VICTIM CASE MANAGEMENT SYSTEM

Case study on how referrals are being made using the VCMS referral mechanism.

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Many, many, thanks to our partners for their participation.

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Introduction

There are two important aspects when discussing data referral mechanisms. They are both drawn from Liberty Shared's experience with having developed and run a global platform and watching the lifecycle of the Victims Case Management System (VCMS) from when we started to offer it as a service to now.

Firstly, there is the longitudinal, structural element. This is about the nature and the demand for referring cases between NGOs, when the demand started to arise, and why it arose at the time it did. There is also the question of whether the referral data was worth sharing; if so, who could this data be shared with? Working through the evolution of this, no one wanted to use the referral mechanism in its early days because there simply was no data to share. That was why the platform was developed in the first place. This data gap needed to be bridged, therefore the VCMS platform was built so organizations could start to use it to record information on the new clients they saw. We were creating an opportunity for organizations to take all their existing data and put it into the system. We quickly discovered that NGOs just didn't have this type or quality of data. If there had been data, we probably would have experienced NGOs asking us, "we have this data, we have put it in the system, and now we want to share it." This, unfortunately, did not happen. This shows that there was simply no data to share, and even if the select few NGOs were requesting for data to be migrated into the VCMS, the quality of the data was poor, ultimately meaning that there was nothing worth sharing. Without any structure to their relationship strategies, sharing for NGOs can only be understood as being opportunistic. This was the premise of VCMS use and remains one of the primary reasons why the VCMS referral mechanism is underutilized by partners.

For NGOs that have had some ability to send data in the form of referrals, there is the question of whether organizations on the receiving end had the infrastructure and data management protocols that are necessary to receive this data securely. The answer, for the most part, is no. With hardcopy files, basic word files, and spreadsheets still being the most widely used recordkeeping methods, there just isn't enough good quality and standardization of data to make more referrals unless it is opportunistic. This provides the underlying causation that referrals only occur when a victim or a vulnerable individual knows someone in the country or requests services themselves. It has also been assumed that referrals are only between NGOs but what is essential to understand is what other types of referrals might there be? If this is about care, and we know that a victim can suffer all kinds of trauma, are we seeing referrals being made to healthcare institutions or medical clinics? Are we seeing referrals being made to lawyers? The truth is we aren't seeing that either because we know that the quality of the data is simply not good enough to share with other individuals. So, what is actually being referred is the human being and not the data - this is completely unscalable. It involves a lot of duplication of work and data capture. In the world outside of trafficking, this would be unethical and unfathomable. For example, in cases of medical injury, a patient cannot be

referred to multiple places without their records being shared first. That is why consent exists because the information goes first, and anyone can see a client's record without wasting the client's time. So, why are we not seeing any of that yet?

The second part of this is the operational element. If we start to analyze the day-to-day operations of most NGOs, the lack of referrals becomes noticeable. We see more commonly specific relationships and sharing mechanisms that have grown out of familiarity rather than strategy, and with familiarity comes common purpose. While this is helpful, it is in no way strategic and goes back to being opportunistic. What drives and causes this is the way funding is structured. Funding is often short-term and has simplistic objectives per NGO rather than across some sort of larger purpose. Therefore, the funding itself defeats a lot of the kind of intrinsic structure we want to build upon, and that is where data collection and case management and, in this specific case, referrals start to fall apart.

Donors must start to invest in both infrastructure and operations as NGOs need the support to build the referral culture and mechanisms to facilitate cooperation. This will encourage the shift from compassionate care to professional care, something that we currently do not see taking place on any scale, or if at all.

Why VCMS?

Effective collaboration and communication are crucial for protection, prevention, and prosecution efforts and ensure appropriate responses and services are provided. Referral structures should allow information to be channeled efficiently between service providers and victims; help service providers develop care plans; and enable expectations to be set for the quality and timeline of care. Versatile systems, which allow information and attachments to be easily and securely migrated, also allow client confidentiality to be prioritized, which helps to reduce the likelihood of re-trafficking.

The Victim Case Management System developed by Liberty Shared features an in-built referral mechanism, which forms an integral part of its service provision. Standardization of referrals was also a key area of focus in the system build. The Liberty Shared team recognized that each organization had its own system for sending or receiving referrals in the counter-trafficking space but identified a dire need for the standardization of those systems. While many frontline organizations receive clients through outreach, a majority receive cases through referrals, either from partner NGOs, the government, or law enforcement. When the referral mechanisms of those stakeholders are non-standardized, work duplication occurs, contributing to greater inefficiency, which indirectly affects the quality of care provided to the client. As the VCMS exists for the purpose of improving care, the referral mechanism within it is highlighted during system training and remains a core part of the service we provide to

our global partners. We recently reviewed the effectiveness of the VCMS referral mechanism by producing a case study featuring several of our partners and their referral experiences. Therefore, this case study will be valuable in understanding the barriers for referrals, why they exist, and what is needed to overcome them. A series of recommendations will be provided based on these learnings.

Setting up the research

The objective

The purpose of this case study is to better understand how referrals are being made using the VCMS referrals mechanism. This case study will evaluate the benefits of the VCMS referral mechanism and the barriers in its use and provide a series of recommendations on how to effectively increase both the quality and the number of referrals being made across the VCMS partner network.

Candidate criteria

The case study will focus on five VCMS partners – two of which are considered as a pair – and their experience with referrals.

- Two candidates must have a history of cross-organization referrals.
- Candidates should represent at least two regions where the VCMS is used, with Asia being the primary focus.
- The chosen candidates should all have a longstanding relationship with the VCMS team and have used the system for at least three years.
- One candidate must be new to the VCMS system. This will allow for cross-comparison across seasoned and new VCMS users.

Methodology

A qualitative data collection methodology in the form of an interview will be used to answer four specific questions:

1. How does your organization conduct referrals?
2. Does your organization use the VCMS for referrals, and what is your experience of using the system?
3. What limitations and restrictions have you experienced when using the referral mechanism?
4. What are your recommendations, and what changes would make your organization more likely to use VCMS for referrals in the future?

We have set out our findings below – ongoing development and improvement of the VCMS referral mechanism are contingent on our learnings from this case study.

PARTICIPATING VCMS PARTNER ORGANIZATIONS

HAART, Kenya

Awareness Against Human Trafficking (HAART) is an NGO based in Nairobi, which fights human trafficking in East Africa. It applies a multidisciplinary approach to its work on prevention, protection, prosecution and partnerships, and aims to create a trafficking-free environment through holistic care, victim transformation, survivor partnerships, and the building of community resilience.

Willow International, Uganda

Willow aims to eradicate human trafficking at its root. Working collaboratively with the Ugandan government, as well as local Ugandan and international organizations, Willow aids in the rescue of victims and restoration of survivors, provides legal assistance, disseminates information nationally, educated and empowers communities, and advocates for the strengthening of the criminal justice system.

For Freedom International (FFI), Thailand

For Freedom International recognizes that oppression takes many forms, including poverty, marginalization and exploitation. It fights for freedom through education, community development and awareness raising; offers safe refuge, counselling, vocational training and life skills to survivors; and is working to develop foster care and outreach programs. FFI also works with law enforcement and social workers to help build cases against offenders.

Action pour les Enfants (APLE), Cambodia

APLE is a child protection NGO, working to combat the sexual abuse and exploitation of children. Its mission is to strengthen national social and legal systems for the protection of children at risk of, or affected by, sexual abuse or exploitation. It carries out its work under four holistic programs: Community, Industry and Media Engagement, Policy and Legislation, Criminal Justice Development, and Victim Support and Assistance.

Sengsavang, Laos

Sengsavang is an NGO that provides protection and assistance to victims and girls at risk of human trafficking and sexual exploitation in Laos. In addition to holistic care and recovery, it also provides education, job skills development and micro-business starter kits to support sustainable community reintegration, along with prevention and awareness raising activities, advocacy and campaigning, and representation and participation at national and international forums.

OUR FINDINGS

1. How does each group make referrals?

HAART and Willow International

Referrals are an integral part of the way in which HAART and Willow collaborate and, since both organizations use VCMS, they do referrals to each other through the mechanism within the platform.

Willow is based in Uganda and HAART is based in Kenya. Most of the cases they refer between them involve reintegration and, as Kenya is a destination country for Ugandan survivors, the majority are sent from HAART to Willow. It helps that both organizations have the same approach to protection and have adopted trauma-informed care, and that they have interacted in person to see what the other does. This in-person interaction has been key in developing usage of the referral mechanism between the two organizations.

The organizations have agreed on a process that works for them both. Initially, a caseworker from one group reaches out to the other on behalf of a particular client, with an intention to refer the case. This is done via an email which specifies the age of the client, type of exploitation, services currently offered, and the services they need to be referred for. In most cases, details of travel are also shared as the client is likely to need to cross the border between the two countries. If the client is a child, they will be accompanied by a caseworker but adults travel alone.

Once the two organizations agree to the referral, they reach out to Liberty Shared for official transfer of the case on VCMS. The VCMS contact for the referring organization will request a change of ownership, while the VCMS contact for the receiving organization accepts this and appoints the new owner of the case. This process is usually done before the survivor travels so the receiving organization has enough time to go through their case prior to their arrival.

FFI

The intelligence team at For Freedom International (FFI) in Thailand handle many referrals. They first receive a lead or a request for investigation through one of various channels and begin gathering data to build a case. Once they have compiled the necessary information and supporting evidence, they refer the case to the relevant law enforcement agency which can then file an investigative report and share the compiled data with relevant departments. There will usually be case files, surveillance reports, job orders, and related media for each case referred out for further investigation or prosecution.

The team also share data and records with partner NGOs which help with their investigations and provide additional services to their clients.

The social work team currently uses VCMS and transferred a case to Nightlight for repatriation assistance using the system last year. They are keen to use the tool and do see the benefits of user-user referrals, however, as few of their partners are part of the VCMS network, there are limitations on how often they can do this. Overall, usage of the referral mechanism within the system has been limited, because system use itself has been limited. This is attributed to staff turnover and the need for further employee training in the use of VCMS.

Recently, FFI hired a new social worker who has now received training in the system and they are beginning to use VCMS more often. They see the benefits the system could bring their

intelligence team and would also prefer to have all their teams on the same system. When the VCMS is more widespread throughout the organization, they will start focusing on doing referrals through the system.

APLE, Cambodia

Action pour les Enfants (APLE) has been a consistent user of VCMS since 2015. Based in Cambodia, the organization facilitates numerous referrals, plus data sharing, for investigations and prosecutions. Like For Freedom International, APLE receives requests to investigate cases of exploitation, although it specifically investigates instances of child sexual exploitation and abuse. Once a victim is identified, APLE staff begin offering immediate psychosocial support and counseling during a period of crisis intervention.

The team then refer cases out to law enforcement offices and agencies under the Ministry of Social Affairs, Veterans and Youth Rehabilitation. They must file an official referral document and an "immediate needs assessment" in order to initiate the investigation and ensure the child enters into the care of the relevant social services. Because APLE offers immediate crisis intervention for child victims, they refer cases out to other NGOs for medium- and long-term care and support. They also refer cases out to organizations that provide additional legal assistance on active investigations.

As most of their referrals are to government agencies, they are struggling to refer cases using VCMS and have had to find other ways of migrating relevant data to the next recipient.

Sengsavang

Sengsavang receives most of its referrals from government units – they usually involve clients returning from neighboring countries, the majority of whom are coming back from Thailand after working there illegally or by force. Initially, these cases are referred to a shelter following the identification and repatriation process, for safe housing, health restoration and vocational education. Sengsavang provides sewing and agricultural training prior to the reintegration process.

During this time, Sengsavang will conduct a case progress report and submit it to the government. Once clients have returned to their community and family, the team will refer their cases on to the local government unit for follow-up. Case records will be referred back to a government office once the client is able to reintegrate. However, in some cases, clients return to the country from which they were repatriated to seek further employment. If this becomes a pattern of behavior, Sengsavang gets in touch with the Ministry of Social Development and Human Security in Thailand for assistance. They also work with other organizations in Thailand, especially on the border, but most communication takes place through an inter-governmental process.

Sengsavang hasn't used VCMS to make referrals because the actors on the receiving end are not using the same system and, for this reason, they have had to find other ways of migrating the data.

2. Experience of using the VCMS for referrals

HAART and Willow International

Using VCMS for referrals has allowed Willow International to improve its care plan development, which benefits both staff and clients. Detailed information on each case can be shared securely across the platform, whereas other forms of referral can jeopardize client confidentiality. It also ensures that, when Willow receives a referral from HAART, it does not have to re-collect background information on the client. Re-traumatization is often the outcome of work duplication, but a referral through the system means that HAART can easily share most client and case information so that Willow does not need to interview the client upon repatriation. This also means that the repatriation process itself has become more efficient and organized – both organizations use the VCMS to plan repatriation and can easily share relevant information across the platform.

Overall HAART and Willow are both star users of the VCMS referral system and are proof that, if organizations work together to standardize their referral process, they can improve the way in which referrals can be made, and ultimately increase the standard of care provided to the client.

Both organizations consider the VCMS referral system to be efficient, because cases they receive come complete with historical information which has already been collected within the system. They do not have to subject clients to screening and to retelling their stories, thus avoiding re-traumatization. It has also led to increased learning between the organizations because they can see what the other is doing in terms of intervention. A referral is a collaborative process and the VCMS increases the scope of this collaboration.

FFI

As the team continues to enhance their use of the system, it is becoming better integrated into the various aspects their work. Once a higher level of integration has been reached, FFI will likely make more use of the different mechanisms contained within the system, including its ability to refer cases.

While their experience of making referrals through the system has been limited, this is mostly because system use itself has been limited. With the team now fully trained on the system, they anticipate that this function will be used more frequently. Currently, the Salesforce community license does not give full autonomy over the functionality of certain features. This means that, if referrals are to be made, the VCMS team has to facilitate the transfer of the files. While this is something the VCMS team is working to change, it has been a concern for FFI as they want full autonomy over case referrals. They hope that, once the COVID-19 situation improves, they can start to make referrals through the system, or at least use the templates within the system to develop referral documents.

APLE

APLE continues to provide positive feedback on VCMS as a whole, and a representative from the group explained that they are at least able to export referral data from the system. While APLE does not directly refer through the system, it uses the VCMS to record and export all the information needed, which is then printed and handed over as hard copy when referrals are

made. This is common practice for many VCMS partners, as government referral mechanisms and the presiding laws often require that all paperwork be submitted as hard copy. In order for organizations like APLE to start using the referral system to its full capability, many of its referring agencies would also have to digitalize this process.

A representative from Liberty Shared is working on the creation of new report templates for APLE, which will help the group further improve the efficiency of their external referrals.

Sengsavang

So far, Sengsavang's experience using VCMS has been good, especially regarding system training and use. The team has a good mechanism for referring cases within the system internally and changing owners of records, but have yet to use the system for external referrals. Overall, Sengsavang found VCMS very useful as an organizational tool but has yet to fully utilize its referral capabilities.

3. Limitations encountered when using VCMS for referrals

HAART and Willow International

As the two organizations use the system when referring cases to each other, the difficulties they have experienced have been limited. However, to easily refer cases to another institution would require the recipient to also have access to VCMS.

FFI

For the FFI team, there are two immediate barriers to using VCMS as a referral tool. Firstly, they often refer cases out to law enforcement and government agencies, and VCMS's current capacity cannot support this process using direct data transfer. Currently, the analytics tool is used to extract data from the system which is then provided as hard copy or sent via email to a third-party service provider. This is not the most efficient way of transferring data, and doesn't resolve the common work duplication problem, but it is a work-around that allows all the FFI teams to use the same CMS and achieve greater collaboration on data management across programs. While direct data sharing would be a more efficient way of transferring information, it is difficult to harmonize the systems of all the stakeholders concerned, since many of the receiving agencies use a different CMS or require hard-copy files for data referral. Their current strategy of using the analytics and reporting tool to extract data, and then copying it to a different format, is similar to the strategy adopted by APLE in Cambodia, and to that of many VCMS partners.

A second major barrier for the group is the number of media files that need to be attached to case records. This makes for some "heavy lifting" at times without an effective file transfer system available. Currently, the team store all their evidence files on Google Drive, then share them with relevant parties via Line and Line Groups. These files include photos, screenshots, videos, surveillance footage, audio files, documents, and layered mapping images. Due to the restrictions of the Salesforce community license, users cannot share attachments with other users through VCMS. They can download them to their device and share them separately, but the mechanism to transfer media files directly isn't enabled. Not only is it time consuming, but this system is also

less than ideal due to the sensitive nature of the information contained within the documents and the risk that it could be compromised. The VCMS team is currently working with Salesforce to find the best way to handle this data-sharing requirement.

APLE

Representatives from APLE said that they would like to be able to use VCMS for direct data transfers to other NGOs. However, none of their regular partners are on VCMS and they are thus unable to wire cases directly. They would love to see the system integrated across their partner NGOs but, in the meantime, their current process of extracting the necessary case data, saving it on a PDF, and emailing the attachment to the respective partner is "good enough". Overall, they are very happy with the system and its role in facilitating referrals, but would also welcome any updates to those mechanisms.

Sengsavang

Sengsavang hasn't used VCMS to make referrals for two main reasons. Firstly, the majority of cases coming either in or out are referred from and to government offices. One case usually has two case numbers – the official case number given by the government and Sengsavang's internal case number. To communicate with the government, they have to fill out specific forms as part of a case progress report; these are mostly paper-based and so the VCMS may not be the best tool for this purpose. Secondly, none of Sengsavang's partner organizations use VCMS. Therefore, it hasn't had the chance to refer its cases across the system.

However, it is a good tool for the management of its internal case records. Sengsavang mainly uses VCMS to track service provision and case updates. The team believes that having organized client and case records is key to doing referrals, and the VCMS is important in collecting the foundational information used to make those referrals. Sengsavang also puts a lot of effort into case status updates and wants to build a database that allows team members to track case numbers and histories, for which VCMS could also be used.

WHAT WE HAVE LEARNT

Why does it work for some and not others?

The study shows that cross-border referrals work in the case of Kenya and Uganda, as seen with the example of HAART and Willow International. This is not the case for the other three organizations in this case study. This can be understood by examining the history of when and why HAART and Willow International started using referrals. For both organizations, building an internal referral structure has been a deliberate decision. This decision stems from opportunism. Both organizations in their early days were approached directly by clients demanding repatriation services and therefore seized the opportunity to grow their referral mechanism. In needing to provide repatriation services, an organic relationship developed between the two organizations, which with time has allowed for a robust referral mechanism to exist between them. Their success in using the VCMS referral mechanism can therefore be explained as a phenomenon that grew out of opportunity and, in time, needs. However, to assume that this case is comparable to other NGOs, even though there may be obvious pairings, would be wrong. This tells us a lot about the way civil society is committed. For many NGOs, the case data needed to make a referral is just not there, and even if there is, there is a severe lack of standardization in case management. While VCMS allows for organizations to standardize case management and data collection practices, donor funding needs to parallelly support system use and the operational needs of organizations if we are to expect an improvement in data collection and an increase in referrals. There also needs to be a shift from compassionate to professional care, which can only happen when with the support of donor funding.

There is also little motivation outside of government referrals, where NGOs refer cases to other NGOs. Depending on the country, government referrals can often be tedious, antiquated processes where NGOs have to fall back on using non-digital, hardcopy paperwork throughout the referral process. Therefore, lack of standardization and civil society's understanding of care are two of the most significant barriers to cross-border referrals, amongst other things. The VCMS, if utilized to its maximum capacity, can truly be a one-stop solution to case management and can raise the bar for how care is provided to victims and vulnerable populations.

General trends

A general trend we have found across these four cases is that, in order for cases to be referred directly between organizations, both need to be using VCMS as their case management system. Given the limitation this imposes, three out of four of these cases have made limited use of the referral system, and thus the system has not been utilized to its full extent. Given that this issue is consistent across organizations, it is worth looking into ways in which this issue can be mitigated.

One option could be to seek to integrate government systems with VCMS; however, that would require government offices to have access to Salesforce and the capacity to integrate it with their own work, which would be costly and require time and maintenance.

Another option would be to create a system whereby the data from the VCMS could be easily extracted with all its loose parts, including attachments, and forwarded to the partner institution in such a way that it could be extracted and inserted into the systems they are using in a straightforward manner. However, with this method comes the problem of protecting sensitive data and possibly compromising the data during its transfer.

Instead, it may make sense to have existing VCMS users refer us to the partners with whom they refer cases and to recommend the system to them. If more NGOs used VCMS, referrals would become much easier, and the mechanism would serve its full function. If the VCMS was integrated across the various groups, many of the issues of inter-organizational referrals would be mitigated.

Conclusion

The VCMS can be highly successful and clearly has its merits when fully integrated, as can be seen in the case of HAART and Willow, but it does require that both sides have standardized case management mechanisms in place. From an operational perspective, it is difficult to improve (i) provision of case services; (ii) access to justice; (iii) investigation and prosecution; (iv) management and operational performance review; (v) grant and donor reporting; (vi) M&E; (vii) policy initiatives and review; and (vii) research, without standardized tools like the VCMS. It is against this backdrop and with the strategic objective to build infrastructure to support civil society to streamline case data record-keeping that the VCMS was designed and developed. This is why the VCMS is considered the industry leader in case management. It is a tool that works within the realities of the NGO operating environment, retaining consistency in what kind of information is being captured whilst also offering flexibility to cater to a wide range of partner needs regardless of location or work focus. The VCMS not only allows for standardization of data, the simplicity of its design, the efficiency with which data can be captured and stored on the cloud, and the user-friendliness of the interface, makes VCMS a one-stop-shop for case management. Unless organizations opt for a bespoke system (often costly), there are few, if any, other systems available that are as versatile and all-encompassing as the VCMS.

The in-built referral mechanism and the analytics functionality allow partners to design reports, visuals and share data with one click of a button. Unfortunately, the VCMS has taught us both in this particular topic (referrals) and, in the broader sense, the truth about the way society functions. Mainly, a lot of pieces we want to see in the larger environment is still missing. The ability to share and the desire to want to share is there; however, the truth is that the data just doesn't get shared because the quality of the data is so poor. Also, the environment to share data just doesn't exist, and there is no one to share data with outside of the NGO-NGO sharing environment. This is a lack of vision by donors. While donor funding is supposed to look across the three core areas of work, funding is concentrated on direct services but more often on outreach, as it's all about numbers. Structural and organizational elements seldom get funding. So, while donors fund many anti-trafficking efforts, these efforts are like building pieces that just don't fit together. Therefore, case management and data referrals tend to fall apart. Technology can only take us a step further. The true push must come from civil society and from donors to get organizations to start using systems like the VCMS to standardize operations, record-keeping, and case management. Investing in operations is the first step in improving the quality of data that is collected. Better data is the key to the success of any referral mechanism. We see great potential with the VCMS referral mechanism and seek to take actions to mitigate the problems raised in this report to improve the methods with which cases can be referred inter- institutionally.

Recommendations

Funding: Funding structures need to change. The underlying problem is how data collection, management and referrals are resourced and funded. The reason we don't see more referrals is because of the way funding is distributed.

Data Culture: Stakeholders and civil society need to collaborate to create a create a better culture around data collection and data sharing – which isn't opportunistic.

Structural change: This also goes back to funding but what needs to happen is a change is mindset. We need to move away from compassionate care and into the realm of professional care. It also needs to be made scalable. Care is not just about the individual; care needs to be looked at though structural and operational lenses.

Improve data quality: An organization can only refer data if they have good quality data to share. There needs to be investment building knowledge around what is good data, and the value in data.

Integration: Donors need to lobby for data centralization by encouraging integration of data management systems and tools on the government level.

Standardization: Data collection needs to be standardized to ensure increased quality of data and efficiency in care provision.

Trainings: There need to be more foundational trainings available on case management, data security and data sharing.

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