Session 6: Child protection Case management

WEBINAR – 15th March, 2022

Save the Children

FERRERO

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Reminder: Ferrero – SC Programmatic Framework – Child Protection

EXPECTED RESULTS	MAIN ACTIVITIES	CORE KPIs
A functional Child Labour Monitoring & Remediation system adopted and implemented that encompasses roles and responsabilties of key stakeholders at corporate, community and institutional levels	• Support the establishment and implementation of CLMRS at cooperative, community and institutional level; (*) • Engage and capacitate key stakeholders on CLMRS (in alignment with ICI); (*) • Community Level: Establish, consolidate and strengthen both formal and community based child protection mechanisms; • Corporate level: Train, sensitize and engage Child labour agents who represent focal points for cooperatives and other economic actors; • Istitutional level: Establish / strengthen an observatory on child labor including its worst forms (for example SOSTECI in CdI) and to provide resources needed.	• # and % cooperatives with a CLMRS in place • # of cases identified and referred through CPC e CG and cooperatives, including cases of worst forms of child labour, such as forced labour and trafficking

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Reminder: Ferrero – SC Programmatic Framework – Child Protection

EXPECTED RESULTS	MAIN ACTIVITIES	CORE KPIs
An integrated child case management system established and strengthened to effectively rehabilitate and prevent child labour and other forms of violence and abuse	• Establish and strengthen community-led child protection mechanisms and platforms, including capacities of service providers; (*) • Prevent, identify, refer and provide assistance to children and adolescents that are victims/at risk of child labour and other forms of violence and abuse; (*) • Assess, profile households with children at risk of child labour and conduct door to door awareness raising activities; • Develop positive parenting training sessions for parents and caregivers; • Improve child participation, engagement, leadership through child led initiatives.	• # of monitoring and referral mechanisms for cases child labor and other forms of violence and abuse established/strengthened • # and % of children and adolescents in child labour (there including cases of WFCL, such as forced labour and trafficking) who are identified and receive case management services • # of formal and informal service providers trained to prevent and respond to cases of violence and abuse against children, including child labor

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SESSION OBJECTIVES

The overarching objectives of THIS SESSION are:

- Participants understand the importance of **Case management** for child protection and how it fits into broader **child protection systems**

- Participants understand **Save the Children's approach to Case Management**

- Participants understand how Save the Children approaches specific issues such as **SGBV, MHPSS, Alternative care,** and how they can be supported by case management

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SESSION OBJECTIVES

By the end of this SESSION, you will:

- Be reminded of what case management is more broadly and how Save the Children approaches it through "Steps to Protect" (S2P)

- Understand other broader thematic approaches interlinked with Case management

- Reflect on how these approaches can be employed in assisting a child engaged in child labor or in an exploitative situation

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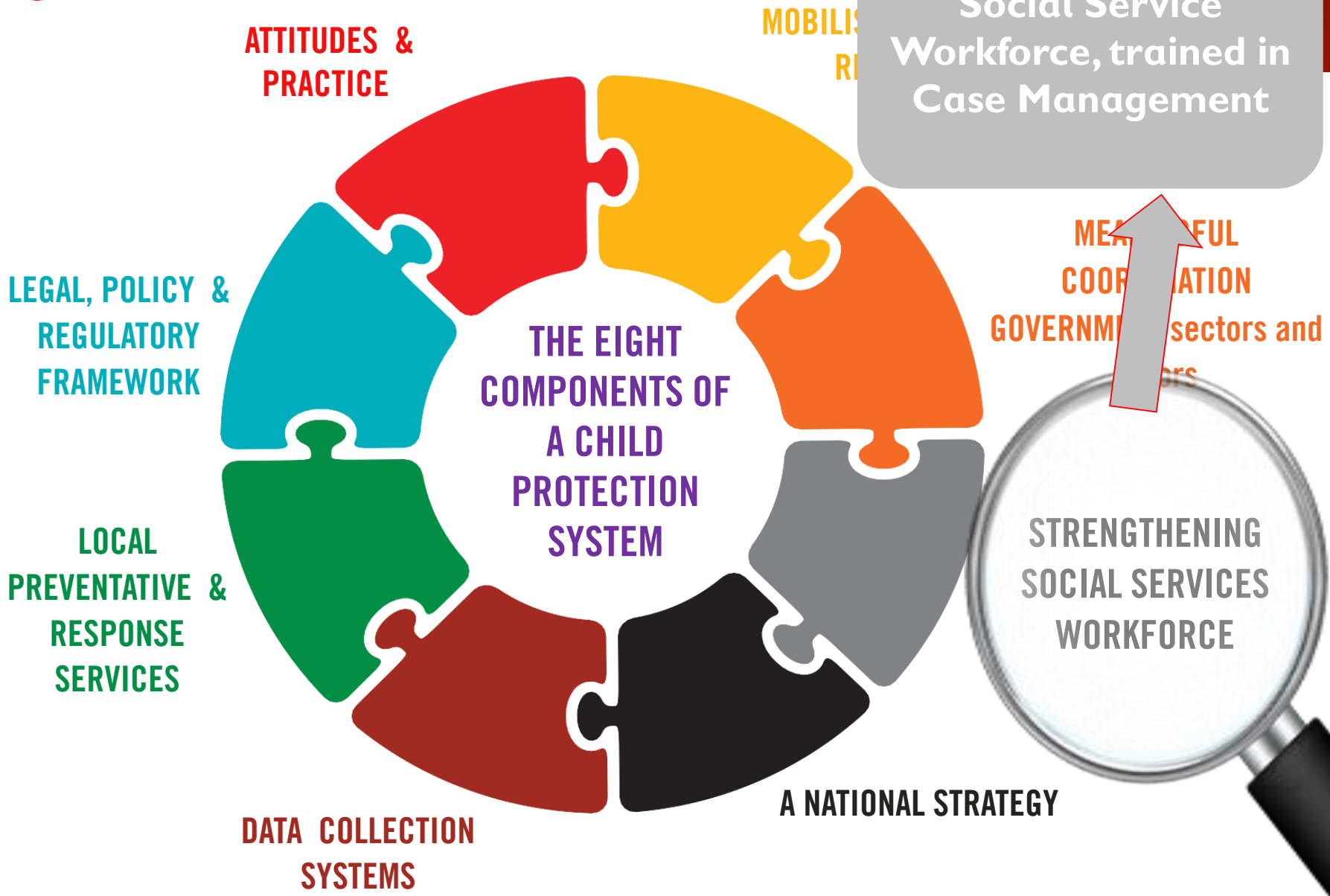**Part 1:** Case management definition and guiding principles

- **Key Learning Objectives**

  Be reminded of what case management is and how Save the Children approaches it through "Steps to Protect" (S2P)

Duration 45 mins

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HOW DO WE DEFINE
'CHILD PROTECTION SYSTEM'?

An effective and high performing child protection system is a collection of interlinking components at different levels in society — such as the community, district, and national levels — that are organised around the common goal of preventing, mitigating and responding to abuse neglect, exploitation and violence affecting children.

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THE EIGHT COMPONENTS OF A CHILD PROTECTION SYSTEM

ATTITUDES & PRACTICE

MOBILIS... R...

LEGAL, POLICY & REGULATORY FRAMEWORK

MEA...FUL COOR...ATION GOVERNM... sectors and ...

LOCAL PREVENTATIVE & RESPONSE SERVICES

STRENGTHENING SOCIAL SERVICES WORKFORCE

DATA COLLECTION SYSTEMS

A NATIONAL STRATEGY

Social Service Workforce, trained in Case Management

Why do we need case management?

- MILLIONS OF CHILDREN AROUND THE WORLD ARE FACING VIOLENCE, ABUSE, EXPLOITATION AND NEGLECT

- Girls and boys who have experienced violence include victims of trafficking, survivors of sexual abuse, unaccompanied and separated children, children on the move or children affected by harmful or hazardous work have suffered devastating experiences.

- A range of responses is needed to help them recover

- However, finding and navigating support services can be complex, confusing and even disempowering.

Case management addresses the needs of individual children and their families in an appropriate, systematic, and timely manner through direct support and referrals.

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What is Case Management?

- ✓ Focus on **individual** child & his/ her family

- ✓ Provided by **one responsible case worker**

- ✓ Provided in accordance with established **step-by-step process**

- ✓ **Coordination** of supports and services within a multi-sectoral referral system

- ✓ **Appropriate** = in line with a child's needs

- ✓ **Systematic** = in accordance with the defined step-by-step process

- ✓ **Timely** = responding with the appropriate degree of urgency, given the situation of the child.

Guiding Principles & approaches

Principles

- Do No Harm
- Prioritise the Best Interests of the Child
- Ensure Meaningful Participation
- Non-Discrimination

- Respect Confidentiality
- Being child-centred
- Being child-rights focused

Approaches

- Provide culturally appropriate processes and services
- Based on sound knowledge of child development, rights & protection
- Empower children & families to build on their strengths
- Observe mandatory reporting laws and policies
- Ensure Accountability
- Coordinate & collaborate
- Adhere to ethical standards
- Maintain professional boundaries & address conflicts of interest
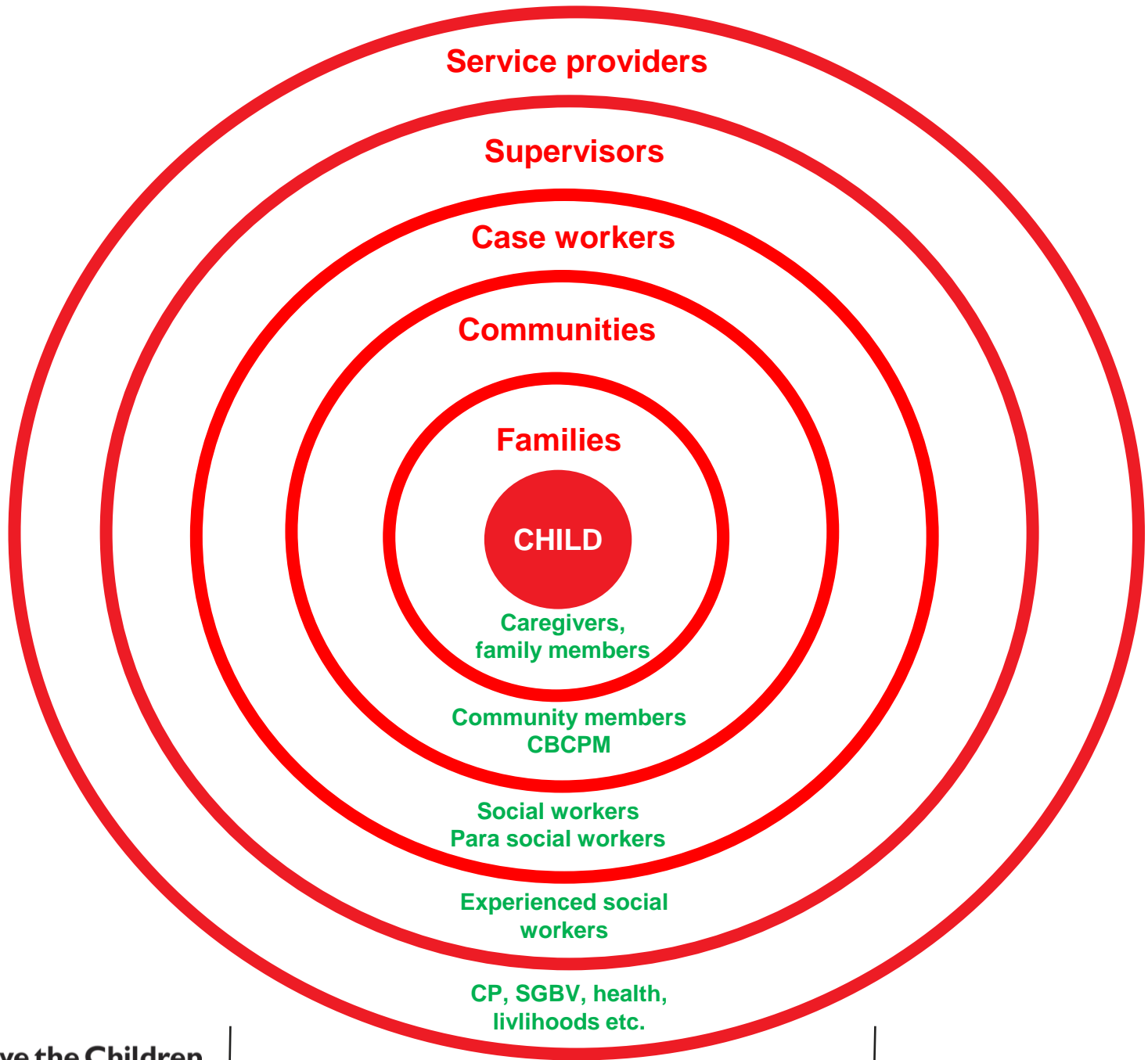
Children who receive case management may be:

- children who are experiencing violence, including SGBV
- children with disabilities
- children who have been abused or economically or sexually exploited
- unaccompanied and separated children
- children involved in harmful work
- children associated with armed forces and groups
- orphans or other children with specific vulnerabilities
- victims of trafficking
- Children on the Move
- children who are married or at risk of early or forced marriage

Children who receive case management may be:

…girls and boys (or those not nec identifying as either):

- with complex needs
- who are experiencing or vulnerable to protection risks
- who could benefit from appropriate and coordinated services and supports.

Applicable in both humanitarian and development context

- ✓ Determined by project
- ✓ Vulnerability criteria

Save the Children's Steps to protect is

A CASE MANAGEMENT APPROACH WHICH HELPS SAVE THE CHILDREN AND PARTNERS TO ADDRESS THE NEEDS OF INDIVIDUAL CHILDREN AND THEIR FAMILIES IN AN APPROPRIATE, SYSTEMATIC AND TIMELY MANNER THROUGH DIRECT SUPPORT AND/OR REFERRALS

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Steps to Protect: Aims

Ensure **children** in need of **case management** are identified, and that a protective environment is established around them

Strengthen the capacity, skills, and confidence of case workers

Strengthen case management as part of the local and national child protection **system**

The case management process: 6 steps

If a child Doesn't meet the vulnerability criteria:

Does the child require access to services?

NO   YES

Consider what other support the child and family may need (e.g. family/community based) or how key issues may be addressed through advocacy

Signpost to services

Identification & Screening

Assessment

Case Closure

Case Planning

Case Review

Implementation

Step 1a - Identification

To identify children with complex needs and/or facing urgent protection issues

Once identified → refer to child protection agency or focal point

Children can be identified through a variety of paths:
- ✓ The child, (self-referral) his or her caregivers or other family members
- ✓ Community members and groups
- ✓ Children's clubs and youth groups
- ✓ Teachers, school workers
- ✓ Healthcare professionals
- ✓ Police, immigration officials
- ✓ other agencies
- ✓ Facilitators at safe spaces
- ✓ Staff members working in other sectors

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Step 1b - Initial screening

A Social worker/Case worker/Para-social worker organises an initial interview with the child and his or her caregivers to determine whether the child meets the eligibility criteria to proceed with case management

Initial screening involves:

- ✓ Introductions
- ✓ Building trust
- ✓ Explain purpose of interview
- ✓ Seek informed consent and/or informed ascent
- ✓ Documenting key basic information (child's name, age and sex; who they are living, staying or traveling with; where they are currently staying; contact information; date and location of registration; and initial protection concerns)
- ✓ Identifying immediate needs and safety risks that need referral and/or dealing with urgently → *for child and possibly other children in the family who may be experiencing similar risks*

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Key considerations

→ Ensure relevant case management actors are trained on:

✓ Communication with children

✓ Risk analysis and eligibility

✓ Referral pathways

✓ How to identify and refer

✓ How to identify children with disabilities in a way that is most appropriate fro the child and his or her caregivers

Step 2- Assessment

The Case assessment consists in a systematic evaluation of the situation of the child.

The Social worker/Case worker/para-social worker should consider :

- Immediate physical protection, health and safety risks
- Risk and protective factors at the child, family and community level
- Child protection needs
- Child's psychosocial needs
- Assessment tools to document the info gathered during the assessment.

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Step 3 - Case planning

The Social worker/Case worker/para-social worker:

- Determine most appropriate response based on identified needs, risks and strengths during assessment

- Involves the child, the caregivers, the extended family, and the community members as needed

- Builds on wishes and opinions of the child

A case plan:

- Must be simple enough for child and caregivers to understand

- Must focus on concrete actions:

  o What should happen (short, medium and long-term actions)

  o Who should take action

  o When they should be done

- Must be realistic

![Save the Children logo]

CASE PLANNING FORM MAHA

ACTIONS

Needs (all needs identified in assessment should be identified in plan)	Action required	By whom	By when
ADDRESSING IMMIDIATE RISKS			
HEALTH NEEDS			
•			
SAFETY & SECURITY NEEDS			
•			
DOCUMENTATION & LEGAL PROTECTION NEEDS			
•			
CHILD PROTECTION NEEDS			
CHILD LEVEL			
EMOTIONAL WELL-BEING NEEDS			
•			
PHYSICAL DEVELOPMENT & HEALTH NEEDS			
•			
EDUCATION / TRAINING NEEDS			
•			
SOCIAL RELATIONSHIPS NEEDS			
•			
FAMILY LEVEL			
CARE ARRANGEMENTS NEEDS			
•			
FAMILY SITUATION NEEDS			
•			
COMMUNITY LEVEL			
COMMUNITY INTEGRATION & SUPPORT NEEDS			

Step 4 - Implementation

The social worker/Case worker/para-social worker work with child, caregivers and other actors (as needed/consented to) to take action to realise the case plan

Direct support and services:

- Provided by the caseworker: psychosocial support, regular (home) visits, information and advice

Referrals:

- Wide range of services and support to address child and families\ needs
- Confidentiality should be respected at all times
- Case worker should follow up on referrals
- Referral form should be used and case file update for each referral made

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Health
- Medical services
- Mental health services
- Sexual and reproductive health care
- Nutrition

Water and Sanitation
- Access to clean water
- Access to safe latrines

Education
- Negotiating school fees/barriers to entering school
- Enrollment in school (both in classes and after school clubs/groups)
- Accelerated learning

Economic strengthening
- Income generation for poor, vulnerable families
- Social protection schemes
- Livelihoods opportunities for young people
- Village Savings and Loans Associations

Child Protection
- Birth registration and legal documents
- Psychosocial support
- Parenting programme
- Alternative care (e.g. foster care or adoption)
- Family and Community-Based Support Mechanisms
- Children and youth groups
- Legal services, child-friendly justice systems and courts

Food and Nutrition
- Nutritional support
- Distribution

Step 5 - Case review

Enables the case worker, child, and their caregivers to reflect on the case plan's implementation:

- Are objectives being met?

- Does the plan remain relevant?

- If not, how to adjust it?

The child and his or her caregivers should have time to reflect on how they feel and if they are satisfied with the progress they have made.

Reviews should include those who are able to continue to support the achievement of the objectives

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Step 6 - Case closure

- Case closure is the point at which work with the child and his or her caregivers ends.

- Criteria for case closure should be set locally

- Majority of cases close when the goals of the case plan have been met and the child is safe from harm

Other reasons a case may be closed are:

- ✓ The child has been transferred to another programme or agency
- ✓ The child and his or her caregivers no longer want support and there are no grounds for going against their wishes
- ✓ The child has died
- ✓ The child becomes 18

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Best practices for communicating with children

- ✓ Be nurturing, comforting and supportive

- ✓ Reassure the child

- ✓ Do NO Harm: Be careful not to distress the child further

- ✓ Tell children why you are talking with them

- ✓ Speak so children understand

- ✓ Pay attention to 'non-verbal's'

- ✓ Help children feel safe

- ✓ Respect their opinions, beliefs and thoughts

→ *See Handout Principles for communicating with children*

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Part 2:

Other approaches linked to case management

Key Learning Objectives:

Participants understand broader approaches and principles to working with children such as SGBV, MHPSS, Alternative care, etc.

Duration 1 hour

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2.1: Sexual and Gender based violence

Key learning objectives:

Participants understand the basic concepts of SGBV in relation to case management

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SC essential standards in Gender Equality

Gender equality – a Human right

- … is a fundamental human right and a non-negotiable principle of any SC intervention.

- … refers to the absence of discrimination on the basis of sex/gender.

Gender inequalities:

… critically impact children's ability to survive, learn and be protected.

… *have a direct impact on children's protection needs and how these are addressed.*

Sex vs. gender

Sex

Refers to the biological and physical characteristics that define men and women. This includes reproductive systems (women have breasts and internal reproductive organs capable of gestating children, men have external reproductive organs, etc.).

Gender

Refers to the social differences between males and females that are learned. Though deeply rooted in every culture, social differences are changeable over time, and have wide variations both within and between cultures. "Gender" determines the roles, responsibilities, opportunities, privileges, expectations, and limitations for males and for females in any culture.

Gender-based violence refers to any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships (including due to age or sexual orientation).

Sexual violence is a form of gender-based violence and includes sexual exploitation and sexual abuse. It refers to any act, attempt, or threat of a sexual nature that result, or is likely to result in, physical, psychological and emotional harm.

Sexual and gender-based violence inflicts harm on both girls and boys, (and those identifying as non-binary).

Any child can be at risk of and/or experience sexual and gender-based violence.

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SGBV TREE EXCERCISE

What are the ROOT causes of SGBV?

The TRUNK OF THE TREE is affected by external factors. What are the risk factors that contribute to the risk of violence?

The BRANCHES are the SGBV types

The LEAVES are the consequences:
1) health
2) social
3) psychosocial

6 main types of (S)GBV

- RAPE

- SEXUAL ASSAULT

- PHYSICAL ASSAULT

- FORCED MARRIAGE

- DENIAL OF RESOURCES, OPPORTUNITIES OR SERVICES.

- PSYCHOLOGICAL/EMOTIONAL ABUSE

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BASED ON THE SIX CORE TYPE OF (S)GBV CAN YOU CLASSIFY THE FOLLOWING INCIDENTS:

A. A woman reports being beaten by her husband for not cleaning the house properly.

B. A boy reports that his uncle has been touching his genitals.

C. A woman reports that her husband doesn't allow her to come out of the house or talk with her friends

D. A woman reports that a group of men forced her to have sexual intercourse when she was walking home from her sister's house.

E. A woman reports that she came home from work and her husband took the money she had earned.

F. A girl of 17 years old is getting married to with one of her family members without her consent.

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ESSENTIAL CASE MANAGEMENT SERVICES FOR SGBV SURVIVORS

1. PSYCHOSOCIAL SUPPORT

2. REFERRAL TO MEDICAL SERVICES

3. MATERIAL ASSISTANCE

4. SAFE HOUSE – SHELTER KIT

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GUIDING PRINCIPLES TO WORK WITH SGBV SURVIVORS

1. Ensure the **physical safety** of the survivor
2. Guarantee **confidentiality**
3. **Respect** the wishes, the rights, and the dignity of the survivor and consider the best interests of the child, when making any decision on the most appropriate course of action
4. Ensure **non-discrimination**

2.2: Alternative care

Key Learning Objectives:

Participants understand
- the importance of family-based care and why the protection of the family is fundamental
- which alternative care options would be acceptable and why

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Importance of family

The first and most protective factor in a young child's life is a safe and loving family

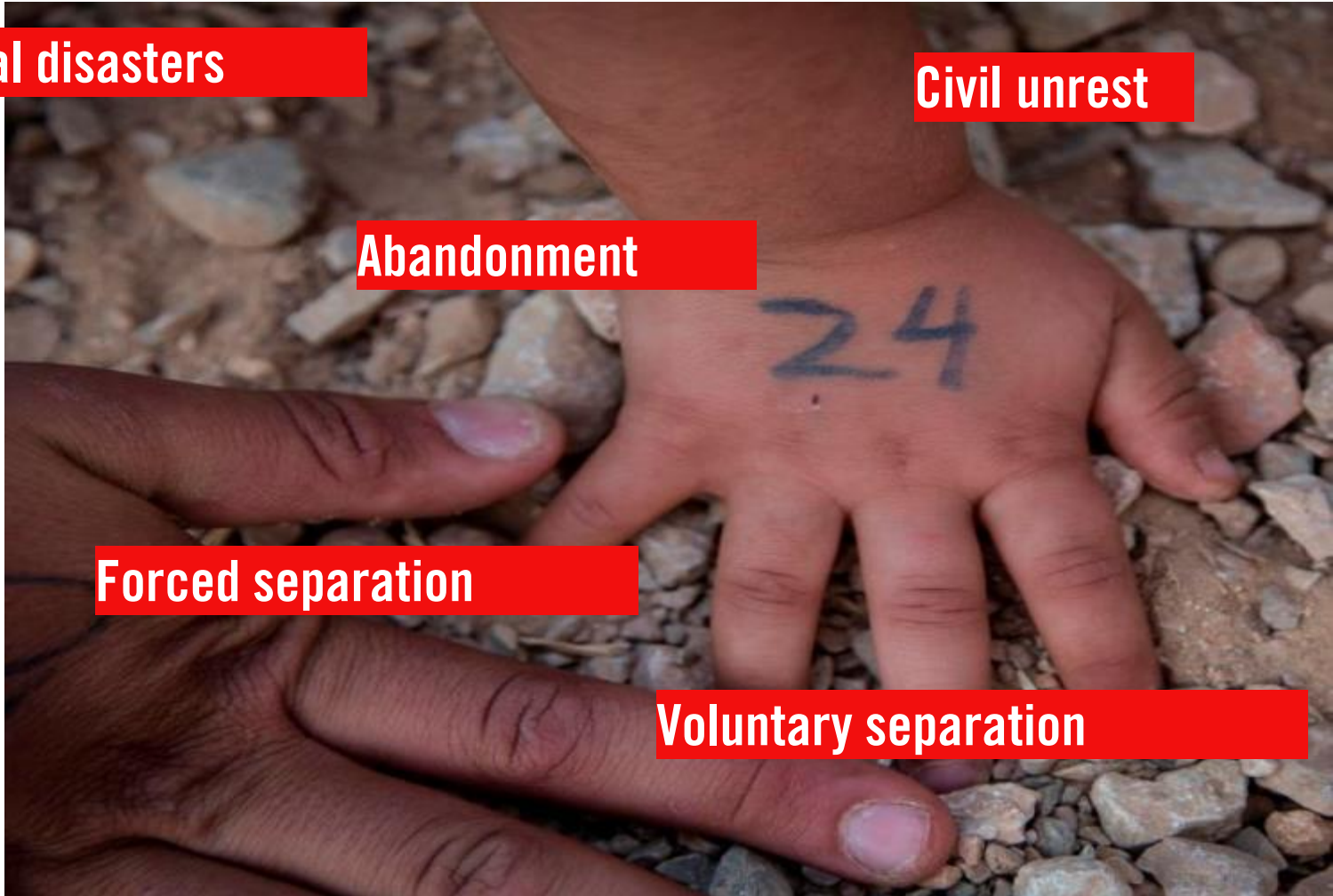# What causes children to be separated from their families?
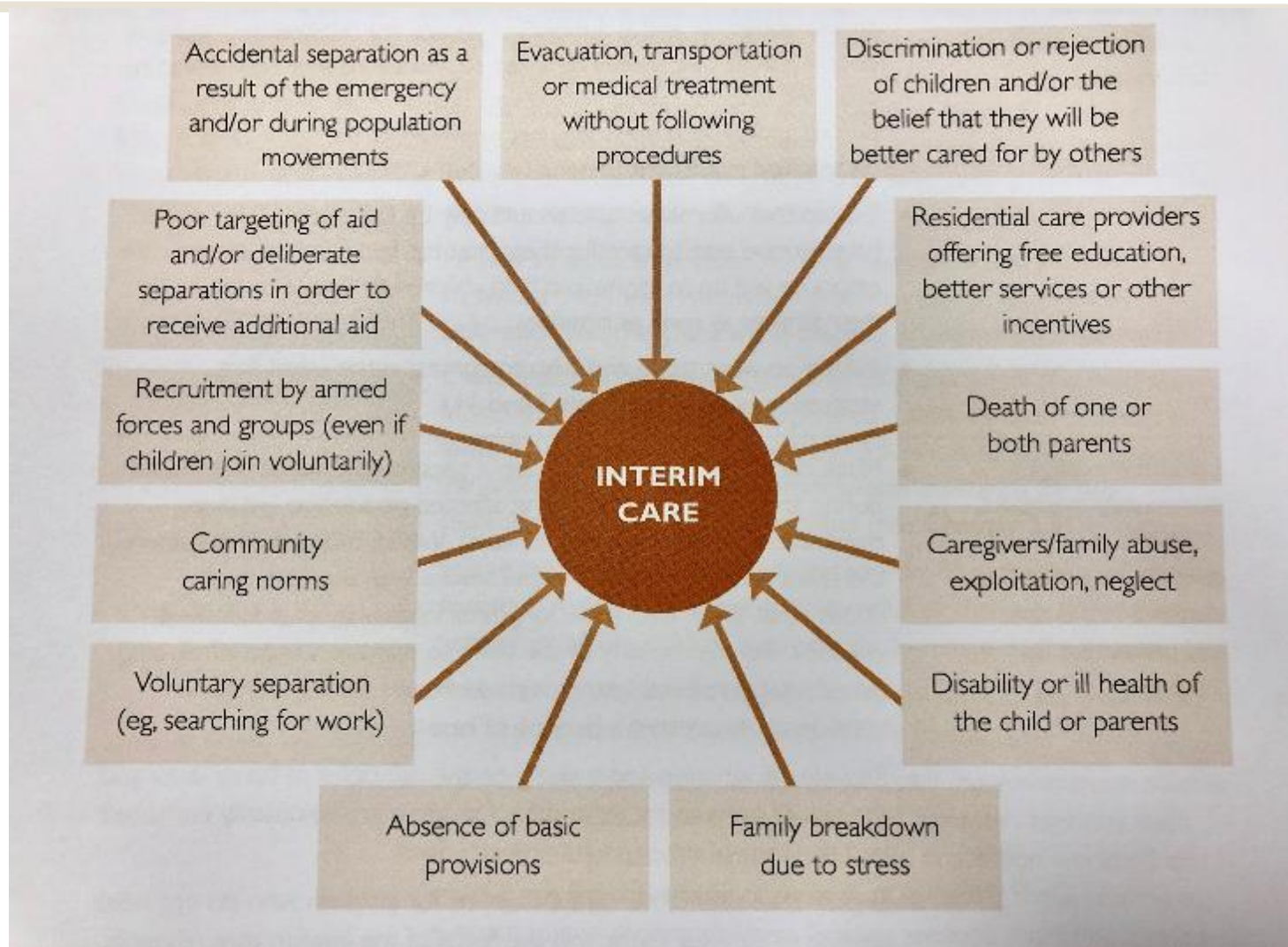

Natural disasters

Civil unrest

Abandonment

Forced separation

Voluntary separation

Additional factors that lead to separation

Accidental separation as a result of the emergency and/or during population movements

Evacuation, transportation or medical treatment without following procedures

Discrimination or rejection of children and/or the belief that they will be better cared for by others

Poor targeting of aid and/or deliberate separations in order to receive additional aid

Residential care providers offering free education, better services or other incentives

Recruitment by armed forces and groups (even if children join voluntarily)

Death of one or both parents

INTERIM CARE

Community caring norms

Caregivers/family abuse, exploitation, neglect

Voluntary separation (eg, searching for work)

Disability or ill health of the child or parents

Absence of basic provisions

Family breakdown due to stress

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How to prevent unnecessary separation

- Support birth registration

- Advocate for better access to services such as school or health care.

- Conduct advocacy campaigns targeting stigma and discrimination for example around issues of disability or gender

- Train case workers on how to conduct family mediation.

- Provide services for vulnerable families like social protection funds or cash transfers for economically vulnerable families

- Conduct awareness campaigns to ensure humanitarian and development actors know how to promote family unity and prevent separation for example during medical or security evacuations

- Educate police, border officials and/or embassies to prevent the illegal on inappropriate movement of unaccompanied children out of the area or country.

- Call for a temporary ban on any new inter-country adoption in the onset of an emergency to ensure FTR first.

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What is appropriate care?

Care that is: suitable, continuous and provides nurture and guidance for children - physically, emotionally, and psychologically.

It is:

- Care that we can count on.
- Care that keeps us safe.
- Care that helps us to develop, learn and thrive.

Key components of appropriate care

Suitable

- Within community and ethnic norms
- In accordance with the child's best interests

Continuous

- Stable
- With consistent caregivers

Quality care: Physical

- Adequate nutrition
- A clean and safe living environment
- An environment that provides stimulation and opportunities for learning and intellectual development

Quality care: Social & Emotional

- Nurture
- Love
- Attachment
- Security and safety
- Guidance
- The provision of a legal, social and cultural identity
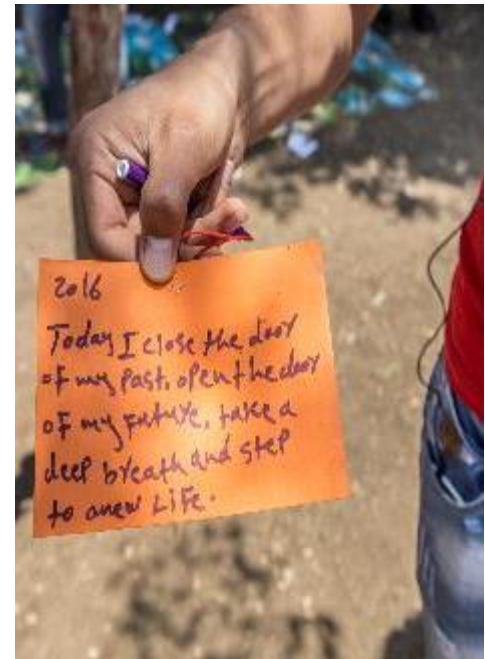
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High quality care includes:

- Individual attention
- Small groups of children
- Integrated into the community
- Children able to access support
- Basic needs (food, health care, education, needs met)
- Child able to form stable relationships.
- Children actively participate
- The chid maintains his/her identity (i.e. name, language and religion)
- Child has contact with friends/family if safe
- Child is prepared for independence

The Convention on the Rights of the Child

- **Family environment** in an atmosphere of 'happiness, love and understanding' is best for the child (Preamble)

- Right to be brought up by **parents** if possible (Art 7.1)

- **Assistance to parents/legal guardians** in upbringing and care (Arts 18, 27 etc.)

- **Removal from parental care** if in best interests, and subject to judicial review (Art 9.1)

- **State responsibility** to 'ensure' alternative care for children deprived of family environment (Art 20)

- **Family-based alternative care** is preferable (Art 20)

- Basic conditions for **residential care provision** (Art 3.3)

- **Periodic review of placements** (Art 25)

UN Guidelines for the Alternative Care of Children

The key principles include:

- Every child has the right to a safe, protective, caring environment.

- The child should be kept as close as possible to his/her community of origin

- Removal from the family should be a temporary measure of last resort.

- Permanency should be a key goal

- Wherever possible siblings should be kept together.

- Children have a right to participate in decisions that affect them.

- Poverty alone is not a reason for separating a child from his or her family.

- The priority for children under the age of three to be in family-based care

Types of Care Placements

Family based

Residential

Kinship care

Foster care

Guardianship

Semi-independent living

Child Care Institutions

Domestic adoption

Kafala

Inter-country adoption

Small group homes / "family-like" care

Boarding schools

Important points to remember:

- Alternative care must be based on the best interests of the child
- A variety of alternative care placements must be available to ensure the best possible placement.
- Prioritise family-based care, especially with very young children (0-3).
- Children with disabilities also have a right to family-based care!
- Where possible siblings should not be separated
- Establish guidelines to follow in the event of suspected abuse, exploitation or neglect of a child by a caregiver.
- Provide support to caregivers on their own stress and access to basic services for their entire family.
- Remember that interim can often become longer term so be careful about what you set up and have a clear exit strategy.
- Institutional care is harmful for children and should only be used as a last resort for a limited time.

2.3: Mental health & Psyco-social support

Key learning objectives:

Participants understand Save the Children's overall approach to MHPSS and some of the specific interventions we use to address it

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The Scope of the Problem
The MHPSS context for children and adolescents globally

Worldwide 10-20% of children and adolescents experience mental health conditions and psychosocial disabilities

Half of mental health conditions begin by the age of 14 and three-quarters by mid-20s

43 % of children under 5—an estimated 250 million—living in low- and middle-income countries are at risk of suboptimal development due to poverty and stunting

Estimates of children at risk increase dramatically, 62.7% when you add low maternal schooling and 75.4% physical abuse

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Understanding MHPSS

Mental health is a state of [psychological] well-being, not merely the absence of mental disorder, in which every individual realizes her or his own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (WHO)

The term psychosocial denotes the inter-connection between psychological and social processes and the fact that each continually interacts with and influences the other. (IASC Guidelines on MHPSS in Emergency, 2007)

MHPSS refers to any type of support that protects or promotes psychosocial well-being and prevents or treats mental health conditions. (IASC Guidelines on MHPSS in Emergency, 2007)
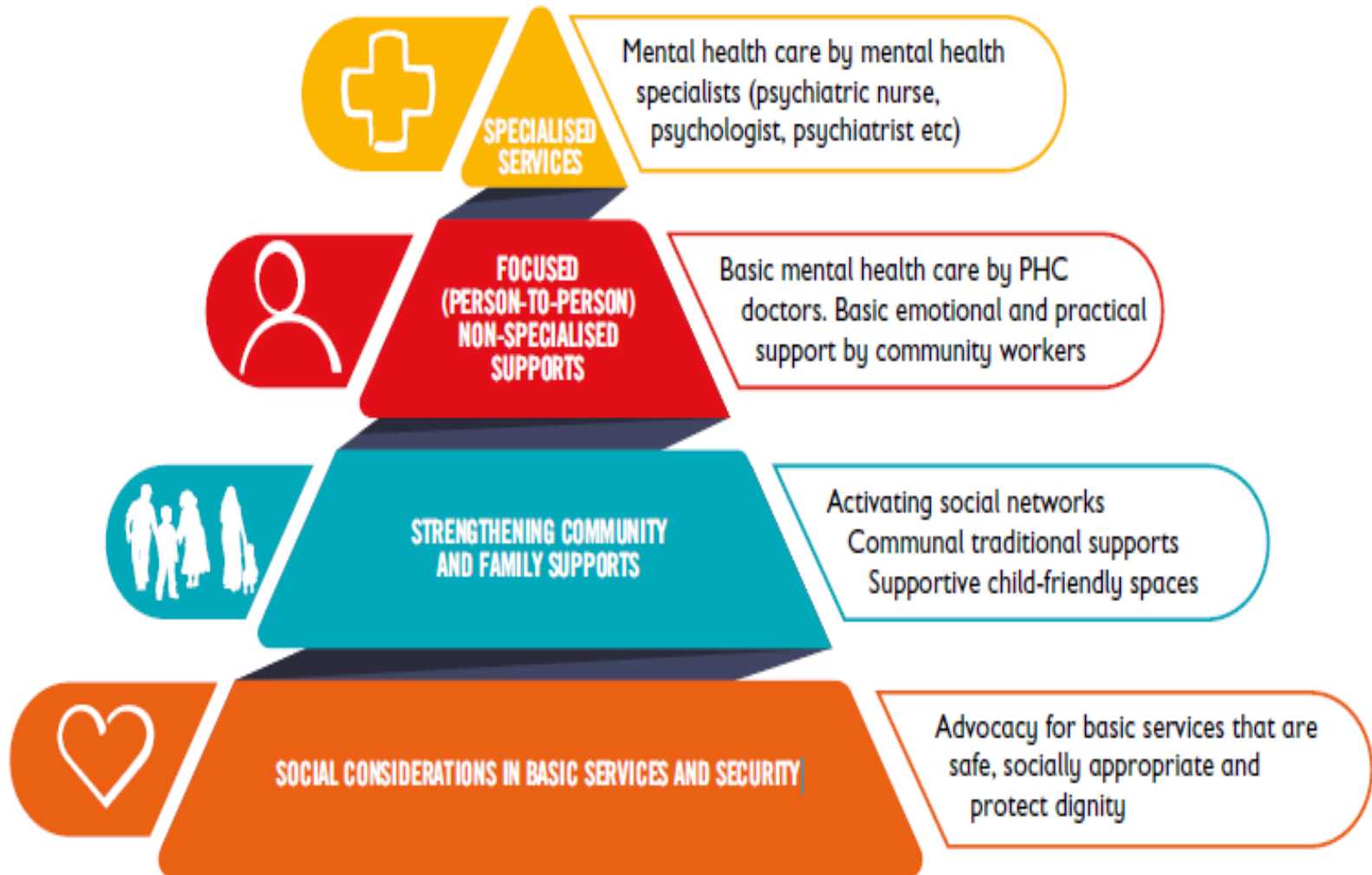
SC's Vision for MHPSS

Strengthened mental health, psychosocial wellbeing and resilience of children, adolescents, their families and caregivers through access to quality, evidence-based and sustainable MHPSS interventions and the consideration of children's mental health and psychosocial wellbeing in social initiatives.

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The intervention pyramid forms the basis of quality MHPSS programming

EXAMPLES:

SPECIALISED SERVICES — Mental health care by mental health specialists (psychiatric nurse, psychologist, psychiatrist etc)

FOCUSED (PERSON-TO-PERSON) NON-SPECIALISED SUPPORTS — Basic mental health care by PHC doctors. Basic emotional and practical support by community workers

STRENGTHENING COMMUNITY AND FAMILY SUPPORTS — Activating social networks. Communal traditional supports. Supportive child-friendly spaces

SOCIAL CONSIDERATIONS IN BASIC SERVICES AND SECURITY — Advocacy for basic services that are safe, socially appropriate and protect dignity

Mainstreamed across sectors - integration & coordination

SURVIVE
By 2030 no child will die from preventable causes before their fifth birthday

Protect and Promote the wellbeing of children and caregivers

Include MHPSS in nutrition programmes, including baby friendly spaces and mother-baby wellbeing approaches

Build MHPSS capacity in PHC and EHU, including functional referral networks to case management for vulnerable children, caregivers and families

Explore opportunities for integration with Child Health, Maternal Newborn Health and Adolescent Sexual and Reproductive Health

LEARN
By 2030 all children will learn from quality basic education

Ensure education services are safe, protective and supportive of children's wellbeing

Establish quality MHPSS within schools, including teacher capacity to identify, respond to and refer children in need of higher level services, and support to teacher wellbeing

Promote children's development and wellbeing through SEL as a key component of comprehensive MHPSS programming

Ensure inclusion and support for all children in learning environments, including those with pre-existing mental disorders, intellectual disabilities or other MHPSS needs

Link schools with comprehensive, cross-sectoral MHPSS supports for holistic care approaches

Provide leadership at global level to ensure all education clusters are effectively implementing MHPSS for children and caregivers

BE PROTECTED
By 2030 violence against children will no longer be tolerated

Mitigate and address The MHPSS impacts of children's exposure to violence and grave violations of human rights

Raise awareness of children's protection and wellbeing needs from community to national levels

Equip local actors in community based MHPSS appropriate to the socio-cultural context

Identify and provide targetted MHPSS for vulnerable children (CAAFAG, children affected by SGBV, children with pre existing mental disorders or disabilities etc.)

Prevent self harm and suicide among children, adolescents and caregivers

Integrate and mainstream MHPSS across sectors to strengthen care systems from local community to national levels, and engage a range of civil society and governmental actors for sustainability

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MHPSS is a key component of SC's work through...

Manualised packaged programmes
- Child friendly spaces (CFS)
- HEART (Healing and Education through the Arts)
- The Child and Youth Resilience programme
- Journey of Hope
- Respira
- Social and Emotional Learning (SEL)

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Mainstreaming within other programmes, e.g. health and nutrition programming

- a partnership with World Health Organisation to train SC staff working in primary health clinics on basic management of mental disorders through the mental health GAP programme (mhGAP).

- In nutrition programming, breastfeeding counsellors are trained in basic counselling skills and in supporting emotional attachment, mother/baby relationships, identifying perinatal depression (pre and post-natal depression) and providing peer support.

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MHPSS is a key component of SC's work through...

Common Approaches also include elements of MHPSS

- Safe Schools
- Steps to Protect (S2P)
- Parenting without Violence (PwV)
- Nourishing the Youngest

The home should be a respectful, loving, nurturing and non-violent environment for girls and boys. Sadly, a girl or boy's first experience of violence is often in the home and most often consists of physical and humiliating punishment.

SC's Parenting Without Violence common approach works with parents and caregivers to help them better understand child development, promote structure, warmth and dialogue and long-term goal setting and help them care for their children without violence.

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Psychological First Aid (PFA)

It is aimed at developing skills and competencies that will help child protection staff reduce the initial distress of children who have recently been exposed to a traumatic event..

3 key principles:

1. Listen
2. Look
3. Link

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Psychological First Aid Training Manual for Child Practitioners

Psychological First Aid for Children: 2 Days

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PFA training manual for child practitioners 2013
3 days training (case workers, social workers, volunteers…)

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Psychological First Aid Training
Manual for Child Practitioners

Psychological First Aid for Children: 2 Days
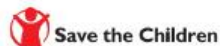Stress Management for Staff: 1 Day

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The training consists of:

1. Tools for communication, reassurance and comfort for staff working directly with distressed children

2. Advice and guidance for staff working with parents and primary care-givers

3. Suggestions for ways to support a child in distress

Target

- SC all sectors staff,

- Partners' staff working with children ,

- teachers,

- educators,

- health and social workers etc.,

- volunteers working directly with children in emergencies or in the aftermath of conflicts, natural disasters and critical events.

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# PFA training manual for child practitioners 2013

Outcomes

Provide a non-intrusive skills set of communication and actions that can be used by staff working with survivors of distressing events.

Develop skills for providing physical and emotional comfort by modeling calmness and enables a constructive format through active listening that allows survivors to voice their concerns and needs.

Help to connect survivors to practical assistance through referral networks and information on positive coping strategies.

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SC and other PFA training manuals
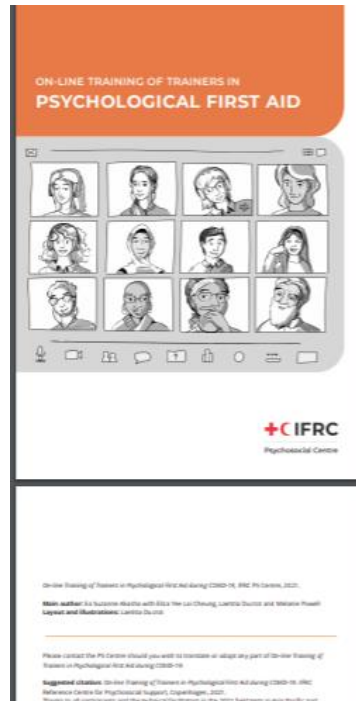
Part 3: Group discussion

Key Learning / Objectives:

Participants reflect and discuss how the approaches presented in today's session can be employed in assisting a child engaged in child labor or in an exploitative situation

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Case study

Thirteen years old Kimi is the only girl child in her family. She is the eldest child and has three brothers. Her family lives in a village. Her parents are uneducated and agriculture is the source of income of the family.

The family practices cocoa cultivation to support their everyday life.

Unfortunately, her father is an alcohol addict and he spends a lot of money on his habit. Consequently, he did not take proper care of his children. Further, her mother had medical problems of allergy and thyroid abnormality for which she requires treatment. Besides, she cannot perform household chores.

The elderly children in the family help their parents in agriculture. When the children are free, they work outside to earn in order to support the family. Kimi was admitted in the school at the age of 6 years but now she is a drop out of class VII. As a student, Kimi was an average student and language subjects were her favourite. However, due to the family situation she was compelled to drop out. As the only girl child in the family, she has to do domestic works like cooking, washing etc. when she used to be at home. Due to the addiction of her father to alcohol

Guiding questions

- How would you approach this case following the steps outlined today?

- Which are the most appropriate response services or support actions you would implement?

(15 minutes)

Key Resources / References

We highly recommend that, all participants read:

SC's Policy Brief on the UN Guidelines for the alternative care of children

SC's Intercountry Adoption Policy Brief

Module 1 – Why Steps to Protect is Important

Module 2 – How Steps to Protect Works

Module 3 – Integrating Steps to Protect into your work

Minimum standards for child protection in Humanitarian Action – Standard 9 (Sexual Violence)

Feedback Form

Please take some time now to share your feedback with us using the form accessible at the link below:

[Child Protection (2) Session feedback form 15.03.2022 (English) & 17.03.2022 (Francais)](#)

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Contacts

For further queries, you can reach out to:

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THANK YOU

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