Case Management System Manual

(Re)integration Assistance for Survivors of Human Trafficking

World Vision®

The Vanguard Series

Case Management System Manual

(Re)integration Assistance for Survivors of Human Trafficking

FOREWORD

The *Case Management System Manual: (Re)integration Assistance for Survivors of Human Trafficking* has been designed to equip the government caseworkers, World Vision staff and non-governmental organisation (NGO) partners to provide quality service through case management, helping trafficking victims to sustain a healthy and independent life. Since World Vision's primary engagement with case management is community-based (re)integration, this manual focuses on this last stage of the post-exploitation journey.

The case management system aims to provide individualised assistance for trafficking victims by identifying their needs, providing mental and financial support, and regularly checking on their progress. Alongside the development of the case forms, the project has provided a number of skill trainings for government caseworkers, World Vision staff and NGO partners who work on the front line with trafficking victims. The manual is designed to help refresh the skills the caseworkers have learned and serves as a reference when they face challenges in their work. It will also be a learning resource for the newly assigned caseworkers who provide community-based (re)integration assistance.

Community-based (re)integration is one of the most underfunded and underdeveloped areas for victim protection work. It is still common for service-providing agencies to take an institutional care approach, where trafficking victims are placed in long-term residential facilities such as shelters. Institutional aftercare is necessary for those who are suffering from severe trauma. However, without proper minimum standards of care or thorough implementation (which is often the case in the region) survivors can become dependent on the system and are often prevented from being self-sustainable. World Vision has departed from the institutional care approach and focuses on community-based reintegration instead. Unfortunately, there are very few community-based (re)integration resources that practitioners can utilise. In response to this, we have designed the *Case Management System Manual* as a resource and reference for those who are providing reintegration assistance.

The *Case Management System Manual* is a part of The Vanguard Series, which includes all of the innovative resources and tools to combat trafficking and unsafe migration developed by the End Trafficking in Persons (ETIP) Programmes. The Vanguard Series also includes the Smart Navigator resources and the *Voice Up for Change Toolkit*.

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SECTION 1: Human Trafficking and the Global Response

1.1 HUMAN TRAFFICKING

The Nature of Human Trafficking

Human trafficking has received increased attention over the past decade, with the internationally agreed-upon definition of human trafficking being penned in 2000 as part of the United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime – also known as the UN Palermo Protocols. In essence, trafficking is a criminal offence where victims are moved or placed into slavery or slavery-like situations through the use of force, threats, or deceit, their human resources forcibly extracted and fundamental human rights denied. For children, the element of force, threat or deceit is not required for them to be considered victims of trafficking. Human trafficking affects every country in the world, regardless of political or economic status. Human trafficking is a multi-billion dollar international criminal industry involving the sale and trade in human beings; it yields high profits and revolves around the demand for commercial sex and cheap labour.

According to the International Labour Organization (ILO), approximately 20.9 million victims of forced labour globally are trafficked around the world.[1] They are trafficked both within and across international borders for various purposes, including commercial sex or forced labour. Human trafficking affects people of all backgrounds, races and religions. Migrants and internally displaced persons are particularly vulnerable to falling victim to human trafficking. Over the next 10 years crime experts expect human trafficking to surpass drug and arms trafficking in its incidence, cost to human well-being and profitability to criminals.[2]

Definitions

Human Trafficking: Article 3 of the **United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime** states:

> For the purposes of this Protocol:
>
> *(a)* 'Trafficking in persons' shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or

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1   ILO, 'Global Estimate of Forced Labour: Results and Methodology' (Geneva: ILO, 2012), 13.

2   E.J. Schauer and E. M. Wheaton, 'Sex Trafficking Into The United States: A Literature Review', *Criminal Justice Review* (June 2006), vol. 31 no 2, 164–65; E.M. Wheaton, E.J. Schauer, T.V. Galli, 'Economics of Human Trafficking', *Int Migr* [International Migration] 48/4 (2010): 114–41, http://www.ncbi.nlm.nih.gov/pubmed/20645472.

of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs;

(b) The consent of a victim of trafficking in persons to the intended exploitation set forth in subparagraph *(a)* of this article shall be irrelevant where any of the means set forth in subparagraph *(a)* have been used;

(c) The recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered 'trafficking in persons' even if this does not involve any of the means set forth in subparagraph *(a)* of this article;

(d) 'Child' shall mean any person under eighteen years of age.[3]

A **trafficking victim** is an individual who has undergone an abusive and exploitative experience and has been identified as a victim based on victim-identification criteria in the United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime (2000). Trafficking victims who have recovered from trauma are considered **trafficking survivors**.

A **client** is an individual or family who is the recipient of case management services. The goals, needs, and strengths of the client constitute the primary focus of case management. Each organisation defines the client population it serves. A client can be considered both a *trafficking victim* and a *trafficking survivor*. Alternative terms for *client* include *beneficiary, consumer, patient, peer, resident, survivor* or *victim*.

A **caregiver** is the one who spends the most time looking after the children physically. In most cases, this will be the biological mother but could also be an aunt, grandmother, or father, depending on the family structure.

A **caseworker/case manager** is the designated professional whose job is to engage clients directly and provide case management services. Various settings use different terminology for this role. The terms 'caseworker' and 'case manager' can be used interchangeably.

Human Trafficking in the Greater Mekong Sub-region (GMS)

Though trafficking is a documented problem in all parts of the world, the focus here is on Asia, and more specifically on the Greater Mekong Sub-region (GMS). The GMS is made up of six countries connected by the Mekong River: Cambodia, China, Laos, Myanmar, Thailand and Vietnam.

In the Asia Pacific region there are approximately three trafficked persons per 1,000 inhabitants. Victims from Asian nations have been trafficked for sex or labour purposes to other regions and have been identified in the UK, Germany, USA, Australia, South Africa and many other countries. Within Asia itself, victims from the GMS have been identified in Japan, Malaysia, South Korea and Taiwan, while sub-regions often have internal trafficking routes; India is a major destination country in South Asia, while Thailand is a major destination country in the GMS.

Within South East Asia the high level of undocumented or unsafe migration among the GMS countries is believed to be linked to a high incidence of trafficking.

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3   Adopted by General Assembly resolution 55/25, 15 November 2000.

Difficult economic circumstances and limited opportunities for safe and legal migration in the GMS create an environment with high opportunity for the trafficking and exploitation of migrants. While the full scale of human trafficking is difficult to ascertain due to the illegal and often undetected nature of the crime, there is evidence that shows that there are diverse forms of trafficking in the GMS, including forced or debt-bonded labour, child labour, sexual exploitation, domestic servitude or armed conflict.

Human trafficking in GMS countries includes 'domestic trafficking', which occurs within a country, and 'international trafficking', which involves the trafficking or migration of victims across country borders. World Vision programming focuses primarily on cases involving international trafficking and cross-border migration.

Labour Trafficking and Migration

Scenarios involving girls trafficked into the sex industry sensationalised in global media do not capture the full extent of the trafficking problem; there is a growing recognition that the trafficking of persons for labour exploitation is claiming an even larger number of victims than sex trafficking. It is estimated that 64 per cent of identified victims of trafficking in East Asia, South Asia and the Pacific regions are victims of forced labour; 26 per cent are victims of sexual exploitation; and 10 per cent are victims of other forms of exploitation (77 per cent of this estimate are women and girls, and 23 per cent are men and boys).[4]

Labour trafficking is made possible by a constant supply of migrant workers in search of better work opportunities, demand by unscrupulous employers for cheap or slave labour, and state migration policies that restrict access to legal labour migration. These workers often become vulnerable in their own countries due to lack of employment opportunities, discrimination, corruption, violence, war or political conflict. Many labour trafficking victims have not been identified as such but instead are often detained in shelters and immigration centres[5] and punished for illegal entry and work offences.

The traffickers target those on the fringes of society and those in positions of vulnerability. While poverty is commonly cited as a major vulnerability factor, there are many other factors that put individuals in positions of vulnerability, such as children without parental care, girls made to feel indebted to their families, lack of job opportunities, low understanding of the risks of unsafe migration, prohibitive costs for legal migration, statelessness or inadequate identity documents, unexpected financial crises and insufficient social safety nets.

1.2 THE ANTI-HUMAN TRAFFICKING MOVEMENT

In response to the plight of victims of human trafficking, a growing number of governments around the world, international agencies and non-governmental organisations (NGOs), including World Vision, are working hard to combat human trafficking and provide services to survivors. Law enforcement, medical, psychological, social, legal and other services available to survivors of human trafficking grow annually, as increasing numbers of civil and government organisations assist survivors in overcoming the long-term consequences of human trafficking as they regain and rebuild their lives.

In spite of the various anti-trafficking efforts made by key government agencies and non-governmental organisations, service agencies in the GMS countries are still facing challenges of (re)integrating trafficked persons. Psychological

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4   United Nations Office on Drugs and Crime, *Global Report on Trafficking in Persons 2014* (2014), https://www.unodc.org/documents/data-and-analysis/glotip/GLOTIP_2014_full_report.pdf.

5   A Gallagher. and E Pearson, 'The High Cost of Freedom: A Legal and Policy Analysis of Shelter Detention for Victims of Trafficking', *Human Rights Quarterly* 32/1 (2010): 73–114, http://works.bepress.com/anne_gallagher/11/.

support to address trauma and vocational support to address financial needs both need to be strengthened. Though many victims of human trafficking suffer from trauma, there are not enough certified counsellors or social workers in many of the GMS countries. Community-based (re)integration is still underfunded and not well established yet. There is a lack of clarity regarding the definition of 'successful (re)integration', and it is still a challenge to measure the impact of the service provided for trafficking victims.

1.3 THE IMPACT OF HUMAN TRAFFICKING ON INDIVIDUALS, FAMILIES AND COMMUNITIES

The Impact of Human Trafficking on Individuals

Human trafficking has a devastating impact on individual victims, who often suffer physical and emotional abuse, sexual violence, theft, forced imprisonment or confinement, threats of harm against them and their families and the possibility of death. The victims cannot prevent these forms of interpersonal violence and coercion, which can be terrifying and traumatising. They may be exposed to traumatising experiences either as a single incident or through multiple or repeated intrusive incidents. The systematic nature of human trafficking means that individuals are often victimised repeatedly and chronically over the period of their exploitation. Additionally, these traumatic experiences are frequently of an interpersonal nature, often involving a significant amount of stigma or shame.

In addition to experiencing terrorising physical and sexual violence, victims often experience multiple layers of trauma, including psychological damage from captivity, fear of reprisals for contemplating escape and brainwashing. For some victims a history of family, community or national violence may result in additional dimensions to the impact of their trauma.

The emotional impact of trauma can be persistent and overwhelming. Victims of human trafficking may suffer from major depression, anxiety, panic disorder, substance abuse and risk of suicide or a combination of these. For some victims the trauma induced by betrayal of someone they once trusted results in pervasive mistrust of others. This impact of trauma can make the job of first responders and those trying to help victims very difficult.

For some victims, exposure to trauma results in a mental health condition referred to as Post-Traumatic Stress Disorder (PTSD). Victims struggling with PTSD may experience symptoms, including hyper-arousal (heightened startle response, inability to concentrate) intrusive re-experiencing of the trauma (flashbacks, nightmares, and intrusive thoughts), avoidance or emotional numbing (avoiding certain places, people, and situations). PTSD is usually chronic and debilitating if left untreated.

Post-trauma responses like those outlined above reportedly contribute to problems with functioning, including difficulties controlling emotions, sudden outbursts of anger, self-mutilation, difficulties concentrating, suicidal behaviours, alterations in consciousness (dissociation), and increased risk taking. In some cases, victims use alcohol and drugs to cope with or escape these overwhelming post-traumatic responses. Substance abuse is reported to be particularly high with victims of sex trafficking.

Physical health problems can also result from the trauma, including physical injury or indirectly through stress-related illnesses. Victims often report physical symptoms that do not have medical explanations.

The tremendous emotional and physical impact of human trafficking on victims can make it difficult for them to address their daily needs, such as finding and attending a job, managing social relationships, and (re)integrating into society.

The Impact of Human Trafficking on Individuals: A Case of Children and Youth

Children and adolescents may be trafficking survivors themselves. In other cases they are affected indirectly by the trafficking of family members, such as parents, siblings, grandparents and cousins. Living in families and communities affected by human trafficking conveys profound messages to youth, leading to distorted beliefs about themselves, others and the world.

'I am never safe.'

'I cannot trust anyone.'

'Death can happen at any time.'

'Nobody will believe me.'

'Parents and adults can't protect me.'

These messages affect how young people behave in school and in the broader community. Without corrective experiences or appropriate intervention, they experience social isolation, adjustment difficulties and marginalisation.

As parents, many trafficking survivors fear that the intensity of their own feelings could overwhelm their children. Coping with the expressed or unexpressed feelings of their children is even more frightening. Parents feel guilty about the circumstances their children endured and continue to endure. For parents of children who were trafficked or traumatised, guilt over their inability to keep their children safe and feelings of helplessness affect their parenting. Children are also affected when they witness a parent experiencing overwhelming post-traumatic symptoms such as dissociation or explosive anger. These reactions can be confusing and frightening to children.

Addressing the needs of communities and families affected by human trafficking is core in fostering a restorative (re)integration process for survivors. A holistic approach addresses the needs of survivors not only as individuals, but also as a part of a larger support system of family and community.

The Impact of Human Trafficking on Families and Communities

Human trafficking is an organised system of interpersonal exploitation that dehumanises individuals and turns them into commodities for the profit of others. Traffickers systematically identify vulnerable people and target them for exploitation through coercion, deception or force through violence or the threat of violence. This exploitation is facilitated interpersonally either within the context of a victim's own family and community or during other vulnerable situations, such as migration, in which the victim is in need of help. This intentional victimisation by other human beings shatters basic trust in others. Survivors report feeling a sense of betrayal, terror, self-blame and shame. Organised exploitation can cause survivors to have difficulty trusting the intentions of other individuals and organisations, such as religious, government and social-services systems.

Trafficking and exploitation can create conflict within families, ethnic groups and community support structures. Members of communities where human trafficking takes place may witness the exploitation of others, which affects their own sense of safety. Thus, feelings of fear and distrust saturate various levels of community, paving the way for widespread distrust of all people and institutions. Lifelong neighbours, friends and sometimes relatives lose their trust in one another. Fear, distrust, loss and traumatic experiences force a constriction of families' social networks, resulting in social isolation and limited support systems. Chronic fear becomes a way of life and can paralyse the community as a whole.

Additionally, communities experiencing ongoing systematic exploitation and violence can become apathetic and detached from the horror of the experiences of its members. This detachment develops as an adaptive response to overwhelming feelings of hopelessness and despair that come with the daily reality of limited or no control over one's life. Some of the common effects of human trafficking trauma on communities include the following:

- collective silence and/or denial about the exploitation happening (or risk of it) in the community or in the migration process
- chronic fear and distrust
- constriction of social supports and social isolation
- apathy and hopelessness due to chronic exposure to community violence and exploitation.

The Impact of Human Trafficking on Families

Trafficking victims often experience long periods of separation from their families as a result of their exploitation or migration, which may limit communication and support among family members. When families are reunited after one or more members have been exploited, there can be a complex mix of family and community dynamics to navigate. The family members may be joyful that their members are safe, but they may also harbour difficult feelings of blame towards themselves or one another about the circumstances under which the victim was trafficked. Often the non-trafficked family members have been left struggling to survive themselves due to poverty or other factors that may have originally led to the vulnerabilities that preceded the trafficking.

Additionally, family members may have been complicit in the trafficking. Family roles in trafficking may range from parents actively selling their child to a broker to a more passive role, such as doing nothing to prevent the victim's exploitation or pressuring the child to participate in unsafe migration for work. Family complicity in trafficking creates complicated dynamics around safety and trust upon victims' (re)integration into their home community.

During the (re)integration process, the effects of the victims' and their families' trauma begin to surface in a complex manner. Such effects interact with the stresses of (re)integration, loss of social status due to stigma or discrimination, unstable economic circumstances and other ongoing trauma the family may be experiencing in the community.

Trafficking victims may be afraid of family members dismissing them as 'crazy' due to the intense psychological and emotional impact of their traumatic experiences during exploitation. Family members may be sad and shocked to discover that victims are no longer who they were before the trafficking event.

Gender inequality is deeply rooted as part of the culture in many GMS countries, and a strong emphasis on female virginity, family honour and community reputation is widely observed. This has led to social norms where girls can be blamed for rape or any kind of sexual abuse, including trafficking and sexual exploitation, as something that they brought on themselves. The result of this is a culture of silence and denial in which appropriate responses to child sexual abuse have been prevented.[6] Adding to the stigma that many victims already feel, many of the girls who lose their virginity are believed to have lost the opportunity to ever marry.

Based on experience, World Vision caseworkers identify victims' families as one of the most important factors in successful (re)integration, because families are the primary social support system available to them. However,

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6   World Vision Australia, *Sex, Abuse and Childhood: A Study about Knowledge, Attitudes and Practices relating to Child Sexual Abuse, including in Travel and Tourism, in Cambodia, Lao PDR, Thailand and Vietnam* (2014), 10, http://www.worldvision.at/sites/default/files/Sex-Abuse-Childhood-Report.pdf.

World Vision caseworkers also recognise that families often struggle with some common issues that must be addressed in order for victims of trafficking to have a restorative (re)integration process, such as:

- acceptance of the client's experience of victimisation – families sometimes deny or minimise the experience of the victim
- blaming the victim – either because the victim could not earn enough money to support the family upon return, or because he or she was 'stupid' to be fooled by the trafficker
- pressure to participate in unsafe migration practices
- lack of optimism about the survivor being able to 'start a new life'.

1.4 (RE)INTEGRATION: LIFE AFTER HUMAN TRAFFICKING

(Re)integration is the process of recovery, economic and social inclusion following a trafficking experience. It includes settlement in a safe and secure environment, access to a reasonable standard of living, support for mental and physical well-being, opportunities for personal, social and economic development, and access to social and emotional support.

Survivors of human trafficking face major challenges as they attempt to (re)integrate into communities. In addition to grappling with the emotional and psychological impact of their experience, individuals may face social stigma or discrimination in their communities. For example, women who have experienced sexual exploitation or trafficking may be treated by local authorities as criminals, guilty of prostitution or illegal migration. This may lead to additional challenges for employment or re-establishing safe interpersonal relationships in the communities.

Integration in Destination Country vs. (Re)Integration in Country of Origin

After trafficking survivors exit their trafficking situation, World Vision supports them to integrate into a community in the destination country or to return to their country of origin to (re)integrate into their home or another community. A survivor's decision to stay or leave the destination country can be influenced by many factors, including their legal status in the destination country, the possibility of criminalisation during trafficking, complex deportation and repatriation processes, and the location of family, friends and communities.

Some individuals decide to stay in the destination country and integrate into new communities there. Their decision may be influenced by connections to migrant communities or better economic opportunities in the destination country. Additionally, individuals may hope to escape persecution, family or community issues in their home country. Currently, government policies in the GMS, however, don't make provisions for settlement in the country of destination. Government policies need to be changed to accommodate this.

Other individuals may want to return to their country of origin in order to reintegrate into their home community. This may not be the first choice for others because of limited job opportunities, social stigmatisation or discrimination, or social pressure to have greater earnings prior to reintegration. Individuals who originally left their communities to pursue financial opportunities may be vulnerable to the same social pressure to return to the migration process because they feel they have not yet earned enough to support their families. Thus, some individuals may want to integrate into other locations within their country of origin where they believe there are greater economic opportunities.

Community (Re)integration Assistance

Assisting survivors to resettle and start a new life is a daunting challenge for concerned governmental agencies and NGOs. Individuals may have personal, social and economic vulnerabilities that contributed to their original vulnerability to traffickers and which can also prevent effective assistance for (re)integration. Additionally, there may be limited resources for (re)integration assistance during a survivor's transition period as he or she attempts to stabilise after exploitation. However, positive examples exist of government agencies, NGOs and community support networks working together to provide practical assistance to victims during (re)integration.

SECTION 2

World Vision's Response
to Human Trafficking

SECTION 2: World Vision's Response to Human Trafficking

2.1 WORLD VISION HISTORY and MISSION

World Vision's End Trafficking in Persons (ETIP) Programme is a regional anti-trafficking programme being implemented in the GMS from October 2011 to June 2016. This programme has focused on three main pillars:

- **Prevention**: The goal is to reduce risk factors that contribute to human trafficking at the individual, community and structural levels and to increase the protective factors and resilience of the most vulnerable families and individuals to prevent trafficking.

- **Victim protection**: The mission is to strengthen the protection services to vulnerable persons and victims of trafficking in the GMS and to promote the (re)integration of victims of trafficking by:
    - » identifying and assisting victims of trafficking
    - » helping victims return home and helping them reintegrate into society
    - » helping victims share their experiences so victim protection services can be improved.

- **Policy advocacy**: The aim is to advocate effectively for a positive policy environment that increases protection and well-being of trafficking victims and those vulnerable to trafficking.

Though global estimates of trafficking victims are in the millions, not nearly as many victims are actually identified and assisted. In the GMS countries the 'After Trafficking' research report published in 2013 found that out of 252 trafficked persons sampled, 113 were unassisted in the country of destination, 45 were unassisted in their country of origin, and 39 received no assistance either at home or abroad.[7] Often the local government lacks the resources to support trafficking cases. If no agencies are operating in the community where the trafficking victims return, or if they are out of the target groups of those agencies (which is often the case when the victims are adult males), trafficking victims are left unassisted. World Vision works to increase victim identification through building the capacity of the police, lawyers, social welfare staff, NGO staff and hospital staff to respond appropriately to cases of trafficking and other abuse.

Case Management System in the GMS

Before World Vision developed its case management system, the project conducted an internal review of case management systems in the GMS countries and published an inventory report in

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7   Rebecca Surtees, *After Trafficking: Experiences and Challenges in the (Re)integration of Trafficked Persons in the Greater Mekong Sub-region* (Bangkok: UNIAP/NEXUS Institute, 2013), 45, http://un-act.org/publication/view/trafficking-experiences-challenges-reintegration-trafficked-persons-greater-mekong-sub-region/.

August 2013. The report laid out the forms that each country uses for different purposes, including forms that are used for family tracing in the shelters, forms for prosecuting cases and forms to apply for compensation. However, there was no comprehensive case management system to support community-based (re)integration in the GMS, except in Cambodia. The Ministry of Social Affairs, Veterans and Youth (MoSAVY) in Cambodia in partnership with UNICEF developed seven forms in 2000, starting with intake and moving to case closure. Service providers are required to use the forms, and the system itself is widely used by service providers throughout Cambodia. After interviewing NGOs who were using the forms, it was clear that some information on the forms was outdated and needed revision. Based on these and other country findings, World Vision decided to develop a case management system for use in the GMS countries where there is no comprehensive case management system in place. The Cambodia team may advocate for the revision of Cambodia's existing forms by using the World Vision case management system as an example.

The Goal of World Vision's Case Management System

The goal of World Vision's case management system is to provide assistance to survivors of human trafficking during their process of (re)integration into communities and to help them sustain a healthy and independent life. After trafficking survivors exit their trafficking situation, World Vision supports them as they integrate into a community in the destination country or return to their country of origin to (re)integrate into their home community or another community.

World Vision's case management system provides individualised support for clients by having caseworkers help them identify their needs, providing financial help and regularly checking on their progress.

World Vision also serves as a bridge to connect trafficking survivors with others who have had similar experiences as well as with government officials. Trafficking survivors can share the structural gaps they have experienced and can advocate for increased policy change based on their trafficking experiences. World Vision organises gatherings where survivors get together for a few days to share and learn from one another as well as to identify any gaps in service or policy. At the end of these events the trafficking survivors also have the opportunity to speak with government officials to share their experiences and to provide recommendations for system improvement.

2.2 THE COMMUNITY-BASED (RE)INTEGRATION CASE MANAGEMENT PROGRAMME

Definition of Case Management

Social-service structures are in the early stages of development in most GMS countries; thus, structured case management is a relatively new approach in the region. In the context of social-service provision, **case management** is defined as a method of coordinating and accessing multiple services for clients through World Vision's designated partners (government and non-government) which includes an initial needs assessment for individual clients and their family, emphasising clients' strengths and keeping them an integral part of the decision-making process. World Vision will coordinate and advocate on clients' behalf to ensure the most appropriate psychological, legal and social services are provided. Clients should play an integral role in the decision-making process during the case management process. Keeping them involved in decision making emphasises their strengths and individual agency.

Principles of Case Management

1. Case management goals and services should be **tailored to the needs and best interests of the individual client**.
2. Clients **should not be discriminated against** based on age, sex, nationality, race, language, sexual orientation, religion, ethnic or social origin, birth or other status.
3. A client's **right to privacy and confidentiality** should be respected and protected at all times.
4. The client's **opinions and decisions** should be considered at all stages of case management.
5. Clients should be educated about their **rights and responsibilities** in the case management process.
6. The client's **self-reliance and resilience** should be promoted, in line with their age and maturity.
7. Clients **should not be separated from their family** unless there is a risk of being neglected, abused or re-trafficked. It is always necessary to consider the best interests of the child.
8. **Caregivers should be trained and experienced** in caring for children and have the relevant professional qualifications according to their job description.

The benefits of case management for clients include:

- increased access to social-services support systems and improved quality of service
- improved (re)integration outcomes
- increased empowerment (by measuring and evaluating clients' progress and changes in their conditions)
- increased client involvement in decision making and service provision.

Community-Based (Re)integration Case Management with Survivors of Human Trafficking

Human trafficking and exploitation occur within a cultural and social context. They break the connections between individuals and their families and communities. Thus, case management interventions aimed at helping survivors of trafficking/exploitation to rebuild their lives must take a holistic approach. Interventions must be aimed not only at individual survivors but also their families, communities and social groups; partner NGOs; and the policies and systems in their local governments for supporting survivors.

Figure 1. Victim Protection System Diagram

Client's Journey from Victimisation/Exploitation to Recovery

Trafficking victims can be identified at the site of exploitation in the destination countries or locations, at their village as self-returnees or through the family reporting a potential victim missing. If they have been identified as trafficking victims by police or competent country authorities, they should be rescued and protected. They should be repatriated to their own country through official channels and return to their community to start receiving (re)integration services.

Self-returnees should be reported to the local police, who can help identify trafficking cases. After a self-returnee is identified as a trafficking victim, the anti-human-trafficking or village committee should report the case to the Ministry of Social Welfare at the district or provincial level. At this point the self-returnee should start receiving (re)integration services.

Even when trafficking victims start receiving (re)integration services, they face a long and complicated journey back to a life free from exploitation. This journey takes place:

- *geographically,* as they travel from their destination back to their communities of origin or new communities
- *financially,* as they pursue education and vocational opportunities to reduce their vulnerability to re-exploitation
- *legally,* as they pursue a restorative justice process against those who have victimised them
- *psychologically,* as they recover from the traumatic impact of their exploitation
- *interpersonally,* as they work to begin trusting others and building safe relationships.

World Vision's community (re)integration support aims to integrate case management services across a cluster of organisations and achieve integrated care, with a focus on eight service areas (see Figure 2).[8] For trafficking survivors to (re)integrate and adjust to life in society, they need to reach a healthy level in each of these eight areas or dimensions of well-being.

Figure 2. Eight Dimensions of Well-Being/Areas of Service

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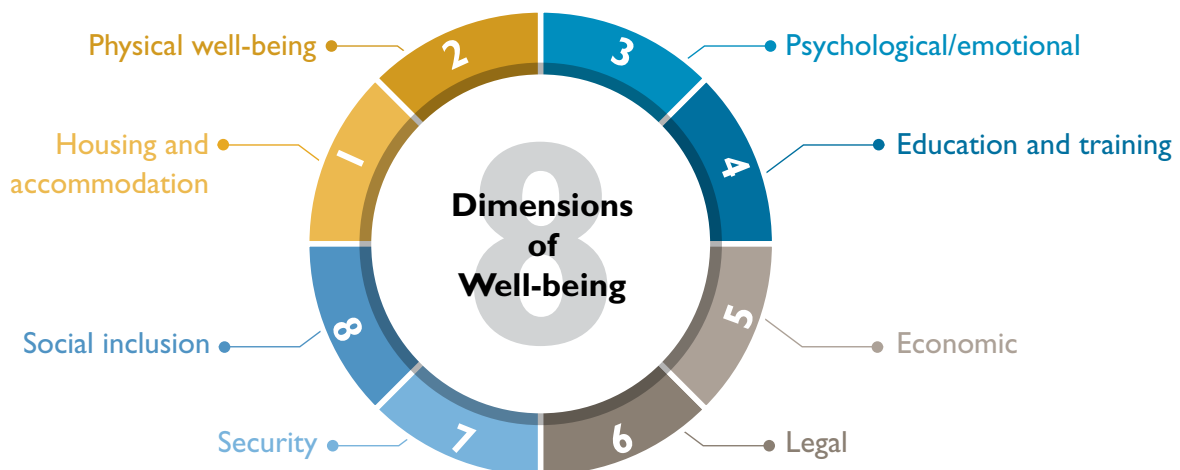
8   The service areas addressed in World Vision's community (re)integration case management system are based on those developed in Rebecca Surtees, *Successful (Re) integration of Trafficked Person: A Guidebook for Practitioners in the Greater Mekong Sub-Region* (Bangkok: UNIAP/NEXUS Institute, 2014).

The service areas are linking to World Vision Case Forms, which assess client's needs in each service area (**Case Form 2**: Initial Assessment), determine goals for the client in each service area (**Case Form 3**: Action Plan), and evaluate success in achieving a stable and satisfactory outcome at the time of case closure (**Case Form 5**: Case Closure).

Table 1. What Determines Successful (Re)integration in the GMS?[9]	
(Re)integration Outcomes	**Description of (Re)integration Outcome**
1. Housing and accommodation	Access to a safe, satisfactory and affordable place to live, whether provided by an organisation or institution or arranged privately.
2. Physical well-being	Healthy physical condition and a general sense of physical well-being.
3. Psychological/emotional	Mental well-being, including self-esteem, confidence and self-acceptance.
4. Education and training	Access to school (re)enrolment and/or educational and training opportunities, including formal and informal schooling, professional or vocational training, life skills and so on. This is of particular importance for children under the minimum level of schooling.
5. Economic	A satisfactory economic situation – for example, the ability to earn money or support family members – as well as access to economic opportunities, which might include employment or income-generating activities.
6. Legal	Having legal status as a citizen (having been registered at birth) and having access to personal identity documents, or, in the case of foreign trafficking victims, being provided with temporary or permanent residency. This may include issues of legal guardianship in the case of children. Involvement in the legal/judicial process related to the trafficking experience being undertaken in the individual's best interests and with his or her informed consent.
7. Security	Being physically safe and well. This includes safety from exposure to threats or violence by the trafficker or by others within the family or community/country.
8. Social inclusion	Positive and healthy social relations with peers, family, spouse/intimate partner and the community. This includes not being exposed to discrimination, stigma, marginalisation and so on. It also includes the overall well-being of the trafficked person's dependents, including children, spouse, parents, siblings and others. In the case of children, stable family relationships and other family-based options are essential, ideally including family reunification.

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9   This table is adapted with permission from R. Surtees, *Monitoring anti-Trafficking Re/Integration Programmes: A Manual* (Brussels: KBF and Washington: NEXUS Institute, 2010).

2.3 COMMUNITY (RE)INTEGRATION PROCESS ROLES

Client and Family Roles and Responsibilities

Clients and their families play the main role in the client's (re)integration process. Caseworkers must explain to clients and their families that they must take ownership of the efforts to stabilise in order to achieve the client's (re)integration goals. It is the responsibility of clients and their families to participate in the assessment, action planning, and implementation processes. They are the primary agents in the client's recovery; the caseworker can connect them with resources and provide advocacy on their behalf.

Informal Child Protection System (Anti-Trafficking Committees) Roles and Responsibilities

If a client returns to a World Vision location, the anti-trafficking committee is informed of the case. A government caseworker follows up with the client, with or without a World Vision caseworker. The anti-trafficking committee can also provide a follow-up home visit between the government caseworker's visits.

Local Government Roles and Responsibilities

Government social-services systems must play the primary role in addressing the well-being of crime victims at the local level, including the provincial, district and commune levels; this means that government officials should have primary responsibility for clients' (re)integration into the community after trafficking. In practice, the government social worker will be the caseworker (if capacity allows) in some countries. However, when government social-services systems do not have sufficient capacity to serve victims, World Vision should make an intentional effort to build the capacity of the government over time and may help support local officials by providing partnership in their case management services.

National Government Roles and Responsibilities

Further to the local government responsibility stated above, the goal owner of the government social-service system is the national government, and they must be accountable for the well-being of crime victims in their nation. The National Referral Mechanism, which protects and promotes the human rights of trafficking victims and ensures an effective referral process for trafficking victims, should be coordinated by state actors. However, appropriate and agreed protocols for referral are not yet developed in many countries. The capacity of caseworkers is discussed above, and it is also a national government responsibility to ensure government social-services systems at the local level have sufficient capacity to serve victims. World Vision has intentionally made efforts to build the capacity of government officials and has advocated for social services or policies to be implemented.

World Vision Roles and Responsibilities

Case management staff (caseworkers) can be World Vision staff, government workers or staff at a partner organisation. World Vision staff include those who engage with an Area Programme (hereinafter referred to as AP) or an Area Development Programme (hereinafter referred to as ADP) or a special project. These staff would be working in a location where trafficking victims return. The caseworker works directly with clients and provides appropriate assistance in collaboration with other service providers. The caseworker is also in charge of designing a tailored case plan, properly documenting the case forms, maintaining the case file of each client and sending

case data to the supervisor. The average active caseload should be 15–20 clients who are survivors of trafficking/exploitation and are being provided with (re)integration support. The caseworker is based at the project site within each country, including AP or ADP office.

Caseworkers' Engagement in Clients' Post-Trafficking Journey

Caseworkers may engage clients at various stages of their journey, from directly after their exit from trafficking and/or exploitation, to their repatriation process in either the destination or source country, or as clients (re)integrate into their community of origin (see Figure 3). At each stage caseworkers play an important role in helping clients find safety, stability and recovery from their experience of exploitation.

Figure 3. World Vision Case Management Engagement in Client's Post-Trafficking Journey
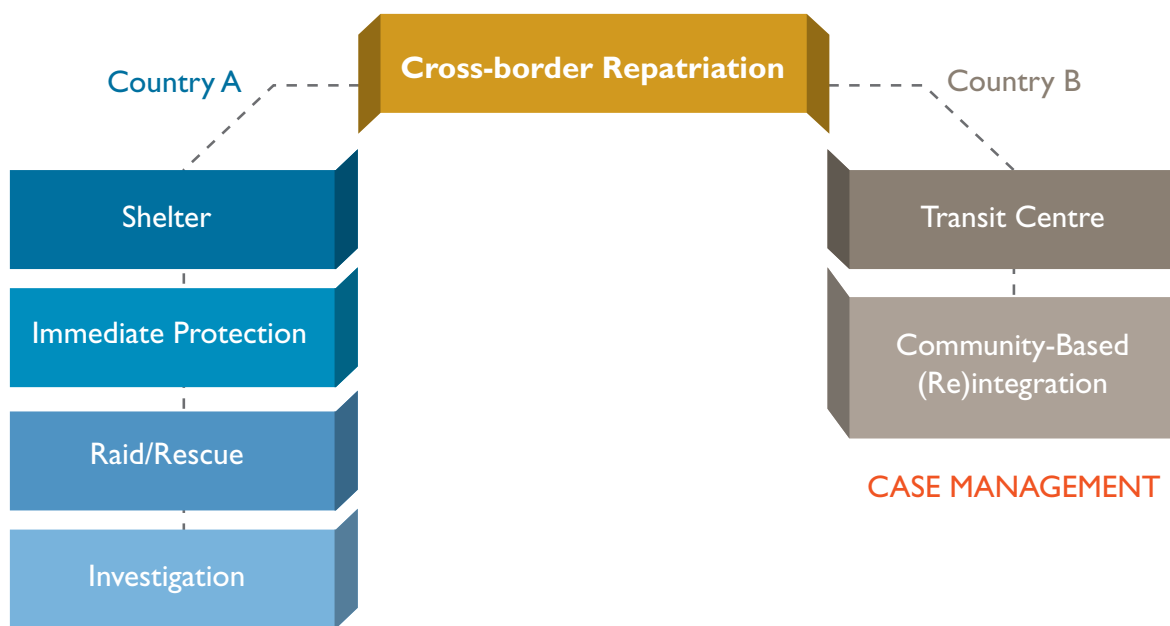
Roles Played by Caseworkers during the (Re)integration Process

Survivors of trafficking/exploitation experience a great deal of stress and anxiety during the (re)integration process. Caseworkers play multiple roles for survivors: service provider, teacher, coach and advocate.

- *Service provider*: Caseworkers' main role is to connect clients with services and resources that address their core needs. This may include direct interventions or referrals to other service providers.
- *Educator*: Caseworkers play an important role in educating clients about their rights as survivors, teaching them how to navigate complicated local and international legal and social-services systems, and helping them learn how to stay safe from re-exploitation.
- *Coach*: Caseworkers develop trust with clients and are in a unique position to encourage clients to take difficult steps to tell their stories in the legal process, approach local social-services providers for ongoing support, and take the steps needed towards successful (re)integration.
- *Advocate*: Clients may feel they do not have the power or agency to speak up on their own behalf in the legal, social-services, and repatriation processes. Caseworkers can work with clients to overcome obstacles to their successful (re)integration. Caseworkers can build relationships with local government officials to advocate on clients' behalf.

Responsibilities of Caseworkers during (Re)integration Process

Caseworkers have multiple responsibilities to their clients and the World Vision programme:

- Client outreach
    - » Arrange the initial client meeting and ongoing case management sessions
    - » Consider whether direct or indirect case monitoring is most appropriate in accordance with the client's own views

- Client empowerment
    - » Ensure the client is oriented to programme services
    - » Ensure the client understands and accepts services voluntarily

- Assessment
    - » Identify the client's immediate and secondary needs for successful (re)integration

- Services
    - » Develop individual case action plans together with the client, the location authorities and other caregivers
    - » Provide case management services according to individual case plans
    - » Provide counselling to clients as needed
    - » Provide quarterly reviews of client cases and progress of action-plan goals for (re)integration

- Connect with government and partner organisations
    - » Help government officials facilitate service provision with partner organisations
    - » Establish and maintain contacts with other service providers in order to update World Vision information.

SECTION 3

Case Management Skills for Working with Survivors of Human Trafficking

SECTION 3: Case Management Skills for Working with Survivors of Human Trafficking

3.1 INTRODUCTION TO WORKING WITH CLIENT SURVIVORS OF HUMAN TRAFFICKING

In order to provide effective case management services, caseworkers involved in working with survivors of human trafficking need to develop familiarity and respect for the experience of their clients. Caseworkers should:

* understand human trafficking and its impact on survivors, their families and their communities
* understand the life experiences and cross-border migration issues of survivors before, during and after exploitation
* have cultural competence with survivors from many different social, economic, religious and ethnic backgrounds and trauma histories.

Additionally, in order to successfully achieve (re)integration goals, caseworkers should understand that it is essential to view individual clients in the larger context of their families and communities. Clients' engagement with (re)integration services is strongly influenced by their family's and community's views of them. If clients are stigmatised because of their trafficking experience, they may refuse services to avoid being affiliated with the government or NGOs. Further, clients may be vulnerable to social pressure to engage again in unsafe migration if they are viewed as failures for not providing enough money to support their family upon their return to the home community.

The caseworker needs to be actively engaged with clients' families and community members in order to address these issues and ensure that clients have stable, long-term support. Strong engagement with families and community help caseworkers and clients address the issues that originally led to individual clients being vulnerable to trafficking so that they have a better chance of avoiding re-exploitation. Additionally, families and communities can be key players in trafficking prevention and clients' safety through education about recruitment tactics by traffickers and the hazards of unsafe migration. This can be a risky and challenging job for caseworkers. If and when a caseworker or a client or a client's family encounters a security issue, it should be reported immediately to the Security Manager within the World Vision national office through the caseworker.

3.2 SURVIVOR ENGAGEMENT

Restorative Relationships

Survivors of human trafficking usually have experienced trauma, violence, manipulation, betrayal and exploitation in the context of interpersonal relationships. Because people they know betrayed them, it can be difficult for survivors to trust new people in the context of their recovery and (re)integration process. Thus, modelling a safe, respectful, non-abusive, **restorative relationship** with clients becomes an important opportunity for clients' self-determination, restoration and recovery. A restorative relationship between client and caseworker augments victim-centred and strengths-based approaches.

Restorative relationships between clients and caseworkers in the case management process promote the following elements:

- Respect
  - » Caseworkers should treat clients with respect and dignity regardless of who they are, how they behave, or what crime has been committed against them.
  - » Caseworkers should address clients in a respectful manner, ensure that their language needs are met in order to communicate clearly, consider every question from clients as reasonable, follow through with scheduled meetings and interventions, acknowledge the strength and expertise of clients about their own lives and observe confidentiality.

- Interpersonal connection
  - » Caseworkers should try to be 'real', let clients get to know them as people (within professional boundaries), maintain a willingness to share their mistakes, listen to client feedback and priorities, be willing to make changes, and have a sense of humour.

- Clarity, transparency and information sharing
  - » Caseworkers should provide information on available services in a format clients can understand (written or verbal, in the appropriate language), identify the services they will provide, clearly identify meeting times and agendas, clearly identify 'next steps' after every meeting, and not be afraid to admit when they don't know something.
  - » Caseworkers need to include clients in the case management decision-making process.

- Safety
  - » Caseworkers must embody safety in their relationships with clients. Appropriate professional boundaries in all physical and verbal interactions indicates to clients that caseworkers will never, under any circumstances, become physically, verbally or sexually abusive towards clients. Caseworkers need to demonstrate that clients can disagree with them and will not suffer retribution (such as loss of services).

- Hope
  - » Caseworkers should convey the belief that survivors can recover and successfully reintegrate after their trafficking experience.
  - » A positive and open attitude on the part of caseworkers helps to develop the relationship, build trust and establish confidence.

Challenges for caseworkers in developing a restorative relationship with clients may include the following:

- Caseworkers may distance themselves from how horrific the clients' trafficking experiences were, which can lead to minimising the effects of trafficking on the individual and blaming the client (*'She only wants attention!'*).

- The system may have limited resources (money, programmes, staff), which often limits the time caseworkers have to develop their relationship with clients.

- Caseworkers may have limited stamina or personal resources, which can reduce their ability to be open to strong interpersonal relationships with complex clients.

- Caseworkers may seek simple answers to complicated questions (*'Once she has a job, everything will be fine.'*).

Victim-Centred Approach

The **victim**-**centred approach** to case management focuses on the needs and concerns of the victims to ensure compassionate and sensitive delivery of services in a non-judgmental manner. The victims' wishes, safety and well-being take priority in all matters and procedures. A victim-centred approach should be designed based on the following aspects:

- Ethical engagement
  - » Prioritising the physical and psychological safety of the survivor from further harm.
  - » Maintaining survivor's privacy and confidentiality.
  - » Protect personal information and identity.
  - » Consider best interest of the child especially when the clients are children.

- Assigning blame to perpetrators
  - » Recognising that victims are never responsible for the crimes committed against them and that offenders are always responsible for their crimes.

- The impact of trafficking
  - » Understanding the impact of victim trauma and how it affects victim behaviour.
  - » Understanding that each client may have different reactions to his or her trafficking/exploitation experience; thus, support and assistance should depend on circumstances and the abilities and needs of each client.

- Do not re-traumatise
  - » Limit the number of times victims have to talk about their trafficking/exploitation history. Before individuals are fully accepted into the programme, caseworkers who meet with them for the first time should ask only the minimum number of questions to determine their eligibility for World Vision programme services.
  - » Victims should be heard without judgment of their past or of their experience.

- Develop survivors' sense of self
  - » Help clients rebuild their self-esteem and respect for others.
  - » Empower clients with tools to cope with potential stigma, prejudice and bullying.
  - » Help clients to gain problem-solving tools.
  - » Encourage clients to make their own informed decisions – even if they don't achieve the intended purpose.

- Develop survivor's self-advocacy
  - » Restore survivors' sense of control by helping them start making the choices about their lives that were taken away from them during the trafficking process.

» Acknowledge and respect survivors' input into the criminal justice response.

» Enable survivors to access compensation as defined by law.

» Enable survivors' access to information on professional services, support and care (such as education, shelter, health care, vocational training and legal aid).

» Ensure that victims are kept up to date at every step in the case management process.

» Individualise care based on each client's experiences and (re)integration situation and needs.

» Consider clients' age, gender, culture, personality and duration of exploitation as well as their experience and vulnerability when providing support.

Caseworkers using a victim-centred approach respond with sensitivity and professionalism to all victims, irrespective of their sexual orientation, socio-economic status, sexual behaviour, substance abuse, mental and physical challenges, or fluency in the caseworker's language. Caseworkers treat each victim with consideration, professionalism and compassion, and they do not indulge their personal judgments and opinions about their clients' circumstances.

Strengths-Based Approach

In the strengths-based approach the caseworker recognises and helps clients identify their innate capacities, talents, competencies, goals, visions, values and hopes. This approach emphasises human resilience and the skills, abilities, knowledge and insight that people accumulate over time as they struggle to surmount adversity and meet life challenges. It refers to the ability of clients to persist in spite of their difficulties.

Caseworkers can promote this approach during the referral and assessment process by helping individuals identify important and meaningful goals, their own skills and talents, and support networks that will help them achieve their goals. Caseworkers can then refer to clients' self-identified strengths throughout the case management process and as they prepare for case closure and the client's own self-advocacy.

Questions to Assist Clients to Realise Their Own Strengths

• How have you managed to overcome/survive the challenges that you have faced?

• What have you learned about yourself during difficult times?

• Who are the people that you can rely on? Who makes you feel understood, supported or encouraged?

• What do you feel proud of?

• What positive things do other people say about you?

• What are your ideas about how you will achieve your goals?

• What do you think is necessary for things to change? What could you do to make that happen?

• What are challenges in your life now, and how do you think you can overcome them?

When clients seek help, they are usually in a vulnerable position. They can feel as though they have relatively little control over their lives and power over their own future. This can lead to a power imbalance in their relationship with the caseworker, who is the 'gatekeeper' to resources (information, access to social services, and so on) that they need in order to succeed. Clients may perceive the caseworker as powerful and themselves as not.

A strengths-based approach attempts to balance this power dynamic in the relationship between caseworkers and clients. It is the caseworkers' role to reinforce clients' competence in their (re)integration process and make

them equal partners in the path to their future success. Thus, it is important that caseworkers make assessment a joint activity to determine clients' needs and goals.

To do this, caseworkers can assess the inherent strengths of trafficking survivors and how to build on those strengths by exploring the following:

- what clients have learned and know about themselves, others, and their world
- clients' personal qualities, traits, talents and virtues that helped them survive their trafficking experience
- cultural and personal stories and lore which have provided clients with guidance, stability, heritage, belonging or transformation
- the clients' sense of pride
- personal and familial narratives of survival and redemption that provide strategies, tools, symbols and metaphors for recovery
- the community and its different resources
- family traditions, rituals and the strengths of the immediate and extended family members
- spiritual beliefs and worldviews that have helped clients maintain hope and find meaning
- clients' personal hopes and dreams that can be recovered and revitalised
- successful coping and problem-solving strategies that clients have used in the past.

Tips for Connecting to the Client's Strengths

- Look for the **client's uniqueness**: Assessment must be individualised to understand the client's unique situation.

- Use the **client's language**: The product of the assessment should use a language that the client can understand so that assessment is open, transparent and shared.

- **Avoid blame and blaming**: Blaming typically leads nowhere; it reduces motivation to solve the situation and increases learned helplessness.

Challenges to a strengths-based approach include a 'problem orientation' which is built on negative assumptions by the caseworkers or the clients themselves. The clients or their trauma reactions may be viewed as the problem. For example, sometimes clients struggling to manage overwhelming emotions, such as anger or helplessness, may be viewed as resistant or apathetic in the case management process. Instead of making such assumptions, caseworkers need to explore the source of these emotions, help clients work to regulate their overwhelming feelings, and continually reinforce that survival of the trafficking experience is proof that they can overcome even the most severe challenges.

Promoting Client Participation

The impact of trafficking/exploitation on survivors may limit their ability to access case management services. The following case examples illustrate some obstacles that come up for survivors in accessing services.

Table 2. Impact of Human Trafficking in Accessing and Participating in Case Management Services		
Obstacles	**Case Example**	**Implications For Case Management**
Depression	'A young man in Myanmar was not doing well in a job training programme. He did not retain new information and appeared unmotivated. He overslept and showed up late to class, although his mother said he went to bed early every night.' — *Caseworker, Myanmar*	Symptoms of depression, like lack of interest in daily activities, oversleeping, or lack of sleep, may interfere with a client's ability to achieve case management goals. *Caseworkers may need to connect clients with medical or psychological intervention.*
Disorientation, fear and anxiety	'A woman in Banteay Meanchey was afraid to travel alone, which made it difficult to see her. After working with her we helped build her confidence. Now she can travel alone.' — *Caseworker, Cambodia*	Feelings of fear and anxiety may be present long after violence and exploitation are over. These feelings may be triggered by stressors in a client's community, for example. *Caseworkers should seek feedback or participation from clients once their immediate crisis has been resolved. Caseworkers can normalise clients' response and help them try to reduce and cope with stressors.*
Broken trust	'A woman in Siem Reap who had just returned from being trafficked in Malaysia was hiding in her room and didn't want to see us. We kept making visits to her. Finally, she came out and told us her story.' — *Project Coordinator, Cambodia*	Even in a safe environment it may be difficult for clients to trust caseworkers and the information given to them. It can take a long period of engagement before clients are able to talk about their long-term needs. *Caseworkers need to be patient and consistent in their engagements with clients.*
Learned helplessness	'A man in Battambang depends on the NGO worker and doesn't do anything to support his case.' — *Caseworker, Cambodia*	Learned helplessness impairs the abilities to think, communicate and take actions on one's own behalf. Survivors may be afraid to act because in the past they were harshly punished for mistakes. *Caseworkers need to offer clients choices and opportunities to act.*
Rage	'The force of his own rage frightened a Thai man who had been trafficked onto a fishing boat. A miscommunication with his boss at work caused him to explode and hit the wall with his fist. He hurt his hand and had to leave work.' — *Caseworker, Thailand*	Rage is often experienced by clients and can explode during stressful experiences. Rage can disrupt memory, clear thinking and effective communication with others. *Caseworkers can help clients reframe rage-provoking situations and take another approach to the situation.*

Meaningful client participation in the case management process is key to a survivor's successful (re)integration after trafficking. This is a time for clients to learn and practice skills to navigate social supports in their communities, so that they will be able to employ these tools independently after they stop receiving services. Client participation in case management services may involve contribution of ideas, priorities, resources, time, or decision-making, implementation and evaluation.

The goal of client participation is to give clients ownership over their (re)integration process, the ability to express and learn from their experiences, and ultimately to become empowered through the transfer of skills, abilities and knowledge. Client participation is best cultivated in a supportive environment that nurtures individualised approaches and recovery after a trafficking incident.

As discussed in the previous section on the *strengths-based approach*, it is important to transfer perceived power in the case management process from the caseworker to the client. This will facilitate client participation at the different stages in service. Table 3 describes five steps to help caseworkers facilitate that process.

Table 3: Transfer of Power from Caseworker to Client	
Step 1: Inform	During the initial stages of case management – ***reception, initial contact and the beginning stages of assessment*** – caseworkers are in a position of considerable power because they have knowledge about the case management system and other services available to clients. Caseworkers will play a more active role than clients, including explaining to clients about the activities that are planned and the benefits to be expected. Clients are usually passive at this stage, and there is no client empowerment or client ownership of the planned activities.
Step 2: Consult	During ***assessment***, caseworkers listen to client feedback and begin offering clients a number of options for services. This is the initial step for client participation, though caseworkers still retain power and control in the case management process.
Step 3: Decide together	During ***action planning*** caseworkers can encourage clients to provide their own ideas and involve them in the decision-making process to determine their best way forward in (re)integration. This is accomplished through joint analysis, planning and decision making. Clients and their families now have the opportunity to empower themselves and take ownership of the process.
Step 4: Act together	During ***service implementation and action plan review*** caseworkers should begin to work as partners and facilitators in case planning. Clients and families should be in partnership with caseworkers and equally share power and responsibilities in determining their path forward in (re)integration.
Step 5: Support independent initiatives	In the ***end stages of case management services*** power and control of services should rest with clients and their families. At this point they should be self-mobilised, while caseworkers should play a consulting or facilitation role, providing advice and supporting clients as the clients request.

Particular client groups have special needs and will need special support to ensure participation.

Children: Children have heightened vulnerability and may be experiencing grief, confusion or apprehension relating to their household breakdown and current situation. Consider informal or creative ways of seeking children's

perspectives on various service elements. For example, children could draw a picture or tell a story about how they experienced, or hoped to experience, the service.

People from culturally and linguistically diverse communities: Definitions of words and the concept of receiving assistance are culturally relative. This may lead to miscommunication, to overly compliant behaviour (not asking questions, not communicating lack of understanding) or to overly reluctant behaviour. Also, forms may be difficult for clients to understand if they are not in their first language or if the clients are not literate.

Before interviews, caseworkers must ensure that clients' language needs are met, with an interpreter, if necessary. Caseworkers should explain clients' rights in the service system and the reasons that the service system welcomes honest feedback and involvement. Caseworkers can involve clients in improving the cultural safety of service provision.

Empowerment: Transforming from Victim to Survivor

The process of empowering victims seeks to transform individuals from persons without control over their lives, to survivors – persons who have successfully lived through and overcome experiences of trafficking and exploitation in their past.

Survivor empowerment involves personal change in an individual's consciousness involving a shift towards control, self-confidence and the right to make decisions and choices.

3.3 ETHICAL CLIENT ENGAGEMENT

Considerations for the ethical engagement of clients are broadly based on the minimum international standards of human rights and client care, which are stated in 'The Right to Health' set by the Office of the United Nations High Commissioner for Human Rights and World Health Organization. 'The right to health is a fundamental part of our human rights and of our understanding of a life in dignity . . . . Internationally, it was first articulated in the 1946 Constitution of the World Health Organization (WHO) . . . . The 1948 Universal Declaration of Human Rights also mentioned health as part of the right to an adequate standard of living (art.25)'.[10] Each country has developed an ethical engagement of clients, including clients' rights and responsibilities, based on the international standards of human rights.

Informed Consent

Ethical engagement of clients must begin with the caseworker recognising clients' right to decide to consent to receive or decline services. Caseworkers are responsible for ensuring that clients are providing **informed consent**, that is, that clients are competent to make the decision to receive services based on the following factors:

- is an adult over the age of 18, or is represented by a legal guardian who provides consent
- is mentally sound, that is, able to communicate an understanding of the terms of consent and context of service provision
- can fully understand verbal or written descriptions of programme services.

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10   Office of the United Nations High Commissioner for Human Rights, *The Right to Health*, Fact Sheet No. 31. (June 2008) http://www.ohchr.org/Documents/Publications/Factsheet31.pdf.

Client Rights and Responsibilities

After receiving informed consent from clients, caseworkers must explain client rights and ensure that those rights are well protected based on the minimum international standards of human rights and client care. Because rights and responsibilities are inextricably linked, caseworkers must ensure that clients understand what they agreed to when they came under World Vision services. **Client rights and responsibilities** are provided during the first referral process (see 📝 **Case Form 1B:** Client Consent to Services).

Client Confidentiality

Client confidentiality is foundational for building a respectful and trusting relationship in the case management process. **Client confidentiality** respects a client's right to privacy for all protected health and personal information disclosed in the case management process. Maintaining confidentiality is the responsibility of both the institution providing services and the individual programme staff.

Caseworkers must never disclose information about a specific client except under the circumstances listed below (see 'Limits to Confidentiality'). For example, a caseworker must never discuss client details with family and friends, with colleagues not involved in the client's case, or in any public place. Breach of confidentiality is a crime that violates the rights of the client and may be prosecuted according to local laws.

Private personal information protected by standards of confidentiality include the client's:

- name and identity
- status as a client in the programme or the services being received
- medical, psychological or psychosocial history or current status.

Limits to Confidentiality

Caseworkers should explain the limits of confidentiality in their first meeting with clients. Clients need to know that specific circumstances require caseworkers to share their protected information. Those circumstances include the following:

1. professional case supervision or consultation within the organisation
2. when clients waive confidentiality
3. when clients report that they are a danger to themselves or others
4. when the caseworker suspects child abuse or any other imminent threat to the life of another
5. when required by law to surrender client information, as outlined in a subpoena or court order.

Even when disclosure of information is required by one of the above circumstances, there are limits on what information can be shared and with whom. Caseworkers should ensure that they share the minimum amount of information possible in order to satisfy the circumstance that has led to disclosure. For example, if a client reports child abuse, the caseworker may be required to share the client's name and address but not any of the client's medical or mental health conditions unless they are specifically relevant for the required report.

Confidential Record Keeping

It is important that all documents containing confidential client information be kept in a secure location, such as a locked storage unit, and that access to these materials by programme personnel is supervised according to appropriate levels of clearance. Clients should always be informed of who has access to their information.

Organisations should have properly monitored processes and procedures to determine who on staff has access to confidential client information and documents.

From a practical standpoint, confidentiality is an essential requirement of the helping process. Without the assurance of confidentiality, it is unlikely that clients will risk disclosing private aspects of their lives that, if revealed, could cause shame or damage to their reputation. This is especially true when clients' presenting problems include issues that can cause social stigmatisation, such as medical illnesses, personal sexual histories, illicit activities, abuse and exploitation.

Child Protection – Mandated Reporting

All World Vision employees are **mandated reporters**, which means if they witness abuse of or harm to a child, they must take action by submitting a report to local police and also to World Vision's internal reporting system (Ethicspoint). Every World Vision office is required to respond when a child has been abused, exploited or neglected in communities where World Vision is working according to the World Vision International Child Protection Standards. When a client, the sibling(s) or family member(s) have been abused, World Vision staff are obliged to report the case to the child protection focal point within the respective national office. World Vision's Child Protection Policies outline all employees' roles and responsibilities for child protection (See Appendix 2: World Vision Child Protection Policies).

3.4 WORKING WITH SPECIAL-NEEDS INDIVIDUALS

Working with Child Survivors

Child survivors of human trafficking are referred to World Vision with experiences ranging from forced marriage to domestic servitude to sexual exploitation. Children have special needs in the context of human trafficking, as the legal, psychological and social challenges they face are unique. For example, cross-border repatriation can be a legal quagmire for clients who do not have a guardian willing to take responsibility for them. Engaging with children, their families and significant others is essential to World Vision's mandate to address human trafficking in all its forms. The human rights of children are fully articulated in the 1989 United Nations Convention on the Rights of the Child (CRC). With regard to issues concerning the well-being of children affected by human trafficking, the CRC identifies children's rights to physical and psychological recovery from the effects of exploitation in an environment which 'fosters the health, self-respect and dignity of the child'.[11] The environment of these children will depend in large part on the skills of the caring staff.

Being able to communicate with children is essential for working with children. Listening, being authentic and clarifying what is being said are skills that are just as important when it comes to working with children as it is when engaging in 'helping conversation' with adults. However, children's communication skills and styles and how they are positioned in the world do affect the communication process; for example, children are generally less verbal and more demonstrative than adults.

Provide an Appropriate Location and Environment

Selecting an appropriate location for interviewing children or having an informal conversation with them, can have an important bearing on the effectiveness of the communication. For most young people a quiet space with

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11   United Nations, *Convention on the Rights of the Child* (November 1989), art 39, http://www.ohchr.org/en/professionalinterest/pages/crc.aspx.

comfortable and culturally appropriate seating may be the ideal choice, though for others going for a walk or playing or working together may provide the best opportunity for communication. Depending on availability of resources, caseworkers can choose to take a creative approach by using toys, art, and so forth.

Identifying and Communicating with Distressed Children

Distressed children may find it extremely difficult to talk to others about what they have experienced. Some will have had experiences which make it especially difficult to trust adults, especially those they do not know well. Some children will be afraid of being overwhelmed by their emotions if they express them to someone else. Some will try to avoid adults; others may use particular behaviours to 'test' whether adults will react critically or sympathetically towards them (for example, the separated child may need to talk about the experience of separation in order to provide essential information to aid family tracing efforts). When a child communicates a need or desire to talk, the following suggestions may help the staff in this difficult task.

1. **Allow the child to set the pace**: Children should not be forced to discuss or reveal experiences; the lead should always come from the child. Allow the child to set the pace of the interview. Take note of nonverbal signals that indicate the child does not wish to continue. It may be necessary to stop the interview, or if it is critical to find out information, to take a break and come back to it.

2. **Give adequate time to the child**: Don't expect the child to reveal the whole story in one session. Very often it is best for the child to reveal a little of his or her painful memories at a time.

3. **Provide emotional support and encouragement to the child**. Take into consideration ways that are appropriate to the child's culture and stage of development.

4. **Accept the child's emotions,** such as guilt and anger, even if they seem to you to be illogical reactions to events. It is often helpful to convey to the child that the feelings he or she is experiencing are quite normal and understandable.

5. **Never give false reassurance**. Telling a separated child that 'we will soon find your parents' raises expectations which, if not met, may increase the child's loneliness and lack of trust towards adults. Helping the child to face the reality of his or her situation is almost always preferable to avoiding it, provided this is done in an atmosphere of trust and support.

6. **Talking about difficult situations may enable children to work out their own solutions**. This is especially the case with older children and adolescents. Simply listening to the problem in an attentive and supportive way can be experienced as extremely helpful. Arriving at their own decisions is often more satisfactory than being provided with advice from an adult. For example, it may be more helpful for a separated child who is not attending school to talk around his or her situation and discuss the advantages and disadvantages of attending school than for the adult simply to advise the young person to attend.

Basic Understanding of Child Development

It is helpful for caseworkers to know the age of the children they are working with and the general stages of child development. This will help caseworkers observe and make judgments about whether a child's behaviour and development are age appropriate or delayed.

Safeguarding and Promoting the Welfare of the Child

Caseworkers must be able to recognise potential problems and take action if they feel a child is at risk. They should be able to communicate and record information appropriately, with awareness of when to involve others. They should understand the legal context and available resources for child protection in the communities in which they are working. (For more information, see Appendix 2: World Vision Child Protection Policies.)

Working with Physically and Mentally Disabled Persons

A **disability** is any physical, mental or sensory impairment which makes it necessary for a person to significantly change the methods used to perform life activities. Physical and mental disabilities affect hundreds of thousands of people around the world from all countries and from all kinds of families. Working with clients who have physical and mental disabilities can present unique challenges for caseworkers. The most important aspect of working with disabled clients is to respect them and see beyond their disability.

Working with Physically Disabled Individuals

Survivors of human trafficking are likely to be struggling with poor health or physical disabilities due to the harsh physical conditions that they often endured during their exploitation. Types of physical disabilities often encountered include:

- loss or disfigurement of limbs or body parts
- spinal cord injury, inability to walk
- deafness
- sight loss or blindness
- speech impairments
- other chronic illness or disease.

Caseworkers should call ahead and talk to clients about any mobility or communication issues they may have because of their disability. These should be considered in case they affect clients' ability to meet for case management sessions.

General Tips for Working with Physically Disabled Individuals

- Caseworkers should **be aware of physical barriers** in the room where case management sessions are taking place.

- Caseworker must **be aware of body language**. For example, if a client cannot stand and is in a chair (or wheelchair), the caseworker must not stand over the client and talk down to the person, or pat the person on the head or shoulder. Caseworkers should sit on the same level with clients so clients do not have to strain their neck to look up and talk.

- **Do not make assumptions** about clients or their disabilities. Do not assume you know what they want, what they feel, or what is best for them. If you have a question about what to do, how to do it, what language or terminology to use, or what assistance to offer, ask the client directly. The client should be your first and best resource.

- **Talk directly to the client**, not to an interpreter, family member or friend. Caseworkers should make sure to focus the interaction on the client.

Working with Mentally Disabled Individuals

It is not always obvious that a person has a mental disability, such as intellectual disability or mental illness. Also, there are many different types and levels of cognitive disabilities. Mental illness, like physical illnesses and disabilities, is on a continuum of severity. Millions of individuals around the world have a mental illness in any given year,

although very few actually receive treatment. The stigma associated with mental illness is still the biggest barrier that prevents people from getting treatment or retaining their treatment. Below are some tips for working with adults living with mental disabilities:

Learn about mental disabilities. Caseworkers should consider reading further about intellectual disability and mental illness, especially disabilities that affect the adults with whom they work. Learning about mental disabilities can help them work with mentally disabled adults and avoid stigmatising mental illness (see Table 4).

Table 4. Learn about Mental Disabilities

Intellectual Disability (formerly known as mental retardation)

Intellectual disability (or ID) is a term used to describe certain limitations in cognitive functioning and skills, including communication, social and self-care skills. These limitations can cause an individual to develop and learn more slowly or differently from a typically developing person.

An individual has intellectual disability if he or she meets three criteria:

1. IQ below 70–75
2. significant limitations in two or more adaptive areas (skills that are needed to live, work and play in the community, such as communication or self-care)
3. condition manifests before the age of 18.

Intellectual disability can be caused by injury, disease or a problem in the brain. For many, the cause of their intellectual disability is unknown. Some causes of intellectual disability – such as Down syndrome, Fetal Alcohol Spectrum Disorders, Fragile X syndrome, birth defects and infections – can happen before birth. Some happen while a baby is being born or soon after birth. Other causes of intellectual disability do not occur until an individual is older; these might include severe head injury, infections or stroke.

Mental Illness

Types of mental illness include:

1. anxiety disorders – post-traumatic stress disorder (PTSD), panic attacks, obsessive-compulsive disorder, and others
2. mood disorders – major depression, bipolar disorder and others
3. schizophrenia/psychotic disorders
4. dementias
5. eating disorders.

- **Avoid stigmatising mental disabilities.** Adults with mental disabilities have long been victims of severe social stigmas, based on the assumption that there is 'something wrong' with them. Today, professionals recognise that most individuals with mental illness suffer from a biological imbalance of the chemicals in the brain, not anything 'bad' about the individual.
- **Balance flexibility with firmness.** Adults with mental disabilities can be difficult to work with. Depending on their condition, they may be unwilling to accept responsibility, unable to remember agreements, unreliable, difficult to understand, inconsistent in response to discipline, poor at keeping appointments and unpredictable emotionally. They may demonstrate confusing behaviour. On the other hand, adults with mental disabilities, like everyone else, are responsible for their actions. Missed appointments, lying and dangerous behaviour cannot be accepted.

- **Good supervision is critical.** In dealing with adults with mental disabilities it is crucial that caseworkers receive consistent supervision. Supervisors should help caseworkers distinguish between appropriate flexibility with a mentally disabled adult and inappropriate collusion with that adult. In other words, a certain amount of tolerance may be necessary to get the job done.

- **Confidentiality.** Confidentiality may become an issue with adults with mental disabilities. Only information essential to the treatment of the client and the safety of staff, clients and other individuals need be shared with other professionals, and only people legally allowed to have such information should get it. Working with adults with mental disabilities may provide some interesting stories, but these individuals are entitled to privacy. Breaking confidentiality is a serious offence.

- **Monitor reactions to the client.** There is a risk of forming an adversarial or confrontational relationship with the client *Countertransference* (emotional reactions on the caseworker's part that affect the process) is a serious risk. It is easy to become frustrated or angry with an adult's inappropriate behaviour. On the other hand, caseworkers often feel sympathy for people with mental illness and want to help them. Allowing these reactions to interfere with the caseworker's primary role is unprofessional and detrimental to the process.

- **Focus on strengths.** It is easy to regard people with mental illnesses as 'crises waiting to happen' and to focus on their problems, to view their situations as hopeless. But rather than focusing on the problems, caseworkers will meet with more success and reduce stress and stigmatisation by seeking to find the particular strengths of each individual, family and system. No matter how severe the mental disability, there are always strengths to be built upon. Caseworkers need to take the time to learn about clients' families and their strengths.

- **Treat everyone as a person first.** Caseworkers need to approach adults with mental disabilities in the same way they would relate to anyone – with respect, with appropriate boundaries and with an understanding of the person's disabilities. Discussing case management strategies with a mentally disabled client, just as the caseworker would with another client, is appropriate, although it may be more difficult due to the client's disabilities. While many persons with mental disabilities are intelligent and motivated, a severe mental disability can present communication barriers and may hinder the client's ability to implement (re)integration strategies.

- **Awareness of mentally disabled adults caring for children.** Certain mental disabilities may make it difficult or impossible for a parent to care for children effectively and consistently. Caseworkers are ethically responsible to ensure that parents with mental illness are capable of proper care for their child. If there are concerns, please discuss confidentially with the child protection officer in the World Vision national office in order to develop an action plan.

3.5 INTERVIEWING TRAFFICKING SURVIVORS

Survivors of human trafficking are often unfamiliar with the case management system, professional norms, mental health services and concepts such as confidentiality and privacy. Not knowing what to expect or how things work is frightening for many survivors and can contribute to a sense of loss of personal power. In addition, survivors are coming from contexts where authority figures are associated with abuse and exploitation, which the clients experienced directly. Understandably, they often fear engaging in any kind of healing relationship.

Issues of power, control and trust are paramount for trafficking survivors. Providing information, explanations and choices individually tailored to clients throughout interviews helps survivors regain a sense of control and power.

During interviews, caseworkers should acknowledge clients' trafficking experience in the context of a system of exploitation that is broader than their individual experience. This will help de-stigmatise their experience and

related reactions. Caseworkers can also acknowledge the difficulty of some of the content they will discuss in interviews and the potential for re-traumatisation. The client and the caseworker can come up with a plan to help support the client if he or she becomes overwhelmed during interviews. Caseworkers must be careful not to present survivors with too much information at once.

Case Management Interviews

Caseworkers should view all formal meetings with clients as interviews in which they are promoting a healthy interpersonal connection with the clients and also gathering information and assessing clients' ongoing case management needs. There are many different types of interviews, such as intake interviews, assessment interviews, forensic interviews, care planning and review, case management sessions, psychological evaluation and many more. The type of interview being implemented depends on the phase of service provision, the clients' background and needs and various other factors.

The type of interview determines the goals and the caseworker's approach to engaging the client. For example, in an intake interview, the caseworker's goal is to pursue specific information that will indicate whether the client meets the programme criteria. The caseworker's approach is to help the client maintain focus on the required information and discourage the client from more expansive sharing. On the other hand, a clinical interview for psychological evaluation is aimed at understanding an individual's general mental health, so the caseworker would encourage the client to discuss thoughts, feelings and experiences more broadly.

Interview Structure

The structure of case management interviews varies from setting to setting, from client to client, and from one phase of the helping process to another. Indeed, interview content will change according to the case management phase and intervention. Skilful caseworkers adapt flexibly both to different contexts and to the ebb and flow of each individual session.

Nevertheless, all types of case management interviews should be consistent in their general structure, share certain properties and reflect use of basic skills by interviewers. Every interview should be prepared and executed with consideration of the following elements:

- setting
- pre-interview preparation
- purpose
- participants
- privacy/confidentiality.

Interview Setting

The setting for case management interviews should help the client feel safe and at ease in disclosing sensitive, personal information. Interviews with survivors of trafficking/exploitation during the (re)integration process may take place in a wide range of environments, depending on how the caseworker is able to access the client. These environments may include:

- *Controlled environments*: Interviews that take place in the office of the caseworker or a partner organisation allow caseworkers to assert some control over the interview setting. For instance, caseworkers may be able to reserve a closed room in order to ensure privacy and confidentiality for clients.

- *Field environments*: World Vision interviews must often take place outside caseworkers' offices in a setting that they cannot anticipate, such as a client's home or community space. These settings have pros and cons – clients may be more comfortable in a familiar setting, but privacy may be difficult to maintain if family members or children are present.

Pre-Interview Preparation

Prior to an interview, caseworkers should find out as much as possible about the setting for the interview.

- *If the interview will take place in the caseworker's office*, the caseworker should reserve a private space to meet with the client (if available) and alert co-workers that he or she will be meeting with a client. Caseworkers should be aware of environmental factors that could affect clients' sense of safety. For instance, if a meeting room is small and windowless, clients may feel confined or 'locked in' – elements which could trigger reminders of past confinement. Caseworkers should do their best to provide a reasonably comfortable physical environment.

- *If the interview will take place in the field*, caseworkers should ask the client or partner organisations about the physical aspects of the interview setting, including who will be present, whether or not child care will be available, the availability of private space for one-on-one conversation and whether the client feels safe in that environment.

Purpose of Interview

Case management interviews have four core purposes:

- interpersonal connection/relationship building
- communication
- information gathering and assessment
- decision making/planning.

The interview's purpose is shaped by the phase of service (for example, assessment, action plan, review, case closure). During preparation for the interview caseworkers should express their goals for the meeting and ask clients to be thinking about what they would like to contribute to the agenda. During the interview caseworkers should allow clients to express their own goals and priorities for the meeting. This encourages client participation and empowerment. Caseworkers have the responsibility to meet case management deadlines by identifying and asserting any necessary tasks during the interview.

Interview Participants

During preparation caseworkers should determine who will participate in the interview. For example, family members may need to be present if the caseworker is helping address family needs. Or, for child clients, a guardian may need to be present to answer questions about case progress. Caseworkers must ensure that any participants besides clients are present only if they are essential to the content of the session or specifically requested to be there by clients. Such participants should only be present for the parts of the session relevant to them.

Table 5. Preparing and Conducting an Interview

Interview preparation

Setting

- The caseworker contacts the client to arrange the details of the case management session (time/date/location).
- If the case management session is in the field, the caseworker needs to discuss finding a private location for the interview and to ask about any potential barriers to privacy (children or family members present, no separate rooms and so on).

Purpose

- The caseworker communicates the purpose of the interview and what needs to be achieved according to the phase of service (assessment, action plan, review and so forth).

Participants

- The caseworker determines who will be in the interview (family members for addressing family needs, the guardian if the client is a child and so forth). The caseworker ensures that any participants besides the client who are essential to the content of the session are available and that they should be present only for the parts of the session relevant to them.

Materials

- The caseworker gathers all necessary materials (prints relevant forms, referral information and so on).

Interview

Setting

- The caseworker resolves any distractions or privacy issues that were not resolved ahead of time.

Build rapport

- The caseworker engages in polite conversation aimed at getting to know the client better as a person.
- The caseworker asks the client casual questions about his or her life and how the client is doing before engaging in case management conversations.

Review purpose of interview with the client

- The caseworker allows the client to express his or her own goals and agenda for the meeting

Establish privacy and review confidentiality

- The caseworker ensures that all the information provided by clients during the session is kept confidential with some limitation (see 'Limits to Confidentiality' in Section 3.3 above).

Privacy/Confidentiality in Interview Settings

Establishing a setting that allows for private and confidential discussions is vital, because interviews about clients' trafficking/exploitation history and its impact often involve intense emotions for clients. Clients are likely to be

less able or willing to reveal sensitive personal information and express their thoughts and feelings if they are being continually interrupted or if other people can see or hear them. Thus, freedom from judgment by family or community members and freedom from distraction are critical. Caseworkers need to make sure clients can communicate without reservation, so that caseworkers can make a true and accurate assessment of clients' history, needs and capabilities to engage in case management interventions.

In some settings it may be impossible to ensure complete privacy. Some common challenges to privacy include:

• *Distractions:* Telephone calls, knocks on the doors and external noises can impair concentration and disrupt important dialogue.

• *Children:* Crying, attention seeking and restless behaviour of infants or children can be disruptive. Small children, of course, cannot be expected to sit quietly for more than short periods of time. Further, children should not be exposed to adult topics, which may include discussions of a client's or child's trafficking/exploitation or abuse history.

• *The presence of other family or community members*: Family or community members may be within hearing range of the interview or want to know the content of the conversations between the client and the caseworker. Further, caseworkers may feel that they are in a difficult situation if there are cultural dynamics (age, gender, social status) that make it difficult or seemingly disrespectful to insist on privacy for their session with clients.

Tips for Overcoming Barriers to Privacy and Confidentiality

• *Pre-arrange child care:* Caseworkers should encourage parents to make arrangements for the care of children during interviews (except when caseworkers want to observe interactions between parents and their children).

• *Anticipate obstacles:* Caseworkers should work with clients before interviews to identify possible obstacles and to find solutions. Clients will often take measures to reduce unnecessary intrusions or distractions if caseworkers stress that privacy enhances the productivity of the sessions.

• *Explain the privacy policy clearly:* Caseworkers need to inform clients and their families that privacy is a programme policy, not the decision of individual caseworkers, and that they must insist that the privacy policy be followed. This may shift responsibility to the programme and take pressure off caseworkers.

• *Reinforce the privacy policy early and often:* Caseworkers need to set expectations for clients and ask clients to remind their family members that the caseworkers will insist on private conversation with clients.

Case Study: Obstacles to Confidentiality in the Field

A male caseworker in Battambang, Cambodia, went to meet with a female client for a case management session in which they needed to discuss the details of a sexual assault experience. The client's mother and aunt were in the house and did not approve of the client and caseworker meeting alone in a separate room; they had concerns about the propriety of unsupervised meetings between individuals of opposite genders. However, the caseworker knew that the client would not discuss her sexual assault in front of her family because she did not want to upset them.

The caseworker negotiated with the family to let him and the client sit on the opposite side of the room where they could be seen – and chaperoned – by the mother but still be far enough away that no one else could hear their conversation.

3.6 INTERVIEWING SKILLS

Tools for Interviewing

Caseworkers need a variety of techniques to promote successful interviews. These include:

- establishing rapport
- active listening
- open-ended questions
- focused questions
- direct/closed questions
- paired questions
- validation.

Establishing Rapport

Establishing rapport with a client means developing a basic level of comfort in the relationship through positive engagement and communication. It is important to establish rapport with clients before beginning to discuss the exploitation and other difficulties in their lives, so that they feel supported by the caseworker as they discuss potentially emotionally overwhelming subjects.

Rapport fosters more authentic communication, in which clients are able to reveal and discuss problems and difficulties, successes and failures and strengths and weaknesses. This will help caseworkers understand the strengths and challenges in clients' lives and come up with a realistic plan of action together to help them successfully (re)integrate. Table 6 lists six practical steps for establishing rapport.

Table 6. Tips to Help Establish Rapport
1. Greeting/identification • Greet the client respectfully and in a culturally appropriate manner. • Identify yourself by name, the organisation you work for and your role or title. • Explain the purpose of the interview, the agenda, and how long it will take.

2. Cultural competence
 	
• Learn greetings, forms of address, attire, styles of communication and behaviour that are considered respectful in the client's culture.
• If you do not know the proper greeting or form of address, ask the client what he or she prefers.
  Examples: *'Please tell me how you want me to address you.'*
  'What is the proper way to greet people in Khmer?'

3. Clarity and predictability • Describe how you will engage with the client during the interview.   **Example:** *'I am going to listen to your concerns and may ask some clarifying questions. If it is okay, I will take notes. This will help me to prepare a summary of what you have said.'* • Review confidentiality and the limits of confidentiality, including with whom you will share any information gathered in the interview.

Table 6. Tips to Help Establish Rapport (continued)
• Explain what is discussed or what happens (i.e. referral to other services) at the next session.
4. Questions and concerns • Encourage the client to ask questions and express concerns at any time during the interview. • Give the client options for ways to express his or her concerns.   **Example:** *'If you don't feel comfortable asking me a question or telling me a concern, you can always call me after the interview or contact my supervisor or colleague.'*

5. Acknowledge
 	
• Acknowledge the difficulty of the client's past.
• Acknowledge the client's strengths.
  Examples: *'I can see you have many strengths. What do you think your strengths are?'*
  'You have made it through all of your past experiences to be here now. How have you overcome so many challenges?'
  'What did you do to get through your difficult times?'

6. Reality-based hope
 	
• Express hope that the programme can support the client.
  Example: *'Our programme has worked with many people who have had experiences like yours. I think we can help you move forward with your life.'*
• Express reality-based hope for the client's future.
  Example: *'I think there are some concrete things we can do to help you start looking for a job.'*

Active Listening

Listening to clients is a key principle in communication. **Active listening** is more than simply hearing and attending to what the other person says. Active listening means offering encouragement, support and care for the client. It uses verbal and nonverbal communication to convey to clients that the caseworker values what they have to say and is trying to understand them. This is facilitated by behaviour which includes body language, eye contact and the effective use of silence.

• *Body language:* The caseworker leans towards the client in an appropriate (attending) posture.
• *Eye contact:* The caseworker maintains strong eye contact and looks at the speaker for most of the interview. If possible, the caseworker avoids taking notes while the client is talking.
• *Facial expressions:* The caseworker encourages the speaker with nods and smiles.
• *Verbal/vocal cues:* The caseworker:
  » makes encouraging, approving vocalisations (*uh…hmmm*)
  » gives advice that is concrete and specific when the client requests it or it is needed
  » does not interrupt while the client is talking
  » does not judge or criticise
  » communicates interest in what the client is saying.

• *Careful listening:* The caseworker asks questions to ensure clarity and accuracy and asks about relevant details.

Open-Ended Questions

Caseworkers should invite clients to tell their narrative by using open-ended questions or statements that encourage the client to talk. Such questions are designed to increase the details and accuracy of responses without asking specific questions. They encourage clients to talk 'in paragraph form' about an event or topic without input or interruption from the caseworkers.

Examples:

- 'Tell me about...'
- 'Tell me all about day care.'
- 'I'd like to know you better. Tell me about what you like to do.'
- 'Tell me everything that happened, even the little parts you don't think are important.'
- 'Tell me about your family.'
- 'What happened next?'
- 'Can you tell me what brings you here today?'

Focused Questions

Focused questions ask about a particular person, body part, action, location or circumstance of the trafficking. These questions often elicit relevant information but should not be stated in a way that leads clients to give particular responses. These questions are more specific than open-ended questions and may be used to introduce a new topic or trigger memories.

Examples:

- 'When you talked to your mother about something that happened to you, would you tell me what happened?'
- 'You said you and Samnang were in the bedroom. Tell me what happened when you and Samnang were in the bedroom.'

Direct/Closed Questions

Caseworkers can use direct or closed questions to follow up on general answers. The aim is to elicit specific details from the client. These questions ask for either a yes or a no response, the caseworker can provide a few options that the client can choose from. These questions may be necessary if the client is not responding well to narrative and more open-ended techniques. These questions may be useful to cue the client's memory but should be carefully phrased to reduce the amount of new information introduced in the question. Multiple-choice questions can include as many relevant options as you can think of. These questions often include the person who took abusive action but are more suggestive rather than focused questions.

Examples:

- *Multiple choice question:* 'Were the perpetrators in the house, on the street, or someplace else?'
- *Yes/no question:* 'Did Mr Proh touch you on some other part of your body?'

Paired Questions

When compelled to use focused or direct questions, pair those questions with an open-ended follow-up question or a narrative invitation that allows the client to respond with a narrative account.

Example:

- *A child client reports that Mr Proh touched him 'somewhere private'. The caseworker might ask:* 'Tell me everything about the time Mr Proh touched you somewhere private.' *(Pause for response.)* 'Did Mr Proh touch you with some other part of his body?' *(Pause for response.)* 'Tell me all about that time.'

Validation

Validation is affirmation of the client's experience that the caseworker provides through verbal feedback and an attitude of empathy and respect. This will reinforce a victim-centred approach. It is very important, particularly for clients who have reported abuse, to give them support and validation for coming forward.

Examples:

- 'I'm sorry this happened to you.'
- 'No one deserves to be abused.'
- 'I'm glad that you were able to tell me. After we finish the interview I will provide you with some referrals for places you can receive additional support if you want me to.'
- 'Now I would like to ask you a few questions that will give me more information so that together we can figure out your best options.'

Table 7. Scripts for Applying Interviewing Skills	
Preparation	Determine through referral information if the client has any special needs (child, mentally or physically disabled, language barriers) and plan ahead to ensure an ethical response to these needs. For instance, arrange for an interpreter if the client does not speak the same language or ensure a child's guardian will be present.
Step 1: Introduction	Hello, My name is _____. I work for _____, and my role (or title) is _____. You were referred to me by **(service provider)**. Would you like to introduce yourself?
Step 2: Explanation of the interview process	I would like to meet with you for about 40 minutes to ask you some questions about **(explain what the interview is about)**. Does that sound okay to you? If you want to stop the interview at any time while I am talking, please say so and I will stop.
Step 3: Reason for the interview	I am doing this interview so that **(explain the reason for the interview)**.
Step 4: Explanation of the contents of interview	These are the things I would like to ask you: **(provide a general summary of the questions)**. I will not ask you about **(explain what will not be asked – for example, problems the client might have had during the recent trafficking episode)**.

Table 7. Scripts for Applying Interviewing Skills	
Step 5: Confidentiality	Everything you tell me will be confidential. I will only use the information so that I can **(explain how the information will be used, and with whom it will be shared)** and with nobody else. I will request your permission before I publish the information in any format, or give it to anyone other than those people I mentioned. The information will be anonymous, and nobody will know the nature of our discussion.
Step 6: Protection concerns	I want to be certain that you feel safe and relaxed for this interview. If you think that talking with me could cause you any problems from other people, please tell me. Do you have any concerns about carrying out this interview with me? **(Wait for a response. Stop the interview if requested.)**
Step 7: Consent of others	I have received the permission of **(whoever gave permission, such as a parent or the director of a shelter)** to interview you. That person is satisfied that it is all right for this interview to take place and that you are free to participate in discussions if you wish. But if you have any doubts, you can ask whomever you want first, and then I can do the interview later. Is there anyone you want to talk to before I do the interview? **(Wait for a response. Postpone the interview if requested.)**
Step 8: Convenience for respondent	I want to spend time with you in a place where you feel comfortable and where I will not be interrupted by other people, so if this time and place are not good for you, please say so now. **(Wait for a response. Reschedule the time and place if requested.)**
Step 9: Request permission to do the interview	Do you have any questions about this interview? Is it okay for us to have an interview? *(Wait for a clear positive or negative response. Stop the interview if requested.)* Please request signature from clients on 📝 **Case Form 1B:** Client Consent to Services, **1.11 Consent to Services** if they agree.

Ethical Responsibilities and Appropriate Skills for Interviewers

- *Ensure language competency:* Interviews, programme materials, and communications must be in the client's own language.
- *Ensure confidentiality:* Describe to the client how confidentiality is to be maintained in the interview setting and after the interview is over.
- *Ensure no harm:* Never carry out an interview if it will put the victim in any danger. Ensure that no one is watching or listening. Ensure that the client is mentally and emotionally fit and prepared for questions.
- *Ensure that the environment is safe, secure and comfortable:* Ask questions like 'How are you feeling right now?' 'Are you in any pain or discomfort?' 'Do you feel it is safe to talk to me here?'
- *Ensure confidentiality:* It is essential for the safety of both victim and interviewer that information be communicated on a 'need to know' basis.
- Ensure informed consent
  - » Ensure that the client understands the purpose of the interview and the right not to participate.
  - » Ensure that the potential client controls whom the information will be shared with.
  - » Make the consent process as participatory as possible. Listen to the client. Ask questions necessary to understand the client's perception of any risks. Note that the client may not be aware of the risks and of his or her rights related to participation. Make sure the client understands as much as possible.

- *Trust; do not judge:* Assistance and helping relationships are built on trust; a judgmental attitude may stop the client from talking and denying assistance.
- *Ask questions in a sensitive and sensible manner:* Pay attention and listen to the client, avoid repetitive questioning, consider the tone of your questions and do not re-traumatise the client.
- *Maintain professionalism:* Always treat clients with respect and as equals, ensure that they feel in control of their body and their communications, and reassure them that they are not to blame.

Needs Assessment Skills

Needs assessment interviewing has special considerations for engaging clients. At this stage it is important to gather as much information as possible about current and past experiences in order to provide services most effectively to the client.

Assessment with Trafficking Survivors

Many caseworkers believe that they should not ask too many clarifying or probing questions during interviews because they are concerned about making clients feel as if they are being interrogated or will be overwhelmed by direct questions. However, if discussed appropriately and supportively, there are multiple benefits to asking targeted and direct questions about clients' trafficking or trauma history during the case management process.

These benefits include:

- *Complete and accurate information:* Avoiding direct discussion of trafficking can cause caseworkers and clients to ignore or only superficially cover important topics that must be discussed and clarified. For example, caseworkers may need to know the circumstances under which clients migrated or were trafficked into another country in order to advocate on their behalf in the legal repatriation process or while re-establishing residency documents with local authorities.
- *Witnessing for clients:* By listening to clients' accounts of their trafficking experience, caseworkers can witness to their reality. Being a witness is an active role that includes listening to clients' experience, acknowledging it, caring about it, and reflecting its profound impact on clients.
- *Trust building:* Some clients fear the details of their experiences are a 'burden' to others or that caseworkers will become overwhelmed. By listening to clients, caseworkers can demonstrate they are able to handle difficult topics and that clients can look to them for support. By respecting clients' choices to share or not share details about their trafficking, caseworkers demonstrate that they will respect clients' boundaries. This can be a very positive, trust-building experience for both caseworkers and clients.
- *Dispelling shame and blame:* By addressing clients' trafficking history, caseworkers can communicate that they honour clients' experiences and challenge messages of shame or blame that clients may be receiving from family or community members.

The SOAP – Subjective, Objective, Assessment and Plan – Technique

The SOAP technique is a method of assessment used in client notes to document and connect clients' chief complaints, symptoms, assessment and care plan. SOAP notes can also be used to assist in solving problems in a case management plan. If an identified problem requires an intervention, it is helpful to use the SOAP format to describe the proposed action and its rationale.

S – *Subjective information* describes how the client feels about or perceives the situation. It is derived from the client's self-report. Subjective information cannot be verified by others; the client is the sole authority.

O – *Objective information* is obtained by caseworkers through direct observation, clinical examinations, collection of information from referral sources, client documentation, and so on. This information can be independently verified by other sources.

A – *Assessment* is the caseworker's conclusions based on a review of the subjective and objective information.

P – *Plan* is how the client and caseworker jointly intend to address or resolve the specific problem based on the assessment result. Clients provide their perspective on the planning process proposed by the caseworker and they need to agree to the plan.

World Vision case forms are designed based on the SOAP approach. 📝 **Case Form 2**: Initial Assessment gathers clients' assessment of their own needs, which is subjective information (S). Following the needs assessment the form requires client and caseworker to prioritise emergency needs, list all other needs, identify the client's strengths and the limitations of available services, which need to be analysed with objective perspectives (O). Based on the information collected the form requires the caseworker to list all of the client's presenting problems; this provides the rationale for support services being provided to the client (A). In 📝 **Case Form 3**: Action Plan the client's presenting problems and needs are linked with their (re)integration goals, and the action plan is developed (P).

Case Study: Use of the SOAP Technique to Develop a Case Management Plan

Subjective: Sovannara says that she worries about her children not having birth certificates. The children complain of not being able to go to school and their embarrassment. Sovannara is in a panic at the thought of losing her children.

Objective: Sovannara earns $100 a month at her job. Her rent is $40 a month. Casework records indicate that she was neglected as a child and lived in an orphanage for two years. (Also include here how she reacts in an interview/assessment based on the caseworker's experience.)

Assessment: Sovannara does not have enough money for food or to pay for birth certificates for the children. Sovannara is probably eligible for support from a local NGO that provides services for migrants. She could also apply for a reduced price for the children's birth certificates from the government ministry based on her level of poverty. It is hard to follow Sovannara in conversation, because she quickly jumps from one topic to another. Much of her disorganisation is due to her anxiety about her children's schooling. She fears that accepting help from an NGO makes her a 'bad mother' and will stigmatise her in the community.

Plan: Support Sovannara's application to have her poverty level determined so she can receive the reduced cost from the ministry for the children's birth certificates. The caseworker can suggest a different way for Sovannara to look at her situation in order to help her see that seeking help from local resources is a way to be a 'good mother' under these very trying circumstances. The caseworker needs to assure Sovannara that the NGO will not disclose any information about her and her children to anyone. Begin efforts to help Sovannara find a higher-paying job. Complete a referral for NGO food-support services by *date/month/year*. Complete the application for fee waivers for birth certificates by *date/month/year*.

3.7 SUPPORTIVE COUNSELLING IN A CASE MANAGEMENT CONTEXT

Supportive counselling is a therapeutic approach aimed at facilitating optimal adjustment, in particular to situations of ongoing stress such as (re)integration or chronic physical illness. Supportive counselling is a conversation or series of conversations between caseworker and client focused on providing stabilising emotional and psychological support.

Counselling usually focuses on a specific problem and taking the steps to address or solve it. Problems are discussed in the present tense, without too much attention placed on the role of past experiences.

Note: Supportive counselling is different from psychotherapy, which is a more formal and intensive exploration of how the client's past experiences and relationships are affecting his or her current functioning.

Caseworkers should implement supportive counselling as an intervention to help clients move past barriers to achieving their case management goals and should not engage in more in-depth psychotherapy interventions, including extended trauma processing.

3.8 REFERRAL TO PARTNER ORGANISATIONS

Providing a **referral** for external services is the act of directing a client to other service providers to receive services to address a specific need. Referrals can be provided in person, by telephone, or by written or other communication. Referral to service is a major component of the case management process due to the fact that one agency rarely has all the resources to meet client needs.

Step 1: Identify the needs

In the initial phase of case management, client needs are assessed by the client and the caseworker based on information from the referral source, any emergency needs identified at intake and the needs assessment interviews conducted to complete **Case Form 2**: Initial Assessment. After client needs have been identified, the caseworker determines which needs the programme can address and which needs must be met by other service providers in the community.

Step 2: Options for external referral

The caseworker outlines the options available and helps the client choose the most suitable in terms of distance, cost and services.

Step 3: Agreement

Once the client has consented to receive services provided by external partners, all external referrals should be outlined in **Case Form 3**: Action Plan in order to target the services that will best promote client stabilisation in the (re)integration process. If the external referral occurs during service implementation, both the client's need and the referral should be recorded during quarterly reviews using the appropriate sections of **Case Form 3**: Action Plan.

Step 4: Referral preparation

Discuss shared confidentiality with the client and whether the client wants the service providers to be able to communicate with one another about the client's case. The caseworker should help the client determine what information to share and with whom. The caseworker should also assess with the client any factors that may make it difficult for the client to complete the referral.

Step 5: Arrangements

The caseworker provides the client with the referral request, the name of the caseworker, contact numbers and the address of the external service and arranges the time and location for the client's first meeting with the referred service provider. The staff person at the partner agency with whom the client will meet should be identified by the caseworker unless the client indicates that he or she would like to facilitate that process. Share information among services only with the permission of the client.

Step 6: Sending

After the client has consented to information sharing, the caseworker needs to send all of the client's referral information to the caseworker at the other service provider.

Step 7: Follow up

A note about the external referral should be made in the client's file on **Case Form 4**: Implementation Log. Feedback from the client about the success of the other provider in meeting his or her needs should be expected and received. The progress made towards meeting the client's needs should be tracked quarterly in the appropriate sections on **Case Form 3**: Action Plan.

SECTION 4
World Vision Case Management System

SECTION 4: World Vision Case Management System

4.1 WORLD VISION CASE MANAGEMENT SYSTEM FLOW

World Vision's approach to case management is structured around in-person **case management sessions** between the caseworker and the client. These sessions are important to build trust and rapport between the client and the caseworker as well as to monitor the client's progress in his or her (re)integration goals.

The first few months after clients' return to their communities are their most difficult time as they re-establish life after exploitation and adjust to living with family and community. Thus, caseworkers need to schedule more frequent visits at the beginning of services in order to help stabilise clients and ensure they are solidly established on the path to successful (re)integration. As clients become more secure, case management sessions will become less frequent. Caseworkers also need to be in touch with clients between case management sessions by phone as needed. The timeline for case management services is shown in Table 8.

Table 8. Case Management Timeline			
Case Management Flow	Timeline	Case Management Sessions	Case Management Forms
Phase 1: Referral and intake	Referral date – Intake date	1 session	📝 **Case Form 1A:** Referral/Intake
	Intake date (*Baseline for all dates*)		📝 **Case Form 1B:** Client Consent to Services
Phase 2: Assessment and action planning	1. 5 months *varies based on the case*	2–3 sessions every two weeks	📝 **Case Form 2:** Initial Assessment
	3 months *varies based on the case*	2–3 sessions every two weeks	📝 **Case Form 3:** Action Plan – Initial

Table 8. Case Management Timeline (continued)			
Case Management Flow	**Timeline**	**Case Management Sessions**	**Case Management Forms**
Phase 3: Services action plan implementation and review	3 months – 24 months / end of services	10 sessions • 3–6 months: 1 session/ 4 weeks • 6–12 months: 1 session/ 6 weeks • 12–24 months: 1 session/ 3 months	📝 **Case Form 4:** Action Plan Implementation Log
	3 months (*if needed*) 6 months 12 months 15 months 18 months 21 months	Every 3 months from the action plan date, indicated on the top of Case Form 3: Action Plan – Initial	📝 **Case Form 3:** Action Plan – Quarterly Review
Phase 4: Case closure	24 months/end of services	1 session	📝 **Case Form 5:** Case Closure

Caseworkers need to **pace** the *case management sessions* according to clients' individual needs for (re)integration support and other logistical concerns. However, caseworkers should attempt to arrange their visits according to the following schedule:

- **Phase 1 begins when the client is identified for referral.**
    - » This period focuses on gathering client information from the referral source in order to determine eligibility for World Vision services. Once eligibility is established, the caseworker arranges to meet with the client for first contact (picking the client up at the airport and taking the person home, meeting the client at the client's house, and so on). Ideally, most of 📝 **Case Form 1A**: Referral/Intake will have been completed before first contact with the client.
    - » The first in-person client contact serves as the initial intake session.
        - The caseworker reviews 📝 **Case Form 1A**: Referral/Intake with the client in order to record any missing information and to ensure that the information gathered from the referral source is correct. Be sure to review 📝 **Case Form 1A**, Section 1.6: Client's Presenting Problems for any emergency/ crisis needs identified by the referral source. Ask the client if there are any additional emergency concerns that must be addressed before the next case management session.
        - During this meeting the caseworker will inform the client of World Vision services, confidentiality, the rights of the client and informed consent. If the client consents to receive World Vision services, this session serves as the intake date and begins the timeline of World Vision case management services. 📝 **Case Form 1B**: Client Consent to Services *must* be completed during this meeting.

- **Phase 2 begins on the intake date and lasts no longer than three months.**

  » Phase 2 includes psychosocial assessment and action planning. During Phase 2, the caseworker should plan case management sessions two times a month for the first three months.

  » 📝 **Case Form 2**: Initial Assessment is completed on different timelines for each country team based on clients' needs and the services being provided. At the latest 📝 **Case Form 2**: Initial Assessment should be completed after two or three case management sessions (by 1.5 months after intake date). 📝 **Case Form 3**: Action Plan needs to be completed by after two or three case management sessions (by three months after intake date).

- **Phase 3 begins no later than the three-month mark or the date of the action plan and continues throughout service provision until case closure.**

  » This period includes the implementation of actions/interventions outlined in the action plan. All interventions by the caseworker, government social worker and other service providers are recorded in 📝 **Case Form 4**: Action Plan Implementation Log. The caseworker can use a new form quarterly for each period between action plan quarterly review assessments.

  » Every quarter until case closure the caseworker works with the client to review progress on action plan goals and adjusts goals as needed using the review tools included in 📝 **Case Form 3**: Action Plan. This occurs every three months from the date of the action plan. The process ends after 21 months, and the caseworker will assess if the client is ready to close the case, using 📝 **Case Form 5**: Case Closure. If the result shows that the case is not ready to close, the caseworker develops another action plan and keeps track of the case until the client is self-sustainable.

- **Phase 4 takes place when the client's case is identified for case closure.**

  » Case closure is determined based on the guidelines outlined in Table 12 on page 69. After the decision has been made to close the client's case, the caseworker begins case closure planning and working with the client (if available) to evaluate the services received. The caseworker should focus on helping the client access local community resources to continue supporting successful (re)integration after case closure.

The timeline for case management services is visually depicted in Figure 4.

Figure 4. World Vision's Case Management Timeline

Case Management Timeline
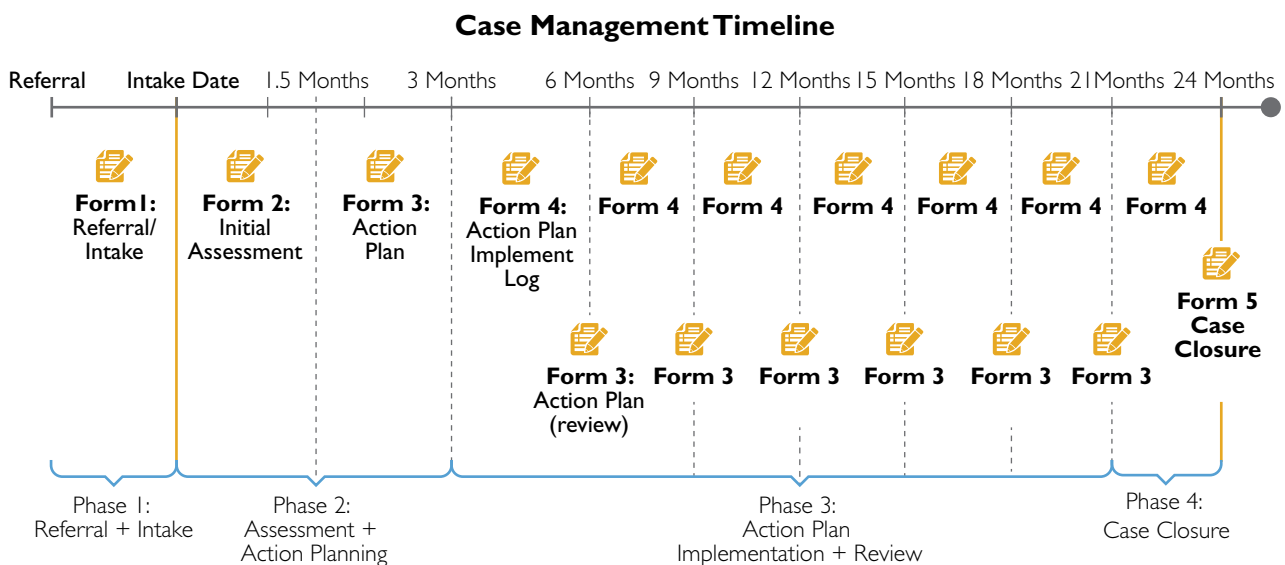
4.2 REFERRAL PROCESS AND WORLD VISION INTAKE

Referral Sources

The World Vision team receives client referrals from the following sources:

- Ministry/Department of Social Welfare (or equivalent government agency) facilitating a formal government repatriation process
- district/provincial offices or ADP/AP team
- partner NGOs
- self-referral by individual who directly contacts World Vision for services.

World Vision Intake

Intake Criteria

World Vision will intake victims of **human trafficking** (including **forced marriage**) who were:

- repatriated to source countries through Government-to-Government channels
- identified as trafficking victims by local police after self-returning from destination country
- referred by a partner organisation with a Victim Identification (VID) certificate by the local government
- identified as trafficking victims by immigration officers or police after deportation from destination country
- identified as trafficking victims by Multi-Disciplinary Team (MDT) or (anti-human-trafficking) law enforcement (destination country).

Intake Criteria Definitions

The UN defines **trafficking in persons**, also known as **human trafficking,** as the following [bold emphasis added]:

> the recruitment, transportation, transfer, harbouring or receipt of persons, by **means** of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the **purpose** of exploitation. Exploitation **(Act)** shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.[12]

For analysing individual cases to determine whether or not they constitute trafficking, refer to the human trafficking grid by the US Department of State Solidarity Center, extrapolated and simplified from the 2000 UN Protocol to Prevent, Suppress and Punish Trafficking in Persons.[13]

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12   United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, Supplementing the United Nations Convention against Transnational Organized Crime, art 3(a).

13   United States Department of State, Office to Monitor and Combat Trafficking in Persons, 'Human Trafficking Defined' (4 June 2008), http://www.state.gov/j/tip/rls/tiprpt/2008/105487.htm.

Forced marriage, as defined by the Supplementary Convention on the Abolition of Slavery 1956,[14] which states 'practices similar to slavery' include:

(c) Any institution or practice whereby:

(i) A woman, without the right to refuse, is promised or given in marriage on payment of a consideration in money or in kind to her parents, guardian, family or any other person or group; or

(ii) The husband of a woman, his family, or his clan, has the right to transfer her to another person for value received or otherwise; or

(iii) A woman on the death of her husband is liable to be inherited by another person.

Note: While women who are trafficked to certain locations are likely to be victims of forced marriage, the United Nations Office on Drugs and Crime Model Law against Trafficking in Persons recommends updating the definition of forced or servile marriage in the 1956 Supplementary Convention quoted above 'to include practices in which both women/girls and men/boys can be the subject of forced or servile marriage'. In other words, it is more correct to say a forced marriage is one entered into without the full and free consent of one or both parties as a result of physical or psychological pressure or abuse.

The Referral Process

New Client Referral

The referral source contacts World Vision staff with a referral for an individual it thinks will meet World Vision criteria.

The referral source fills out a case form of some sort with case data included. The World Vision caseworker receives this case file. Based on information in the case file, the World Vision caseworker fills in **Case Form 1A: Referral/Intake**, asking the referral source for any additional information needed. If the referral source cannot supply the information, the caseworker then asks the client. World Vision uses this form in order to screen the referred individual for a history of trafficking/exploitation and subsequent eligibility for World Vision services. The form is used to gain an understanding of the client's demographic information and trafficking/exploitation history and to gather a brief assessment of pre-exploitation and post-exploitation circumstances. Information gathered in the forms includes, by section:

Case Form 1A: Referral/Intake

1.1 Referral Source Information

1.2 Client Demographic Information

1.3 Trafficking/Exploitation History – Reason for Referral

1.4 Pre-Exploitation Circumstance

1.5 Post-Trafficking History

1.6 Client Presenting Problems

1.7 Referral Source Recommendations

1.8 World Vision Intake Screening

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14   United Nations Office of the High Commissioner for Human Rights (OHCHR), Supplementary Convention on the Abolition of Slavery, the Slave Trade, and Institutions and Practices Similar to Slavery, art 1, http://www.ohchr.org/EN/ProfessionalInterest/Pages/SupplementaryConventionAbolitionOfSlavery.aspx. Also reprinted in Appendix 2.

> **Note:** Due to a high frequency of incomplete client information (legal, medical, historical, family or psychosocial) and limited assessment capabilities of the referring organisation, it is important for the World Vision caseworker to maintain an investigative attitude in order to determine, independent of the referral source, that the client meets World Vision intake criteria, does not have safe family to return to and does not exhibit risk behaviours beyond the capacity of World Vision to manage. The caseworker also needs to determine that World Vision has appropriate services to meet the client's needs.

Intake Process

Intake Screening/Provisional Intake

When the World Vision caseworker has completed **Case Form 1A**: Referral/Intake, it will be reviewed by the caseworker and his or her supervisor to determine whether the referred individual meets World Vision's intake criteria (see 'Intake Criteria', above). The World Vision caseworker should note the results of the intake screening in **Case Form 1A, Section 1.8**: World Vision Intake Screening.

- If the referred individual meets World Vision criteria, the World Vision caseworker informs the referral source that the client has been accepted for provisional intake and arranges first contact with the client unless the caseworker has already contacted the client for additional information needed. ***Prior to first contact with the client, the World Vision caseworker should discuss with the referral source any client safety, risk or security issues, provisional safety plans developed by the client and the referral source, and any emergency/crisis needs.***

- If the referred individual does not meet World Vision criteria, the World Vision caseworker informs the referral source and makes sure that the individual is connected to an organisation better suited to meet his or her needs. If the individual is provided with referrals to other organisations, the World Vision caseworker should note these referrals in this section.

The intake screening should determine provisional intake of the individual as a World Vision client until the time that client has accepted World Vision services and is formally accepted into the programme.

First Client Contact/Client Consent to Receive Services

At first contact with the client, the caseworker should review all the information collected from referral sources in order to check its accuracy directly with the client and to gather any remaining information needed to complete **Case Form 1A**: Referral/Intake. The caseworker will read through the referral form and ask for the client's affirmation that the information is correct.

The caseworker should inform the client that the purpose of this review of client information is only to check for accuracy and that they will not be engaging in an in-depth discussion of the client's experiences at this time.

Table 9. Helping Clients Review Their Referral/Intake Information	
'Spilling' Some clients may want to discuss their exploitation experiences in detail. They may have difficulty controlling 'spilling' or containing the details of their exploitation history.	• Caseworkers should feel empowered to respectfully interrupt clients and assure them that they will have a chance for more in-depth discussion of their case history, if they desire, once they have been accepted into the programme. • Caseworkers can emphasise that they must first ensure that client rights are respected and that they have established some trust before sharing further.
Shut down Other clients may be emotionally 'triggered' by discussion about their exploitation history and will not want to discuss the details at all.	• Caseworkers should emphasise that the purpose of this review is to make sure that World Vision can properly provide clients with the support they need; clients will not need to speak about the details of their history but only affirm that the information is correct. • If clients become overwhelmed, they can take a break during the review. • If clients cannot continue, caseworkers should consult with their supervisor about how to proceed with the case.

After confirming the accuracy of the referral information, caseworkers work with clients to review and complete the second part of the form.

📝 **Case Form 1B**: Client Consent to Services

    1.9 First Client Contact

    1.10 Informed Consent

    1.11 Consent to Services

    1.12 Next Steps for Case Management

This form must be completed upon first contact in order to ensure that clients are fully empowered to make their own decisions about ongoing contact with World Vision and other service providers. Caseworkers have an ethical obligation to review the following topics:

• explanation of World Vision trafficking response and services
• client confidentiality
• client rights
• informed consent.

Caseworkers must document that these topics have been discussed with clients in 📝 **Case Form 1B, Section 1.10: Informed Consent**. (See Section 3.3: 'Ethical Client Engagement' above for further details on these topics.)

Caseworkers can then discuss whether or not clients would like to receive services from World Vision. This should be a chance for clients to ask questions about programme services. After this discussion caseworkers document clients' decisions on 📝 **Case Form 1B, Section 1.11**: Consent to Services.

- If clients consent to services, they must provide their signature.
    - » *Written consent to services:* If clients are illiterate, they can provide a thumbprint or another symbol to represent themselves.
    - » *Verbal consent to services:* If first contact is over the phone or there is another reason that clients cannot provide written documentation of consent, then caseworkers can document their verbal consent.
- If clients decline to receive World Vision services, caseworkers need to document their refusal.
- If a client is under age 18, caseworkers must obtain the written or verbal consent to services from the client's legal guardian. If no legal guardian is available, caseworkers should work with appropriate government officials to determine appropriate interim guardianship to monitor consent to services on client's behalf.

Intake

World Vision trafficking response intake is decided by:

- confirmation that clients meet World Vision trafficking response criteria, as determined by World Vision caseworkers and documented in **Case Form 1, Section 1.8**: Intake Screening
- client-informed consent to services, **Case Form 1B, Section 1.11**: Consent to Services.

Intake date: The client's official intake date is the date that the client provides written or verbal consent to services.

Next steps: After clients have consented to services, caseworkers discuss the next steps in the case management process with them. Caseworkers will:

- inform clients who their primary World Vision contact will be and any partners involved in service provision
- schedule time and location for their next meeting
- inform clients about the assessment process and anything else that will be discussed at the next meeting
- provide clients with a brief summary of the timeline for case management processes (assessment, action planning, service implementation and so on).

Assessment of immediate needs: Caseworkers should also review any emergency or crisis needs identified by the referral source on **Case Form 1A, Section 1.6**: Client's Presenting Problems. If any client safety/risk or security issues are identified, caseworkers should discuss any provisional safety plans developed by clients and their referral source or create a safety plan if one does not exist. If needs cannot wait until the next meeting, caseworkers should provide appropriate referrals or interventions and document them in case notes.

Case management duties at intake: After intake, caseworkers create electronic and paper-based hardcopy case files for clients. These include:

- the client case file number in the World Vision Client Information Management System
- a paper-based hardcopy case file to be stored at the caseworker's base office.

Caseworkers needs to ensure that all referral documents are received and put in the client file, including copies of all medical records, family history, assessment data and police records of victim identification.

Table 10. Intake Process Summary		
First client contact	Introduction	Rapport building
	Review referral information on 📝 **Case Form 1A**: Referral/Intake	
	Review client's presenting problems	
	Complete 📝 **Case Form 1B**: Client Consent	• discuss World Vision services • discuss client confidentiality • discuss client informed consent • ask client to consent or decline services 　» If the client declines, document the client's decision 　» If the client consents, have the client sign the consent form or provide verbal consent
Intake	Review emergency/crisis needs	See needs identified on 📝 **Case Form 1A, Section 1.6**: Client's Presenting Problems • Provide immediate interventions/referrals
	Review case management contacts	• Inform the client of his or her caseworker as the primary World Vision contact • Identify any partners involved in service provision
	Next case management session	• Schedule a time and location for the next session • Summarise what will be discussed at the next meeting
	Summarise the case management timeline	
Create the client case file	Assign client identification coding	• Field ID # • Location code
	Create a hardcopy case file	
	Place all referral documents in the client file	Medical records, police reports and so on
	Inform the World Vision case management team of new client intake	

4.3 NEEDS ASSESSMENT

After intake, clients receive a comprehensive psychosocial assessment by World Vision or partner organisations. A **needs assessment** is an evaluation of an individual's mental and physical health, social status, functional capacity within the community along with the caseworker's summary of the individual's needs and problems to be solved. Working with individuals who have experienced human trafficking, the caseworker must consider a variety of factors to understand the needs of the individual, including exploitation-related medical and psychiatric illness, the psychological and emotional impact of exploitation, the individual's legal status, ongoing security and safety concerns, existing assets and resources, and the family and community context in which the community (re)integration will occur. Assessment of these areas leads to a plan designed jointly by client and caseworker to address any identified problems and barriers to the client's stabilisation as he or she builds the foundations for a healthy life free from exploitation.

Initial Assessment

Prior to meeting clients for their first case management session, caseworkers should fill out as much of **Case Form 2**: Initial Assessment as possible using information communicated by the referral source organisation, referral/intake document, legal and police documents and any other available documentation. Clients will have already discussed some of the details of their trafficking/exploitation experiences with previous service providers. By gathering existing information, caseworkers implement a victim-sensitive interviewing approach which limits the number of times clients need to retell the details of their difficult experiences to service providers. However, because providing a high standard of case management services requires having accurate information, caseworkers need to confirm all referral information with clients and collect any remaining details not yet identified. (For more on interviewing tips, see Section 3.3: 'Interviewing Skills'.)

Caseworkers meet with clients approximately every two weeks for the first two to three case management sessions. During these sessions they work with clients to complete **Case Form 2**: Initial Assessment. This form helps the case management team gain a rich understanding of clients' post-exploitation needs as well as helping caseworkers identify client strengths, limitations and protective and risk factors. Information gathered includes:

Case Form 2: Initial Assessment

> 2.1 Case Management Information
>
> 2.2 Ethical Standards
>
> 2.3 Trafficking/Exploitation History
>
> 2.4 Needs Assessment
>
> 2.5 Needs Assessment Matrix
>
> 2.6 Summary of Needs
>
> 2.7 Supports and Barriers to Client Engagement
>
> 2.8 Prevention-Related Questions

Service Areas Needs Assessment

📝 **Case Form 2, Section 2.4**: Needs Assessment is the core of the initial assessment. Assessment questions are broken down into multiple (re)integration service areas.[15] The needs assessment attempts to determine a client's current needs in each area. This then determines the case management interventions and supports provided by the caseworker.

The general needs being assessed in each service areas are detailed in Table 11.[16] Specific indicators can be found for each service area on 📝 **Case Form 2, Section 2.4**: Needs Assessment.

Table 11. Service Areas Being Assessed	
I. Housing and accommodation	Level of access to a safe, satisfactory and affordable place to live, whether provided by an organisation, institution or privately arranged.
II. Physical well-being	Degree of physical health and a general sense of physical well-being.
III. Psychological/emotional	Degree of mental health and well-being, including self-esteem, confidence and self-acceptance. Assessment of safety or risk issues, including possible harm to self or others (suicide, self-harm, substance use, homicide, aggressive behaviour).
IV. Education and training	Level of formal and non-formal education history; access to school re-enrolment, educational and training opportunities, including formal and informal schooling, professional/vocational training, life skills, and so on. **Note**: This is particularly important for children with less than the minimum level of schooling.
V. Economic	Overall economic situation – for example, the ability to earn money, support family members and so on – as well as access to economic opportunities, which might include employment or income-generating activities.
VI. Legal	Current legal status as a citizen (having been registered at birth) and access to identity documents; in the case of foreign trafficking victims, being provided with temporary or permanent residency. This may include issues of legal guardianship in the case of children. The individual's involvement in the legal/judicial process related to the trafficking experience – especially to claim compensation – undertaken in the client's best interests and with the client's informed consent.
VII. Security	Level of the client's physical safety or risk from others, including exposure to threats or violence by the trafficker or by others within the family or community/country.
VIII. Social inclusion	Overall well-being of trafficked persons' dependents, including children, spouses, parents, siblings, and so on. Level of health of social connections and inclusions in family and community. Spirituality/religion, cultural, ethnic, racial considerations, stigma and discrimination.

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15   As stated earlier, these areas are outlined in Surtees, *Successful (Re)integration of Trafficked Persons*. Surtees's research demonstrated that case management assistance in these service areas was an essential factor in supporting the successful (re)integration of trafficked persons into lives free from exploitation.

16   Adapted from ibid.

Summary of Needs/Presenting Problems

After completing the 📝 **Case Form 2, Section 2.4**: Needs Assessment, clients and caseworkers collaboratively fill out 📝 **Case Form 2, Section 2.6**: Summary of Needs. Caseworkers should approach this conversation with a *client-empowerment perspective*, which emphasises the self-determination and expertise of clients about their own lives and needs.

Chief complaints: Caseworkers begin by asking clients to name their *chief complaints* and recording the needs or problems that clients report are bothering them the most during the initial stages of their (re)integration after exploitation. Caseworkers should use clients' own words to record their chief complaints. Allowing clients to express the challenges in their lives and what they need help with is the first step in empowering clients to structure their own journeys of recovery after exploitation. These chief complaints should then be used in the next section to help determine clients' presenting problems.

Presenting problems: The *presenting problems* are to be determined collaboratively by clients and caseworkers and should communicate clients' most important needs or the obstacles that need to be addressed through World Vision case management in order for clients to successfully (re)integrate into their communities after exploitation. During the assessment stage of case management the aim is to explore and assess the problems that have brought clients to the case management situation. However, it is also important for caseworkers to remember to understand the presenting problems beyond clients' trafficking/exploitation history and in the context of their present and overall life situations. The presenting problems are the foundation used to develop an action plan for service provision in 📝 **Case Form 3**: Action Plan, which defines specific case management goals, objectives, actions, resources and activities provided by the case management team in order to support clients' successful (re)integration process.

Supports and Barriers to Client Engagement

The success of clients' post-trafficking community (re)integration process is influenced by many dynamic factors which can either be supports or barriers to clients' engagement with service providers and their action plan goals. Early identification and discussion of these factors is essential to help clients and caseworkers best prepare to navigate the (re)integration process. Clients and caseworkers should work together to identify these factors using 📝 **Case Form 2, Section 2.7**: Supports and Barriers to Client Engagement.

Client strengths: Identifying clients' internal and external *strengths* and resources is a foundational step in developing a *client-empowerment perspective*. Doing this serves to remind both clients and caseworkers that, despite their past vulnerability and victimisation, clients have their own strengths and resources to draw upon. These factors may include internal resources such as resiliency, intelligence, positive engagement with others, an optimistic attitude, skills, healthy coping mechanisms, strong ethics and other personal strengths. Supportive external factors might include family and community support, a strong education or social-services system and any other available resources that may help clients address their immediate and long-term needs. Clients may also have protective factors that make them less vulnerable to financial and emotional instability or re-victimisation. These may include education in emotionally supportive relationships, safe migration or financial savings.

Client limitations: Clients face many *challenges and barriers* to financial and emotional stability during the (re)integration process. These challenges may be practical, such as a lack of child care or transportation to get to jobs or training programmes. The challenges may also be more specific to the individual or environment, such as medical or mental handicaps, a perpetrator living in the community who is a risk to safety, a spouse who does not want the client to engage in services, and so forth.

Client engagement: Clients' own willingness and readiness to *engage* in services is a primary factor in a successful (re)integration process. It can sometimes be difficult for clients to engage service providers because they may have difficulty trusting the intentions of the caseworker or due to social stigma related to receiving these services.

Eligibility for resources/services in local community: It is important to note any factors that may include or exclude clients from receiving *services* from government or NGO programmes.

Prevention-Related Questions

World Vision would like to access any wisdom gained by clients' own experiences with trafficking/exploitation in order to inform ongoing efforts to prevent human trafficking and other kinds of exploitation. There are questions in **Case Form 2, Section 2.8**: Prevention-Related Questions which should be shared with those who work on anti-human trafficking prevention efforts within World Vision to inform behaviour-change messaging and prevention-related activities. If the manual is used by those who do not work with World Vision, the questions can be deleted.

Victim-Sensitive Interviewing/Trauma-Informed Approach

It is essential that caseworkers not re-victimise clients by using a harsh or accusatory tone or by repeatedly asking questions that are difficult for clients to answer. Caseworkers always have the option to skip certain questions and return to them later.

While talking to clients it is better *not* to read out the questions on **Case Form 2**: Initial Assessment. Caseworkers should talk with the clients just as if they were talking to their own friends or neighbours, keeping the question items in mind. Caseworkers can take notes during the interview and fill in the form after the interview.

4.4 ACTION PLAN

Initial Action Plan

After the initial assessment has been completed, clients and caseworkers work collaboratively to develop case management goals based on the needs identified using **Case Form 3**: Action Plan. An action plan is a detailed statement of how the case management team is going to support clients in achieving their goals for successful (re)integration. Clients, their legal representatives, and caregivers or family members work collaboratively with caseworkers to develop an action plan. The initial action plan should review clients' current needs for (re)integration, create goals that clients would like to achieve, and designate case management services to support achievement of those goals. The action plan can also serve as a quick tool for caseworkers and supervisors to follow the progress or lack of progress of client support.

Development of the action plan and completion of **Case Form 3**: Action Plan should take one to two case management sessions. Timelines for completion of the form vary by country according to the team's role in service provision to clients and the urgency of clients' needs. Some national offices recognise that they need to complete an action plan within the first few weeks of client contact, while others must wait on government social workers or partner organisations to complete the forms with clients. It will be ideal if the caseworker could visit the clients twice a month for the first three months as suggested in Figure 4. World Vision's Case Management

Timeline. In all cases, both 📝 **Case Form 2**: Initial Assessment and 📝 **Case Form 3**: Action Plan should be completed no later than three months after a client's intake date.

Action Plan – Quarterly Review

Clients and caseworkers review and revise the action plan at three-month intervals – beginning after the initial action plan – to evaluate client progress. The action plan quarterly review again uses 📝 **Case Form 3**: Action Plan, the form used to write the initial action plan; caseworkers indicate the quarterly review period in the appropriate part of Section 3.1.

Clients and caseworkers should review the goals from the previous action plan in order to assess progress towards (re)integration goals as well as to update problems, goals and interventions as clients' needs change. Evaluation is conducted collaboratively and should note *both* clients' feedback and caseworkers' evaluation in determining client status in each service area.

The most recent version of 📝 **Case Form 3**: Action Plan then becomes the clients' new action plan for the following three-month period (until the next quarterly review).

Case Form 3: Action Plan

📝 **Case Form 3**: Action Plan helps clients and the caseworkers develop concrete interventions and services to help meet clients' specific needs for (re)integration post-trafficking. Information gathered in the forms include:

- presenting problems
- goals and actions/interventions
- date of next quarterly review
- review
- current overall rating.

Presenting Problems

The action plan lists the problems developed by clients and caseworkers in the *Presenting Problems* part of 📝 **Case Form 2, Section 2.6**: Summary of Needs.

Note: For quarterly reviews the presenting problems should be those identified in the prior action plan with additional presenting problems added as needed based on clients' circumstances.

Goals and Actions/Interventions

Presenting problems are used to develop *goals* for each service area. The goals should represent what clients hope to accomplish towards successful (re)integration with the support of case management services. The goals for (re)integration are broken down into concrete *actions/interventions*, which should correspond with case management services and advocacy that is within service provider's ability to provide. It should be noted who is responsible for performing those actions. For example, the interventions should note whether the World Vision caseworker or another service provider is responsible for providing the identified service.

For quarterly reviews, if goals have been achieved, indicate they have been completed. An achieved goal or action/ intervention can be removed in the next quarterly review.

Add any new goals or action/interventions and note the reason for the addition in the review section of the appropriate area.

Date of Next Quarterly Review

'Date of next quarterly review' refers to the target date by which the client and service provider hope to achieve the specified actions/interventions for each presenting problem/goal. The date marks three-month periods from the client's intake date and is determined by the next quarterly review of the action plan. Clients have both short-term and long-term needs and goals, but they will all be reviewed at three-month intervals regardless of how long it takes to achieve the goals. Thus, the target date for all interventions will be the same quarterly interval, at which time all interventions and progress towards goals will be reviewed

Review

The *Review* section provides a summary of clients' overall (re)integration process since the last action plan. The *Review* section should include observations about clients' participation in services, the completion or addition of goals, obstacles to interventions and any other important information about that service area.

- For the initial action plan the *Review* section should be left blank.
- The *Review* section should be filled out in all subsequent action plans at the quarterly review.

Current Overall Rating

The *Current Overall Rating* section – a numeric rating system that indicates the level of client needs in each service area – is linked to **Case Form 2, Section 2.5**: Needs Assessment Matrix. This data is collected at three-month intervals during service and in a final assessment when the case is closed. This data informs monitoring and evaluation, which will evaluate the effectiveness of service provision in assisting successful (re)integration for individuals who have experienced human trafficking/exploitation. Caseworkers should complete this rating in collaboration with clients on every action plan.

The action plan must be signed and dated by the client (or the client's legal guardian) and by the caseworker who developed the plan with the client. If a client declines or is unable to sign the plan, that must be noted in the client's case notes.

Tips for Action Planning

- Goals and interventions should be clear, concrete and achievable. There should be no vague words. Who will work on them should be specified.

  Examples:

  Bad goal: 'The client will get a good job.'

  Good goal: 'The client will find an auto-repair job paying $130 a month.'

  Bad intervention: 'The caseworker will find the client a house.'

  Good intervention: 'The client and the caseworker will submit applications to two vocational-training programmes for job-skills development in the tourism and hospitality industry.'

- Copies of the action plan should be given to clients, caseworkers, and any other service providers involved in providing case management services.
- Clients should be given appropriate responsibility to take action themselves to pursue their plan.

Developing a Case Management Action Plan with Client Participation

The case management action plan can be a powerful tool in promoting client participation and a strengths-based approach. Identified strengths are used either to overcome identified barriers or to increase options for alternative routes to goal attainment.

Key elements in creating an action plan include the following:

- Caseworkers work with the client to identify goals/objectives and list the actions/interventions needed to achieve them.
- Caseworkers should assist clients to describe specific goal/objectives that can be measured, are achievable and realistic, and can be done within a reasonable timeframe.
- Clients' language should be used as much as possible to describe goals and actions.
- Each plan should be clear, concise and easy to understand by both the person receiving services and those providing support.
- The action plan must be realistic, based on the caseworkers' assessment of clients' capabilities, potential and situation (age, sex, level of education, work experience, and so forth); family support and resources (such as parenting capability to care for the child, and such) and community resources (such as schools, employment opportunities, self-help/support groups, and so on).
- Caseworkers should always consider whether World Vision's case management services are essential for clients to achieve their objective.

4.5 ACTION PLAN IMPLEMENTATION

After clients' action plans have been completed, caseworkers track implementation of actions/interventions determined in the action plans and all other service provision using **Case Form 4**: Action Plan Implementation Log. Tracking implementation should be continuous throughout clients' (re)integration process while involved with the World Vision case management programme. This log records the services, actions or interventions provided by caseworkers, government social workers and/or referral partners. Actions taken by clients towards achieving action plan goals may be recorded here as well, if caseworkers think they are important steps towards achieving goals.

Since clients are often working with government workers or other partner organisations, **Case Form 4**: Action Plan Implementation Log can be used by World Vision caseworkers as a communication tool for case coordination. Case coordination involves regular communication with clients and partner organisations, information sharing, agreement exchange and collaboration among all service providers.

One copy of **Case Form 4**: Action Plan Implementation Log should be used for each three-month service period between the quarterly reviews.

Examples of what should be tracked on this form include:

- referrals or linkages to relevant services executed by caseworkers in person, by telephone or written communication, or through other communication channels
- direct facilitation of participant access to services and benefits
- interventions to reduce barriers that prevent clients' access to services (facilitating transportation to case management sessions, helping arrange child care during therapy sessions, and the like).
- interventions assisting clients to achieve their individual repatriation or (re)integration plan
- information provided to clients regarding their needs and options in repatriation, referral and (re)integration.

Tips for Using the Implementation Log

- Track all interventions that are directly connected to the client's action plans and serve the needs of either the client or their family members.
- Clients should be in control of which services they receive.
- Share information among service providers *only* with the permission of the clients.

4.6 CASE CLOSURE

Case closure is the last phase of World Vision case management involvement with clients and their families. It is an active phase involving casework actions and tasks as well as administrative tasks. The decision to close a client's case can be made for a variety of reasons, including positive achievement of all case management goals, the client's refusal of services, lack of response from the client or the end of the 24 months of World Vision case management service provision.

Guidelines for Case Closure

When any of the above factors occur, caseworkers should consult their supervisor and review the guidelines for case closure outlined in Table 12.

Table 12. Guidelines for Case Closure
Achievement of all case management goals
☐ Client is stable and self-sufficient (stable living wage and housing, stable health, no immediate security or safety issues, family is stable with a sense of empowerment about the future, successful (re)integration and/or requires no further help or assistance).
Client requests to end services
☐ The client and/or the client's legal guardian requests that the case be closed
Provide reason: _____
Client is no longer reachable
☐ Death of the client
☐ Client moves out of the caseworker's geographic service area
☐ Client enters prison
Client is dismissed from programme
☐ Client makes fraudulent claims about documentation
☐ Client exhibits a pattern of abuse of agency staff, property or services
☐ Client and family are unwilling to participate in the action plan and implementation
Client is referred to other services
☐ Client moves into a system of care which provides in-house case management
☐ Client needs are more appropriately addressed by other programmes
Other: _____   _____   _____

Assessment for Case Closure

Assessment of clients' readiness for case closure should occur every three months during the action plan quarterly review. A case can be moved to closure phase from all preceding phases: intake, assessment and implementation. Clients should be encouraged to take part in an evaluation of the services provided.

Case Form 5: Case Closure

When caseworkers or clients initiate the case closure process, caseworkers work with clients (if available) to fill out **Case Form 5**: Case Closure. This form:

- documents the reason for case closure (based on the guidelines described in Table 12)
- documents any discharge plan to support clients after the end of World Vision services
- evaluates clients' status in each service area at the end of case management services
- documents reflections from clients and caseworkers about programme services.

Case Closure

Section 5.2: Case Closure provides for a brief summary of the reasons a client's case is being closed and the caseworker's evaluation of the client's readiness to stop receiving case management services. If the client is reachable at the time of case closure, the caseworker must work with the client to ensure that there is a plan to help the client maintain and continue progress towards successful (re)integration after case closure. This *discharge plan* may include referrals to local government or social-services organisations or ensure that the client has the relevant contacts and is able to contact and organise these services independently.

Final Assessment

Section 5.3: Final Assessment is intended for use in making a final evaluation of progress in all eight service areas at the time of case closure. The caseworker and client work jointly to evaluate services received and the progress the client made towards (re)integration goals documented in the initial action plan and quarterly reviews. The client and caseworker should complete the *Current Overall Rating* as the client's final self-evaluation.

Safety Plan

The caseworker should reassess safety/risk and security issues in order to ensure that the client is not in immediate physical danger at case closure. If the client identifies immediate danger, the caseworker must defer case closure until the client's safety is reasonably assured. If the client is currently safe but identifies ongoing risk factors for possible harm to self or others, the caseworker should work with the client to develop a safety plan addressing how the client will manage these risk factors after case closure. This safety plan should be documented in **Section 5.4**: Safety Plan.

Client Evaluation of Services

Part of the client-empowerment model is allowing clients to give direct and honest feedback about what they liked and disliked about the programme and services (**Section 5.5**: Client Evaluation of Services). Caseworkers should ensure clients that there will be no retaliation or judgment for critical feedback and, in fact, an honest response is valuable information for World Vision programme development.

Prevention-Related Questions

Section 5.6: Prevention-Related Questions provides clients with a final chance to have a voice in trying to help protect other vulnerable individuals from experiencing human trafficking or exploitation.

Note: After case closure has been completed, the caseworker is responsible for making sure that all documentation has been collected and stored in the client's paper-based and electronic files.

4.7 CASE MANAGEMENT RECORD KEEPING AND DATA FLOW

There is very little data on human trafficking because it operates outside mainstream or public arenas. It thrives on the anonymity of its victims, who can be difficult to identify because they are often living outside of mainstream systems for various reasons that contribute to their vulnerability to exploitation. Thus, maintaining records about clients' identity, their trafficking/exploitation experiences, and the services provided to them upon their (re)integration are important for illuminating both the issue of human trafficking/exploitation and what it takes for survivors to recover. Case management recording, therefore, plays a primary function in bearing witness to clients' journeys, as well as informing ongoing efforts at prevention, advocacy and case management programme development.

Record keeping begins at the initial referral, and client information is tracked at each phase of the case management process through the use of the case forms described in the sections above. These case forms provide documentation about each client's case and a record of the delivery of services to clients and their families. Case forms are a legal record of World Vision's case management decision-making process and activities during service provision.

World Vision Record Keeping

Client Identification Coding

At referral, caseworkers provide a client case file with identification coding, including a **location code** (see Appendix 4: World Vision Location Codes) and a **field identification number** (field ID #), a list managed by each service location based on the order that referral is received; these act as a code for clients in lieu of using their name in confidential communications. This identification coding should appear, rather than the client's name, on the top of every page of the file. Files are organised based on field ID #s. Caseworkers also attach the location code to the case file in order to indicate the country and province where the client is receiving services from World Vision. For instance, the World Vision ETIP programme serves six countries, and each country has multiple target locations, so the location codes are broken down by abbreviations for each country and province. When an ADP/AP integrates follow-up work, each programme can create a location code. If there is a common acronym for the country and province that an ADP/AP works with, that can be the location code. If not, any three or four letters, which can identify the country or province, can be chosen. The following is the example of coding.

Example:

When the case is being managed by the World Vision team in Ranong, Thailand, and this is the first referral, the coding looks like this:

World Vision®	Location (Country/Province): THA/RNG
	Client Code (Field Number): #1

Client Case Files

At intake, caseworkers are required to create a hardcopy **case file** for each client's case. All case forms, documents received at referral and other client documents should be printed and the hardcopies placed in the client's case file. Case file content should be arranged according to the section headers in Table 13. Table 13 may also be printed and included as a table of contents at the beginning of the case file to guide the organisation of the documents. Caseworkers must ensure that all required documents and all supplementary documents are filed appropriately.

Table 13. Case File Content		
Section Header	**Required: Forms and Documents**	**Optional: Supplementary Documents**
I. Referral and intake	☐ Cover sheet ☐ Case Form 1A: Referral/ Intake ☐ Case Form 1B: Client Consent to Services	☐ Documents from the referral source: • client case summary/assessment • case transfer documents
		☐ Any client medical records
		☐ Legal documents • Documents related to repatriation and/or during transfer to community
		☐ Any other client documents
II. Assessment	☐ Case Form 2: Initial Assessment	☐ Safety plans
III. Services	☐ Case Form 3: Action Plan *(and initial and multiple quarterly reviews)* ☐ Case Form 4: Implementation Log *(multiple)*	☐ Assessment of jobs available or viable income-generating options
		☐ ADP support services information (if applicable)
		☐ Vocational-training programme information
		☐ Records of referrals to or agreements with external service providers
		☐ Reports from external service providers about service outcomes
IV. Discharge	☐ Case Form 5: Case Closure	☐ Monitoring and evaluation tool
		☐ Discharge safety plans
		☐ Records of referrals to external service providers for use after case closure

The case file includes a **case file cover sheet** that explains the file content for staff and provides a brief snapshot of the relevant case information. Caseworkers are encouraged to print out the case file cover sheet (see Appendix 3: Client File Cover Sheet) and include it at the beginning of each case file.

Client Case Files Storage

Client's case management information is private and confidential, as discussed in Section 3.3: 'Client Confidentiality'. It is important to keep client case files in locked storage in order to control access to the case information. Secured cabinets are required at the provincial level to store the case files.

Clients may have extensive documentation, but the **caseworker** and **supervising caseworker** are the only people who should be accessing these documents, not multiple team members. Frequent access to case files risks the security and confidentiality of clients' information. Caseworkers and all staff must pay attention when handling the records, in order to avoid the loss or misplacement of vital information. All of the documents must be kept in a secured location and should never be left unattended in non-secure locations, such as on a caseworker's desk or in community workspaces. *At no time should caseworkers take clients' files or any of the documentation out of the World Vision office.*

Generally, client case files should be kept in the organisation's storage for five to seven years after case closure, in order to allow for the possibility of clients requesting copies of their documents. Case management teams should discuss the logistical feasibility of case storage and discuss the accessibility of client files with clients prior to case closure.

Case Management Data Flow

The majority of client data is collected by caseworkers, government workers or partner organisations. All case forms should be completed by government social workers but World Vision caseworkers can complete the task when manpower in the government capacity is not sufficient. Client data should be collected according to the timeline of each case management phase as outlined in Section 4.1: 'World Vision Case Management System Flow'.

All client data and case form information should be protected and only shared with relevant people based on Table 14.

Table 14. Case Management Data Flow

		Phase 1 — Referral and Intake	Phase 2 (0–3 months) — Assessment and Action Planning		Phase 3 (3–21 months) — Services Action Plan Implementation and Review		Phase 4 (21–24 months) — Case Closure
Case Management Flow	**Case Management Forms**	✎ **Case Form 1A:** Referral/Intake ✎ **Case Form 1B:** Client Consent to Services	✎ **Case Form 2:** Initial Assessment (1.5 months)	✎ **Case Form 3:** Action Plan – **Initial** (3 months)	✎ **Case Form 4:** Action Plan Implementation Log (every 3 months until end of services)	✎ **Case Form 3:** Action Plan – Quarterly Review (every 3 months to end of services)	✎ **Case Form 5:** Case Closure End of service or go back to Phase 2
Data Flow	**Field Office**	*Caseworker completes* ✎ **Case Form 1A** *and* **1B** *and sends to project mananger at World Vision national/zonal office*	*Caseworker fills out* ✎ **Case Form 2** *and sends to project manager World Vision national/zonal office once complete (or 1 month after intake)*	*Caseworker fills out new* ✎ **Case Form 3** *and sends to project manager World Vision national/zonal office 3 months after intake*	*Caseworker completes* ✎ **Case Form 4** *every three months*	*Caseworker fills out new* ✎ **Case Form 3** *and keeps in case file*	*Caseworker completes* ✎ **Case Form 5** *at the end of services and sends to World Vision national/zonal office*
	National Office	✎ **Case Forms 1A** *and* **1B** *are stored in case file by project manager at World Vision national/zonal office*	*Project manager at World Vision national/zonal office reviews* ✎ **Case Forms 1A** *and* **1B, 2** *and* **3**, *then enters case data into World Vision Quarterly Reports (Appendix 1)*		*Project manager at World Vision national/zonal office reviews* ✎ **Case Forms 1A** *and* **1B, 2, 3** *and* **4**, *then enters case data into World Vision Quarterly Reports (Appendix 1)*		*Project manager at World Vision national/zonal office compiles all case forms in case file* *Project manager at World Vision national/zonal office reviews* ✎ **Case Form 5**, *then enters case data into World Vision Quarterly Reports (Appendix 1)*
	Regional Office		*Project manager submits World Vision Quarterly Report to regional manager (every 3 months)*		*Project manager submits World Vision Quarterly Report to regional manager (every 3 months)*		*Project manager submits World Vision Quarterly Report to regional manager (every 3 months)*

CASE INFORMATION FLOW

Phase I

Phase I is the time for referral and intake. When caseworkers receive case referrals, they review the case using **Case Form 1A:** Referral and Intake to determine whether to take in the case or not, based on World Vision's criteria in **Case Form 1A**. If the referred person/potential client meets World Vision criteria, the caseworker informs the referral source that the client has been taken in for provisional intake, then **Case Form 1B:** Client Consent to Services is filled out. The caseworker should conduct the needs assessment of the client immediately after intake. The project manager must confirm the caseworker's decision within five working days after receipt of **Case Forms 1A and 1B**. Both **Case Form 1A:** Referral and Intake and **Case Form 1B:** Client Consent to Services need be sent through e-mail to the World Vision (national/zonal) office where the project manager/coordinator sits.

- Case information flow from field office to national/zonal office

    Once the case form is filled out in soft copy, it will be sent to the project manager through email. If it is a challenge for the caseworker to fill out the case forms in soft copy due to various reasons, handwritten case forms can be scanned in and emailed as a PDF file. When internet is not stable at the field office, hard copy case forms can be sent to the World Vision (national/zonal) office. Hard copy case forms should be in a well-sealed envelope and sent with a trustworthy person. After receiving **Case Forms 1A** and **1B**, the project manager should confirm the caseworker's decision on the intake of the case within five working days. The case form must be stored in a locked cabinet at the World Vision (national/zonal) office while the original copy is stored at the field office.

    There is no reporting required from national office to regional office at this point.

Phase 2

Phase 2 is the time for assessment and action planning. After the case is taken in, this phase of services lasts up to three months. Both **Case Form 2:** Initial Assessment and **Case Form 3:** Action Plan are filled out during this phase. The duration to conduct the initial assessment and design the action plan depends on each case. It is suggested to take six weeks to complete **Case Form 2:** Initial Assessment and six weeks to complete **Case Form 3:** Action Plan.

- Case information flow from field office to national/zonal office

    If the case is accepted, the caseworker should complete **Case Form 2** and send it to the World Vision (national/zonal) office, or progress needs to be reported one month from the intake date, even if the initial assessment is not complete. Next, the caseworker should send a copy of **Case Form 3** to the World Vision (national/zonal) office, or the progress needs to be reported **three months from the intake date**, even if the intervention is not finished and the form is not complete.

    The project manager should review **Case Forms 2** and **3** and provide feedback **within five working days** after receiving the case forms from the caseworkers.

- Case information flow from national office to regional office

    The project manager is required to review all of the case forms that he/she has received for the past three months. The purposes of reviewing the forms are as follows:

1) to ensure that the caseworkers are collecting appropriate information from the clients and documenting information on the case forms properly

2) to enter non-confidential client data into the World Vision Quarterly Reports, which allows for statistical analysis of trends

The project manager should review all of the forms and use the **documentation checklists that follow each case form for reference**. There are five checklists:

1. Intake Assessment Checklist for **Case Form 1A** and **1B**
2. Assessment Checklist for **Case Form 2**
3. Case Plan Checklist for **Case Form 3**
4. Evaluation and Case Close Checklist for **Case Form 5**
5. Overall Checklist.

The feedback from this review should be provided to the caseworkers accordingly to improve the caseworker's documentation skills.

Then the project manager will enter the data on the number of cases by age and sex, the categories of trafficking that the clients had fallen into, and the assistance that the clients have received from World Vision (which are outlined in Appendix 1), into the World Vision Quarterly Reports and send it to the regional office every three months. World Vision Quarterly Reports can be sent together with the monthly report. The World Vision Quarterly Report is explained in the next section.

Phase 3

Phase 3 is the time for action plan implementation and review. Based on the plan made in Phase 2, different services are provided to the clients until the 21st month, depending on the client's progress. **Case Form 4:** Action Plan Implementation Log will capture the provided services, actions and interventions as well as the progress and next steps for the remaining three months. **Case Form 3:** Action Plan is used to review the client's progress and revise the action plan according to the client's needs once the planned interventions are completed.

• Case information flow from field office to national/zonal office

Case Form 4 should be sent to the World Vision (national/zonal) office by the caseworker every three months. The caseworker also sends **Case Form 3** to the World Vision (national/zonal) office when the planned interventions are completed and the action plan on **Case Form 3** is revised. Table 15 below includes an example timeframe. The red cells indicate the timing to send **Case Form 4** to the World Vision (national/zonal) office, and **Case Form 3** can be sent as revised.

Table 15: Example of Timing to Send the Case Forms														
Phase 3														
Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Case Form 4			Case Form 4			Case Form 4			Case Form 4			Case Form 4		
Case Form 3 (as revised)			Case Form 3 (as revised)			Case Form 3 (as revised)			Case Form 3 (as revised)			Case Form 3 (as revised)		

- Case information flow from national office to regional office

  The project manager reviews 📝 **Case Form 4** and 📝 **Case Form 3** using the documentation checklists. There is no checklist for 📝 **Case Form 4**, so Checklist 3: Case Plan for 📝 **Case Form 3** is only used when the manager receives 📝 **Case Form 3**. The feedback from this review should be provided to the caseworker accordingly for the purpose of improving the caseworker's documentation skills.

  Then the project manager will enter the data into World Vision Quarterly Reports (Appendix 1) and send to the regional office every three months through e-mail. World Vision Quarterly Reports can be sent together with the monthly report.

Phase 4

Phase 4 is the time for case closure. This is the time to decide if the case is ready to close or if it needs further assistance based on the results of 5.3. Final Assessment of 📝 **Case Form 5:** Case Closure. When the case needs further assistance, the caseworker should go back to Phase 2, and conduct an assessment to identify the needs and then make an action plan accordingly, using 📝 **Case Form 2** and 📝 **Case Form 3**.

- Case information flow from field office to national/zonal office

  The caseworker completes 📝 **Case Form 5**: Case Closure at the end of service and sends it to the World Vision (national/zonal) office. Copies of all forms for the case must be sent to World Vision (national/zonal) office.

- Case information flow from national office to regional office

  When the project manager receives copies of all forms, s/he should compile all of the case forms in a case file and must store it in a secure cabinet.

  Then the project manager/coordinator will enter the data on closed cases and check the balance between active cases, new cases and closed cases against total cases on the World Vision Quarterly Report every three months. After reviewing, the project manager/coordinator will send this information to the regional office together with the monthly report.

*** World Vision Quarterly Reports***

The World Vision Quarterly Reports Excel file included in Appendix 1 consists of two pages: (1) (re)integration assistance and (2) victim assistance.

On the first page – **(re)integration assistance** – the project manager enters the number of new cases and closed cases every month after going through the case forms and then adds the number to the appropriate column of active cases (this **FY**) and new cases (this **FY**). The project manager also enters the number of closed cases (this **month**) every month and then adds the number to the appropriate column of closed cases (this **FY**). The total cases for the life of the project will be calculated automatically on the matrix.

On the **victim assistance** page the target is the trafficking victim who was assisted in victim identification by law enforcement. This information is primarily applicable to the team in the destination country, usually Thailand or China, but the source country needs to enter the data when the team comes across these cases. The project manager enters the number of cases assisted into the column of # assisted (this **month**) both by type of trafficking and by assistance and then adds the number to the appropriate cell of # assisted (this **FY**). The total number assisted during the life of the project will be calculated automatically on the matrix.

The World Vision project manager completes the diagram of total cases of 'Reintegration Assistance to Trafficking Survivors in Source Countries' and 'Assistance Provided to Trafficking Victims' and sends it together with World Vision Data for Quarterly Reports to the World Vision regional team every three months. (See the report template in Appendix 1: Template for World Vision Quarterly Report).

Tips for Filling Out Case Forms

- All staff and government counterparts that provide (re)integration support must adhere to the World Vision Child Protection Policy (see Appendix 2).

- A case note must be written after every activity completed with a client (such as a counselling session, phone call, follow-up visit, medical appointment, critical incident) or an intervention must be documented in **Case Form 4**: Action Plan Implementation Log.

- Case notes should be short and include only important case information; they do not need to be, nor should they be, long narratives.

- Include dates, people involved and contact details (name, phone number, organisation) for every intervention being documented.

- Case notes can be handwritten in local language; they do not need to be typed on a computer.

- All email regarding a client's case must be printed out and put in the client's file.

- All telephone calls regarding a client's case should be documented in case notes.

- Case notes should document objective facts and observations; they should not include personal opinions.

- All coordination of services with partner organisations must be recorded, including regular communication, information sharing and collaboration between case management and other service providers.

CASE FORMS

CASE FORMS

Case Form 1A: Referral/Intake

TO BE FILLED OUT BY THE REFERRAL SOURCE OR WORLD VISION STAFF (CASEWORKER)

1.1 REFERRAL SOURCE INFORMATION		
Referral date:	World Vision staff name and position:	World Vision team country/province:
Type of referral: ☐ Internal World Vision ☐ NGO ☐ International organisation ☐ Law enforcement	☐ Immigration ☐ Government ☐ Embassy ☐ Hotline ☐ Self-referral/walk-in	☐ Family ☐ Friend ☐ World Vision client ☐ N/A ☐ Other:_____
Referral organisation:	Referral contact name:	Referral contact phone number/ email:
List any additional partner organisations or other sources providing referral/intake information (village chief, parents, police, etc.):		
If a self-referral, how did the client find out about World Vision?		

1.2. CLIENT DEMOGRAPHIC INFORMATION		
(This information will be kept at the provincial/state levels only or at the country level.)		
Family name:	Client name:	Client's photo (if available) *World Vision adheres to strict guidelines of privacy when dealing with or reporting on former trafficked persons. World Vision does not allow any identifying features in our reports, which could now or in the future cause trauma to the victims.*

Other names used:	Other names given by the project (if any):	
Date of birth: *dd-mm-yyyy*	Age: Chinese Zodiac Year:	
Gender: ☐ Male ☐ Female ☐ Unknown		
Marital status: ☐ Single ☐ Partnered ☐ Married	☐ Divorced ☐ Separated ☐ Widowed ☐ N/A	
Country of birth:		Nationality or other status (refugee, stateless):
Ethnicity:		Religion:
Client's preferred language:		Additional languages:

Does the client have any children? ☐ Yes ☐ No ☐ N/A

 If yes, number of children: _____

 If yes, where are the children and who is their caregiver? _____
_____

Is the client accompanied by children/relatives? ☐ Yes ☐ No ☐ N/A

Is the client currently pregnant? ☐ Yes ☐ No ☐ N/A

 If yes, how many weeks along is the pregnancy? _____

Client's level of education:

Current client contact information

	Client phone number: Other ways to reach the client:

Current client address		
Village:		Commune:
District:		Province:
Country:		Phone #:
Name of current employer/sponsor, if any:		
Describe the place and community where the client is living:		
Birth/home address (if not the same as the current address)		
Village:		Commune:
District:		Province:
Country:		Phone #:
Describe the place and community where the client used to live:		
Family contact information (if applicable):		
Address:		
Phone number:		
EMERGENCY CONTACT (*someone the staff can contact in case of emergency*)		
Name:		
Relationship to client:		
Contact number or address:		

1.3. TRAFFICKING/EXPLOITATION HISTORY – REASON FOR REFERRAL

The referral source's reason for the World Vision referral:

TRAFFICKING/EXPLOITATION EXPERIENCE (PURPOSE)

Presence of trafficking/exploitation
Did client experience trafficking/exploitation? ☐ Yes ☐ No ☐ N/A

If no trafficking/exploitation occurred, was there a real and substantial threat of exploitation, although actual exploitation never took place?

☐ Yes ☐ No ☐ N/A

Trafficking/exploitation case classification

If exploited, which type(s) of exploitation did the individual experience?

☐ Labour trafficking	☐ Sexual exploitation
☐ Agricultural	☐ Forced marriage
☐ Child care	☐ Begging/street selling
☐ Construction	☐ Low-level criminal activities
☐ Domestic work	☐ Forced military service
☐ Factory	☐ Organ removal
☐ Fishing	☐ At risk: _____
☐ Mining	☐ Other: _____
☐ Restaurants and hotel work	
☐ Trade/transport sector	
☐ Other type of labour: _____	

Trafficking location/migration

Place of origin:	Destination location:
Transit locations between origin and destination:	

If trafficked, was the type of trafficking in-country or transnational?

☐ In-country ☐ Transnational ☐ Both

What was the main reason for the client to leave the place of origin?

Duration of exploitation

Date exploitation began:	Age of client at first exploitation:
Date of exit from exploitation:	
Duration of exploitation: _____days _____months _____years	

MEANS OF TRAFFICKING/EXPLOITATION (MEANS)

What means were used to control the client during exploitation?

☐ Physical/psychological/sexual abuse   ☐ Threats to harm family members

☐ Threats   ☐ Debt bondage

☐ False promises/deception   ☐ Withholding of travel documents/ID/wages

☐ Denied freedom of movement   ☐ Excessive working hours

☐ Giving of drugs/alcohol   ☐ N/A

☐ Denied food/drink/medical treatment   ☐ Other means of control (specify): _____

☐ Threats to hand over to police for arrest or deportation   _____

TRAFFICKING/EXPLOITATION PROCESS (ACT)

How did the client enter the migration/trafficking process?

☐ Kidnapping   ☐ Labour migration

☐ Sold by member of family   ☐ Marriage

☐ Sold by non-family member   ☐ Tourism

☐ Adoption   ☐ N/A

☐ Educational opportunity   ☐ Other: _____

☐ Family visit

☐ Friend visit

Did entry into exploitation involve recruitment? ☐ Yes ☐ No ☐ N/A

If yes, how did the trafficker/perpetrator first initiate contact with the client?

☐ Personal contact   ☐ Radio advertisement

☐ Employment agency   ☐ Television advertisement

☐ Travel agency   ☐ Broker

☐ Internet advertisement   ☐ N/A

☐ Newspaper advertisement   ☐ Other: _____

Perpetrator information

(Profiles of all the individuals implicated in the trafficking process)

Person 1: Gender: Nationality: Relationship with the client:	Role in trafficking process: ☐ Recruiter ☐ Kidnapper ☐ Seller ☐ Transporter ☐ Buyer ☐ Harbourer ☐ Receiver ☐ Exploiter ☐ Other: _____	From (place/country): To (place/country):
Person 2: Gender: Nationality: Relationship with the client:	Role in trafficking process: ☐ Recruiter ☐ Kidnapper ☐ Seller ☐ Transporter ☐ Buyer ☐ Harbourer ☐ Receiver ☐ Exploiter ☐ Other: _____	From (place/country): To (place/country):
Person 3: Gender: Nationality: Relationship with the client:	Role in trafficking process: ☐ Recruiter ☐ Kidnapper ☐ Seller ☐ Transporter ☐ Buyer ☐ Harbourer ☐ Receiver ☐ Exploiter ☐ Other: _____	From (place/country): To (place/country):

Person 4: Gender: Nationality: Relationship with the client:	Role in trafficking process: ☐ Recruiter ☐ Kidnapper ☐ Seller ☐ Transporter ☐ Buyer ☐ Harbourer ☐ Receiver ☐ Exploiter ☐ Other: _____	From (place/country): To (place/country):

ADDITIONAL ABUSE/NEGLECT HISTORY

Did the client experience any of the following additional forms of abuse or neglect prior, during or after exploitation?

☐ Lack of shelter

☐ Lack of food or water

☐ Lack of access to medical care

☐ Physical abuse/beating to the head or body

☐ Rape

☐ Other sexual abuse or humiliation

☐ Torture (deliberate and systematic infliction of physical or mental suffering)

☐ Imprisonment

☐ Forced separation from family

☐ Enforced isolation

☐ Witness to physical abuse/beating to head or body of another

☐ Witness to rape or sexual abuse

☐ Witness to torture

☐ Witness to murder, or death due to violence, of another person

☐ Forced to physically harm another

☐ Disappearance of a family member

☐ Other forms of physical/psychological/ sexual abuse: _____

_____

_____

1.4 PRE-EXPLOITATION CIRCUMSTANCES

Describe the client's experience before their migration/trafficking

Social status (relationship with friends and community):

	Health:
	Family:
	Economic status: ☐ Well-off ☐ Standard ☐ Poor ☐ Very poor ☐ N/A ☐ Other: _____ Family income per month: _____ Individual's income per month: _____

1.5 POST-TRAFFICKING HISTORY (migration/repatriation/services)

	How did the client exit trafficking scenario?
	☐ Escaped ☐ Rescue by organisation: _____ ☐ Raid/police action ☐ Arrested ☐ Unknown ☐ Other: _____

Trafficking victim identification and assistance	
Identification:	Assistance:
☐ Victim identified at destination country	☐ Offered formal assistance: ☐ Accepted ☐ Declined ☐ Not offered assistance ☐ Deported ☐ Jailed/detained
☐ Victim not identified at destination country	☐ Not offered assistance ☐ Informal assistance offered: ☐ Accepted ☐ Declined ☐ Deported ☐ Jailed/detained

	☐ Victim identified at source country	☐ Offered formal assistance: ☐ Accepted ☐ Declined ☐ Not offered assistance
	Repatriation and (re)integration	
	☐ Return to and community (re)integration in origin country	☐ Official assisted return (repatriation) ☐ Unassisted return: ☐ Deported ☐ Self-return ☐ Informally assisted
	☐ Community Integration at destination country	☐ Self-integration: ☐ Successful ☐ Unsuccessful ☐ Assisted integration: ☐ Successful ☐ Unsuccessful
	After exploitation, what services have been received by the client or family members?	
	☐ No choice of services ☐ Pre-repatriation assistance ☐ Travel assistance ☐ Reception assistance ☐ Health check	☐ Shelter ☐ Reintegration case management ☐ Other: _____ _____
	Other service providers/NGOs involved	
	Organisation:	Staff name and contact information:
	Organisation:	Staff name and contact information:
	Organisation:	Staff name and contact information:

1.6 CLIENT'S PRESENTING PROBLEMS

What issues/needs does the client say he or she needs help addressing:

1.

2.

3.

NOTE: EMERGENCY/CRISIS NEEDS

1.7 REFERRAL SOURCE RECOMMENDATIONS

What are the referral source's recommended next steps for services:

1.

2.

3.

TO BE FILLED OUT BY WORLD VISION STAFF

1.8 WORLD VISION INTAKE SCREENING

Intake decision:

☐ Client DOES meet World Vision programme intake criteria and will be engaged for intake

(See *Case Management Manual*, Section 4.2: 'Referral Process and World Vision Intake' for detailed intake criteria information.)

☐ Client DOES NOT meets World Vision programme intake criteria and has been referred to other services if needed

Describe any referrals:

Staff Signature:	Date (*dd/mm/yyyy*):

Case Form 1B: Client Consent to Services

TO BE FILLED OUT BY THE REFERRED CLIENT AND THE CASEWORKER

(The client should be given a copy of this form)

1.9 FIRST CLIENT CONTACT		
Date of first client contact:	Type of contact (phone, in-person, etc.):	World Vision caseworker name and position:

1.10 INFORMED CONSENT
Document discussion with client of ALL informed consent topics
☐ Explanation of World Vision programme and services
☐ Client confidentiality
☐ Client rights and responsibilities
☐ Informed consent: Client's right to accept or decline to receive services

1.11 CONSENT TO SERVICES
Client consent/assent to services: ☐ Written   ☐ Verbal   ☐ Declined
Intake date (date of client's consent/assent to services):
I, _____, hereby agree to receive services from the [   ] programme by World Vision.

SIGNATURES		
Client name:	Client signature or thumbprint/symbol:	Date (*dd/mm/yyyy*):
Guardian name: *(Required if client is under age 18)*	Guardian signature or thumbprint/symbol:	Date (*dd/mm/yyyy*):
Staff name/position/organisation:	Staff signature:	Date (*dd/mm/yyyy*):

CONSENT REVIEWED BY:		
World Vision staff name/position:	Signature:	Date (*dd/mm/yyyy*):

1.12 NEXT STEPS FOR CASE MANAGEMENT	
Client's assigned caseworker:	Next scheduled contact: DATE: LOCATION:

Intake Assessment Checklist

Standard: The intake assessment should determine eligibility for services, evaluate the client's willingness and readiness to engage in services, and provide the basis for the development of the initial case plan.

Caseworker does or checks the following:

YES NO

☐ ☐ The assessment is conducted in the language the client speaks.

☐ ☐ The client uses respectful language and avoids slang.

☐ ☐ Writes notes immediately after meeting with the person (client or partner) or completing an activity on behalf of the client.

☐ ☐ Enters the date and signature of the caseworker every time s/he fills out the information.

☐ ☐ Records information onto case forms in a timely manner; if information is entered more than three working days after the meeting, it is recorded as 'late entry'.

☐ ☐ Writes neatly and legibly if the note is handwritten and types if handwriting is difficult to read.

☐ ☐ Uses proper spelling, grammar and sentence structure.

☐ ☐ Fills out all the required information with no blank spaces between entries, as this can imply vital information is left out.

☐ ☐ Errors have a line through incorrect information. Caseworker writes error, initial and date, so that other caseworkers can follow the process of case plan.

☐ ☐ Another caseworker can read the progress notes and provide needed follow-up.

☐ ☐ Notes when a client or the client's family has declined any case management services.

Case Form 2: Initial Assessment

TO BE FILLED OUT BY WORLD VISION CASEWORKER OR OTHER CASEWORKER

HOW TO USE:

Please review **Form 1: Referral/Intake**, any supporting legal documents, and any previous assessment for this client and refer to them as you perform this assessment.

Ensure client has fully discussed informed consent and agreed to services.

2.1 CASE MANAGEMENT INFORMATION
(This information will be kept in the provincial/state level only or at country level)

	Client name:	Date of birth (dd-mm-yyyy):
	World Vision staff:	World Vision staff supervisor:
	List all agencies involved in the case (NGOs, government, shelters, etc.):	
	PRIMARY organisation providing services:	Caseworker name/phone number/email:

2.2 ETHICAL STANDARDS

Informed consent obtained? ☐ Yes ☐ No

Client confidentiality discussed? ☐ Yes ☐ No

Initial assessment conducted in private/confidential location? ☐ Yes ☐ No

2.3 TRAFFICKING/EXPLOITATION HISTORY

From **Case Form 1A, Section 1.3**. *Review the accuracy of the referral information with the client*

Trafficking/exploitation case classification

If exploited, which type(s) of exploitation did the individual experience?

☐ Labour trafficking   ☐ Sexual exploitation

☐ Agricultural   ☐ Forced marriage

☐ Child care   ☐ Begging/street selling

☐ Construction   ☐ Low-level criminal activities

☐ Domestic work   ☐ Forced military service

☐ Factory   ☐ Organ removal

☐ Fishing   ☐ At risk: _____

☐ Mining   ☐ Other: _____

☐ Restaurants and hotel work

☐ Trade/transport sector

☐ Other type of labour: _____

2.4 NEEDS ASSESSMENT

I. Housing and accommodation

Where are you currently sleeping?

☐ Shelter   ☐ Friend/community member's house

☐ Family home   ☐ Rented home

☐ Street   ☐ Other: _____

How long can you stay in your current housing?

Who else lives in your current housing?

Do you have any concerns about your current housing?

Description of current housing/accommodation based on the client report and/or caseworker observation:

	Do you have sufficient food to eat today? ☐ Yes ☐ No ☐ N/A Are you concerned about having enough to eat this month? ☐ Yes ☐ No ☐ N/A Describe:
	What is your current form of transportation? Describe:

II. Physical well-being

	Do you have any medical issues or disabilities? ☐ Yes ☐ No ☐ N/A Describe:
	Are you currently taking any medication? ☐ Yes ☐ No ☐ N/A List medication/dosage/dosage frequency:
	Do you have any chronic diseases (HIV, Hepatitis B, etc.)? ☐ Yes ☐ No ☐ N/A Describe:
	Are you currently experiencing any pain in your body? ☐ Yes ☐ No ☐ N/A Describe the location of the pain: Rate the pain on a scale of 1 to 5 (1=no pain, 5=most pain possible)
	Do you have any abuse-related injuries? ☐ Yes ☐ No Describe:
	Are you receiving medical treatment? ☐ Yes ☐ No ☐ Do not know Doctor/location treatment received/cost of treatment:

Is there a medical record?   ☐ Yes   ☐ No

Any additional information on medical record:

Screening for traumatic brain injury
Have you ever been beaten or struck on the head?   ☐ Yes   ☐ No Number of times? _____
Did you lose consciousness afterwards?   ☐ Yes   ☐ No For how long?   ☐ 1–30 minutes   ☐ 30 minutes–6 hours   ☐ 6–24 hours   ☐ More than 24 hours
Did you experience a period of amnesia or confusion afterwards?   ☐ Yes   ☐ No For how long?   ☐ 1–30 minutes   ☐ 30 minutes–6 hours   ☐ 6–24 hours   ☐ More than 24 hours

III. Psychological/emotional

Mental status
Has your trafficking experience affected your feelings and behaviours?   ☐ Yes   ☐ No Describe:

In the past seven days have you experienced any of the following?

☐ Difficulty falling or staying asleep or sleeping too much

☐ Nightmares

☐ Little appetite or eating too much

☐ Flashbacks

☐ Intense emotional reactions

☐ Intense physical sensations

☐ Inability to think, have feelings about or discuss trauma

☐ Loss of memory about trauma

☐ Feelings of detachment

☐ Diminished interest or participation in daily activities

☐ Irritability/outbursts of anger

☐ Difficulty concentrating

☐ Always looking for danger

☐ Exaggerated startle response

☐ Depressed mood

☐ Thinking you will not have a long life

☐ Separation from the family or spouse

☐ Guilt/shame

☐ Self-blame

☐ Hopelessness

☐ Distrust of others

☐ Hypersexuality; extremely frequent or suddenly increased sexual urges or sexual activity

☐ Other: _____

	If you identified any of the above symptoms, have these problems made it difficult for you to do your work, take care of things at home, or get along with other people? ☐ Yes ☐ No ☐ N/A
	Caseworker's observations of client's mental status:
	SAFETY ASSESSMENT
	Suicide – Have you ever had thoughts about killing yourself?
	☐ Current ☐ Past ☐ None reported Describe (thoughts, plan, and past suicidal gestures):
	Self harm – Have you ever hurt yourself?
	☐ Current ☐ Past ☐ None reported Describe self-harm behaviours (duration, frequency):
	Homicide – Have you ever had thoughts about killing or hurting someone else?
	☐ Current ☐ Past ☐ None reported Describe (thoughts, plan, and past aggressive behaviours):
	Aggressive behaviour – Have you ever acted violently towards others?
	☐ Current ☐ Past ☐ None reported Describe aggressive behaviours (duration, frequency):
	Substance use

Have you in the past or do you currently drink **alcohol**?

☐ Current ☐ Past ☐ None reported

Describe (type of alcohol/frequency and amount of use):

Have you in the past or do you currently use illegal/street **drugs** or other narcotics?

☐ Current ☐ Past ☐ None reported

Describe (type of drugs/frequency and amount of use):

IV. Education and training

Education history:

☐ No school

☐ Primary; drop out at grade: _____

☐ Primary school completed

☐ Junior high school; drop out at grade: _____

☐ Junior high school completed

☐ High school; drop out at grade: _____

☐ High school completed

☐ University; drop out at year: _____

☐ University completed

☐ Religious education

☐ Technical training

☐ Other:

_____

Vocational and/or occupational training history

Have you participated in any vocational/occupational training programmes?

☐ Yes ☐ No

Describe:

Literacy

Language: _____ ☐ No literacy ☐ Basic ☐ Intermediate ☐ Full literacy

Additional languages and literacy:

Learning disability

Do you have any learning disabilities or obstacles to participation in formal learning?

☐ Yes ☐ No ☐ N/A

Describe:

Life skills and recreation

What life skills do you want to develop?

(The *caseworker can also check these based on observation of the client*.)

☐ Interpersonal communication   ☐ Health basics (illness prevention)

☐ Conflict resolution   ☐ Childcare/positive parenting

☐ Social skills   ☐ Budgeting/money management

☐ Basic hygiene/self-care   ☐ Critical thinking

☐ Self-esteem   ☐ Goal setting

☐ Safe sex   ☐ Decision making

☐ Sex/reproduction education   ☐ Other: _____

☐ Basic nutrition   Describe:

☐ Safe migration

Do you participate in any recreational activities or hobbies?   ☐ Yes   ☐ No

Describe:

V. Economic

What was the last work activity you engaged in before your departure from your place of origin?

☐ Agricultural work   ☐ Sex work

☐ Begging   ☐ Restaurant/hotel work

☐ Child care   ☐ Small street commerce

☐ Construction   ☐ Study

☐ Domestic work   ☐ Trade

☐ Factory work   ☐ Transport

☐ Fishing   ☐ Other: _____

☐ Low-level criminal activities   Describe:

☐ Military service

☐ Mining

Current work and income	
Are you currently working? ☐ Yes ☐ No ☐ N/A Describe:	
Current income (per month):	Additional family income (per month):
Is your individual/family income: ☐ Stable ☐ Variable from month to month	Current household living expenses (per month):
Are you financially supporting other family members? ☐ Yes ☐ No If yes, how many family members rely on you for support? _____	

VI. Legal

Personal documents	
Do you have a birth certificate? ☐ Yes ☐ No ☐ N/A ☐ Copy on file	Do you have identity documents? ☐ Yes ☐ No ☐ N/A ☐ Copy on file
Do you have any issues with personal documentation? ☐ Yes ☐ No ☐ N/A Describe:	
Do you have any issues with personal documentation for your children, spouse or partner? ☐ Yes ☐ No ☐ N/A Describe:	
Do you have any issues with residence registration? ☐ Yes ☐ No ☐ N/A Describe:	
Do you have any other legal issues? ☐ Yes ☐ No ☐ N/A ☐ Divorce ☐ Child custody ☐ Land ownership/rights ☐ Other: _____ Describe:	

Criminal and civil investigation related to trafficking/exploitation	
Incident report filed with police? ☐ Yes ☐ No ☐ N/A	Incident report date:_____ ☐ Copy on file
Criminal court case open? ☐ Yes ☐ No ☐ N/A If yes, charge(s) filed:	Civil court case open? ☐ Yes ☐ No ☐ N/A
Trial status: ☐ Pending ☐ Active/ongoing ☐ Complete ☐ N/A	
Criminal case ruling: ☐ Guilty Prison sentence: _____ ☐ Not guilty	Civil case ruling: ☐ Compensation awarded: Compensation amount:_____ ☐ No compensation awarded
Did you collaborate with the criminal justice system during the investigation? ☐ Yes ☐ No ☐ N/A If yes, please specify: ☐ Giving evidence ☐ Trial witness testimony ☐ Other	
Did you receive any compensation from a government compensation fund? ☐ Compensation awarded Compensation amount:_____ ☐ No compensation awarded	
Legal representation/advocacy organisation (if applicable)	
Legal advocacy organisation:	
Lawyer/legal contact:	Phone number/email:

VII. Security

Security – How safe do you feel in your community?
Do you have any current concerns for your own or your family's safety? ☐ Yes ☐ No ☐ N/A Describe:
Do any perpetrators who have abused or trafficked you live in your community? ☐ Yes ☐ No ☐ N/A Describe:
Have you been followed by anyone in your community? ☐ Yes ☐ No ☐ N/A Describe:
Have you experienced violence, harassment or threats in your community? ☐ Yes ☐ No ☐ N/A Describe:

VIII. Social inclusion

Client's parents: *This information will be kept in the provincial/country office only*	
Full name (father):	Full name (mother):
Is your father alive? ☐ Yes ☐ No ☐ N/A	Is your mother alive? ☐ Yes ☐ No ☐ N/A
Occupation/contact details:	Occupation/contact details:
Involved in exploitation? ☐ Yes ☐ No If yes, role:	Involved in exploitation? ☐ Yes ☐ No If yes, role:
Current residence:	Current residence:

	Client's guardian/caregiver
	If client is under age 18 or otherwise in the guardianship or custody of, note

Guardian/caregiver full name:	Age/gender:
Occupation:	Guardian/caregiver contact information (if not living with the child):

Domestic violence
Is there any family violence currently happening in your home? ☐ Yes ☐ No ☐ N/A Describe:
Identify any types of abuse you are **currently** experiencing: ☐ Physical abuse ☐ Witnessing physical or sexual abuse ☐ Sexual abuse ☐ Other: _____ ☐ Emotional/psychological abuse

Family risk factors
☐ Poverty ☐ Homelessness ☐ Domestic violence ☐ Debt ☐ Sexual violence ☐ Gambling ☐ Alcohol addiction ☐ Family member involved in commercial sex industry ☐ Narcotics addiction ☐ Other: _____ ☐ Medical problems

Community assessment
The caseworker should include additional information based on observation and discussion with family and community members
Is your community friendly and accepting of you after your trafficking/exploitation? ☐ Yes ☐ No ☐ N/A Describe:

Have you experienced discrimination by your family due to your trafficking/ exploitation?

☐ Yes ☐ No ☐ N/A

Describe:

Do you feel you are stigmatised by community members based on spiritual/religious, cultural, ethnic or racial considerations?

☐ Yes ☐ No ☐ N/A

Describe:

Is there a history of trafficking/exploitation in your community? ☐ Yes ☐ No ☐ N/A

Describe:

Are authorities making efforts to prevent trafficking in this area? ☐ Yes ☐ No ☐ N/A

Describe:

Do you have opportunities for healthy social connections in your community?

☐ Yes ☐ No ☐ N/A

Describe:

Are there any of the following risk factors in your community?

☐ Lack of economic opportunities ☐ Active traffickers/brokers/ recruitment agencies

☐ Community violence ☐ Other: _____

☐ Gangs/crime

☐ Active commercial sex industry

Significant Family Members					
Family member/role	Name	Work	Age/ gender	Current residence	*Notes:* *(Significant caregiver, involved in exploitation, etc.)*

2.5 NEEDS ASSESSMENT MATRIX

HOW TO USE:

The **needs assessment matrix** should summarise the overall findings from the needs assessment in
📝 **Case Form 2, Section 2.4**: Needs Assessment.

The *Current Overall Rating* section in each of the eight identified service areas below provides baseline data
for monitoring and evaluation. **All ratings should be determined collaboratively by the client
and the caseworker.**

These service areas are reassessed every three months using 📝 **Form 3**: Action Plan and for the last
time at the end of services using 📝 **Form 5**: Case Closure.

I. Housing and accommodation

Goal outcome: *Access to a safe, satisfactory and affordable place to live, whether provided by an organisation,
institution or privately arranged.*

Review current need:

Current overall rating: Housing and accommodation

1	2	3	4
Emergency/crisis	Insufficient	Sufficient	Excellent

II. Physical well-being

Goal outcome: *Healthy physical condition and a general sense of physical well-being.*

Review current need:

Current overall rating: Medical

1	2	3	4
Emergency/crisis	Insufficient	Sufficient	Excellent

III. Psychological/emotional

Goal outcome: *Mental well-being, including self-esteem, confidence and self-acceptance.*

Review current need:

Current overall rating: Psychological/emotional			
1	2	3	4
Emergency/crisis	Insufficient	Sufficient	Excellent

IV. Education/training

Goal outcome: *Formal and non-formal education history; access to school re-enrolment, educational and training opportunities, including formal and informal schooling, professional/vocational training, life skills, and so on. This is of particular importance for children with less than the minimum level of schooling.*

Review current need:

Current overall rating: Education/training			
1	2	3	4
Emergency/crisis	Insufficient	Sufficient	Excellent

V. Economic

Goal outcome: *A satisfactory economic situation – for example, the ability to earn money, support family members and so on – as well as access to economic opportunities, which might include employment or income-generating activities.*

Review current need:

Current overall rating: Economic			
1	2	3	4
Emergency/crisis	Insufficient	Sufficient	Excellent

VI. Legal

Goal outcome: *Current legal status as a citizen (having been registered at birth) and access to identity documents; in the case of foreign trafficking victims, being provided with temporary or permanent residency. This may include issues of legal guardianship in the case of children. The individual's involvement in the legal/judicial process related to the trafficking experience – especially to claim compensation – undertaken in the client's best interests and with the client's informed consent.*

Review current need:

Current overall rating: Legal			
I	2	3	4
Emergency/crisis	Insufficient	Sufficient	Excellent

VII. Safety

Outcome goal: *Being physically safe and well. This includes safety from exposure to threats or violence by the trafficker or by others within the family or community/country*

Review current need:

Current overall rating: Safety			
I	2	3	4
Emergency/crisis	Insufficient	Sufficient	Excellent

VIII. Social inclusion

Goal outcome: *The overall health and well-being of client's family system, including children, spouses, parents, siblings and so on. Client's health of social connections and inclusions in family and community. Client's experience of spirituality, religion, cultural, ethnic, racial considerations, stigma and discrimination.*

Review current need:

Current overall rating: Family and community inclusion			
I	2	3	4
Emergency/crisis	Insufficient	Sufficient	Excellent

2.6 SUMMARY OF NEEDS

HOW TO USE:

- Complete the analysis below based on the information collected in **Case Form 1A: Referral/Intake** and the appropriate sections of **Case Form 2**: Initial Assessment.
- Major problems can be identified primarily from the client's:
    - » demographic Information
    - » trafficking/exploitation history
    - » needs assessment
    - » family details.
- Prioritise the needs from the major problems identified.

	Client's chief complaint(s) What issues/needs does the client say are most troubling? What does the client say he or she needs help from staff to address?
	1.
	2.
	3.

Presenting problems
(Use on 📝 **Case Form 3**: Action Plan.*)*

	I. Housing and accommodation
	1.
	2.
	II. Physical well-being
	1.
	2.
	III. Psychological and emotional
	1.
	2.
	IV. Education and training
	1.
	2.
	V. Economic
	1.
	2.
	VI. Legal
	1.
	2.

	VII. Security
	1.
	2.
	VIII. Social inclusion
	1.
	2.

NOTE: EMERGENCY/CRISIS NEEDS

2.7 SUPPORTS AND BARRIERS TO CLIENT ENGAGEMENT
(To be filled out collaboratively by the client and the caseworker.)

	Client strengths
	Client resilience/available resources/protective factors
	1.
	2.
	3.
	Client limitations
	Current challenges and barriers
	1.
	2.
	3.
	Client engagement
	Evaluate the willingness and readiness of the client to engage in services

	Eligibility for resources/services in local community Age/gender/trafficking history/other service criteria/etc.
	Additional information or observations: (Interview data/remarks)

2.8 PREVENTION-RELATED QUESTIONS
(To be answered by client)

What information do you think other people should know that might help prevent them from being trafficked?

What do you think individuals can do that might help prevent them from being trafficked?

What do you think families or neighbours can do to better protect individuals from being trafficked?

What advice would you give to other people to help them stay safe from recruitment into trafficking?

ASSESSMENT COMPLETED BY

Client name:	Client signature or thumbprint/symbol:	Date (*dd/mm/yyyy*):
Guardian name: *(Required if the client is under age 18.)*	Guardian signature or thumbprint/symbol:	Date (*dd/mm/yyyy*):
Staff name/position/organisation:	Staff signature:	Date (*dd/mm/yyyy*):

ASSESSMENT REVIEWED BY		
World Vision staff name/position:	Staff signature:	Date (*dd/mm/yyyy*):

Assessment Checklist

Standard: Each client will have an assessment of individual strengths, resources and service needs conducted in the language that s/he speaks. This information is crucial to translate into a case plan, and caseworkers are required to collect accurate information in collaboration with the clients s/he works for.

Caseworker does or checks the following:

YES NO

☐ ☐ The assessment is conducted in the language the client speaks.

☐ ☐ The client uses respectful language and avoids slang.

☐ ☐ Writes notes immediately after meeting with the person (client or partner) or completing an activity on behalf of the client.

☐ ☐ Enters the date and signature of the recorder every time s/he fills out the information.

☐ ☐ Records information onto case forms in a timely manner; if information is entered more than three working days after the meeting, it is recorded as 'late entry'.

☐ ☐ Writes neatly and legibly if the note is handwritten and types if handwriting is difficult to read.

☐ ☐ Uses proper spelling, grammar and sentence structure.

☐ ☐ Fills out all the required information with no blank space between entries, as this can imply vital information is left out.

☐ ☐ The project manager and caseworker have the most updated information about the possible referral partners in each target location.

☐ ☐ The methods for achieving the goals are identified and broken down into manageable tasks.

☐ ☐ The people responsible for task completion and completion dates are identified.

☐ ☐ The strengths of the client/family are noted in the assessment.

☐ ☐ The person's strengths and resources are taken into consideration when setting goals and assigning tasks.

☐ ☐ Family members or support group members are identified.

☐ ☐ The assessment includes the client's willingness and readiness to engage in services.

☐ ☐ Goals attainment is measurable and indicators are identified.

Case Form 3: Action Plan

TO BE FILLED OUT BY WORLD VISION CASEWORKER OR OTHER CASEWORKER

3.1 ACTION PLAN INFORMATION

HOW TO USE:

✍ **Case Form 3**: Action Plan is used to develop goals and a plan for service provision. The client's action plan is reviewed and updated **every three months**.

- Review ✍ **Case Form 1A**: Referral/Intake and ✍ **Case Form 2**: Initial Assessment documents.

- The caseworker and the client work together to develop an action plan to address the client's needs as identified in ✍ **Case Form 2**: Initial Assessment.

- An **Initial Action Plan** should be created as soon as possible after the initial assessment (Case Form 2) has been completed and **no later** than three months after the client's intake date. Check the '3 month' box under 'Initial action plan' below to indicate use as an initial action plan.

- This form is also used as an **Action Plan – Quarterly Review** each quarter to evaluate progress towards meeting the client's (re)integration goals. Check the box that indicates the review period being evaluated ('6 month', '9 month', etc.).

- The review period is the time from the intake date and reviews the three-month period since the last action plan.

Action plan date:		
Initial action plan *(first action plan)*	Action plan – quarterly review *(Indicate the quarterly review period)*	
☐ 3 month	☐ 6 month ☐ 9 month ☐ 12 month	☐ 15 month ☐ 18 month ☐ 21 month
Case management information		
PRIMARY organisation providing services:	Caseworker name/phone number/ email:	
List all agencies involved in helping the client implement the action plan (NGOs, government, shelters, etc.):		

3.2 TRAFFICKING/EXPLOITATION HISTORY
As determined in 📝 **Case Form 2, Section 2.**

Trafficking/exploitation case classification

☐ Labour trafficking

☐ Agricultural

☐ Child care

☐ Construction

☐ Domestic work

☐ Factory

☐ Fishing

☐ Mining

☐ Restaurants and hotel work

☐ Trade/ Transport sector

☐ Other type of labour: _____

☐ Sexual exploitation

☐ Forced marriage

☐ Begging/street selling

☐ Low-level criminal activities

☐ Forced military service

☐ Organ removal

☐ At Risk: _____

☐ Other: _____

3.3 ACTION PLAN

HOW TO USE:

This case form is used to review and evaluate progress of the case **every three months**, which helps the client in planning next steps or to follow up or adapt the plan if needed.

- **Presenting problems**
  - » In the initial action plan the presenting problems should be those identified in **Case Form 2, Section 2.6: Summary of Needs.**
  - » For quarterly reviews the presenting problems determined in the prior action plan should be reviewed and any additional presenting problems should be added as needed based on the client's circumstances.

- **Goals and action/interventions:** These categories should include all the goals set in previous action plan.
  - » Indicate goals/interventions that have been achieved; the achieved goal/intervention can be reviewed and amended during each quarterly review.
  - » Add any new goals/interventions and note the reasons for the additions in the review section.

- **Review**: Note completion or addition of goals, obstacles to interventions and overall client progress since the last action plan.
- **Current overall rating:** This provides ongoing data assessing all eight identified service areas for monitoring and evaluation. **All ratings should be determined collaboratively by the client and the caseworker at every quarterly review.**

I. Housing and accommodation

Presenting problems

1.

2.

Goals:	Actions/interventions: *(and who will take action)*	Date of next quarterly review: *(dd-mm-yyyy)*
1.	1. 2. 3.	
2.	1. 2. 3.	

Review: (Note completion or addition of goals, obstacles to interventions, and overall client progress since the last action plan. Include client and caseworker feedback.)

Current overall rating: Housing and accommodation

1	2	3	4
Emergency/crisis	Insufficient	Sufficient	Excellent

II. Physical well-being

Presenting problems

1.

2.

Goals:	Actions/interventions: (and *who will take action*)	Date of next quarterly review: *(dd-mm-yyyy)*
1.	1. 2. 3.	

2.	1.	
	2.	
	3.	

Review: (Note completion or addition of goals, obstacles to interventions, and overall client progress since the last action plan. Include client and caseworker feedback.)

Current overall rating: Medical			
1	2	3	4
Emergency/crisis	Insufficient	Sufficient	Excellent

III. Psychological/emotional		
Presenting problems 1. 2.		
Goals:	**Actions/interventions:** (and *who will take action*)	**Date of next quarterly review:** *(dd-mm-yyyy)*
1.	1. 2. 3.	
2.	1. 2. 3.	

Review: (Note completion or addition of goals, obstacles to interventions, and overall client progress since the last action plan. Include client and caseworker feedback.)

Current overall rating: Psychological/emotional			
1	2	3	4
Emergency/crisis	Insufficient	Sufficient	Excellent

IV. Education and training

Presenting problems

1.

2.

Goals:	Actions/interventions: (and *who will take action*)	Date of next quarterly review: *(dd-mm-yyyy)*
1.	1. 2. 3.	
2.	1. 2. 3.	

Review: (Note completion or addition of goals, obstacles to interventions, and overall client progress since the last action plan. Include client and caseworker feedback.)

Current overall rating: Education and training

1	2	3	4
Emergency/crisis	Insufficient	Sufficient	Excellent

V. Economic

Presenting problems

1.

2.

Goals:	Actions/interventions: (and *who will take action*)	Date of next quarterly review: *(dd-mm-yyyy)*
1.	1. 2. 3.	

2.	1.	
	2.	
	3.	

Review: (Note completion or addition of goals, obstacles to interventions, and overall client progress since the last action plan. Include client and caseworker feedback.)

Current overall rating: Economic			
1	2	3	4
Emergency/crisis	Insufficient	Sufficient	Excellent

VI. Legal

Presenting problems

1.

2.

Goals:	Actions/interventions: *(and who will take action)*	Date of next quarterly review: *(dd-mm-yyyy)*
1.	1. 2. 3.	
2.	1. 2. 3.	

Review: (Note completion or addition of goals, obstacles to interventions, and overall client progress since the last action plan. Include client and caseworker feedback.)

Current overall rating: Legal			
1	2	3	4
Emergency/crisis	Insufficient	Sufficient	Excellent

VII. Security

Presenting problems

1.

2.

Goals:	Actions/interventions: (and *who will take action*)	Date of next quarterly review: *(dd-mm-yyyy)*
1.	1. 2. 3.	
2.	1. 2. 3.	

Review: (Note completion or addition of goals, obstacles to interventions, and overall client progress since the last action plan. Include client and caseworker feedback.)

Current overall rating: Security

1	2	3	4
Emergency/crisis	Insufficient	Sufficient	Excellent

VIII. Social inclusion

Presenting problems

1.

2.

Goals:	Actions/interventions: (and *who will take action*)	Date of next quarterly review: *(dd-mm-yyyy)*
1.	1. 2. 3.	

2.	1.	
	2.	
	3.	

Review: (Note completion or addition of goals, obstacles to interventions, and overall client progress since the last action plan. Include client and caseworker feedback.)

Current overall rating: Family and community

1	2	3	4
Emergency/crisis	Insufficient	Sufficient	Excellent

3.4 ADDITIONAL COMMENTS:

THREE-MONTH EVALUATION COMPLETED BY

Client name:	Client signature or thumbprint/symbol:	Date of completion: (dd/mm/yyyy)
Guardian name: (required if client is under age 18)	Guardian signature or thumbprint/symbol:	Date of completion: (dd/mm/yyyy)
Staff name/position/ organisation:	Staff signature:	Date of completion: (dd/mm/yyyy)

THREE-MONTH EVALUATION REVIEWED BY

World Vision staff name/position:	Staff signature:	Date of completion: (dd/mm/yyyy)

Case Plan Checklist

Standard: Client's needs that are identified during the intake/assessment interview are prioritised and translated into a case plan, which defines specific goals, objectives, methods, resources and activities to help them (re)integrate into the community successfully. The plan should clearly designate the responsible party and the timeline required to meet identified needs.

Caseworker does or checks the following:

YES NO

☐ ☐ The interview is conducted in the language the client speaks.

☐ ☐ The client uses respectful language and avoids slang.

☐ ☐ Writes notes immediately after meeting with the person (client or partner) or completing an activity on behalf of the client.

☐ ☐ Enters the date and signature of the caseworker every time s/he fills out the information.

☐ ☐ Records information onto case forms in a timely manner; if information is entered more than three working days after the meeting, it is recorded as 'late entry'.

☐ ☐ Writes neatly and legibly if the note is handwritten and types if handwriting is difficult to read.

☐ ☐ Uses proper spelling, grammar and sentence structure.

☐ ☐ Fills out all the required information with no blank spaces between entries; it can imply vital information is left out.

☐ ☐ SOAP technique is properly followed and analysis provided is accurate.

☐ ☐ Project manager and caseworker have the most updated information about the possible referral partners in each target location.

☐ ☐ The methods for achieving the goals are identified and broken down into manageable tasks.

☐ ☐ The people responsible for task completion and completion dates are identified.

☐ ☐ The client's strengths and resources are taken into consideration when setting goals and assigning tasks.

☐ ☐ Family members or support group members are identified.

☐ ☐ Goal attainment is measurable and indicators are identified.

Case Form 4: Action Plan Implementation Log

TO BE FILLED OUT BY WORLD VISION CASEWORKER OR OTHER CASEWORKER

4.1 IMPLEMENTATION PERIOD

HOW TO USE:

📝 **Case Form 4**: Action Plan Implementation Log is used to track activities and interventions aimed at achieving the client's case management goals outlined on 📝 **Case Form 3**: Action Plan.

Each 📝 **Case 4**: Action Plan Implementation Log covers a three-month period. Use a new form for each three-month period between action plan quarterly reviews.

Date of LAST Action Plan:	Date of NEXT Action Plan:
(dd/mm/yyyy)	*(dd/mm/yyyy)*

4.2 ACTION PLAN IMPLEMENTATION LOG

HOW TO USE:

This grid is a record of all actions or interventions implemented by the caseworker/service provider to assist the client to complete the action plan. *(Providing concrete services, linking a client with resources, coordinating with partners for planned services, advocating with partner organisations for the client, and so forth.)*

Date: *(dd-mm-yyyy)*	**Actions/interventions:** (and *who performed action*)	**Progress notes and next steps:** (and *who performed action*)
Staff name/position:		
Action plan goal that the intervention is addressing:		
Date: *(dd-mm-yyyy)*	**Actions/interventions:** (and *who performed action*)	**Progress notes and next steps:** (and *who performed action*)

Staff name/position:
Action plan goal that the intervention is addressing:

Date: *(dd-mm-yyyy)*	**Actions/interventions:** (and *who performed action*)	**Progress notes and next steps:** (and *who performed action*)

Staff name/position:
Action plan goal that the intervention is addressing:

Date: *(dd-mm-yyyy)*	**Actions/interventions:** (and *who performed action*)	**Progress notes and next steps:** (and *who performed action*)

Staff name/position:
Action plan goal that the intervention is addressing:

Date: *(dd-mm-yyyy)*	**Actions/interventions:** (and *who performed action*)	**Progress notes and next steps:** (and *who performed action*)

Staff name/position:
Action plan goal that the intervention is addressing:

Date:	Actions/interventions:	Progress notes and next steps:
(dd-mm-yyyy)	(and *who performed action*)	(and *who performed action*)

Staff name/position:

Action plan goal that the intervention is addressing:

Date:	Actions/interventions:	Progress notes and next steps:
(dd-mm-yyyy)	(and *who performed action*)	(and *who performed action*)

Staff name/position:

Action plan goal that the intervention is addressing:

Date:	Actions/interventions:	Progress notes and next steps:
(dd-mm-yyyy)	(and *who performed action*)	(and *who performed action*)

Staff name/position:

Action plan goal that the intervention is addressing:

Date:	Actions/interventions:	Progress notes and next steps:
(dd-mm-yyyy)	(and *who performed action*)	(and *who performed action*)

Staff name/position:		
Action plan goal that the intervention is addressing:		
Date: *(dd-mm-yyyy)*	**Actions/interventions:** (and *who performed action*)	**Progress notes and next steps:** (and *who performed action*)
Staff name/position:		
Action plan goal that the intervention is addressing:		

Case Form 5: Case Closure

TO BE FILLED OUT BY WORLD VISION CASEWORKER OR OTHER CASEWORKER

5.1 CASE CLOSURE INFORMATION

Case closure date: *(dd/mm/yyyy)*	Last action plan date: *(dd/mm/yyyy)*	Initial assessment date: *(dd/mm/yyyy)*	Intake date: *(dd/mm/yyyy)*

Case management information

Primary organisation providing services:	Caseworker name/phone number/email:

List any agencies that will continue providing client support after case closure (NGOs, government, shelters, etc.):

5.2 CASE CLOSURE

HOW TO USE:

Summarise the reasons the case is being closed and any referrals to other services or ongoing client needs based on the above evaluation.

Case closure summary

Reason for case closure (check one)

Achievement of all case management goals

☐ Client is stable and self-sufficient (stable living wage and housing, stable health, no immediate security or safety issues, family is stable with a sense of empowerment about the future, successful (re)integration and/or requires no further help or assistance).

Client requests to end services

☐ The client and/or client's legal guardian requests that the case be closed

Provide reason:

Client is no longer reachable:

☐ Death of the client

☐ Client moves out of the caseworker's geographic service area

☐ Client entered prison and cannot contact caseworker

Client is dismissed from programme:

☐ Client makes fraudulent claims about their documentation

☐ Client exhibits a pattern of abuse of agency staff, property or services

☐ Client and family are unwilling to participate in Action Plan and Implementation

Client is referred to other services:

☐ Client moves into a system of care which provides in-house case management

☐ Client needs are more appropriately addressed by other programmes

Communication with client about case closure

Is client aware of case closure? ☐ Yes ☐ No ☐ N/A

How was client notified?

Discharge plan

Describe any transfer of services to other organisations or follow-up plans:

5.3 FINAL ASSESSMENT

HOW TO USE:

This form is intended for use to evaluate the progress of the case at the time of case closure.

- The caseworker and client will work jointly together to evaluate services received and the progress client has made toward (re)integration goals documented in the initial action plan and action plan quarterly reviews.
- Review the client's 📝 **Case Form 2: Initial Assessment** and the most recent quarterly assessment from 📝 **Case Form 3** in order to contextualise and review the client's progress while receiving World Vision services.
- The **Current Overall Rating** section in each of the eight identified service areas below provides baseline data for monitoring and evaluation. **All ratings should be determined collaboratively by the client and the caseworker**.

I. Housing and accommodation

Goal outcome: *Access to safe, satisfactory and affordable place to live, whether provided by an organisation, institution or privately arranged.*

REVIEW

(Note the client's needs at INTAKE, World Vision interventions, completion of service goals and overall client progress since INTAKE. Include client and caseworker feedback.)

FINAL STEPS (Note any follow up or referrals to other organisations needed.)

Current overall rating: Housing and accommodation

1	2	3	4
Emergency/crisis	Insufficient	Sufficient	Excellent

II. Physical well-being

Goal outcome: *Healthy physical condition and a general sense of physical well-being.*

REVIEW (Note the client's needs at INTAKE, World Vision interventions, completion of service goals and overall client progress since INTAKE. Include client and caseworker feedback.)

FINAL STEPS (Note any follow up or referrals to other organisations needed.)

Current overall rating: Medical

1	2	3	4
Emergency/crisis	Insufficient	Sufficient	Excellent

III. Psychological/emotional

Goal outcome: *Mental well-being, including self-esteem, confidence and self-acceptance.*

REVIEW (Note the client's needs at INTAKE, World Vision interventions, completion of service goals, and overall client progress since INTAKE. Include client and caseworker feedback.)

FINAL STEPS (Note any follow up or referrals to other organisations needed.)

Current overall rating: Psychological/emotional

1	2	3	4
Emergency/crisis	Insufficient	Sufficient	Excellent

IV. Education/training

Goal outcome: *Formal and non-formal education history; access to school re-enrolment, educational and training opportunities, including formal and informal schooling, professional /vocational training, life skills, and so on. This is of particular importance for children with less than the minimum level of schooling.*

REVIEW (Note the client's needs at INTAKE, World Vision interventions, completion of service goals, and overall client progress since INTAKE. Include client and caseworker feedback.)

FINAL STEPS (Note any follow up or referrals to other organisations needed.)

Current overall rating: Education/training

1	2	3	4
Emergency/crisis	Insufficient	Sufficient	Excellent

V. Economic

Goal outcome: *A satisfactory economic situation – for example, the ability to earn money, support family members and so on – as well as access to economic opportunities, which might include employment or income-generating activities.*

REVIEW (Note the client's need at INTAKE, World Vision interventions, completion of service goals, and overall client progress since INTAKE. Include client and caseworker feedback.)

FINAL STEPS (Note any follow up or referrals to other organisations needed.)

Current overall rating: Economic

1	2	3	4
Emergency/crisis	Insufficient	Sufficient	Excellent

VI. Legal

Goal outcome: *Current legal status as a citizen (having been registered at birth) and access to identity documents; in the case of foreign trafficking victims, being provided with temporary or permanent residency. This may include issues of legal guardianship in the case of children. The individual's involvement in the legal/judicial process related to the trafficking experience – especially to claim compensation – undertaken in the client's best interests and with the client's informed consent.*

REVIEW (Note the client's needs at INTAKE, World Vision interventions, completion of service goals, and overall client progress since INTAKE. Include client and caseworker feedback.)

FINAL STEPS (Note any follow up or referrals to other organisations needed.)

Current overall rating: Legal

1	2	3	4
Emergency/crisis	Insufficient	Sufficient	Excellent

VII. Safety

Outcome goal: *Being physically safe and well. This includes safety from exposure to threats or violence by the trafficker or by others within the family or community/country.*

REVIEW (Note the client's needs at INTAKE, World Vision interventions, completion of service goals, and overall client progress since INTAKE. Include client and caseworker feedback.)

FINAL STEPS (Note any follow up or referrals to other organisations needed.)

Current overall rating: Safety

1	2	3	4
Emergency/crisis	Insufficient	Sufficient	Excellent

VIII. Social inclusion

Goal outcome: *The overall health and well-being of client's family system, including children, spouses, parents, siblings and so on. Client's health of social connections and inclusions in family and community. Client's experience of spirituality, religion, cultural, ethnic, racial considerations, stigma and discrimination.*

REVIEW (Note the client's needs at INTAKE, World Vision interventions, completion of service goals, and overall client progress since INTAKE. Include client and caseworker feedback.)

FINAL STEPS (Note any follow up or referrals to other organisations needed.)			
Current overall rating: Family and community			
I	2	3	4
Emergency/crisis	Insufficient	Sufficient	Excellent

5.4 SAFETY PLAN *(If needed)*

HOW TO USE:

- If the client identifies immediate danger, the caseworker must defer case closure until the client's safety is reasonably assured.
- If client is currently safe but identifies ongoing risk factors for possible harm to self or others, the caseworker should work with the client to develop a safety plan.

Ongoing safety/risk factors:

Ongoing security factors:

Safety plan:

5.5 CLIENT EVALUATION OF SERVICES

Client evaluation of received case management services:
What do you like/dislike most about the programme/services?

5.6 PREVENTION-RELATED QUESTIONS

- *What advice would you give to programme staff and the community so that they can prevent trafficking more effectively?*

- *What do you wish to do for yourself, your family, community and neighbours to prevent trafficking?*

CASE CLOSURE COMPLETED BY

Client name:	Client signature or thumbprint/symbol:	Date of completion: *(dd/mm/yyyy)*
Guardian name: *(required if client is under age 18)*	Guardian signature or thumbprint/symbol:	Date of completion: *(dd/mm/yyyy)*
Staff name/ position/ organisation:	Staff signature:	Date of completion: *(dd/mm/yyyy)*

CASE CLOSURE REVIEWED BY

World Vision staff name/position:	Staff signature:	Date of completion: *(dd/mm/yyyy)*

Evaluation and Case Close Checklist

Standard: Follow-up plans are developed to reinforce and maintain client successes. They are created with input from the clients and will set out client's goals and objectives going forward. At a minimum, they will include a list of referrals that may be needed in the future. Follow-up plans help clients transition to situations in which they can function well in the absence of case management services. Follow-up plans must be in place before clients exit the programme.

Caseworker does or checks the following:

YES NO

☐ ☐ The evaluation is conducted in the language the client speaks.

☐ ☐ The client uses respectful language and avoids slang.

☐ ☐ Writes notes immediately after meeting with the person (client or partner) or completing an activity on behalf of the client.

☐ ☐ Enters the date and signature of the caseworker every time s/he fills out the information.

☐ ☐ Records information onto case forms in a timely manner; if information is entered more than three working days after the meeting, it is recorded as 'late entry'.

☐ ☐ Writes neatly and legibly if the note is handwritten and types if handwriting is difficult to read.

☐ ☐ Uses proper spelling, grammar and sentence structure.

☐ ☐ Fills out all the required information with no blank spaces between entries; it can imply vital information is left out.

☐ ☐ Captures all of the successes.

☐ ☐ The follow-up plan, comprising a list of referrals the client may need in the future, is developed.

☐ ☐ The follow-up plan specifies steps to be taken, by the client or the caseworker, to ensure access to follow-up services: for example, making appointments and establishing contact with relevant service providers.

Overall Checklist

Standard: Case management documentation must be organised in a manner that clearly (1) identifies the case assessment, case plan, implementation/follow-up, referral to the service providers, and the evaluation conducted appropriately to meet the needs of the client and the client's family, and (2) measures progress toward goals identified in the case plan. The documentation should also include notes regarding whether the client or the client's family declined any case management services.

General requirements:

YES NO

☐ ☐ The name of the case manager is present on all forms.

☐ ☐ The name of the client is provided on all forms.

☐ ☐ All case files have a cover page, following the standard indicated in '4.7 Case Management Record Keeping and Data Flow' of the *Case Management Manual.*

☐ ☐ All case files are properly stored in a locked cabinet.

☐ ☐ Release of information forms are signed by clients for World Vision.

☐ ☐ Clients have provided consent to all referral materials or case forms shared with referral partners, including the result of the physical check or any certificate the client has obtained.

☐ ☐ All relevant client information (Case Forms 1 through 5 and/or missing person form and/or screening results or family tracing and family assessment) is included in the file.

☐ ☐ A re-assessment of the case is performed and documented every three months at a minimum by the caseworker (please refer to '4.4 Action Plan: Action Plan – Quarterly Review' of *Case Management Manual*).

☐ ☐ A revision of the case plan (Case Form 2) by the caseworker was made following each re-assessment.

☐ ☐ When a case has been closed, a closure summary documenting goals, status, case disposition and reason for case closure is included, which can be found in Case Form 5.

APPENDICES

APPENDIX 1: Template for World Vision Quarterly Report Data

World Vision Quarterly Report

Reporting Quarter: _____

Country: _____

Reintegration Assistance to Trafficking Survivors in Source Countries

By Type of Trafficking	Active Cases (this FY)				New Cases (this month)				New Cases (this FY)				Closed Cases (this month)				Closed Cases (this FY)				Total Cases (life of project)			
	Girl	Boy	Woman	Man	Girl	Boy	Woman	Man	Girl	Boy	Woman	Man	Girl	Boy	Woman	Man	Girl	Boy	Woman	Man	Girl	Boy	Woman	Man
Factory																								
Fishing boat																								
Domestic work																								
Crop plantation																								
Construction																								
Sexual exploitation																								
Bride trafficking																								
Begging																								
Other																								
TOTAL																								

NOTE: This is for those individuals that are being provided with reintegration assistance using the case management approach, according to Logframe Output 2.2.2

NOTE: Active cases should be the total of existing cases PLUS new cases MINUS closed cases

ETIP Monthly Data Report

Reporting Month: _____

Country: _____

Assistance Provided to Trafficking Victims

By Type of Trafficking	# Assisted (this month)				# Assisted (this FY)				Total # Assisted (life of project)			
	Women	Men	Girls	Boys	Women	Men	Girls	Boys	Women	Men	Girls	Boys
Factory												
Fishing Boat												
Domestic work												
Crop plantation												
Construction												
Sexual exploitation												
Bride trafficking												
Begging												
Other												
Total												

NOTE: The total figures in this table and the table below should be the same

By Type of Assistance	# Assisted (this month)				# Assisted (this FY)				Total # Assisted (life of project)			
	Women	Men	Girls	Boys	Women	Men	Girls	Boys	Women	Men	Girls	Boys
Identified as Victim after MDT investigation												
Identified as Victim during screening at IDC in source or destination countries												
Assisted victims to participate in court cases as witness												
Provided assistance in return to source country (can be G-to-G repatriation or informal return)												
Collected information about missing persons in source country and provided to destination country												
Conducted family tracing and assessment for victim to be repatriated												
Traced and assisted missing person in destination country												
Identified as victim for self-returnees in source country												
Assisted Return of victim to home community or alternative location from Transit Center or from the border (include one-time assistance)												
Assisted Return of migrant deported or pushed back over the border												
Other												
TOTAL												

Source countries are Cambodia, Laos, Myanmar and Vietnam

Destination countries are China and Thailand

NOTES: This is for those individuals that have been assisted, according to Logframe Outcome 2.1 and Output 2.2.3 Assistance provided does not have to be in ETIP Target Locations

APPENDIX 2: World Vision Child Protection Policy

World Vision International Guidance Note Child Protection Incident Definitions and Response Protocols

Preamble: The World Vision International Child Protection Policy and Standards provide the basis for every World Vision office and entity to ensure fulfilment of responsibilities regarding protection of children. The following Guidance Note has been updated and clarified based on numerous requests from the Partnership. It provides guidance in how to implement key WVI Child Protection Standards regarding responses to child protection incidents, especially Standards 2.3 and Standards 5.1 – 5.4 (Allegation/Incident Management Plan).

Child Protection Definition: All measures taken to prevent and respond to exploitation, neglect, abuse, and all other forms of violence affecting children.

Child Protection Incident Definition:

a) Gross violation of child rights to protection from physical or psychological abuse, neglect, exploitation or other forms of violence – including trafficking, sexual and labour exploitation, female genital mutilation and early marriage.

b) Any violation of the WVI Child Protection Policy and Standards which puts children in direct risk of harm.

c) Any death or serious injury of a child that is under World Visions' temporary care, or while participating in a WV activity, or caused by a World Vision staff, volunteer, intern, contractor, consultant, visitor, partner agency or donor/sponsor.

Note: Harm, injury or death caused by natural causes, accidents or natural disasters in communities are not considered child protection incidents, unless they fit one of the points listed in the definition above.

Child Protection Incident Levels

Every Child Protection Incident is important, and every child deserves to be protected. World Vision is therefore committed to the protection of all children. In cases of protection from our staff, or protection during project activities, World Vision has greater responsibility and control than in other arenas of children's lives, and thus also greater liability. World Vision therefore uses a Child Protection Incident Level System, in order to differentiate our response to child protection incidents, according to our responsibility and liability. On the following pages are definitions, purpose of reporting, and response protocols for each of the three Child Protection Incident Levels. The information below is the same for sponsored children and non-sponsored children within WV programme areas, except where specifically noted. Appendix A summarises roles in responding to each type of incident.

Responsibility to Report:

All staff are responsible to report ANY suspicions of child abuse (or other child protection concerns) involving a staff, volunteer, contractor, consultant, donor, sponsor, visitor, partner or board member.

Reports can be made to the:

- National Office Child Protection Focal Person (who then submits a Child Protection Incident Report)
- Regional Child Protection Coordinator
- WVI Child Protection Associate Director (Phone +1 626 348 4305), or to
- WV Integrity and Risk Hotline: Phone (+44 20 7939 8708) or Email (worldvision@control-risks.com).

Staff will be held accountable to fulfil this responsibility to report. Even if it appears that the incident is being "managed well" at the local level, all staff who are aware of it are responsible to ensure it is reported to one of the contacts above.

Child Protection Definitions and Response Protocol by Incident Level

CP Incident Level	Definition	Purpose of Reporting	Response Protocol For Incidents Reported by National Offices[17]
Level 1	A child protection incident that is not committed by World Vision staff member, board/advisory council member, volunteer, intern, contractor, consultant, donor, sponsor, partner or other WV affiliate. • Serious physical or psychological harm, injuries or death of any child from physical and psychological abuse, neglect, exploitation or other forms of violence. Only serious harm should be reported, in which the child's survival, safety or development have been or may be threatened. • Local media reporting child protection case where WVI may be approached for interview.	The purpose of reporting Level 1 incidents is to empower National Offices to identify and take appropriate action in the local context, including: • To help offices think through and fulfil their role in providing the right kinds of support and intervention in cases of serious abuse in communities, and thus ensure that WV is never complicit in abuse through neglecting to act. • To assist national entities to better understand and respond to the child protection concerns in the communities in which they work, by using the data collected through reports as inputs for programme planning and implementation, including advocacy.	**The NO CP Point person will:** 1. Work with programme/project staff to try to ensure that the child is safe and verify that the child is being cared for in the community, followed up by a credible agency/person, or receiving support from WV. Issues that must be considered include: protection, psychosocial care, medical care, legal support, police involvement, and family support. It is recognised that in some contexts the resources for support will be limited. 2. Ensure that WV has reported/referred the case to proper national bodies who are able to respond (when available). 3. Complete the Child Protection Incident report form within 72 hours with all information available. **The CP Regional Coordinator will:** Provide any helpful advice or support to the National Office.
Level 2	**Any violation of the WVI Child Protection Policy and Standards which puts children in direct risk of harm.** • Breaking of any of the following Child Protection Standards not covered under the Level 1 incident definition: » Behaviour Protocols » Visitors » Communications about Children • Recruitment or Screening 'red flags' (where it is legal to inform others) • Stolen/missing child information • Actual or attempted unannounced visit by a sponsor or other donor (Response Protocol is determined by Sponsorship Guidelines) • Inappropriate involvement of children in project activities; for example, children providing hazardous or exploitative labour for project work.	The Purpose of Reporting Level 2 Incidents is to ensure that WV takes all necessary steps to fulfil its responsibility for the following, in order of priority: 1. Protection of children from any harm or risk. 2. Taking any necessary actions to ensure that the policy violations will not occur again. Prepare for and minimise any risks to the organisation associated with the incident, with particular interest to staff security, media and partner/community relations.	**The ND/CEO/Core Senior Manager will ensure that a designated person (usually the NO Child Protection Focal Person) does the following:** 1. Try to ensure that all potentially affected children are safe. 2. Follow the Child Protection Standards for Allegation/Incident Management. 3. Complete the Child Protection Incident report form within 24 hours with all information available. **Following receipt of the Incident report** 1. The CP Regional Coordinator will call the NO CP Focal Person to discuss and agree steps to achieve the following: a. Ensure that an appropriate plan of action is developed and agreed upon by NO management, communications, HR, legal and sponsorship (in case sponsored child is affected by the incident) – this includes necessary actions to ensure that the policy violations will not occur again. b. Ensure any undertaken action is in alignment with the best interests of the child. c. Agree who else 'needs to know' and be involved in the incident management. 2. The CP Regional Coordinator will then report the situation and response plans to the WVI CP Director. 3. The CP Regional Coordinator will then coordinate support and accountability to the National Office Designee for managing the response, updating the WVI CP Director regarding any significant problems or achievements.

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17   See Appendix B for notes regarding management of Response Protocols for Incidents Reported by Support and Regional Offices

CP Incident Level	Definition	Purpose of Reporting	Response Protocol For Incidents Reported by National Offices[17]
Level 3	**A child protection incident in which WV has responsibility to respond and/or protect, and may carry some liability.** • Accusation of any form of abuse or harm of a child by any World Vision personnel, volunteer, intern, contractor, consultant, visitor, partner agency/CBO, donor/sponsor or network in which WV is a member. • Death or serious injury (including accidents) of a child under WV's temporary care, or while participating in a WV activity, or caused by a World Vision staff, volunteer, intern, contractor, consultant, visitor, or partner agency. • Suspected abuser attempting to make contact with children through World Vision. • Sponsored child information or other WV child information being used on perverse or sex-related websites or other forms of media.	The Purpose of Reporting Level 3 Incidents is to ensure that WV's best resources of expertise and accountability are applied for the following purposes, in order of priority: 1. As much as possible preventing any further harm from occurring to any children by the alleged perpetrator(s). 2. Securing the best interests of all affected children, particularly any survivors of violence. 3. Fulfilling organisational responsibilities to support any legal procedures against the alleged perpetrators. Prepare for and minimise any risks to the organisation associated with the incident, with particular interest to staff security, media and partner/community relations.	**The ND/CEO/Core Senior Manager will ensure that a designated person (usually the NO Child Protection Focal Person) does the following:** 1. Work with local project staff to try to ensure child is safe. 2. Follow the Child Protection Standards for Allegation/Incident Management. 3. Complete the electronic Child Protection Incident report form within 24 hours with all information available. **Following receipt of Child Protection Incident report:** A conference call will be arranged immediately (usually by the CP Regional Coordinator) with the following participants: • CP Regional Coordinator • WVI CP Director • WVI Legal Advisor • WVI Communications Advisor • Regional Communications Advisor • Other senior leadership, as appropriate The phone call has five key objectives: 1. Ensure that all relevant parties are well informed. 2. Ensure appropriate plan of action is developed and agreed upon by NO, child protection professionals, communications, HR, legal and sponsorship (in case sponsored child is affected by the incident). 3. Ensure any undertaken action is in alignment with the best interest of a child. Consider issues of protection, psychosocial care, medical care, legal support, police involvement, and family support. 4. Agree who else 'needs to know' and be involved in incident management. 5. Agree a reporting protocol for updates.

Appendix 2A

National, Regional and Global Roles and Responsibilities in Responding to Child Protection Incidents

Child Protection Incident Level	National Office	(Global Centre) Regional Office Child Protection	(Global Centre) Children in Ministry & Integrated Technical Teams Child Protection
Level 1	R, A	I	I
Level 2	R	A	I
Level 3	R	R, C	A

A = Accountable 'The buck stops here'

Position with yes/no authority

The individual who is ultimately responsible. The individual to whom 'R' is Accountable - who must approve work before it is effective.

R – Responsible 'The doer'

Position working on the activity

The individual who actually completes the task. This person is responsible for action/implementation.

C – Consult 'In the loop'

Position involved prior to decision or action

The individual to be consulted prior to a final decision or action.

I – Inform 'Keep in the picture'

Position that needs to know of the decision or action

The individual who needs to be informed after a decision or action is taken.

Appendix 2B

Response Protocols for Incidents Reported by Support and Regional Offices

When an incident is reported by a regional or support office, it should follow the normal response protocols (some support offices work directly with the WVI Child Protection Associate Director, if there are no Child Protection Regional Coordinators in their operations area). This document describes the responsibilities for managing the response to incidents reported by a regional or support office – as national offices sometimes have a stake in how management would be handled.

Level 1 Incidents

Support and regional offices are not expected to report Level 1 Incidents, as the purpose for doing so is linked to field presence and programming. Regional office staff should inform national offices of Level 1 Incidents in programme areas, and the national office should implement the response protocols.

Level 2 Incidents

Level 2 incidents will be managed by the regional or support office, according to the process outlined in the main body of this paper.

Level 3 Incidents

1. If the incident is committed in a country where WVI has a national office, and involves children that participate or reside in the national office programme areas, the incident will be jointly managed by the regional or support office Child Protection Coordinator/Focal Person, and the designated national office Child Protection Focal Person. The national office will submit the Incident Report to WVI Child Protection. This recognises the responsibility, liability and interest the national office has in good management of the incident response in their programme areas.

2. If the incident is committed in a country where WVI has a national office, but does not involve children that participate or reside in the national office programme areas, the incident will be managed by the regional or support office with national office assistance where necessary. The regional office must submit the Incident Report to WVI Child Protection.

3. If the incident is committed in a country where WVI does not have a national office, it will be managed by the regional or support office. The Incident Report will be submitted by the regional office.

APPENDIX 3: Client File Cover Sheet

Client File Cover Sheet

Client Field ID #: _____

World Vision Staff Name: _____

World Vision Field Location: _____

Referral Date: Date: _____

☐ Case Form 1A: Referral/Intake

Intake Date: Date: _____

☐ Case Form 1B: Client Consent to Receive Services

    ☐ Documents from referral source

    ☐ Medical records

    ☐ Legal documents

    ☐ Other: _____

Assessment Date: _____

☐ Case Form 2: Initial Assessment

3 Months: Date: _____

☐ Case Form 3: Action Plan – Initial

☐ Case Form 4: Action Plan Implementation Log

6 Months: Date: _____

☐ Case Form 3: Action Plan – Quarterly Review

☐ Case Form 4: Action Plan Implementation Log

9 Months: Date: _____

☐ Case Form 3: Action Plan – Quarterly Review

☐ Case Form 4: Action Plan Implementation Log

12 Months: Date: _____

☐ Case Form 3: Action Plan – Quarterly Review

☐ Case Form 4: Action Plan Implementation Log

15 Months: Date: _____

☐ Case Form 3: Action Plan – Quarterly Review

☐ Case Form 4: Action Plan Implementation Log

18 Months: Date: _____

☐ Case Form 3: Action Plan – Quarterly Review

☐ Case Form 4: Action Plan Implementation Log

21 Months: Date: _____

☐ Case Form 3: Action Plan – Quarterly Review

☐ Case Form 4: Action Plan Implementation Log

Case Closure Date: _____

☐ Case Form 5: Case Closure

APPENDIX 4: World Vision Location Codes

Country	Province	Abbreviation
CHN	Beijing City	BJC
	Zhengzhou City	ZZC
	Xining City	XNC
	Yunnan Province	YNP
	Guangdong Province	GDP
	Guangxi Province	GXP
	Fujiang Province	FJP
	Hebei Province	HBP
CAM	Battambang	BTB
	Banteay Meanchey	BMC
	Siem Reap	SR
LAO	Savanakhet	SVK
	Vientiane	VTE
MYA	Aung Myay Thar Zan	AUN
	Kyaing Tong	KTG
	Loikaw	LOK
	Hpaan	HPN
	Mawlamyaing	MLM
	Palaw	PLW
	Kawthaung	KTH
	South Dagon	SDG
	Hlaingthayar	HTY
	Hmawbi	MBI
THA	Ranong	RNG
	Mae Sot	MST
	Mae Sai	MSI
	Mukdahan	MUK
	Arranyaphrathet	ARN
	Mahachai	MHC
	Sangklaburi	SKB
VNM	Yen Bai	YB
	Quang Tri	QT
	Quang Nam	QN