

IDS IN FOCUS POLICY BRIEFING

Research and analysis from the
Institute of Development Studies

ISSUE 29
NOVEMBER 2012

Responding to the Needs of Vulnerable Children in Eastern and Southern Africa

Despite broad consensus that children are an especially vulnerable group, an adequate response to their multiple and complex needs is currently lacking in Eastern and Southern Africa (ESAR). There is a need for a more comprehensive and systematic response in which referral mechanisms and case management play a crucial role; they are essential in ensuring that vulnerable children are identified, their needs correctly assessed and that they receive cross-sectoral support.

This policy brief recommends a number of ways to improve current efforts to expand referral mechanisms and case management in the region. These include achieving national policy consensus and creating accountability, establishing mandates and protocols for all actors, developing a monitoring and evaluation framework and mobilising resources.

The current response to children's multiple and complex needs in Eastern and Southern Africa is inadequate, leaving many in vulnerable and/or destitute situations. As expressed in SADC (2011: 11): *"The current delivery of services in each SADC Member State is too piecemeal, short term or inadequate to respond to the complexity of needs of orphans and other vulnerable children and youth."* Effective referral mechanisms and case management systems are a critical component of a coordinated response to guarantee basic services for children and their families.

Interest and investment in referral mechanisms and case management for vulnerable children is expanding across the region. This expansion is, however, accompanied by a number of challenges and shortcomings:

- An absence of national definitions of what effective referral mechanisms and case management are and should do.
- Strong policy mandates and clear accountability frameworks are missing.
- The response to vulnerable children lacks a cross-sectoral approach.
- Resources are scarce.

Our policy recommendations will help establish the necessary pre-requisites for effective referrals and case management.

Definitions: What do we mean by referrals and case management?

Referral is the process of identifying a child's need and reporting that need to someone with the relevant responsibility and/or capacity to address it. Referrals can be made in different ways, including self-referral such as through a child helpline, family referrals (such as a mother taking a child to a health clinic when ill), community-based referrals (for example a community committee providing basic needs such as blankets or food to a child-headed household) and referrals by local service providers (such as a teacher referring a child to another service).

Referral mechanisms support referrals across services.

Case management encompasses referral mechanisms and includes identification of vulnerable children, detection of needs, referrals to services and follow up.

Community case management refers to mechanisms with the community being the main entry and focal point.

Case management with a family focus emphasises that the needs and vulnerabilities are not independent of those from other family members and that the response to the individual child should go hand-in-hand with a response to the family as a whole.

Challenges to effective referrals and case management

1. The absence of strong political will and a conducive policy environment for effective cross-sectoral and long-term collaboration.

The responsibility for a consistent and holistic response to the needs of vulnerable children often sits with weak and under-resourced ministries, or departments within such ministries. This poses a real constraint to the development, implementation and enforcement of legal frameworks, policies, guidelines and protocols. As a result, there are few protocols or guidelines that guide the implementation of referrals or case management in ESAR. The lack of clear guidance is further compounded by the absence of a commonly agreed definition of referrals and case management, both at a national and regional level.

2. The lack of clearly defined roles and responsibilities, undermining cooperation and collaboration between different actors to handle the 'case' of a vulnerable child as a single team.

This includes collaboration between different sectors as well as cooperation between formal and informal service providers. Sector-specific referrals rarely serve as an entry-point into other sectors and this observation holds across all sectors, including health, education and child protection. Compounding the challenges to cross-sectoral collaboration is the absence of clearly defined expectations between different sectors and a lack of knowledge within each sector of its own core responsibilities for children. Different levels of financial and human resources between different actors is a further barrier to effective referrals.

Although community-based mechanisms are taking hold across the region, there is limited evidence regarding which components are effective and few guidelines on how these should link into formal/statutory services. As a result, it is unclear how community-based interventions can move from being reactive to providing comprehensive case management for health, social, economic, and child protection-related vulnerabilities.

3. Weaknesses within and across the formal (statutory) services and informal (community-based) mechanisms.

In the context of a well-established formal social work and child protection sector, social workers are widely considered the most important actors in referral mechanisms and case management for vulnerable children. However, a 'Western model' of social work was considered untenable in ESAR given the large range of tasks and responsibilities in a context of deep and widespread vulnerability. Where a social welfare workforce is in place in the region, social welfare staff are generally overstretched, have low status and are under-resourced.

Community case management relies on volunteers at the community level instead, allowing for bottom-up and more immediate response. However, a strong reliance on community structures means that volunteers are often over-burdened with minimal remuneration and unrealistic expectations from community and statutory services about their responsibility in promoting child well-being. Volunteers often lack the training and statutory mandate to appropriately assess needs and/or make adequate referrals. Creative solutions that find a middle

Social workers in Botswana and community volunteers in Mozambique – juggling multiple roles and responsibilities

Botswana's response to vulnerable children relies heavily on social workers as front line staff having to perform a large range of tasks, including community mobilisation, grants case assessment, psychosocial support, child protection and case work, probation work, mediation and referrals. Social workers struggle to juggle all these tasks as they entail (i) too broad a range of responsibilities, (ii) too heavy area and case-loads with little means of transport, (iii) insufficient training and supervisory support for the tasks, (iv) inadequate resources for the work at hand and (v) insufficient support from higher levels, with no effective route of recourse for complaints.

Mozambique is currently in the process of rolling out its model of Community Case Management (CCM), tasking the Child Protection Community Committees (CPCCs) with the identification of vulnerable children, assessment of their needs and vulnerabilities, provision of support when possible, referrals to other services when available and follow-up to ensure continued support. Volunteerism comes with its own challenges; the level of awareness of child protection issues differs considerably from one CPCC to the other, the identification of and response to non-material needs is limited, and linkages to other services (such as health and education) are weak.

As an intermediary solution between community volunteers and social workers, several countries are discussing a new cadre of para-social workers at community level. The advantage of such a cadre is that it provides an official link between formal and informal structures; suggesting a 'para' level of those responsible at community level who are paid, have formal training and are supervised. Current examples include Child Care Workers in Namibia, Child Protection Workers in Malawi and para-social workers in Tanzania.

ground between both options, without compromising the need for one focal person to see a child through a referral and case management process, have yet to be found.

4. Obstacles to an effective information system.

Given the important role of community-based responses to vulnerable children, one of the biggest challenges and priorities, is an information system that can be used by community-based workers. Literacy is an issue, as well as motivation and an understanding of the need to keep records up to date. The types of technology used in tracking and monitoring systems (such as computers) are often not suitable, as people do not have the capacity to use them or to maintain them. Few examples have been found that address these challenges, although many pilot initiatives are underway across the region, such as making more effective use of mobile phone technology. Implementation of effective referrals and case management is also hampered by the fact that voices of children and their caregivers are not adequately heard. As a result, vulnerable children remain unidentified and their needs or problems unrevealed.



Family supported by CPCC in Cabo Delgado, Mozambique

Keetie Roelen/IDS

Recommendations for effective referrals and case management for vulnerable children

1. Achieve national policy consensus and translate this into an accountability framework

Consensus should be reached on a common understanding of what constitutes effective referral systems and case management, and on what these should achieve for vulnerable children in ESAR. Such a consensus would be both the fundamental basis, and a pre-condition, for systems building. This should first and foremost happen at the national level, given stark differences across the region in terms of financial, human and institutional capacity. It requires:

- *An overarching supportive framework:* to ensure that national policies on children have a consistent definition of vulnerability.
- *A sound evidence base:* to identify the exact nature of the challenges faced by children locally, and to demonstrate which approaches or innovations achieve positive change.
- *Strong partnerships:* to understand who the core actors are and identify relationships between the many individuals and sectors that provide care and support to vulnerable children. This includes family members, non formal support and statutory services.
- *An accountability framework:* to ensure that all stakeholders can be held accountable for their role in the response to vulnerable children.

2. Translate consensus into mandates and protocols for all actors

The articulation of clear mandates is vital for translating common understandings of referral mechanisms and case management into practical roles and responsibilities. This requires:

- *Clearly articulated roles and responsibilities:* to enable those involved in referral mechanisms and case management for vulnerable children, both paid and unpaid, to take action with confidence and for them to be held to account. Roles and responsibilities need to be spelled out at all levels in order to give legitimacy to key actors for the action that they take.
- *Well-articulated referral pathways and case management guidance:* to clarify the steps in a referral process from identification to response and follow-up. This will have to be relevant to the local context, bearing in mind locally available skills and resources as well as local constraints to service delivery.
- *Capacity building:* to ensure that actors can fulfill their roles and responsibilities and deliver on mandates. Training and investment in human capacity is required at all levels, across all sectors and for statutory professionals as well as volunteer community workers.
- *Equal investment in both prevention and response:* to make the response to vulnerable children more pro-active and effective. Prevention and response work both ways; prevention messages work better when people know that there will be a response in cases of emergencies. By the same token, response works better when people feel able to also address some of the causes of the crisis.

Keetie Roelen/IDS



Children at CBCC in Mchinji, Malawi

3. Develop a monitoring and evaluation framework

Strong monitoring and evaluation systems and accountability frameworks are crucial for tracking children over time and over different sectors and to assess to what extent referral mechanisms and case management systems deliver on their promises. The concurrent information is to be used not only as a practical tool for case management and further systems strengthening, but also as a tool for improving accountability. This requires:

- *Alignment of data collection efforts with national priorities:* to ensure that the available information is in line with the key priorities and commitments in terms of the response to vulnerable children. The introduction of common indicators across the whole country (and ideally region) will reflect progress towards those priorities and commitments.
- *A simple but sound tracking system:* to track cases across services and over time in a way that is manageable for those feeding information into the system as well as those using the information

to provide care to children. This requires for data collection to be kept simple.

- *A two-way information flow at all times:* to ensure a transparency and space for feedback at all levels. Feedback enables action and, importantly, is part of investing in actors' capacities, making it easier for people to see what they are achieving and which parts of the referral mechanism need greater attention or possibly resources.

4. Mobilise resources

Effective referral mechanisms and case management systems need resources, including financial resources and human capacity. Although the squeeze on HIV-funding and development in general makes access to resources more difficult, the recent interest and funds supporting social protection interventions and systems-strengthening efforts more broadly offer new opportunities. Tapping into these requires:

- *A sound investment case:* to clearly demonstrate the 'return-on-investment' and substantiate the added-value of investing in effective referral mechanisms and case management. In such an investment case, rights should receive equal weight to value-for-money arguments.
- *Strong linkages to broader policy debates:* to tap into resources available that are not exclusively linked to child protection but do have strong links to the response to vulnerable children. This includes debates around social protection, HIV response, and emergency planning, amongst others.

Further reading

Roelen, K., Long, S. and Edstrom, J. (2012) *Pathways to Protection – Referral Mechanisms and Case Management for Vulnerable Children in Eastern and Southern Africa. Lessons Learned and Ways Forward*, Brighton: IDS/Centre for Social Protection.

Roelen, K., Long, S. and Edstrom, J. (2012) *Protecting Most of the Vulnerable Children, and Protecting Those Most Vulnerable: A Stocktaking Report of Case Management to Strengthen Child and Social Protection in Eastern and Southern Africa*, Brighton: IDS/ Centre for Social Protection.

SADC (2011) *Minimum Package of Services for Orphans and Other Vulnerable Children and Youth*, SADC.

Credits

This *In Focus Policy Briefing* was written by **Keetie Roelen** and **Siân Long**. It was edited by **Ya'el Azgad**. The research for this brief has been funded and supported by UNICEF ESARO.

The opinions expressed are those of the authors and do not necessarily reflect the views of IDS.

Readers are encouraged to quote and reproduce material from issues of *In Focus Policy Briefing* in their own publication. In return, IDS requests due acknowledgement and quotes to be referenced as above.

© Institute of Development Studies, 2012
ISSN 1479-974X