoTL's main body responsible for the design, implementation, coordination, and assessment of the policies in the areas of social assistance, social security and community reinsertion. MSSI is primarily responsible for the management and coordination of the child protection system.[54]

The current structure of the MSSI has been defined with the Decree-Law No. 9/2019 on Organisational Structure of the Ministry of Social Solidarity and Inclusion. Within this Ministry, National Directorate for Inclusion and Community Reinsertion (NDIRC) has been established to promote and provide for the well-being of Timorese families, including ensuring the protection of women and children.

This directorate is considered as the primary child and family welfare agency in Timor-Leste. The NDRC is tasked with the development and implementation of a range of programmes, including policies and programmes for people in vulnerable circumstances, programmes promoting and protecting women's rights (in coordination with the Office of the Secretary of State for Equality), disability inclusion (DNAP) and those aimed at promoting and protecting the rights of the child.

NDRC has the responsibility to ensure that child protection issues related to children with disabilities have been included in the planning of response and strategic processes, i.e., identify how a crisis impacts children with disabilities differently and describe the specific barriers and risks they face. The Directorate also has a responsibility to reintegrate inmates, including any children and youth in detention, into society (in coordination with the Ministry of Justice and other relevant entities in this area). It is divided in three departments, one focusing on protection of children, another on women and third on elderly. **The Child Protection Unit of the NDRC under the Ministry of Social Solidarity is the primary government agency with responsibility for child protection,**[55] **implemented by the child and youth protection services.**

In humanitarian setting/Emergency

MSSI has the responsibility and role of emergency preparedness, planning and response to child protection, prevention of GBV, social assistance and social reintegration. The CP SOPs are part of the emergency preparedness and response policy to ensure that children receive all the necessary humanitarian assistance that is required for their safety and well-being.

The Institute for The Defense of Children's Rights (INDDICA)

The Institute for the Defense of Children's Rights, with a clear mandate to promote and protect children's rights, is a semi-independent institution.

[54] Law No. 6/2023. Law on the Protection of Children and Youth in Danger, Article 8.
[55] MSSI Organic law

INDDICA's practical work is organised around[56] :

a. Advocacy for an improved legal framework for children's rights,
b. Monitoring implementation of rights, particularly NAP on Children and UNCRC
c. Raising awareness on the rights of the children, including at the community level.

Practice:

- Advocacy and technical support for public financing for children relating to child protection systems and services,
- Monitoring children's rights implementation and disagregatted data collection to inform policy.

2.2 relationships between other sectors and child and youth protection[57]

Different sectors, institutions and organisations play an important role in preventing and responding to child and youth protection concerns. In this section are listed the main intersecting sectors from governmental and non-governmental structures. Coordination and collaboration are key to effectively protect children and youth in the country.

IMPORTANT NOTE:
If any institution or organisation suspects or has witnessed a child being harmed, it is crucial to inform and involve the child protection officer/MSSI as they are entities mandated for general case management of child and protection. Furthermore, this is important in order to have well.

Education	Health
• Schools can and should be a safe and protective space for children, particularly in emergencies; • Education systems should address bullying and all forms of violence (including GBV) in schools and communities, • Children in school can learn about threats and protective factors, e.g. gender-based violence, sexual violence, comprehensive sexuality education and child marriage; protective factors, such as positive disciplining, age adequate learning methods, everyday activities to foster child development and life skills. • Schools can act as identification and referral points for specialist child protection services; • Schools should ensure the safety of students as they travel to and from schools; • Schools need to ensure the right to education for all children, including access that is inclusive of all. • Ministry of education needs to protect and support child survivors of violence and early child pregnancy to continuing the access and right of education based on the child's needs.	• Violence-related public health research, • Violence prevention and case detection, particularly through community health workers; • Establishing and supporting proper documentation and Protocols of attendance and CP and GBV referral pathways and ensuring that staff, including health workers, are trained in how to make a safe and confidential referral to support services; • Access to mental health and psychosocial support services, including GBV case management, that is gender and age appropriate; • Ensure that all girls and boys, including children with disabilities, have access to health and medical care including ensuring access to assistive devices which children with disabilities may have lost during an emergency; • Immediate access to trauma-informed clinical management of rape services for survivors of sexual violence, PEP kits, and sexual and reproductive health services; • Timely and accurate vital registration (birth registration, marriage, and death) • Behavioural and regulatory issues relating to safety for children and adolescents, including road safety

[56] NCAP 2016-2020
[57] UNICEF child protection strategy (2021-2030): 29 & child protection Systems Strengthening (2021):12

Nutrition	Water, sanitation and hygiene (WASH) [58]
• Preventing child marriage and adolescent pregnancies can make major contributions to nutritional outcomes for girls who are yet to complete their physical growth, and who would additionally be at risk of maternal mortality, pregnancy complications and low birthweight; • Unethical marketing of food and beverage products is both a nutritional issue and a child protection issue; • Monitoring of household resource scarcity and any resulting conflicts at the family and community levels to then be referred to child protection actors • Ensuring availability of special dietary requirements for children with special health needs In emergency: • Providing privacy for breastfeeding mothers and help decrease the risk of harassment or violence against women; • Safe access for women and children to food supplies.	• Adapting WASH facilities so that they are accessible, safe and child-friendly and that minimize potential risk to all children (e.g. ; ability to close toilette from inside, accessible location with ramps and space for a wheelchair, good lighting) • Implementing adequate and safe menstrual hygiene management interventions for girls; • Ensure that girls, boys, women, and men, including older people and those with disabilities have access to appropriate and safe WASH services, including in emergency; • Plan and advocate for GBV and CP risk mitigation into WASH Cluster/Sector objectives, including in the humanitarian response plan; • Deliver safe and appropriate WASH practices that are adapted to the needs of children.
Shelter	**POLICE/Vulnerable Person Unit (VPU)**
• Provide temporary locally appropriate safety options, including accommodation for children at risk, including GBV (child) survivors and their children; • Provide children with the skills and confidence to feel safe • Provide a network of safe places for children within the community • Provide ongoing support to children and their family who are experiencing, or are at risk of experiencing significant harm	• The National Police of Timor-Leste (PNTL) serves to safeguard the rights of citizens (including all children and youth) under the terms of the constitution (RDTL) and laws. • The Vulnerable Person Unit (VPU) responds, refers, and investigates cases of domestic violence, including child protection, gender-based violence, sexual abuse and exploitation, missing persons and human trafficking in coordination with health facilities and survivor support services.[59] • Support children and family to report cases of violence and get legal support (help families to register a case at the Public Ministry)[60]
Justice	
• Disability inclusive access to legal and justice services and other support including economic, livelihood and education services or all children in contact with the law;	

[58]UNICEF (2022): Briefing Note Mitigating Risks Of Gender-Based Violence In Emergencies Through Wash
[59] Law N°6/2023, art.9° (Law on the Protection of Children and Youth in Danger)
[60] Law N° 7/2010, art. 24° (Law against domestic violence)

- Ensuring appropriate, child-friendly, child-centred and disability inclusive procedures for investigations, prosecutions for child victims, witnesses, children in conflict with the law and in administrative proceedings, and access to effective remedies and reparation in case of domestic violence (including child protection and GBV);
- Making sure that law enforcement and justice actors, as well as the relevant laws and frameworks, protect and respect the rights of all children. This includes addressing harmful attitudes and practices by members of the judiciary that undermine laws and procedures. Community awareness about the rights of children and options for pursuing legal redress is also crucial (including for GBV child survivors);
- Support through birth registration process to get “Sertidaõ RDTL” (Art. 3 RDTL, Art. 206 Civil Registry Code)

2.3 Child and youth protection under other ministries

Ministry of Interior [61]
• Under the Ministry of Interior, the National Directorate for Community Conflict Prevention designs policies and programmes within its Department of Conflict Prevention with roles in the study and identification and prevention of community conflict in collaboration with Community Police; Department of Conflict Resolution include conflict mediation and civic and gender education. • Has a role in the prevention and identification of conflicts including those involving children, children in conflict with the law, and mediation of protection when needed with the involvement of Child Protection Officer.
Ministry of Justice
• Public defenders have responsibilities in the judicial system to provide services to defend the rights of all children; • Law on trafficking foresees appointment of a guardian for unaccompanied child or in case of conflict of child’s interest with those of a parent. • Child sensitive justice delivered to all children in contact with the law whether as victims, witnesses, in conflict with the law or in administrative proceedings. • Birth registration
Ministry of Health
• The Ministry of Health, through its network of health facilities, provides clinical services, such as care for injuries and medical care, with limited referral services to survivors of GBV and provide identification of children with disabilities and referral. • A range of individuals based in the communities have the potential to strengthen the outreach and prevention and to support the identification and monitoring of vulnerable groups or children in need of protection (community health outreach staff, health promotors, home visits).
Ministry of Education
Education Law (2008): Jornal da Republica no 29/2017, de 12 de Julho presents a great effort in including child protection into the education sector. It includes the collaboration and referral to CPO to offer case management interventions.

[61] Diploma Ministerial N.º 28 /2024 de 9 de Maio Regulamento da Orgânica do Ministério do Interior

Secretary of State For Equality (SEI)
• Each municipality has a Women's Associations Challenge which includes Government and CSOs and is supported by SEI. Members of the Associations have been acting, in some municipalities, as a referral points for women in vulnerable positions. • The body has 13 gender focal points distributed across the 13 Municipalities of Timor-Leste to support SEII's institution's advocacy and efforts to support gender mainstream across institutions.

AND OTHERS:

Secretariat Of State For Professional Training And Employment Policy (SEFOPE)
• National Commission Against Child Labour, with the secretariat in SEFOPE , facilitates information sharing on child labour issues among government agencies and serves as the coordinating mechanism for child labour complaints. • Can receive referral for training and employment of youth
State Secretariat for Youth and Sports
• There are five regional youth centres, which provide annual trainings on life skills education (LSE) and civic education for up to 40 participants. LSE also contains the modules on the sexual and reproductive health, although the content and quality of those could not be established. • The coordinators and staff of the regional centres can act as referral points, if sufficiently capacitated, particularly in regard to the violence against children in school.
Civil Protection Authority
Civil Protection Authority's main responsibilities include planning, coordinating and executing policy including public sensitization of emergencies and catastrophes. It ensures efficient emergency response coordination through the National Directorate for Fire Fighter, National Directorate for Prevention and Mitigation, National Directorate for Disaster Risk Management and National Directorate for Recovery. In the emergency preparedness and coordination of response, CPA must coordinate with MSSI Child Protection Services to ensure the prevention of violence, mitigation of risk and coordination of child protection in emergency services (i.e. ensure evacuation sites are child-friendly and protection sensitive, and referral for case management).

2.4 Inan-aman nia direitu & responsabilidade

The well-being of children and youth is best ensured by strengthening the capacity of families to care for and protect their children and youth, reinforcing positive community values, traditions and practices and strengthening the community's capacity to identify and respond to any threat to the well-being of children and youth.

"Parental" responsibilities, consists of the essential competence of the parents, in the interest of their children, to watch over their safety and health, provide for their basic needs, direct their

children, to watch over their safety and health, provide for their basic needs, direct their education, represent them, even if unborn, and administer their assets[62]. Parents and the extended family have the primary responsibility for the upbringing, protection and development of their children and may be supported by social services whenever necessary. Only the court may inhibit parental rights at the petition of the Public Ministry, when either of the parents fails to meet their responsibilities with serious harm to the child.[63] In the case of an urgent situation, child and youth protection services or police may also take steps to remove the child from danger without parental consent based on the best interest of the child (Child Protection Law N°6/2023, art.71°).

Parents and primary caregivers should be supported during parenthood to ensure children's well-being. Before and during the case management process parents:

- Have the right to be informed of their rights, of the reasons that determined the intervention or any other decision that affects the child, as well as the way they are processed;
- Should participate in decision making that involves their child and themselves;
- Need to give informed consent to any interventions regarding their child;
- Have the right that their information is being treated confidentially;
- Can have access to documentation regarding them and their children (if this poses no further harm for the child).

2.5 Roles and responsibility of the caseworker in child protection

Caseworkers promote the well-being of children and their families within their communities, by strengthening their ability to identify strengths and solutions to problems that they face. Case management practice should be conducted by well experienced, trained staff who have resources to carry out their work.

In Timor-Leste Child and Youth Protection Services includes the Child Protection Officer who is the primary case manager responsible for all child protection cases including GBV against children. Caseworkers from non governmental organizations and other sectors contribute to the case managemnet process through referral and service provision.

The Child Protection Officer role and interventions includes:

- Identify child protection concerns and establish rapport and develop a trusting relationship that helps the child and family;
- Deliver case management service in accordance with legislation, policy and practice guidelines in Timor-Leste;
- Work jointly with caregivers, parents, the community, OPDs, and refer to government and non-government service providers to meet specific needs based on the child and young person's individual needs, strengths and vulnerabilities including: Age, gender identity, sexual orientation, development stage, disability;
- Support positive family connection and advocacy for CP services,
- Address the practical needs of children and youth with disabilities as well as those of their caregivers, in order to facilitate healthy development and independence;
- Act as the child's and family's point of contact for assessment of needs;
- Provide culturally appropriate, practical prevention and early intervention support services to children and families to meet agreed case plan goals;
- Coordinate and implement the process of reintegration of children in the family and community;
- Handle mandatory reporting requirements, if it applies;

IMPORTANT NOTE:

Any entity with competency in children and youth that knowledge of or suspects aa child is in danger, needs to inform and **involve the child protection officers (MSSI).**

Law N°6/2023, art.47° (Law on the Protection of Children and Youth in Danger)

[62] Civil Code Art. 1758
[63] Civil Code Art. 1797

2.6 Skills & competencies of caseworkers

When providing case management services, whether working with a government or non-governmental agency, the staff must have appropriate skills and competencies to carry out case management interventions in a safe and professional manner.

Capacity building
Proper case management practice is conducted by well supervised, experienced, trained caseworkerswho have capability to carry out their work. The recommended capacity building should be more than just initial training of the staff but also needs to have the opportunity for ongoing / refresher training and mentoring. Practice and mentoring are recognized as an important way to learn and apply teaching and to develop skills and competencies. This can be carried out in a number of ways, for example through supervision and technical support within the team, from outside or from peers. However, it must be carried out by someone who has substantive child and youth protection and case management experience.

2.7 Case management supervisor's role and responsibilities

Case supervisor to provide formal and structured supervision
The primary role of the case supervisor is to provide support, advice, direction, and overall quality oversight to the caseworker. The case supervisor is responsible for ensuring the staff is trained and prepared for their case management role and responsibilities, and able to provide best practice services. Case supervisors are on-hand for consultation during complex cases and in emergencies or urgent situations and provide regular case supervision to caseworkers. They work closely with other senior staff to oversee quality of service for children and families with child protection concerns. The case supervisor is responsible for approving the Assessment, Case Plan, Case Transfer and Case Closure in Case Management Process after thorough review.

When planning to engage in case management, agencies should consider the ratio of caseworkers to supervisors, to determine the number of supervisors needed for appropriate supervision (e.g., 1 supervisor for 5-6 caseworkers). Case Supervisors also can divide their responsibilities by geographical areas or administrative division.

Line manager to oversee caseload
Supervisors and managers need to be aware of the number of cases a staff is managing, the progression of each case and timescale for achieving case objectives. They are also responsible for ensuring that caseworkers are not overwhelmed. Minimum standards require that caseworkers be responsible for no more than 25 active cases at a time, but this may need to be reduced based on the caseworker capacity, skills, competency and the complexity and risk levels of the cases. High and medium risk cases require more frequent visits and more comprehensive documentation and other administrative tasks. Another important factor to consider is the geographic coverage, transportation possibilities for the caseworker and the resources and strengths available in the family and community.

2.8 The role of child and youth protection networks

Rede protesaun labarik no joven mak rede ka grupu individuál sira iha nível munisipál no ka postu administrativu ne'ebé serbisu iha maneira koordenadu hodi alkansa objetivu protesaun ba labarik ne'ebé inklui estrutura lokál no prosesu tradisionál ka informál sira hodi promove ka apoiu ba labarik sira-nia moris-di'ak.[64]

[64] Law No. 6/2023. Law on the Protection of Children and Youth in Danger, Art. 10

Communities play a significant role:

- in preventing and responding to child and youth protection risks
- in identifying children and youth who are at risk of harm and are in need of support.

Child and youth protection networks need regular capacity building and monitoring to ensure that they continue to protect children and youth. Community members should be trained to identify and refer child protection cases to child and youth protection services for case management services.

Caseworkers need to know, understand and work together with existing CYPN to link it with the formal case management and support system to protect children and youth. Community engagement ensures the strengthening of key community-based child protection structures and can help improve the protective environment for children and youth in danger.

The Director of the Municipality Social Solidarity Centre with support from the Child Protection Officer leads and coordinates Municipality Child Protection Network. The Administrative Post Administrator with support from the Social Technical Staff and Child Protection Officer leads the Administrative Post Child Protection Network. The nature and coordination of the Child Protection Network is guided by a Terms of Reference that has been agreed upon and approved by its members. The Terms of Reference will be issued by a Dispatch of The Ministry of Social Solidarity while a policy framework is being developed.

The CYPN roles include but is not limited to:

- IIdentifying children and youth with protection concerns (vulnerable children and youth and children and youth at-risk of harm or being harmed) and refer to existing support systems;
- Identifying key child protection issues, and or risks mobilizing communities and advocating with relevant actors to address these issues;
- Promoting existing family and community protection initiatives;
- Encouraging community to participate in support programs, trainings and information sharing events.
- Convening regular community mobilization sessions and raising awareness about child protection issues.
- Strengthening network to promote strengths in the community, prevent violence, identify risks and work together to reduce risks, refer cases to formal child and youth protection services, and labarik no joven ka hametin familia atu kuida labarik sira

Based on customary law, communities all around Timor-Leste follow different approaches to protect their members. Caseworkers can play an important role during traditional interventions that focus on supporting child welfare needs and/or protection as often children are being left out in the process. If families decide to engage in a community practice, based on their consent, caseworkers can accompany and support those interventions by:

- Ensuring a meaningful participation of the child or youth, based on his/her best interest, this means that if the child or youth does not want to participate in the intervention or it could be considered a potential harm (physically/mentally), the caseworker should engage before with the child or youth and represent his/her wishes;
- Promoting a safe space for the child or youth to be able to express him/herself;
- Engaging constructively with traditional leaders who are often “custodians of culture”, and have the authority to positively influence a change in customs and traditions to reinforce children’s rights;

- Strengthening the relationship or building positive links between formal and informal justice mechanisms;
- Ensure the community is disability inclusive, though the promotion of positive social norms on disability. This can include modelling inclusive behaviours, sharing knowledge and information about common misconceptions of disability etc.

2.9 Referral pathways and mechanisms

Referral mechanisms are the means by which referrals are made and feedback provided between caseworkers and service providers, which in Timor-Leste are mainly NGOs which play an important role in child and youth protection. This cooperation should follow agreed information sharing protocols (see Section 6.1) and defined referral pathways.

Referral pathways map the process of referral to supports and services for specific types of child and youth protection threats, violations and vulnerabilities. These may include, among others, child survivors of sexual abuse, children in need of MHPSS, unaccompanied and separated children, children involved in hazardous child labour, children and youth in conflict with the law, and children and youth with disabilities whose functional difficulties require specific needs in relation to disability assessments, their impairments' and the barriers they, and their families, experience.

MSSI has established a referral mechanism for GBV and child protection, including the Child Protection Network, which is established in each municipality and Administrative Post and are part of this case management SOP.

The objective of the referral mechanism is

- To link children and youth with adequate support services, such as case management,
- To link children to services who provide immediate treatment for any health issues,
- To link the child and youth survivor (including GBV) to safe spaces, such as shelters in case the own home is not considered a safe space for the child or youth anymore (based on assessment from CPO),
- To provide basic needs for children and youth,
- To link the children and youth and relevant caregivers to legal aid services,
- To link children and youth with disabilities to the disability movement, including disability actors and OPDs,
- To promote coordination between service providers,

Referral pathways for children and youth with disabilities are two-fold:

1. To ensure that children with disabilities receive an evidence based assessment to determine the type, and severity of impairment for the child. Often such an assessment can afford an official disability status
2. The provision of specialised support for the child and their family, be it assistive devices, case management, psychosocial support etc. Often, early interventions can reduce the severity and impact of the impairment, or in some instances, prevent the development of a permanent impairment.

The actors listed below have the responsibility to promote the rights of children and youth and to protect those in danger:[65]

[65] Based on Law N°6/2023, art.7° (Law on the Protection of Children and Youth in Danger)

Actors	Example
Justice	• Lawyer • Public defender • Public prosecutor • Courts • Registry and notary
Security	• National Police of Timor-Leste (PNTL) • Vulnerable Peoples Unit (VPU)
Local and traditional authorities	• Chefe Aldeia • Chefe Suku • Lian Nain (Traditional leader) • Women representative in the village council • Youth representative in the village council
Health sector	• Doctor for physical and treatment of mental health conditions • Nurse • Ambulance driver
Education sector	• Teacher • School Director
Children's and Human Rights Entities	• INDDICA • Ombudsman – Human Rights (Provedoria Direitos Humanos)

Ministry of Social Solidarity and Inclusion	• MSSI Staff
	• Child and youth protection services:
	  ◦ Child Protection Officer
	  ◦ Gender-Based-Violence Focal Point

Entities with competency in children and youth (service providers)	(I)NGO & faith-based institutions: • Legal Advice • Shelter • Counselling • Medical Forensic examination • NGOs for people with disability • Rehabilitation and habitation services that provide specific assistance to people with disabilities • Boarding Schools • Alternative Care Institutions • Child-friendly Spaces
Civil society	• (I)NGO • Faith-based Institutions • Child and youth protection networks • Organisations of People with Disabilities (OPDs)
Community	• Neighbours • Family • Disability Movement (disability actors, people with disabilities, families of children with disabilities

When community members or service providers identify children and youth, who may need case management, they should take the following initial steps:

- Provide a safe and caring response;
- Respect the confidentiality and wishes of the child/parent/primary caregiver – as long as this does not put the child at further risk;
- Provide information about available case management services, and refer them to MSSI/CPO within 24 hours;
- Communicate the situation to entities with competence in children and youth, police, child and youth protection services, or judicial authorities. When the situation puts the life, physical or mental integrity or liberty of the child at risk, anyone with knowledge of the situation is required to report it.[66]
- Facilitate referral to relevant case management services as per the referral pathways when child/parent/primary caregiver give their consent;
- For child and youth survivors of sexual violence promote immediate access to medical care, mental health and psychosocial support;
- No referral (including for child and youth survivors of sexual violence) should be made without explicit consent and non opposition, except in case of an immediate safety or security risk to the child or youth (consult Child Protection Officer or Gender-based Violence Focal Point to determine the child's best interest).

Community members and other service providers who often come in contact with children should be trained on how to identify children at risk and how to conduct safe referrals.

[66] Lei N°6/2023, Lei Protesaun Labarik no Joven iha Perigu, Art. 48°.

Section 3: Case management process

During the case management process, one caseworker from the child protection services is the main point of contact for the child and family. This means that the caseworker is responsible for coordinating and following up. The caseworker must ensure that progress is being made towards objectives set out in the case plan and that decisions are being taken in the best interest of the child.[67]

Ideally, the same caseworker carries out the assessment, case planning, and follow up; however, there may be some circumstances where it is necessary to change caseworkers through case transfer, for example in case of conflict of interest or the child would benefit from a particular type of worker – for example a female.

3.1 Eligibility and prioritisation of cases based on risk factors

Eligibility criteria
Before starting any case management process, the caseworker needs to ensure that the case is eligible. The eligibility criteria outlines the circumstances determining which children should receive case management.

If there is no documentation or doubt as to the age of someone claiming to be a child or youth, they should be presumed to be a child until the age is proven.[68]

Eligibility criteria:

- Children and youth (<18) who have any threat to their life, physical or psychic integrity, safety, health, training, education or development [69]
- Children who experienced physical, sexual and/or psychological abuse, directly or indirectly
- Unaccompanied and separated children
- Abandoned children
- Neglected children
- Children in alternative care
- Pregnant women and girls who require support to ensure the safety of the unborn child
- Children in conflict with the law
- Children in forced or harmful labour or exploitation
- Children who require individual, systematic, and coordinated response in accessing child protection services through support of a caseworker
- Any other child who is considered a child in danger

Distinguishing between risk and danger

- **Risk** refers to the likelihood that harm or a protection violation will happen. Risk considers the probability of internal and external threats occurring in combination with existing vulnerabilities and is mitigated by protective factors.

[67] CPWG(2014): 60
[68] Lei N°6/2023, Lei Protesaun Labarik no Joven iha Perigu, Art. 77°.
[69] Lei N°6/2023, Lei Protesaun Labarik no Joven iha Perigu, Art. 4.1° g) definisaun perigu.

- **Danger** is defined in the Law on the Protection of Children and Youth in Danger Article 4 as "any threat to life, physical or psychic integrity, safety, health training, education or development of the child or youth."

3.2 Core steps in the case management process

The core steps in the case management process provide only an overview of the process. Each step of the case management process will be explained in the following sections.

The case management consists of 6 core steps:
STEP 1: Identification and registration
STEP 2: Assessment
STEP 3: Development of a case plan
STEP 4: Implementation of the case plan
STEP 5: Follow up and review
STEP 6: Closing the case

In humanitarian setting/Emergency
Risk factors help to screen cases in situations where there are large numbers of children in need of support and an initial assessment tool to help differentiate and identify cases that may be in urgent need.

The case management process starts when the caseworkers have received or detected themselves a child or youth protection concern.

STEP 1 is to identify and register the case. This is a crucial step in the whole case management process as the primary information collected defines if there is a valid concern of child protection that needs case management support. If a valid concern has been identified, the assessment as **STEP 2** is where most of the information of CP concerns, resources and strengths of the child and its family will be collected. The assessment needs to be conducted with consent and non opposition of the client(s) and in an appropriate and child-friendly manner.

Based on a participatory approach (including child or youth and caregivers, if appropriate) **STEP 3** defines the development of a case plan that provides the best support to the child, youth and his/her family. Together with the clients, the caseworker decides on goals that they would like to achieve, promotion and protection measures that should be applied, key activities that will support to reaching those goals and when and by whom these activities will be implemented. The care plan will be implemented in **STEP 4**.

In **STEP 5** the caseworker together with the client revises and follows up with the implementation process of the case plan and identifies if the case plan goals are being met. If the goals are met and there are no continued CP concerns identified the case can be closed. If there are ongoing CP concerns or new concerns have been identified, the case management process continues with **STEP 2** and assesses the case again.

STEPS IN CHILD PROTECTION CASE MANAGEMENT AND GENDER-BASED VIOLENCE (GBV) AGAINST CHILDREN

STEP 1: Initial Registration and Assessment (within 24 hours)
(Use Format 1a: Case Registration and Initial Assessment)

1. Ensure a safe and private space to speak with the child and/or family after the child has been identified.
2. Introduce yourself and your role clearly. Explain the case management process and the child's rights using friendly, age-appropriate, and developmentally appropriate language.
3. Request verbal consent from the child (if capable) and/or the parent/caregiver to proceed with the case management process. For sexual violence cases, follow the specific steps outlined in the Sexual Violence Case Management.
4. Begin initial data collection and assessment within 24 hours of identification. (where applicable, involve LGBTI, Disability or GBV experts)

Observe, are there any valid concerns?

NO → No action required, close the case (Use format 6a. Close the case)

IS THERE IMMENSE AND CURRENT DANGER TO LIFE AND PHYSICAL INTEGRITY INCLUDING CASES OF SEXUAL VIOLENCE WITHIN 120 HOURS?

YES →

Urgent action!
Take immediate action to prevent further harm to the child (medical assistance, emergency contraception, HIV post-exposure prophylaxis, treatment for other health conditions, ensuring safety, and providing basic needs like food or shelter.
These actions must be carried out with the informed consent of the caregiver and the non-opposition of the child. If consent or non-opposition cannot be obtained, proceed with the necessary intervention and report the case to the Public Prosecutor's Office.

After urgent actions are completed, proceed directly to Step 2: Comprehensive Assessment.

STEP 2: Assessment (from 1-7 days, depending on risk level)
Use assessment format 2a

1. Start by making an assessment plan before arranging for an assessment
2. Obtain written consent from the parent or guardian and non-opposition from the child (Use Format 1b: Consent and Non-Opposition)
3. Conduct a strengths-based assessment through interview the child and key people in their life, conduct home visits and observe the child's key environments, use age-appropriate methods (e.g. drawings, symbols, genograms, echograms).
4. Verify information collected
5. Analyze the information collected

Transfer cases to other municipalities or other CPOs when necessary. See case transfer criteria. (Use format e. transfer case)

STEP 3: Develop a Case Plan (Timeline: within 3 to 14 days, depending on the level of risk, use Format 3a: Case Plan)

- Collaboratively develop the plan with the child and their family and establish desired outcomes based on assessment findings, the child's best interests, identified strengths and needs.
- If necessary, use tools such as case planning meetings, case conferences, casse management consultations. Clearly outline roles and responsibilities.
- The child and parent/caregiver sign a Promotion and Protection Agreement (Format 3a)
- Schedule case plan review meetings and update regularly (Format 3a. Case Plan)

Review the child's needs and identify barriers to achieve the goal of the care/protection plan

STEP 4: Implement the Case Plan

- Coordinate and/or provide protective actions and services as outlined in the plan (Formatu 4a)
- Maintain clear documentation (provide direct support and refer to specialized service providers using Format D: Referral)

Refer to the service provider or service support using **Format d. Referral** or providing services directly

STEP 5: Follow-up and Review - Use Formats 5a (Follow-up) and 5b (Review)

- Conduct follow-up at least once or twice a week, depending on the child's level of risk. This includes regular meetings or check-ins with service providers, home visits and monitoring of care arrangements, providing support services (e.g. parenting, economic assistance)
- Review and update the case plan with the child and family at least every six months

STEP 6: Case Closure
Evaluate whether case closure criteria have been met. If so, document and formally close the case use Format 6a: Case Closure.

This diagram summarizes the steps in case management. The steps outlined here provide general information as guidelines and examples only. It must be used in conjunction with detailed guidance from the SOP.

STEP 1: Identification and Registration

1. Identification

A child or youth who is in need of case management services can be identified through a variety of pathways[70]:

- Identification and referral from staff members of child protection services or from entities with competence in children and youth,
- Identification and referral from other sectors and agencies (including Teachers, doctors and nurses, police etc.),
- Identification and referral from community members,
- Child, youth or their family present themselves directly.

2. Registration

Registration occurs when the child, youth or pregnant woman meets the eligibility criteria for child and youth protection case management which means the case presents a concern regarding the well-being of the child or youth.

The registration will be conducted only by a MSSI trained caseworker by following the steps below:

1. Find a safe space to talk with the child, youth and/or family. A safe space is where for example, no one can listen to the conversation, the conversation will not be interrupted by people passing through any time and there is no disturbing noise around.
2. Introduce yourself and your role as caseworker. Explain to the child, youth and family what case management is and how it can support them.
3. Ask for verbal agreement from the child, youth and family to provide case management, informing them of the process involved and their rights.

The caseworker must assign an individual case number to avoid confusion between children and youth, facilitate easy retrieval of records and to ensure confidentiality. In the case of digitalization, case number will be generated automatically.

Once the information has been received, it is the caseworker's responsibility to further continue with the case management steps.

[70] Law No. 6/2023. Law on the Protection of Children and Youth in Danger, Art. 73.

3. Initial data collection

The initial assessment should be conducted within the first 24 hours after the identification and registration of the case or immediately after registration if the child or youth is high risk (e.g., life-threatening situation, sexual abuse and exploitation).

Amongst others:

- Child or youth's name, age and sex[71]
- Who the child or youth is living/ staying with (if anyone)
- Where the child or youth is currently staying, registered and contact details
- Initial protection concerns/ needs

4. Initial assessment[72]

The initial assessment should be conducted within the first 24 hours after the identification and registration of the case or immediately after registration if the child or youth is high risk (e.g., life-threatening situation, sexual abuse and exploitation).

The initial assessment gathers information on:

1. Immediate physical protection, health and safety needs
    - Contact police, ambulance to take the child to the hospital or alternative care if required
2. Basic needs, for example clothes, food, shelter, medicine
    - Contact director MSSI in the responsible municipality to support with basic needs items

The initial assessment is an important step after identifying the urgent needs of the child or youth. It helps to identify and to decide which are the further steps to follow and how to prioritise them. High priority cases requiring urgent action include unaccompanied children, children in detention, children with immediate safety concerns (including self-harm/ suicide) or child survivors of sexual abuse and exploitation.

This will include information about:

- What is the nature of the CP concern?
- How and why, the CP concern has arisen?
- What appears to be the child or youth's needs?
- Is there any need for any urgent action to protect the child or youth or any other children or youth in the household?
- Does the child or youth have any functional difficulties, such as seeing, hearing, walking or communication ?
- What resources are in the family to protect the child or youth?
- What is in the best interest of the child and can the child or youth actively participate?

5. Prioritisation of cases based on their risk levels[73]

Prioritisation is used to determine the timelines with which to respond to a child or youth's needs throughout the case management process.

- Caseworker categorises the case according to high, medium, low or no risk.
- The Risk Level defines the time frame and intensity of the intervention needed to protect and support the child or youth and the family.

[71] In some situations, it is accepted that the gender of children may not match their biological sex, such as for transgender or intersex children. If this is the case, it may be more correct to ask the gender of children rather than their sex. And include a third option, such as "other" or "divers" into the data collection
[72] Please see also INITIAL ASSESSMENT (STEP 2: Assessment)
[73] CPWG (2014): 40; CPWG (2014): 60

Risk level	Description	Timeframe to respond (start case management process)
High risk	Child or youth experience sexual abuse or violence, or in situation that needs urgent medical attention, is likely to be seriously harmed or injured, or subjected to immediate and on-going abuse, or be permanently disabled, trafficked or die if left in his/her present circumstances without protective intervention.	To respond within: **24 hours** (Intervention should be done ideally before leaving the child or youth. Report immediately to Public Ministry, supervisor and police if needed)
Medium risk	Child or youth is likely to suffer some degree of harm without an effective protective intervention plan. Intervention is warranted. However, there is no evidence that the child or youth is at risk of imminent serious injury or death.	To respond within: **72 hours/3 days**
Low risk	Child or youth is not at risk of harm if left in her/his present circumstances without protective intervention. However, there are concerns about the potential for a child or youth to be at risk if services are not provided to prevent the need for protective intervention.	To respond within: **1 week**
No risk	Child or youth found to be not at risk of harm or is no longer at risk of harm	N/A

- A child may present as one risk level at the time of the identification stage, and change to another risk level as new information is found at the assessment stages.
- Risk levels should be continuously updated based on information gathered. Cases may be recategorized as the case plan is implemented and risks are reduced or circumstances change
- The risk level should be continuously updated based on the information gathered. The case may be re-categorized as the case plan is implemented and risks are reduced or circumstances change.

6. Validation decision

Caseworkers select one of the following options and proceed according to whether there is or is not a valid child protection concern.

- A valid child protection concern has been identified:
  - Continue with STEP 2: Assessment
  - OR an URGENT INTERVENTION is needed to protect the child from harm
- NO valid child protection concern has been identified:
- Continue with STEP 6: Case Closure

Urgent procedure

- When there is actual or imminent danger for the child or youth's life or physical integrity and the parents, legal representative or guardian opposes the intervention, the child and youth protection services may take adequate measures for their immediate protection and communicate the situation to the Public Ministry as soon as possible and request intervention from the court or police. When the court's intervention is not possible, the police remove the

child or youth from danger and ensure their urgent protection in a safe place.[74] The Public Ministry immediately petitions for the court to initiate an urgent court procedure, and the court emits a provisional decision within 48 hours to confirm the measures taken for the child or youth's immediate protection.[75]

7. Case re-opening

If the child or youth was already registered in the past, do not open a new case. Rather, re-open the old case to continue the data collection.

FORMAT 1c. REOPEN CASE
The purpose of the format:
- To document information about the reason for reopening the case.

When completed:
- When the case is refilled eligibility for reopening the case when a case has been closed.

STEP 2: Assessment

Assessment means collecting information about the situation of the child or youth, including health status, school status about the family and living situation to deeply understand about the child or youth and family needs, strengths, and resources protect and support the child or youth adequately in his/her development.

1. As a good practice, caseworker must plan its assessment well before gathering its information.
2. Caseworker must gather information from relevant individuals who are involved in the life of the child or youth.They can provide useful information about the development risk and protective factors of the child or youth.
   - For example: neighbours, teachers, extended family. It is important that the information is collected with transparency and consent and non opposition from the child, youth and/or parents/caregivers.
3. Caseworker must make sense of how the information relates to the situation for the child or youth, their needs and (potential) risk.

IMPORTANT NOTE:

CHILD AND YOUTH PARTICIPATION
All children and youth should be able to participate in the whole case management process. It is the caseworker's duty to ensure a child-friendly and safe environment and the use of appropriate techniques (e.g. drawing, storytelling, etc.). This includes using simple clear language, age-appropriate concepts, so children and youth understand why they are being asked questions and for what purpose the information will be used. This includes explaining confidentiality and its limits.
While children and youth should be encouraged to participate, they should never be forced to do so, or threatened or punished if they refuse.

Caseworker must crosscheck the gathered information and revise if there are differences between the information, information is incomplete or contradictory.
It may be that accidentally or for other reasons, wrong information was shared. Caseworkers should try to resolve the differences from the identified contradictory information in a sensitive and non judgemental manner.

[74] Law No. 6/2023. Law on the Protection of Children and Youth in Danger, Art. 71.
[75] Law No. 6/2023. Law on the Protection of Children and Youth in Danger, Art. 72.

CONSENT AND NON OPPOSITION

Caseworkers need to ensure to get the informed consent before conducting in depth assessment.

CONSENT AND NON OPPOSITION:

Before conducting the assessment and developing the case plan or before non-urgent intervention or decisions are made in the case, the child or youth (depending on age and development state) need to provide non opposition and the parents need to give their consent.

If the child or youth does not live with the parents, for example the child lives with extended family or other adults, the caseworker needs to identify first that this living arrangement is legal consent by parent or court decision).

1. Both parents need to give consent to the protection measures, even when the parental responsibilities is assumed by only one of them, as long as parental responsibilites have not been revoked.
2. If one of the parents is absent or unable to be contacted, it is sufficient to just get one parent's consent. However, the CPO must continue to contact the other parent as soon as possible to get the consent, engage them in the case management intervention and to provide adequate information.
3. Parents need to give consent to the case management intervention even when the child or youth is not living with them. If the child is living with a guardian, both the guardian and the parent need to give consent.[76]
4. Caseworkers can get a written statement or a verbal statement by phone and need to document it in the case file.
5. Ensure that the process of consent and non opposition is child-friendly and accessible and where needed reasonable accommodations such as sign-language are provided.
6. If the caseworker cannot find out who are the parents/family of the child, he/she needs to contact the xefe suku to help identifying the child's family. Through this there needs to be identified an appropriate adult (for example, uncle or aunt) who takes the responsibility for the child or youth to get support in form of case management or other support services.
7. In addition to parental consent, the child's non opposition is required for case management services. Non opposition is relevant based on the child's capacity to understand the protection measure that will be applied.[77]
8. If consent and non opposition is not given or is withdrawn at any time, the child and youth protection services abstain from intervention and communicate the situation to the Public Ministry.[78]
9. In an urgent case, when there is actual or imminent danger for the life or physical integrity of the child or youth, and the parents to not provide consent, child and youth protection services may take the necessary measures for their immediate protection and request the intervention of the court or police.[79]
10. If the child survivor of domestic violence is 16, the child can give consent him/herself.[80]
11. If the child survivor of domestic violence is younger than 16 and 12 or older and the parent or legal representative is absent or is the perpetrator of domestic violence against the child or youth, the responsible CPO can give consent to interventions in order to support and secure the child or youth along with the consent from the child.[81]

[76] Law No. 6/2023. Law on the Protection of Children and Youth in Danger, Art. 13.5
[77] Law No. 6/2023. Law on the Protection of Children and Youth in Danger, Art. 14
[78] Law No. 6/2023. Law on the Protection of Children and Youth in Danger, Art. 75
[79] Law No. 6/2023. Law on the Protection of Children and Youth in Danger, Art. 71
[80] Law N° 7/2010, art.5.2° (Law against Domestic Violence)
[81] Law N° 7/2010, art.5.3° (Law against Domestic Violence)

FORM 1b. CONSENT & NON OPPOSITION

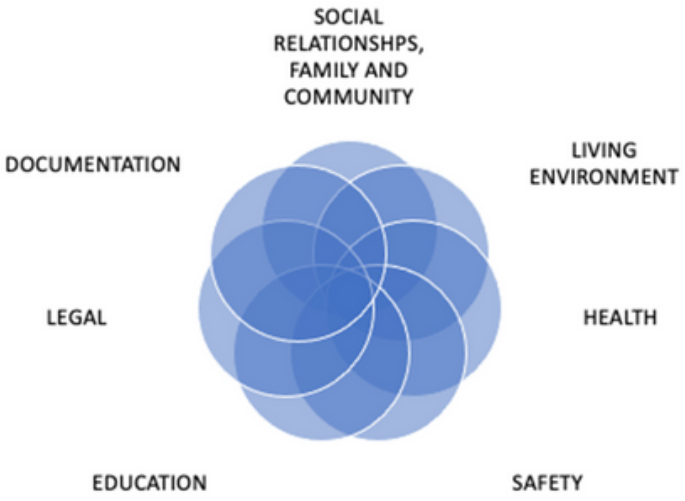
Purpose of form:
To record the case's permission to participate in the CM process, to collect and store information about their case, and to share information with other service providers.

When to complete:

1. At the start of case management services (i.e. after the child meets the eligibility criteria and before conducting the registration interview) information about the process should be provided and verbal agreement requested to support participation and relationship and rapport building.
2. Consent and non oppostion form should be signed during the case management process when a case manager has been assigned and:
   - Before conducting the assessment and developing the case plan
   - Before non-urgent intervention or decisions are made in the case (ex. A referral or case transfer)

COMPREHENSIVE ASSESSMENT

After the initial assessment has been completed, a more in-depth and holistic view of the child or youth's situation can be provided through a **comprehensive assessment which can be categorized into 7 areas of assessment: Documentation, Legal, Education, Living environment, Health, Safety and Social relationships, Family & Community:**



- Conduct assessment within maximum of 7 days or earlier, depending on the risk factor. Use FORM 2a. ASSESSMENT
- Gather the information in participation with the child, youth and family
- Focus on risk and protective factors
- Utilize child friendly and accessible tools when interviewing children, youth and families such as genograms, eco map, three houses, drawing, picture representation or toys
- After determining the risk and type of case through the assessment, indicate whether there is a risk or type of abuse that occurs related to a) climate concerns, or b) involving technology (eg abuse online or through online networks).

An assessment is only a reflection of the current situation, which can change over time, as more information becomes known or the circumstances for the child or youth change. Revise and update the information throughout the process of review.

Children and youth with special requirements
Gender as a factor of vulnerability

Gender plays a critical role in how children and youth are treated and how their rights are respected within families and communities. Societies' gender norms influence girls' and boys' different experiences, potential and risks. Therefore, gender impacts family dynamics and care arrangements for children and youth.

These 'gendered norms' also affect children and youth with non-binary gender identity or sex characteristics, such as those who identify as lesbian, gay, bisexual or transgender or who are intersex.

Transgender children and youth may be at a greater risk of prejudice, stigma, violence or difficulties accessing support services.

1. Consider children and youth's risks and vulnerability related to gender in the assessment;
2. Be sensitive to the root causes of gender discrimination and inequality;
3. Avoid reinforcing or continuing gendered power relations; and
4. Support gender equality whenever possible.

Children and youth should be given an opportunity to self-identify in a safe way. A child should never be questioned or forced to reveal their gender in front of someone else. A child's gender should be treated as sensitive information.

Children and youth with psychosocial distress and/or mental health condition

Children and youth with suspected mental health conditions may need to be referred to specialist services that can clarify a diagnosis and find adequate and age specific interventions. **In every Municipality in Timor-Leste are Mental Health Case Managers deployed by the Ministry of Health that support families and their children and youth in accessing information and services related to mental health.**

- Contact the Support Hotline, 12123 for referral and support or your health post in respective municipalities or Administrative Post.

Children and youth experiencing psychosocial distress:

1. Provide Psychological First Aid
2. Refer to an adequate service provider, such as PRADET or Child Friendly Spaces if available in your area in humanitarian situation.

Children and youth with disability

Disability plays a role in how children and youth are treated and how their rights are respected in communities. Assessments must consider accessible communication and reasonable accommodations.

1. Consider communication barriers for children and youth with disabilities during the assessment process, and the need for accommodations to ensure they can express themselves and understand information. e.g. sign-language, simple language with use of images, braille
2. Identify and address risks and barriers that prevent children and youth with disabilities from equally accessing support, goods, services, spaces and information and what places them at greater risk of violence, sexual exploitation and abuse.
3. Reach out to organisations specialised in working with children with disabilities to develop an adequate case plan together and link the family to receive support

Address stigma, discrimination and harmful social norms to ensure inclusive child protection!

FORM 2a. ASSESSMENT

Purpose of form:
To record information gathered on the case regarding both risks and needs, as well as strengths and resources. The information recorded in this form will be analysed and used as a base for developing the case plan**.**

When to complete:
Depending on risk level of the case:

- High: immediately after registration, before leaving the child or youth.
- Medium: within 3 days after registration.
- Low: within 1 week after registration.

Or after a case review found a significant change in the context of the child or youth that warrants another assessment.

IMPORTANT NOTE:

The comprehensive assessment needs to be approved by the supervisor prior to developing the case plan. This can be done either through a paper based signature or send through PRIMERO system, which then needs to be well documented by the caseworker and the supervisor.

IMPORTANT NOTE:

The case plan needs to be approved by the supervisor prior of the implementation. This can be done either through a signature in paper based or send through PRIMERO system, which then needs to be well documented by the caseworker and the supervisor.

Step 3: Development of a case plan

Based on the assessment, the caseworker can start developing a case plan, in participation with the child or youth and family (if appropriate), based on empowering and proactive factors in the best interest of the child.

The case plan:

- Is based on the assessment,
- Follows a child-centered approach,
- Identifies the needs and capacities of the family and works to strengthen the family's capacity to protect and care for the child or youth,
- Is developed in participation with the child or youth and family (if appropriate and applicable)[82]
- Identifies what should happen and what measures to apply to meet the identified needs and goals,
- Defines who is doing the agreed up-on actions,
- Defines when the actions should take place,
- Includes a plan for routine monitoring and case review of the child or youth's situation with frequency depending on the risk level and the needs of the child or youth,
- Considers immediate, short-term, medium term and long-term actions, that can also define a case closure,
- Integrates an action if goals are not being met, e.g., calling another case planning meeting to develop a new plan.
- Use FORM 3a. CASE PLAN

[82] Family members may be included in the case planning and case conference meeting, except when they are considered to be the people involved in the alleged violence, abuse or exploitation of the child or youth. The caseworker needs to evaluate the risk in child or youth participation. If the active participation of the child or youth in the development of the case plan and case conference would result in a negative impact for the child or youth's (e.g. mental health) and a meaningful participation could not be guaranteed, the caseworker should ensure to discuss and explain everything related to this intervention and bring his/her opinion and wishes in the discussions with the primary caregivers or relevant organisations/institutions to ensure the best interest of the child.

Measures promoting rights and protection of children and youth

The case plan should identify the measures that will:

- remove the danger
- provide the conditions that protect and promote children and youth's safety, health, training, education wellbeing and integral development
- ensure the physical and psychological recovery of child and youth victims from any abuse or exploitation [83]

The following are possible measures to apply in a case of a child or youth in danger that can be applied by the child protection services:

a. Support together with parents, legal representative or guardian;
b. Support together with another family member;
c. Placement with ideal/suitable person;
d. Support to autonomy/ independent life;
e. Foster care;
f. Institutional care/placement;
g. Placement confiding to the person selected, the foster family or the institution with the aim of adoption

Only a judge can apply the last measure: Placement confiding to the person selected, the foster family or the institution with the aim of adoption.[84]

In the case of a child or youth in danger, the case plan should be included in the Promotion and Protection Agreement which is then reviewed for legality by the Public Ministry.

a) Case planning meeting

Case planning meetings are meetings led by the caseworker with the child or youth and family when appropriate used to facilitate the development of case plan for an individual child or youth.

Case planning meetings:

- Are conducted within maximum 14 days of receipt of the initial information depending on the level of risk.
- Include the participation of the child or youth, parents/caregivers (where appropriate), led by the caseworker

In complex cases, the supervisor may also be present.

b) Case management meeting

Case management meetings

- Are internal agency meetings,
- Are held once a month involving caseworkers, managers and supervisors,
- Review caseloads,
- Provide an opportunity to review all open cases,
- Compare how different cases are progressing,
- Discuss various types of response,
- Share lessons learned,
- Prioritize certain cases for immediate response and
- Take joint decisions for complex cases.

IMPORTANT NOTE:

At these meetings, information shared on cases should be anonymous, discussing situations without reference to identifying information, and should be held in confidential locations. Children or youth and their families do not take part in these meetings

In humanitarian setting/ Emergency

During Emergency/ humanitarian setting, case management meetings should be held approximately once a week.

[83] Law No. 6/2023. Law on the Protection of Children and Youth in Danger, Art. 19
[84] Law No. 6/2023. Law on the Protection of Children and Youth in Danger, Art. 23

c) Case conference

Case Conferences are more formal multi-sector/inter-agency case planning or review meetings for very complex cases. The purpose of a case conference is to explore multisector/inter-agency service options, and to make formal decisions in the best interest of the child. This might include police, teachers, doctors and nurses, people working for NGOs, members of the community, members of the disability movement, and/or members of the child's family (those involve only in the case in question).

Case Conferences:

- The caseworker who ensures that a Case Plan is developed based on agreed actions and goals that meet the child or youth's needs and protects them from harm, must coordinate and chair the Case Conference Meeting. Participants must agree to keep the information discussed confidential,
- Needs to be documented with a report/minutes,
- The child or youth and family participate in some (but not all) case conferences,
- Requires careful planning and facilitation.
- Use FORM 3b. Case conference report

d) Review case planning meeting

A review case planningmeeting later looks at the case plan to identify if the definedactions and approaches are effective and appropriate. If not, the caseworker must consider changes that may be required to the Case Plan. The review case planningmeeting may also take the decision to close a case if it is considered that the child or youth is no longer at risk from harm.

- A review Case Planning Meeting can be held at any time but at least every six months in the case of a community based measure and every three months in the case of foster care or institutional placement, until the case is closed[85].
- A closed file may be reactivated if a further referral is received, and the case reopened

FORM 3a. CASE PLAN

Purpose of form:

To record and plan the agreed upon interventions needed to ensure the child or youth's protection, ensure her/his care and well-being is supported, and address the child or youth's needs (as identified in the assessment).

When to complete:

Depending on risk level of the case:

- High: within 3 days after the assessment.
- Medium: within 1 week after the assessment.
- Low: within 2 weeks after the assessment.

Or after a case review found that the case plan needs to be revised.

FORM 3b. CASE CONFERENCE REPORT (also used in STEP 5: Follow-up & Review)

Purpose of form:

To present to the case conference the key information on a high risk complex case that requires a multi-disciplinary/inter-agency case plan, and to record information from the case conference on discussions held on multiple service options and the decisions/progress made in the best interests of the child.

When to complete:

Whenever a case conference is held.

[85] Law No. 6/2023. Law on the Protection of Children and Youth in Danger, Art. 43

STEP 4: Implementation of the case plan

Once the case plan has been developed and agreed upon with the supervisor, and signed by parent and child, the caseworker can start working with the child or youth, the family, the community and any service providers to ensure the child or youth receives the appropriate services.

FORM 4a. SERVICES PROVIDED should be used to document information about any services provided to the child, youth and/or family as well as their level of satisfaction with the service provided and any suggestions for improvement.

1. An essential direct service provided by caseworkers is psychosocial support during regular monitoring and other meetings with the child or youth and the family, Provide essential direct service, e.g., psychosocial support during regular monitoring and other meetings with the child or youth and the family, and parenting education when necessary using Parenting Education Modulles.
2. Referrals to other child or youth protection agencies and service providers:
   a. according to the referral pathway,
   b. with the consent of the child or youth and the family,
   c. use FORM d.REFERRAL at any time during the case management process

These are some examples of the various support and direct services that might be required to respond to the child protection needs identified during the assessment:

FORM 4a. SERVICES PROVIDED

Purpose of form:
To record information on services provided to the child and/or family.

When to complete:
Whenever a service has been provided to the child and/or family.

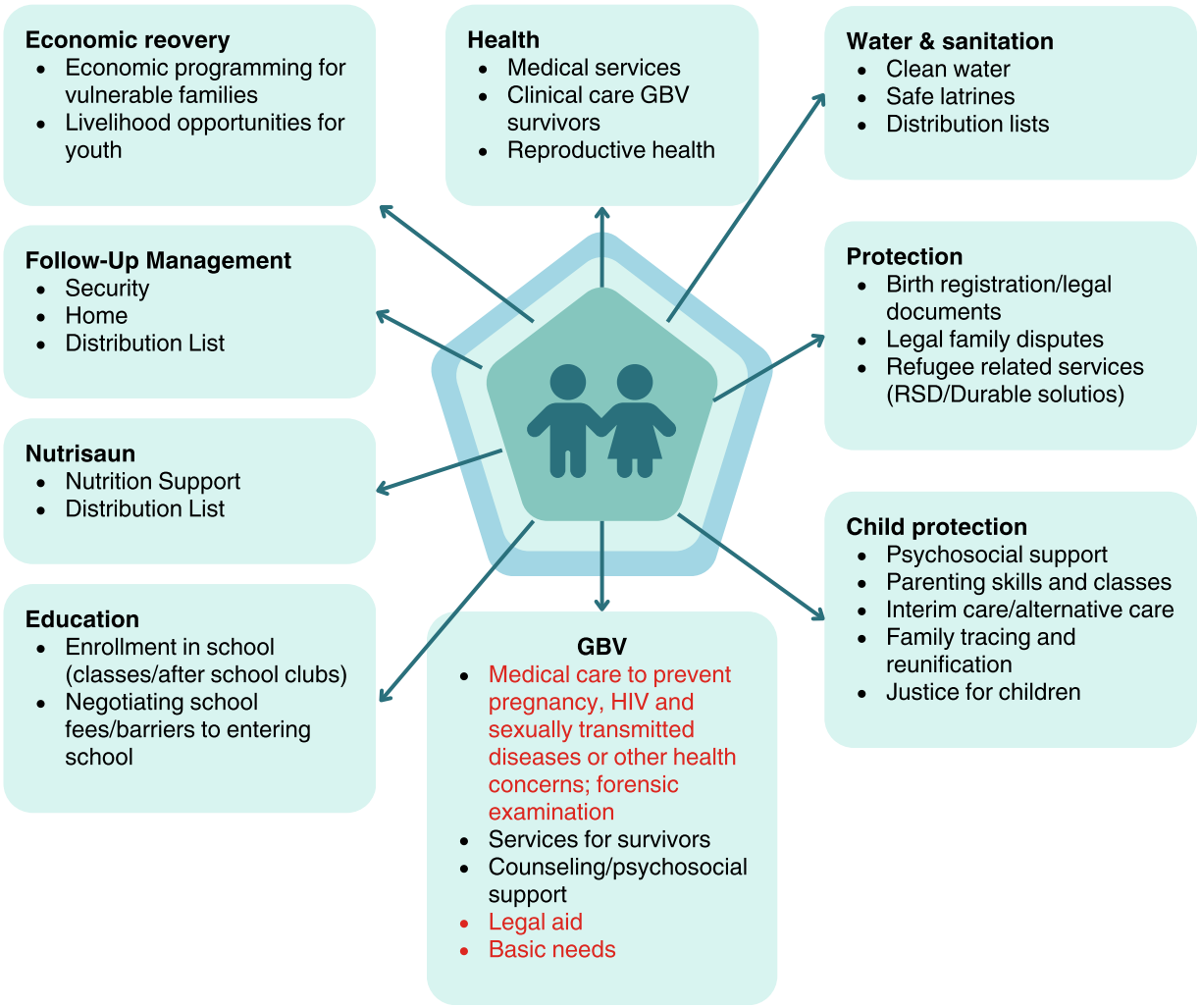
FORM d. REFERRAL

Purpose of form:
To record the key information for service providers where the referral is made to and for them to be able to provide the service needed.

When to complete:
Whenever a referral is made for service provision.

IMPORTANT NOTE:

While another agency may be responsible for providing a specific service, the caseworker is always responsible for the overall case; for ensuring that all agreed upon services are provided and that the identified needs of child or youth are being met.
Where possible, caseworkers should accompany the child or youth and family to the service provider to help them with the introductions and ensure the referral is understood by the agency receiving the referral.



STEP 5: Follow up and review

The objective of the follow up and review is to ensure that the case plan is being implemented and that it continues to be an adequate intervention that meets the child or youth's needs. This process can also be described as the monitoring process.

Follow up

The caseworker must follow up regularly during the case management process to

- Check that the child or youth and family are receiving appropriate services and support to meet their needs as outlined in the case plan,
- Check that the child or youth and family's situation is stable, which means that the child or youth is not exposed to further harm,
- Check that the situation is progressing positively and aligned with the case plan,
- Check that the agreed upon actions of the child or youth and family and/or service providers have taken place.

Through the **follow up** caseworkers can find out if the case plan is adequate and is reaching the agreed upon goals. It is essential to identify any changes in a child or youth or family's circumstances that might lead to a review and change of the case plan.

During the follow up process it is important to consider if any risk factors have increased. If yes, other urgent actions may need to be implemented to protect the child or youth.

Follow ups:

- Start from when the child or youth is first registered, and an initial intervention begins (responding to a child or youth's immediate needs) until the child or youth's case is closed.
- Frequency depends on the case (situation of the child or youth, specific needs, and the risk level).
- Documentation: record information on the follow-up actions taken in the Form 5a. FOLLOW UP

Examples of follow-up actions:

- Meetings with the child youth and/or family
- Home visits (scheduled home visits and/or ad hoc home visits)
- Phone calls
- Confirmation from relevant service provider that the child or youth who was referred to their service actually received the service
- Community-based follow-up (e.g., contacting the child or youth's teacher if they are involved in supporting the child or youth as part of the case plan)

Monitoring recommendations			
Risk Level	**Type of Monitoring**	**Frequency**	**Duration of Monitoring**
High risk/ Emergency/ Reintegration	In-person	1x week	1 month or until revision of risk level to medium, low risk or no risk
	Home visit	1x week	
	Contact with parent/guardian per phone	2x week	
Medium risk	In-person	2x month	1 year
	Telephone	2x week	
	Home visit	1x month	
	Contact with parent/guardian	2x month	
Low risk	In-person (face-to face)	1x month	6 months
	Home visit	1x month	

- **High risk/emergency/reintegration:** Applies to short-term clients who are unaccompanied or are in a highly vulnerable situation such as a recent trauma. This monitoring should also be used in cases of children or youth reintegrating back into the community from detention or other residential placement in order to support the adaptation process and establishing a healthy and positive routine. Through a re-assessment the case and risk level can be determined what how intensive the monitoring should be provided.

- **Medium risk:** More intensive monitoring is needed for children or youth in especially vulnerable circumstances or involvement in especially serious crimes. Intensive monitoring requires frequent contact with the client and with their parent or primary caregiver. This monitoring is longer term as the increased number of risk factors will require more time for behavior change and procuring appropriate resources and services.
- **Low risk:** Basic monitoring is appropriate to accompany cases of children or youth in a Low-Risk category. A combination of in-person and telephone contact is used to provide necessary referrals and direct services when needed without causing undue interference in the child or youth's daily and weekly routines.

Review

- Allows caseworkers to address changing situations and circumstances;
- Ensures that the case plan continues to be relevant, meets the child or youth's needs and progresses towards the goals and specific objectives that had been set or if the child or youth requires additional or different services.
- The family and child or youth should be encouraged to actively participate in the review process.
- Depending on the case, it might be helpful for others involved in the case to also participate.
- A review should take place at least every three months.
- Use FORM 5b. REVIEW

FORMULÁRIU 5a. FOLLOW UP

Objetivu husi formuláriu:
To record information on the follow-up with the purpose to confirm that specific actions have been taken and services are provided (or to identify and address barriers in accessing services) and to monitor the child or youth's situation and case plan implementation.

When to complete:
Whenever a follow-up is conducted at any point during the case management process from when the child or youth is first registered and support begins (i.e. responding to a child or youth's immediate needs) until case closure.
From the moment case plan implementation starts, it is dependent on the risk level of the case:

- High: at least twice a week.
- Medium: at least once a week.
- Low: at least once every two weeks.

In humanitarian setting/ Emergency

A review should take place at least every three months, and more frequently in an emergency context, if the situation is changing rapidly or the risk level is high.

FORMULÁRIU 5b. REVIEW

Purpose of form:
To record information captured during the review meeting which looks at how the case is progressing and whether the case can be closed or whether there is a need to return to the case management steps of assessment or case planning.

When to complete:
Whenever a case review meeting is held.
From the moment case plan implementation starts, it is dependent on the risk level of the case:

- High: at least once a month.
- Medium: at least once every two months.
- Low: at least once every three months.

STEP 6: Case closure

The final step in the case management process is case closure.

Criteria for case closure:

- The child turns 18 years old, if there is still a process of GBV ongoing, please transfer the case to GBV Focal Point (MSSI).[86]
- The child dies (needs to be reported to the government and be followed by an investigation of the cause of the death)
- Child moves to another municipality or country (Case transfer see below).
- The goals of the child and family, as outlined in the case plan, have been met, the child is safe from harm, their care and well-being are being supported, and there are no additional concerns
- The child and/or family no longer want support, revoke their consent and non opposition and there are no reasons for going against their wishes and no child protection concern
- The case was open by accident

The case closure must be authorised by the supervisor to ensure that cases are not closed prematurely, and it complies with the criteria for case closure and the reason for the case closure must be noted in the case file.

FIRST PHASE AFTER CLOSURE (12 months):
After closing a case, the documentation must be stored for 12 months in a safe place that is also easy to reach. After 3-6 months the caseworker must follow up with the family and child or youth to ensure the child or youth's sustained well-being and seek feedback from the child, youth and their family on the service provided.

In humanitarian setting/ Emergency

The first phase after closure is often less as many child and youth protection concerns are linked with the emergency.

SECOND PHASE AFTER CLOSURE (after 12 months):
If the follow up has resulted in the sustained well-being of the child or youth and the caseworker has not received any more information about the case in 12 months after the case closure, the case can be archived. This means that the case must be stored in a safe place where it can be reopened at any time whenever new information becomes available or the child or youth's situation changes.

CASE TRANSFER
A case transfer can happen when the child or youth permanently moves to another municipality, but still needs a case plan to ensure their protection or the caseworker or troka of case worker because they are no longer best placed to lead (i.e. due to existing relationship between case worker and the perpetrator or the survivor, children and family request to change case worker etc).

A case transfer indicates a change of full responsibility from one caseworker to the other caseworker (or agency). Therefore, the responsible caseworker needs to develop a comprehensive plan for the hand-over, which must be discussed with the child, youth and family. If possible, the caseworker should accompany the child, youth and their family to meet the new caseworker. Use FORM e. CASE TRANSFER.

[86] A child or youth who requests the continuation of their promotion and protection agreement, may receive case management services until 21 years old. When educational or professional training services are being supported as part of the promotion and protection agreement, the intervention can continue until 23 years old. Law N.o 6/2023. Law on the Protection of Children and Youth in Danger, Art. 3.

1. Caseworker needs to ask the family if they consent and the child or youth provides non opposition with the case file being handed over to the new caseworker,
2. If the parent or legal guardian do not consent and the child provide non opposition to the transfer and the child or youth will continue to be in danger without the transfer, the caseworker may have to remit the case to judicial intervention,
3. When transferring the case, the new caseworker must be contacted well in advance ofthe transfer, a comprehensive handover must be provided.
4. If possible, the primary caseworker should accompany and introduce the family and child to the new responsible caseworker.
5. Once the case is transferred, the case can be closed using the FORM 6a. CASE CLOSURE.

FORM 6a. CASE CLOSURE

Purpose of form:
To record information on the closure of the case.

When to complete:
When case closure criteria are met, but at minimum one month prior to case closure and during which several follow-up visits and at least one case review meeting took place to ensure the child's sustained well-being.

FORM e. CASE TRANSFER FORM

Purpose of form:
To record information on the transfer of a case to another case manager.

When to complete:
Whenever the entire case, and therefore the responsibility of the case management, is transferred to another case manager.

3.3 Assistance to child and youth survivors of (sexual) violence [87]

Sexual violence against all children (boys, girls and children of all gender) is considered a public crime[88] and finds its legal base in the Law against domestic violence (Law N° 7/2010) enforced by the Penal Code Articles 177 and 178.

Sexual abuse of children is most often perpetrated by someone close to them. Use of physical force is often not necessary to engage a child in sexual activity because children are not considered to have the capacity to consent to sexual activity. They trust and depend on adults they are close to. Children are taught not to question authority and may believe that adult behaviours are always correct and cannot be challenged. Perpetrators take advantage of such vulnerabilities in children.

Sexual abuse does not require penetration, force, pain or even touching. If an adult engages in any sexual behaviour (e.g., inappropriate sexual language directed at a child, looking at a child's genitalia and/or showing genitals to a child) to satisfy the adult's sexual desires or interest, such behaviour is considered sexual abuse.

[87] Based on IASC (2015): GBV Guidelines and MSSI (2017): SOP GBV
[88] A public crime means that criminal investigation and proceedings do not depend on the survivor's reporting. PNTL is obliged to register all public crimes and public prosecutors must investigate even when survivors themselves do not want to prosecute the case. This means anyone can report a public crime when they suspect it.

The 2015 Timor-Leste DHS reported that 23.4% of girls aged 15 to 19 years had experienced physical violence since the age of 15 while 29% of women aged 15 to 49 years reported being subjected to violence in the 12 months preceding the survey. Amongst 15–19-year-old females 4% reported being sexually assaulted in the year before the survey. For most of the stages of the lives of women and children, they are vulnerable and are both witnesses and victims of violence.

Child survivors can suffer significant health consequences, including unwanted pregnancies, HIV and other sexually transmitted infections, physical trauma and even death. They will also very likely experience a range of psychological and social consequences, including shame, guilt, depression, isolation, abandonment, and abuse by family members.

In humanitarian setting/ Emergency

The risk of different forms of sexual and gender-based violence against children and youth increase significantly during disaster and crises. It is critical that specialised CP child survivor services are part of emergency preparedness and response plans and procedures.

It is crucial that child survivors and survivors of sexual violence and their children can access timely (within 72 hours), quality, multisectoral response services, especially if the incident lays within 120 hours.

This includes:

- **Medical Care**, medical treatment including prevention of HIV, emergency contraception to prevent pregnancy and sexual transmitted infection (STI), medical forensic examination and tetanus;
- **Legal Advice & Police** to inform the child survivor and their parents (if appropriate) about their rights, the legal framework and procedures, especially in case of mandatory reporting. Caseworker should accompany the child and parents during the reporting process as well as the court hearings later on;
- **Shelter**, in case the child survivor is not safe at home or could be confronted by theperpetrator, e.g., the perpetrator is part of the family or neighbourhood and cannot be removed, and no other family house is safe.
- **Basic needs**, such as clothes, food, medicine and
- **Psychosocial support.**

IMPORTANT NOTE:

For child survivors of sexual violence after being in a safe place, promote immediate (within 120h) access to medical care, pregnancy prevention, STI prevention or treatment, Medical Forensic Examination,[90] mental health and psychosocial support. Children under the age of 16 need to be accompanied by a parent/caregiver (if not the perpetrator) and if possible, the caseworker. Procedures and interventions need the consent of the child and a parent (if child under the age of 16). If no parent or caregiver is available or would put the child in greater risk (in case the parent is also the perpetrator), the CPO should accompany the childand follow the urgent procedure to secure legal authority for the intervention.[91]
(for more information see Section 2: Principle 4)

[91] Medical Forensic Examination is a complete examination of a person/child who has recently experienced violence in order to understand about their situation and the treatment that she/he needs.
- to document the injuries and other impacts from an assault
- to provide initial treatment and referral

The results of the Medical Forensic Examination are documented in the Medical Forensic Protocol.
[92] Law N° 7/2010, art.5° (Law against Domestic Violence), Law No. 6/2023. Law on the Protection of Children and Youth in Danger, Art. 71-72.

ATTENDING TO CHILD SURVIVORS OF SEXUAL VIOLENCE

IMPORTANT NOTE

Reporting a case of domestic violence, including sexual violence, can cause further harm to the child survivor. Following a survivor-centered approach, it is important to ensure the safety and accessibility to support services for the child survivor.

By law all public servants(including CPO) have the obligation to report any incidents of DV and children in danger.
The CPO is a community-based servant to support the children in the community to access their rights, information and support services.
CPO needs to be transparent about the obligation of reporting of DV cases, including sexual violence. He/she is still able to provide information and refer to support services if not knowing the identity and details of the DV case.
When someone reaches out to the CPO, before engaging further in conversations, the CPO needs to reveal the mandatory reporting, so the client can make an informed decision on what information to share.

Attending to survivors of sexual violence, caseworkers and other service providers should follow a survivor-centered approach including the core principles:

- Safety
- Confidentiality
- Choice/ Self-determination
- Non-Discrimination

The survivor-centered approach needs to be applied in a manner appropriate for the age and developmental stage of the child survivor.

In the case of a child survivor of sexual violence it may be important to ask the child if they prefer to speak with another caseworker that is the same gender as the survivor or who is from another community. If the child has any impairment that creates barriers of communication, involve an organization or experts working in child protection and people with disabilities to ensure the child's needs are met.

IMPORTANT NOTE:

MANDATORY REPORTING
Public servants (such as Police, healthcare workers, Child protection officers and GBV Focal Point) have the obligation to report any incidences of domestic violence, including sexual violence (art. 286°, Penal Code). This needs to be communicated from the start to the child that there are limits to the confidentiality offered by caseworkers, who are employed by the government, such as the child protection officers.

<u>Treat every child fairly</u>
All children should be offered the same unbiased support regardless of their sex, age, sexual orientation, gender identity, family situation, status of their caregiver or any other part of their identity. Do not treat a child that has experienced sexual violence as helpless. Each child has unique capacities and strengths and possesses the capacity to heal. Speak to a child survivor in a way that they understand and with respect for their dignity and opinions.

<u>Maintain confidentiality</u>
Ask for permission to share any information about the child or their experience. This means asking if you can share the information even with someone that the child identifies as someone they trust.

<u>Ensure the safety of the child</u>
The physical and emotional safety of the child is the primary concern. Consider the child's safety throughout all interactions with him or her, and in relation to any next steps taken.

<u>Be aware of how a child or their caregivers may seek support</u>
Children seek help in different ways than adults, and rarely make direct disclosures. Children may find it difficult to trust or talk to adults, especially adults they do not know well; experience fear, embarrassment or shame; or be afraid of expressing their emotions.

Child Protection Actors may

- Hear rumours of child abuse,
- Be approached by adults seeking help for a child or
- Suspect abuse of a child, based on signs or behaviours from the child.

Do no harm

Do not seek out child survivors. Doing so can lead to more violence and risks for the child. Be approachable if a child wants to seek help and offer support to the family.

AGE-APPROPRIATE INTERVENTION

Children age 12[92] years and older are generally mature enough to make their own decisions, agree to services and understand their experiences. They may be able to self-report experiences of violence:

- Support the child to connect with someone they trust for ongoing support during the case management process
- Provide information on their rights and available support services and ask for consent to start the case management process

Children younger than 12 may or may not be able to self-report experiences of violence. They may or may not be able to make decisions on their own. Another individual –a friend, caregiver, family member, community member etc. may seek help on the child's behalf.

- Support the child to find an adult they trust to support them with next steps
- Provide information that is accessible and adequate to their age on their rights and available support services and ask for consent and non opposition to start the case management process

Children of all ages with intellectual/cognitive or other impairments may experience many barriers in seeking help

- Understand that the barriers may include not being believed or understood by adults, or stigma such as thinking children with intellectual disabilities are hyper-sexual or at fault.
- Provide necessary accommodations to children with disabilities to ensure equal access to services, information and reporting mechanisms

IMPORTANT NOTE:
Although not actively seeking child survivors, trained social or humanitarian workers and service providers should be able to recognize any signs or symptoms that indicate a child is at risk or has experienced violence or sexual abuse, social workers or service providers should find safe ways to engage with the child and caregiver so that the child does not feel aggressive safe to report and receive immediate support for their concerns and work to manage the impact of GBV

[2023 CCS Guidelines - FINAL.pdf (unicef.org).

[92] Law N° 7/2010, art.5° (Law against Domestic Violence)

Introducing and managing complaint obligations for sexual abuse cases

1. Introduce yourself and build trust by informing the child and caregiver about your role, the child's rights in the process, and by acknowledging their strength. Praise the actions taken by the child and caregiver. For example, you could say:
   - "We truly admire your strength (he child and/or parent/guardian) for speaking up and seeking help to protect the child. This is the right and brave thing to do."
   - We're very sorry this happened. Please know, this is *not* the child's fault. There are many people, including from the government, who are here to support you and help reduce the impact of this abuse. *(To the child:)* You have every right to continue your life, embrace your right, and find happiness—just like every child deserves."
2. Clearly explain the entire case management process to the child and their family, using friendly and age-appropriate language that respects the child's evolving capacity to understand.
3. Inform them that for children and women who have experienced sexual abuse, it is very important to receive health care as soon as possible, ideally within 72 to 120 hours of the incident, or immediately upon identifying the abuse. This is to help prevent HIV infection, pregnancy, other sexually transmitted infections (STIs), and to enable a forensic examination if appropriate. After this window, certain medical treatments, such as those to prevent HIV or pregnancy, may no longer be effective.
4. Let the family know that, as a CPO, your role includes facilitating support and services for the child's safety and well-being. In addition, because sexual abuse is considered a public crime, you are legally obligated to report the abuse to the police if a child or caregiver discloses that the child has been sexually abused. If a complaint has not yet been filed, you will refer or assist the family to do so through the VPU.
5. Pause and kindly ask if the child and the parents/caregivers understand the case management process, the importance of timely medical care, and the legal obligation to report the abuse. Take time to clarify any questions or confusion they may have.
6. Seek verbal consent from the parents/caregivers and child to participate in the case management process
   - □YES, if parents/caregivers and the child give verbal consent, proceed to STEP 1: Registration and Assessment (Format 1a) and continue through STEP 6 of the case management process.
   - □NO, if consent is not given: Take time to talk with the child and their parents/caregivers to understand their reasons. Reflect with them on the potential risks of not engaging in the process and explore ways to manage or reduce those risks. You may say or discuss:
     - Ask the child and family to help you understand what makes them hesitant to participate in the case management process or receive assistance? If their hesitation is due to threats, fear of damaging family relationships, or intimidation, explain:
     - Your role is to ensure the safety and protection of the child, and to work with both the child and the parents/caregivers to find the safest and most supportive path forward.
       - Confidentiality is respected. Information will only be shared with essential service providers trained to support children's recovery and only with the family's agreement, unless safety concerns require action.
       - If there is a threat or intimidation, you will work with the family and the VPU to either: remove the perpetrator from the environment or temporarily relocate the child to a safe space if necessary.
       - Family conflict or broken relationships are not the child's responsibility. The child has the right to be safe and protected. If a parent or adult cannot provide this care, it is the adult who needs support and accountability, not the child.
       - You can explain to the child that you understand that the child may not want to report. But if the person who hurt the child is a parent or caregiver, it may mean they are struggling with serious behavior problems and need help to take responsibility for their actions.
       - Once the parent and/or child agrees to proceed, begin with STEP 1 and continue through STEP 2 to 6.

□NO: If parent/guardian is not the perpetrator, but consent is not given, as CPO need o take action:

- Say: "I understand that you do not want to give consent. However, under the law, I am required to report this to the police. I will only share basic information such as your name and the type of abuse with the VPU Police, who are specially trained to protect children. I will also keep you informed throughout the process."
- Explain any legal processes that may follow (e.g. possible court referral).
- Assess for immediate risk: Check whether there is an urgent medical, safety, or emotional risk (e.g. signs of physical injury, untreated sexual violence, illness, etc.).
- If urgent intervention is required: Contact the VPU for immediate action without parental consent.
- Initiate the emergency measures process: send an official letter to the court. Begin with STEP 1: Registration and Assessment (Format 1a) and continue through STEP 6.

When a child is in imminent danger, the Child Protection Officer (CPO) shall take urgent action to ensure the child's safety, with or without consent. A comprehensive assessment must then be completed within 24 hours.

[93] Bazeia ba Matadalan IRC CCS (2012): 109

CARING FOR CHILD SURVIVORS OF (SEXUAL) VIOLENCE [93]

Urgent Action!
Provide other essential support based on the initial assessment include alternative care for safety, food, clothing, legal assistance, and mental health support.

Once urgent actions have been taken, proceed directly to Step 2: Comprehensive Assessment.

STEP 1: Initial Registration and Assessment (within 24 hours)
Use Format 1a: Case Registration and Initial Assessment

1. After introducing yourself, provide information about informed consent and non-opposition.
2. The initial assessment begins at the time of identification of the child and focuses on identifying urgent needs such as: immediate health care, safety and protection, basic needs, alternative care arrangements, legal and psychological support.

STEP 1.1: Immediate Action to Address the Impact of Sexual Violence
Health intervention must occur within 72 to 120 hours of the incident (or immediately upon identification) to:

1. Prevent HIV and other sexually transmitted infections (STIs)
2. Conduct forensic examinations to collect legal evidence
3. Administer emergency contraception (to prevent pregnancy)
4. Treat any injuries or health conditions

CRITICAL TIME:
Delayed health interventions significantly reduce the effectiveness of preventing HIV infection and pregnancy.

STEP 2: Comprehensive Assessment - Before discharge after immediate intervention (use Format 2a: Comprehensive Assessment)

1. Begin as soon as the child has received medical care
2. Obtain written consent from the parent or guardian and non-opposition from the child (Use Format 1b: Consent and Non-Opposition)
3. Conduct a strengths-based assessment through interview the child and key people in their life, conduct home visits and observe the child's key environments, use age-appropriate methods (e.g. drawings, symbols, genograms, echograms).
4. Verify information collected
5. Analyze the information collected

Transfer cases to other municipalities or other CPOs when necessary. See case transfer criteria. (Use format e. transfer case)

Review the child's needs and identify any barriers to achieving the goals outlined in the care and protection plan.

STEP 3: Develop a Case Plan (Timeline: within 3 to 14 days, depending on the level of risk, use Format 3a: Case Plan)

1. Collaboratively develop the plan with the child and their family and establish desired outcomes based on assessment findings, the child's best interests, identified strengths and needs.
2. If necessary, use tools such as case planning meetings, case conferences, casse management consultations. Clearly outline roles and responsibilities.
3. The child and parent/caregiver sign a Promotion and Protection Agreement (Format 3a)
4. Schedule case plan review meetings and update regularly (Format 3a. Case Plan)

STEP 4: Implement the Case Plan

- Coordinate and/or provide protective actions and services as outlined in the plan (Formatu 4a)
- Maintain clear documentation (provide direct support and refer to specialized service providers using Format D: Referral)

Refer to service providers or support services using Format D: Referral, or provide services directly

STEP 5: Follow-up and Review - Use Formats 5a (Follow-up) and 5b (Review)

1. Conduct follow-up at least once or twice a week, depending on the child's level of risk. This includes regular meetings or check-ins with service providers, home visits and monitoring of care arrangements, providing support services (e.g. parenting, economic assistance)
2. Review and update the case plan with the child and family at least every six months

STEP 6: Case Closure
Evaluate whether case closure criteria have been met. If so, document and formally close the case use Format 6a: Case Closure.

The diagram summarizes the key steps in the case management process. These steps serve as general guidance and illustrative examples and should always be used in conjunction with the detailed procedures outlined in the SoP.

[93] Bazeia ba Matadalan IRC CCS (2012): 109

CHILD OR YOUTH WITNESS TO VIOLENCE

Violence not onlyimpacts a child or youth's well-being if they experience it themselves, but also by witnessing violence, especially family violence, where a loved one is being hurt, has a grave impact of children or youth's psychological well-being. As a witness of violence, children and youth do not develop physical injuries which makes it difficult to notice the negative impact on children or youth's development.
Research has shown that children, even at a nonverbal age (0-3 years old) can develop long-lasting brain changes and can suffer from symptoms of posttraumatic stress disorder (PTSD) after being exposed to violence.

The Nabilan baseline study (2016)[94] has shown high numbers of domestic violence in Timor-Leste. Domestic violence may include repeated battering and injury, psychological abuse, sexual assault, progressive social isolation, deprivation, and intimidation. These behaviors are perpetrated by someone who is or was involved in an intimate relationship with the survivor. Any of these behaviors can be witnessed repeatedly by a child.

It is crucial to assess and support children of GBV survivors. Close collaboration and coordination should facilitate service provision for GBV survivors and their children. For caseworkers it is important to assess the children and their well-being even if they are not physically injured. GBV service providers must involve Child protection services if there are children in the family.[95]

Iha situasaun umanitária/Emerjensia

ESPLORASAUN NO ABUZU SEKSUÁL
Iha situasaun emerjénsia no iha populasaun umanitária sira, iha risku ba esplorasaun seksuál no abuzu husi atór umanitáriu ka indivíduu ne'ebé asosiadu ho asisténsia umanitária.

Protesaun husi Esplorasaun Seksuál no Abuzu (PESA) nu'udar termu ida-ne'ebé uza atu refere ba pasu sira-ne'ebé foti hodi proteje ema vulnerável sira husi esplorasaun seksuál no abuzu husi atór umanitáriu sira no pesoál asosiadu sira, inklui traballadór asisténsia umanitária sira, voluntáriu sira, guarda seguransa sira, kontratór sira, kondutór sira, pesoál ONU nian, fornesedór/vendedór sira sasán no servisu sira ba objetivu umanitáriu nian.

Risku ba violénsia bazeia ba jéneru mós sa'e iha situasaun emerjénsia nian laran. Liuliu feto, labarik, minoria sira ho jéneru no orientasaun seksuál ne'ebé la hanesan no ema ho defisiénsia sira iha risku aas liu ba esplorasaun seksuál no VBJ durante emerjénsia sira. Presiza rekoñese no konsidera ida-ne'e durante apoiu emerjénsia nian no tenke foti asaun espesiál sira atu asegura labarik hotu-hotu nia seguransa.

[94] The Asia Foundation. 2016. Understanding Violence against Women and Children in Timor-Leste: Findings from the Nabilan Baseline Study – Main Report. The Asia Foundation: Dili.
[95] For more information, please see Prosedimentu Operativu Normalizadu Kona-ba Jestaun no Koordenasaun atu Ajuda Vítima Violénsia Doméstika, Violénsia Seksuál No Forma Seluk Ba Violénsia Hasoru Feto No Labarik (MSSI, 2017)

3.4 Temporary alternative care in case of domestic violence

Children and youth may be separated from their parents and placed in alternative care for various reasons. For example, when parents/caregivers cannot meet their responsibilities to protect the child or youth from harm and adequately support their development and well-being or in emergencies or humanitarian crises, such as natural disaster and migration tear many families apart. Other children and youth end up in residential care because of discrimination due to disability (or the disability of a parent), ethnicity, gender and sexual orientation. Placing children and youth in alternative care can cause immediate and long-term damage caused by family separation and unsuitable alternative care. Children in alternative care are regularly isolated from their families and local communities. Deprived of parental care, they can endure physical, psychological, emotional and social harm. These children and youth are also more likely to experience violence, abuse, neglect and exploitation.

IMPORTANT NOTE:

Children have the right to live within their family. In the prevention, promotion of rights and protection of children, all interventions must keep them integrated in their family as long as this does not mean a high risk for their safety. Therefore, the placement of children in institutions, centres or foster homes should be an exceptional measure, of temporary nature and for the minimum period of time possible, determined according to the best interests of the child, whenever it is not possible to keep them in their natural living environment or to resort to a solution that favours their insertion in a family environment.

(Law N°6/2023, art.6.1 l)° (Law on the Protection of Children and Youth in Danger))

The application of the measure of foster care or instiutional placement, can only be implemented by MSSI (child protection officer), Public Ministry or the court.

This intervention is part of the case management process and needs to follow its steps. Only after a thorough assessment of the case, alternative care can be decided (in participation and consent and non oppositionfrom child, youth and caregivers) to be the best option to prevent any harm of the children or youth and to ensure their well-being.

Before placing a child or youth into alternative care, the caseworker needs to have conducted a proper assessment that validates the decision of the intervention in the best interest of the child. Prior to placing a child or youth in an institutional care facility, alternative care within the family or community has to be evaluated and prioritised as an intervention. Within the case plan for the alternative care intervention, a reintegration plan must be considered from the beginning. This includes the right of education. Even when children are placed in alternative care or shelter, they must have continued access to the school system.

Caseworkers must develop a case plan that integrates regular follow ups, continues communication with the facility and ensures that children and youth can keep contact with their families, including home visits.

Clear goals must be formulated in order to monitor the process and continue validation for the intervention. If the intervention is not adequate anymore, the REINTEGRATION process needs to be properly evaluated, developed, and implemented with all stakeholders involved, such as the Xefe Suku, the family and other community support mechanisms. After the REUNIFICATION (use FORM 4b: REUNIFICATION) of the child with the family/caregiver a frequent follow up process with the child, youth and family needs to be put in place, to ensure the child's best interest and well-being.[96]

Children and youth with disabilities are more likely to be placed in alternative care. When a child or youth with a disability is in residential care, efforts should be made to maintain regular contact between the child, youth and family and to determine if, with support, family-based care can be

[96] For more information see: *Policy, Procedures And Standards For Child Care Centres And Boarding Houses*

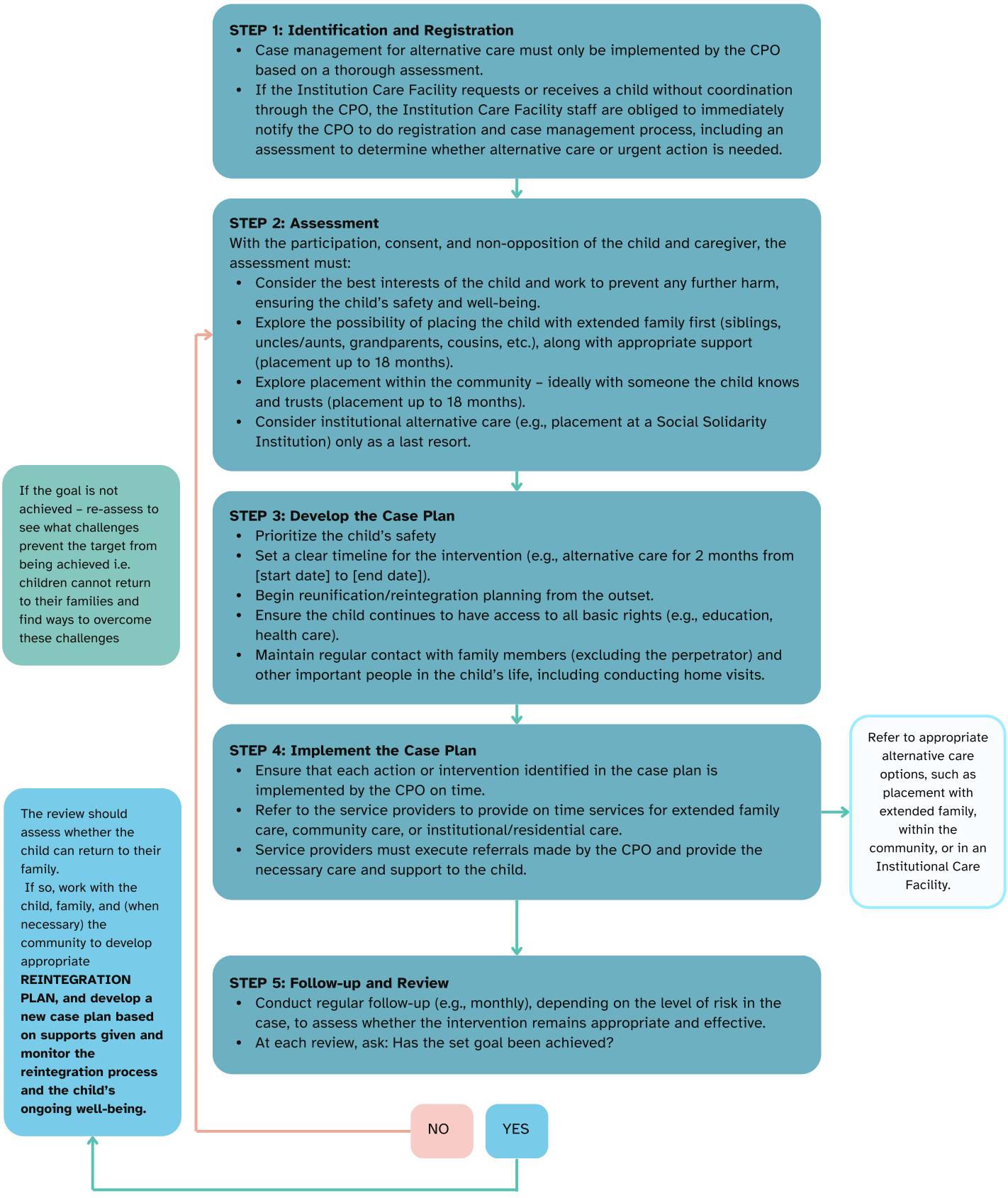
provided. Caseworkers should try to reunite children and youth with disabilities with their families and ensure community-level services for children and youth with disabilities.

FORM 4b: REUNIFICATION

Purpose of form:
To record information on the process of reunification with the purpose of establishing or re-establishing long-term / permanent care.

When to complete:
This form needs to be completed within the first month of a child entering into alternative placement in order to plan for reunificatin. The form should be finalized whenthe child or youth has been reunified with her/his primary, legal or customary caregiver or with another family member.

TEMPORARY ALTERNATIVE CARE FOR CHILDREN AND YOUTH



Section 4: Information management system

Information management is a key element of case management. It improves service delivery, mitigates risk and supports accountability.
Information management includes:

- Forms for documenting individual cases;
- Information-sharing and data protection protocols; and
- An information management system.

Understanding and compliance of information management
All staff need to understand and comply with information management protocols including processes for appropriate documentation, record keeping, database access and use, and sharing of information with others.

4.1 Documentation and record keeping

DOCUMENTATION
Documentation is the process of collecting and storing information specific to individual children and their families, including information that the child, youth and family provide directly as well as any information collected indirectly.[97]

Proper documentation facilitates effective and accountable case management and is a professional and ethical responsibility of the caseworker.
It is important to keep good written records during a child protection case for

- Continuity of care and support (in case the original social worker is unavailable)
- Evidence in legal proceedings such as criminal prosecutions
- Monitoring that action is in the best interests of the child.

The case file should include:

- Case File Cover Sheet
- Case File Checklist Form
- Case Notes
- Consent & Non OppositionForm
- Case Registration & Initial Assessment Form
- Assessment Form
- Case Plan
- Services Provided Form
- Follow Up Form
- Review Form
- Case Closure Form
- Any other documents including court reports, correspondence, copy of birth registration etc.

If applicable:

- Case Conference Report
- Reunification Form
- Case Transfer Form
- Referral Form
- Case Re-Opening Form

[97] CPWG (2014): 44

The FORM c. Case notes overview will include case notes about the caseworkers and/or child's family visits or telephone contacts, including the information on:

- significant achievements
- changes in behaviour
- details of any accidents or injuries
- observations
- any information which may be considered relevant to the ongoing case

Case notes must be based on fact and professional judgement rather than on personal opinion or beliefs. All written records must be completed with care and accuracy and are **dated and signed by the caseworker** making the entry.

FORM b. CASE FILE COVER SHEET

Purpose of the form:
To provide an overview of the contents of the case file and progression of the case through the case management process. This form should be placed at the front of each case file.

When to complete:
Entries should be made on an ongoing basis during the case management process as forms are completed and contents are added to the case file.

FORM c: CASE NOTES

Purpose of form:
To provide a detailed timeline and history on all actions taken by the caseworker on the case and to record information not captured in the case management forms.

When to complete:
Entries should be made on an ongoing basis throughout the case management process and as soon as possible after an action is taken or relevant issues relating to the child arise.

IMPORTANCE OF FILES & RECORDS

Children's personal data and the sharing of data must be documented and managed using safe and appropriate systems, protocols and tools.

Data-gathering organisations must (a) ensure confidentiality and (b) control access to personally identifiable data based on the need-to-know principle.

While caseworkers are collecting and storing documentation, they are doing so on behalf of children and families. This information belongs to the children and families concerned and they are entitled to see their case files. Caseworkers, agencies and government departments are the custodians of the child's information and have the responsibility to protect it on behalf of the child.[98]

RECORD KEEPING

Records should be kept in a way that is confidential and in line with ethics, law, and confidentiality principles (see SECTION 1). Therefore, records/files should be kept in a secure place, with restricted access, such as a locked filing cabinet.

The records must comply with:

- A separate case file for each child that is well-organised with key information presented in a standard, structured way;

[98] CPWG (2014): 44

- A code (that does not identify the child or youth) allocated to each case file and marked on the front of the case file (names should not be recorded on the front of case files). This supports confidentiality and tracking of individual cases. A list which links the case file codes with the children and youth's names should be stored in a different location from where the files are stored. This code can also be used when saving word documents and sending emails related to the case.
- A separate section of each file marked 'strictly confidential' to store information that is particularly sensitive and cannot be shared with certain actors is included

In case of the use of the digital case management tool Primero/CPIMS+, files will already be coded. Although the system supports the confidential record keeping, it is important to ensure that devices (phones, tablets, computers etc.) that are being used to access the system, are kept on a secure place. After using the system caseworkers must log out of the system and ensure that their log-in data is out of reach for others.

FORM A. CASE FILE CHECKLIST

Purpose of the form:
To meet administrative/accountability functions and identify any learning or development needs related to the process.

When to complete:
This form should be completed by the supervisor for 2-5 case files for each caseworker on a monthly basis.

In humanitarian setting/ Emergency

In an emergency setting there should be a separate filing system for highly sensitive files and instructions to destroy files in the event of evacuation.

4.2 Database

Based on international standards it is important to distinguish between registration databases (for record-keeping only) and case management databases (for documenting and managing case flow).

Where databases are used for case management they should:[99]

- Be adapted to the case management process
- Enable timeframes for individual cases to be set and tracked
- Be harmonised through the use of standard forms to enable common statistics to be generated and facilitate inter-agency referrals.
- Support caseload management through caseload review and allocation of cases to individual caseworkers.
- Be supported by appropriately skilled data entry and data management staff. The number of data entry staff often depends on the capacity of the staff to use computers and technology. Staff responsible for data entry and management should be fully integrated into the child protection team and included in child protection training and capacity-building activities to ensure they understand child protection concerns and response processes, and especially data protection/confidentiality issues.

While a case management database is recommended where there is likely to be a high volume of cases to cope with the amount of information, databases alone do not result in effective case management.

[99] CPWG (2014): 46

What is needed is a system for recording information, tracking cases and tasks. This can also be done through good paper records and a simple spread sheet. The database is a tool to support the case management, not case management itself.

4.3 Data Protection/Information Sharing[100]

Data protection means the protection of all personal data collected, either through individual interviews or other means.

Institutions involved in case management must develop data protection protocols based on the principles of confidentiality and “need to know”, with the ultimate aim of safeguarding the best interests of the child. Data protection protocols serve as a guide for

- What information to collect;
- How the information will be used and
- How the information will be stored.

MSSI is the responsible entity to store all the data related to child. Case-specific protection concerns may determine how long information is stored. In cases that involve adoption or alternative care arrangements, information may need to be stored long after case closure.

INFORMATION SHARING PROTOCOLS (ANNEX)
As multiple agencies or government departments are working together to address the needs of children, through the provision of multiple services and referral pathways, it is essential to have agreed information sharing protocols, which define:

- What information about the children should be shared?
- When and with whom?
- How this information will be shared, verbally, electronically or through a paper system?

Appropriate procedures should be defined to ensure that the confidentiality and rights of children, youth and their families are protected and respected at all times.

[100] Ibid.

Sesaun 5: Participating authorities and institutions

The Case Management in Child and Youth Protection SOPs was developed through an inter-agency consultative process with government partners and national and international actors working in child protection.

This process involved the calling of a taskforce by MSSI. A number of taskforce workshops and multiple key informant interviews with child protection actors supported the process of the development of the SOP. A final validation workshop was implemented to ensure all the information and feedback has been implemented into a last version of the SOP to be validated by all stakeholders.

Sesaun 6: Referénsia & apéndise

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APPENDIX

APPENDIX 2: Case management forms

STEP 1: Identification & Registration 1a. Case Registration & Initial Assessment Form 1b. Consent & Non Opposition Form 1c. Case Re-Opening Form	**STEP 4: Case Plan Implementation** 4a. Services Provided Form 4b. Reunification Form
STEP 2: Assessment 2a. Assessment Form	**STEP 5: Follow-up and Review** 5a. Follow Up Form 5b. Review Form
STEP 3: Case Planning 3a. Case Plan 3b. Case Conference Report (also for STEP 5)	**STEP 6: Case Closure** 6a. Case Closure Form
Forms that facilitate case documentation: a. Case File Checklist Form b. Case File Cover Sheet c. Case Notes	**Forms that will be needed throughout the case management process:** d. Referral Form e. Case Transfer Form

APPENDIX 3: Guidelines, Tools and recommendations for specialized Child and Youth Protection Case Management

Appendix 3 revises specialized case management processes, where children and youth are either more vulnerable and/or are exposed to greater risk of harm.

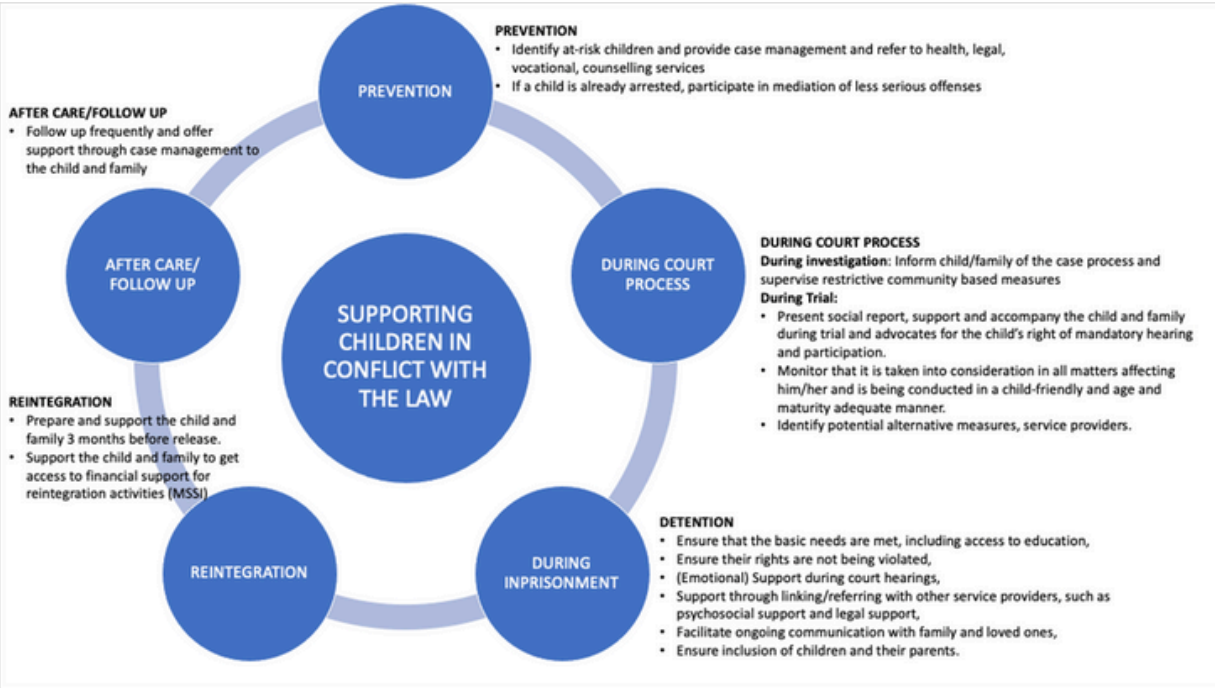
1. Assistance to children and youth in conflict with the law
2. Assistance to children and youth with disabilities
3. Assistance to children and youth with psychosocial distress & mental health conditions

In these 3 ways of specialized assistance, it is important for caseworker to learn correct and law-based procedures that have already been in place in Timor-Leste. It is important to understand those procedures and be aware of special sensitivity when working with cases related to the cases mentioned above

Appendix 3.1 assistance to children and youth in conflict with the law [101]

The term children in conflict with the law refers any person below 18 years who has come in contact with the justice system for committing a crime or has been suspected of committing a crime. Most children and youth in conflict with the law have committed petty crimes such as but there are some who have committed serious offenses. Some children and youth are coerced into crime by adults, knowing that kids would get away with lenient punishment. The legal framework on children and youth in conflict with the law in Timor Leste is not complete and does not specify the legal provisions regulating children in conflict with the law under 16 years old.

[[101] UNICEF (2015): Children in Conflict with the Law., Penal Code, Art°20, Exemption from criminal liability by reason of age



PREVENTION

Caseworkers play a critical role in providing preventative services: their work relates most directly to the underlying causes of offending and risk factors which lead children and youth to engage in offending behaviour.

Caseworkers and/or other CP actors and service providers can support through:

- Providing basic support with the family to determine how offending behaviour can be addressed, instruction on positively managing children and youth's behaviour, counselling or psychological support to children, youth and families (both group and individual);
- Provision of activities which promote socialisation, positive development and self-esteem, and strengthen community ties;
- Support in accessing educational and professional opportunities and monitoring progress;
- Mentoring and support in meeting basic needs.
- All possible actions should be taken to avoid/divert the child or youth's involvement with the formal justice system, exhausting all community based mechanisms and services first.

DURING COURT PROCESS:

The caseworker supports and accompanies the child, youth and family during the investigation, in preparation for and during the court hearing and advocates for the child and youth's right of mandatory hearing and participation is taken into consideration in all matters affecting him/her and is being conducted in a child-friendly and age and maturity adequate manner.[102] The caseworker should ensure adequate legal representation is provided and refer to additional legal assistance when needed. Caseworkers should collaborate with and ensure that adequately trained police and justice actors are working with the child.

Caseworkers and/or other CP actors and service providers can support through:

- Psychosocial support during investigation and court hearings;
- Referrals to legal representation and assistance;
- Providing thorough social report to the court;
- Identifying community based services and sharing with the court.

[102] Law N°6/2023, art.6° (Law on the Protection of Children and Youth in Danger)

DURING DETENTION

Caseworker should support children and youth in conflict with the law during the time in detention, whether temporarily held in custody, jail or in prison, to ensure that their basic needs are met, their rights are not being violated and they have access to legal services, education and contact with their family.

Caseworkers and/or other CP actors and service providers can support through:

- Psychosocial support during detention;
- Advocate for their human and child rights, such as reporting any illegal detention or conditions, ensuring access to health and education;
- Linking/referring with other service providers, such as psychosocial support and legal support;
- Facilitate ongoing communication with family and loved ones;
- Ensure inclusion of children, youth and their parents/caregivers.

REINTEGRATION [103]

Reintegration of children and youth is often a greater challenge than the reintegration of adults because of their relative dependency, a challenge that is even more pronounced for children who lack appropriate parental care. Children and youth who are convicted of an offence, or otherwise associated with offending, experience a high level of stigma which can compound the challenge of reintegration. The support of caseworkers during the reintegration for children and youth in conflict with the law is crucial and can impact positively the future outcomes for a child or youth. The child, youth and the family should be supported in the preparation for reintegration up to 3 month in advance of their release. Case management goals related to reintegration should be defined prior to release.

AFTER CARE / FOLLOW UP

Case management follow up services should be provided to the child, youth and their family after reintegration to ensure access to all services needed and to prevent recidivism.

GUIDELINES

Caseworker should follow these guidelines when managing a case of a child in conflict with the law: APPENDIX 3

1) Service Package for Children and Youth in Conflict with the Law & Monitoring Matrix Demonstrates priority interventions and rights that caseworkers should guarantee when managing a case of a child or youth in conflict with the law.

2) Roles and Responsibilities During Justice Process Of Children and Youth in Conflict With The Law Demonstrate roles and responsibility of different actors during justice process of children or youth in conflict with the law.

3) Risk & Needs Assessment
Screening children and youth in conflict with the law for their needs and risks can help to quickly identify their strengths and vulnerabilities, which can indicate the level of support the child or youth needs to prevent them from future contact with the law, violent or risky behavior.

[103] For more information and to use the Risk & Needs assessment for CHILDREN IN CONFLICT WITH THE LAW RISK see Appendix 3

Appendix 3.1.1 SERVICE PACKAGE FOR CICWL

This Service Package for Children in Conflict with the Law describes the proposed priority interventions and rights that CPOs should guarantee when managing a child's case. Services that cannot be delivered directly through MSS should be referred to a qualified service provider, which the CPO will follow up on to assess the quality and continuity of service. When making a referral, the child should be accompanied by the CPO the first time and be given the name and contact of the specific person who will be responsible for services.

Family/Living situation	Basic Needs	Legal	Health	Education	Special Needs	Community
Contact	Housing	Birth Registration	Medical Attention	School	Substance Abuse	Faith
Reintegration	Clothes	Lawyer	Mental health/Counseling	Vocational training	Anger Management	Recreation/Leisure
Counseling	Food/Nutrition	Translator	Health Education-Safe Sex, Hygiene	Life Skills	Disability	Service
Parenting Skills		Guardianship				Traditional Ceremony

CHILDREN IN DENTENTION	CHILDREN IN TRADITIONAL JUSTICE	CHILDREN IN CONTACT WITH POLICE
• Contact with family • Birth Registration • Public Defender • Physical and MHPSS services referral • School Enrollment or education support • Vocational Training or life skills training • Assistance to address anger issue, substance abuse issue, reproductive health including addressing negative sexual behaviour • Regular contact with family and significant others • Parenting skills • Reintegration Plan 1-3 months before release: Housing, school/work, parenting After care / Monitoring	• Contact with family • Basic needs • Birth Registration • Physical and MHPSS service referral • School Enrollment/education support • Life skills • The process is in the best interests of the child and does not harm the child's development • Parenting • Aftercare/Monitoring	• Public defender • Contact with family • Basic needs • Birth Registration • Physical MHPSS services referral • School Enrollment or education support • Parenting skills • Aftercare/Monitoring

Matrix monitoring

Basic: Basic monitoring involves a regular contact with the client for a medium-term duration. Basic monitoring is appropriate to accompany cases of children in a Low-Risk category. A combination of in-person and telephone contact is used to provide necessary referrals and direct services when needed without causing undue interference in the child's daily and weekly routines.

Intensive: Intensive monitoring is appropriate for clients with a High Risk score, in especially vulnerable circumstances or involvement in especially serious crimes. Intensive monitoring requires more frequent contact with the client and with their parent or guardian. This monitoring is longer term as the increased number of risk factors will require more time for behavior change and procuring appropriate resources and services.

Temporary/Emergency: Temporary or Emergency monitoring applies to short-term clients who are unaccompanied or are in a highly vulnerable situation such as a recent trauma. This monitoring should also be used in cases of children or youth reintegrating back into the community from detention or other residential placement in order to support

Monitoring Level	Case Criteria	Type of Monitoring	Frequency of Monitoring (minimum)	Duration of Monitoring
BAsic	Low Risk First time offender Non-Violent crimes	In-person (face-to face) Home Visit	1x month 1x month	6 month
Intensive	High Risk Repeat offender Violent Crime Sex Crime No family	In-person Home visit Telephone Contact with parent/guardian	1x week 1x week 2x week 1x week	1 year
Temporary/ Emergency	Reintegration Recent trauma	In-person Home visit Contact with parent/guardian	3x week 1x week 1x week	1 month or until placement (whichever is longer)

Appendix 3.2 Assistance to children and youth with disabilities[104]

Children and youth with disabilities are a highly diverse group with wide-ranging life experiences. They live in every community, and are born with or acquire distinct long-term physical, psychosocial, intellectual or sensory (visual and hearing) impairments that, in relation to their surroundings, lead to functional difficulties – like seeing, walking, communicating, caring for oneself or making friends. Those impairments and the way society reacts to it can lead to physical, communication or sociocultural barriers that limit their equal participation in society.

IMPORTANT NOTE:

Children and youth with disabilities have the same human rights as all children and youth!

Caseworkers, all CP actors and humanitarian actors are responsible for respecting, supporting and promoting their rights. They need to identify and address risks and barriers that prevent children and youth with disabilities from equally accessing support, goods, services, spaces and information and what places them at greater risk of violence and sexual exploitation and abuse.

SPECIAL RISK FACTORS TO BE CONSIDERED IN ALL CASE MANAGEMENT PROCESS (incl. Emergency): [105]

- A child or youth with disability may feel disempowered or voiceless which can prevent them from disclosing abuse or other concerning behaviours.
- A child or youth with disability may rely on other people for daily support including intimate care (bathing, toileting). This can result in the lack of independence and privacy, the lack of understanding when another person's behaviour is inappropriate or abusive. This can increase an abusive adult's opportunity to be alone with a child or youth to abuse them.
- A child or youth with disability may be unable to physically defend or protect themselves from abuse.
- A child or youth may be hesitant to disclose abuse or neglect from someone they rely on due to worries that they may not be believed or that any support being provided to them will cease.
- Depending on a child or youth's disability, they may display challenging behaviours such as self-harming or sexually reactive behaviour. These behaviours may be due to a child or youth

[104] UNICEF: Children with Disabilities.
[105] State of Queensland (2020-2022): A child's disability: Risk and Vulnerability Factors.

experiencing abuse or an attempt by the child or youth to disclose abuse or harm. This behavior can often be interpreted as behavior related to the disability.

- Some children and youth with disabilities are at increased risk of isolation. They may have less access to and be less visible in the community.

If a child or youth does not have access to appropriate supports for their disability, this can create difficulty for those caring for the child or youth leading to abuse or neglect, because of the experience of higher stress levels due to financial costs, concerns for their child's well-being and future, actual or perceived stigma, difficulty managing behaviour and the requirement for them to provide increased levels of support and supervision to their child or youth.

Caseworkers and CP actors should

- Reach out to organisations specialised in working with children and youth with disability to link the family and ask for support;
- Know about different types of disabilities, how to detect and support children and youth with disabilities and their families;
- Be able to address the specific needs of children and youth with disabilities, including in the case of violence, abuse, exploitation or neglect;
- Know about how to prevent, detect, report and respond to violence against children and youth with disabilities;
- Address stigma, discrimination and harmful social norms to ensure inclusive child protection.

In humanitarian setting/ Emergency[106]

The physical, communication or sociocultural barriers that limit people with disabilities can places them at greater risk in humanitarian settings. It is important that caseworkers:

- Give special attention to children and youth with disabilities to ensure their safety in emergency and ensure they have access to information and basic needs support services,
- Ensure and advocate that facilities and services are designed for all children and youth's access and use to the greatest extent possible and should include reasonable accommodations or adjustments for children and youth with disabilities,
- Analyse the relationships between disability and other risk factors (such as girls with disabilities, children with disabilities who live in institutions, etc.).
- Collect disaggregated individual and qualitative data by disability, as children and youth with disabilities are present in every context.

[106] CPMS (2019): 30

Appendix 3.3 Assistance to children and youth with psychosocial distress & mental[107] health conditions

Early intervention in childhood years can prevent or mitigate potentially lifelong mental illness. Children and youth with mental disorders often present to primary care services with physical symptoms. Parents and general practitioners may not always recognise that physical symptoms are signs of emotional stress or mental illness in young children.
Mental health problems in children or youth can be expressed through disruptive, angry or hyperactive behaviour.

Mental health problems can also be expressed through withdrawal, worry and emotional responses. These changes can affect a child or youth's ability to communicate, learn and have relationships.

Childrenand youth with suspected mental illnesses need to be referred to specialist services that can clarify a diagnosis and find adequate and age specific interventions, such as financial support (Bolsa de Mãe) through MSSI or play therapy. In every Municipality in Timor-Leste are Mental Health Case Managers deployed by the Ministry of Health that support families and their children and youth in accessing information and services related to mental health, such a Child Friendly Spaces or services from Pradet.

As a child and youth protection caseworker, it is important to

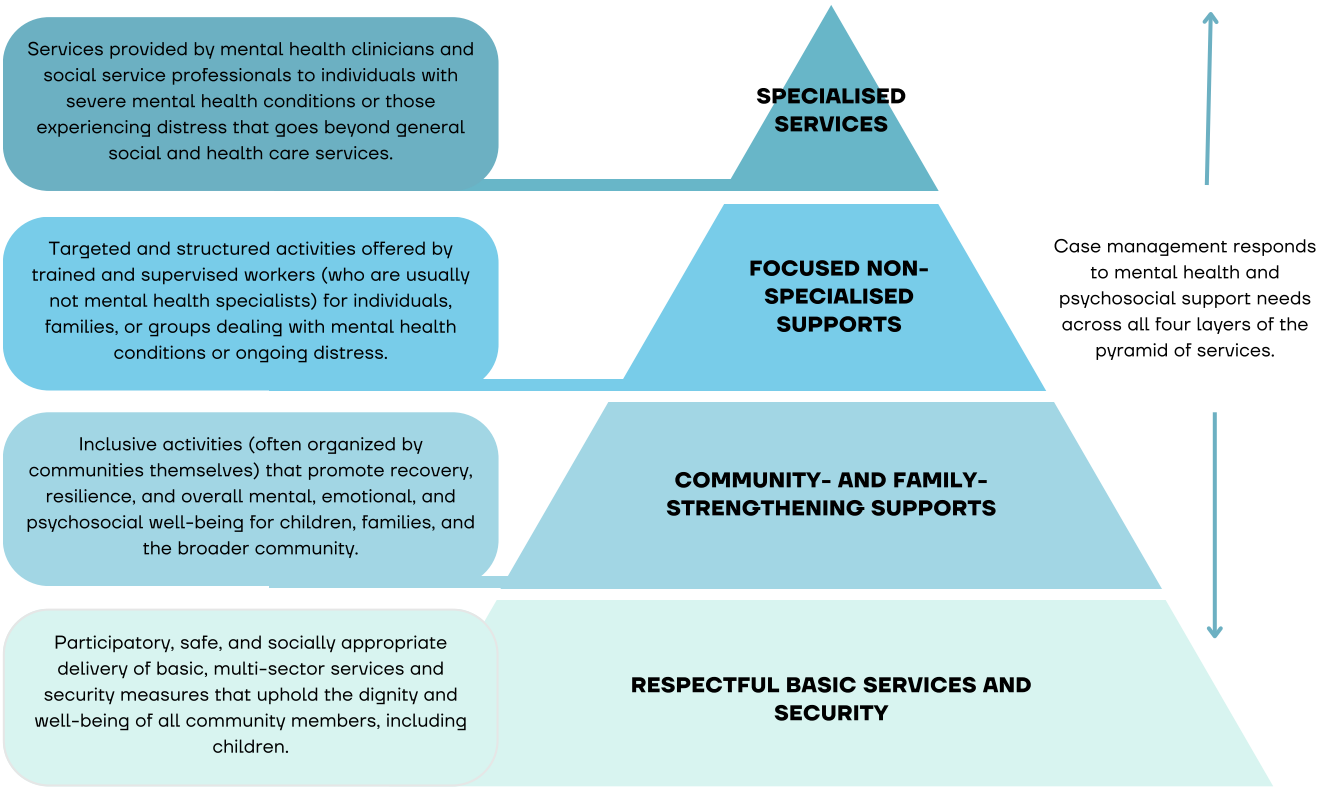
- Be trained on supportive listening skills and psychological first aid (PFA);
- Be trained in trauma-informed care;
- Understand mental health and psychosocial support;
- Provide information on available support services and referral system;
- Support children, youth and caregivers who have mental health conditions and/or show signs of serious distress to access specialised services;
- Advocate for mental health and psychosocial support as a life-saving intervention.

In humanitarian setting/ Emergency

Humanitarian crises and emergency can cause immediate and long-term psychological and social suffering to children and their caregivers. Major sources of distress include:

- Exposure to traumatic events;
- Death of or separation from family members;
- Lack of basic services, accurate information, safety and security;
- Displacement; and
- Weakened family and community networks and support systems.

[107] APLAU (2019): 123[[107] APLAU (2019): 123



Children and youth who are exposed to witnessing violence or experiencing violence on themselves or experiencing any other kind of traumatic experience in an emergency or in daily life can feel distressed. If distress is not mitigated or is managed through negative coping strategies (such as substance use, behavioural problems or self-harm), children, youth and caregivers can develop mental health conditions that require specialised support.[108]

Children and youth's ability to successfully cope with distress (their 'resilience') is influenced by:

- Their age, developmental stage and disability status;
- Their access to basic survival and security needs;
- The pre-existing physical and mental health status of themselves and their caregivers;
- The emotional and social support they receive from caregivers;
- The emotional and social support their caregivers receive; and
- Their overall social environment (such as community support and material resources).

[108] The IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings further describe a series of minimum MHPSS actions for critical work that impacts the mental and psychosocial health of affected groups.

Appendix 3.4: Assessing the immediate need fr moving the child

The immediate removal of a child from their parents, primary caregivers, or family can result in significant trauma and disruption for the child as well as for their parents and family.

Decisions regarding temporary alternative care, whether in a suitable institution or with a family member, must be guided by professional judgment and a comprehensive risk assessment. This includes an analysis of the following factors:

- Child Vulnerability: Consider the child's individual characteristics and needs, potential exposure to danger, and the broader family and community context, including the caregiver's capacity to meet the child's needs and respond to potential harm.
- Severity of Harm: Assess the nature, pattern, and history of harm, including cumulative incidents and the individual impact on the child.
- Probability of Danger: Evaluate the risk factors that increase the likelihood of past or future harm, including the history and behavior of caregivers, their attitudes and beliefs, and contributing contextual factors.
- Safety and Protective Factors: Identify strengths and protective elements that may reduce the risk of harm, focusing on present and future conditions—this includes the child's resilience, caregiver strengths, and support available within the community.
- Consequences of Harm: Determine how the child's vulnerability and the severity of harm combine to affect the child. Categorize the impact as severe, significant, concerning, or as having insufficient evidence of danger.
- Likelihood of Future Harm: Consider both risk and safety factors to assess the probability of further harm occurring—this can be rated as very likely, probable, or unlikely.

When to consider immediate removal of a child:
Immediate relocation of a child to a safe environment is necessary when:

- The consequences of the danger are assessed as serious or significant, and the likelihood of harm is probable;
- The child or young person is deemed to be in need of care and protection, including legal intervention;
- The child's safety cannot be ensured through existing support systems, services, or family/community-based resources.

In such situations, urgent action must be taken to move the child to a safe temporary placement while continuing assessment and planning.

FACTORS TO CONSIDER WHEN DECIDING TO IMMEDIATELY RELOCATE A CHILD

The decision to immediately move a child must be made in consultation with a supervisor and requires the approval of the case supervisor.

- Review the risks identified during the risk assessment:
  - What incident triggered or escalated the level of concern?
  - What is the immediate and unacceptable risk of harm to the child?
  - Are there serious risk factors related to domestic violence in the home?
- Can any safety measures be taken immediately to reduce the level of risk and keep the child safely at home (e.g. temporary interventions or protection strategies)?
- How is the best interest of the child being considered in the decision to relocate them?
- Also consider assessing other risks of removal: is the child breastfeeding or highly dependent on a primary caregiver? What is the impact of separation and placement on the child?

FACTORS TO CONSIDER RELATED TO PLACEMENT

- If the parent proposes an alternative placement for the child (e.g., with a relative or trusted community member), this may be considered only if consent is obtained and a custody agreement is in place (voluntary placements must not expose the child to further risk, any arrangement must guarantee the child's safety and well-being)
- It is essential to first explore safe placement options within the child's extended family or social network (kinship care) before considering institutional or alternative care options.
- Be aware that a placement may need to be discontinued if safety concerns arise for either the child or the caregiver.

Approval for Immediate Relocation
Has the case supervisor approved the immediate relocation?
□ Yes
□ No

If "No," the relocation process must wait until formal approval for immediate intervention is granted by the case supervisor.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