Case Management Guidance

This manual accompanies training on case management for Child Protection Networks in Nigeria.
Disclaimer
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# Acronyms

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<td>ACRWC</td>
<td>African Charter on the Rights and Welfare of the Child</td>
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<td>CPN</td>
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This manual has been developed to support training in case management for Child Protection Networks (CPN) in Nigeria, in partnership with UNICEF and Keeping Children Safe.

The manual provides CPN members with:

1. The child rights context of child protection with regard to case management.
2. An overview of how to implement case management, and the processes, skills and resources required for effective action.

The training timetable

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Case management - what is it?

“The process of assisting an individual child (and their family) through direct support and referral to other needed services, and the activities that case workers, social workers and other project staff carry out in working with children and families in addressing their protection concerns.”

*Save the Children 2011*

“Collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet an individual’s and family’s comprehensive health needs through communication and available resources to promote quality cost-effective outcomes.”

*Case Management Society of America website*

“The process of planning, coordinating and reviewing the care of an individual.”

*Hutt et al 2004*

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

*Terre des hommes 2009*
Case management is a process to prevent and respond to child protection concerns where children are at risk or are experiencing child abuse. A case management process should fit within a national or state level child protection system to enable an effective response to individual child protection cases. However, where child protection systems are not well developed, child protection agencies, such as CPNs, may need to operate their own case management system whilst supporting and building the capacity of national and state systems. Case management needs to fit into existing legislation and the powers of those implementing case management must remain within the limits of the law. CPNs may need to work with police and state bodies to implement some actions, such as removal of a child from an abusive environment to a place of safety. Other actions can be completed by CPNs and partners, such as the provision of services. Case management should be child-centred. Throughout the process, case managers search for answers to key child protection questions such as:

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

(Paragraph adapted from Terre des Hommes, Case Management; Systems and Accountability, 2009;5)

All interventions and outcomes should be recorded in the child’s case file. It is also important to maintain an overall record of outcomes for each referred child, in order to monitor programme effectiveness. Results of the monitoring can be used to support CPN learning, and to provide information to the government and to actual and potential donors. Anonymous case management data can also support evidence-based advocacy and awareness raising.

**Case management definitions**

**Case** - Individual or family being assisted in order to resolve a child protection concern.

**Case worker** - Worker responsible for managing a case who has clear responsibilities. The case worker should have the skills and knowledge required to deal with the case. Consideration should also be given to the sex, religion, language and culture of the case worker in relation to the child.

**Case manager** - Manager responsible for ensuring that the decisions made by the case worker are in the best interests of the child, and address risk. The case manager will also make decisions about closing a case and about resources.

**Case file** - A written record of all the information on the child and family that is relevant to addressing child protection concerns. They are held confidentially and securely.

**Case management** is therefore a structured approach to child protection, providing a process of response for protecting children subject to or at risk of harm. It includes:

- Planning, implementing and monitoring the assistance deemed appropriate to a case, until the situation is improved or resolved.
- Co-ordinating (obtaining and monitoring) the delivery of any services required, as a result of an assessment of the situation by the case worker (in consultation with the client). Services can be either direct (the case worker directly meets needs) or indirect (there is a referral to others for support).
Child protection - what is it?

Definition of a child
Any definition of child abuse and neglect assumes a definition of the child. According to the UNCRC, ACRWC and CRA, a child is ‘every human being below the age of 18 years’.

Definitions of child abuse
Child abuse and neglect, sometimes also referred to as child maltreatment, is defined in the World Report on Violence and Health as ‘all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment, or commercial or other exploitation resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust, or power.’ (WHO, 1999 & 2002)

Within the broad definition of child maltreatment, five sub-types are distinguished.
These are:
- physical abuse
- sexual abuse
- emotional abuse
- neglect and negligent treatment
- sexual and commercial exploitation.

These sub-categories of child maltreatment and their definitions were devised following an extensive review of different countries’ definitions of child maltreatment, and a 1999 WHO consultation on child abuse prevention.

Physical abuse of a child is the actual or potential physical harm from an interaction or lack of interaction, which is reasonably within the control of a parent or person in a position of responsibility, power, or trust. There may be single or repeated incidents. (WHO, 1999)

Sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or that violate the laws or social taboos of society. Child sexual abuse is evidenced by an activity between a child and an adult or another child, who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the desires of the other person. This may include but is not limited to the inducement or coercion of a child to engage in any unlawful sexual activity; the exploitative use of a child in prostitution or other unlawful sexual practices; the exploitative use of children in pornographic performances, internet pictures and materials (WHO, 1999). The recent use of technology such as the internet by adults to entice children to meet or participate in virtual sex is also an abuse.

Emotional abuse includes the failure to provide a developmentally appropriate, supportive environment, including the availability of a primary attachment figure, so that the child can reach their full potential in the context of the society in which the child lives. There may also be acts toward the child that cause or have a high probability of causing harm to the child’s health or physical, mental, spiritual, moral or social development. These acts must be reasonably within the control of the parent or person in a relationship of responsibility, trust or power. Acts include restriction of movement, degrading, humiliating, scapegoating, threatening, scaring, discriminating, ridiculing, or other non-physical forms of hostile or rejecting treatment. (WHO, 1999)

Neglect and negligent treatment is the inattention or omission on the part of the caregiver to provide for the development of the child, with regard to his or her health, education, emotional development, nutrition, shelter and safe living conditions, in the context of resources reasonably available to the family or caretakers and which causes, or has a high probability of causing, harm to the child’s health or physical, mental, spiritual, moral or social development. This includes the failure properly to supervise and protect children from harm as much as is feasible. (WHO, 1999)

Sexual exploitation is the abuse of a position of vulnerability, differential power, or trust for sexual purposes; this includes profiting monetarily, socially or politically from the exploitation of another. Child prostitution and trafficking of children for sexual abuse and exploitation is one example of this.

Commercial or other exploitation of a child refers to the use of the child in work or other activities for the benefit of others. This includes, but is not limited to, child labour. These activities are to the detriment of the child’s physical or mental health, education, moral or social-emotional development. (WHO, 1999)
Children being recruited into the army would also come under this category.
**Disabled children and abuse.** Disability in children can make them more vulnerable to child abuse. What might be considered harmful or abusive treatment of a non-disabled child is sometimes seen as acceptable for a disabled child, for various reasons. In discussing safeguarding of disabled children it is essential to consider not only personal attitudes and values, but also the social context that children are living in. What are the community attitudes towards disability? Awareness of how society treats disabled children is critical for two reasons:

- So that individuals do not reinforce abusive attitudes or behaviour in their own practice.
- So that staff can promote the rights of disabled children to be protected.

Cultural and traditional values mean that children can experience other types of abuse in specific contexts such as:

- Children branded as witches
- Spiritual abuse; that is, abuse by people in positions of trust in religious or spiritual organisations, or misuse of spiritual or religious rituals for harm
- Migrant students (almajiri)

*Source: Keeping Children Safe Tool 3 p198-200*

**Definitions of child protection and safeguarding**

**Child protection** is the actions that are undertaken by individuals, organisations, communities etc. to protect children who are at risk or who have experienced abuse and neglect.

*Source: Keeping Children Safe Tool 3 p200*

**Safeguarding** is the measures that an organisation puts in place to ensure that children are safe within that organisation. Keeping Children Safe has developed a number of standards to assist organisations in ensuring that their organisation is safe for children.

These standards include:

1. A written policy on keeping children safe.
2. Putting the policy into practice.
3. Preventing harm to children.
4. Written guidelines on behaviour towards children.
5. Meeting the standards in different locations.
8. Education and training on keeping children safe.
9. Access to advice and support.
10. Implementing and monitoring of the standards.

*Source: Keeping Children Safe Standards*
Children have a number of rights which have been enshrined in international protocols, including the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC). National legislation also upholds children's rights, in the constitution, but primarily in the Child Rights Act (CRA). However this has not been enacted into law by all states. The rights that are afforded to children in these conventions, charters and laws does not preclude children the rights given in other human rights standards, but recognises the special protections that children require as a result of their relative vulnerabilities.


Child rights principles define a child as **anyone under the age of 18 years**. A child's **best interests** are paramount in any decisions that are made with and for the child. All children are afforded all rights in the convention in line with the principles of **non-discrimination** and **non-divisibility**. The CRC can be broadly divided into four key areas of child rights:

- **Survival (health)**
- **Development (education)**
- **Protection, from all forms of violence, abuse, exploitation and neglect**
- **Participation, in decision-making about issues that affect them (taking into account their age and understanding)**

For case management this means that child protection issues include those pertaining to survival, development, protection and enabling children to be part of the decisions that are being made that affect them.

**Nigeria signed the Convention on the Rights of the Children on 19th April 1991**

**UNCRC Article 19 states that:**

1. States Parties shall take all appropriate legislative, administrative, social and educational 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 parent(s), legal guardian(s) or any other person who has the care of the child.

2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

CPNs and member organisations may be the state parties responsible for protecting children. The CPN and its members can be regarded ‘any other person who has care of the child’ once the child is within the case management process. The case management process itself can be regarded as being the ‘social programme’ providing support for the child.


In addition to the rights contained in the UNCRC, the ACRWC **Article 31 gives children responsibilities** towards his family and society, the government and the international community. Such responsibilities include the duty to work for the cohesion of the family, to serve the national community, to preserve and strengthen social and national solidarity and to contribute to the promotion of African unity.

The African Charter originated because the member states of the African Union believed that the CRC missed important socio-cultural and economic realities particular to Africa. It emphasises the need for recognition of African cultural values and experiences when dealing with the rights of the child, yet challenges traditional African perspectives on issues such as child marriage, parental rights and obligations towards their children, and children born out of wedlock. It is expressly stated that the Children’s Charter is a higher authority than any custom, tradition, cultural or religious practice that may not fit with the rights, duties and obligations in the Charter.
States parties must recognise the rights, freedoms and duties enshrined in the Charter, and take the steps to adopt such legislative or other measures as may be necessary to give effect to the provisions of the Charter (Article 1(1) of the Charter).


**National legislation**
Nigerian legislation is in place which enables the state to meet its responsibilities to uphold the provisions of the Children’s Charter and CRC. The primary piece of child rights legislation is the Child Rights Act (CRA). This has not been signed by all states. A number of other pieces of legislation can be used to promote child rights and make child abuse illegal, including the Constitution of the Federal Republic of Nigeria, the penal code, the criminal code, the NAPTIP Act, and the Children and Young Person’s Act.

**Constitution of the Federal Republic of Nigeria**
Chapter 2 outlines the fundamental objectives and directive principles for state policy, which includes provision of education, health and social amenities by the government. Chapter 4 outlines fundamental human rights including rights to life, freedom of expression, freedom from discrimination, dignity, private and family life, religion etc. The constitution therefore provides for many of the rights detailed within international child right conventions.

**Child Rights Act 2003**
The Child Rights Act domesticates the Child Rights principles in the UNCRC and the ACRWC, and extends the rights contained within the CRC and ACRWC to Nigerian children.

Under the act, children are also given responsibilities, which include working towards the cohesion of their families, state and society, strengthening social and national solidarity, preserving the independence and integrity of the country, respecting the ideals of freedom, equality, humaneness, and justice for all persons, relating with others in the spirit of tolerance, dialogue and consultation, and contributing to the best of their abilities to unity with Africa, and solidarity with the world at large.

Where states do not have the CRA domesticated, the constitution, penal code or criminal code, Children and Young Person’s Act and NAPTIP Act can be used to promote child protection.

**Penal code**
The penal code applies to northern states and makes child abuse and brutality illegal.

**Criminal code**
The criminal code applies to southern states and makes child abuse and brutality illegal.

**NAPTIP Act - Trafficking In Persons (Prohibition) Law Enforcement And Administration Act, 2003; and Trafficking In Persons (Prohibition) Law Enforcement And Administration (Amendment) Act, 2005.**
This act makes both international and national trafficking in people, including children, illegal. It further states that no child under the age of 18 should be employed as ‘domestic staff’ outside their family.

**Children & Young Persons Act 1963**
This act gives special provision for juvenile justice.

**Freedom of Information Act 2011**
This act states that any organisation which has information which is helpful for another organisation is obliged to give information to the other organisation. Failure to do so means that an organisation is responsible for the consequences of non-disclosure.

*The Child Rights Manual has detailed information on the international and national laws on child rights.*
**Guiding principles for case management**

For effective case management there should be a number of guiding principles in place. These include:

**Child Rights and the best interests of the child**

As has been discussed, child rights principles as defined in the CRC and ACRWC inform case management. Particularly relevant are the definition of a child as any human being under the age of 18 years, and the commitment to ensuring that all decisions are made in line with the best interests of the child. ‘Best interests’ implies that all decisions should be made with the participation of the child (with due consideration for their age and understanding), to protect the child from abuse and uphold their rights. You must not do anything, or allow someone else to do anything that you have good reason to believe will put the health, safety or wellbeing of a child in danger. This includes both your own, and others’ actions. You should take appropriate action to protect the rights of children if you believe they are at risk, including following national and local policies.

**Confidentiality**

Case workers, case managers, support agencies and CPNs will have access to a considerable amount of personal information relating to the children, families and carers who use the service. It is expected that staff will treat this information in a discreet and confidential manner and that information will only be shared with others on a need to know basis.

Confidentiality is not the same as secrecy. It should be made clear to children and families that case workers cannot be expected to keep secrets.

Secrecy means that information that you are given will not be divulged to anyone else in any circumstances. Confidentiality means that the circumstances in which information may be shared is restricted, and that all parties are aware of the people with whom it may be shared.

Case workers will need to share information about the service users with case managers and those working with the child on the support plan. It may be necessary also to share information with certain other colleagues in the workplace and CPN. This is because case workers are accountable to the agency for the work they undertake with children and families, and this allows decisions to be made and appropriate support provided by the most appropriate agency. Case workers should be honest and open about this with children and families.

Information may also need to be shared elsewhere, within or external to the agency, if there is clear evidence of serious danger to the child, worker or any other persons in the community. Where information will be shared with others, this should be discussed with the child and their family/carers. Issues can of course be discussed in general CPN meetings, but specific details about a child should remain within the group of those identified in the support plan. This group may change over time as the support plan develops.

It is important that CPN members have a shared understanding of what confidentiality means so that everyone conforms to the principles of confidentiality, and it is clear who needs to know what. Confidentiality should be included in CPN terms of references, codes of conduct, safeguarding policies etc. Confidentiality will also need to be clearly explained to partners so that they can work with the CPN using the same confidentiality guidelines. The Freedom of Information Act can be used to ensure that information is shared between organisations to enable informed decisions to be made.

Where there is a need to inform others about a child, for example to keep that child or other children safe, it may be possible that the child or family be empowered to breach their own confidentiality and seek support services with the case worker.

Some agencies have an ‘open access to records’ policy. That means service users are entitled to see the records that are kept about them. Case workers must record information accurately, which may mean checking the facts with the service user or anyone else who provides information.

**Non-discrimination**

The CRC (Article 2) and ACRWC (Article 3) state that all children have all the rights in the charters. Children are entitled to the rights guaranteed in the charters without discrimination on grounds of race, ethnicity, colour, sex, language, religion, political or other opinion, national or social origin, fortune, disability, birth or other status. Furthermore the constitution and CRA provides for non-discrimination on the additional grounds of belonging to a particular community, place of origin, circumstances of birth, deprivation or political opinion. It is further stated that the dignity of child should be respected at all times.

Case workers and case managers must therefore ensure that all decisions that are made do not discriminate, directly or indirectly, against children, families or others that are related to the child’s case.
Advocacy
Case workers and case managers should work with children and families in a way that enables them to be empowered to take responsibility for their own lives. This may include advocating on behalf of the child and family to get access to services. Wherever possible children and families should be actively involved in this process, so that once the case is closed, they are able to advocate for themselves and obtain any support services necessary to gain independence.

Duty of care
Case workers and case managers have a duty of care to the child and family. This means that case workers and managers must only work with children where they have the skills and capacity to do so. When accepting a referral of a child you must consider this duty of care, and if you do not have the ability to provide the required support, the child should be referred to others to provide case management care or services. If you refer a service user to another case worker or case manager, you must make sure that the referral is appropriate and that, so far as possible, the child and family understands why you are making the referral.

Honesty and integrity
Those working with children must justify the trust that other people place in them by acting with honesty and integrity at all times. Case workers and case managers must not get involved in any behaviour or activity which is likely to damage the child’s, family’s or public’s confidence in the case worker or CPN.

Effective communication
Case managers and case workers must take all reasonable steps to make sure that they can communicate properly and effectively with children and families. This includes using simple language and not jargon. It also means that the preferred language of the child should be used as far as possible in all communications with the child. Where children speak a language that the case worker and manager do not speak, consideration should be given to use of interpreters. This may be important where children have moved from one part of the country to another, or have come to Nigeria from another country.

Case workers and case managers must communicate appropriately, cooperate, and share their knowledge and expertise with other practitioners, for the benefit of the child and family.

Accurate records
Making and keeping records is an essential part of providing support, and case workers must keep accurate records for every child for whom support is provided. All records must be completed promptly and must be clearly written and easy to read. All records should be signed and dated.

Case workers and case managers must protect information in records from being lost, damaged, accessed by someone without appropriate authority, or tampered with.

More information on record keeping can be found in the Case Files section of the manual.
How to do case management

Case management cycle

1. Identification & assessment
   - Receive info on child in need
   - Assess against criteria
     - Meets criteria
     - Does not meet criteria; refer to other services
   - Record in monthly reports
   - Open case file
   - Allocate case worker (based on skills)

2. Support planning
   - Initial planning meeting
   - Develop support plan

3. Referral & liaison with support services
   - Referral to support services
   - Implement support plan

4. Mentoring & review
   - Follow-up visits
   - Case conference
   - Case closure
1. Identification and assessment

**Receive information on child in need**

CPN members will be able to work with the majority of children they come into contact with without needing to refer to the CPN network. However where children have complex needs and face many risks, the child’s support needs may exceed the capacity of one organisation to handle alone. These children can then be referred for CPN case management.

Children may be identified through monitoring of environments such as institutions (children in conflict with the law, mother-and-baby homes), community outreach (street children, separated and unaccompanied children), release from an exploitative environment (armed groups, exploitative labour, trafficking), education, health and law enforcement. A child may be identified by neighbours, CBOs, NGOs. Children may also make themselves known to child protection agencies.

**Assess against criteria**

All case management systems need to establish criteria for opening cases. What level of child protection concern should result in a case being opened? Who is the target group of children for the CPN case management system? Areas of child protection concern may include:

- Street children
- Trafficked children
- Child labour
- Children branded as witches
- Child marriage
- Children in conflict with the law
- Disability (lack of services)
- Physical or mental health needs
- Orphans
- Reintegration from armed conflict
- Domestic violence
- Abuse, neglect, exploitation
- Emergency contexts
- Unaccompanied and separated children

To develop the CPN criteria for case management, consider how high the risk should be, and whether an agency has the capacity to manage this risk alone. CPNs cannot work with all children with physical health needs, or who are orphans, for example. Should there be a qualifying condition such as, ‘who are at risk or experiencing significant harm’?

Once child protection criteria has been established, referral pathways to the CPN/agency from the child, family, health, education or justice systems, social welfare, NGOs, CBOs etc. need to be developed, to enable the child to be referred to the CPN for case management support.

**Assessments**

After information on a child in need has been received by the CPN, an assessment should take place. Once the assessment has been completed, a decision is made about whether the child meets the CPN case management criteria, and fits within the CPN target group. If they do, a support plan for the child is developed, and the process continues around the case management cycle. If they do not, the child can be referred to other agencies for support, but there is no further action within the CPN case management process.

An assessment provides us with information on the child’s situation and history. Standard assessment forms are used to gather and record information on the child/family from a variety of data sources, or people who know the child’s situation. These are completed by the case worker and used to decide if the child meets the criteria for case management.

An assessment is a method of data collection and analysis, and is conducted by the case worker. The assessment reviews the child and family/carers’ strengths, and any areas where they need support. It considers parenting capacity, the child’s developmental needs, and family and community factors. Areas which the assessment should focus on include:

- Health
- Disability
- Education and training
- Emotional development
- Family situation
- Social situation/integration
- Self-care
- Legal factors
- Risk factors
- Culture and nationality
- Aspirations
Information can be collected from a number of sources; the child, family, referring agency, education or health system, NGOs, reports and any other source of information on protection concerns for the child. The information is then analysed and used to answer questions such as:

- What is happening?
- Why is it happening?
- What is likely to happen next?
- How can I change what will happen next?

**In emergency contexts** where children are displaced, separated or unaccompanied, CPN would also need to register a child to assist with family tracing and reunification. Standard registration information includes:

- Child’s name, age and gender
- Whether the child is separated, unaccompanied or with their primary carer
- Where the child is currently staying
- Date and location where they are registered
- Initial protection concern/need

Where a child is in a ‘home’ environment one of the most important aspects to review is the family environment, the situation of the child within the family and their views about it. Where a child is not in a ‘home’ environment it is important to include and understand the cause of separation and the possible impact of reunification to the home.

Assessments can look at either needs or risks or both. As stated above, there must be criteria against which to assess. An assessment will provide insight into the particular protection concerns affecting a child and will inform the provision of support. It will identify the range of needs of the child, and those which are most urgent.

**Maslow’s hierarchy of needs**

- **Physiological or biological**
  - Food, water, sleep

- **Safety and security**
  - Physical safety, family, stability

- **Belonging and love**
  - To give and receive love, to belong to a family, community, tribe

- **Self esteem**
  - Self respect, esteem for self and others

- **Self actualisation**
  - Self fulfillment to reach potential
Risk assessments

Risk assessments need to consider:
1. The risk the person poses to others (dangerousness)
2. The risk the person is subject to (vulnerability)

In child protection we assess risk the child is subject to AND the risk the child may pose to others. Assessing risk is crucial in child protection.

Defensible decision making

In recognition of the fact that assessments are highly fallible and subjective, we need to arrive at decisions in a manner that any reasonable body of professionals would also have followed. This makes the decision defensible if brought to account, i.e. you can defend the reason for the decision that you made. Factors that contribute to a defensible decision include:

- Taking all reasonable steps
- Using reliable assessment methods
- Collecting and analysing information
- Recording decisions
- Working within policies and protocols
- Communicating with others to get information you do not have

Does not meet criteria - refer to other services

If the assessment does not confirm a child protection concern, no further action is taken by the CPN case management system. It would be good practice to refer the child to other services for support where there are unmet needs.

Meets criteria

If the assessment confirms the child protection concern, a case should be opened and a permanent case worker and case manager should be allocated.

Record in CPN reports

It is important to record centrally the results of all assessments, and to report on the numbers of children which meet the CPN case management criteria or not. The report should show whether the child meets the criteria and will be referred elsewhere for support. Where a child is referred for further services either as part of the support plan or as part of the case closure, that information should also be reported.

These records are used for CPN monitoring, to demonstrate the work done by the CPN, the kinds of requests for support that CPNs are receiving, and the capacity of the CPN to respond. The CPN monthly records should be maintained by a nominated member of the CPN. It could be updated during regular CPN meetings. The data gathered can be used by state and national governments, to inform donors and to secure further funds.

Confidentiality and secure storage of all information on children is very important. Children could be given an identification code which would allow their case to be discussed whilst still maintaining confidentiality, and to overcome the problem of different children who may have the same name.

An identification code template could be: Local Government Authority Code/ Code of organisation/ Month/ Year/ Serial number e.g. BAU/MSW/11/2013/001 or Code of organisation/Offence/ Month/ Year/ Serial number e.g. NPF/CSA/112013/001

Results should be anonymous, collated on a monthly basis, and sent to UNICEF as a minimum as part of the regular CPN reporting. Information from the reporting can also be used to inform the project reports of individual CPN members.

Allocate case worker

Once a child has been assessed as meeting the CPN criteria, a case worker should be allocated. The case worker will coordinate all aspects of the case management cycle, finalising any assessment, developing support plans, making referrals, conducting follow-up visits and representing the child’s views in the case conference.

As explained in the guiding principles section of the manual, the case worker should be allocated based on the skills of the person to support the child, e.g. a child whose main need is psycho-social should be allocated a case worker who is skilled in providing psycho-social support. The sex, language, religion and culture of the case worker should also be considered, so that the case worker can meet the child’s needs.
GOOD QUALITY DATA CAN BE USED:

- To inform programming and priorities for other key stakeholders on child protection.
- To inform funding proposals for sponsors and donors.
- For evidence-based advocacy. For example, where data shows an increase in the number of children who have been referred to the CPN as a result of child marriage, rape, physical abuse etc., the CPN can lobby for changes in the law, increased provision of services and increased resources to deal with these particular issues.
- For awareness-raising and campaigns. It is much more powerful to say ‘435 children have been raped in this state in the last 12 months’, than it is to say ‘children are raped in this state’.

CASE STUDY - ASSESSMENT, RISK AND DEFENSIBLE DECISION-MAKING

An NGO providing shelter for girls aged 12-18 years who had experienced sexual abuse, exploitation or trafficking received a referral from the police. The police informed the shelter that the girl (M) was 16 years old and had experienced sexual abuse and exploitation. The girl met the criteria and a comprehensive assessment was carried out. Information was gathered from the girl and the police and the girl’s family was traced. The assessment panel and partners met and agreed that the girl could move to the shelter and was allocated a case worker.

M’s identified needs included, shelter (basic needs), reunification with family, education, legal advice (safety and security), and counselling (self-esteem). A support plan was put in place to meet these needs.
After a few weeks, staff noticed that the other girls did not want to be with M. The girls were asked what the problem was, and they told staff that M was kissing them sexually.

Staff had a case conference with the girl, considering the best interests of M as well as all the other girls. The case worker and case manager, a social worker, lawyer, teacher and ministry were present at the meeting. It was decided to refer her to a children’s psychiatric hospital, as no other shelter would accept her due to her vulnerability and her risk to other children. Her family refused to have her home, and she may have been a risk to her siblings. The decisions made at the case conference were recorded in her case file.

Staff from the shelter provided full information and records on M to the children’s psychiatric hospital and continued to visit her. During one visit her case worker found her sexually abusing a child of 5 years old. The hospital staff were informed and refused to keep M; they had to consider the risk M posed to other patients and the other patients’ best interests.

M returned to the shelter and after a case conference was moved to an adult psychiatric hospital.

Were the staff at the shelter responsible for M’s abuse of other children or could they defend their decisions?

Staff at the shelter had taken all reasonable steps to get information on M prior to her moving to the shelter. They had used the shelter’s assessment form and analysed the information at an assessment meeting. Their decisions were recorded. All policies were abided by and the shelter communicated with others, including the police, psychiatrist, lawyers and family to get as much information on M as possible.

The shelter staff could not predict the future. Their decisions were defensible and they were not guilty of bad practice.
Open case file
It is very important to document the case management process and the work done to support a child and their family/carers. As explained within the Terre de hommes definition of case management, the process relies on recording information. It is also important to record decisions, so that if decisions are questioned there is a record of the decision made and the reason for the decision. This supports the principle of defensible decision-making as discussed above. Case files which document information are also important for programme quality and monitoring (Terre des hommes), and for advocacy. Some important aspects of documenting the case management process include:

• All case management documentation should be kept safely and securely.
• It is important to record sufficient information to provide others with an overview of the work done and the work still required to manage assessed risk to the child.
• It is important to record fact not fiction.
• Do not make assumptions and record these as fact. Only record what you know to be true.
• If you have received information from other sources, quote the source, and do not present the information as of your own finding.
• All documents should have the name and signature of the person making the recording.
• All documentation should be dated.

Effective case management requires a number of standard forms to be used and documents maintained. These include:

• A case file cover sheet
• Assessments
• Support plans
• Records of work done
• Minutes of case conferences
• Documents, letters and correspondence
• Records of anything given to a child
• Authorised use/confidential

Case file cover sheet - this gives a brief overview of the child, and should include:

• Child’s full name, address, date of birth/age, sex, religion, language
• Parent/carer’s name, address, phone number
• Name and contact details of case worker (including organisation phone number and address)
• Details of any other workers/agencies providing support
• Date and reason for referral
• Code for identification

Assessments - a standard form is used to record the present situation of the child and family/carers.

Support plans - a standard form is used to detail the support that will be provided, including by whom and when. It should also include details of review dates.

Record sheets - any work done with or on behalf of the child needs to be recorded in as much detail as possible, to enable another party to use the file to understand what has been done and what yet needs to be done to keep the child safe. Information recorded should include visits, phone calls, referrals and discussions with other agencies. Information should be recorded as soon as possible after the event and records should be kept in chronological order. Names and signatures of the workers should be recorded.
Example of completed record sheet:

<table>
<thead>
<tr>
<th>Date</th>
<th>Work done</th>
<th>Name &amp; signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/08/2013</td>
<td>Met child and family to prepare for the case conference on 10/08/13. Agreed that case worker will talk on behalf of child and family to say that they would like to continue to attend the community-based parenting classes and children’s clubs. They are not aware of progress with the court case and would like an update. Will contact them after the case conference.</td>
<td>Angie Bamgbose</td>
</tr>
<tr>
<td>10/08/13</td>
<td>Case conference took place - see minutes of case conference and new support plan for details. Will meet with child and family on 12/08/13 to inform them of results of the case conference.</td>
<td>Angie Bamgbose</td>
</tr>
</tbody>
</table>

Minutes of case conferences, copies of correspondence or documents about the children such as birth certificates, school records can also be maintained in a case file.

It is good practice to allow children to have access to their file and to be able to review the contents with the case worker. Files may contain information on other people such as siblings and parents, which should remain confidential from the child. This information should be maintained in a confidential section of the file which the child is not permitted to see, to maintain the privacy of others.
2. Support planning

Initial planning meeting
The case worker and case manager alone may not be able to meet all of the child’s needs. An initial planning meeting (case conference) should therefore be held. Agencies who have been identified as being able to provide support for the child and family should be invited to this meeting.

The case worker should present the results of the assessment, and the agencies present should together agree who will do what to meet the child’s identified needs. The results of the meeting are to be recorded on the support plan form.

Limits of non-state bodies to intervene
CPN members may well want to remove children from a situation where they are experiencing, or at risk of experiencing abuse. However, only the police can remove children to a place of safety. Only the police with the Ministry of Women Affairs and Social Development (or equivalent) can place a child in a shelter or orphanage; they should therefore be involved in the development of a support plan. If another organisation or individual removes a child and places them in a shelter, orphanage or private home, they may be accused of trafficking, abduction or kidnap.

CASE STUDY - POLICE REMOVING A CHILD TO PLACE OF SAFETY
A grandfather came to the office of an NGO asking for someone to go to fetch his grandchild from an abusive and drunk father.
The grandfather’s daughter was 17 years old (still a child), and had a 2 year old child and a 6 month old baby. The girl’s husband had been drinking alcohol and had beaten up the girl, who had fled to her father’s house with her two children. The father, still drunk, had come to the house and taken the baby. The grandfather and girl had returned to the husband’s village to try to get the baby, but the husband refused to give the baby to the girl.
The grandfather had called the police. The police said that they did not have a vehicle and so could not go to get the baby.
The grandfather then came to the NGO to ask for help to get the baby, who had now been without its mother for 24 hours. The baby was still being breastfed and so had not been fed for a day. The NGO did not use their staff and vehicle to find the baby. The NGO needed to consider the safety of their staff, and did not have the legal right to take the child from its father. To do so would have been kidnap.
The NGO had good working relationships with the director of community police. They contacted the director and asked for assistance. The director of community police mobilised a vehicle and officers. The baby was reunited with the mother. The father was arrested on assault charges. The NGO also referred the girl and her children to Social Welfare for ongoing support.
Developing a Support Plan

Once a case file has been opened with the assessment form within it, and a case worker allocated, the case worker should develop a support plan based on the best interests of the child, to meet identified child protection needs and to minimise risk.

A support plan sets clear priorities and goals for what will be done to meet the needs identified in the assessment. The support plan should include precise information on assistance to be provided; **What? Who? When?** As with all plans it needs regular review and monitoring to ensure all needs are being met. Areas which may be addressed are the same as in the assessment, and include:

- Health
- Disability
- Education and training
- Emotional development
- Family situation
- Employment
- Family and social relationships
- Culture and religion
- Social situation/integration
- Self-care
- Legal factors
- Risk factors
- Aspirations

The child should participate in the development of the support plan so he or she understands what’s happening. This also supports the accountability of the case worker.

If a referral is being made to a service provider, the agency should be included in the development of plan. Remember to think about how family, neighbours, community groups and leaders can be included in the plan to support the child in both the short- and the long-term.

The case worker is supported by the case manager to develop and implement the support plan. The case manager may be required to make decisions such as those about budget or the involvement of other statutory bodies, and referrals may need to come from the manager.
3. Referral and liaison with support services

Referral to Support Services

Where the case worker cannot meet all the child’s needs, they must refer the child to other agencies as identified in the support plan. A referral is the means by which a person passes on information about a child, family or carers to the CPN or to another agency.

“Getting all the pieces of the service plan so that they are carried out in a logical sequence is at the heart of service coordination.” (Steinberg & Carter 1983 in Vourlekis & Greene 1992:20) This is the case workers’ responsibility. Referrals for support may be made to education, physical/mental health, legal, livelihood support, or skills training services, or to informal support networks such as family, friends and neighbours. Support can be either ‘practical’ or ‘emotional’. ‘Practical’ support includes services which are tangible, such as education or health, whilst ‘emotional’ support includes psycho-social or counselling support.

To manage referrals effectively CPNs need a resource directory outlining which services are provided by which agencies. This may require CPNs to do some resource mapping to identify agencies which could meet children’s needs and join the referral pathway. It is important that when CPNs look at which agencies they can refer a child to, they check that the agency provides high quality and safe services. This means that the CPN will need to build and maintain relationships with organisations that can provide services to the children in the CPN target group. It may be that an organisation needs some support and capacity development from the CPN, such as child rights training, or help to develop safeguarding policies in order for the organisation to be able to provide quality services. In return for this support, the organisation may agree to provide priority services to children referred by the CPN.

To facilitate referrals, CPNs need to establish referral pathways with clear roles and responsibilities of each agency, stating to whom the referrals should be made. A referral pathway should include:

- Definition of referrals, i.e. from agencies to CPNs, or from CPNs to agencies, or both
- Clear criteria of the children defined as needing case management for child protection
- Role of CPN and other agencies
- Who can make a referral
- What information about the child and family/carers needs to be provided by referrer to agency
- How to provide required information and to whom, e.g. report, telephone call
- What will happen next, e.g. assessment or internal meeting to decide if criteria are met

Partnership agreements or memorandums of understanding may also need to be developed to formalise referral pathways.
A Resource Directory could look like:

<table>
<thead>
<tr>
<th>Name of agency</th>
<th>Contact details</th>
<th>Working location</th>
<th>Target groups</th>
<th>Nature of services</th>
<th>Business hours</th>
<th>Resources required/ cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Psycho-social services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NGO for Children</td>
<td>Mrs Sulaiman Director Mobile: 123456789</td>
<td>Abc District and all towns and villages within District</td>
<td>Homeless children, street children, trafficked children</td>
<td>Tracing of family and rehabilitation of children into extended family</td>
<td>Monday-Friday 8.00-16.30</td>
<td>Free services</td>
</tr>
<tr>
<td>Church</td>
<td>Pastor So-and-So</td>
<td>This L.G.A.</td>
<td>Children and families</td>
<td>Counselling, spiritual guidance. Can also refer to the shelter</td>
<td>Anytime</td>
<td>Free</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transport costs may need to be given if far from the centre</td>
</tr>
<tr>
<td><strong>Legal services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Children’s Justice Centre</td>
<td>Mr Ola, Lawyer Tel. 987654321</td>
<td>Xyz Town</td>
<td>Abused children</td>
<td>Legal support for abused children</td>
<td>Monday-Friday 8.00-17.00</td>
<td>Court fees payable</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
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<td></td>
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<tr>
<td><strong>Shelters</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>NAPTIP</td>
<td>Mrs Elizabeth Manager Tel. 1122344455</td>
<td>National and State</td>
<td>Trafficked children</td>
<td>Legal and Prosecution, Counselling, Rehabilitation</td>
<td>24 hours/7 days a week</td>
<td>Free services</td>
</tr>
<tr>
<td>Ministry of Women Affairs and Social Development</td>
<td>Mr Timothy Children’s Desk Tel. 0099887766 Mrs Fatima - Head of Shelter Tel. 5544332211</td>
<td>Whole state</td>
<td>Child Protection</td>
<td>Shelter Day services Chair of CPN</td>
<td>Shelter Office Monday-Friday 8.00-22.00 Children’s Desk 8.00-16.30</td>
<td>Free services</td>
</tr>
<tr>
<td>St Mary’s Shelter</td>
<td>Sister Mary</td>
<td>State Capital</td>
<td>Abandoned children from across the state aged 0-5 years</td>
<td>Shelter</td>
<td>24 hours/7 days a week</td>
<td>Free. Donations appreciated</td>
</tr>
<tr>
<td>Name of agency</td>
<td>Contact details</td>
<td>Working location</td>
<td>Target groups</td>
<td>Nature of services</td>
<td>Business hours</td>
<td>Resources required/ cost</td>
</tr>
<tr>
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<tr>
<td><strong>Health services</strong></td>
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<td></td>
</tr>
<tr>
<td>KKK Medical Centre</td>
<td>Dr Amina Bakur Paediatrician Tel. 6677889900</td>
<td>Town centre</td>
<td>Any child under 15 years</td>
<td>Medical checks and referrals to hospitals</td>
<td>Monday-Saturday 8.00-16.30</td>
<td>Free checks Medical costs payable</td>
</tr>
<tr>
<td><strong>Education and skills acquisition</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study Well Vocational Training Centre</td>
<td>Mr Abdullah Tel. 3456789012</td>
<td>Kaduna City</td>
<td>OVC Children with disabilities</td>
<td>Vocational training (carpentry, mechanics, hotel and catering)</td>
<td>Monday-Saturday 8.00-16.30</td>
<td>Free services Materials need to be paid for</td>
</tr>
<tr>
<td>Ministry of Education</td>
<td>Permanent Secretary Mrs Patience Tel. 080123456</td>
<td>Whole State</td>
<td>All school-aged children</td>
<td>State Schools</td>
<td>Monday-Friday Primary schools 8.00-13.00 Secondary schools 8.00-16.00</td>
<td>Uniforms and stationary may be provided by the state bursary for CPN referrals; discuss with PS</td>
</tr>
<tr>
<td><strong>Income generation</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Work Hard NGO</td>
<td>Mr Udoh Tel. 080678910</td>
<td>Whole State</td>
<td>Widows, girls and women who are homeless, girls living on the streets, indigent families, unemployed parents</td>
<td>Teaching soap making, confectionary making &amp; business skills once a week for 12 weeks. Contact for start date.</td>
<td>Monday 8.00-13.00 Tuesday-Wednesday 13.00-17.00</td>
<td>N50 contribution required for costs of materials required Tuition free</td>
</tr>
<tr>
<td>Name of agency</td>
<td>Contact details</td>
<td>Working location</td>
<td>Target groups</td>
<td>Nature of services</td>
<td>Business hours</td>
<td>Resources required/ cost</td>
</tr>
<tr>
<td>----------------</td>
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<tr>
<td>Security Services/ Police /Civil Defence</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Anti-trafficking, Women and Child Protection Unit</td>
<td>Sargent Peace Tel. 0806555555</td>
<td>Whole state</td>
<td>Any child victims</td>
<td>Prosecuting cases of child abuse</td>
<td>24 hours/7 days a week</td>
<td>Free</td>
</tr>
<tr>
<td>Parenting support</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How Can We Help C.B.O.</td>
<td>Hajji Ali Tel. 08066666666</td>
<td>XYZ L.G.A</td>
<td>Single mothers</td>
<td>Parenting classes Ante-natal classes</td>
<td>Wednesday-Thursday 13.00-18.00</td>
<td>Free</td>
</tr>
<tr>
<td>Other CPNs</td>
<td></td>
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</tr>
</tbody>
</table>

Consider also including the following in the referral directory:

- Emergency response services
- Local government authorities
- Services for children with disabilities
- International NGOs
- Child-friendly media
- Community-based organisations; village development committees, women’s groups, Scouts, Guides, Boys Brigade etc.
- Faith leaders
- Community leaders
Resources
Case management cannot be done without resourcing. These include human resources such as case workers and case managers. A resource directory should outline the agencies, how to contact them and the services that they can provide to children at risk of harm and requiring protection.

Standardised forms including assessment forms, support plan forms, front cover sheets, and work record sheets, as described above should be available for use.

Funds may need to be available to provide support for the child. In an emergency context this may include clothing, food and water. In non-emergency contexts this might include funds for a school uniform to enable a child to return to school. Remember that support should be sustainable, so if funds or goods are provided, determine whether the child and family/carer will be able to provide this themselves in the future. CPN partners all receive funds to carry out their activities, so they should be able to provide for the child’s need from project funds. Some CPNs may have additional fundraising activities which can be used to fund small items for children and families in need.

Case workers and case managers need to be proactive in seeking resources. Advocacy visits are an important means of meeting with organisations who may be able to provide services free of charge or at a reduced cost. Relationships should be developed with organisations and sponsors who are supportive to children’s issues. Once these organisations and sponsors have been identified, agree with them what they will provide, and how CPNs can access their services through the referral pathway. These agreements should then be written into a partnership agreement to formalise the agreement. It may be that the CPN will agree to provide training or other support to the organisation in return for their support to the CPN.

Implement support plan
Once the support plan has been developed and referrals made to the relevant support services, the support plan must be implemented. The case worker must continue to coordinate the support plan to ensure that all responsibilities are carried out to meet the child’s needs and to reduce risk.

The case worker advocates with and for the child and family/carers to ensure quality of care for the child. Advocacy is a skilful mix of speaking on behalf of the child and empowering the child to speak on their own behalf and to participate in decision-making.
Follow-up and monitoring visits by case worker

The situation of all children registered with the case management programme must be monitored in an appropriate and timely fashion, as determined by assessment and the support plan. The situation of the family/carers should also be regularly reviewed, as changes in their situation may increase or reduce risk to the child. Where the case worker does not have regular access to the child (e.g. the child has moved to another town), other involved agencies may carry out the follow-up visit in coordination with the case worker.

The aims of monitoring or follow-up visits are to:

- Provide support/guidance
- Assess the child’s perspective/views
- Ensure access to services in line with support plan
- Update the child and family/carer of progress
- Monitor for, and mitigate, risk of abuse, neglect & exploitation

Case conferences

The main purpose of the case conference is to discuss the needs of the child and family/carers and to plan how to meet those needs in a coordinated way. A case conference (or group meeting) is a meeting to review the progress of a child’s situation from the time that they were assessed, and to plan for the child’s future. Case conferences should be undertaken at regular intervals, as determined in the support plan.

This meeting should include the case worker and case manager who have responsibility for the support plan of the child. Those people included in the support plan should also be present. It is important that the child him/herself and the family members give their views which are considered in the decision-making process.

Information should be shared in the meeting to build a full picture of the needs and strengths of the child and the family/carers, to provide a basis for decisions about what needs to be done to manage care and reduce potential risks.

Where CPNs find it useful there can be an initial planning meeting. This reviews the information in the assessment in order to develop a support plan. Other CPNs may find it easier to develop the first support plan in collaboration with other agencies but without the need for a planning meeting. All subsequent case conferences review and update the support plan and result in the development of a new support plan.

The support offered in the case conference should encourage the family to take responsibility for their child and therefore promote good practice of empowering and enabling participation. The conference allows the child to discuss their views on their situation and to describe their wishes. The child and the family’s personal opinions should be respected, whilst considering the best interests of the child.
CHILD PARTICIPATION IN CASE CONFERENCES

Article 12 of the CRC gives children the right to express their opinions, to be listened to and taken seriously in accordance with the age and understanding of the child. This means that in case management we need to provide children with the opportunity to share their views. Children’s views are captured on the CPN assessment and support plan forms.

When children are old and mature enough, it is good practice for them to participate in a part of their case conferences. The case worker should explain to them in advance how the meeting will run, and help them to think about what they want to say, or what they want the case worker to say on their behalf. The chair will need to ensure that the meeting is run in a child-friendly way.

Where children are not old or mature enough to participate in their case conference, the case worker should still represent the child’s views in the meeting. They can encourage children to draw a picture or write a statement showing how they feel and what they want to happen, to be presented at the meeting.

Preparatory stage:
The case worker does the following:

- Identifies who should be invited to the conference
- Decides the date and time of the conference with the chair
- Informs all participants about the date and time
- Prepares the case conference report based on the implementation of the previous support plan.
- Meets with the child (and family/carers) and informs them about the content of the report and the process of the case conference. They should decide if the child and family will be at the case conference. If they will not be present, they should agree on how their views will be represented. This could be a letter to the case conference, a picture, or the case worker representing the child’s and family’s views.

Chair
The role of the chair is to manage the content of the meeting and keep people focused on addressing the needs of the child and her family. The chair could be the case manager or another senior person within the CPN. The chair should ensure that all areas of the assessment are considered in the initial case conference to develop the support plan, and that in subsequent case conferences all areas of the support plan are reviewed.

The chair should prepare for the meeting with the case worker (and with the case manager if this person if not the chair). In particular, they should consider what information needs to be shared and discussed, and how to manage any sensitive or confidential information. A decision should also be taken about whether parts of the case conference should be restricted to certain people, to maintain confidentiality and the dignity of the child.

The chair should de-brief with the case worker after the meeting to ensure the new support plan is clear and to agree upon the work to be undertaken with the child/family and with other professionals.

Case closure
An important part of case management is the decision to close a case. Criteria for case closure should be established. This may include where the child and/or family:

Have resolved immediate protection concerns and developed solutions to underlying issues, so that the risk of harm has been reduced to the minimum
- Have been referred to another agency for support
- Is unwilling to engage with the CPN or other services
- Has moved away
- Is untraceable
- Is deceased
CASE STUDY - CHILD IN CONFLICT WITH THE LAW FAMILY REUNIFICATION

1. Identification and assessment

During a visit to a children’s correctional center, a case worker identified a boy aged 17 years who had been held on remand for two years. During that time he had not seen his family, who lived in a different state from the center. He was depressed and not engaging with his lawyer, as he did not see any point in leaving the center with no family support. The assessment highlighted the lack of family contact, absence of education since he had been in the center, low self-confidence and low morale. He had been awaiting trial for murder for two years.

2. Support planning

The case worker held a planning meeting with the case manager, lawyer, social welfare and correctional center staff to discuss the boy’s needs and a support plan was agreed:

- **Family:** The case worker travelled to the state for two days to locate the family and brought back a photo of his family. Later the family was supported to come to visit him in the correctional center and began to plan for his release and eventual return.
- **Education:** Non-formal education was provided by an NGO, volunteers and faith-based groups.
- **Emotional development:** His mood lifted and he became more optimistic once he had family contact.
- **Legal:** Knowing that his family loved him, he became more motivated to work with his lawyer to get the case to proceed through court. When the case came to court, he had prepared well with his lawyer. He was sentenced in a juvenile court to a further year (he had already served two years on remand).

3. Referral and liaison

Referrals and liaison took place to mobilize NGOs, volunteers and FBOs to provide non-formal education. After the first case conference the case worker found a sponsor to provide skills acquisition and materials to learn screen printing.

4. Monitoring and review

The case worker made weekly visits to the boy at the correctional center to inform him of the progress being made to trace his family and to ensure that the lawyer was actively processing his case.

A case conference after three months showed that he was feeling positive about his life and family, and he requested assistance to learn screen printing in order to set up a small business on his release. The next support plan provided this assistance, with sponsors providing materials to help set up his business. He was monitored until the end of his sentence.

Any decision to close a case should be made in full collaboration with the child and family/carers. The case manager must be involved in the decision to close a case. The decision to close a case should be made in a case conference.
An effective case worker needs a number of key skills to build trusting and supportive relationships with children and families. This manual will explore the following skills and competencies:

- Communication
- Listening
- Summarising
- Questioning
- Non-verbal communication
- Blocks to communication
- Feelings intensity

**Listen**

When I ask you to listen to me and you start giving advice, you have not done what I asked. When I ask you to listen to me and you begin to tell me why I should not feel that way, you are trampling on my feelings. When I ask you to listen to me and you feel you have to do something to solve my problem, you have failed me, strange as it may seem. Listen! All I asked was that you listen, not talk or do – just hear me. Advice is cheap; eight dollars will get you an advice column in any newspaper. And I can do for myself. I am not helpless. Maybe discouraged and faltering, but not helpless. When you do something for me that I can and need to do for myself, you contribute to my fear and feeling of inadequacy. But when you accept, as a simple fact, that I do feel, no matter how irrationally, then I can quit trying to convince you and get about the business of understanding what is behind this irrational feeling. And when that is clear, the answers are obvious and I do not need advice. Irrational feelings make sense when we understand what is behind them. So please listen and just hear me. If you want to talk, wait a minute for your turn, and I will listen to you.

*by Ralph Roughton, M.D.*

**Communication skills**

Excellent communication skills are a prerequisite for effective case workers and managers. Case workers, managers and support providers need to communicate with children, families, carers and other professionals. Failure to communicate well will result in inaccuracies in the information upon which decisions about a child's needs must be based.
Listening

Listening is one of the most important skills a case worker can have. How well you listen has a major impact on your job, and on the quality of your relationships with others.

Some DOs of listening

- Show interest and express empathy
- Listen for facts and feelings
- Listen for feelings and intensity of these e.g. angry, annoyed, furious
- Be aware of what body language is communicated as well as words
- Cultivate the ability to be silent when silence is needed

Some DON'Ts of listening

- Argue
- Interrupt
- Pass judgment too quickly or in advance
- Give advice
- Jump to conclusions
- Let the speaker’s emotions affect your own too directly

Active listening

In active listening, you make a conscious effort to hear not only the words, but more importantly, to try and understand the total message being communicated. In order to do this you must pay attention to the other person very carefully. You cannot allow yourself to:

- Become distracted by what else may be going on around you
- Form counter arguments that you’ll make when the other person stops speaking
- Lose focus on what the other person is saying

All of these are barriers contributing to a lack of understanding.

There are five key elements of active listening. They all help you ensure that you hear the other person, and that the other person knows you are hearing what they are saying:

1. Pay attention
   - Give the speaker your undivided attention and acknowledge the message
   - Recognise what is not said
   - Use appropriate eye contact
   - Put aside distracting thoughts
   - Avoid being distracted by environmental factors
   - “Listen” to the speaker’s body language
   - Refrain from side conversations when listening in a group setting

2. Show that you are listening
3. Provide feedback
4. Defer judgement
5. Respond appropriately
2. **Show that you are listening**
   - Use your own body language and gestures to convey your attention
   - Nod occasionally
   - Smile and use other facial expressions
   - Note your posture and make sure it is open and inviting
   - Encourage the speaker to continue with small verbal comments like yes, and uh huh

3. **Provide feedback**
   Our personal assumptions, judgements and beliefs can distort what we hear. As a listener, your role is to understand what is being said. This may require you to reflect back what is being said and to ask questions.
   - Reflect what has been said by paraphrasing. “What I’m hearing is...” and “Sounds like you are saying...” are great ways to reflect back.
   - Ask questions to clarify certain points. Eg. “What do you mean when you say...?” or “Is this what you mean?”
   - Summarise the speaker’s comments periodically

4. **Defer judgement**
   Interrupting is a waste of time. It frustrates the speaker and limits full understanding of the message.
   - Allow the speaker to finish
   - Do not interrupt with counterarguments

5. **Respond appropriately**
   - Active listening is a model for respect and understanding. You are gaining information and perspective. You add nothing by attacking the speaker or otherwise putting him or her down.
   - Be candid, open, and honest in your response
   - Assert your opinions respectfully
   - Treat the other person as you would want to be treated

**Summarising**
It may be useful from time to time to check your understanding of factual information as well as the emotional information coming from the speaker. This helps you assess whether you have been listening accurately, and helps you to decide whether you need to seek more information before proceeding. One easy and useful way to reflect the situation and facts is through summarising, where the listener briefly reviews the information communicated. A summarising response can refocus an interaction that seems to be getting stuck, or help reduce a detailed story to a more manageable size. For example;

**Speaker:** “This week I had difficulty sleeping. I kept having nightmares, my brother got sick and I had to take care of him. I have to cook dinner and do the laundry. My friend wanted me to visit but I did not have any time!”

**Listener:** “All the responsibilities you have seem to be overwhelming you. You do not seem even to have time to relax.”

**Summarising helps to:**
- Calm a conflict or an intensive situation
- Control emotions and build a constructive relationship
- Encourage other people to share information
- Increase the other person’s trust in you
- Give others a chance to clarify or explain
- Clarify the other person’s own thinking
- Emphasize important points

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*Remember that when summarising, you are not trying to get the speaker to agree with you, but rather to make sure you have heard accurately*
### Statements that show you are listening and which help the other person to talk:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Purpose</th>
<th>How to do this</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Encouraging</strong></td>
<td>To convey interest</td>
<td>Do not agree or disagree</td>
<td>“Can you tell me more...”</td>
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<tr>
<td></td>
<td>To encourage the other person to keep talking</td>
<td>Use neutral words</td>
<td>“What happened next?”</td>
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<td></td>
<td></td>
<td>Use varying voice intonations</td>
<td></td>
</tr>
<tr>
<td><strong>Clarifying</strong></td>
<td>To help clarify what is said</td>
<td>Ask questions</td>
<td>“When did this happen?”</td>
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<tr>
<td></td>
<td>To get more information</td>
<td>Summarise inaccurately, to</td>
<td>“What happened before this?”</td>
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<tr>
<td></td>
<td>To help the speaker see other points of view</td>
<td>force speaker to explain further</td>
<td></td>
</tr>
<tr>
<td><strong>Restating</strong></td>
<td>To show you are listening and understanding what is being said</td>
<td>Restate basic ideas and facts</td>
<td>“So you would like your friend to trust you, is that right?”</td>
</tr>
<tr>
<td></td>
<td>To check your interpretation</td>
<td></td>
<td>“You’re going to talk to your mother about this then?”</td>
</tr>
<tr>
<td><strong>Reflecting</strong></td>
<td>To show that you understand how the person feels</td>
<td>Reflect the speaker’s basic feelings</td>
<td>“You seem very upset.”</td>
</tr>
<tr>
<td></td>
<td>To help the person evaluate their own feelings after hearing them expressed by someone else</td>
<td></td>
<td>“You were upset when your mother didn’t believe you.”</td>
</tr>
<tr>
<td><strong>Summarising</strong></td>
<td>To review progress</td>
<td>Restate major ideas expressed,</td>
<td>“These seem to be the key ideas you have expressed...”</td>
</tr>
<tr>
<td></td>
<td>To pull together important ideas and facts</td>
<td>including feelings</td>
<td>“It sounds as if you are worried about...”</td>
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<td></td>
<td>To establish a basis for further discussion</td>
<td></td>
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<tr>
<td><strong>Validating</strong></td>
<td>To acknowledge the worth of the other person and their views</td>
<td>Acknowledge the value of their feelings and the importance of their concerns</td>
<td>“I appreciate your willingness to resolve this matter.”</td>
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<tr>
<td></td>
<td></td>
<td>Show appreciation for their efforts and actions</td>
<td>“Thanks for telling me this.”</td>
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</tbody>
</table>
Questioning

<table>
<thead>
<tr>
<th>Types</th>
<th>Features</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open questions</td>
<td>Use “what”, “how”, “why”</td>
<td>Draw out others’ feelings and opinions</td>
</tr>
<tr>
<td></td>
<td>Cannot be answered by “yes” or “no”</td>
<td>Hands control to the respondent</td>
</tr>
<tr>
<td>Probing questions</td>
<td>More specific, using “how many”, “how long”, “who”, “where”, “when” etc.</td>
<td>Narrow and deepen the focus</td>
</tr>
<tr>
<td></td>
<td>Cannot be answered by “yes” or “no”</td>
<td></td>
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<tr>
<td>Closed questions</td>
<td>Can be answered by “yes” or “No”</td>
<td>Give you facts</td>
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<td></td>
<td></td>
<td>Quick and easy to answer</td>
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<td></td>
<td></td>
<td>Restrict the information you can gather</td>
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</table>

Funnel method of questioning

- **Open question** gets lots of general information
- **Probing question** asks for clarification
- **Closed question** gets specific facts

Example
- **What was happening in your life that brought you to the CPN?**
- **How is your family?**
- **Do you have any siblings?**
Non-verbal communication
How we communicate is not just about what we say; it is about how we say it and the way that our body language conveys messages too. It is also about what we do not say and when we are silent.

Body language
How you sit and stand conveys a message. When listening, try to adopt a relaxed pose; this means having open/uncrossed limbs, and turning and leaning towards the other person. Rapport is demonstrated through mirroring the other person’s posture and can convey a positive attitude of warmth, interest and attentiveness.

Eye contact
Maintaining some eye contact demonstrates an interest in and liking for the person who is speaking. Too much eye contact can appear intrusive or aggressive. Avoiding eye contact can indicate that you are anxious or wish to withdraw.

Facial expression
Our faces can show a multitude of feelings in ways which we need to be aware of. Our expressions can betray criticism, boredom, friendliness, approval, responsiveness, anxiety, confusion, etc. We should aim to control our facial expression to convey an appropriate attitude, ie. a positive non-judgemental one.

Voice, tone and pace
It is not just what we say, but how we say it. Be careful that you maintain an even pace and a medium volume voice. Speaking quickly can convey feelings of tension or impatience, whilst speaking slowly gives an impression of calm. A loud voice can convey anger or impatience and be silencing to the listener, whilst speaking too softly can mean that the listener cannot hear properly whilst maintaining a comfortable interpersonal distance.

Interpersonal distance
Different people have different degrees of comfortable personal space, or how close you are to them. Being too close can appear threatening, and being too far away can make you seem distant and disinterested.

Sitting or standing alongside someone shows cooperation, whilst being opposite can appear confrontational. Being at right angles can give a feeling of equality of status.

Touch
When working with abused children, considering how you use touch is very important. Some children may find touch intrusive or frightening, whilst others may find hugging, stroking an arm etc. comforting. ‘Safe touch’ is touch which is offered as a comfort; ‘unsafe touch’ is abusive. It is important that children start to learn the difference between safe and unsafe touch.

Skin tone
Flushed or blemished skin tones can betray embarrassment, anger or stress, whilst a very pale skin tone may mean that the person is afraid or ill. Also look for perspiration, which can indicate stress or illness (or simply being too hot!). Rashes, including eczema and psoriasis, can indicate stress, anxiety or poor health.

Silence!
A point in the conversation may be reached where the case worker does not know what to say. This is ok! What the child may have said may make you speechless. If this is the case you can summarize what the child has said, and say ‘I’m just going to think about what you’ve said’.

If the child is struggling to talk, you can say ‘I’m just going to stay quiet to give you the space to think about what you want to say’. Non-verbal communication is especially important here, so if you appear comfortable with the silence so will he or she be. Make sure that you do not look bored or impatient.

Allowing the child to break the silence means the conversation will go at her/his speed and be led by her/him.
Blocks to communication

A case work interaction is different from a day-to-day talk with a friend. It is more focused and structured. You, the listener, have a role. The case worker's role is to help the speaker explore and understand her/his feelings about a specific problem, by listening for feelings and reflecting feelings back. Unlike a day-to-day conversation, the focus remains on the speaker most of the time. Some blocks to communication are listed below, so that you can become aware of these and any habits of your own that you may need to change. In any interaction, but especially in a case work interaction, these blocks usually stop the speaker from talking, break trust and can either damage or end the relationship.

Interrupting and asking questions
Each of us is curious about and likes people or we would not want to be a case worker. We may want to ask a lot of questions, but in a case work interaction, it is important that the speaker is able to focus on her/his problem and feelings without outside interference. Sometimes too many interruptions and questions will distract the speaker or confuse her/him, especially if the questions take the focus away from the speaker's feelings.

Stealing the Spotlight and Shifting the Focus
In a typical conversation the focus may shift back and forth between the speaker and listener many times, and both parties feel it is okay and normal. In a case work interaction, the focus needs to stay with the speaker. When someone is talking with us and we can identify the topic, it may remind us of a similar event in our own life, but we should refrain from commenting on this.

Judging or minimising another's feelings
Sometimes, without meaning to, we judge or minimise another's feelings. Usually this is done either when we are trying too hard to make the speaker feel better, or when we are feeling uncomfortable about what the speaker is saying. The result is that the speaker may feel put down, or that you do not understand her/him. Again, this blocks effective communication.

Offering sympathy
As a case worker you should offer empathy rather than sympathy. When you are being empathetic, you are equal to the speaker and are truly trying to understand her/him. When you offer sympathy, you place yourself above the speaker, and you may imply that the problematic situation is hopeless.

Preaching and moralizing
Try to separate your beliefs from the situation. They do not belong in case work; it is not about you.

Name calling, ridiculing, and shaming
Always remain respectful of the person with whom you are interacting.
Feelings intensity

Some people are very expressive of their feelings, and others are not. Messages such as, “Now, let’s be logical about this,” or “You are always so emotional” may have left us preferring to keep our feelings to ourselves. We may feel embarrassed or confused when others cry, shout, or clap their hands in public because these actions reveal the strong feeling they are experiencing. Some of us may be very comfortable when others express positive feelings but become hesitant when the feelings are negative.

As case workers, we need to be aware of and open to our own feelings and the feelings of those around us. This focusing on feelings makes us more visible to others and may leave us feeling vulnerable. It is more difficult to maintain distance from others when feelings are acknowledged. While there is risk in taking this step the benefits to the helping relationship are worth it.

When we express our feelings and listen for the feelings of others, we communicate caring and we build trust. We also help other accept their feelings by demonstrating that we believe feelings are natural and that we accept the individual – feelings and all.

Until feelings are expressed and untangled, most people do not feel that you have genuinely heard them, nor can they move on to look at their problem and find alternatives.

The feeling word thermometer: feeling word intensity

In the English language several words may express the same feeling, but at different levels of intensity. For example, “annoyed,” “irritated,” “angry,” and “furious” may be seen as levels of increasing heat on a “feeling thermometer.”

Do you agree with these thermometer ratings or do these words have a different intensity for you? It is important when working with children that we understand the intensity of the words that they are using so that you can understand what she or he is really saying and feeling.

Matching feeling word intensity: why it is important

As case workers, it is very important that when you are listening to the feelings of another person that you make a response that matches the intensity expressed by the speaker. If she or he shouts, “I want to strangle my teacher!” and you reply, “You sound annoyed,” it might communicate to the speaker that you are afraid of her/his anger, or that you think it is wrong for her/him to feel that way. On the other hand, if the speaker sighs, “I wish my teacher was not so demanding”, and you say “You sound really furious with your teacher”, you may...
leave the speaker confused or pressured to reveal some conflict that either does not exist or that she is not ready to discuss. Continued overstatement or understatement of feelings detracts from your ability to establish clear communication and trust.

**Responding to feelings**
When responding to a speaker’s feelings, a case worker may: (1) distract the speaker from what they are focusing on; (2) reflect what they hear and make a basic response; or (3) add to what the speaker is saying by labelling undercurrents as well as stated feelings.

<table>
<thead>
<tr>
<th>Distraction</th>
<th>Reflection</th>
<th>Expression</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Listener offers advice/solution</td>
<td>Listener makes a brief statement that mirrors expressed feelings.</td>
<td>Listener makes a brief statement that mirrors expressed feelings and also labels feeling undercurrents implicit in speaker’s statements but not actually stated by the speaker.</td>
</tr>
<tr>
<td>• Listener only questions the speaker</td>
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<tr>
<td>• Listener talks about themselves</td>
<td></td>
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<tr>
<td>• Listener reflects at an inappropriate level of intensity</td>
<td></td>
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<tr>
<td>• Listener offers sympathy</td>
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<tr>
<td>• Listener reassures (the band-aid approach)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Listener reflects only the facts of the situation, even though the speaker used feeling words</td>
<td></td>
<td></td>
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<tr>
<td>• Listener ignores speaker’s feeling words</td>
<td></td>
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<tr>
<td>• Listener judges the speaker’s feelings</td>
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</table>
Examples of responses to speaker's feeling:
Here are some practice examples to help you learn to make distinctions between the above categories of response.

EXAMPLE 1:
“You know, I am really scared about going to my court hearing tomorrow. My whole life depends on doing well, and I feel unsure of myself.”

Distracting: “Oh, you will do ok. You always worry and then do fine.”

Reflecting: “Yeah, going to court must be really scary.”

Expressing: “You sound anxious about going to court, and worried about your life too”.

EXAMPLE 2:
“Yesterday I had a meeting at my new school, and the school director said she would call today. I am really getting worried because it is already 15:00. Do you think we should call her...?”

Distracting: “Which school did you go to?”

Reflecting: “You sound worried about going the new school”

Expressing: “Sounds like you are worried about how the meeting with the school director went, but also anxious about doing the right thing now.”

Guidelines for making an effective response to another’s feelings

Be brief

Speaker: “My brother spilled soup on my homework!”

Case worker A: “You sound really angry with him!” (Desirable response; it’s brief)

Case worker B: “You sound really angry with him! That must have upset you a great deal. Homework takes a long time to do. You sound like you became angry with your brother. You sound really angry with him.” (Less desirable response; it’s not brief)

Be willing to trust your intuition

Especially when labelling undercurrent feelings, what you reflect may or may not be what the speaker is feeling. This is ok. If you have “accurately listened”, your gut reaction is likely to be accurate too. If it is not, the listener will almost always put you straight, and be able to remain at a feeling level. Furthermore, you can use the new information the child gives you to select the most useful focus for the interaction.

Speaker: “My boyfriend and I just broke up.”

Case worker: “You sound sad about that.”

Speaker: “Yeah, I am. I thought we would get married someday.” OR

Speaker: “My boyfriend and I just broke up.”

Case worker: “You sound sad about that.”

Speaker: “No, really I am glad. We were always arguing.”
Child development theory

It is important to understand what milestones children are expected to achieve in normal development. This enables others to assess whether a child is meeting their milestones, or whether their physical, social and emotional, intellectual and language development is delayed, which may indicate a health problem, disability, neglect or abuse. Similarly children may exhibit behaviours ‘too early’ (e.g. sexualised behaviour) as a result of neglect, abuse or exploitation. In both situations child protection case management may be required to provide support and assistance.

Brain development
Our physical development is developed from the bottom of the brain (spinal cord) to the top. We can see this in babies learning to control their movements; as we get older our movements become more refined.

The intellectual and emotional functions of the brain develop from the back to the front. Our brains are not fully developed until our mid-20s. This part of the brain controls risk assessment and high-level reasoning.

Understanding the brain’s development is important in understanding child development. Messages are passed from one neuron to another across synapses to create neural pathways. Each time we do something these messages are passed. As children’s brains develop these pathways develop and with repetition the pathway gets stronger. Pathways that are not used die off during adolescence.

At birth

Only a few neural pathways

6 years old
Many neural pathways have formed as many experiences have taken place

14 years old
Many neural pathways that are not used start to die off during adolescence
Imagine when you go to the bush and take your bush knife to create a path. If you go often down this path it will get big and strong. If you do not go down this path again it will grow over.

It is the same in the brain. As children get older, more and more pathways are created. Once we get to puberty, pathways that are not used begin to die off. This means that if an adult (eg. parent) provides love, a pathway in the brain will develop associating ‘parent’ with ‘love’. When this love is repeatedly shown to the child, the pathway in the brain gets stronger and stronger. If this is not repeated the path will die away and the child will not associate feelings of love with the parent.

Similarly, if a carer beats a child, a pathway in the brain will develop that associates ‘carer’ with ‘beating’, ‘pain’ and ‘fear’. If the child is often beaten, this pathway gets stronger.
### Milestones for child development

Key issues on the child development cards to discuss include (other cards should be discussed if there are questions):

<table>
<thead>
<tr>
<th>Age</th>
<th>Milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>0-6 months</strong></td>
<td><em>Bonds with main carer.</em> The special emotional bond that forms between the baby and the main care-giver is called attachment. If a baby has not formed an attachment with someone within the first six months, there may be long-term social and emotional consequences. If the baby is separated from the person with whom it has formed an attachment, the separation will cause anxiety. When the carer returns the baby is soothed. This is normal, but in babies and children who do not have good attachment, they may be unable to recover from the separation. The part of the brain responsible for emotions (the orbital prefrontal cortex) fails to develop properly when children do not have secure attachment. This is important for children who are abandoned, fostered, adopted or otherwise separated from their parents when very young. Children who have made good attachments as a child will tend to have lasting, trusting relationships in adulthood, have high self-esteem, be able to talk about their feelings and seek support. In adults who failed to attach as children, there may be long-term psychological issues.</td>
</tr>
<tr>
<td><strong>6-18 months</strong></td>
<td>The parts of a baby’s brain which control physical development are rapidly enabling children to become more physically able and independent. Intellectually babies are curious and interested in things, and are learning from what they see and experience. Communication is also developing, from crying to babbling to a first few words.</td>
</tr>
<tr>
<td>Around 18 months</td>
<td>Children know the names of parts of the body. Even at this early age, adults can begin to develop a child’s resilience to potential abuse by explaining the parts of the body that no one should touch, and who to tell if someone does touch their private parts.</td>
</tr>
<tr>
<td>Around 2 years</td>
<td>Children may throw tantrums if frustrated. Children are beginning to develop emotions and feelings, but do not yet have the words to understand or describe how they feel, so they may have tantrums to express their developing emotions. <em>Children should not be punished for tantrums;</em> rather, patience and reassurance should be provided, as others try to help the child express how they feel. Love and guidance should be provided.</td>
</tr>
<tr>
<td>Around 3 years</td>
<td>Up to 25% of children may have imaginary friends. The friend may take the form of an animal, person or a toy that the child treats as if it has a real personality. This is completely normal and assists children to develop creativity and imagination. Pretend play is vital for brain development. Talking to imaginary friends can also assist language development and the development of social skills. In the brain the prefrontal cortex and medial temporal lobe start picking up signals at around eighteen months of age, and these areas are involved in some of our most advanced, higher-order thinking. When you hear a toddler make a broom-broom noise with his car, this is your first clue that abstract thought has begun. <em>All pretend play is important for brain development, not a sign of something to worry about. Children should not be dubbed witches for this normal and important part of a child’s development.</em></td>
</tr>
<tr>
<td>As the imagination develops, children cannot make a distinction between what is real and what is not. They will believe us when we say things like ‘the mascaraed will come to get you if you are naughty’, which is therefore very frightening for the child.</td>
<td></td>
</tr>
<tr>
<td>Around 4 years</td>
<td>Most children are dry by night by around 4-5 years. Continued bed wetting could be due to a child producing more urine than their bladder can cope with; having an overactive bladder, meaning it can only hold a small amount of urine; or being a very deep sleeper, so that they do not react to the signals telling their brain their bladder is full. Constipation is frequently associated with bedwetting, especially in children who do not wet every night. Occasionally, bedwetting can be triggered by emotional distress, in response to situations such as abuse, being bullied, moving to a new school etc.</td>
</tr>
<tr>
<td>Around 5 years</td>
<td>Physical development enables children to move, and socially they are also ready to be more independent and to choose friends. Intellectually they are able to begin to write, read and count. Children are ready for school.</td>
</tr>
<tr>
<td>Age</td>
<td>Milestones</td>
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</tr>
<tr>
<td><strong>Around 6 years</strong></td>
<td>Children can begin to perceive stress and may become quarrelsome with friends.</td>
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<tr>
<td><strong>Around 7-9 years</strong></td>
<td>Most children will begin to understand right from wrong. Prior to this children simply learn that if they do something, they may be rewarded or punished, and so learn to please adults or avoid punishment rather than understanding intellectually what is right and what is wrong. However, full understanding of the consequences of their actions does not take place until around 12-15 years. Parents and carers need to help children to develop a moral compass which will guide them. The age of criminal responsibility in Nigeria, at 7 years, is very low; children are only just beginning to understand right from wrong at this age, and may not yet fully understand consequences. This is particularly important to understand when working with children in conflict with the law.</td>
</tr>
<tr>
<td><strong>10-12 years onwards</strong></td>
<td><strong>Puberty</strong> is a time of physical and emotional change. While the body is preparing for adulthood, hormones are preparing the child emotionally to become an adult. Children may develop mood swings. Intellectually they are becoming more competent, and they are also becoming socially skilled, and developing their own interests. Sexual feelings are beginning to emerge.</td>
</tr>
<tr>
<td><strong>13-15 years</strong></td>
<td>Puberty continues, resulting in children wanting to spend more time with their peers than with their family, wanting to make their own decisions, and developing an independent identity. Sexual experimentation is beginning to take place.</td>
</tr>
</tbody>
</table>
| **16-18 years**      | Physically, young adults need lots of rest to recover from 18 years of rapid growth and development; they are not being lazy. Children are influenced by peer pressure, and this may result in children engaging in unsafe behaviours. Both boys and girls are vulnerable, but each may be more susceptible to some risks than others:  
  - **Boys** - unprotected sex, using alcohol, drugs, joining gangs, engaging in crime etc.  
  - **Girls** - unprotected sex may result in sexually transmitted diseases which can cause infertility if left untreated. For girls, unprotected sex from a young age with multiple partners is a risk factor for the virus which is associated with cervical cancer. Sexual activity with older men is a protection concern - sexual abuse and exploitation should not be confused with a child’s emerging sexuality. |

It is important that throughout childhood the child’s main carers build upon the trusting, loving attachment developed at birth, so that the child can feel able to come to their carers to discuss peer pressure, sex, risks etc. without being judged or punished. Carers need to allow children to become independent, whilst providing a safety net.
<table>
<thead>
<tr>
<th>Age</th>
<th>Physical development</th>
<th>Social and emotional development</th>
<th>Intellectual development</th>
<th>Language development</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>At Birth</strong></td>
<td>Lies in foetal position with knees tucked up. Unable to raise head. Head falls backwards if pulled to sit. Reacts to sudden sound. Closes eyes to bright light. Opens eyes when held in an upright position.</td>
<td>Bonds with mother. Smiles at mother.</td>
<td>Beginning to develop concepts e.g. becomes aware of physical sensations such as hunger. Explores using senses. Makes eye contact and cries to indicate need.</td>
<td>Cries vigorously. Responds to high-pitched tones by moving limbs.</td>
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<tr>
<td><strong>3 Months</strong></td>
<td>Pelvis is flat when lying down. Lower back is still weak. Back and neck firm when held sitting. Grasps objects placed in hands. Turns head round to have a look at objects. Establishes eye contact.</td>
<td>Squeals with pleasure appropriately. Reacts with pleasure to familiar routines. Smiles at known individuals.</td>
<td>Takes increasing interest in surroundings. Shows interest in playthings.</td>
<td>Attentive to sounds made by the voice. Indicates needs with differentiated cries. Beginning to vocalise. Smiles in response to speech.</td>
</tr>
<tr>
<td><strong>6 Months</strong></td>
<td>Can lift head and shoulders. Sits up with support. Enjoys standing and jumping. Transfers objects from one hand to the other. Pulls self up to sit, and sits erect with supports. Rolls over. Well-established visual sense.</td>
<td>Responds to different tones of the mother’s voice. May show ‘stranger shyness’. Takes stuff to mouth.</td>
<td>Finds feet interesting. Understands objects and knows what to expect of them. Understands ‘up’ and ‘down’ and makes appropriate gestures, such as raising arms to be picked up.</td>
<td>Double syllable sounds such as ‘mama’ and ‘dada’. Laughs in play. Screams with annoyance.</td>
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<tr>
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<tr>
<td>7-9 Years</td>
<td>Fine motor skills have developed enough so can legibly write name. Can copy words onto paper and sight-read basic words.</td>
<td>Makes solid friendships that are important; will tend to make these with children of the same sex. By the age of nine will understand the difference between right and wrong.</td>
<td>Starts to develop skills in logical thinking. Begins to understand the reversibility of actions. E.g. realises that if s/he upsets someone, s/he can undo the damage with an apology or action. Starts to understand the relationships between categories; understands that a ball is circular and that a circle is a shape.</td>
<td>Begin to use linking words such as, ‘also’, ‘really’, ‘I’m afraid’, ‘for instance’, ‘actually’, ‘anyway’. Begin to laugh at jokes (but can’t explain why it’s funny).</td>
</tr>
<tr>
<td>Age</td>
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<tr>
<td>10-12 Years</td>
<td>Start to go through puberty and body starts changing from that of a child to that of an adult. Girls usually start a little earlier than boys (10-14 years). Puberty for boys usually starts at about 10 to 14 years of age. Growth spurts.</td>
<td>Starts developing sexual feelings. This can cause a change in your child’s self-esteem, and s/he may develop mood swings. As they gain competence in schoolwork, children also begin to grow in their social interactions. Begins to develop interests, such as athletic or creative pursuits.</td>
<td>Learning during this phase is rule-based as children gain skills such as the ability to form hypotheses.</td>
<td>The experience they gain through social relationships with family and friends increases their meaningful communication skills. Begin to be able to not only laugh at, but explain, jokes</td>
</tr>
<tr>
<td>13-15 Years</td>
<td>Will want to spend more time with friends than family. Wants to make own decisions. Becoming more independent. Along with continuing to develop friendships, s/he will also start to explore personal relationships and may begin experimenting sexually.</td>
<td></td>
<td>Develops the ability to think about abstract concepts. Logical thought, deductive logical reasoning and the ability to plan emerge during this stage. Can do mathematical calculations, think creatively and imagine the outcome of particular actions.</td>
<td></td>
</tr>
<tr>
<td>16-18 Years</td>
<td>Physically, young adults at this age need plenty of rest and will become more aware of physical looks and weight issues.</td>
<td>Child is influenced by peer pressure and the ideas of friends. Strong drive for independence and to be accepted by peers. Developing own identity</td>
<td>Unable to fully understand risks. This part of the brain is not fully developed until mid-twenties.</td>
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</tbody>
</table>
CASE STUDY 1 - CHINASA

Fifteen-year-old Chinasa is an orphan from Ebonyi State, 500 km away. He lives and works on Kuramo Beach.

“What we do here is carry drinks [crates] from the gate to the other end of the beach,” he said. “In a morning, I get 200 naira [approximately US$1.25] for doing that. Then I buy food and we play football.”

It is the third time that workers from Child-to-Child Network, a non-governmental organization, have found him sleeping on the streets. The first time, he received three months of counselling and hot meals at the organization’s reception centre.

When he declined to return to the home of an uncle in Lagos, he was placed in a home for children, but he ran away after he an employee there treated him roughly. Child-to-Child Network then arranged for him to stay with another uncle in eastern Nigeria, but that situation did not work out either.

“People in that place, they talk to me anyhow and beat me anyhow,” Chinasa said.

Adapted from Unicef: http://www.unicef.org/protection/nigeria_61813.html

ACTIVITY
Chinasa has been referred to the CPN.
One group member will act as Chinasa and another as the CPN worker who must carry out the assessment on Chinasa’s situation.
Pick out the key issues from the article to inform the areas that you will focus on in the assessment.
CASE STUDY 2 - HALIMA

Halima was on her third visit in three years to the hospital. “I like it here. It is the only time I ever see a television,” she says. Just shy of 13, the newly-wed came under pressure to demonstrate her fertility. “I thought [being in labour] would never end,” she adds softly.

In the tradition of the rural Hausa people of the north, women are expected to give birth at home. Crying out while in labour is seen as a sign of weakness. But after three days close to death in her village, Halima begged to be taken to a hospital. By the time her relatives had scraped together enough to ferry her to the state capital, it was too late. The baby had died.

The prolonged labour left Halima with a fistula, which causes uncontrolled urination or defecation. “Fistulas can happen to anyone, but are most common among young women whose pelvises aren’t at full capacity to accommodate the passage of a child,” says Dr. Mutia, one of two practicing fistula surgeons in Zamfara.


ACTIVITY
Halima has been referred to the CPN.
One group member will act as Halima and another as the CPN worker who must carry out the assessment on Halima’s situation.
Pick out the key issues from the article to inform the areas that you will focus on in the assessment.
You will need to consider the issues of child marriage, health and culture.
CASE STUDY 3 - TRAFFICKING

On 4 March, immigration authorities at the Togo border stopped a truck carrying 52 children. Four suspected traffickers were arrested, including a man who claimed to be the pastor of a Pentecostal church. The children were allegedly being trafficked for forced labour.

On 5 March, police in Lagos City stopped a refrigerated truck containing 64 children. The children were severely dehydrated. The driver of the truck, a woman, was arrested. The children were from Mokwa, in the Niger state, and apparently had been taken to Lagos to work as servants.

The children from Togo were handed over to the Togolese authorities in Lagos and repatriated, while many of the children from Mokwa were handed over to the National Agency for Prohibition of Traffic in Persons (NAPTIP).

“Some of them look very traumatized. Mostly the young ones look quite lost. We are looking to provide some psychological support for them,” said UNICEF’s Roger Botralahy in Lagos, after visiting the children at a transit shelter.

Adapted from Unicef: http://www.unicef.org/protection/nigeria_25508.html

ACTIVITY

One of the children trafficked from Mokwa has been referred to the CPN.
One group member will act as the trafficked child and another as the CPN worker who must carry out the assessment on the child’s situation.
Pick out the key issues from the article to inform the areas that you will focus on in the assessment.
Also consider whether the child is a boy or a girl and what age the child is. These will affect the decisions that you make.

CASE STUDY 4 - BINTA

Binta is a 15-year-old girl. One Sunday she was brutally attacked by two young men who both raped her and mutilated her face. CPN reported the case to police who apprehended the two suspects, who admitted to violating Binta. The girl was taken to the hospital and received treatment for her injuries, accompanied by the police.

The following week the case was published in the paper with a picture of Binta’s mutilated face and a detailed account of her ordeal. Binta’s family had not agreed to the photo of her being taken, but the journalist had done so anyway. Following the article many neighbors started talking badly behind Binta and her family’s back. It was said that Binta must have been at fault in order to bring this upon herself. Many neighbours also came out in support of the two young men, who were very well known in the community. Binta’s family therefore considered whether they should withdraw the case from the police in order to protect their daughter.

ACTIVITY

Binta has been referred to the CPN.
One group member will act as Binta and another as the CPN worker who must carry out the assessment on Binta’s situation.
Pick out the key issues from the article to inform the areas that you will focus on in the assessment.
You will need to consider the issue of rape and the community, family and legal responses.
CASE STUDY 5 - MANGO BOY

A 16-year-old child is given a slice of mango and is asked to commit murder in return. The ‘confession’ of this was extracted by a pastor who ‘beat out the devil’ during a public prayer ceremony. This was dangerous and highly revealing. As a result he suffered from extreme physical and psychological violence. He may have been accused of being a witch due to character traits that suggest aggression or a solitary temperament, physical deformities or a condition such as autism.

Adapted from Unicef: http://www.unicef.org/infobycountry/nigeria_55301.html

ACTIVITY
The 16-year-old mango-slice boy dubbed a witch has been referred to the CPN. One group member will act as the 16-year-old boy and another as the CPN worker who must carry out the assessment on the boy’s situation. Pick out the key issues from the article to inform the areas that you will focus on in the assessment.

CASE STUDY 6 - MUHAMMED

One day, 11-year-old Muhammed was found alongside the expressway in Kano soliciting for transportation to Abuja. The boy said he had been taken to Kano from Abuja in order to learn the Qur’an. His Mallam had suddenly left Kano, leaving him and several other boys to fend for themselves on the streets. His father was contacted, and when the father arrived the next day Muhammed was overcome with joy. The father claimed that the boy had been sent to Kano as he refused schooling in Abuja, and instead was always found in the motor park, in the company of touts and area boys. He claimed the Mallam was also an uncle to Muhammed, and so he thought that the boy would be well cared for in Kano.

ACTIVITY
Muhammed has been referred to the CPN. One group member will act as Muhammed and another as the CPN worker who must carry out the assessment on Muhammed’s situation. Pick out the key issues from the article to inform the areas that you will focus on in the assessment. You will need to consider the issues of migrant students, religion and culture.
CASE STUDY 7 - THREE BROTHERS SOLD BY FATHER FOR LABOUR

A father in Benin negotiated a “good price” for his three 10-year-old sons. He received 10,000 Centrale Franc Africain (about $20) as a down-payment from a trafficker for the boys to leave their village to go to work in Nigeria, and was told he would get 90,000 CFA ($180) for his sons’ labour for a year.

The money was about enough to keep the man’s large family of 4 wives and 20 children fed for a month. But his three sons had no idea what faced them in Nigeria.

“They told us we were going to work with chickens and collect eggs,” said one of the boys, “but when we arrived in Nigeria, we had to work like adults crushing stone at the quarries. It was terrible work, really tough. We got very little to eat and we were not allowed to go anywhere.”

For his part, the father explained: “It is what is done around here. I was promised good money for the boys for one year. We are very poor.”

Adapted from Unicef: http://www.unicef.org/protection/nigeria_34868.html

ACTIVITY

The brothers have been referred to the CPN.

One or two group members will act as the brothers and another as the CPN worker who must carry out the assessment on the brothers’ situation.

Pick out the key issues from the article to inform the areas that you will focus on in the assessment. You will need to consider the issues of siblings being exploited together, and how to meet the needs of sibling groups.

CASE STUDY 8 - AMINA

Amina is an 8-year-old girl. On Wednesday, a man and a woman brought the girl to a CPN office in Bauchi to report that they found her roaming about in the market. The girl informed them that she was brought from Sokoto State to work as a housemaid to a family of four (mother, father and two children aged 3 & 1). Her daily chores were sweeping and mopping the house, cleaning of toilets, washing plates, washing children’s clothing and babysitting. Most days the girl was beaten, and she lived in constant fear.

ACTIVITY

Amina has been referred to the CPN.

One group member will act as one of the brothers and another as the CPN worker who must carry out the assessment on her situation.

Pick out the key issues from the article to inform the areas that you will focus on in the assessment. You will need to consider the issues of trafficking, child labour and how to meet the needs of a young girl.
CASE STUDY 9 - PAUL

Paul, a young man whose father heads a school, has been living at the Child Rights and Rehabilitation Network (CRARN) centre in Esi-Eket for about two years now. His father visits him at the centre occasionally but is not willing to take him home due to the stigma associated with ‘child witches’.

Paul was accused of witchcraft by his stepmother. She took him to a church where the pastor pronounced him to be a witch; then she drove him out of the house. “I felt so bad when my stepmother called me a witch,” said Paul. “I could not play or talk with people.”

The ‘child witch’ phenomenon is based on the notion that children exercise supernatural powers to negatively control people and events. It involves sorcery and magic, and is rooted in traditional beliefs. Accused children suffer the worst forms of deprivation of their rights – including rejection and abandonment by their parents, physical and psychological abuse and, in extreme cases, even death.

Adapted from Unicef: http://www.unicef.org/protection/nigeria_50153.html

ACTIVITY

Paul has been referred to the CPN. Assume that he has not yet been referred to the CRARN centre, but that his step-mother has accused him of witchcraft.

One group member will act as Paul and another as the CPN worker who must carry out the assessment on Paul’s situation.

Pick out the key issues from the article to inform the areas that you will focus on in the assessment.
CASE STUDY 10 - ISAIAH

Isaiah has spent 5 of his 15 years living on the streets of Lagos. Like hundreds of other children, he spends his days and nights in this sprawling metropolis trying to fend for himself. He is one of 25 children who have told their stories on Nigerian national radio through a UNICEF-supported project.

“I have two sisters that I have not seen in five years. I have smoked Indian hemp like other boys of my age, got beaten by bigger boys, robbed of my money, took my bath in the canal and slept under the bridge,” Isaiah says in one broadcast. “The good thing is that I am alive!”

Given the opportunity to go to school, Isaiah says he would like to become a lawyer. “I want to be defending people,” he explains.

Isaiah works as a ‘bus conductor’ – collecting fares from passengers who squeeze onto the yellow commercial buses of Lagos. He earns $5 to $6 a day.

At the age of 10, Isaiah left his home in Ogun State. A friend, who turned out to be a child-labour recruiter, invited him to Lagos along with 11 other boys. “We left home without telling any of our parents,” Isaiah says.

The recruiter paid the boys’ bus fare to Lagos. Then he took the boys to the city’s biggest market and motor park “to sell them,” according to Isaiah.

“The more people he brings, the higher his ‘rank’ goes and the more money he gets paid,” Isaiah adds. “I was eventually sold to a man for a fee of 5,000 Naira [about $40]. The man took me to a place I do not know; my duty there was to be a housekeeper.”

Isaiah decided to run away. He met up with other street children who showed him how to survive on his own.

“I started to sleep under the bridge or inside any of the buses parked under the bridge,” he says. “If mosquitoes are too many, I sleep inside the boot of the vehicles.”

Adapted from Unicef: http://www.unicef.org/people/nigeria_42282.html

ACTIVITY

Isaiah has been referred to the CPN.
One group member will act as Isaiah and another as the CPN worker who must carry out the assessment on Isaiah’s situation.
Pick out the key issues from the article to inform the areas that you will focus on in the assessment.
CASE STUDY 11 - 14-YEAR-OLD GIRL

A 50-year-old farmer was yesterday charged before a high court with raping his 14-year-old daughter.

He is being prosecuted by the National Agency for the Prohibition of Traffic in Persons (NAPTIP).

He pleaded not guilty to the charge; however, the trial judge ordered him to be remanded in prison. The judge adjourned the case, for the hearing of the bail application of the accused, and a motion challenging the court’s jurisdiction to hear the suit.

The court was told that the accused was arrested in 2010. The prosecutor claimed that after the death of his wife, the accused had engaged in the habit of sexually harassing his only daughter (also kept in custody), alleging that the accused intimidated and raped the teenager, who eventually became pregnant.

According to the prosecutor, the offence contravenes sections 13(i) and 18 (a) of the Trafficking in Person (Prohibition) Law Enforcement Act 2003.

ACTIVITY

The 14 year old girl has been referred to the CPN. Remember the father was arrested in 2010. One group member will act as the girl and another as the CPN worker who must carry out the assessment on the girl’s situation.

Pick out the key issues from the article to inform the areas that you will focus on in the assessment.
CASE STUDY 12 - 2 SISTERS

LAGOS - Policemen in Lagos have arrested a man alleged to have been having carnal knowledge of his two daughters now aged 10 and 13, over the past two years.

His daughters reportedly claimed to have been going through what they described as a horrible experience since their mother left them for another man.

Unable to resist their father, they endured until the elder girl confided in her friend’s mother, who then contacted some child rights groups.

The organisations were said to have effected the man’s arrest at his home last Saturday and handed him over to policemen.

Explaining, the elder child (names withheld) said: “Our father started it when I was 11 years old. I did not know he was doing the same to my sister who was then eight years.

“I only got to know when I saw her blood-stained underwear, and when I demanded to know whether she had started seeing her monthly flow, she revealed that our father had slept with her the previous night. He usually crept to either of us at night whenever he wanted to satisfy his urge. He was the one who dis-virgined us.”

“I beg to be forgiven” - Suspect

On his part, the 35-year-old suspect, a taxi driver, admitted to the police that he committed the sacrilegious act. He claimed, however, that he did not know what usually comes over him at that point.

Hear him: “I beg to be forgiven. This is the handiwork of the devil because I do not know what usually comes over me. What usually happened was that the urge would just come and before I know it, I would be with either of them.”

When news of the act reached the mother of the children (who lives in another town), she reportedly rushed to Lagos, where she was quoted as saying that she was shocked beyond words.

She reportedly said she was forced to leave her husband because of alleged battering, in spite of the fact that she was the one responsible for the upkeep of the home. She said that while leaving, she handed her two children to her mother with the intention of sending them a monthly allowance, only for their father to go and take them.

Executive Director of Esther Child Rights Foundation, Mrs Esther Ogwu, said her foundation was making efforts to ensure that the woman would take custody of her children, adding also that the arrest of the suspect was a first step to ensure that justice was done.

The two girls are now under police protection while their father will be arraigned at the Magistrate’s Court by the police.

ACTIVITY

The two sisters have been referred to the CPN.
Two group members will act as the sisters and another as the CPN worker who must carry the assessment on the girl’s situation.
Pick out the key issues from the article to inform the areas that you will focus on in the assessment.
Adam complained of difficulty sleeping, with recurrent nightmares. He also complained of hearing voices; the voices of children who lost the battle for life while detained by a witch doctor in an attempt to cleanse them of supposed witchcraft. Adam is an Urhobo boy who hails from one of the numerous Urhobo settlements in Delta State. He traced the origin of his problems to the accusations of witchcraft which started while he was merely a child in a primary school at Warri. His parents were firmly convinced that he was responsible for all their misfortunes in life. This accusation got so serious that his parents took him from one witch doctor to another in Nigeria, after a series of consultations with Pentecostal healers. All of this was in a futile effort to have him purged of this “demonic” spirit. His parents eventually divorced on this issue but not before he was abandoned in the hands of a witchdoctor who claimed to be a specialist in this area. At this witchdoctor’s place, he came into contact with other children who were similarly accused and detained. They were social rejects whose existence was valueless. The witchdoctor was free to do as he wanted. Adam had just started secondary education when he was abandoned, and that was the end of his formal education at the age of 13.

He spent two years at the witchdoctor’s place. He was locked up alongside other child witches and lacked contact with the outside world. He was made to take numerous concoctions to exorcise the witchcraft. Sleep was prevented as it was believed that sleeping permits contact with the witch world. At night, Adam related that they were made to dance around in a ritualistic manner, in an effort to prevent sleep. He was not only deprived of sleep but also had numerous forceful abdominal incisions. In his words, “My tummy was forcefully cut every morning”. He developed a swollen abdomen along with swelling of the feet, which he carried around for some years until it was diagnosed as abdominal TB with other complications.

Adam stated that a bond developed amongst the detained kids such that the death of some of these children remains a traumatic memory for him. He related that within those two years, a significant number of the kids died. Food was scanty. Physical punishment was abundant. Scorn and hatred were regular companions.

Adam eventually managed to escape from the witch doctor, making his way to Benin City. A so-called “good Samaritan” eventually took him out of Benin and to Abuja; but she had no altruistic motive, he was simply the victim of child trafficking. She saw in Adam a vulnerable, valueless and unprotected life that could be actively exploited, and committed many unspeakable atrocities.

While in Abuja, his miserable fate continued. He was locked up by his supposed “benefactor”. After about one year of this, he managed to escape and became homeless. One day, he collapsed on the streets and was taken to a hospital, where he remained for over three months. He was diagnosed with abdominal tuberculosis complicated by pericarditis (inflammation of the external membranous coverings of the heart) and pericardial effusion (accumulation of fluid in the external membranous coverings of the heart). He was also diagnosed with congestive heart failure. He underwent an operation and further treatment for the abdominal TB. Asked if the TB was cured, Adam could only mutter “I do not know”. He has passed the stage where he really cares.

Adam reported a lack of interest in life with an extremely low mood. He took to alcohol in Abuja in an attempt to blunt his sorrows; “the only thing that makes me forget everything for a while”. He also tried cannabis but abandoned this when he developed a skin reaction to it on first attempt. Along the line, he became addicted to gambling, as somehow this provides companionship for him. It also serves as a self-inflicted punishment in a life that has increasingly become meaningless. In an attempt to put an end to this meaningless existence, one day last year he took an overdose of his prescribed medications. That suicide attempt failed and he was successfully resuscitated, but Adam has not ruled out further attempts to kill himself. He has reported decreased appetite but did admit that he is deliberately starving himself in an attempt to “catch a stomach infection and then die”. He described his energy level as being poor with a non-existent attention and concentration level. He lacks motivation and self-esteem. He experiences guilt, guilt about being born into all these predicaments.

Roles
• Adam - 16 years old (could have two people sharing this role, to get more people involved and as this is a big role)
• Adam’s father
• Adam’s mother
• Witchdoctor
• Trafficker
• Medical staff
• Police officer - Abuja
• Police officer - Village
• NAPTIP
• Ministry of Women Affairs and Social Development
• NGO legal staff
• NGO psycho-social support
• CPN case worker (could have two people sharing this role, to get more people involved and as this is a big role)
• CPN case manager
• Chair of case conference
• Observers

The role-play proceeds as follows:
• The medical staff have referred Adam to the CPN case worker.
• The case worker conducts an assessment. Adam meets the case management criteria and his needs are identified. He is provided with a support plan. This is implemented, and reviewed at a case conference.
• The police have been informed of the situation and conduct an investigation. They present their results at the case conference.
• Adam is referred to other services to meet some of his identified needs.

Adam
Play the boy as described above. You are shy, frightened, depressed and do not know what you need or want. You find it hard to trust people because of your experiences. You still love your parents.

Adam’s father
You love Adam. You did not want to abandon him with the witch doctor, but you were afraid. You disagreed with your wife, as she did not want to visit him and you did. This lead to divorce. You went to find Adam after the divorce, but he was no longer at the witch doctor’s place. You are not used to talking to professionals and so are very shy.

Adam’s mother
You love Adam. You did not want to abandon him with the witch doctor, but you were afraid of what the neighbours and community would say if they knew that Adam was a witch. You disagreed with your husband, as he wanted to visit Adam, but you were too ashamed. This lead to divorce. You have remarried and your new husband does not know anything about Adam.

Witchdoctor
You do not want to cooperate with any investigation. You believe that God is on your side.

Trafficker
You do not want to cooperate with any investigation, and deny that you knew Adam.

Medical staff
You refer Adam to the CPN, and provide for Adam’s medical needs.

Police officers
You give permission for Adam to go to the shelter. You investigate Adam’s story in Abuja and the village, find Adam’s parents and decide whether to prosecute them or not for child abandonment.

NAPTIP
You investigate the trafficking. Also assess the family situation, and support family re-unification.

Ministry of Women Affairs and Social Development
You provide a shelter for Adam when he is discharged from hospital. Ensure you have a police report giving permission for Adam to stay in the shelter.

NGO legal staff
You provide support for Adam’s identified legal advocacy and representation needs.
NGO psycho-social staff
You provide support for Adam’s identified psycho-social needs.

CPN case worker
You assess Adam, work with him to develop a support plan and refer him to the police and other services for support. You present his case at the case conference(s), and support him to ensure his views are heard.

CPN case manager
You support and guide the case worker throughout the process. You make key decisions and provide advice to the case worker.

Chair of case conference
You chair the case conference, to ensure that Adam’s case is reviewed and appropriate decisions are made. Adam and his family should be encouraged to give their views in the meeting.

Observers
You will look at the process of the assessment/support plan/case conference, as well as the skills used by the ‘professionals’. You should make notes and be able to provide constructive feedback.
Appendix 2 - bibliography and further resources

Case management


Shilpa Ross, Natasha Curry, Nick Goodwin, Case Management: What it is and how it can be best implemented, 2011, The King’s Fund

Betsy S Vourlekis, Roberta R Greene (editors), Social Work: Case Management, 1992, Aldine De Gruyter

The Common Assessment Framework, Department of Education. The Common Assessment Framework for Children and Young People (CAF) is used for all child protection cases in the UK and includes an assessment form, a support plan (called a delivery plan) and review. Use the link below and click on the right-hand side to download the CAF Form. http://www.education.gov.uk/childrenandyoungpeople/strategy/integratedworking/caf/a0068970/the-pre-caf-and-full-caf-forms

Child rights and the law


Safeguarding
Keeping Children Safe - Safeguarding Toolkit http://www.keepingchildensafe.org.uk/toolkit
