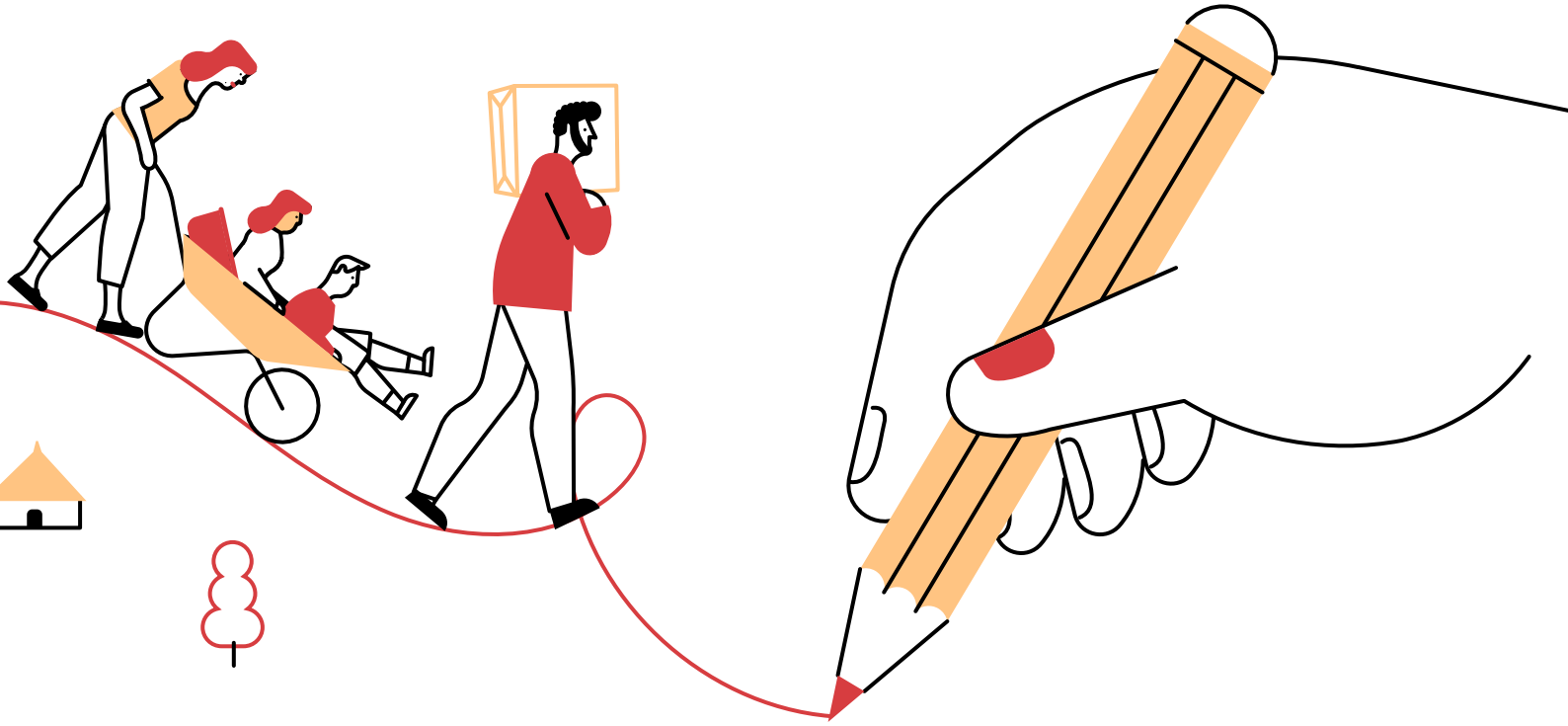
# 4

# Delivering Protection Case Management:

## A Guide for Supervisors and Caseworkers

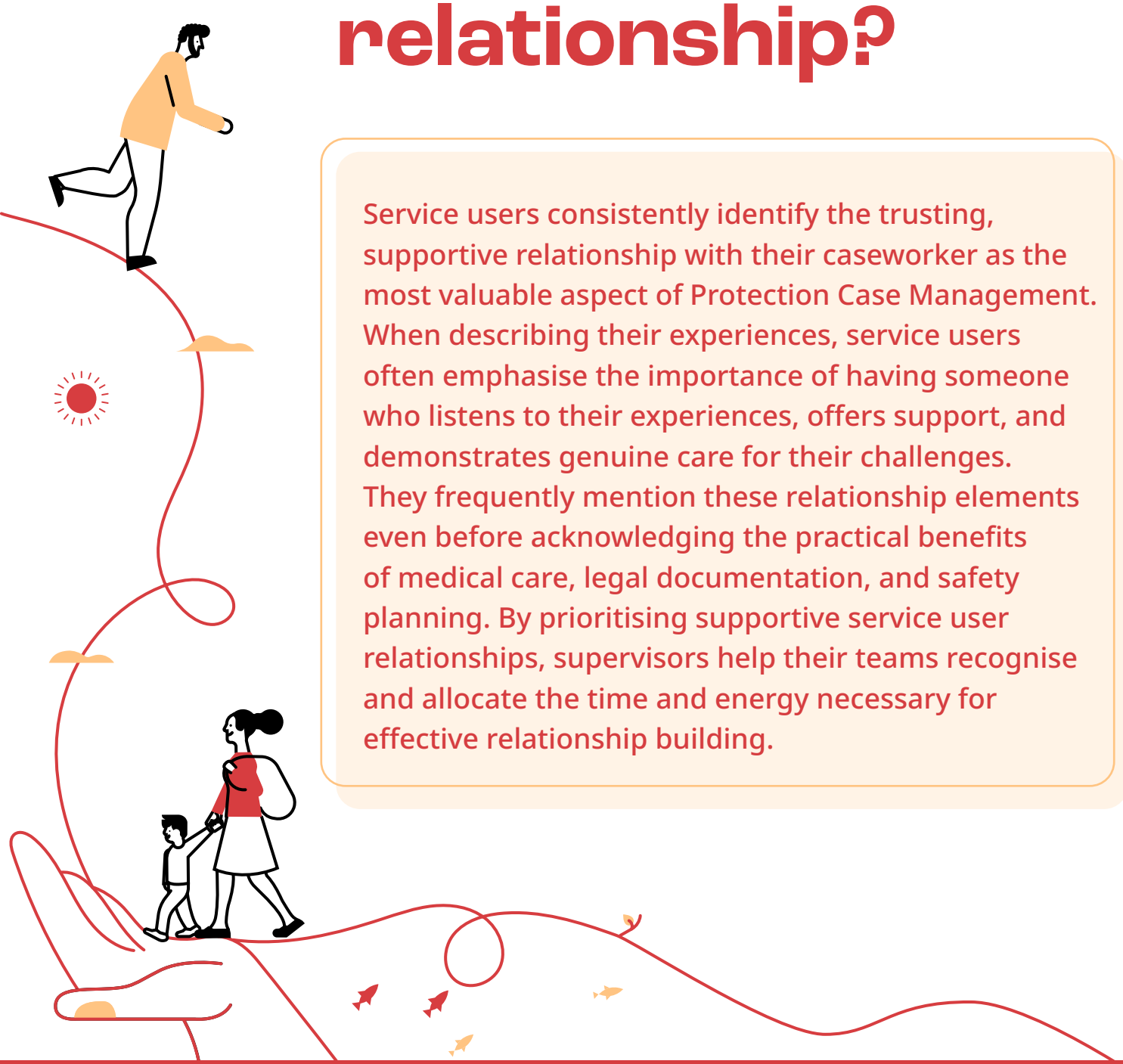


**Welcome to Module 4. This module will guide supervisors and caseworkers in creating a comprehensive, user-centred approach to Protection Case Management. If you have your own local protocols, please defer to them. If these are not yet established, read Module 3 and talk to your team about establishing correct protocols before delivering Protection Case Management services.**

**This chapter will help you answer the following questions:**

- **How do I establish a trusting and supportive service user relationship?**
  Taking a more considered look at how to build a safe and secure environment for service users throughout the entire Protection Case Management process.
- **What is the step-by-step process of Protection Case Management?**
  Preparing for Protection Case Management sessions with service users by providing a more in-depth look at the steps of Protection Case Management, including:
  - **Step 1: Introduction and intake**
    - Introductions
    - Urgent needs
    - Explaining service user rights
    - Explaining confidentiality
    - Determining initial risk level
  - **Step 2: Protection risk assessment**
    - Risk and vulnerabilities
    - Protective strengths and capacity
    - Strengths-based approach
  - **Step 3: Case action planning**
    - Goal setting with service users
    - Safety planning
    - Accompaniment
  - **Step 4: Implementation of case action plan**
    - Direct service provision
    - Referral
    - Lead case coordination
  - **Step 5: Follow-up and monitoring**
  - **Step 6: Case closure and case transfer**

# How do I establish a trusting and supportive service user relationship?



Service users consistently identify the trusting, supportive relationship with their caseworker as the most valuable aspect of Protection Case Management. When describing their experiences, service users often emphasise the importance of having someone who listens to their experiences, offers support, and demonstrates genuine care for their challenges. They frequently mention these relationship elements even before acknowledging the practical benefits of medical care, legal documentation, and safety planning. By prioritising supportive service user relationships, supervisors help their teams recognise and allocate the time and energy necessary for effective relationship building.

Key elements of building effective service user relationships include:

- Obtaining informed consent and clearly explaining confidentiality throughout the process, not only during step one. Always secure consent before sharing any service user information with others.

- Prioritising active listening and support during sessions rather than focusing solely on completing forms. Take time to understand the service user's situation and needs fully.

- Maintaining a strong working relationship by accepting the service user's narrative, even when you suspect there may be additional information. Focus on building trust to encourage open communication over time.

- Feeling like you can be yourself in a session with a service user.[1] This involves striking a balance between what is appropriate, safe and constructive - a skill that develops over time through experience and the support of your supervisor.

Caseworkers require basic psychosocial support skills to establish a trusting and supportive relationship with service users. These skills extend beyond Protection Case Management, benefitting all frontline workers across sectors, including volunteers and trusted community members. Through these essential skills, frontline workers build trusting and supportive relationships and respond appropriately to service users in acute distress or with urgent needs. Caseworkers should integrate basic psychosocial support skills across every step.

It is important to note that basic psychosocial support differs from psychological intervention. Instead, it represents a fundamental, humane and supportive approach to assisting people in distress and serves as an entry point to further support and referrals, as needed.

Basic psychosocial support for frontline workers, including protection actors, is a key activity in the MHPSS Minimum Service Package (Activity 3.2). Protection Case Management teams should refer to the MHPSS MSP for relevant guidelines, standards, tools, and recommended training topics.

# How should I prepare for a Protection Case Management session?

*For every meeting with a service user, acknowledge that you may not know their current situation context.* Understand that they may be affected by various situations, including:

- a stressful, distressing or emergency incident
- a lack of safety and trust
- moderate to severe distress
- physical, communication or attitudinal barriers that limit discussion of any distressing experiences[2]

Prepare before you meet with an individual. This will put you in a better position to establish a rapport. Manage your expectations during the meeting and be ready to address any difficulties which might arise. It will also help you to manage your own stress levels and reactions.

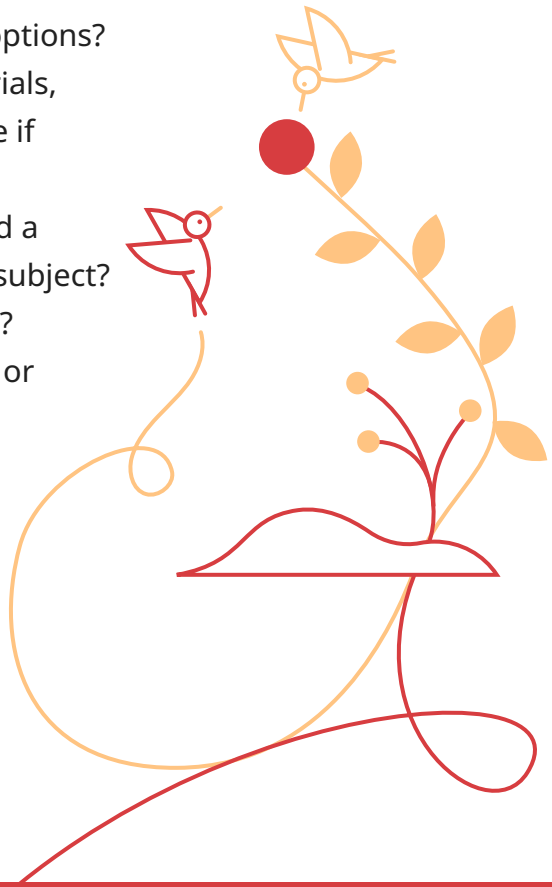
Before every meeting, take into account the following:

### Meeting checklist

- **Logistic updates**
  - Have I agreed on a preferred date, time and location with the service user?
  - Have I allocated enough time for the meeting to avoid rushing the service user?
  - Do I have all necessary stationery for the meeting?
  - Have I arranged and prepared all relevant case file documentation, including any documents that need to be signed (e.g. referral forms or interpreter disclosure forms)?
  - Have I taken my phone for security purposes? Have I ensured I will not use it during the meeting, unless necessary?
  - Have I considered any safety or security implications of the meeting space?
  - Am I visibly wearing my staff ID card, unless it is unsafe to do so?

- **Reasonable accommodation**
  - Have I checked with the service user about any adjustments needed for their participation (e.g. communication style adjustments, interpreter services, accessible meeting space)?
  - Have I considered whether the service user has acquired a new disability since our last meeting?

- **Planning and support**
  - What is the purpose of today's meeting, and am I prepared for the activities I plan to complete with the service user?
  - Have I refreshed my memory on psychosocial support skills such as active listening and supportive communication?
  - How was the service user's mental health and psychosocial wellbeing during our last meeting, and could that have changed since then?
  - Are there any requests or actions from the service user (e.g. referrals, gender preference for caseworker) that I need to follow up on before the meeting?
  - Have I identified the service user's capacities, and how can I support them in building on these?
  - Is there specific information I need to share with the service user based on our previous meeting?
  - Do I have an up-to-date service mapping, including safety and accessibility details, to provide full information on service options?
  - Have I brought any useful information or awareness materials, such as hotline cards or other contact information, to share if needed?
  - If a challenging conversation is anticipated, have I prepared a flexible plan and considered the best way to approach the subject?
  - Is the service user's case file up to date before the meeting?
  - Have I followed up on the service user's request for a male or female caseworker, if applicable?



**Service user preferences in caseworker selection**

Establish service users' preferences regarding their caseworker's gender at the earliest possible stage. If a caseworker of the preferred gender is unavailable, take the following steps:

1. Consult with your supervisor about available options

2. Consider collaborating with other Protection Case Management agencies that can provide gender-appropriate care

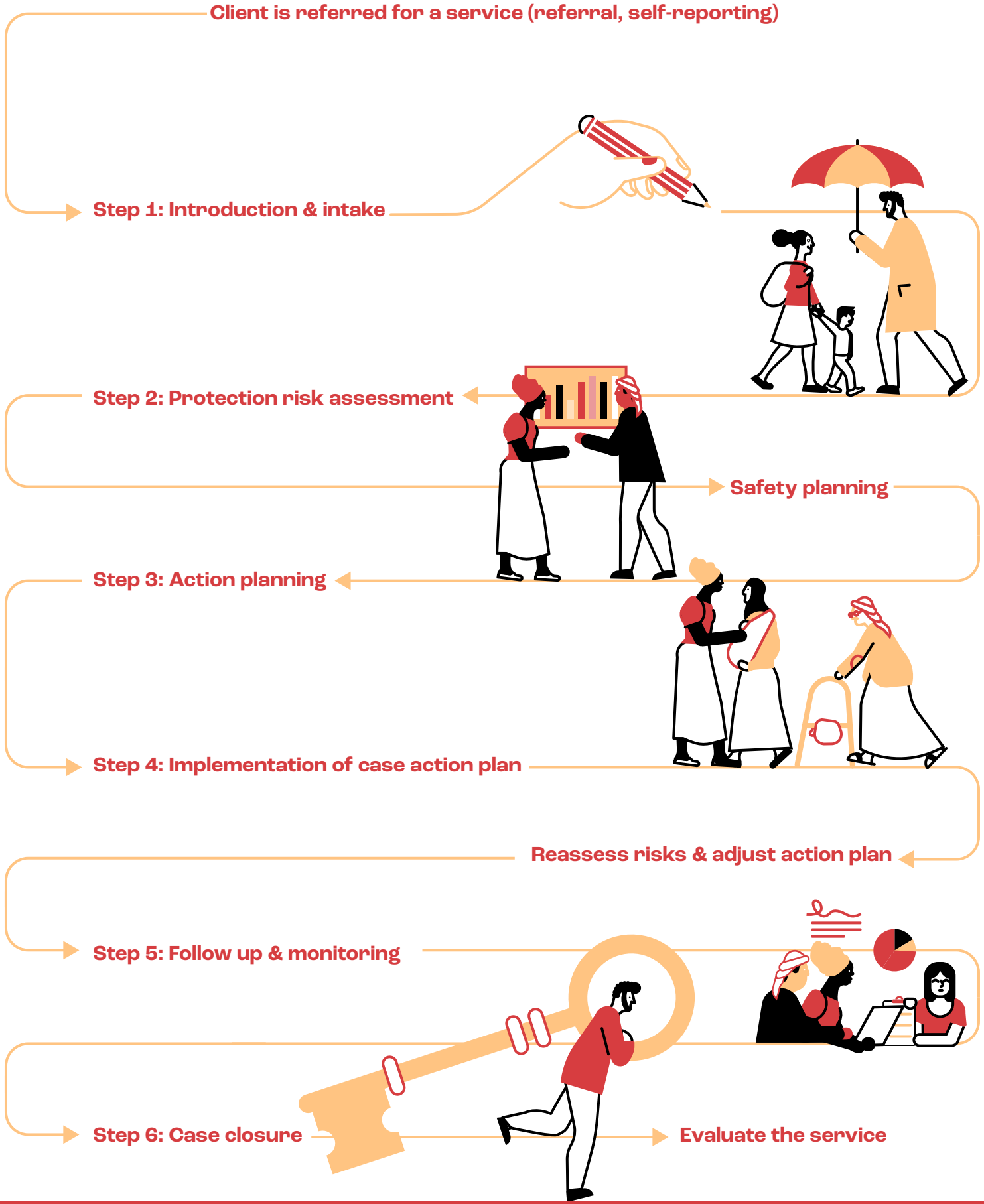
3. If no suitable caseworker is available and it is safe to do so:
   - Complete an immediate safety and security assessment.
   - Determine if the service user faces heightened risk.
   - Postpone the comprehensive risk assessment.
   - Clearly explain to the service user that their case will transfer to a caseworker of their preferred gender for future assessment and follow-up.
   - Remember that gender is not the only important factor in caseworker selection. Consider additional preferences related to language abilities, cultural background, the specific nature of risks faced by the service user, and/or other aspects of the caseworker's profile that may affect service delivery.

These factors can significantly influence the service user's comfort level and willingness to engage with Protection Case Management services.

# What is the step-by-step process of Protection Case Management?

Protection Case Management may not always feel so clear cut when you are supporting a service user. The following steps will guide the structure of your process and priorities.

**Figure1: The steps of Protection Case Management**



**Protection Case Management steps align with specific documentation tools for recording your work with service users. These tools help you identify and utilise relevant information to support your service user's journey.**

**Table 1: Overview of the Protection Case Management steps**

***The Protection Case Management process is not linear. It is flexible depending on your service user's needs.***

| Protection Case Management steps | Key tasks |
|---|---|
| **Introduction and intake** | **1.** Introduction<br>**2.** Identify immediate safety risks (carry out safety planning if required)<br>**3.** Address barriers to participation in the meeting<br>**4.** Begin the process of informed consent/assent<br>**5.** Determine whether to open a case file<br>**6.** Determine the risk level<br>**7.** Ask for permission to proceed |
| **Protection risk assessment** | **1.** Repeat introduction and intake tasks 1-4<br>**2.** Assess risks and needs<br>**3.** Assess capacities and vulnerabilities<br>**4.** Re-assess the risk level |

| Protection Case Management steps | Key tasks |
|---|---|
| **Case planning** | **1.** Repeat introduction and intake steps 1-4<br>**2.** Summarise the assessment and check in<br>**3.** Define risks together<br>**4.** Agree on goals together<br>**5.** Agree on actions together<br>**6.** Carry out safety planning (if required)<br>**7.** Get informed consent for referrals<br>**8.** Make accompaniment plans (if required)<br>**9.** Document your case plan<br>**10.** Agree when/where to have a follow-up visit<br>**11.** Discuss any concerns with your supervisor |
| **Implementing the case plan** | Carry out service provision as per the individual case plan. This might include:<br>• Direct service provision<br>• Referral<br>• Lead case coordination or advocacy on behalf of the service user |
| **Follow-up and monitoring** | **1.** Repeat introduction and intake steps 1-4<br>**2.** Follow up with the service user and monitor progress<br>**3.** Reassess risks and revise your case plan, if required<br>**4.** Ask for informed consent for further referrals<br>*During the follow-up stage, you may need to develop a safety plan* |
| **Case closure** | **1.** Identify if the case meets case closure criteria in agreement with the service user<br>**2.** Close case as per protocols |

# Main objectives, tasks and recommendations for each Protection Case Management step

## Step 1: Introduction and intake

### Objective

To establish a rapport with the individual and to determine whether to open a case file for Protection Case Management services. Caseworkers will need to recognise whether someone is at heightened risk and be familiar with their organisation's prioritisation criteria - determining whether Protection Case Management is the most appropriate intervention for them.

### Tasks

- Introduction
- Begin the process of informed consent/assent
- Collect basic bio data
- Assess protection risks, including immediate safety risks
- Understand barriers to participation in the meeting
- Determine whether to open a case file
- Determine the risk level
- Ask for permission to proceed

### Documentation

- Form 0: Intake and Response Criteria
- Form 1: Intake
- Form 2: Informed Consent and Registration

The introduction and intake step allows an initial discussion with a potential service user. This lets you to determine whether they face a specific risk and their risk level without asking questions, which the person may be worried or embarrassed to answer before they know you better. A person's ability and willingness to recount experiences and to trust you can depend on various factors, including age, sexual orientation, gender identities, culture, health condition, disabilities, mental health and psychosocial well-being, past experiences and expectations of the future, amongst other capacities. Some may open up, others may find it more difficult.[3] Do not pressure the person to answer any questions or provide more detailed answers than they want to. This initial discussion allows you to respect the person's need to have a sense of control during the process.

However, there may be situations where the conversation naturally moves into more specific or detailed information. At this point, two situations could occur:

1. You determine the person to be at heightened risk and they are comfortable and forthcoming with providing information.

2. You are unsure whether someone faces a specific risk and you find it useful to draw on some of the questions in the protection risk assessment form that are more prescriptive (see Form 3: Protection Risk Assessment).

In these situations, you may find that you complete all or part of the introduction, intake, and protection risk assessment in the same meeting.

**Introduction script**

*'My name is _____ [insert name]. I am a caseworker for the_____ _____[insert name of organisation]. I am glad that you have contacted us. I received your referral from_____ [insert name of organisation].*

*As agreed, I am with _____ [insert name]. They are the interpreter to help us to communicate. This is the only role of the interpreter. S/he is both impartial and neutral. If you have any questions throughout the interview today, please direct them to me and not to the interpreter.*

*May I ask how you prefer me to call you? Thank you _____ [insert their name]. I am here to listen to you and to see whether we might be able to support you. Before we start, do you feel safe and comfortable talking to me here or do you prefer we go to another place?'*

## Create a comfortable, safe and private space

Make sure the physical space you are in is private, accessible and comfortable. Ensure that the service user can understand and communicate with you. Try to build rapport from the beginning, retain these communication skills through every stage. Remember to use basic psychosocial support skills during introductions and every interaction. This can help create a comfortable and safe space for the service user.

Here are some tips:[4]

- **Communicate concern** to your service user. Use empathy and active listening[5,6] as if the service user's feelings are your own. Examples include:
  - *That sounds like it was very challenging/upsetting/frightening for you.*
  - *You have been through a lot.*
  - *That must have been a painful experience.*

- **Verbal and non-verbal skills** also communicate to the service user that you are listening to them.
  - Keep your body posture open, avoid crossing your arms or sitting away from the person, face the person but remain respectful of local customs.

- Where culturally appropriate, keep eye contact and mirror the service user's language. For example, using any local idioms of distress they might use to convey a sense of understanding and respect for the service user's experience.
- Express similar emotions to theirs by your facial expressions.
- Use brief verbal indications that you are listening such as '*okay*', '*I see*'.

- **Praise openness** to help your service user feel comfortable talking about personal, difficult, or embarrassing topics. Examples include:
  - *Thank you for telling me that.*
  - *I understand it isn't easy to talk to me, but I think it can be helpful for your recovery.*
  - *You were very courageous sharing those intimate feelings with me.*

- **Validating** their problems means letting them know that their reactions are understandable and normal. However, do not tell the service user you know what they are going through. It can have the opposite effect of validating their experience. Examples include:
  - *You have been through a very difficult experience and it isn't surprising you are feeling this way.*
  - *Many people I have worked with are also feeling this way.*
  - *This is a common reaction to a situation like this.*

- **Respect** your service user's beliefs and values. This means listening to your service user without sharing an opinion or judgement based on your own values.

- **Speak in a calm, not loud voice**. Avoid changes in mood and attitude at any time toward the person.

- **Avoid giving advice and/or** telling your service user what to do and not to do. This will undermine your service user's ability to manage their own problems.

**For tips on how to communicate with persons with disabilities** including persons with visual impairments, speech difficulties, deaf or hard of hearing, physical impairment, intellectual disability, or psychosocial disabilities, refer here: Annex 4.1: Inclusive Communication Tip Sheet.

Remember, do not focus on your notes or forms. While documentation can be useful to record information, you should set it aside and try not to fill any forms or be on your tablet or laptop. You should focus on the person and provide help. You can complete your forms once back in the office. If you wish to take notes, you should always ask.

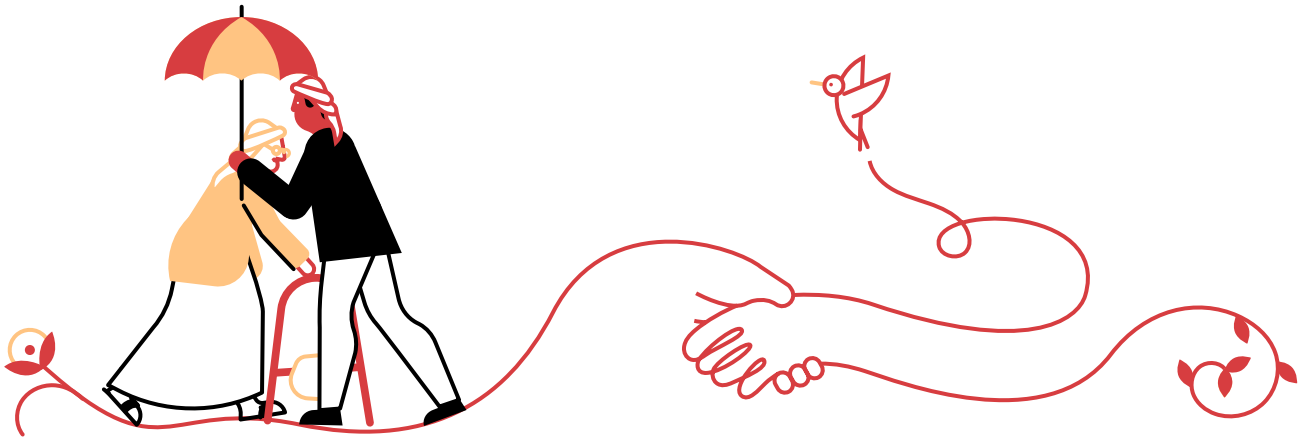
## Assess immediate safety risks

If a service user appears very upset or with active suicidal thoughts, exhibits out of control behaviour, or appears to be in danger, follow these steps:

1. **Maintain professional composure and validate the service user's trust:** Express gratitude for their willingness to share this crisis and affirm your commitment to support them. Employ active listening techniques and maintain a measured response without displaying heightened emotional reactions.

2. **Inform and engage supervision:** Clearly communicate to the service user your need to consult with your supervisor immediately. Maintain contact with the service user while speaking with your supervisor. Develop and agree upon a clear safety plan with all parties before concluding the session.

3. **Ensure immediate safety measures:** If supervisor contact proves unsuccessful and the service user lacks continuous support, facilitate an immediate referral to appropriate health services or a secure, supervised environment. The caseworker must maintain presence with the service user if no alternative supervision options exist.



**Grounding techniques to calm and reassure the service user**

- You can say: 'You seem very scared or worried, let's try to stay in the present, take a slow deep breath, relax your shoulders.'

- Ask the service user to inhale through the nose and exhale through the mouth. Have the service user place their hand on their abdomen and then watch their hands go up and down while the belly expands and contracts.[7]

This guidance includes MHPSS interventions for caseworkers, including emotional regulation activities such as grounding techniques. To find the grounding techniques for caseworkers, see Annex 4.4.5: Emotional Regulation in Annex 4.4: MHPSS Activities and Resources. Caseworkers should work with their supervisor and peers to identify appropriate grounding exercises, adapt them and practise prior to implementing them with service users.

For additional grounding techniques and information on grounding, see Doing What Matters in Times of Stress: An illustrated Guide (WHO), an easy to read illustrated guide with information and skills to help manage stress. Techniques can be easily applied in a few minutes each day.

For immediate urgent medical needs, such as severe bleeding, or extreme pain, take action to get medical help with the individual's verbal consent. This may mean linking the service user directly to a health clinic or hospital. For life-saving medical services involving financial cost, collect receipts and invoices for future payment. Make sure you have the national ambulance service or the Red Cross or Red Crescent number at all times.

In case of imminent risk of harm to self or others, make an emergency referral to the appropriate services. For risk of suicide or self-harm, refer to the relevant Mental Health services or specialised MHPSS services. If these are unavailable, consider referrals to local health facilities or other relevant protection services. Before making external referrals to local health facilities, assess potential risks to the service user, particularly in contexts where attempted suicide is criminalised or where health facilities may cause harm.

## Address barriers to participation in the meeting

When advance preparation has not been possible, access potential barriers to your service user's participation in the session. Consider:

- **Physical barriers:** accessing, entering, moving within and using the meeting location
- **Communication barriers**: understanding and exchanging information needed for informed consent
- **Social and attitudinal barriers:** including potential biases or prejudices that could affect the caseworker-service user relationship

You must address these barriers as soon as possible with the service user. Work with the service user to identify and implement reasonable accommodations that support their full participation. Establish clear communication methods for the informed consent process. While some service users may only need minor adjustments to communication style, others may require additional accommodations before proceeding with the session and consent process.[8]

## Understand informed consent/assent

Follow these steps when seeking informed consent:

1. Address barriers to providing informed consent by supporting decision-making
2. Explain the Protection Case Management process and their rights
3. Explain confidentiality and its limitations
4. Explain risks and potential benefits
5. Ask whether there are any questions
6. Ask for permission to continue

### 1. Address barriers to informed consent by supporting decision-making

You need to involve your service user in this discussion. In situations where communication is challenging, a person cannot lose their right to provide informed consent simply because they face barriers to accessing information and communicating. You must adjust your way of communicating for your service user so they can fully participate and provide consent or refuse Protection Case Management services.[9]

**Script to support decision-making for informed consent:**[10]

*'I will do my best to support your participation in this process, particularly so that you feel you can understand and communicate with me well, but also so that you easily reach and use the spaces that we meet in.*

*In terms of our communication, please feel free to stop me and let me know at any time during our session or following sessions if you need any form of support to understand or communicate with me, and what support you need. For example, I can show you a consent form that is easier to read, arrange for a sign language interpreter, or, if you would like, you can also ask a trusted individual to support you to understand or communicate through our conversations and the informed consent process.*

*Depending on what support you need, it may take me a few days to arrange it, but I will try my best. If I am unable to arrange it for any reason, I will let you know and we can try to arrange another source of support.'*

Present information in a format accessible to the service user – either in their preferred format or one that ensures clear understanding. This may include their preferred language, sign language or easy-to-read consent forms.

**Addressing communication barriers**

If you are working with a person with whom you are having difficulty communicating, ask yourself the following key questions:

- *Did you try more than one method of communicating the information? Have you given them time to process this information and ask questions?*
- *Did you allow the service user to express her/his preferred way of communicating, and arrange for any reasonable accommodation? For example, involving simultaneous or sign language interpretation.*
- *Are you able to determine whether the service user understands the information provided and the consequences of decisions they may make? How did you determine this? For example, through questions, discussions, gestures, writing, pictograms, or other forms.*
- *Have you been able to ensure that the service user's decisions are voluntary and not forced or coerced by others? How did you determine this?*
- *Is a caregiver or family member already involved? If so, how? Are they answering the questions you ask without consulting the service user?*

**After reflecting on these questions, consult your supervisor if the service user needs additional communication support or you have concerns about their capacity to provide independent consent. Your supervisor will help determine what further support is needed. Together, review the following processes:**[11]

- Where safe, involve a trusted support person or interpreter to facilitate understanding and communication with your potential service user. If safe to do so, ask your service user for their permission to include someone they trust or an interpreter to facilitate their communication and to enhance their ability to provide or refuse informed consent. You will need to carefully check that the support person does not act on behalf of the service user but *only supports* the process.[12] Let the service user independently identify who they would like to involve, and watch for any signs that they agree or disagree with the suggestions being made.

- It is good practice for service users to sign a consent form (see Form 2: Informed Consent and Registration) to confirm they agree to the presence of an interpreter in the meeting. Interpreters will need to sign a non-disclosure agreement (see Form 1A: Interpreter Non-Disclosure Agreement), to promise they will not breach confidentiality. This agreement must be signed by the service user and the interpreter.

Interpreters must have the attitudes, knowledge and skills needed to follow codes of conduct, handle sensitive disclosures appropriately, and accurately convey what service users communicate to caseworkers. They should be trained in addition to signing the non-disclosure agreement accordingly.

- When all options are exhausted, evaluate whether the proposed decision aligns with the service user's vital interests and well being.[13] This means taking a decision based on the best interpretation of the will and preferences of the service user only where it is *'necessary in order to protect the essential interest for the person's life, integrity, health, dignity or security.'*[14] Consider the following:
  - **Safety:** Does the decision or action protect the service user from potential abuse (physical, emotional, psychological, sexual, etc.)?
  - **Assuming capacity:** Is the decision or action in line with the best interpretation of the will and preferences of the service user?
  - **Cost-benefit analysis:** Do the potential benefits of the decision or action outweigh the potential risks?
  - **Healing:** Does the decision or action promote the service user's overall healing, growth and recovery?

**Considerations for obtaining and documenting service user's consent**

In instances where capacity to consent by the service user has been confirmed, ensure that consent is given voluntarily. Allow sufficient time for the service user to understand, consider the information, and ask questions. If the service user requests additional information, provide a timely response. Consider the following:

- Consent must be related to a specific proposed Protection Case Management process and be documented.
- The person obtaining consent should be knowledgeable and well informed about the conditions and proposed services available when entering the specific Protection Case Management process.
- Caseworkers should continue to share information, listen to service user ideas and opinions, and explain how and why decisions have been made. This interaction will also assist in monitoring changes in capacity over time and with different types of decisions.

Once you have established your service user's participation in the session, you can continue with the informed consent process.

### 2. Explain the Protection Case Management process and their rights

Explain the Protection Case Management process, what usually happens at this stage of the process, and what their rights are through the process.

**Script to support the explanation of the process and service user's rights**

*'It is important that you have a clear understanding of what this Protection Case Management service is. Protection Case Management just means that we will talk together about what support you need, how I will support you to put in place goals to address these challenges, and how I will connect you to the right services.*

*For us to be able to work together, I will need to ask you about your background and your current situation. In the session today, it would be useful for me to understand a bit more about your situation so that we can see whether our services would benefit you, and whether we have the right expertise to support you.*

***It is important that you know your rights during this process**. At any time during the session and the process please feel free to:*

- *Not answer my question if you don't want to, and you can always ask me to stop, take a break, or slow down*
- *Ask me to repeat any questions or explain information in more detail*
- *Request to adjust the way I am communicating to support your understanding or communication with me*
- *Request any other adjustments to allow you to participate fully*
- *Request to talk to someone else, including a different gender or for another reason, or work with another organisation - this would have no negative consequences*
- *Request for your information not to be documented*
- *Request to see your case files or other case notes*
- *Refuse referrals to services if you don't want them*
- *Stop the Protection Case Management process at any time'*

### 3. Explain confidentiality and its limitations

Emphasise your commitment to confidentiality and that all information shared will be kept strictly confidential. A service user's data will be stored safely. Only the most essential and minimum information will be shared after their consent for any services needed. Exceptions where confidentiality must be broken, which are intended to protect them and others, must be clearly explained. Reassure the service user that breaking confidentiality does not automatically mean authorities will be involved.

**Script to explain confidentiality and its limits**

*'Whatever you tell me during this meeting and the whole process will be confidential. This information will stay between us, including any notes I write down during our meeting(s). Any forms or information I collect during our meeting will be stored safely and I am the only person who will be able to access this information. This means that, without your permission, I will not tell anyone what you tell me and only share limited information with service providers for you to receive services only after your consent. We will make sure as far as possible that your participation in this process is not known by anyone.*

*However, there are a few situations where I may have to speak to someone without asking your permission. If you tell me that you want to hurt yourself, I may need to inform my supervisor or others who can help keep you safe. Similarly, if you want to hurt someone else, I may have to notify the relevant authorities to prevent harm. Lastly, if a UN or humanitarian worker has hurt you, I would need to report this to my supervisor to ensure that action is taken to stop them from harming anyone else.*

*Sharing information at these times is meant to keep you safe and get the best help for you. Other than these times, none of your information will be shared without your permission.'*

### 4. Explain risks and potential benefits

Explain risks and benefits of Protection Case Management services at two key stages:

1. Before initial intake and before hearing the service user's story

2. After discussion but before proceeding with Protection Case Management services or referrals

While some general risks and benefits can be explained initially, the full assessment must be tailored to your specific context, the service user's individual situation, and information learned during their story

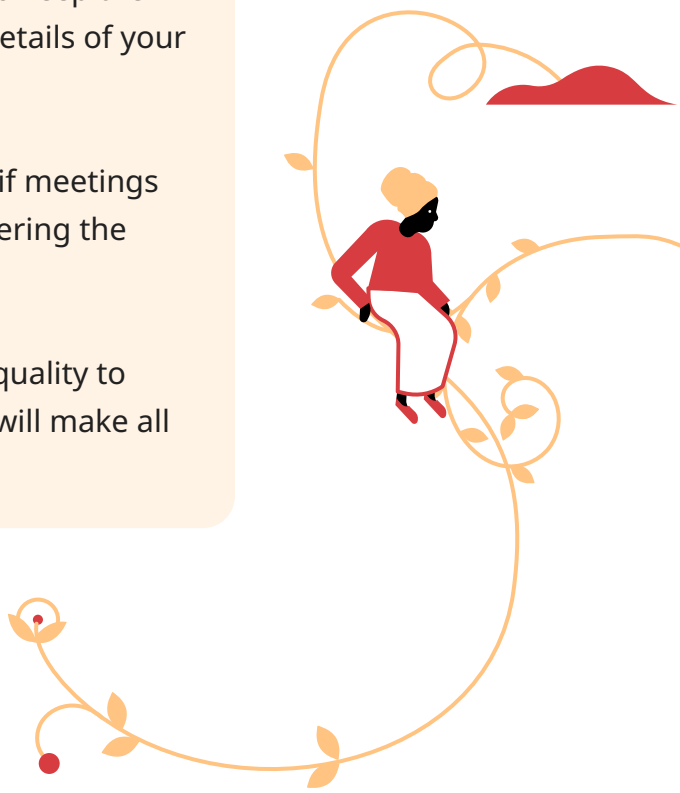
Provide a detailed risk-benefit assessment before seeking consent for Protection Case Management services or making referrals.

**Potential risks**

- Loss of confidentiality, meaning that someone outside of this session could find out what was discussed and confidential information could be accessed. This may happen if there was loss, misplacement or unauthorised access to a file.
  Explain that you will take all possible precautions to keep their engagement in this process confidential. Provide details of your data protection protocols.

- A service user's anonymity could be compromised if meetings don't take place in a safe and private place. Considering the safety concerns of a meeting is essential.

- There may not be the services available to a good quality to manage your service user's risks. Explain that you will make all efforts to connect them to services that exist.



## 5. Ask whether there are any questions

Allow time for questions about the information provided, including details about Protection Case Management services, referral options, and their rights. Service users often need time to:

- Process the information shared
- Consider safety implications
- Formulate questions
- Make informed decisions
- Ensure they have adequate time to respond, and avoid rushing this crucial dialogue

### 6. Ask for permission to continue

Once the service user confirms their understanding of the service and their rights, seek permission to:

- Gather information about their situation to determine how best to provide support
- Take notes during the session

If a service user has already informed another organisation of their situation, ask whether they want to tell their story again or gain consent to receive details from the other organisation.

**Example:**

Do you agree to participate in the meeting? ☐ Yes ☐ No

Do I have your consent to document your responses on a tablet and/or paper ☐ Yes ☐ No

Do I have your consent to receive your information from the another organisation? ☐ Yes ☐ No

If yes: Proceed to ask more questions to determine whether to open a case file.

If no: Provide information about available services to the person verbally, as well as any relevant materials and/or hotline numbers to receive services in the future. If they require a one-off service or advocacy action, then conduct a quality referral.

### Determine whether to open a case file

Caseworkers need to determine if the person has experienced, is experiencing, or is at immediate risk of experiencing a protection risk. See the questions Form 1: Intake. Remember, these questions should be used as guidance only.

### Collect basic bio-data

Caseworkers need to collect demographic data on the person's age, gender and disability. To determine whether someone has a disability, the introduction and intake form has integrated the **Washington Group Short-Set of Questions (WG-SS)** on disability (see Form 1: Intake). This information does not help with referrals, nor with understanding the type of disability a service user has. It indicates whether or not they have a disability.

### Collecting data on disability: What is the Washington Group short-set of questions and why use it?

Caseworkers must facilitate the full and effective participation of persons with disability in our services.

*'Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others'.* [15]

The WG-SS questions help identify disability by understanding who has difficulty doing basic universal activities (e.g. walking, seeing, hearing, cognition, self-care, and communication), and who may be at greater risk of facing barriers and/or not participating in home and community life. The WC-SS six questions are non-stigmatising, do not require medical knowledge, and use simple and natural language to refer to disability without using the word 'disability' - as using the word 'disability' can affect the way people respond. These questions have been used and tested extensively in many countries and contexts.[16] You must ask these directly to each person who is over 18 years old.

There are additional WG data sets if you have additional information needs:

- **Person with mental health and psychosocial disabilities:** For a better determination of people with mental health and psychosocial disabilities, the enhanced set can be integrated into Protection Case Management forms.
- **Extended set:** A set of questions that ask about more functional domains (e.g. affect, communication, upper body functioning, pain and fatigue), and more questions within each domain. It could be used as a special module for a more detailed analysis of disability.

For more information please see: Annex 4.2: Guidance on Washington Group Short Set Use.

### Assess whether the person faces a specific risk

Caseworkers should use broad, open-ended questions that prompt the service user to start telling their story in general terms. You can always go back for details if appropriate and needed. Let the person take breaks and tolerate silences. Give them time to manage emotions and organise thoughts.

**Tips for asking questions**[17]

Using **TED questions** can help encourage the person to think about their situation, reflect, and provide a better overview of their situation. This gives the service user a feeling of control to avoid triggering or difficult memories:

- **T**ell me more...
- **E**xplain for me...
- **D**escribe what happened...

If you are unable to recognise whether the person is at heightened risk and need specific details, you can use **probing questions** to understand more: *who, where, when, where*, and *how*. Only ask such questions if the person is forthcoming with information. Make sure to be non-judgmental and neutral when you ask.

***Who:***

- *"Who else is involved or aware of the situation?"*

***What:***

- *"Can you describe what concerns you have right now?"*

***When:***

- *"When did this first start happening?"*

***Where:***

- *Is there a specific place where you feel more or less safe?"*

***How:***

- *"Can you explain how this situation is affecting you?*

**Remember:** You may naturally move into the protection risk assessment stage to gain a more comprehensive understanding of your service user's risk(s), resources and resilience. At this point, remind yourself that you still need to determine the specific protection risk type and case risk level and ask for informed consent to proceed.

Form 0: Intake and Response Criteria provides a detailed assessment framework for protection risks in your context, including descriptions of high, medium and low risk levels. The caseworker must determine both:

- The most relevant protection risk
- The appropriate risk level for the service user

As Form 0 cannot capture every possible scenario, consult your supervisor when uncertain about risk classification.

A helpful technique to close the discussion can be to summarise the person's story in your own words to check you have understood them and ask for any corrections.

### Determine the risk level

Determine the case risk level and flag any case that might require immediate attention. Medium and high-risk cases should be prioritised for Protection Case Management Services.

Determining the risk level of each service user's situation will help caseworkers to prioritise a case appropriately within their broader caseload. It helps to determine the timeframe for intervention, indicates the frequency of visits needed, and how frequently the service user should require a follow-up. Risk level determination is an ongoing process as someone's level of risk will change over time. Risk levels should be reassessed at all stages of the process - from introduction and intake to assessment, as well as each follow-up visit.

Whenever possible, individuals and households at risk should be empowered and supported to independently access services and support. Those in this position are considered low-risk cases and do not require Protection Case Management services. These service users should still be provided with information on access to available services and assistance, and be supported to decide how to address their problem. This may be through conducting a one-off quality referral or advocacy action or by informing how to access a service themselves.

### Ask for permission to proceed

After completing the session and assessing risk level, inform the service user about appropriate next services.

If the service user meets the prioritisation threshold for intake into Protection Case Management services and has fully understood the informed consent process, you must seek their permission to proceed for the next stage, intake. Consider the following:

- Before asking for consent to proceed, explain the process again, including the person's rights, confidentiality and its limits, and the risks and benefits of the process.

- You should use Form 3: Informed Consent and Registration which the service user can sign/thumbprint. Where possible, keep this form separate from the rest of the service user's case file. This ensures adequate separation between the service users identifying information and details about their protection situation. Important when storing data offline.

- Explain the next steps of the process. Agree on another date, time and location to meet. Provide the service user with the relevant hotline/work number and remind them of your name and organisation so you can be contacted if needed.

**Note:**
If the service user does meet the protection threshold for Protection Case Management services or chooses not to receive them, provide information about available services in their area, along with relevant information/ awareness materials and hotline numbers for future access. If they can benefit from a one-off quality referral or advocacy action, seek their consent to conduct the referral. Remember that situations change over time, and service users may return for reassessment of their eligibility.

## Step 2: Protection risk assessment

### Objective

A protection risk assessment is necessary to gain a comprehensive understanding of the service user's risks and resulting needs, resources and resilience, including their family composition, current living situation etc. A protection risk assessment also gathers relevant information to be passed to other service providers to facilitate referrals, if needed. It is designed to ensure that every service user receiving Protection Case Management services benefits from a consistent approach to evaluating their situation.

A risk assessment should be carried out within two weeks of a service user's intake. In some cases, a risk assessment may be carried out during Step 1.

### Tasks

- Continue to explain the process as you did in Step 1 e.g. introduction, assess immediate safety risks, address barriers to participation in the meeting, start the process for informed consent/ assent to proceed
- Assess risks and resulting needs
- Assess protective strengths, capacity, resources and positive influences
- Reassess the risk level

### Documentation

- Form 3: Protection Risk Assessment

The protection risk assessment builds on information gathered during the introduction and intake. To avoid repetition during this stage, fill in any information you have already gathered during the intake step into the protection risk assessment. The protection risk assessment sets the stage for the entire journey of the Protection Case Management process. This journey can vary widely depending on the outcome of the assessment and the type of risks and protective factors identified.

This process should help you and your service user agree on goals and actions for their case plan. This process should be done through a semi-structured interview, asking questions that invite the service user to participate. Remember, the protection risk assessment form is there to facilitate the documentation of this information but does not require you to ask every question with the service user. Only ask relevant questions based on the service user's needs.

### Assess risks and resulting needs

During each discussion with the service user, caseworkers must assess their immediate safety and to ensure the appropriate on-going prioritisation of the case. As a caseworkers you should focus on:

- Understanding the service user's environment and their place within it
- Who the service user is, their potential needs for support and their urgency
- Recognising positive and protective influences and strengths

To do this, the following key areas should be considered:

- **The nature of violence**
  - Assess whether the service user faces an immediate risk of physical or psychological violence.
  - Determine if immediate medical care is needed while ensuring the safety of the service user.
  - Evaluate whether neglect is intentional or due to caregiver limitations (e.g. lack of time or resources).
  - If the service user expresses fear of violence, consider whether this fear is well-founded, giving them the benefit of the doubt when in doubt about potential harm.

- **The relationship of the (alleged) perpetrator to the service user**
  - Understand the closeness of the relationship between the (alleged) perpetrator and the service user.
  - Identify if the (alleged) perpetrator is a partner, caregiver, state or non-state actor, or plays a role in the household or community.

- Assess the (alleged) perpetrator's influence over and access to the service user to inform safety and case planning.
- Note any actions taken by the (alleged) perpetrator, such as legal measures.

- **Frequency**
  - If there is a history of recurring violence, coercion or deliberate deprivation, focus on understanding the most recent incident to assess current needs.
  - Avoid requiring the service user to recount every incident during the initial interview.
  - Allow the service user to share a full history of abuse if they choose to do so.

Where your service user is at-risk of danger (e.g. killing, kidnapping, abduction, enforced disappearance, or physical, emotional or psychological abuse or assault), the caseworker should complete a safety plan with the service user. This supports the caseworker to analyse the risk of harm in their lives and think about how to reduce those risks. Service users with other safety concerns may also be supported using this process. Some service users like to keep a copy for themselves so they can refer to it (see Form 8: Safety Planning).

- **Housing**
  - Assess the service user's living situation, noting risks such as safety concerns, exploitation, or isolation (if violence occurs in the home).

- **Economic situation**
  - Understand the service user's economic conditions, including their ability to participate in financial decisions and control resources.
  - Address these questions confidentially, prioritising the service user's perspective rather than that of the income earner or family decision-maker.
  - Recognise that lack of control over resources can increase protection risks like neglect and exploitation.

- **Physical health status**
  - Evaluate the service user's physical and mental health, including any disabilities, as these may influence their experiences of harm, family relationships, and unique protection risks.
  - Consider the interconnection between physical and mental health (e.g. poor physical health can worsen mental health and vice versa).
  - Develop a comprehensive understanding of health needs to inform referrals and recommendations.

- **Mental health and psychosocial status.**
  - Conduct a basic MHPSS assessment to evaluate mental health and psychosocial well-being. A list of options for assessment tools are listed in Table 2. Included in the form is the Patient Health Questionnaire-9 (PHQ-9) with minor adaptations (see Form 5: Basic MHPSS Assessment).
  - Determine if referrals to additional or specialised MHPSS service providers are required.
  - Before conducting assessments, review potential tools with a supervisor and choose an appropriate tool based on the population, context, and goals.
  - Adapt the tool as needed and complete training prior to use.

**Table 2: MHPSS assessment tools**

| MHPSS assessment tool | Description |
|---|---|
| **PSYCHLOPS** | PSYCHLOPS is a short one page mental health outcome measure and can be used during the course of any psychotherapeutic intervention |
| ***Patient Health Questionnaire-9 (PHQ-9)** | The PHQ-9 is a multi-purpose instrument for screening, diagnosing, monitoring and measuring the severity of depression |

| MHPSS assessment tool | Description |
|---|---|
| **WHO Disability Assessment Schedule 2.0** | WHO Disability Assessment Schedule 2.0 was developed through a collaborative international approach with the aim of developing a single generic instrument for assessing health status and disability across different cultures and settings |
| **WHO Well-being Index (WHO-5)** | The WHO-5 Well-Being Index is a questionnaire that measures current mental well-being (the previous two weeks). Originally developed to assess both positive and negative well-being, this five question version uses only positively-phrased questions to avoid symptom-related language |

- **Access to services**
  - Identify barriers preventing the service user from accessing services and understand their root causes, such as non-inclusive service design, safety concerns or disabilities, lack of available services or information, stigmatisation or discrimination.
  - Use this understanding to inform the Protection Case Management plan.

- **Need for legal assistance**
  - Assess gaps in the service user's knowledge of their rights, which can increase vulnerability to rights violations and protection risks.
  - Recognise that access to justice aids recovery, reduces risks, and supports healing.
  - Determine if the service user faces barriers in accessing documentation or legal assistance and their willingness to receive help.
  - Facilitate access to civil status documentation (e.g. birth or marriage certificates) when needed to help the service user claim their rights.
  - Ensure that all individuals, including alleged perpetrators, can access legal advice and representation.

### Assess protective strengths and capacity, resources, and positive influence

All service users, their families, and communities possess resources and skills to help themselves and contribute positively towards finding solutions to their own problems. Caseworkers and supervisors must work to engage service users and families to play an active role in the Protection Case Management process. Gathering information on a service user's family, social, and spiritual life and strengths can help to determine a service user's protective and resilience factors, which may support their healing and recovery. Do they have positive coping mechanisms? Are family relationships supportive? Are they members of a religious or community group? Is it safe and desirable for the service user to rely on these contacts for support in this instance? Are there community members supportive of the service user? A list of capacities is provided in Annex 2.1: Protection Analysis Capacities.

### Take a strength-based approach

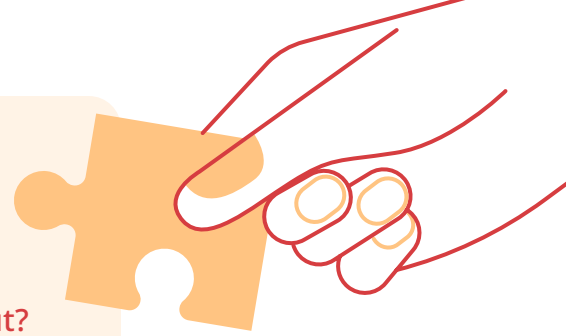
A focused discussion with a service user about their strengths and capacities can lead to opportunities to develop and share skills and strengthen connections. To start this conversation, it has been helpful for caseworkers to focus on three key areas:

1. What has worked for the service user before?
2. What doesn't work for them?
3. What might work in the present situation?

**Areas you can explore[18]**

**Service user's situation, skills, interests**

- What are you doing / managing well?
- Tell me something you are proud of?
- What interests you?
- When people say good things about you, what are they likely to say?



**Support networks, community connections, resources**

- Who are the special people you can count on?
- What connections do you have in the community?
- What role do you play in the lives of people you care about?
- Who supports you in your day-to-day life? In what way?
- What resources do you have around you to make this easier?
- How have you managed to survive this far given all the challenges you have faced?

**Values, strategies**

- What are the things in your life that you really value?
- What are your ideas about the current situation?
- What has worked for you in the past/what have you tried?
- How have you adapted?
- What have you learned which could be helpful moving forward?
- What's one thing that you could do to move forward?
- What would you like to get out of our work together?

Caseworkers can list the strengths (see Table 3) that are mentioned by their service user.[19]

**Table 3: Examples of service users' strengths**

| Individual/inter-personal | Community |
|---|---|
| • Personal qualities, knowledge and skills, relationships, passions and interests<br>• Health, finances, transport, housing | • Links with neighbours, supportive community groups, shared interest groups, community leaders<br>• Health and social care services, community buildings, religious buildings, schools |

This can help the caseworker and the service user to consider:

- How can these strengths (knowledge, experience, expertise) be used to the advantage of the service user?

- What other skills, knowledge, experience or expertise do people directly or indirectly involved in the person's life already have or need to acquire?

Caseworkers should try to have an objective understanding of the service user's views so that strengths are not underestimated. For example, someone who has been living with a severely reduced level of mobility for a long time may have become accustomed to the limitations in their day-to-day life. An objective understanding can help to reveal the true impact on the service user's wellbeing.

**Documenting information**

Whenever possible, caseworkers should use the service user's exact words when documenting meetings and discussions. This can be an essential method for monitoring progress and recognising potential problems. Caseworkers and their supervisors are responsible for ensuring that all case documents are complete and factual. Caseworkers should be careful to distinguish between facts and professional judgement, ensuring that all professional decisions and recommendations are substantiated and non-judgemental.

## Reassessing the risk level

Refer to Step 1 (introduction and intake) for explanation on how to determine a service user's level of risk. For further support, refer to your localised Form 0: Intake and Response Criteria.

## Step 3: Case action planning

### Objectives

To detail the service user's assessed risks and develop specific, time-bound goals with the service user to address these risks. This can be through actions or services provided.

If a safety plan is necessary, it should be completed immediately with the service user.

**Note:** A case plan should be developed usually within two weeks after the protection risk assessment has been completed. This can take a number of sessions with your service user. However, case planning is done according to the urgency and complexity of the case.

### Key tasks

- Repeat introduction, assess immediate safety risks, address barriers to participation in the meeting, start the process for informed consent/assent (see Step 1)
- Summarise the assessment and check in
- Define risks together
- Agree on goals together
- Agree on actions together
- Carry out safety planning
- Get informed consent for referrals
- Make accompaniment plans
- Document your case plan
- Agree when/where to have a follow-up visit
- Discuss any concerns with your supervisor

### Documentation

- Form 2: Informed Consent and Registration
- Form 6: Case Action Plan
- Form 7: Referral
- Form 8: Safety Plan

**The case plan**

A case plan should be based on the comprehensive risk assessment and be consistent with the findings of the assessment, including the service user's available strengths and resources. The case plan should identify the agreed upon actions and items to address identified risks. It should be documented and regularly reviewed during the follow-up and updated accordingly.

Case plans and safety plans are different. A safety plan can be developed at any point when service users have specific safety concerns and need support in planning their response. For example, a service user receiving threats of violence from a neighbour due to their political affiliation might need to plan escape routes and essential items to take if the situation escalates. While safety plans address specific threats, case plans are broader documents that address all priority concerns and needs. Both types of plans are tailored to the service user's individual situation.

The service user is the actual owner of the case plan and developing the case plan must involve the service user. If the service user requests or the case's complexity increases, meetings can include the participation of supportive family members/carers and/or the supervisor, as long as it is safe and appropriate to do so. However, you must make sure that the service user makes the decisions and is not pressured to take actions in any way. Where a service user requires a multi-sectoral approach to address their problems, you can also consider calling for a case conference.

As a caseworker, you should generally avoid giving advice to service users even though it is a very normal reaction. For example, when working with a service user, showing signs of depression and expressing difficulty in making decisions, avoid giving direct advice – this could create dependency and limit their ability to manage future situations independently. Instead, provide clear information about available options, including the benefits, risks, and likely outcomes of each choice. This upholds the empowering nature of Protection Case Management while ensuring service users remain central to their own decision-making process.

## Developing a case plan

Summarise the findings shared by your service user during the risk assessment. Include the service user's specific risks, resulting needs, and their protective capacities. Always check whether the summary is correct with your service user and whether there are additional points to add. Together, agree on the key risks the service user needs to manage.

## Define the risks together

Although defining risks together can be challenging, it is an important process for the service user and helps to establish clear goals. These are two possible options to support this:

1. **Understand which risks are solvable, unsolvable or unimportant**[20]

   You can focus your discussion with the service user on those risks which are important but also solvable (i.e. you can influence).[21] Focus on risks which are important and solvable in your case plan. Record these with your service user, ensuring they are specific and practical. For example, instead of writing problems such as 'feeling worthless' or 'I need to leave the country', you should write problems such as 'the absence of my father's death certificate has prevented me from claiming my property'.

   - **Solvable risks** are those which together you can have influence over and reduce. For example, reducing your threat of eviction by seeking a written housing contract with your landlord.

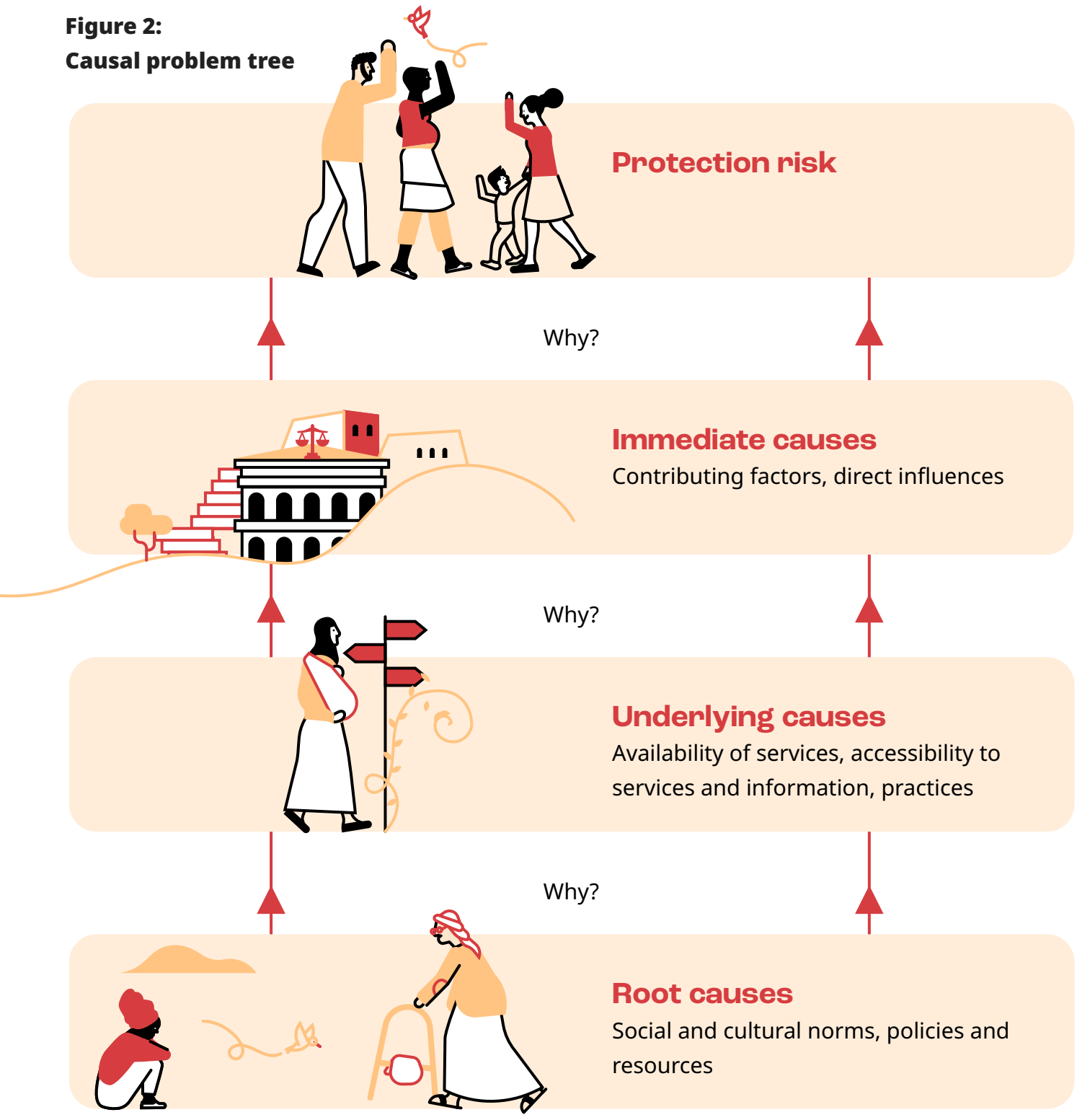
   - **Unimportant risks** are those which the service user doesn't think are important.

   - **Unsolvable risks** are similar to problems which you and the service user have little control over. For example, an internally displaced Sudanese person may be at risk when returning to his home and may want the crisis there to end.

**2. The problem tree**

Discuss with your service user the root causes, the underlying causes, and the immediate causes of their problem. This can help the service user to see how challenges are related, process them, and focus on what they can change. The main way to do this is to keep asking why (see Figure 2).[22]

**Figure 2:**
**Causal problem tree**



### Agree on goals together

The caseworker has the responsibility to present all possible options and consequences to the service user, and the service user is the primary decision maker to identify their goals with the support of the caseworker.

1. Asking these questions can help service users define their goal: *How would your life (e.g. daily living) be different if you did not experience this risk/problem? What change do you want to see?*

2. Consider how you and the service user could incorporate their MHPSS needs into their goals. For support, please refer to Annex 4.4.2: Client Coping Plan. This resource, found under MHPSS interventions for caseworkers, is designed to assist caseworkers in developing coping plans with service users. The caseworker does have an important role in ensuring that goals identified by the service user are realistic and helpful in the short and long-term. For example, it would be inappropriate to list 'resettlement' as a desired outcome. Identified goals must be measurable and achievable. To do this you can provide them with information on available options, such as services and actions, and the benefits and risks of those options (draw on an up-to-date and accurate service mapping).

### Agree on actions together

This is what needs to be done to accomplish the goal. This may take several sessions to complete, but continue to support your service user to make the decisions themselves. A combination of different actions may be needed, and each should be listed separately:

- **You can break down the overall goal into manageable tasks**. For example, a man who has a physical disability and wants to find work may need to get information about what work is available, learn about what is needed for different jobs, and register on a vocational training course.

- **Ensure that actions are feasible, and do not expose the service user to further risk**. For example, if an action requires the service user to travel to another location, discuss risks related to the travel – including barriers, checkpoints and costs – to ensure that the action is feasible.

- **Look to build on and enhance the service user's strengths and resources at the individual, household and community level**. You can draw on their protective factors to help reduce their risk. For example, service users who feel socially isolated could be supported to volunteer in their local community centre, or, where safe to do so, a service user can ask a family member to remind them to exercise or to walk with them to reduce stress.

- **Name who is responsible for the actions**. There may be more than one responsible person/organisation, but aim to separate responsibilities according to specific tasks when possible. The caseworker should always be responsible for a minimum of one action per goal (such as monitoring the case plan). If multiple actors share responsibility for tasks under one goal, or if several interrelated goals involve various actors, consider organising a case conference with all relevant participants.

- **Agree on a timeframe for actions**. This is the date the action is intended to be completed. It should not be binding, but it can give the service user an understanding of when they can expect the action to be completed, while also making sure to manage their expectations. For example, when making a referral, note the receiving organisation's expected response times and explain to the service user that these are estimates. Keep the service user informed of any feedback received or potential delays.

### Safety planning

A caseworker must develop a safety plan with any service user who indicates immediate or ongoing risk of violence or harm. Based on a thorough safety and security assessment, this plan enables the service user to follow pre-determined actions when their safety is compromised. Through collaborative planning, service users identify potentially dangerous situations and develop strategies to react and reduce harm.

Using either the integrated protection risk assessment or a separate safety planning form, develop the safety plan with your service user. This can be incorporated into Form 8: Safety Plan or maintained as a separate document as needed. When conducting safety planning, clearly

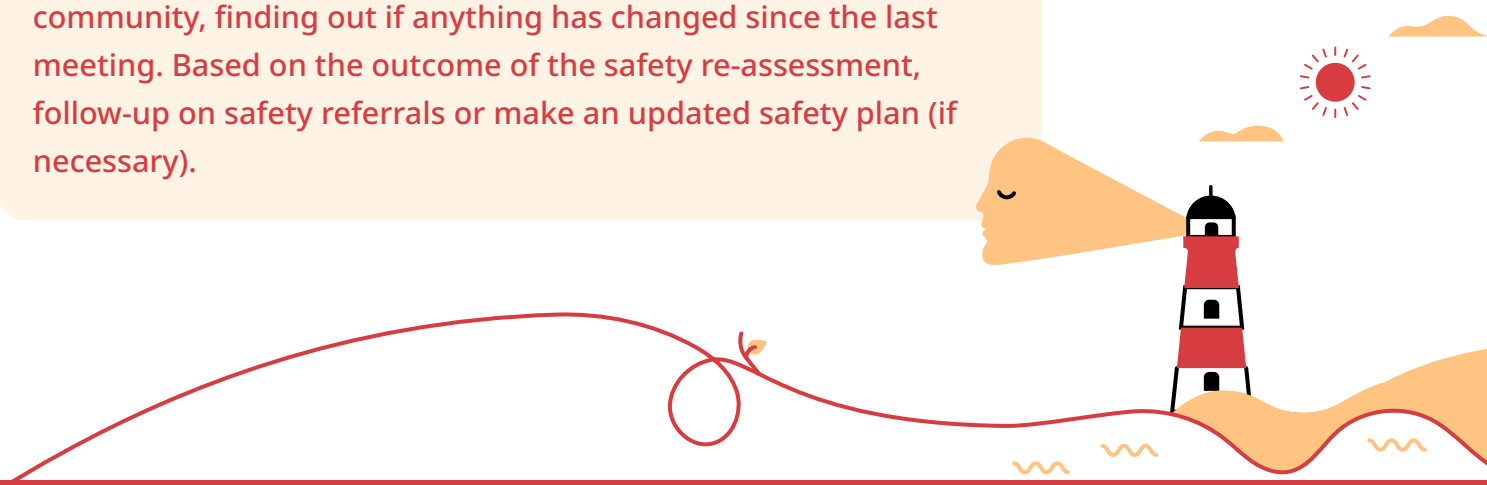
communicate to service users that the goal is to help reduce potential harm – not to suggest they are responsible for controlling when or where they might experience violence.

**The key tasks of safety planning are to:**

- Help the service user identify patterns in the abuse or harm. For example, does it happen in certain places or at certain times?
- Identify strategies for avoiding situations in which they may be at-risk.
- Identify safe people and places that the service user can go to in an emergency. Identify any potential risk and barriers.
- Consider other barriers that a service user could face while trying to escape and seek support.

Safety planning requires a very individualised approach and will look different depending on the type of violation (i.e. risk of abuse, risk of enforced disappearance, suicidal ideations, imminent risk of eviction etc.) and what options and resources are available to the service user. Usually, there are some coping mechanisms already in place. The key is to find out what is already working for the service user and build upon it. As the service user begins to identify potential responses and resources, help them to plan exactly what they would do in potentially threatening situations.

**Caseworkers should assess a service user's safety during every visit.** During follow-up visits, caseworkers should ask specific questions about the service user's safety in their home and community, finding out if anything has changed since the last meeting. Based on the outcome of the safety re-assessment, follow-up on safety referrals or make an updated safety plan (if necessary).



# Annex 4.3

## Suicide Safety Plan

**Introduce this plan for those at risk of suicide. You can use this optional script:** *"A safety plan[23] helps us to understand the warning signs that you may not be safe, and helps us to come up with a plan to help you to feel safe when needed. You will bring a copy of this home with you and you can look at it and use the tools anytime you feel the warning signs."*

1. What are thoughts that make me feel like hurting myself and/or ending my own life?

   _____

   Feelings?_____

   Situations?_____
2. What activities can I do to help myself feel calm? What has worked in the past?

   _____
3. What are my reasons for living?

   _____ _____ _____ _____
4. Who can I talk to when I am upset and feeling like hurting myself or ending my own life? (include more than one person)

   _____ Phone number_____

   _____ Phone number_____

   _____ Phone number_____
5. Is there anything I can remove from my environment to make me safer? (e.g., lethal means)_____
6. Things I can do when I am not feeling safe:

   Places I can go:_____

   Professional I can call:_____

   Hotline number:_____

   If I am in danger of hurting myself or fear for my safety, I must call emergency response or go to nearest hospital.

   Emergency number:_____

   Closest hospital (address and phone number): _____

   _____

   _____

## Get informed consent for referrals

Remember, when needing to refer a case, seek a service user's permission to share information. This can be done using Form 7: Referral. If referring by phone, do not share confidential information in a public space. Only share information that the other party needs to know to support the provision of services to the service user.

To obtain informed consent, caseworkers should explain and discuss with the service user:

- The referral process, and what potentially will happen as a result
- The risks and benefits of the intervention (e.g. medical treatment, shelter assistance, etc.)
- Their rights to decline or refuse any part of an intervention provided by the caseworker or the receiving organisation at any time, their right to request the deletion and removal of this information at any time
- Explain what information will be shared with the receiving organisation and how it will be protected - according to your data protection protocols

**Reminder:** If informed consent is not given, do not proceed with the referral. Instead, provide them with the relevant information should they change their mind.

## Make accompaniment plans

For referrals, caseworkers should develop accompaniment plans when service users want someone to go with them to other agencies or service providers. Discuss this carefully with service users, as in some settings, caseworkers are known in the community. Even the simple act of a caseworker walking a service user to a facility or police station may raise community curiosity and inadvertently break confidentiality. Always use strategies that safeguard service users' confidentiality throughout the referral process.

### How to document your case plan

Once you and your service user have discussed and developed your case plan, it may be helpful to conduct a review with your supervisor. Once finalised, go over it with the service user one final time.

Once reviewed, you and your service user can sign the case plan. Remember to review and update your case plan during follow-up visits. When actions are completed or no longer relevant or feasible, mark the completion in the 'date completed' column. You should then make sure you note the justification for this in Form 9: Follow-up and Monitoring.

### Agree when/where to have a follow-up visit

The caseworker should discuss with the service user options for a follow-up visit and be very specific about where it will take place and when. When arranging follow-up visits, it is important to discuss with the service user what barriers could prevent or get in the way of them being able to make a follow-up appointment.

Refer to Step 1 to address barriers to participation. Possible options include:

- Make appointments for the service user to come to your centre/ facilities
- Make sure the facility is accessible for the service user
- Meet the service user inside another service provider's office if that protects their privacy better
- Visit them at home if this does not compromise safety or confidentiality and is preferred by them

### Discuss any concerns with your supervisor

If issues arise during your case planning regarding urgent safety concerns, discuss them with your supervisor before you close the session with the service user.

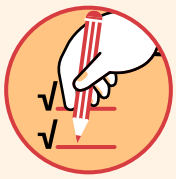
## Step 4: Implementation of case action plan

**Objectives**

To work with the service user, the family, and the community and service providers (when possible and appropriate) to ensure the service user receives appropriate actions as part of the goals in their case plan.

Consent for referrals can be taken during case planning. Service provision timeframes are set in the case plan and followed up by the caseworkers and their supervisor.

Implement this step directly after the case plan is completed and endorsed.



**Key tasks**

- Repeat introduction, assess immediate safety risks, address barriers to participation in the meeting, start the process of informed consent/assent (see Step 1)
- Direct service provision
- Referral
- Lead case coordination

These steps are not in order.

**Documentation**

- Form 7: Referral
- Where appropriate, repeat Form 5: Basic MHPSS Assessment regularly

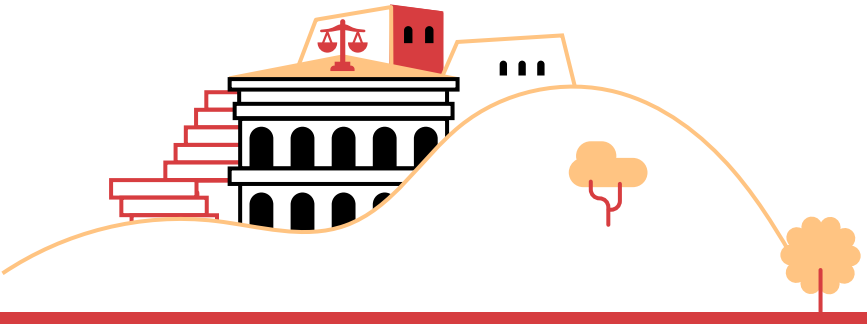
### Direct service provision

Caseworker support depends on the skills, circumstances and programme goals and objectives. Direct support may include MHPSS support and counselling, direct cash support (to reduce protection risks), working with family members, and/or a carer with service user consent.

During the Protection Case Management process, you can provide psychological first aid through non-intrusive care and support. This includes:

- Assessing needs and concerns
- Helping service users address basic needs (such as food, water and information)
- Listening to service users without pressure to talk
- Offering comfort and creating a calming environment

Caseworkers help service users connect to information, services and social support networks to protect them from further harm. In contexts with limited referral options, MHPSS from the caseworker becomes crucial and should continue throughout the process. You can support service users in following their agreed accompaniment plan for referrals, including accompanying them to service providers, and, with appropriate training, provide referrals or facilitate cash support for assistive devices, but only in coordination with specialised service providers. Due to the potential for harm associated with the incorrect use or unsuitable prescription of such aids, ONLY health workers and trained/qualified workers can facilitate access to these products. See Annex 3.2: Guidance Note on Provision of Assistive Devices for more details.



**Provision of mental health and psychosocial support**

Protection Case Management is an empowering and service user-centred process, which is a mental health and psychosocial intervention in itself, in parallel with on-going care and support provided. Caseworkers can provide emotional support through their non-judgmental, caring manner with the service user. This can be nurtured through healing statements, active listening and calming techniques. Helping a service user to restore their coping strategies and reconnect with friends and community can provide a great source of strength and comfort. Caseworkers can also be trained in specific sessions to better support service users in various ways.

Individuals respond to stress, distress and difficult life events in a variety of ways that are informed by their age, race, ethnicity, sexual orientation, gender identity, nationality, religion, development, experiences, temperament, culture, faith, community, and support. Some may need basic support while others may require focused support or specialised care. As an individual evolves through experiences and their needs change, the types of support and services that are beneficial to them also change. Equally important to recognise, the response to stress and mental health concerns by individuals, groups, and communities is greatly impacted by the social experience of discrimination, structural racism, and oppression. Additionally, some individuals, groups and communities will benefit from coordinated suicide prevention, safety planning, and crisis response services. Therefore, service providers must recognise that essential services may only be beneficial if they are also perceived as safe by the individual, group or community.

For more detailed information on providing MHPSS through Protection Case Management see Annex 4.4: MHPSS Resources and Activities. For service users in severe distress, see Annex 4.5: Working with Clients in Severe Distress, Self-harm and Suicidal Ideation.

## Referrals

When service users cannot access services, a caseworker must contact the relevant service provider - either directly or through a supervisor. Ensure the relevant service is provided in a safe and accountable manner to the service user through a quality referral.

Referrals (with consent) can be made to formal specialised services and non-formal community-based groups. These may include internal organisational services or external providers offering legal support, CP, sexual and gender-based violence, health, MHPSS, shelter, and other support., CP, check this health, MHPSS, shelter, and other support. Assess the quality of all referred services and identify any barriers before making referrals

Referrals often work best when caseworkers are familiar with the services offered and the staff providing them. You should continually educate service users about relevant services and service providers. Develop strong working relationships with referral agencies.

### Service mapping

Caseworkers should have access to a regularly updated and accurate mapping of services when meeting with a service user. If this is not available through your local coordination systems, your team may have to develop one by consulting with referral receiving agencies. It's crucial to have information about the accessibility of service providers. When referring to a person with a disability, the caseworker should conduct an accessibility audit of the service provider to identify any barriers. These barriers should then be communicated to the service user. This way, actions to remove the barriers can be established before the service is accessed.

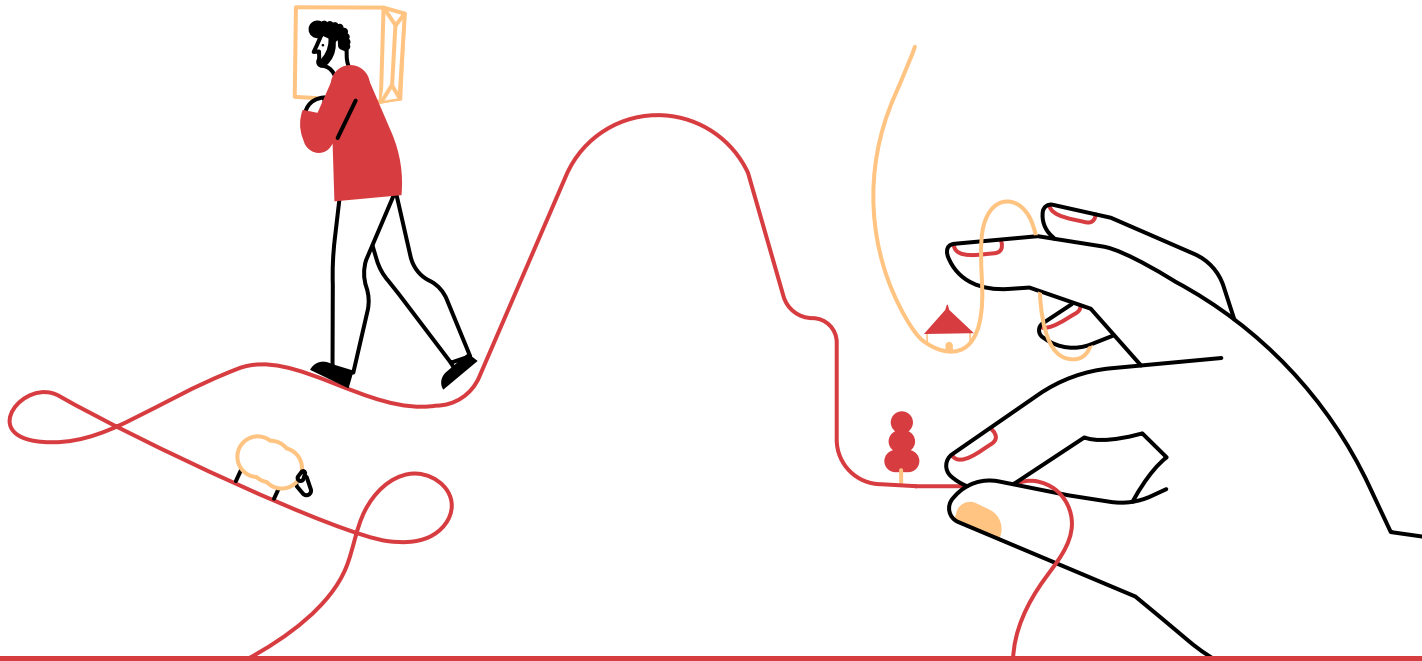
While various organisations involved are responsible for providing their specific services, Protection Case Management agencies maintain overall responsibility. This includes following up with both service user and service provider to ensure quality assistance is provided and risks are mitigated.

Caseworkers must seek permission to share information for each new referral conducted using Form 7: Referral.

### Lead case conferencing

A key role of a caseworker is to coordinate any care and services received by the service user, acting as a liaison between the service user and service providers, advocating for timely and quality care, and working with service providers to reduce barriers for the service user's access.

Therefore, you are responsible for following-up referrals to make sure services are provided in a timely manner. When necessary and appropriate, organise a meeting with the main actors and service providers involved in the case plan. Discuss the case plan and find short-term and/or long-term solutions. This procedure is best reserved for complex cases and when a service user's needs are not being met in a timely or appropriate way. Note that the service user (and their family members) do not usually attend. These meetings provide opportunities to review activities, establish progress and barriers, map roles and responsibilities, look for solutions, and adjust current service plans as needed.



## Step 5: Follow-up and monitoring

**Objective**

To assess progress on case plan goals and ensure the plan remains relevant.

Follow-up and monitoring is undertaken from the time the case plan is agreed until the case closure or transfer. The frequency of follow-up visits depend on the risk level/urgency of the case.

Case review meetings with supervisors and other relevant meetings should also be documented in this phase. Every significant interaction with the service user should be documented in the case follow-up form.

**Key tasks**

- Repeat introduction, assess immediate safety risks, address barriers to participation in the meeting, start the process of informed consent/assent (see Step 1)
- Follow-up with your service user and monitor progress
- Reassess risks and revise your case plan
- Ask for informed consent for further referrals
- If necessary, you may need to develop a safety plan

**Documentation**

- Form 9: Follow-up and Monitoring

### Follow up with your service user and monitor progress

Throughout Protection Case Management, caseworkers and their supervisors are responsible for following up with their service users and monitoring progress made toward the case plan - agreed with the service user, the service user's family/carer, and other relevant service providers.

You should follow up with service users regularly, based on the case's risk level. Supervisors and caseworkers should agree on the appropriate steps for follow-up and case monitoring.

During these follow-up sessions, provide updates on the implementation of assigned actions in the case plan, discuss any challenges or difficulties, and/or collect information on changes or outcomes which have occurred since the initial risk assessment.

Adjust the case plan in agreement with the service user in response to these new developments. Here is a summary:

- Meet with or contact the service user as agreed.
- Reassess the service user's risk/safety.
- Reassess the service user's mental health and psychosocial wellbeing. Use the Form 5: Basic MHPSS Assessment to determine any changes. You can do this after a sudden event or on a regular basis.
- If you observe significant changes, consult your supervisor about developing a safety plan or completing the suicidal ideation assessment in Form 5: Basic MHPSS Assessment. This can be done at any point, with the service user's agreement.
- Review and update the case plan with the service user each visit.
- Revise the case plan with the service user, making sure to document outcomes of referrals, emerging risks and schedule a follow-up visit.
- Implement the revised case plan, making sure to obtain informed consent for new referrals.

**Remember**: Often, a service user's situation can change. New information emerges or a plan is not effective. Protection Case Management is not a linear process. You need to be prepared to circle back to the assessment and planning phase and revise your case plan. Don't worry, this is a usual occurrence.

## Step 6: Case closure or transfer

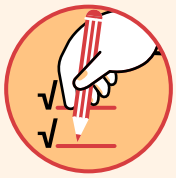
### Objectives

To ensure the safe, responsible and appropriate termination of services for the service user. This process should be done in consultation with the service user and when the case plan goals are achieved or services are discontinued for other legitimate reasons (e.g. death, relocation, request of service user, etc.).

A case transfer is a last resort in specific situations. This is usually due to greater technical proficiency or geographical proximity, ensuring the best possible service provision for the service user.

Documentation related to case transfer should:

- Explain the reason for the transfer
- Outline discussions with the service user regarding the transfer
- Include proof of the service user's consent for the transfer
- List the information provided to the new organisation as part of the transfer process



### Key tasks

- Deciding when to close a case
- How to document a closed case
- Case transfer, if applicable

### Documentation

- Form 11 Case closure

The conclusion of Protection Case Management services may depend on multiple factors. While initial risk assessment and case planning might indicate a time-limited intervention for specific issues, new concerns may emerge that question whether ending the relationship is appropriate.

## Deciding when to close a case

Service users, caseworkers and supervisors review the case and discuss closure together. With the service user, identify any issues or matters of concern that may require ongoing support or assistance. Always reassure the service user that they can return if they have new issues or challenges. Cases can be reopened.

### Reasons for case closure

- When it is agreed that the goals set in the case plan have been met, there are no additional protection risks, and the service user and their family (if relevant) will no longer benefit from continued Protection Case Management services.

- If the service user cannot be found or contacted for a minimum of 60 days, despite repeated attempts, the case can be considered closed. All attempts to contact the service user must be recorded in the service user file. The case file can be reopened in the event the service user returns.

- The service user wants to close the case for any reason. Our goal is to respect their wishes.

- If a service user is deceased, the case will be closed. However, support for the family must be considered. When providing services alongside government partners, ensure any death is reported to the relevant government department.

- When the service user's primary needs cannot be met, and/or the service user does not wish to receive direct support or be visited on a regular basis, the case can be closed.

### Future planning approach

For service users with complex, long-term needs, they or their family may request ongoing Protection Case Management support. This requires planning for anticipated changes and agreeing on points of future contact. Some service users may need recurring support until they reach a durable solution. Even when current involvement ends, you can agree with the service user to resume contact at specific future points, such as during significant transitions.

## How to document a closed case

Caseworkers are charged with completing the case closure form and reviewing the case with their supervisor to obtain approval. Review all the forms in the service user's file and ensure the case file is complete. Ensure that the service user's file is appropriately archived according to your organisation's policies.

Closed case files should be stored in a secure and private place for a specific period of time. Check your organisation's data protection protocol or national legislation.

## Case transfer

Avoid transferring cases unless absolutely necessary, such as when service users relocate to another area or country, the organisation implements an exit strategy, or technical quality requires transfer to ensure better services. When better services are not guaranteed, consider case conferences or joint support instead. Good coordination between Protection Case Management streams (CP and GBV, and other technical teams) from the start can prevent unnecessary transfers.

Case transfer shifts the full responsibility for case plan coordination, follow-up, and monitoring of the service user to another organisation or department. Develop a hand-over plan with the receiving organisation - communicating this to the service user and family/carer when relevant. Best practice includes the current caseworker introducing the service user to their new caseworker.

In situations where whole caseloads are transferred to another organisation or government department, review all case files to confirm transfer safety and verify the service user's consent to share information.

# Summary of key points

The establishment of a supportive relationship with a service user is key to successful Protection Case Management.

Prepare for your Protection Case Management sessions using this guidance, review your documentation, seek advice if you need it, and reflect the objectives of each step of the process to frame each session.

Continue to request consent and ensure the service user is aware of any risks associated with the agreed upon follow-up action.

We document our Protection Case Management sessions to improve learning, bring accountability to our practice and to improve the quality of service delivery.

If you are ever unsure of what action to take, seek advice from your supervisor.

# Up next

## Module 5: Professional Development and Staff Care

This module is designed especially for senior caseworkers, supervisors, managers and human resources professionals. It provides the tools and insights needed to effectively support Protection Case Management staff, offering strategies to address the risks and challenges they encounter while prioritising their well-being and professional growth.

In this module, you'll find answers to the following questions:

- **How can I ensure staff care throughout the implementation cycle?**
  Providing core action to keep staff safe and healthy, as well as detailing the differing approaches to take for staff care through the entire Protection Case Management implementation cycle.

- **How should I approach team professional development and supervision plans?**
  Defining the elements of successful supervision, offering practical advice on implementing structured supervision systems that promote team development, knowledge exchange, and emotional support through regular debriefing sessions.

# Annexes

# Endnotes

1 This is part of a universal but ambiguous concept in social work called 'use of self'. There is a large body of literature on this subject. As a start, see: Dewane, Claudia J. Clinical Social Work Journal; New York Vol. 34, Iss. 4, (Dec 2006): 543-558. DOI:10.1007/s10615-005-0021-5

2 UNHCR, *Interview Learning Programme: My Workbook*, 42

3 UNHCR, *Interview Learning Programme: My Work Book*, 21

4 WHO, *Problem Management Plus (PM+): Individual psychological help for adults impaired by distress in communities exposed to adversity*, 2018, 21-24, available at: https://apps.who.intWHO_MSD_MER_16.2_eng.pdf;jsessionid=sequence=1

5 Active listening involves empathetically engaging with the service user's message and emotions by identifying feelings and perspectives behind their words, maintaining a non-judgmental attitude to create a safe space for open communication, reflecting their words to show comprehension and clarify any misunderstandings, and paying close attention to non-verbal cues such as body language and tone of voice. This approach ensures a deeper understanding of the service user's experiences. To learn more, read: Active Listening, Carl Rogers, or watch this short video: Carl Rogers Active Listening - YouTube

6 Additional information and tips on using active listening techniques are included in Basic Psychosocial Support Skills resources which can be found on the MHPSS MSP website: https://www.mhpssmsp.org/en/activity/activity-introduction-6#page-1

7 Center for Substance Abuse Treatment, *Trauma-Informed Care in Behavioural Health Services*, 2014, chapter 4, available at: https://www.ncbi.nlm.nih.gov/books/NBK207188/box/part1_ch4.box5/?report=objectonly

8 Excerpt adapted from I*nter-Agency GBV Case Management Guidelines*, Part IV, Chapter 3, 2017, available at: https://www.gbvims.com/wp/wp-content/uploads/Interagency-GBV-Case-Management-Guidelines_Final_2017.pdf

9 In CRPD, and related General Comment on Article 12, available at: https://www.ohchr.org/en/documents/general-comments-and-recommendations/general-comment-no-1-article-12-equal-recognition-1

10 Adapted from IRC, Guidance for Focus Group Discussions, *A Scoping Study on Strengthening Accountability & Inclusion of Persons with Disabilities in Humanitarian Action through Service user-Responsive Programming.*

11 Excerpt adapted from I*nter-Agency GBV Case Management Guidelines*, Part IV, Chapter 3, 2017, available at: https://www.gbvims.com/wp/wp-content/uploads/Interagency-GBV-Case-Management-Guidelines_Final_2017.pdf

12 Even caregivers are rarely legally permitted to consent to or refuse support on behalf of a service user.

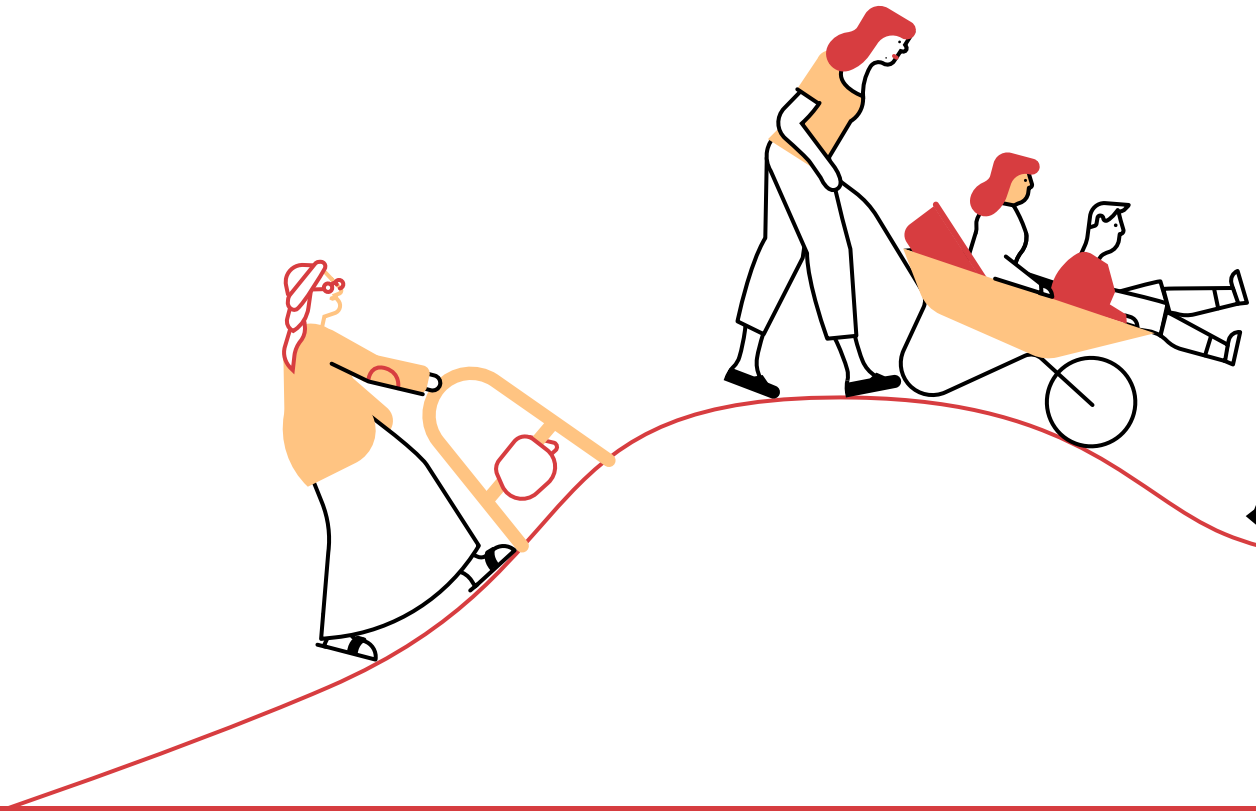
13 UNHCR, *Policy on the Protection of Personal Data of Persons of Concern to UNHCR*, 2018, 17, available at: https://www.refworld.org/policy/strategy/unhcr/2015/en/120873

14 Ibid. 14.

15 UN Convention on the Rights of Persons with Disabilities (CRPD) and optional protocol, Article 1.

16 From the statement of rationale for the Washington Group general measure on disability, available at: https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/

17 UNHCR, *Interview Learning Programme: My Work Book*, 74



18 Pulla, *A Strengths-Based Approach in Social Work: A distinct ethical advantage*, 2017

19 A common approach in social work case management practice. Promoted by the Social Care Institute for Excellence, available at: https://www.scie.org.uk/strengths-based-approaches/videos/concept

20 WHO, Problem Management Plus (PM+): Individual psychological help for adults impaired by distress in communities exposed to adversity, 2018, 27, available at: https://www.who.int/publications/i/item/WHO-MSD-MER-18.5

21 Ibid. 47

22 For a step by step guide see: GPC Protection Mainstreaming Toolkit, 2017, 70, available at: https://globalprotectioncluster.org/publications/64/policy-and-guidance/tool-toolkit/gpc-protection-mainstreaming-toolkit

23 Adapted from International Federation of Red Cross and Red Crescent Societies Reference Centre for Psychosocial Support and Suicide Prevention, and Suicide Prevention during Covid-19