



CASE STUDY

Learning and Knowledge: Improving Case Management for Sustainable Reintegration of Human Trafficking Survivors

Objective

The reintegration process for survivors of human trafficking should lead to **sustainable reintegration**, preventing re-victimization and re-trafficking. Though service providers generally have many years of experience and staff are well trained on case management, monitoring of countering trafficking in persons (CTIP) programs often reveals that many assisted survivors are not provided with a comprehensive range of services responding to their needs. This puts these survivors **at-risk of being trafficked again**. The absence of an efficient social welfare system in countries of intervention and a lack of service providers are often blamed for this deficiency, and many **CTIP programs continue to waste resources with palliative aids to survivors not leading to sustainable reintegration**. The objective of the case management (CM) assessment in the Cambodia CTIP program was to build and improve upon the work of our team and partners in protecting survivors.

Interventions

Phase 1: A case management advisor conducted an in-depth assessment of the case management services provided to clients by CTIP's five protection partners. To inform this assessment, direct service staff, middle managers and senior managers or directors were interviewed in-depth. The advisor also observed partners' assessments of clients' situations on home visits.

The assessment was made against case management standardsⁱ and guidelines as well as from the advisor's professional experience of practicing social work in Cambodia. The assessment identified many in-depth and complex challenges that needed to be addressed.

Figure 1: Primary challenges identified by case management assessment

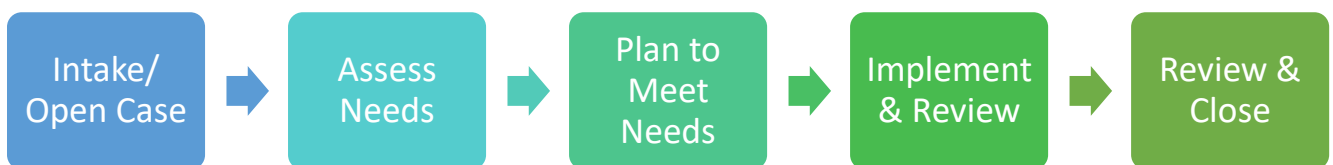
- No professional Social Workers were employed to provide holistic treatment (psycho-social and health needs); legal needs were the priority of all service providers
- High ratio of clients per case worker
- Comprehensive needs assessments not conducted with clients (mental or physical health)
- Lack of a standardized system to implement and monitor case management
- Inflexibility to spend funds on clients' needs outside of basic or emergency support
- Lack of policies on how to work ethically with clients
- Pressure to reach high number of clients assisted without a focus on depth or breadth of services
- Competition among NGOs to assist survivors
- Monitoring indicators used to track services provided were not effective and often only included legal services. No clear understanding on how to include case management into M&E activities.

Phase 2: From the specific problems identified, the Cambodia CTIP Chief of Party set the following policies to be integrated into CTIP team and partners' protection work:

- ✓ *Hire more experienced, trained staff as social workers*
- ✓ *Ensure a ratio of maximum 30 clients per social worker*
- ✓ *Build basic knowledge of case management and professional social work for directors, managers and donors of organizations assisting survivors*
- ✓ *Reduce targets of number of clients assisted and improve quality of services*
- ✓ *Ensure funds available per case averages \$1,000ⁱ and are flexible, including to assist family members*
- ✓ *Introduce a basic five-step case management process*
- ✓ *Experiment with ways to improve sharing/coordination of cases*
- ✓ *Improve understanding of mental and physical health*
- ✓ *Create M&E indicators to assess the quality of social work; adapt CTIP database to include system for reporting*

Phase 3: Case management workshops were conducted to introduce a simple five-step case management system to protection partners and the CTIP team (senior management and case workers). The workshops provided participants with standard case work forms to assess, plan, and review clients' situations. All partners have been asked to ensure that their CM systems follow the five essential steps and that their case work forms incorporate the main points of the forms provided in the CM workshops. Additionally, legal aid partners were asked to identify at least three changes they could make to improve their CM systems following their participation at the workshops. These changes were discussed in individual meetings following the trainings.

Figure 2: The five steps of case management



Outcomes

After the assessment was conducted and primary needs were identified, a Case Management Improvement Plan was written and budgeted for, and the planned changes that were implemented include:

- 1.) **The advisor assisted partners in incorporating some of the agreed upon policies into their Phase 2 funding proposals.** This included budgeting funds to hire professional social worker(s) to join their teams, providing technical assistance to hire qualified social workers, reducing targets for number of survivors to assist, setting social worker to client ratio standards (1 social worker to 30 clients), and outlining plans to carry out the five step CM system.
- 2.) **A draft 'Client Fund Policy and Procedures' document was created to outline the criteria for spending funds on clients' needs.** With input from the CM Advisor, Protection Specialist, Finance Manager and Chief of Party, the Client Fund Policy includes: 1.) A description of the principles that should be followed when spending funds on clients; 2.) A description of the procedures for requesting and getting funds within Winrock team; 3.) A list of documents that Winrock Finance Department requires for many common kinds of expenditures.

Figure 3: List of expenditures/needs that may be covered by the Client Fund

- Need for service to investigate and /or rescue
- Need for service to return home after exploitation or trafficking
- Need for crisis intervention and /or emergency short term support
- Safety Needs ⁱⁱⁱ
- Basic Needs (accommodation, clothing, food, water)
- Physical Health Needs
- Emotional Health and Supportive Relationship Needs
- Economic Needs
- Educational or Training Needs
- Justice Needs
- Referral to obtain a service to meet one of the needs listed above or others not listed

3.) **New M&E indicators were created to monitor and assess quality of case management.**

The CTIP team adapted the M&E database to record more complex information about CM. The M&E Specialist and database consultant received additional training on social work and case management so that the M&E system could better reflect activities assisting survivors. The different types of services that partners provide to clients were added and grouped into categories of needs (e.g. repatriation, safety, physical health, mental health, livelihood, justice) so that the CTIP team could monitor to what extent partners were assisting survivors (addressing psycho-social and economic needs) and whether the five steps of case management were being used.

Figure 4: M&E indicators added to MEP to monitor and assess quality of case management

Indicator	Indicator	Indicator
<i>% of assisted survivors (TIP victims and abused migrants) accessing multiple services responding to different needs</i>	<i>% of survivors (TIP victims and abused migrants) served through improved case management systems (at least 4 steps in a 5 step case management system)</i>	<i># of CSOs that adapt or apply improved case management systems or procedures</i>

4.) **A Case Cooperation and Referral Agreement was written and signed between CTIP protection and prosecution partners.** The agreement outlines specific steps for partners to take to cooperate with each other if more than one is involved in providing services to a client. The agreement was presented and signed during one of the CM workshops.

Lessons Learned

Training is only effective if there is a comprehensive assessment and improvement plan in place.

Social Work is a new profession to Cambodia and therefore the CTIP program has focused its protection activities largely on legal assistance for survivors rather than psycho-social. Much time and in-depth expertise is needed to assess the specific social work and case management landscape of a country or location in which changes are to be introduced, and before any kind of capacity building can be provided. In order for training to be effective, there must be enough background knowledge of the social work sector and subsequently a plan of action for improvement.

For the social work sector and case management process to be improved long-term, continuous coaching and monitoring is needed.

There were managers and directors who were interested in being trained on the CM system, who could then supervise how effectively social workers were managing cases. This is a good first step, but regular trainings on case management as well as monitoring implementation of the policies/procedures introduced are needed.

It is imperative that donors become more aware of the risks in setting high targets.

Targets set for the number of survivors assisted are still too high when implementing an effective case management system. During the assessment, the advisor found that in one partner organization there was a ratio of one case worker to 90 clients. Even after a ratio of one case worker to 30 clients was set as a standard, several service providers realized this ratio was still too high to implement quality case management. There is a need to involve donors more regularly to understand the importance of quality over quantity.

Funds must be allocated to improve case management.

Improving reintegration and holistic support to survivors is possible, but considerable project funding is needed to carry out assessments, conduct trainings, hire quality social workers, and provide continuous capacity building. There were challenges faced in how funds could be used to support survivors, but also in the amount of funds available to address the case management policies and procedures introduced.

Creating monitoring indicators improves accountability.

By integrating M&E indicators into the program's M&E plan, it requires that both partners and the CTIP team actively report on case management activities. The CTIP database allows partners to record their progress against the CM indicators, thus also creating accountability to carry out desired activities and policies.

Lessons Learned At-a-Glance

It takes time and in-depth analysis to identify real challenges to implement effective and efficient case management process

Continuous coaching and monitoring are needed

Donors need to be involved to realize challenges and risks with big targets

Training only works if part of a comprehensive assessment and improvement plan

Improving support for reintegration IS possible, despite challenges and constrains of working in certain countries, but the cost is high

M&E needs to be integrated into CM activites to ensure accountabiity

ⁱ(Re)integration of Cambodian trafficked men: trends in trafficking and available aftercare services. Hagar 2015.

Supporting the Reintegration of Trafficked Persons: A Guidebook for the Mekong Sub-region. Nexus. 2017. Policy and Minimum Standards for protection of the Rights of Victims of Human Trafficking. MoSVY. 2009.

ⁱⁱ Based on cost of services in Cambodia

ⁱⁱⁱ Safety needs can include legal aid if survivor is being threatened by broker/trafficker; counseling support if experiencing domestic abuse.