

# SGBV case management: coordination and implementation

#### **Regional SGBV CM / IM Workshop**

9-11 October 2017 San José, Costa Rica





# **Learning objectives**

- 1) Define referrals and transfers of cases
- 2) Identifying other coordination and implementation strategies and techniques
- 3) Experience how a case conference functions







#### **11 Volunteers**

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# **Activity-debriefing**

- The survivor had to tell her story multiple times
- Her consent/assent was not obtained
- Confidentiality was compromised, which put her at further safety and security risk
- Different actors were not aware of the services provided by others
- Services were provided in an arbitrary manner
- Absence of a survivor-centered case management service provider





#### How can we prevent all the identified risks?

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## **Coordination and case implementation**



- Identification of needs
- Case planning with the survivor
- Mapping and knowing services providers
- Identifying case management organizations
- Developing referral pathways and SOPs for case management and multi-sectoral services
- Case management meetings and conferences
- Inter-agency coordination networks, working groups or task forces







# **Case action planning**

- Collaborative effort between the caseworker and survivor
- Identify interventions that can address the survivor's needs
- Discuss positive and negative aspects of each referral



# How to develop an action plan

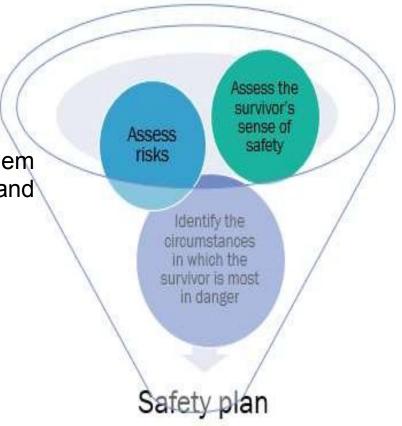




# **Safety Planning**



Intervention with survivors to help them analyze the risks for harm in their lives and think about how to reduce those risks





# **Safety Planning**



Intervention with survivors to help them analyze the risks for harm in their lives and think about how to reduce those risks

\*the survivor can't control when and where they experience violence\* Key tasks:

- Identify what the survivor has been doing since the incident to keep themselves safe and how those strategies have been working
- If there are particular places or people that are unsafe, identify strategies for avoiding or mitigating the danger in those situations
- Identify safe people and places the survivor can go to in an emergency or for protection



# **Risk assessment & safety planning**



 In pairs, using Kathya's case study take turns practicing being a case manager and carrying out safety planning.



## **Referring and Transferring**

After obtaining consent, within a country or across borders:

- Referrals: linking the survivor to other services, providing information about the case to a different partner or unit and on a need-toknow basis ; no change in case ownership.
- Transferring: handing over the case to another case management agency or a different unit within the same agency;

ownership of case is transferred.



## **Important for Referring and transferring**

- Identifying case management and multisectoral services focal points
- Common definitions and standards and steps for case management, referrals, transfers
- Linking with the existing protection systems
- Standards for confidentiality, information sharing and documentation\*
- Mapping/Updating referral pathways



## **Mapping Services**

Referral pathways used by Regional Safe Spaces Network: Organizations, institutions and agencies providing services to survivors and individuals at risk of SGBV by case\*\*\*

Instructions: Fill in the SGBV service provided by each organization or institution in the boxes below the type of case in the column heading. Include a number "1" for the org/institution if they are the entry point into the referral pathway. Include a number "2" for the organization or institution if they are the "funneling point" in the referral pathway and a majority of organizations refer cases to the "funneling point". Note that an organization or institution that is a "funneling point" can be identified by its consistent referrals of cases to other services (using internal protocols or standard operating procedures). See the example entries in the chart.							
Organization/	Girls	Boys	Women	Men	LGBTI	Persons with	Other specific
Institution						disabilities	profile
Org 1 name	1. Psychosocial	Psychosocial	8				
Org 2 name	1. Legal	Legal		Psychosocial		Psychosocial	
Org 3 name		Informal education	Legal	Legal, health			
Org 4 name	Referral to formal education		Psychosocial		1.Psychosocial, Legal, CM	Recreation	
Institution 1	2. CM	2. CM					
Institution 2	Education formal & informal	Education formal					
Institution 3	1. Medical	1. Medical	2.Medical	2.Medical	2.Medical		
Agency	Legal	Legal	Legal	Legal	Legal		

\*\*\*Each column represents a specific profile of POC (or a type of case) and the referral pathway used to provide services to each profile.



## **Case conferencing**

- Planned and structured confidential meeting called by the case manager to discuss a case with other actors providing services to the survivor
- Survivor and other close supports should be invited, if possible (and desired)
- Often scheduled when survivor's needs aren't being met
- Identify or clarify ongoing issues
- Provides survivor with more holistic, coordinated, and integrated services

including progress and barriers towards goals Map roles and responsibilities **Resolve conflicts** or strategize solutions Adjust current service plans

**Review activities** 



#### **Experiencing a case conference**

Groups of 5-7 people:

#### Kathya's case Role Play

Divide roles: case manager, service providers (e.g. health, legal, psychologist, director of safe shelter), UNHCR protection officer, government protection/asylum officer

- Read the instructions
- ➢Play

Report back in Plenary



# **Key learning points**

- Good case management requires coordination with multiple actors
- Defining standards, mapping services and developing referral pathways are essential steps of a coordinated response.(Networks/Task Forces/Working groups)
- Action planning and implementation includes safety planning with the survivor and liaising with service providers
- Referrals link the survivor with services, while transferring is about handing out ownership of the case. Both can happen within the same country or across borders.
- Case conferencing is structured confidential meeting to address unmet needs of a survivor

