



Handling (Referring) Safeguarding Cases Tool

2021

Introduction

This document outlines how to provide support (i* of safeguarding cases. It specifies the steps, responsibilities of the PIN team (and its partners where applicable) and documents that should be used in order to ensure the correct steps are taken while helping the safeguarding victim/survivor. It elaborates on collaboration between the victim/survivor and his/her guardian(s), PIN teams and service providers.

**Please note that some people identify as victim, while others identify as survivor. The best way to be respectful is to ask for their preference. In this document, we will be using the term 'survivor'.*

Terminology

By safeguarding (SG) cases we understand any **allegation** or **concern** that

- 1) a PIN staff¹ or
- 2) PIN RDD's suppliers or
- 3) partner organizations² (further referred to as "PIN associates")

have behaved or acted or not acted (negligence) in a way that has harmed, or may have harmed other PIN staff (or PIN associates) or people from the communities we support. This also refers to the cases when the harm is arising from coming into contact with PIN projects.

Note: In case the allegation or concern refers to **harm caused within the communities by people from the communities (and, in general, not by PIN staff, associates or suppliers)**, this is a **Protection Case**. **In order to deal with such cases, a different, specific approach is needed, as well as levels of expertise (acquired through specific trainings)**. Please consult [PIN Referrals Package](#) to understand how to implement safe and dignified referrals (**Referral Guide**) and to access the tools needed to make referrals. If you have questions about the process and/or for technical support, always **consult PIN HQ Protection and GESI Technical Advisor**

Case focal point  **Case focal point** – a designated PIN staff, who will handle the safeguarding case and who received specific training in dealing with such cases.

Key preconditions and recommendations to handle the case are:

- ☒ Follow PIN Code of Conduct and PIN Safeguarding Policy (including PIN Child Protection Policy and PIN Prevention of Sexual Exploitation and Abuse Policy)
- ☒ Make sure you are familiar with the Service mapping available at the Country Programme level, to be able to refer the cases to the available service providers
- ☒ Always offer survivors the opportunity to ask questions or share concerns during this discussion.
- ☒ If you have **doubts** or **questions** about the process, always consult your **Line Manager** or the **HQ Safeguarding Advisor**. In case the survivor is PIN staff, consult the HR Advisor, Petra Weissová (petra.weissova@clovekvtsni.cz).
- ☒ Working with and hearing people who might have experienced traumatic situations, can be difficult emotionally for you. Should you experience, at any time, a difficult moment or symptoms of sadness and hardship connected to these tasks or you simply want to talk about your experience in a confidential way, please do not hesitate and immediately reach out to your line manager.

¹ all full time and part time PIN Relief and Development department's (RDD) staff, members of PIN board of directors, volunteers, interns, consultants, visitors, people acting on behalf of PIN

² an entity for which PIN provides financial or other resources, i.e. usually a national or international NGO

Case handling step-by-step

1. Introduction and Engagement

- First meeting between the survivor and the **Case Focal Point** is crucial from the perspective of creating relationship, building trust.
- During the initial meeting, Case Focal Point begins to assess the situation of the survivor and his/her relationships with close persons (e.g. parents/guardians, who is the caregiver etc.). Case Focal Point should take this into an account when further discussing the case with survivor.



The following steps have to be observed by the Case Focal Point:

↓ ***Secure a safe and confidential space for the meeting***

↓ ***Greet and comfort the survivor***

↓ ***Explain the role of PIN Case focal point and what to expect from the process***

Explain also what handling/referring the case includes, what confidentiality means, and how, on occasion, confidentiality cannot be kept (including conditions for which mandatory reporting is required), ways in which the client information will stored and be used.

↓ ***Obtain permission - i.e. informed consent to proceed with support and taking notes about this; ensure the survivor and his/her guardian (if applicable) about the confidentiality of it***

2. Assessment of survivor's situation and needs

- Once the relationship has been established and consent was gained, case focal point prepare the survivor for a semi-structured assessment interview with the goal to understand survivor's needs and his/her situation in order to determine the best potential support.
- The goal and purpose of the initial assessment is to safely and slowly assess the survivor's situation—and his/her experience with the SG concern (e.g. abuse)—to help determine the survivors immediate and eventually, longer-term needs.
- **A basic principle is that a good way of dealing with the SG case depends on good assessment of the situation.** If Case Focal point is unable to obtain required information or is in a position where he/she needs to repeat an assessment, case focal point must explain to the survivor the purpose of the next discussion.



The following steps have to be observed by the Case Focal Point:

↓ ***Assess survivor's situation and needs***

↓ ***Analyse information provided by survivor, take notes into the Safeguarding Case Record Form***

Use Annex 1 – Safeguarding Case Record Form

First and foremost, case focal person should understand the people they will support and the main problems they face. Then it is important to understand what has happened; understanding who perpetrated the abuse and their access to the survivor; identify whether survivor has already received support and any other important and relevant information.

↓ **List down support that survivor requests**

↓ **Inform and consult the survivor about the available referral services, based on the Service mapping available at the CP level**

In case involving children, consult parents/guardians but always adhere to the principle 'Best Interest of the Child' (i.e. Discussions and decisions are made with the ultimate goal of fostering and encouraging the **child's** happiness, security, mental health, and emotional development into young adulthood)

3. Preparation of Case Action Plan (CAP)

- The case focal person and survivor (if the survivor is a child, with the caregiver) develop an action plan to meet the survivor's needs. The survivor or his/her representative are actively involved in this process, with their views and opinions driving care and treatment decisions.
- To the greatest extent possible, a case action plan is developed **before** the survivor leaves the meeting. Case action plans are developed according to identified needs and based on the wishes and needs of the survivor; they focus on key goals often related to medical care, safety, etc. These goals are broken down further into specific tasks that are allocated to the caseworkers and survivor to complete within a certain time frame.



The following steps have to be observed by the Case Focal Point:

↓ **Identification of appropriate services**

Based on the identified safety risks to the survivor, develop an action plan that includes a combination of appropriate referrals and the development of an individual safety plan.

■ **Use Service Mapping document (this shall specific to each Country Programme)**

↓ **Check availability of selected services**

- Contact the service provider to confirm eligibility and availability to assist the person in need of specialised assistance. Also, ensure that you check with the service provider if they have a specific referral protocol and what it entails.
- In case the service is closed, Case focal point will organize 'case referral consultations'. Purpose of the case referral consultations is to gather information about other appropriate service providers (and concerned support of people in the child's, life as appropriate) to identify or clarify ongoing issues regarding the survivor's status and to adjust current service plans.

↓ **Take informed consent from child and parent/guardian (where applicable)**

■ **Use Annex 2 - Consent form and privacy notice SG and PROT referrals**

4. Implementation of Case Action Plan



The following steps have to be observed by the Case Focal Point:

↓ **Case coordination – including Referring survivor to the selected services**

Coordination activities may include directly arranging access to services; reducing barriers to obtaining services; establishing linkages; and other activities recorded in progress notes.

Make sure to inform the person in need of specialised service about available services (What services are

provided? Where is the service provider located? How can s/he get there and receive services?) and explain the possibility of referral (the process, why a referral is recommended, etc.).

Note that the person in need can decide not to be referred and to **self-refer**. Self-referral occurs when the persons in need of assistance presents herself/himself in person directly or contact organisations by other means in order to request assistance.

5. Follow-up on the case



The following steps have to be observed by the Case Focal Point



Follow up with the receiving agency/service provider and the person who was referred to ensure the referral was successful

Look into the following: did the person in need receive the planned services? What was the outcome? Was the person in need and/ or the caregiver satisfied with the referral process, and the services received?



Use Annex 1 – Safeguarding Case Record Form

Annexes

Annex 1 – Safeguarding case register

Annex 2 - Consent form and privacy notice SG and PROT referrals

Relevant documents

DOCUMENT TYPE	WHAT IS IT ABOUT?	WHEN TO USE IT?	WHO SHALL USE IT? / implement/apply	Owner of the guidance
PIN Code of Conduct and Key Policies	Provides clear guidance on the standards of behavior required by all PIN staff and on the most important standing points, which are essential for PIN's work and map PIN's goals and vision	In all cases when analyzing PIN's staff alleged misbehavior	Trained staff at CP level	Accountability Unit
Service mapping ³	List of specialized suppliers, identified locally or at national level by each Country Programme that could support survivors of both Safeguarding and Protection cases	In cases where a victim/survivor of a safeguarding or protection case wants to be referred to specialized services, which could offer specific support.	Safeguarding and Protection Officers/Focal Points	Project or Programme Managers (with the support of Safeguarding and Protection Officers/Focal Points)
Case Handling Framework ⁴	Sets out overall approach and commitment of PIN Country Programmes	When responding to serious and sensitive complaints including exploitation, abuse	Safeguarding focal point	Safeguarding focal point

³ Each Country Programme shall have its specific service mapping. Please add the link here.

⁴ Each Country Programmes that has a CHF, please add the link here.

	to handle any safeguarding concerns (<i>please note that only few PIN CPs have such tool developed</i>).	and other unethical behaviour		
PIN Sexual assault and rape protocol	This is a Safety and Security procedure that offers guidance for situations when PIN staff has been exposed to sexual violence that involved physical violence (i.e. rape or attempted rape, sexual assault)	When PIN staff has been exposed to sexual violence that involved physical violence (i.e. rape or attempted rape, sexual assault)	Incident Lead (might be the same person as a Safeguarding/Protection focal point)	Security Advisor and Country Director