Resilience-focused Case Management

A manual for frontline workers

cesvi

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Preface

The role that the humanitarian community is called to play in crisis contexts is of utmost importance. It goes beyond the mere provision of life-saving assistance, to embrace a broader approach that puts the affected individuals and the communities at centre of its action, with the aim of promoting their safety, dignity, self-reliance and rights.

Cesvi, active since 35 years around the world to mitigate and respond to abuses and human rights violations, promotes a shift in the paradigm of aid delivery that transcends the emphasis usually given to the vulnerabilities. The humanitarian intervention should rather focus on mobilizing and reinforcing the protective factors, the resources, and the skills, at individual and community level, that contribute to promote a process of resilience, intended as the development of the conditions that allow the re-generation of the human being.

In this spirit, Cesvi, supported by the consultancy of Francesca Giordano e Alessandra Cipolla members of the Resilience Research Unit (RiRes) of the Catholic University of Milan,has developed a model that integrates a resilience-focused approach in its specialized protection services, such as the case management.

The present manual represents the result of this process, an experience built upon the specificities of the Libyan context and centred on the key role of the frontline operators, the case workers.

It is with great pleasure that we present the manual on Resilience Focused Case Management, designed to support the case workers in Cesvi or in other organizations who seek to integrate a resilience-focused approach in the provision of protection services. We hope it will be a useful resource in strengthening the wellbeing and the resilience of adults and children who have experienced traumatic events.

Gloria Zavatta

– Gloria Zavatta, Cesvi President

CHAPTER 1

Introduction

1.1 Background

Cesvi is an international non-governmental organization that operates worldwide to support the most vulnerable populations in promoting human rights, achieving their ambitions and sustainable development. It also believes that the recognition of human rights contributes to the wellbeing of everyone on the planet, a shared home to be safeguarded.

Cesvi is present in Libya since 2011, following the aftermath of the Arab Spring, through humanitarian projects in Cyrenaica and Tripolitania with the aim to support the population affected by the conflict and meet their basic needs through distribution of food and non-food items, and cash for work activities.

Over the years, Cesvi has developed relevant expertise on migration and it has positioned itself as a Protection actor with the aim to:

- Support the crisis-affected population in their daily life struggles and reinforce the individual and community resilience.
- Promote an environment where rights, especially for women, children, migrants, and refugees can be attained.

Cesvi's core sectors of intervention in Libya are General Protection, Child Protection and Gender-Based Violence (GBV), through a set of activities aimed at preventing, mitigating, and responding to violence, exploitation, and abuse against boys, girls, women, and men. This includes the provision of tailored support to children at risk or survivors of abuse, and persons at risk or survivors of GBV through Case Management services.

In order to strengthen its technical expertise and ensure quality provision of protection services, in 2018 Cesvi started collaborating with Francesca Giordano and Alessandra Cipolla, members of the Resilience Research Unit (RiRes), a research centre within the Department of Psychology of *Università Cattolica del Sacro Cuore* of Milan, Italy. Since 2013. RiRes has designed and carried out projects of research, capacity building, and interventions aimed at defining, promoting, and sustaining resilience processes among children, families, and communities in vulnerable conditions.

The collaboration between Cesvi and the consultants responded to the need to:

1. Define the **framework** of Cesvi's Psychosocial intervention.
2. Mainstream a qualitative **resilience-focused approach** throughout its protection programming.

The starting assumption was that, while the impact of the crisis in Libya has been severe on a range of people and communities, needs varied according to the characteristics and contextual situation of different populations. As such, a one-size fits all approach could not be effective. Therefore, Cesvi considered that it is of utmost importance to embrace a flexible approach where, instead of a pre-designed manualized approach, the focus is given on developing key competences and defining core principles that guide the operators to tailor their support to the specific needs of the target groups.

The collaboration between Cesvi and the consultants led to the conduction of a set of trainings with a focus on two main areas:

- The first component of staff capacity building targeted Social Workers and Psychologists. The operators were trained on the *Tutor of Resilience Model* (ToR) of psychosocial care: a transnational framework that provides social workers, educators, psychologists, and other operators involved in Child Protection and GBV fields with resilience-focused methods, practical tools and general guidelines for the development and planning of psychosocial interventions based on the Resilience Paradigm.
- A second component of staff capacity building specifically targeted Case Workers and Case Management Supervisors, who were trained on *Resilience-Focused Case Management* (RFCM), an initiative aimed at guiding professionals on how to promote clients' resilience throughout the Case Management process.

The present manual is the result of the development and testing of the RFCM approach in the provision of Case Management Service.

1.2 Objective and scope

The present manual is addressed to the operators providing or supervising Case Management (CM) services, respectively Case Workers and Case Management Supervisors. It has the goal to define the methodology and provide the guidelines on how to nurture and sustain resilience within case management, supporting the client to activate a process of healing, and improve his/her mental and physical wellbeing.

Only reading this manual does not make a Case Worker ready to begin supporting a person who has experienced a traumatic event. Attending the in-person trainings on the RFCM framework is essential to acquire the skills necessary to adopt the resilience-focused approach proposed in the manual. Importantly, during the RFCM training, operators are asked to test on themselves the workshops that are suggested to be used with clients (see chapter 3), which allows Case Workers to enter into contact with their own emotions, feelings, and believes. Secondly, the model proposed in the trainings is based on a participatory approach, where the trainers and participants work together in defining a methodology of intervention that is tailored to a specific context. In other words, the training does not only have as a goal the transfer of a theoretical model, but also initiates a process with the operators that brings them to practically adapt the model to the specific needs of the population they work with[1]. A collaborative process that is far from a top-down approach where the "way forward" is indicated by someone who does not know the context entails a key active role of the operators in defining ways to apply the model in the field. This is the reason why this manual has not been written at the beginning of the collaboration between Cesvi and RiRes' members but following two years of close collaboration.

In parallel, Cesvi has contributed to the development of the Inter-Agency Standard Operating Procedures (SOPs) endorsed in 2020 by the Child Protection Working Group (CPWG) and the Gender-Based Violence Working Group (GBVWG). Both SOPs were developed in consultation with other key actors with the objective to:

- provide a common strategy for addressing cases of children who are harmed or at risk of harm in the humanitarian situation in Libya[2].
- strengthen coordinated response programming and reinforce the GBV Guiding Principles and standards for an ethical, safe, dignified, and coordinated multisectoral service delivery in caring for GBV survivors and individuals exposed to GBV throughout the humanitarian response in Libya[3].

The present manual intends to complement these SOPs with detailed guiding principles, procedures, roles, and responsibilities in the prevention of and response to 1) child protection concerns affecting children and 2) Gender-Based Violence in Libya.

Additionally, as far as referrals to external agencies are concerned, readers should consult for further guidance the Inter-Agency Referral SOPs endorsed in 2020 by the Protection Sector[4].

1. Principle-driven program design versus manualized programming in humanitarian settings F. Giordano, M. Ungar, in Child Abuse & Neglect 111 (2021).
2. Inter-Agency Child Protection Case Management Standard Operating Procedures for Libya (2020).
3. Standard Operating Procedures for GBV Prevention and Response In Libya (2020).
4. Protection Sector Inter-Agency Referral Standard Operating Procedures (SOPs) for Libya (2020).

1.3 Special considerations related to Covid-19

The present manual has been developed between September and December 2020, amid Covid-19 pandemic. Although it is severely impacting people lives and humanitarian actors' capacity to deliver assistance, the present manual does not specifically take into account Covid-19 situation. Specific guidelines on how to provide Psychosocial Support (PSS) and CM services during the pandemic have been developed separately[5] and will be object to regular revision by Cesvi depending on the evolution of the circumstances in the Country.

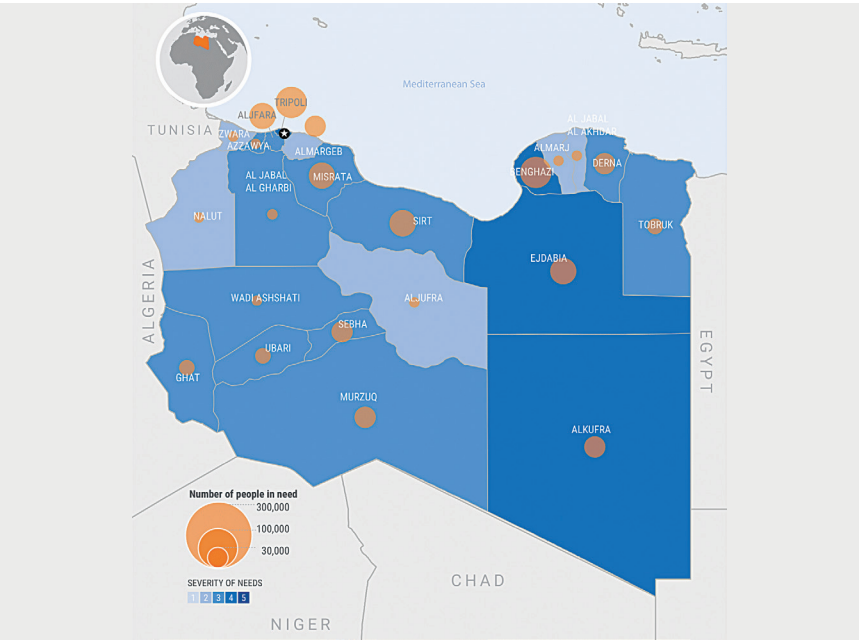
1.4 Context Analysis

Since 2011, Libya has been in turmoil with different factions competing for power, resulting in a vacuum of governance and continued conflicts with severe humanitarian ramifications. The national systems in Libya, including health, legal and social support services, as well as community networks have become fragmented.

Following the eruption of clashes on April the 3rd, 2019 in Tripoli and the escalation of the conflict between the Libyan National Army (LNA) and the Government of National Accord (GNA), the country has spiralled into further disarray, causing a consequent scaling-up of the humanitarian crisis. Heavy clashes and indiscriminate use of explosive weapons have caused the displacement of approximately 392,000 individuals[6], with hundreds of casualties among civilians.

As result of to the ongoing conflict and instability, hundreds of thousands of people across the country are living in unsafe conditions and highly-risky environments, with reduced or no access to basic services, including healthcare, medical supplies, food, safe drinking water, shelter and education. The recent cycles of violence have further increase the number of persons in need of Mental Health and Psychosocial

5. Guidance Notes on Case Management and Psychosocial Support during Covid-19.
6. DTM Libya_R32_IDP_Report.pdf.



Picture 1. Severity of humanitarian conditions and number of people in need, Humanitarian Needs Overview 2021.

Support Services. However, historically Mental Health has been a neglected field in Libya with many long-standing problems that precede the conflict that started in 2011[7].

Libya currently hosts some 584,000[8] migrants and 46,247[9] refugees. Violations of international human rights law and international humanitarian law against migrants and refugees remain a grave concern. Migrants and refugees continue to be subjected to torture, sexual violence, abduction for ransom, trafficking persons, forced labour, unlawful detention and killings throughout Libya. Discrimination in access to services and a lack of documentation continue to prevent migrants and refugees from meeting their basic needs including healthcare, food, shelter, education, and specialized protection

7. Libya, Who is Where, When, Doing What (4WS) in Mental Health and Psychosocial Support, WHO/MHPSS.NET 2017.
8. DTM Libya_R32_Migrants_Report.pdf.
9. https://data2.unhcr.org/en/country/lby.

assistance. Migrants and refugees returned by the Libyan Coast Guard (LCG) to Libya are often arbitrarily detained in state-run and unofficial centers where widespread abuses have been documented. Migrant children continue to be subjected to violence and exploitation including torture, abduction for ransom, child labour, sexual abuse, physical abuse, child trafficking, and detention, despite Libya being a signatory to the Convention on the Rights of the Child.

Women and girls have limited enjoyment of their rights. In addition to the inability to pass on their nationality, sexual and reproductive rights are systematically violated by the current legislation; sexual violence is considered as a crime against the victim's 'honour' (*Zina*), and a perpetrator can marry his victim to nullify legal action against him. The lack of protective legal mechanisms capacities in law enforcement and social services to support GBV cases further contributes to widespread impunity of perpetrators, including in state-controlled detention centres and along migration routes.

Furthermore, 2020 has seen dramatic changes in the context as result of the Covid-19 pandemic, further exacerbating an already critical situation. The onset of Covid-19 pandemic has hampered the access to livelihood opportunities and consequently further hinder the capacity to meet households' needs.

Picture 2. Awareness session on GBV prevention held in Misrata.

The difficult economic situation has also increased negative coping mechanisms, particularly for some population groups. In Tripoli and Misrata, it has been observed that migrant and refugee children work in factories, construction, gas stations and transportation and are routinely exploited due to their irregular status by either not being payed sufficiently or not at all. Unaccompanied or separated children (UASC), mostly boys aged between 5 and 12, are often expose to child labour, including worst forms of hazardous labour.

Negative coping mechanisms include depletion of savings, borrowing money, reducing food intake, selling goods and skipping, rent, returning to (unsafe) places of origin, women taking on informal jobs with a high risk of being exploited and abused, forced marriage including early marriage and child labour due to the loss of access to education for children and the overall livelihood challenges faced by the families and communities. Women, girls and their families cope with the fear of being exposed to GBV by reducing their movements which results in reduced access to education, livelihoods, and assistance. Both Libyan and non-Libyan women and girls have become more dependent on their male family members, which increases the risk of GBV and is detrimental for GBV survivors who live with their perpetrators and are thus at risk of further violence and even death.

With limitation on people's movement due to the Covid-19, women and young people may not be able to access necessary assistance.

As consequence of the regulations adopted by Libyan Authorities to limit the pandemic, all schools are closed since March 2020. Children are consequently out of school, living in contexts characterized by general insecurity, poor living conditions, lack of alternative spaces where to safely socialize with peers and adults. According to Cesvi experience in Tripoli and Misrata, children face more difficulties than in the pre-Covid 19 time to access the needed services (including health assistance) and the needed goods (such as food and water). This as consequence of the reduced capacity of service providers (state and NGOs) to provide their services, the reduced movements allowed the security risks perceived by the children in urban areas and the reduced financial capacity to purchase needed goods.

CHAPTER 2

Resilience and trauma

2.1 The concept of Resilience

> *When a grain of sand gets into an oyster and it is so irritating that, in order to defend itself, the oyster has to secrete a nacreous substance, the defensive reaction produces a material that is hard, shiny, and precious.*
>
> *– Boris Cyrulnik*

Numerous grains of sand, edgy and irritating, have smuggled their way into the lives of individuals who have experienced violence, displacement, war, and other traumatic events. Those grains can generate wounds that may appear overwhelming and impossible to overcome. However, as we can observe in our daily work, not all clients are defeated by their hardship; some individuals manage to cope with their grains of sand surprisingly well, sometimes even transforming them into precious pearls of significant value.

The precious nature of these pearls is associated to the resources that have sustained this transformation, which have enabled affected individuals not only to "resist" to the difficult experiences of their life but to emerge victorious by developing a positive spirit, just like the oyster's secret, transforming the experience into "wonderful pain" (Cyrulnik, 1999).

Resilience is defined as the capacity of individuals to cope with difficult experiences through **accessing to health-enhancing psychological, social, cultural, and physical resources**, which will result in strengthening these individuals.

2.1.1 The resilience process: from resistance to resilience

The concept of resilience goes beyond the notions of resistance, recovery, or reparation. It is the power for growth, and consists of two steps:

- **Resistance to destruction**. When exposed to adverse and threatening experiences, individuals react by trying to protect their integrity through resisting the "external pressures". This reaction of resistance is fundamental in the first phase, right after the event occur, as it enables the individual to survive and withstand the "burden" of difficulties. These defence mechanisms activated by the survivors of a traumatic event, are the ones that enable them to "wake up in the morning", "get out of bed" and keep on living. Resistance is the process through which the oyster tries to defend itself from the grain, sometimes through trying to reject it. In this phase the oyster takes a passive role toward the grain of sand. Nevertheless, only if the individual manages to overcome the resistance phase, the resilience process can be activated. *The grain of sand entered, and we cannot avoid it, we cannot remove or reject the sufferance it created, and we cannot spend our life in trying to defend against it.*
- Beyond simple resistance, resilience is the **ability to continue develop the life path positively in the presence of difficult situations**. Sometimes this will happen "in spite of" the circumstances; and sometimes in response to them. When difficulties inspire awareness and activate hidden resources of the individual; more often it will emerge as a mixture of both. Resilience is not bouncing back, neither a complete recovery, nor a return to the state before the injury. Resilience means transformation, growth, it is an opening up towards a new development, a new stage of life in which the wound caused by the grain of sand is still present, but is integrated into the new life at a deeper and

more conscious level. For example, in the displacement context, where the grain of sand seems to be constantly present in the life of beneficiaries, resilience means the process of mitigating the damaged caused by the prevailing circumstances.

Moving a step back to the metaphor of the oyster, a grain of sand suddenly enters and start hurting the mollusc. In the beginning, the oyster tries to reject and/or to resist the grain of sand – *i.e.* phase of "resistance" –. After this initial phase, the shellfish stops resisting the grain of sand and starts integrating it and getting in contact with the pain it has caused. During this process, the oyster releases a specific substance that progressively surrounds the grain of sand and transforms it into a precious pearl; this process of metamorphosis is an essential part of the healing process, thus became an existential metaphor for the process of resilience.

2.1.2 From the oyster to human beings: the role of tutor of resilience

When defining resilience through the Cyrulnik's metaphor, it is important to underline a fundamental difference between the oyster and human beings; while the mollusc develops this process alone, to survive the traumatic event, as human beings, social environment plays an essential role in enhancing and supporting the resilience process.

> *Resilience is the art of navigating rivers. Psychological trauma pushes an individual in a direction he would have never chosen. Once sucked into the stream, the rapids drag him to a waterfall. In this situation, a resilient individual should appeal to internal resources that are engraved in his memory and fight against the rapids that suffocate him. At a certain point, the individual finds an outstretched hand that helps him save himself.*
>
> *– B. Cyrulnik*

The author highlights how the resilience process is deeply connected with the environment. Indeed, **relations play a central role in supporting the resilience process in human beings.** The "*outstretched hand*", in fact, represents a supportive relation that can enable survivor to save himself/herself and recovery from the adversity. The survivor, by grabbing on to that constantly supportive hand, may find the strength to face the rapids and start again navigating the rivers of his/her life. Likewise, the Case Worker can assume the role of "tutor of resilience" for his/her client and enhance in him/her the resilience process. In this sense, resilience can be conceptualized as "*the capacity of individuals to navigate their way to the resources they need to succeed, and the ability to successfully negotiate for resources to be provided in ways that are meaningful to them*", a specific definition adopted by the researcher Michael Ungar.

These assumptions led the Resilience Research Unit to elaborate, in collaboration with Cesvi, a Resilience-Focused Case Management model aimed at training service providers engaged in the Case Management process to adopt the role of tutors of resilience with their clients (*see chapter* 3).

2.1.3 The development of the concept of resilience

Boris Cyrulnik, a French psychiatrist, who introduced the term "resilience" for the first time, was born in Bordeaux in 1937 from a Jewish family, he miraculously escaped death during the Second World War, but sadly become an orphan.

Despite the challenging circumstances growing up with a foster family, he was able to pay for his own education and achieve the medical degree specializing in psychiatry and psychoanalysis.

In his whole life Cyrulnik wondered about a question:
What made the difference in my life? What makes the difference between individuals who recover from trauma and those who don't?

Strong experiences of hardship and suffering can affect individuals' life and development and increase the risk of decalin in psychological health. Psychological trauma is the grain of sand, that enters and hurts the oyster.

Despite this, human being reveals an "unexpected and surprising outcome": **some individuals, despite difficulties and grief, unexpectedly are able to reborn**, proceeding in their development path in a positive and harmonious way. Like the oyster, some individuals, despite the sufferance caused by the grain of sand, manage to transform it into a precious pearl.

John Bowlby, a British psychologist, and psychoanalyst founder of the Attachment Theory, in 1949, focused the attention of his studies on some reflections:
How can children, despite their traumatic experiences, war, and the loss of parents, can live and progress in their development? What does intervene?

In 1955, Emily Werner started a study on an island in Hawaii, focusing her attention on a group of 201 "high risk" children living in families with difficult conditions, (poverty, intra-family conflicts, high rate of parents' psychological distress and substance abuse) and she monitored them for 30 years, in order to follow their development and to analyse their outcomes.

▸ Approximately 1/3 of "high risk" children have surprisingly developed positively. Reversing the difficult family situation in which they were surrounded. Over the time, they became mature, happy, and capable adults, achieving and progressing in life.

▸ The remaining "high-risk children" (2/3) have developed several problems both during and after childhood.

The results of studies like the one conducted by Emmy Werner about children who managed to develop and flourish positively, despite adverse experiences in life, has led psychological literature to reflect on the factors that enable individuals who have experienced difficulties, to have positive outcomes.

WHY SOME INDIVIDUALS FLOURISH AFTER DIFFICULT EXPERIENCES?

To answer this question, Anthony (1974) used the "three dolls metaphor". Three dolls made of different materials (glass, plastic, and iron) get hit with a same intensity by a hammer. Obviously, the effects of the shock are different on each of the dolls. The glass doll will shatter into a million pieces; the plastic doll will be marked by permanent scars, while the iron doll will remain undamaged.

But are there individuals made of iron, invulnerable to the shocks of life? Are there individuals made of glass, which can be shattered into a million pieces without opportunities to re-build themselves? The answer is clearly no!

Adverse experiences infiltrate into the life of each individual, leaving wounds that heal differently according to the affected person, but it is important to highlight that *no person is a glass doll; human beings do not shatter into a million pieces irreparably.* The idea of being destined to follow the early critical pathways throughout life has been overcome by the possibility to do something in order to put the pieces back together. Furthermore, *invincible people do not exist either, even an iron person will bear the scars of the adversities, he/she has experienced in life*. For this reason, *it is fundamental not to remain on the surface but to go deeper and help the individual to recognize and integrate the wounds beyond the iron.*

Michel Manciaux, Emeritus Professor of Social Paediatrics, reinterpreted the metaphor of the three dolls it in a more elaborate way. If a doll to fall over, the impact of the fall will differ according to 3 factors:

1. **The intensity of the fall:** Does the doll slide down or is thrown to the ground? This factor represents the **level of exposure** of the individual to the adverse experience. *What kind of trauma the individual has experienced? How deep is his wound?*
2. **The material from which the doll is made**: Is the doll made of glass, plastic, or wood? This factor represents **strengths and weaknesses** of the individual. *Which resources and weaknesses the survivor has in that moment when difficulties hit him/her? Which resources may help him/her dealing with adversities?*
3. **The nature of the ground**: Is the ground made of cement or sand? This factor represents the **environment** that surrounds the individual during and after the difficult event (i.e. the **family, social and cultural context**). *The environment has an impact on how individuals experience trauma.*

These three factors (1. the type of difficulty the individual experiences, 2. individual's internal resources, 3. the environment that surrounds the individual) influence the impact of adverse experiences on the survivor's life. The resilience framework overcomes the concept of "destiny/fate" in the life of individuals and opens to the concept of "ground", particularly meaningful in the field of protection and support. In fact, the ground is represented by social workers, case workers, psychologists and other staff involved in Case Management and PSS, which can assume the role of Tutor of Resilience and enhance the wellbeing of survivors.

So, in summary, glass individuals and iron individuals do not exist. Human beings do not shatter into million pieces irreparably nor are invincible to adversities of life. The role of the tutor of resilience is to search and mirror survivors' talents and resources and accompany them in the process of flourishing.

To do this, as each individual is unique, **a single universal successful procedure that can be used, does not exist**. The magic solution does not exist. However, bear in mind that:

- It is fundamental to first establish **a positive relationship** with the individual being supported, including involving caregivers, trying to build a minimum level of trust, as it is difficult to imagine accompanying someone without having some level of trust both ways.
- The operator must really believe in the importance of identifying positive elements, which leads to have open and flexible mind, and even implies being willing to **go deeper** and **explore** elements and resources that may not appear on the surface.
- In humanitarian emergencies, case workers listen to very difficult stories and grapple with complex needs, but often without adequate resources and services to refer them to. This leave caseworkers feeling lost in the search for external solutions to 'fix the case'. The operator in emergencies must accept that they cannot magically solve all the problems of the beneficiaries. However, in the same way clients best understand their own needs, and caseworkers need to support the clients to find unique solutions for themselves.

Picture 3. A live statue depiction of resilience, interpreted by Cesvi team during a training on Resilience, February 2020.

2.2 PsychologicalTrauma

Understanding "the intensity of the doll's fall", i.e. the level of exposure of the individual to the adverse experience is of key importance. This brings us to the importance of operators in the field having a greater understanding of the nature of trauma that beneficiaries face, and by applying trauma-informed care *"which is not aimed to treat symptoms or issues related to sexual, physical or emotional abuse or any other form of trauma, but rather to provide support services in a way that is accessible and appropriate to those who may have experienced trauma"*, also to mitigate the risks of triggering or exacerbating trauma symptoms and re-traumatizing individuals.

Trauma-Informed Care, recognizes and comprehends the trauma symptoms and acknowledges the role trauma may play in an individual's life. Indeed, applying a Trauma-Informed Care may support service providers in appropriately responding to traumatized individuals and accompany and support them in giving their stories and memories, even the most terrifying ones, more shape and meaning. However, unlike trauma-centred intervention, where the underlying trauma is the primary focus of the intervention, trauma-informed practice helps clients develop their capacities for managing distress and for engaging in more effective daily functioning.

Trauma-Informed Care requires the service staff to shift from asking, *"What is wrong with this person?"* to *"What has happened to this person?"*. Indeed, the intention of Trauma-Informed Care **is not to diagnose and treat symptoms** or problems related to trauma **but rather to provide support services in a way that is accessible and appropriate** to those who have been exposed to trauma.

Psychological trauma represents an obstacle in the development of individuals, since it may interfere and block the protective factors that help to mediate between trauma and adjustment.

Psychological trauma can be defined as a singular experience that happens suddenly and unexpectedly, or as enduring events (i.e. grain(s) of sand) that completely overwhelm the individual and interfere with his/her own ability to cope or deal with it. In particular, a traumatic event can violate or contradict the basic assumptions about the world and one's self, thereby **shattering the conceptual system that makes the world safe and predictable, and disrupting an individual's perception of control and efficacy**. People who have experienced on-going trauma are more likely to view the world and other people as unsafe.

Traumatic events may violate three fundamental assumptions about the self and the world:

1. The world is benevolent, as it is a place where good things happen, and people are good.
2. Events in the world are meaningful as events are fair, predictable, and controllable.
3. The self is positive, worthy, and deserving of good outcomes, while bad things cannot happen to good people.

The inability to integrate the traumatic information into one's assumption about the world, may result in intense feelings of vulnerability, helplessness, and powerlessness.

When dealing with external challenges, individuals react with stress as a survival response. This is an innate biological response to threats or perceived threats which prepares the body to fight or flee and stop from being overwhelmed. Traumatic experiences overwhelm the individual, hindering the adaptive responses of fight or fly and triggering the maladaptive reactions of freezing and shut down. Therefore, we can confirm that an event becomes traumatic when it overwhelms the stress response system and leaves people feeling helpless, vulnerable, out of control, and overly sensitive to reminders of the event.

Traumatic experiences and various suffering incidents may lead the individual to develop a *fragmentary representation of self*, characterised only by negative experiences and destructive forces that overshadow all positive memories. Constant feelings of terror and helplessness suddenly take control of the individual, who therefore loses control over his/her emotional sphere and the reality surrounding him/her, is **no longer able to give meaning to what happened and what is happening inside and outside him/herself**.

What makes an experience traumatic?

- It occurs outside the realm of expected daily experiences, in contrast to the usual stresses and strains of our daily lives.
- It shatters the 3 fundamental assumptions about the self and the world. (The self is worthy, and the world is benevolent and meaningful).
- The experience involves a threat to one's physical or emotional well-being.
- It is overwhelming.
- It leads to intense feelings of fear and lack of control.
- It leaves people feeling helpless.
- It changes the way a person understands themselves, the world, and others.

– American Psychiatric Association, 2000

2.2.1 The traumatic disconnection between past, present and future

The interconnection and coherence between past, present and future builds the "identity" of individuals. The impact of traumatic experiences is not limited to the circumstances that caused their onset but can extend to all aspects of the affected individual's life history, i.e. the past, the present and the future. Indeed, the traumatic experience may disrupt the life temporality in terms of past memory, present life, and future projection. **The traumatic past becomes the present, and the future loses any meaning other than an endless repetition of the trauma**.

One of the consequences of direct exposure to traumatic experiences, is a constant fixation on the traumatic event(s). As mentioned, intrusive symptoms lead the individual to continuously re-experience the traumatic event(s) as if it was still happening. **The perception of time may remain fixed on the traumatic memories and prevent individuals from living in the present, projecting themselves into the future, and accessing past memories**.

Therefore, traumatic events can hinder the development of individuals and block their investment in the temporal dimension of the present, leaving individuals mentally "stuck" in their traumatic experiences. Consequently, **trauma interferes with personal identity, thus undermining the integration between past, present and future**. A person who cannot access his/her past and no longer has any roots; there is no chance of giving meaning to his/her life and to what has been experienced. The result is that people limit themselves to surviving while feeling stuck in a meaningless present and unable to project their future, which is seen as "impossible".

Traumatic experiences are "the grounds" on which Post-Traumatic Stress disorder (PTSD) can develop. There are three main categories of post-traumatic symptoms, according to the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5, American Psychiatric Association, 2013), that we can observe in individuals exposed to traumatic experiences:

- **Intrusive symptoms:** Feelings or memories related to the traumatic event that suddenly arise, interrupting the person's daily routine. Some examples include flashbacks and nightmares, sudden and intense emotional reactions in response to external inputs, and repetitive drawings and games.
- **Avoidance symptoms**: Defence mechanisms that consist in completely avoiding every memory or input that causes pain and affliction. It is the unsuccessful attempt to control intrusive symptoms. The individual avoids places, things, and people that are related to his/her traumatic memories. This behaviour has significant consequences, such as a sense of isolation and disaffection, the perception that others are different and distant, apathy, and the loss of hope and faith in the future.
- **Arousal symptoms**: The individual constantly feels like he/she is in a condition of stress, anxiety, and vigilance. He/she is aggressive, in a permanent state of irritability, constantly alert and trying to control his/her emotions. This means that all the physical and mental energy is focused on remaining alert, and the individual is not able to concentrate on other tasks. Some examples include exaggerated emotional reactions in response to harmless inputs and the constant fear that

something bad could happen again at any moment.

It is fundamental to consider post-traumatic symptoms as "*healthy and adaptive*" behaviours that represent human defensive reactions in the immediate aftermath of traumatic experiences. Indeed, following a traumatic experience, the typical acute symptoms may include (nightmares or flashbacks, agitation, irritability, anxiety, hypervigilance, trouble concentrating, and feeling numb or disconnected (American Psychiatric Association, 2000). These behaviours can be best understood as adaptive responses to manage overwhelming stress. They reveal to be **maladaptive and psychopathological when the 3 categories of symptoms last for at least one month and interfere with the daily functioning of individuals**.

There are some key mediating factors that contribute to determining whether a person continues to struggle following a traumatic event or not. Those factors include:(the severity of the event, exposure to other traumatic experiences either in the past or present, individual coping styles and skills, family history, attachment to caregiver, and the level of social support (Pat-Horenczyk, Rabinowitz, Rice, & Tucker-Levin, 2009; Brewin, Andrews, & Valentine, 2000; van der Kolk et al., 1996). Each of these factors impact whether an individual can recover from trauma without developing more significant challenges such as Post-Traumatic Stress Disorder (PTSD).

Emergency settings like recently exist in Libya, are characterized by widespread violence and human rights violations, constant displacement of people, lack of basic needs, and disrupted services and community functioning. The affected individuals often find themselves in a protracted exposure to difficult circumstances. A situation that put them at risk of resorting to negative coping mechanisms and severely impact their psychological wellbeing.

Cultural factors such as (religion, spiritual perspective and rituals, social connection and support, experience with service providers, and help-seeking practices/attitudes) can play a key role in the way individuals understand, make meaning of, and recover from trauma. Indeed, culture strongly influences the perceptions of trauma. For instance, a trauma involving shame can be particularly painful, especially in cultures where religious and social norms

can greatly pressure the individual. Likewise, some tribal communities may believe that the traumatic experience represents a form of retribution. Similarly, the sudden death of a family member or loved one can be less traumatic in a culture that has a strong belief in a positive afterlife. It is important for caseworkers to recognize that his/her perceptions of a specific trauma could be very different from their clients' and must not judge the client's beliefs considering his/her own value system. The **healing process takes place within one's own cultural context,** as it is shaped by the individual's diverse experiences, values, and beliefs.

2.2.2 Trauma or Traumas? Exploring the traumatic experiences of clients

Most individuals involved in the case management process provided by Cesvi in Libya, have been repeatedly exposed to different types of **traumas** which have a common point; they are all **human-made traumas**. Evidence highlight that human-made traumatic stress is the most traumatogenic, meaning they are more likely to cause psychopathology than any other traumatic experiences (Breslau et al., 1991). However, it is important for the caseworker to be aware and distinguish the peculiarities of each type of traumatic experience and understand it, thus, to be able to deal with it. We have already explained in the paragraph 2 the importance of integrating a trauma-informed care in the case management practice. An approach that allows the case worker to establish a more meaningful relationship with the client, by recognizing the potential implications that being a survivor of trauma have for the client's willingness and ability to actively engage in the case management process.

The following paragraph illustrates the main characteristics of 3 types of trauma, clients may have been exposed to – trauma related to the condition of being an unaccompanied child, survivor of GBV and torture – and starting from them, reflect on the role of tutor of resilience with each targeted client.

CHILDREN ON THE MOVE

Children on the move leave their homes for a variety of reasons, voluntarily or involuntarily, and travel within or between countries, with or without their parents or other primary caregivers. The conditions under which movement takes place are often treacherous, putting migrant and refugee children, especially unaccompanied and separated children, at a high risk of economic or sexual exploitation, abuse, neglect, and violence.

> *"Most [refugees'] ... traumatizing stories are not just [about] the original trauma. ... The journey after is so profoundly traumatizing as well because not only are they ungrounded from the loss of home, but then all these additional wounds are made. There is no safety anywhere"*
>
> *– Choudhuri in Phillips, 2018*

Migration always means a process of changes and adaption. Sludzki described the process of relocation as one in which the emotional needs of individuals increase markedly, while their support social network is severely disrupted. As a result, the prevalence of psychosomatic and interpersonal distress in the lives of displaced populations, including IDPs, migrants and refugees is extraordinarily high. **Pre-migration trauma** may include extreme poverty, war and political instability, exposure to violence, natural disasters, or persecution experienced in the country of origin. **Migration trauma** can include experiences of violence, abuse and exploitation that often constellate the journey, together with the uncertainty and fear of what is to come is often compounded by further loss or separation from family members and community. Finally, **resettlement** in a host country is often characterized by experiences of discrimination, chronic poverty substandard living conditions, and homelessness.

The majority of children assisted by Cesvi in in Libya are Unaccompanied and Separated Children (UASC). **Unaccompanied children** are children who have been separated from their caregivers, and who are not being cared for by an adult who, by law or custom, is responsible for doing so[1] (IAWG, 2004 Interagency Guidelines on Unaccompanied and Separated Children). Unaccompanied children may be completely without adult care, or they may be cared for by an individual not related or a stranger to the child.

However, **separated children** are children who have been separated from their primary caregivers, but not necessarily from other adult family members (IAWG, 2004 Interagency Guidelines on Unaccompanied and Separated Children).

Children separated from their parents and families because of conflict and forced displacement are among the most vulnerable, as they are highly exposed to protection risks and they often feel completely alone and abandoned.

Indeed, **having been dislocated from their points of reference, care and protection** expose them to a number of protection threats such as (physical and psychological harm, abduction, trafficking, and unlawful recruitment, enrollment by armed groups, sexual abuse and exploitation, or detention and permanent loss of identity[2] (Field Handbook on Unaccompanied and Separated Children, IAWG-UASC, 2017). Add to this, they often have suffered from **traumatic experiences and severe violations of their rights** across the three phases of the resettlement process that include pre-migration; migration; and post- migration.

In children, these challenges add up to feelings of isolation, vulnerability and abandonment **that lead them feeling lost, not knowing whom to trust, or where to find help or reliable information**. Therefore, building up a *supportive relationship* based on trust appears as a big challenge as well as a key priority in the support of unaccompanied and separated children. Body language, including physical conduct, tone of voice, posture and use of eye contact are important elements for establishing trust. Furthermore, it is fundamental that the tutor of resilience may adapt a way to *communicate* with the child, ensuring that he/she understands the caseworker role and the information provided.

1. IAWG (2004) Interagency Guidelines on Unaccompanied and Separated Children.
2. Field Handbook on Unaccompanied and Separated Children, IAWG-UASC, 2017.

Voice from the field

A 14-year-old unaccompanied girl came to the CDC after being released from an illegal Detention Center. During her detention, she had been raped and she got pregnant; she was 4 months pregnant when she came to seek support at Cesvi's Community Day Center. She was the most vulnerable case I have ever dealt with. She looked completely lost, she could not speak Arabic, and she did not know anyone and felt totally abandoned and lonely. She also kept on crying and yelling that she did not what the baby because she was still a baby (...). It was of the upmost importance to make her feel that she has at least one person who would care for her. A caregiver has been assigned to accompany her throughout the pregnancy and once the baby was born. Little by little the caseworker managed to gain her trust through listening and responding to her basic needs. In the meanwhile, she helped her to accept the situation and to deal with it relying on her strengths and on a trustworthy caregiver.

GBV is an umbrella term applied to any harm perpetrated against a person's will that results from power inequalities based on gender roles. It includes public or private conduct that inflicts sexual, physical, or mental harm, coercion, and other deprivations of liberty. Although the term is commonly used to describe systemic inequality and violence against women and girls, because females are disproportionally affected of GBV due to prevailing harmful gender norms which exists in every society in the world it is important to note that men and boys may also be survivors of GBV, and as with violence against women and girls, this violence is often under-reported due to issues such as social stigma, impunity, discriminatory laws, and lack of survivor-centered services. A contributing/driving factor to of GBV include collapse of support systems, lost jobs, conflict and displacement, poverty and substance abuse. GBV is a violation of universal human rights protected by international human rights conventions, including (the right to security, the right to the highest attainable standard of physical and mental health, the right to protection against torture, inhuman conducts, or degrading treatment, and the right to live). Core types of GBV (in accordance with the global GBV Information Management System Classifications) include: rape, sexual assault, physical assault, forced marriage, denial of resources, opportunities or services, psychological/emotional abuse. In many countries the stigma of being raped can lead to punishment by the community, such as expulsion or even honour killing.

GBV is a distinctive form of trauma because **the violation involved is extremely invasive and encourages feelings of shame, self-blame, and guilt in survivors**. Moreover, when **combined with fear of being injured or killed**, it is traumatizing in almost all cases. Due to its characteristics such as uncontrollability, unpredictability, severity, and long-lasting nature. GBV is a prototypical example of toxic stress, which can have a huge impact on survivor's life, as the perpetrator is often someone close to the survivor, it **can be difficult for the survivor to acknowledge** that he/she has been victim of GBV, as it deeply destroys the inner, intimate individual's feeling of trust. Many women experiencing

GBV do not report the perpetrators or seek help for **fear of being judged or blamed for the abuse or for staying in the relationship**. Moreover, due to the **heavy stigma attached**, survivors may fear seeking family/community support, as harm or punishment may get inflicted upon them by family members seeking to return/restore honour to the family and the community. Secrecy, shame and blame isolate survivors leaving them further vulnerable to abuse.

The impact of GBV can be more profound on women that face discrimination, marginalization, and gender inequality, creating a chronic situation that freezes survivals in a vicious cycle from which it is difficult to get out.

Voice from the field

A Sudanese young woman was kidnapped at the age of 24. When she was released, and she went to her house, her mother refused to believe that she had not been raped. Therefore, she brought her daughter to the doctor to check whether there was physical evidence of the sexual violence. Although the doctor confirmed that no rape had been perpetrated, the mother still felt big shame and put a lot of pressure on the daughter. She refuses to let her cope with the accident, hindering the support provided by the GBV caseworker.

Picture 4. A Resilience symbol of GBV survivors: the snail is a soft, tiny creature, that survives every day with a big weight on its shoulder.

As reported in the case study, GBV survivors often need to deal with both the inner sufferance caused by the violence they have been exposed to, and the cultural taboo surrounding them that deprives them of the support from their own family and community and, in the meanwhile, increase their sense of loneliness, shame, and guilt.

Therefore, being a tutor of resilience for GBV survivors means giving them an opportunity and a space to talk and be heard, and accompany them in the process of sharing. This requires providing the client with a respectful environment that may foster *a supportive relationship*. In this process, the tutor of resilience is required to *listen* to the survivor "at different levels": to listen to her words, her voice, her posture, and body language, to what she does not say, and to her silences. Absorb what she says, "capture" her emotions, and of upmost importance never assume that you know how a person feels.

TORTURE

Torture is a complex trauma that can be inflicted by various methods of **disempowering and establishing control over another person**. Torture is designed to **instil terror and helplessness and to destroy the victim's sense of self** in relation to others through systematic, repetitive infliction of psychological trauma. There are different forms of torture, including **physical assaults**, which consist of (beating, prolonged enforced standing, hanging, suffocation, burning, electric shock, and exposure to extreme heat or cold), also can be **psychological torture**, including (verbal abuses, threats against family, friends and loved ones, false accusations, coercion, mock executions, also being forced to witness torture, mutilation and murder of others, and **deprivation of humane conditions**, including deprivation of food and water, being held in isolation, restricted movement, blindfolding, sleep deprivation, and withholding of medical care).

In order to survive, victims must **give up their sense of self and will, and become a "nonperson" simply existing**, that is what the torturer aims. Seen that the focus of the torture is to degrade and humiliate the victim, individuals exposed to torture feel a strong sense of shame and thus, often seek to hide their trauma and significant parts of their selfhood, even after torture is over and freedom has been obtained (Herman, 1992). Long-term psychological problems reported by survivors of torture are usually outbreaks of anger and violence, anxiety, depression, and posttraumatic stress as well as health problems and frequent pains. However, no diagnostic terminology can reflect the deep distrust of others developed by most of torture survivors, as well as the destruction of all that gave their lives meaning. Furthermore, frequent problems that often discourage disclosure are the feelings of guilt and shame about the humiliation during torture and the inability to withstand it, lack of services, as well as guilt over surviving. Additional risk factors are social isolation, poverty, unemployment, and pain, which results in higher levels of emotional distress in torture survivors.

Voice from the field

We assisted a Syrian man who had been tortured, beaten, and raped in front of his family, that affected him so badly. When he first approached Cesvi's Community Day Center, he appeared highly traumatized, totally avoided eye contact with the caseworker, and appeared disconnected as if he was not there with me. During the first interview, talking about the incidence, especially of the rape in front of his family, had been very hard for him. In the beginning he started crying, yelling, and moving around the room. Then he felt deeply ashamed and could not keep on with the narration. It took some time to accompany him dealing with his traumatic memories and share it with the caseworker.

Therefore, being tutors of resilience for this target client requires helping them to *recover* from the trauma by *empowering* and supporting them in gaining back a sense of *agency* in their life. Those aspects appear key priorities in the support of survivors of torture as well as for GBV survivors, and require the tutor of resilience to adopt a *positive perspective* on the client, not looking at him/her as a victim but as a survivor, who can survive and flourish despite adverse circumstances of life.

CHAPTER 3

Resilience-focused Case Management

In emergencies where the life or well-being of civilians are affected by natural disasters, conflict, public health crisis, or where the state is unwilling/unable to protect its citizens, humanitarian assistance is offered to alleviate the suffering. In such fragile settings, case management provided by humanitarian actors to affected populations is often crippled by the lack of multisectoral services to meet the immediate needs of individuals. At the same time, the existing case management manuals fall short to provide caseworkers with the adequate preparation on how to support the long-term recovery, empowerment, and resilience of individuals within the case management service. This is especially pertinent in emergency settings where case management plays a fundamental role to care for highly traumatized individuals. As such, case management is a fundamental service point in crisis and to offer longer-term psychosocial support, given the lack of Mental Health and Psycho-social Support Service (MHPSS) providers in emergency contexts.

This chapter provides guidelines on how to integrate resilience-focused approach in the case management practice, and aims to strengthen the preparation, methods, and techniques to provide care for people who have experienced or continue to experience traumatic events.

Definition of Case Management

Case Management is a confidential process of providing services whereby a Case Worker collaboratively assesses the needs of the client who is at risk of harm or has been harmed, and address them by reinforcing his/her resilience while coordinating, monitoring, and advocating for a package of multisectoral services.

Case Management is rooted in traditional social work which was conceived to help vulnerable individuals and families with multiple needs, to navigate through fragmented multisectoral services in society, by coordinating and advocating for timely service provision and quality care. Over time, case management has become a critical service provided in humanitarian programmes. Different approaches have been taken to strengthen the quality of case management to best support the specific needs of vulnerable groups such as children and GBV survivors.

In short, case management aims to build a safe and trusting relationship between caseworkers and clients, in which a collaborative process can take place to identify the needs of clients whilst recognizing their own unique strengths and resources in their families and communities. As such, whilst caseworkers help clients navigate systems and to meet immediate needs, psycho-social support is an integral part of the process of case management seeking to empower clients in recognizing and strengthening their own resources needed to mitigate protection risks and to reach a long-term recovery. In this process the caseworker **acts as Tutor of Resilience**.

Effective Case Management is responsive to the unique needs and wishes of each person. In addition to developing case plans, making referrals, and ensuring follow-up, case workers provide emotional support to help clients regaining a sense of control over their lives, enhancing self-esteem and self-reliance, and supporting the healing process.

Usually the knowledge related to the procedures to be followed in each of the Case Management steps, and the related forms are well covered in the existing Case Management SOPs and trainings. Much more attention, however, is needed on **how to build Case Workers' interpersonal skills and strengthen their capacity to apply a client-centred approach to support, guide, listen, assess, plan and follow up with assisted individuals.** Case Workers, especially the ones without a background in social work or psychology, need specific competences to be able to build a supporting relationship with a person previously exposed to several *interpersonal trauma*, (*i.e.* any traumatic event in which a person is attacked or violated by another human being who may be either known or unknown to the trauma survivor).

Starting from this consideration, the Resilience Research Unit in partnership with Cesvi have developed "The Resilience-Focused Case Management model" (RFCM). A capacity building module aimed at guiding case workers on how to promote clients' resilience process throughout the case management stages.

> *The adoption of a Resilience-focused approach in the case management process contributes to the improvement of the clients' psychosocial status and help building trust between the case worker and the client. Moreover, it enhances the quality of the service provided.*

Evidence from the field often highlight that the heavy workload in terms of (cases to be followed, lack of knowledge on how to build helping relationships, and understanding the high emotional burden caused by the proximity to suffering and pain), often lead caseworkers not being able to provide emotional support to the clients. The focus is rather given to procedures to follow and forms to be filled and value is placed on material assistance, meeting service needs, and medical and cash support, etc. Sometimes those forms and procedures can be used as a shield that protect the caseworker from the traumatic emotions conveyed by the clients. Moreover, caseworkers often focus primarily on providing material assistance, such as cash assistance, to help clients to meet their basic needs.

Although this aspect is paramount to ensure the effectiveness of the psychosocial intervention, it should not be considered the main aim of the case management.

The RFCM approach seeks to enrich the Case Management Procedures with the aim to promote a Resilience-oriented way of looking at Caseworkers' practice. RFCM developed a set of **resilience-focused case management principles** that are illustrated in the acronym **PEARLS**:

The RFCM approach considers case-management a practice that aims at building clients' resilience by empowering them, promoting their recovery process, enhancing their agency, and building up a supporting caseworker-client relationship based on trust and respect. All these aspects are included in the PSS practice and are particularly relevant in emergency contexts, where clients are often highly traumatized with no or limited access to mental health support. Therefore, it is important to strengthen the skills of caseworkers to offer **PSS as part of the Case Management process**.

It is important to consider **the principles as cross-cutting,** as they underlie and guide the whole Case Management process **regardless of the step**. The following paragraphs illustrate each PEARLS principle, and a set of related guidelines, suggestions, and workshops which to be integrated in the Case Management process in order to make it more resilience promoting.

3.1 Positivity

Principle

Widening the case worker's point of view on the client, to shift his/her perspective from focusing on clients' impairments and psychological wounds, to strengths and capacity to heal.

The process of resilience lays its foundations on a substantial **change of perspective** that allows operators to have a global view on the individual experiencing protection concerns. It is fundamental **not to look at the client as a victim but as a survivor**, who can survive and flourish despite adverse circumstances of life.

However, most of the times the "injured part" seems to take over and predominate, clouding the "healthy part" of individuals, the one related to resources, and opportunities. Unfortunately, this brings us to consider the crisis-affected individuals only as "fragilized" people, destined to remain in this condition throughout their lives. Survivors get viewed not as normal people with problems, but rather as purely vulnerable due to the adversities they have been exposed to.

> *How many ready-made diagnoses make us ill, reducing and removing all hope! And that same fixed judgment also reduces the richness of reality, of human beings who should at the very least astonish us, if not leave us in complete awe.*
>
> *– Alexandre Jollien, Le métier d'homme, p. 32*

This lack of hope and expectation for change in life of affected population, has led operators in the past to reduce social work to mere assistance, depriving individuals of the stimulation and the support needed to promote the individual recovery process.

Therefore, in case management, focusing only on the damaged part of the individual is not enough and may hinder the client's recovery. It is fundamental to look more closely and differently at the client. Even if sometimes it could be difficult to identify resources and protective factors in highly traumatized individuals, who

feel totally powerless and hopeless, here the case worker should try to **explore and mirror back their talents and resources**.

Starting from this, **changing people's points of view from vulnerability to resources,** is the starting point for building a resilience-focused Case Management as it helps case workers in building trusting and meaningful supportive relationship. In this way the operator can give back to the client the image of his/her "unique and irreducible personality", thus, enhancing his/her own resilience process. It also, allows the practitioner to get to the heart of the person and understand their individuality, strengths, wishes, and priorities.

Differently, a deficit model focusing primarily on trauma and challenges risk to stigmatise, and with some people can perpetuate feelings of helplessness and defeat. Therefore, instead of only focusing on client's weaknesses and ways to compensate for/repair them, caseworker needs to first look for the client's personal strengths and try to mobilize these strengths to help clients dealing with their adversity. To use a metaphor:

*It is not enough to apply a bandage on a wound. It is the healthy part of the body surrounding the wound that will allow it to heal.***We must therefore strengthen the client to facilitate his/her own healing process.**

Voice from the field

"The Resilience approach gave me brand new glasses to wear through which I now observe my clients. These glasses allow me to see their resources and qualities, as well as the beauty hidden in each of them. However, I must not keep these glasses on my own face: I can also lend them to the client so he/she could see him/herself in a different and unexpected way".
(GBV caseworker)

Workshop: The 50/50 method case form

Aim: Explore, balance, and compare client's difficulties and vulnerabilities, with personal strengths and resources.

In a table, list the same number of problems/vulnerabilities and strengths/resources that you have been able to identify in the client.

Problem / Vulnerabilities	Strenghts / Resources
...	...
...	...

PRACTICAL TIPS

- Be aware of your own expectations and pre-conceptions on clients, as sometimes we may see clients as completely vulnerable, because his/her psychological and physical wounds are much more visible compared to their resources. Therefore, it is fundamental for caseworker to explore together with the client what are the strengths/skills that allowed them to deal with the adversity they were exposed to and survive.
- Everyone has his/her own strengths. However, sometimes survivors of trauma may struggle in identifying them. Your role as caseworker is to help the client identifying his/her unique strengths. You can achieve this by asking direct questions such as "What do you enjoy doing?", "Which activity give you a sense of satisfaction?", "What are you good at?", "What makes you good at...?", "What do you like about yourself ?" and while the client answering the questions, it is important to observe hi/her body language, emotion, tone, and behaviour.

3.2 Empowerment

Principle

Assisting clients to reinforce their own qualities, skills, and talents and mobilize them.

As previously mentioned, (see chapter 2), traumatic experiences lead to the loss of a person's main points of reference; they can trigger feelings of disorientation, helplessness, and powerlessness. That is the reason why one of the RFCM principles propose to empower the client throughout the case management process by strengthening his/her own protective factors. **Protective factors are the resources that allow individuals to reduce the negative impact of adversities on their mental health and well-being**. They are never absolute; indeed, they can change during individual's life. Understanding and strengthening client's protective factors can contribute to promote their resilience processes.

The protective factors can be divided into 3 categories: "I CAN" resources, "I AM" resources, and "I HAVE" resources (Edith Grotberg). "I CAN" resources refer to the talents, abilities, and skills that individuals learn, acquire, and develop in different contexts. "I AM" resources refer to the set of values, personal beliefs, and emotions that represent the stable benchmarks of individual's inner world. "I HAVE" resources refer to external resources in the shape of significant relations that help individuals dealing with their own adversity, and instil trust and love.

Voice from the field

We had a case of a 10-year-old Sudanese unaccompanied child who lost his father while trying to cross the sea and got caught by a Militia. When he approached CDC, he was still searching for his father, as he did not know that he died. When the caseworker informed him, he appeared "useless", abandoned, with no goals for the present nor for the future. Empowering him required to facilitate his access to education, given his remarkable curiosity in educational materials, and to facilitate his integration in the Sudanese community. Little by little he managed to get over his experience, and now he appears more integrated in the society and feels more confident".

Figure 1. The *"I am", "I have", "I can" resources in Children involved in Child protection activities in Libya.*

Figure 1. *The I am", "I have", "I can" resources in GBV survivors in Libya.*

I CAN Resources

The "I CAN" resources are related to what individuals can do well and to their talents. These resources may support survivors in overcoming feelings of helplessness and passivity by enhancing their own self-confidence and stimulating their initiative.

Individuals exposed to traumatic experiences may struggle in identifying and valuing their own talents and abilities.

Working on their own skills, initiative, and self-efficacy may contribute to enhance resilience processes. It is also important to give clients the chance to explore their talents and skills, considering that:

Caseworkers need to be a "mirror" for the client, "reflecting" his/her qualities and transmit encouraging messages like "*I believe you can make it*".

- Only if the client trusts caseworker, he/she will allow to get to know him/her.
- Caseworker can help clients strengthen their pre- existent skills, but they can also help them acquire new abilities: "*Maybe I'm not capable now, but I CAN learn it*".

Workshop: "The passport of talents"

Aim: To strengthen client's self-esteem via recognition of his/her talents and what is good about him/her.

Draw on a paper a "special passport" showing talents and skills client recognizes in him/herself. Once finished, caseworker asks from client to share it with him/her, and if necessary, caseworker may complete it with other skills he/she discovered throughout the case management process.

I AM Resources

The "I AM" resources refer to the set of values, personal beliefs, and emotions that represent the stable benchmarks of the identity. Traumatic experiences may affect the client's inner world in terms of emotions and coping strategies that help him/her deal with personal problems. Therefore, strengthening I AM resources requires:

▸ Facilitate the client's **emotional alphabetization and regulation** that allow him/her to (I) **identify and recognize personal emotions**, (II) **express** them in a suitable way and, thus, (III) **regaining the feeling of control over them**, rather than to feel overwhelmed by them. To reinforce emotional alphabetization and regulation in clients it is important to achieve the following objectives, proceeding one step at the time:

▸ **Giving names to emotions:** to learn which fundamental emotions can be perceived in life. You can approach the client's emotional sphere through using a language where you can express emotions: "I'm "happy" to see you", "It must have been scary", "I feel frustrated because of...". Furthermore, if necessary, you can explore the clients' awareness about naming emotions through asking them which emotions they know, thus, to learn if they have a specific vocabulary for expressing the different emotions and which words, they use to express them.

▸ **Identifying one's own emotions, as well as those of others**: Starting from the assumption that emotions are embodied experiences, accompany your client in sensing his/her emotions via sensations in the body. You may then reflect with him/her on *"which somatic signs may allow to recognize/distinguish a specific emotion in himself/herself and/or in others?"*. This can be explored through drawings, games, roleplaying, especially with children. Developing an emotional vocabulary and being aware of the emotional expression are key requirements to access to the next stages.

1. **Identifying and expressing the unacceptable emotions** they have experienced in their lives, are the most difficult ones to get in contact with and express. To achieve this step, you may provide the clients with some words to name their difficult emotions and feelings like scared, *mad, angry, sad, embarrassed, guilty, ashamed, frustrated, and shocked*. Case worker may ask questions like "You seem really upset, what are you feeling right now?" Help the client connect their physical reactions to the underlying emotions: "I see your face is getting red, are you feeling angry?".
2. **Integrating traumatic emotions, through** guiding clients in expressing the emotional burdens that block them and support them in regaining control over their emotions. It may be useful to accompany the client to access to his/her personal memories, both positive and negative, and integrate them in his/her personal life story. Some techniques such as photolangage and collage may help survivors and children in approaching their personal memories.
3. Strengthen the **coping abilities** that can help him/her successfully deal with his/her own daily obstacles and turn them into opportunities for growth and empowerment.

Workshop: "That's me"

Aim: give the client the opportunity to recognize and reflect on their emotions, feelings, and other elements that distinguish and characterize who they are.

Ask the client to draw a mask that represents their moods, feelings, thoughts, or any other elements they identify with, using the equipment available to them (paints, colors, crepe paper, plasticine...)

I HAVE Resources

The I HAVE area refers to the external resources and positive relations that can help clients regain trust in others and develop a sense of belonging. As previously mentioned, certain traumatic experiences may destroy the trust individuals have in others. This can happen when a person is exposed to extreme threats and dangers caused by other individuals and/or suffers from the lack of protection of a significant person in his/her life. Such situations may trigger negative emotions such as, fear, anxiety, and distrust in other people. In these cases, it is essential to help the client regain trust in their social environment, especially children, as they need someone to whom they matter and who they can count on, to build a sense of inner security.

> *Therefore, strengthening the I HAVE resources require caseworker to help clients to restore their trust in others, reinforce their social skills, and rebuild their social networks. In particular, caseworker needs to restore in client the feeling of having someone to count on and offer him/her spaces in which he/she can feel safe and supported. Feeling supported contributes to empower clients to feel more confident and hopeful about dealing with adversity and make problems feel less burdensome. "A problem shared is a problem halved" "Shared joy is a double joy; shared sorrow is half a sorrow.*

> *Strengthening social support can mean different things to different people. For some people, it means sharing their difficulties and feelings with other people they trust. Or it might just be helpful spending time with friends or family and not talking about problems. For others, it might be asking to use resources from trusted people such as tools or even knowledge that is needed to get something done. And for others still, it might mean connecting with community organizations or agencies to get support. These forms of social support can be very powerful in reducing difficulties and distress.*

It's worth noting that case management shall not be considered as an isolated support system based on a one-on-one relationship between caseworkers and clients. To foster the I HAVE resource, the case management practice shall be part of a wider **community-based approach,** that sees the engagement and participation of families, caregivers, and communities as a central aspect to ensure an enabling environment where clients can feel safe to rebuild their networks and combat distress.

Workshop: "The two-sided medal"

Aim: help the client to identify the support and the pro-social behaviors he/she has acted in his/her life.

Ask the client to draw a medal and let them write/draw on one side of the medal an incident where he/she helped someone and on the other side an episode where someone helped him/her. Once finished ask the client to share those experiences with the caseworker, only if he/she feels like.

Workshop: "The cardinal points"

Aim: help client to identify the points of reference in his/her life.

Ask each client to draw a compass and divide it into four parts, through the cardinal point axes. Ask him/her to identify 4 places he/she feels he/she belongs to, or where he/she feels good to stay in. For each place client must associate a person and a moment/memory connected to that space and write/draw it. At the end of the activity, he/she can share his/her compass, if he/she feels like.

PRACTICAL TIPS

1. Mobilize the client's resources that may empower him/her and facilitate his/her recovery process.
2. Give client the chance to be aware of his/her own talents and skills.
3. Promote in client emotional alphabetization and regulation.
4. Help client to regain trust in others and build safe and supportive networks.

3.3 Agency

Principle

Promote the client's self-reliance that will allow him/her to overcome the traumatic sense of passivity and helplessness and to feel again like the main character of his/her life.

Case management aims to promote client's self-reliance. However, it is important to consider that the concept of self-reliance applied in this manual embraces two dimensions: self-reliance as a **process** of the case management, and self-reliance as an **outcome** of the case management. In the previous section, we highlighted the importance of empowering the client through strengthening his/her own I AM, I CAN, and I HAVE resources. We insisted on the fact that often the client looks at himself/herself as a vulnerable person, which needs to stand on others to survive. That is why it is paramount that caseworker helps the client recognizing his/her main skills, talents, and resources. Once regained an image of himself/herself as resourceful, he/she may get back the proactivity and, thus, the control over his/her life.

Self-reliance as a process: Case worker places **client's agency at the centre of the case management process.** Fully engaging him/her as a decision maker throughout the process. This entails accompanying the client to set priorities, meet her/his needs, solve problems, and make decisions about what will happen next. In other words, the caseworker shall always ensure a **client-cantered approach** that consider the client as the actor at the centre of the case management process, **not as a passive aid recipient**, and the caseworker as a facilitator of the process. This means that any decision taken throughout the case management should be owned by the client, and this part is important where the caseworker help the client recognize his/her sense of ownership, his/her agency, and restore sense of control (as trauma is disempowering). As such, it is essential from the beginning to present and explain to the client the case management as a process where **the decision-maker and actor of the change would be the client himself/herself**.

Therefore, case management is not only about providing aid to a client and giving him/her back dignity, but also enhancing the client's agency which means allowing him/her to feel: "*I am the expert of my life, I'm the decision taker*". Caseworker shall refrain to give "ready-made" solutions, but rather listen to and consider the solutions clients have found themselves in order to meet their needs and to solve their issues, considering that they are the only ones who can know what is better for them. The key to achieving this is to accompany the client in **rebuild the sense of control** over his/her life, which may have been strongly affected by the traumatic experiences (see chapter 2). This can be very challenging especially with highly traumatized clients. Indeed, past adversity can lead the individual to feel trapped in traumatic memories and to be overwhelmed by fears, threats, and never-ending risks that affects his/her present.

Guiding the client in gaining back the control over his/her life should start from helping him/her **rebuild a vision of the present life made up of both risks and protections,** and be aware of them. Indeed, on one hand identifying and **naming the risks** that threatens the present life can help the client to feel less terrifying and insurmountable. However, on the other hand, it is important that the client may be aware of the protective factors that lay inside and outside himself/herself, that can help him/her in dealing with risks. Again, the role of caseworker is fundamental in helping the client identifying what are the sources of protection and strengths in his/her life. In this respect, several authors define resilience as a process shaped by the interaction between risk factors, events, conditions, or experiences that increase the likelihood of a future negative outcome, with protective factors either that the client's features, his/her family, or social context (wider environment), both operating across the different layers of individual's social system. Both risk and protective factors shape the impact of adversities on the individual's wellbeing. Therefore, the paradigm of risks and protective factors allows to operationalize the resilience concept by setting the "ingredients" involved in the process.

Finally, promoting the client's agency requires to help clients in **projecting themselves in the future**. Indeed, often clients appear stuck and passive or feel like they cannot do anything to change their situation. This may lead them to lose their propensity to project themselves into the future. But the propensity to plan ahead positively is a fundamental driving force of change. Therefore, it is very important to help clients regain a future perspective and **being a leading player in their own life**.

Voice from the field

"The unaccompanied children are not just victims, and not just traumatized or isolated children; They are children who are able to break away from their vulnerable condition in order to develop resilience processes. Indeed, self-projection in the future is connected with the child's agency. When the child manages to gain an active and positive role in his/her present he/she can also wonder about and plan his/her future. Our role as caseworkers is to promote the autonomy of the child as the leading player in his/her own life". (Child Protection Caseworker).

Tool: "Caught in a thunderstorm"

Aim: help client identifies risks and protections perceived in her/his life.

Fold a paper in half and draw at the top of the sheet the outlines of big clouds and at the bottom of the sheet a large umbrella. Ask then the client to write inside the clouds the difficulties, fears, and problems he/she recognizes in his/her life. Once finished, ask the client to write in the umbrella what and/or who has helped him/her to deal with each challenge and fear.

Tool: The treasure box of desires"

Aim: explore the client's ability to project into a positive future.

Invite the client to write or draw his/her wishes/aims for the future. Once the drawing/writing is finished, ask him/her to roll up the paper as if it was a scroll and to tie it with string; then ask him/her to drop their paper into a box, where the caseworker will ensure to guard it as a treasure/something precious. If the client feels like, he/she can share his/her wishes with the caseworker.

PRACTICAL TIPS

1. Restore/reinforce client's ability to feel like active «actors» in their life.
2. Accompany the client in gaining back the motivation to look towards the future and move forward.
3. Help client in identifying and naming the main risks and protections in his/her life.

3.4 Recovery

Principle

Integrate trauma-informed care into Case Management to enhance client's emotional recognition and accompany his/her own recovery.

> *Trauma-informed care provides a strong framework for working with people who have been displaced and experienced trauma before, during, or after their migration process. The principles of TIC are support, empowerment, and recovery. When you work from a trauma-informed perspective, staff learn how to assess and provide more intensive services where it is needed. Anyone who has been through the traumas associated with displacement deserves nothing less.*
>
> *– Clervil et al., 2013, p. 15*

Resilience paradigm shows that individuals exposed to adversity can recover from their own trauma through accessing to their own resources. In particular, several studies demonstrate the central role played by strong networks in enhancing individual and family resilience process. However, in some clients, these natural support networks are often disrupted, leaving them with little to nowhere to turn. For these individuals, case workers can play a fundamental role in **designing services that best support healing and recovery.**

To develop a supportive relationship within the case management process, it is important to adopt a trauma-informed approach. It refers to the analyses of behaviours, responses, attitudes, and emotions of clients, as a collection of survival skills developed in response to traumatic experiences (Guarino et al., 2009). These behaviours need to be understood as adaptive responses to manage overwhelming stress. Some individuals who had been repeatedly exposed to violence may appear angry against themselves and against the world, driven by an uncontrollable impulse to vent their rage on others, to avoid having to relive feelings of fragility and helplessness.

For example, a 13-year-old boy who deals with his father's violent episodes against his mother. Himself and his brother may adopt offensive and violent behaviours against everything in their lives, such as, attacking their peers and teachers, breaking everything they find in their path, and constantly challenging their teachers. Other individuals seek solitude and isolation and flee from contact with the outside world, a world they consider to be hostile and incomprehensible, taking refuge in an imaginary world, a place where they can find, in appearance at least, a break from the suffering that is inside them. For example, a young woman who has been victim of forced marriage seems to constantly try to be invisible to others when she comes to Cesvi Centre, she tends to isolate herself and she often feels like crying, sometimes for no reason. In other case, when the pain becomes unbearable, the child may adopt a self-destructive behaviour such as deliberate self-harm or alcohol and drug misuse. Without understanding the connection between trauma and current behaviours, case workers may label individuals in the wrong way, such as "manipulative", "oppositional", "lazy", or "unmotivated", when these behaviours should be considered as survival responses of fight, flight, or freeze to an on-going stress.

Voices from the field

"Knowing more about what psychological trauma means and its related symptoms, allowed us to give name and meaning to certain behaviours and reactions we often observed in survivors which confused and sometimes scared us" (Protection case worker)

Trauma-Informed Care (TIC) is defined as a *"strength-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment"* (Hopper et al., 2010, p. 82).

Therefore, we can affirm that **using the lens of trauma facilitate the client's recovery process through**:

- Allowing case workers to design and deliver services, that may understand and appropriately respond to the needs of clients.
- Minimizing the possibility of causing additional harm through the use of practices that do not support recovery.
- Focusing on safety, strengths, spiritual, and emotional well-being, and the development of trusting relationships.
- Integrating clients voice in treatment and maximize their choice and control over the course of their recovery.
- In the table below the main Core Principles of Trauma-Informed Care are illustrated (adapted from Clervil et al., 2013), to orient the actions of case workers' assisting clients exposed to high levels of adversity.

Understanding Trauma and its Impact

Understanding traumatic stress and recognizing that many current behaviours and responses, are ways of adapting to and coping with past traumatic experiences.
Including strengthening Trauma Awareness among clients "your reaction and feelings are completely normal in the face of completely unnatural circumstances you are facing".

Promoting Safety

Establishing a safe physical and emotional environment where basic needs are met, safety measures are in place, and provider responses are consistent, predictable, and respectful.

Supporting Control, Choice, and Autonomy

Helping people regain a sense of control over their daily lives, and keeping people informed about all aspects of the organization and allowing them to drive goal planning and decision-making.

Ensuring Cultural Competence

Respecting diversity, using interventions adapted to client's cultural backgrounds.

Integrating Care

Maintaining a holistic view of clients that understand the interrelated nature of emotional, physical, relational, and spiritual health and facilitate communication within and among service providers and systems.

Healing Happens in Relationships

Believing that establishing safe, authentic, and positive relationships can be corrective and restorative to trauma survivors.

Recovery is Possible

Understanding that recovery is possible for everyone, regardless of how vulnerable they may appear, through instilling hope by providing opportunities for client involvement at all levels of the system, and establishing future oriented goals.

Facilitating piece together life history

Supporting clients in dealing with their traumatic experiences entails helping them put all the pieces of their lives story back together, thus connecting their past, present and future.

Workshop: "The river of life"

Aim: facilitate disclosure process and memory processing

Guide the client to draw his/her river of life to identify important past memories, relevant present experiences, and future projections/wishes.

PRACTICAL TIPS

1. Support clients in "piecing together" the different parts of their lives' history (past, present, and future) and integrate traumatic experiences as a part of it.
2. Listen and respond to client's emotional needs and help them in dealing with the "emotional storm" that they may feel inside.
3. Do not be afraid of the client's sufferance, rather, give each individual the chance to express him/herself. There is nothing so bad that it cannot be told.

3.5 Listening and Communication

Principle

Provide an active listening that will allow you to welcome the stories and validate the related feelings.

Voice from the field

"We deal with a lot of traumatized cases... in order to get the client feel comfortable and to facilitate self-disclosure, we need to pay attention to the language we use... it's hard for clients to deal with the interviews, especially in the beginning of the process".

Voice from the field

"Cases exposed to high levels of trauma often show significant difficulties when being asked to remember the incident. Someone start speaking and then stop when they are asked for details or when they remember particularly painful moments. Moreover, language barriers may be particularly challenging when interviewing our cases. Some cases do not feel comfortable having a translator. They may have very short and quick answer to the translator questions, and do not go in depth when reporting their experience. (...). Finally, some nationalities have more difficulties in sharing their traumatic experience, as they fear to be stigmatized. This happens especially for GBV victims, and with men who easily feel ashamed to share their experiences as victims of violence."

The identity of an individual relies on his/her life story and memories. However, some stories characterized by traumatic sufferance and adversities, may be difficult to be "pieced together" and shared. Traumatic memories may remain unapproachable as they are too painful. Therefore, clients may protect themselves from the trauma-related sufferance and avoid those memories. As a result, some clients may struggle in the self-disclosure process, and appear reluctant in recalling and sharing their past memories.

Using a client-oriented specific language can help caseworkers to be attuned to the client and provide empathic and effective communication, thus, facilitate the client's process of self-disclosure. This is something that cannot be improvised, but require specific communications skills and techniques that need to be learnt and acquired by each caseworker; a language that may honour the client as being expert of his/her own story.

The Interview

Starting from the assumption that communication is a relational process that may lead to changes, the interview must be considered as a psychosocial tool which can help building a helping relationship with clients. It is fundamental considering the interview as a meeting between two persons, in which the operator conducts and holds the leading role, while the client is free to select the content to be shared. However, while the interview is asymmetrical from the point of view of the roles, it is equal in terms of the value of the people involved. Indeed, both the operator and the client are considered equal in dignity, and work together to solve problems (AVSI).

Conducting an interview should not be considered as a natural competence, but instead requires specific skills and knowledge. Specifically, the interviewer must have:

- a precise goal.
- a working method to stimulate reflection together with specific rules and techniques.

In particular, when interviewing an individual who has been exposed to severe adversity, it is fundamental to apply a client -cantered approach that may shift the attention from the interviewer as an expert, to the interviewee as the leading player of the interview. Therefore, caseworker is not required to provide pre-established solutions but to involve the client in the helping process, supporting the deployment of his/her own resources.

Find below some client -oriented techniques for the interview, which are suitable for all age groups.

Conducting an interview: techniques for all age groups

1. Create a welcoming and comfortable environment.
2. All individuals have different values shaped by diverse cultural backgrounds, there for be careful to maintain cultural awareness.
3. Use different languages (drawing, music, etc.) and activities (workshops) to soften the import of the conversation.
4. Nonverbal cues to give the message that the caseworker is a safe, non-threatening figure:
5. Sit next to the client.
   - Appear engaged and interested in what the client is saying.
   - Match the client's body language.
6. Use open-ended questions; they open the lines of communication.
7. Avoid verbosity. By keeping questions simple and concise, the interviewer increases likelihood that the client will be able to understand the question and respond truthfully.
8. Provide active listening to indicates that you are interested in what the client has to say and to encourage the client to engage in the conversation:
   - Validate what the client says.
   - Confirm that the interviewer understands correctly.
   - Give the chance to the client to elaborate.

Furthermore, the following table shows the different steps of the assessment interview's conduction, highlighting the action description and some suggested phrasing.

Tool: The interviewing roadmap

#1

Action: Introduce

Description:

- Explain your role and the reason why you are conducting the assessment.
- Make the client comfortable with a client-friendly environment.
- With child- client: invite the child to have a caregiver or other adult present until the child feels more comfortable.

Suggested phrasing:

- First of all I would like to present myself...
- My role is to...
- Case management is....
- Do you have any expectation regarding the case management?
- Is there anyone who you would like here for support?
- Do you have any concern/question about the case management?
- Is there anything else you want me to know?

#2

Action: Engage

Description:

- Make general conversation to build report.
- Avoid jargon or acronyms.
- Engage the client in a discussion of their care.
- Actively listen to the client.

Suggested phrasing:

- Tell me about yourself. How old are you? Where do you live? Who lives with you?
  Are you close to any family members?
- Tell me about them. Are there other important people in your life (other than your family) that you are close to? Tell me about them.
- What is your favourite: [colour? Hobbies? TV show? Game? Toy? Food? Drink? Thing to do? Football team....].
- When you go out, where do you like to go best?
- Tell me about your friends. What do you like to do with your friends?

Action: Ask

#3

Description:

- Question the client to get a narrative, not specific answers.
- Ask non-judgmental, solution focused questions.
- Try to get a holistic view of the client's life.

Suggested phrasing:

- On a scale of 1-10, 1 being that [X] and 10 being that [Y], where would you rate [issue]? Why? What makes it a [#]?
- Tell me about how you think your body is doing?
  Now tell me how you think your mind is doing?
- If you woke up without (problem), how would you know?
  What would be different?
- How do you make others know when you are happy/scared/hungry?

Action: Respond

#4

Description:

- Validate the client's input.
- Recite back your understanding of the client's words.
- Encourage the client to elaborate

Suggested phrasing:

- So, you are saying that X? Is that right? Tell me about it. Tell me more. Then what happens?
- What do you think about that?

Action: Closing

#5

Description:

- Allow a few minutes of silence to let the client think and to give control back to the client.
- Move to a neutral topic.
- Discuss something good that has happened or play a game (with child- client).
- Give the client contact information.
- Make sure the client does not leave the meeting confused.
- Answer the client's questions.

Thank the client for his cooperation.

Suggested phrasing:

- The next time we see each other will be when...
- This is what is going to happen next...
- What questions do you have?
- Thank you for meeting with me today.

Group reflection

Read the table above and integrate with your team further suggested phrasing tailored to your clients.

When approaching a child for the interview it is important to take in account that *"for a young child, being interviewed requires great courage. She is likely to have no idea what to expect in the process, or what the possible outcomes may be. Despite this, she still seeks acceptance. That she will be listened to. That she will be believed"*. The Global Protection Cluster provides a framework for interviewing children and young people, summarized below:

1. **Introduction and Establishing Rapport:**

a. Adopt a relaxed, child-centered way to conduct the introduction. In particular, the child should be introduced to the person he/she does not know and make sure he/she knows where the toilet is, give him/her a drink/snack, have some drawing materials, and try to create a child friendly environment.

b. Ensure that the child has a developmentally appropriate understanding of the role and the responsibilities of caseworker.

c. Explain why caseworker is taking note.

d. Ask if the child wishes to have a trusted adult to be with him/her and, if so, ask who he/she wish to have by him/her side.

e. Establish boundaries of the interview (rules such as it is not permitted to hurt himself/herself and others).

f. Allow the child to talk freely about himself/herself in the reporting phase (what he/she likes to do, favourite games...etc) and convey a sense of enjoying the time with the child and that you are genuinely interested in him/her.

7. **Establishing Ground Rules** and encourage the child to say if they do not understand a question through working out with him/her beforehand how he/she would say *"I don't get what you are saying"*.

8. **Introducing Topic of Concern** through asking the child *"Do you know what you have come here to talk about?"*.

9. **Eliciting a free narrative account**, which is considered the most important part of the interview where it is the child's turn to speak.

- Elicit a reliable account of past events through allowing the child to convey events in his/her own words and with as little prompting from the interviewer as possible.
- Calm and attuned warmth should be conveyed towards the child together with a sense of empathic listening.
- Open ended questions are suggested, such as: *"What happened when...Tell me more about the part where...Tell me everything about the part where..."*.

10. **Specific Questions**: once completed the free narrative, the caseworker can proceed to ask specific questions that may fill in the gaps in the narrative, clear up any inconsistencies, and clarify details. This can be done with questions like: *"About what time did this happen?"*, *"What did you mean when you used the word.....?"*. Bear in mind that children tend to more easily comprehend questions that begin with WHERE, WHO and WHAT (*"What did you feel like..."*, *"Who was there...."*). When child come from other cultural backgrounds, be aware that some questions and some responses may have different meanings in some cultures (e.g. answering yes as it is more respectful to agree with the practitioner).

11. **Closure:**

- Explain what happens next.
- Encourage the child to ask any questions, if needed.
- Provide all the case-worker's contact details to the child.
- Do not make any promises.
- Ensure that the child is adequately supported.
- Take your time – do not rush it.

Finally, ensuring empathy and providing an appropriate listening, are fundamental conditions to help clients to break isolation and loneliness, help them recognising themselves as worthy and, thus, encourage them to share personal thoughts, feelings, and beliefs.

PRACTICAL TIPS

1. Case worker should focus his/her attention not only on WHAT he/she is supposed to ask/the information he/she needs to gather, but also on HOW to gather the information he/she needs to collect.

2. Applying a client-centred approach which may honour the client as being the protagonist of the interview.

3. Ensure empathy and provide active listening.

3.6 Supportive relationship

Principle

Support the client through building a trusting relationship with him/her.

You cannot help someone who does not want to be helped. Therefore, the fundamental prerequisite and the first big challenge in the Case Management process is to lead clients to rely on caseworkers. Indeed, interpersonal trauma such as war or violence in its various forms, often hinder the client's ability to trust in others. Individuals who have been repeatedly hurt by others may come to believe that people cannot be trusted and, thus, appear wary and suspicious about everything. Moreover, common stressors related to the CM steps (e.g., completing paperwork, being asked personal questions, strict rules, demands from staff) may trigger aversive responses in clients that can be misunderstood by caseworkers as purposefully offensive, rude, or aggressive. It is up to the caseworker to understand the client's messages with patience and tenacity, observing their behaviour and respecting their silence.

This illustrates, once again, the importance of building a positive relationship with the clients that may enable them to regain trust in others and to experience a sense of inner security with the caseworker. A **relationship based on transparency, respect, dignity, and unconditional acceptance** of the client as he/she is. However, restoring confidence in others involves a process that can be time consuming and not always linear. Patience and consistency are two essential components of any attempt to connect with the client in order to become an emotional anchor. Sometimes, the small experiences of support matter most.

Voice from the field

"According to my experience, these are the key aspects that may allow to build a trusting and supporting relationship with cases:

1. Assist the case in his/her basic needs (food, shelter, psychological, and medical support).

2. Show authentic interest in the case and in what he/she is sharing with you.

3. Give them the right to speak or to remain silent if they wish and to stop their narration whenever they feel like. It is not necessary to finish the interview at the same day. It can be postponed once or twice...As much as they need.

4. Make it clear, that whatever they tell you it will remain between you, and if you need to share information with colleague, you will take their consent first.

5. Convey your availability and reliability and tell them that they can contact you whenever they feel like/need.

6. Sometimes relying on personal experience can help bridge the distances between the case worker and the client.

7. Be patient, as building trust is a process that requires time and may not be always linear. It is important to proceed step by step, being constantly in respect of the clients timing."

Therefore, a supportive relationship is a relationship of trust that may allow clients to feel cared and respected by the caseworker. Every meeting with the client is an opportunity for caseworker to strengthen the supportive relationship.

Constantly showing an authentic interest in the client, may help caseworker to be recognized as a valuable source of care and support. The opportunity to regularly meet face to face, the continuity of the relationship over time, and the availability

of the caseworker in case the client calls the helpline, are significant aspects to reach this goal. Moreover, the client-caseworker relationship may also have a more immediate emotional and supportive dimension for people in difficult and vulnerable life situations.

Workshop: "Bridging the islands"

Aim: Facilitate the recognition of positive relations in life.

Guide the clients to draw a big sea, populated by different islands. They are in the middle and the islands surrounding them represent significant people in their lives. Ask them to draw, for each island, a bridge that connects the island to them and help them to write what ties they have with that person.

PRACTICAL TIPS

1. Create a safe space where clients can feel welcome and free to express themselves.
2. Show the client respect, dignity, and unconditional acceptance.
3. Help the client to break out of his/her isolation and open up to the outside world.

Conclusion

In conclusion it is important to highlight a fundamental principle of RFCM: **There is no one size fits all solution**. Indeed, it is not possible to define universal and standardized practices for implementing resilience process in clients. Each individual has different needs and different requirements. As mentioned before, it is essential for the caseworker to be in harmony with the client, and capable of listening and accommodating his/her needs and requirements in an active and caring manner. However, the less clients are used to finding a ready pair of "ears" to listen to their needs, the less they are able to express these needs clearly. It is up to the caseworker to detect the client's needs and to **tailor a resilience-enhancing support based on the PEARLS principles**, that may consider the peculiarity of each client, and valorise and mobilize his/her own strengths that can help him/her dealing with the adversity and begin the process of healing.

CHAPTER 4

Integrated approach to Case Management

In humanitarian emergencies, the risk of violence, exploitation and abuse is heightened. At the same time, national systems, including health and legal systems, and community and social support networks weaken[1]. While the needs of the affected population increase as a result of the crisis, the breakdown of systems can reduce access to health services, including sexual and reproductive health services, education, mental health and legal services.

All this can have a deep impact on several dimensions of people's life, affecting the physical and mental wellbeing and so the psychosocial sphere of the individual. From Cesvi experience in Libya, the persons in need of protection assistance have, in the majority of the cases, multiple vulnerabilities and complex needs.

An example of this can be an unaccompanied minor, out of school, survivor of trafficking, with injuries as result of the physical violence endured. The child will likely need legal protection, health assistance, psychosocial support and educational services.

This example, very common if we look at the situation of many minors supported in Cesvi projects, demonstrating how people affected by the crisis often are in need to access to several services. **The more these services are delivered in an integrated way, the stronger is the impact on the person wellbeing, and in concurrently reducing his/her vulnerabilities or mitigation the exposure to protection risks**.

You can think about a single mother of three children with severe medical conditions. The illness is preventing her to work, forcing her to adopt negative coping mechanisms such as borrowing money from non-relatives in order to pay for the medical treatment, and send one of her children to work. For such a case, the access to medical assistance would not only solve the medical problem but also allow the women to return to her work, mitigating the risk of exploitation, school drop-out, and exploitation for both the mother and the child.

Holistic response to clients' needs and wishes requires the work of many different actors from at least these three key sectoral areas (Health, including Mental Health and Psychosocial support Services ("MHPSS"), Legal Justice, Livelihood). **The Case Worker has the responsibility to advocate for the access of the client to the needed services, following a proper referral, and ensure the provision of the assistance.**

For this purpose, it is key that each Case Worker is familiar with the service mapping and the referral

pathways that are developed by the Sectors[2] and at local level by Cesvi teams.

However, it is important to understand that not all people who have experienced a traumatic event, including survivors of violence and exploitation, want or need assistance. Many will recover without specialist support of a Case Worker or might choose to access autonomously the needed services.

Given the specificity of the context in Libya, characterized by lack of services provided by state and non- state actors, Cesvi has built its programming in Libya ensuring a multi-sectoral and integrated approach. Through the provision of a set of services and resources that can be mobilized. The goal is to ensure a comprehensive response where the crisis-affected individuals, based on their specific needs, can have access to protection related services (PSS, Case Management, Community-based Care Arrangement, IPA), livelihood support (Cash Assistance, Cash for Rent, Core Relief Items), Education services (remedial classes, non-formal education, life skills), or be referred to external actors for additional needs. All services seek to improve the physical and mental wellbeing while reducing, mitigating, and responding to protection risks faced by the crisis-affected population.

For the purpose of this manual, the section below describes the services provided by Cesvi, with the aim to guide the Case Workers on the possible linkage with other services[3]. In this regard, this manual adopts the categorization according to a layered system of complementary support[4].

2. The Protection Sector in Libya has led the development of an online service mapping, accessible at http://serviceinfo-libya.gpcdata.org/. The access is granted to relevant staff.

3. More information about the specific processes, forms and procedures are detailed in the specific SoPs: STANDARD OPERATING PROCEDURES FOR COMMUNITY-BASED CARE ARRANGEMENT- Misrata, March 2020; STANDARD OPERATIONS PROCEDURE FOR INDIVIDUAL PROTECTION ASSISTANCE (IPA)- Misrata, March 2020; STANDARD OPERATING PROCEDURES CASH FOR RENT- Misrata, July 2020; UNHCR/CESVI-CBI Standard Operating Procedures (SOPs) for Multi-purpose Cash for Refugees and Asylum Seekers, Libya; CESVI Standard Operating Procedures (SOPs) for Multi-purpose Cash for Host Community, IDPs and Migrants in Tripoli and Misrata, Libya-November 2019.

4. The Inter-Agency Standing Committee has developed in its Guidelines on Mental Health and Psychosocial Support in Emergency Settings, the concept of a layered system of complementary supports that meets the needs of different groups. This is illustrated through a pyramid with a bottom are included i. Basic services and security, followed by ii. Community and Family Support; iii. Focused non-specialized support; iv: specialized services.

4.1 Basic Service

Help people in meeting their basic needs (food, water, shelter, access to basic health care) is the initial stage to promote their overall wellbeing. Cesvi provides this type of assistance in kind (items: such distribution of non-food items, hygiene kits, clothes, educational and recreational material, or services: such as vocational trainings) or in cash. Specifically, Cesvi's Cash Based Intervention includes different ways to provide financial support:

1. **Cash for Protection:** The eligibility determination process is based on a protection assessment that identifies different protection concerns which a household/individual is exposed to. Based on specific vulnerabilities and risks set in the Cash SOPs. The cash assistance can be granted via one-off assistance (emergency cases who need urgent response) or via regular monthly instalments (up to 3 months renewable).
2. **Individual Protection Assistance:** IPA shall be a timely response to protection risks that require an immediate action. The starting point for IPA is to identify the specific protection risk or rights violation to which the individuals are exposed or have been the victims of and which constitute immediate protection concerns that need to be urgently addressed. Assistance is provided through one-off cash or in-kind assistance.
3. **Cash for Rent:** The objective of the Cash for Rent is to provide financial support to vulnerable households in need of shelter in urban areas, at risk of eviction or as an alternative to detention/released at disembarkation. In doing so, the Cash for Rent intervention intends to be a social protection mechanism as, by supporting the targeted population to cover the shelter costs, it seeks to improve families and individuals' capacity to meet their basic needs and purchase important items, such as food/water/sanitation needs.

Case Workers should consider referring a case to one or more modalities of financial assistance described above when cash-based intervention is determined to effectively address the identified protection concerns.

4.2 Community and Family Support

The second layer represents the emergency response for a smaller number of people who are able to maintain their mental health and psychosocial well-being, if they receive help in accessing key community and family supports.

In this regard, Cesvi operates on three main levels:

1. Creating **safe and child-centered spaces,** engaging children affected by the crisis in relevant education opportunities as a necessary step towards recovery for both the children, the family, and the broader community. Cesvi has established in Libya three Community Centers (known as **Baity Centers**), in Tripoli, Misrata and Zwara which provides Child Protection and Education related services to vulnerable boys and girls, and their caregivers. School aged boys and girls out of school or at risk of drop-out have access to non-formal education activities .

2. and structured Psychosocial Support activities.
Structured and sustained psychosocial support activities carried out in a safe and structured environment help children to recover, continue to develop and socialize, and give them the opportunity to:

- Relax physically, mentally, and emotionally.
- Express feelings and thoughts.
- Restore a sense of safety and security.
- Restore normal life routines.
- Recover confidence and explore new things.
- Enjoy their time.
- Acquire social skills.

For the provision of PSS group activities, Cesvi has adopted a Resilience focused approach, following a series of training on the "Tutor of Resilience" model[5] provided by RiRes to Cesvi Case Workers.

5. Tutor of Resilience: a Model for Psychosocial Care following traumatic experiences. Giordano, F., Cipolla, C., Ungar, M.

Case Workers should consider referring a case to the Community Centers whenever the child:

- Can be considered highly vulnerable. This includes children who are working or out of school; unaccompanied children; children who are heads of households; street children; pregnant girls; minority children.
- Lives in an unsafe environment that threats his/her safety and wellbeing with potentially devastating impacts to his/her development.
- Requests so.

3. Accessing formal and informal safe spaces for women and girls, where they experience physical and emotional safety in the community. The term 'safe', in the present context, refers to the absence, of trauma, excessive stress, violence, and fear of violence and abuse. It is a space provided specifically for women and girls in the community which offers invaluable opportunities to towards mitigating harm and taking steps towards recover by providing opportunities to:

- Socialize and re-build their social networks.
- Receive social support.
- Restore a sense of safety, security, and dignity in a safe space whereby they can feel confident to share concerns and risks and express feelings and thoughts.
- Acquire relevant life skills and vocational training.
- Access safe and survivor-centred multi-sectoral GBV response services.
- Access information on issues pertaining to women's, rights, health, and services.

In Misrata, Cesvi has partnered with four women led CSOs providing safe spaces for women and girls, providing capacity building support as well as implementing case management and PSS in the safe spaces. It is imperative to ensure that similar community initiatives are identified (through service mappings and safety audits) and safe referrals are made for women to integrate in the activities in safe centres (including promoting and advocating for the inclusion of non-Libyans).

For many women and girls, the opportunity to move freely in the community is severely restricted. Due to social norms and prevailing security concerns, women and girls have become more isolated and their mobility has been curbed significantly. This creates enormous barriers for women and girls to access services, particularly for GBV survivors who may not be able to seek assistance as she has to be accompanied by a male relative. Therefore, it is essential to recognize the extraordinary contributions which community led grassroots initiatives make to society, from response to widespread violence against women to preventing GBV by promoting the well-being and skills of women and girls.

> *Evidence suggests that the establishment of women- and/or girl-only spaces helps to reduce risks and prevent further harm during acute emergency responses. These spaces provide women and girls with a safe entry point for services and a place to access information. Safe gathering points also offer them an opportunity to engage with each other, exchange information, and rebuild community networks and support. In this way, safe spaces can be a key way of building women and girls' social assets"*[6].

Case Workers should consider referring a case to the formal and informal women and girl's safe spaces[7] whenever the woman and girl:

- Can be considered highly vulnerable. This includes children out of school, girls at risk of forced marriage, women head of households, widows, and elderly.
- Lives in an unsafe environment that threats her safety and wellbeing with potentially devastating impacts to her development and may not has access to centre based activities provided at Cesvi's offices.
- Need of life-skills and vocational training.
- Requests so.

6. Women and Girls Safe Spaces Manual, a guidance note based on the lessons learned from the Syria Crisis, UNFPA, 2015.

7. Referrals to women and girls' safe spaces should be done in accordance with GBV Referral Pathways and following safety audit and visit by Cesvi's case workers.

4. Community mobilisation, community resources, skills, and strengths are key elements to be considered during a crisis. Cesvi has launched in Tripoli and Misrata the **Community-Based Care Arrangement program**, a mechanism of solidarity and support within and among migrant and refugee communities. The aim is to provide a safe host arrangement in a nurturing and supporting environment to vulnerable migrants and refugees with urgent need for a safe and dignified shelter. Priority is given to vulnerable cases in need of a shelter with a high exposure to protection concernsand risks as alternative to detention, referred from disembarkation points, or urban areas.

Although considered as part of a community-based protection response, this activity follows a case management process, where the relevant Case Worker (CP, GBV, GP) follow the individual/s to ensure that proper care is provided and identified needs are timely met.

In order to establish a pool of host families/caregivers, Cesvi has set a series of steps that include identification, assessment, training, and the regular support (financial and in-kind assistance and coaching.)

Case Workers should consider referring a case to the Community Based Care Arrangement program:

- To advocate for or to support a person recently released from Detention Centers (DCs) or at disembarkation points.
- To support individuals who need shelter. This notably include persons who have recently been displaced, evicted, or who find themselves in the streets or public space without access to any shelter.

4.3 Focused non-specialized support

A smaller number of people may need more focused services to regain their psychosocial well-being and protect their mental health. Such interventions include basic emotional, psychological first aid (PFA), and practical support. Case Management, object of this manual, falls under this layer.

Psychosocial support is an integral part of Cesvi emergency response, provided as a stand-alone activity or mainstreamed in other activities (such as Case Management).

As stand-alone activity, focused non-specialized support is provided in Cesvi by professional Psychologists at individual or group level.

Reflecting the Resilience focused approach, Cesvi's focused non-specialized intervention incorporates the 5 core principles:[8]

1. Widen the professionals' point of view from impairments and wounds, to shift focus on individual's strengths.
2. Help beneficiaries strengthen their self-efficacy through discovering their own internal resources and talents.
3. Enhance emotional competence and emotional regulation of beneficiaries, in order to mitigate negative consequences of stress and to contrast the emotional reactivity which may have an adverse effect on their wellbeing.
4. Reinforce beneficiaries' relations with peers and community, starting from offering them a positive relation with the service provider that may help them gain back trust in others and provide feelings of internal security.
5. Strengthen family system by enhancing family cohesion and communication, creating and/or strengthening family supporting networks, and reinforcing parenting.
6. Strengthen Community support through mobilizing community resources and networks that can facilitate the healing process and help the affected population to positively cope with the adverse circumstances.

Cesvi seeks to ensure in its programme a strong integration between the focused non-specialized support provided by the Psychologist and the Case Management process followed by an appointed Case Worker.

Case Workers should consider referring a case to the Psychologists during the following circumstances:

8. *Ibidem.*

- Persons who have faced traumatic events including (violence, injury, displacement, hard living conditions) leading to the disruption of individual, family and community "normal" functioning, and who have therefore decreased the abilities to cope with the situation and to access resources.
- Persons with mild to moderate mental disorders.
- Persons with limited social support who may require a more focused individual intervention.
- In situation where the Case Worker deem necessary the intervention of a professional to better assess the psychosocial sphere of the client and develop a proper action plan.
- The person asks for psychological support.

When the referral to a Psychologist is done, based on the psychosocial assessment conducted, the Psychologist in coordination with the Case Worker will evaluate if:

- The client shall be followed in parallel by the two operators. In this case is fundamental to ensure a close coordination and clarity on the respective objectives of their intervention. For example, the objective of the psychological support can be to reduce the level of stress and anxiety of the client, whereas the case worker will focus the support on the protection concerns identified and how, together with the client, mitigate them.
- The client shall be assisted by the Psychologist in order to improve the psychological wellbeing before moving on with the case management process. This is the case when a high level of psychological distress detected or the presence of mild to moderate mental disorders which require at first the intervention of a professional Psychologist.
- The client shall be assisted by the Case Worker in close collaboration with the Psychologist.
- This happens when the Case Worker needs to give priority to client's safety to be addresses through a proper safety plan.
- In this case the Case Worker will be leading the process and being the referent person for the client, although the Psychologist will support the Case Worker throughout the process, by giving technical advices, participating to the case review, or the case conference.

Picture 5. Protolanguage workshop: "What being a psychologist in humanitarian setting means?" , poster developed during a training on Resilience, February 2020.

4.4 Special consideration for Legal Assistance on GBV[9]

In Libya, there are currently no clear protocols for responding to reports of violence to guide options for safety and protection for survivors and their families who are at risk of further violence, and who wish to be protected through safe shelters, police, or community security and relocation. Due to the lack of clear police procedure for reports of GBV related crimes, law enforcement personnel's lack knowledge and skills to respond in a dignified manner to survivors needs and uphold confidentiality. There is a high risk that societal opinions, which reportedly condone violence against women and girls, lead to survivor-blaming or discriminatory attitudes and decisions when women seek security and protection.

Case Workers shall present survivors with full and up-to-date information to allow them to make informedv decisions about which institutions to access and give information about what systems are in place in different communities and inform survivors based on the Libyan law regarding GBV before they decide to access any justice systems.

If there is no capacity to provide comprehensive information, caseworkers should refrain from advising or making any referrals, this includes referrals to police stations for security. Importantly, the right to protection of the individual survivor should have priority over the society's need for justice, except when the survivor specifically desires legal action.

9. The section here below is extracted from the Standard Operating Procedures for GBV Prevention and Response In Libya, GBV Sub-Cluster (Libya), 2020

CHAPTER 5

Supervision and Staff Welfare

Supervision is a relationship that supports the caseworker's technical competence and practice, promotes wellbeing and enables effective and supportive monitoring of casework[1].

5.1 Function of Supervision in Case Management

Supervision is a fundamental element of quality case management services which often becomes overlooked given the overwhelming needs and lack of capacity in emergency contexts. However, supervision is crucial for assessing and maintaining consistent quality of case management services. Importantly, supervisors have oversight of the case management services, follow up on staff welfare, provide training and guidance to caseworkers, and ensure adherence to ethical standards and best practices in emergency situations.[2]

#1

Supportive Functions

Purpose: To ensure the emotional and psychological wellbeing of the case management team.

Includes:

- Create of a safe space for reflection.
- Promote self-care.
- Showing empathy and positive interpersonal skills and normalizing feelings.
- Reinforcing realistic expectations and healthy boundaries.
- Show recognition and encouragement.

2. Cesvi have adopted the Supervision model presented in Libya during *the Interagency Gender-Based Violence Case Management Capacity Building Initiative training* (2019) and the *Case Management Supervision and Coaching Training Package prepared* by the Alliance for Child Protection in Humanitarian Action.

#2 Educational and Professional Development Functions

Purpose: To ensure staff are constantly updating their knowledge and skills and applying them to their daily work.

Includes:

- Assess competencies.
- Collaborate on personal learning plans.
- Promote reflective practices.
- Reinforcement of guiding principles.
- Encourage self-awareness.
- Encourage the supervisors to promote good practice by being role models.
- Promote professional growth.

#3 To ensure competent, accountable practice of staff

Purpose: To ensure staff are constantly updating their knowledge and skills and applying them to their daily work.

Includes:

- Human resources.
- Planning, assigning, and overseeing the quality of case work in line with the standards, best practices, and case management protocols.
- Coordinating with other actors.
- Documentation and filing.
- Reinforcing safety and ethical standards.*

* Kadushin, (1992) referenced in Interagency Gender-Based Violence Case Management Training.

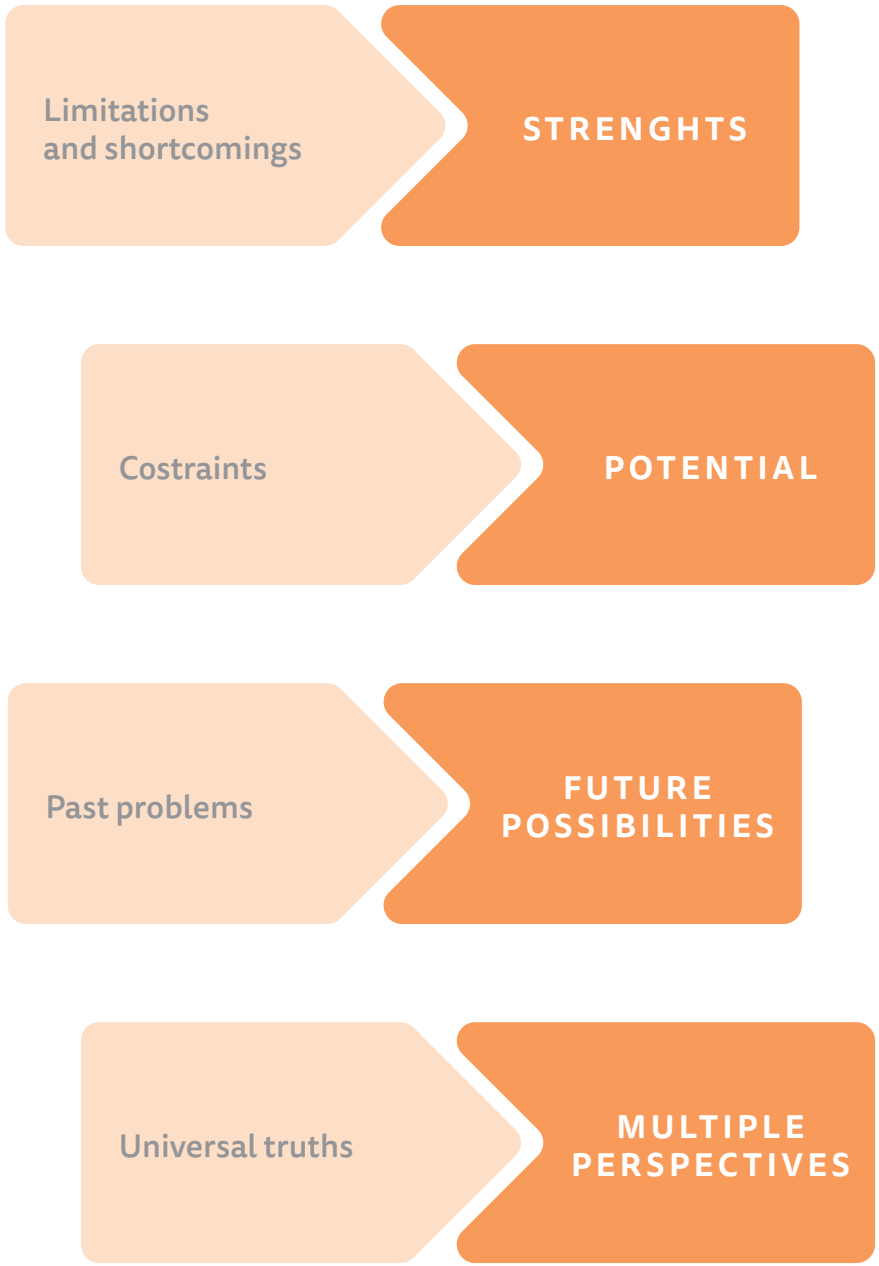
> *"Coaching is at the heart of supervision. It is an attitude that places the case worker as the driver of their own development. The supervisor's role as coach is to use specific practices to help the caseworker recognize their strengths and challenges, and assist them to set – and realize – realistic goals towards achievement. Coaching also helps the caseworker to reflect upon his or her work and role."*

Case Management is very complex and demanding work posing incredibly challenging situations, especially in emergency situations, where there are few immediate solutions to address needs. As such, Case Workers should not be expected to manage and cope with all the daily stressors of the work on their own.

It is pertinent for an effective case management supervision, to first of all establish trust between the Case Worker and the supervisor. Building trust takes time, and is achieved by clearly stating the roles and the expectations of supervision and ensuring consistency. It is very important that supervisors are equipped with a good balance of technical knowledge like (familiarity with the local culture, context, and challenges, exhibit soft skills such as empathy and active listening, non-judgemental, and flexible who create a comfortable and safe environment). Supervisors must prioritise in their work time to demonstrate care and investment with their supervisees and actively check in on their well-being. In many ways, good supervision mirrors the skills and talents case workers should demonstrate in their own work.

Cesvi embraces the proposed shift of perspective from a deficit focused approach to a strengths-based approach in our work as supervisors. Case Management is complex and challenging work; it needs to be supported in a way that appreciates the abilities of both the client and the caseworker. By shifting the perspective of supervisors from focusing on finding mistakes and shortcomings, to an approach focusing on empowering and finding strengths and appreciating the abilities of each case worker supporting clients.

In short, Supervision is not about finding and punishing faults; it should be a supportive and educational process that builds on strengths and helps Case Workers to deal with difficult situations.



5.1 Guiding Principles for Supervisors

Consistent, structured supervision is essential in order to provide caseworkers the necessary support to consider the guiding principles and approaches throughout the case management process. The Interagency Gender-Based Violence Case Management Capacity Building Initiative Training outlines helpful guiding principles to ensure quality supervision which should guide Cesvi's supervisors in their work:

#1

Regular and consistent

This means meeting once a week and at a set time so that the caseworker and supervisor can prepare for the session. Ad-hoc support may also be necessary and should be provided, but should not take the place of a regular supervision meeting.

#2

Collaborative

CM Supervisors should encourage their case management staff to come to supervision meetings with an agenda—identifying the cases they want to discuss, specific questions they have, and/or topical areas of technical support.

#3

An opportunity for learning and professional growth

CM Supervisors should use the sessions to support caseworkers' learning and professional development.

#4

Safe

CM Supervisors should ensure that supervision meetings feel like a safe space for caseworkers—where they can make mistakes and not be judged, and where they can receive constructive feedback not criticism.

#5

An opportunity to "model" good practice with clients

Supervisors have the opportunity to model good case management practices during supervision sessions. When communicating with caseworkers during supervision, CM Supervisors should follow similar communication practices that we promote in our work with clients. This means that you should:

- Listen before asking questions
- Don't start a question with "why" instead try to understand the rationale of the case workers thought or action and ask "Tell me more about your strategy when doing X"
- Summarize what the case worker is saying to limit miscommunication
- Demonstrate empathy
- Work from a strength-based perspective, highlight what the case worker did well and ask what s/he could have done differently before sharing feedback, this fosters problem-solving and learning instead of immediately giving solutions.

5.3 Case Management Protocols for Supervision

The following section is set out to clarify **Cesvi's Case Management Protocol** to help caseworkers and supervisors in their daily work.

Caseload: is refers to the maximum number of cases a caseworker should be handling at one time. Cesvi's Case Workers should not be responsible for more than 20-25 cases at a time (if the number of high-risk cases exceeds 10, Case Workers should not be assigned more than 20 cases at a time.)

Supervision ratio: There should be 1 supervisor for every 6 Case Workers.

High-risk cases: pertains to cases in which there is an immediate threat to the client's safety, health, and well-being in which immediate follow up is required to respond or mitigate immediate protection risks. Although case workers should approach their supervisors anytime, they are unsure about how to handle a case, for specific vulnerabilities, supervisors should always be informed to ensure proper support and guidance is given. These include (survivors of GBV living or exposed to perpetrator, child survivors, unaccompanied children, persons at immediate risk of eviction, homeless individuals, survivors of trafficking, shipwreck survivors). Case workers should immediately notify their supervisor and an individual supervision meeting should be arranged. Supervisors may also contact Cesvi's Protection/GBV Specialist for guidance.

Assigning cases: Review staff caseloads to ensure they are manageable and share challenges with senior management. Cases should be assigned in accordance with the case workers experience, skills, and capacity, and considering issues of age, gender, culture, and identity. Child survivors should only be assigned to Child Protection/GBV Case Workers who have received comprehensive training on caring for child survivors. Wherever possible, caseworkers should be assigned cases in a similar geographic area to limit logistical challenges in delivering services.

National SOPs: In order to ensure

Picture 6. A meeting between a Case management beneficiary, her caseworker, and the Psychologist.

special considerations on the Libyan context such as mandatory reporting and guiding principles and approaches when working with children and GBV survivors, staff working in Libya should be trained and refer to the following SOPs:

- Standard Operating Procedures for GBV Prevention and Response in Libya (2020)
- Inter-Agency Child Protection Case Management Standard Operating Procedures for Libya (2020)
- Protection Sector Inter-Agency Referral Standard Operating Procedures for Libya (2020)

Case file review: Case file reviews fulfil the administrative function of supervision, by ensuring that forms are being filled out appropriately and by monitoring the services that are being provided. When completing a case file review, case workers and supervisors should ensure that the respective **Case Management forms** are correctly completed, including **consent form, intake and assessment forms, case action planning form(s), case notes, and, if applicable, a case closure form.** Cesvi has unique set of documentation for Child Protection, GBV and General Protection.

Instructions for case filing: Clear instructions for how paperwork should be filled, organized, and stored. In Libya, Cesvi has adapted the GBVIMS+/Primero system to manage information. Child Protection and General Protection use password protected files with unique folders on google drive which have limited access to users including the specific case worker, supervisor, and technical specialist.

Individual Supervision – Individual supervision meetings should be held in a private location to ensure confidentiality. Identifying information about the case can be discussed openly with the supervisor in this space, for the appropriate guidance and support to be offered. Supervisors should be familiar with protocols and steps for individual supervision and assess the following key components of case during a supervision meeting with the case worker:

Understand the background of the case.

"Was consent provided? Who is the client? If it is a child, who is the primary caregiver? What is the Marital Status, Age, Number of children if applicable, living arrangements?"

Understand the type of abuse (incident).

"What happened?"

Understand immediate needs identified collaboratively between the case worker and the client.

"What are her/his priorities in these needs?"

Review if the case action plan is holistic and includes referrals to multisectoral services.

"Was a safety plan completed? What referrals were made? Important step to understand if the case worker engaged in promoting resilience focused approach?"

Are there any constraints in the case management process or the action plan and are there any ways to mitigate these?

"Does the client have transportation issues? Require accompaniment? Does the client have access to a phone that can be used in a safe way? Any other challenges?"

Support the case worker with follow-up, understand if there are next steps to be taken and if there is a new meeting scheduled?

"When is the follow up session? In person or remote? What are the objectives of the follow up?"

Understand the client's emotional status?

"Has the client's emotional status changed from the beginning of the session to the end? Has the emotional status of the client changed from the first counselling sessions the second? Resilience...?"

Give to the case workers the opportunity to be aware and express his/her own feelings and beliefs.

"How did the caseworker feel during the case management? Does s/he want emotional support or any other staff welfare consideration?"

Close the supervision session by expressing appreciation and recognition for the caseworker's efforts and express that you are there for anything before your next supervision meeting.

5.4 Case Management Service Evaluation

After the case closure, Case Workers should ask if the client gives consent to be contacted for a service evaluation.

The service evaluation provides Cesvi with the opportunity to improve the quality of our services. It is also providing accountability, to ensure that clients who received services are able to express their feedback and raise any complaints and recommendations.

Cesvi has created unique service evaluation form for Child Protection, GBV and General Protection.

5.5 Promoting Staff Welfare

In humanitarian settings, staff find themselves working in high-pressure environments and sometimes traumatic situations, especially caseworkers, as they are often work the closest with beneficiaries, listening to their experiences of trauma, and responding with care, compassion, and concern. Over time, without appropriate support and supervision, it is easy for case workers to quickly become disheartened, loose motivation, and perspective on the long-term recovery and support to clients. It may also result in being over worked, overly invested, and start feeling fatigued and hopeless.

This carries a personal emotional toll on the staff, and commonly leads to high turnover levels, impacting quality of case management services, and team building. In order to prevent caseworkers to burn-out and to facilitate caseworkers' capacity to provide the best care and services, awareness of the stressors in our lives and how they are affecting us is required, as well as learning tools and methods to cope with stress and prevent some of the negative impacts of stress.

Cesvi's Supervisors are responsible to:

Provide safe space and supportive climate where staff feel comfortable to approach and discuss difficulties and challenges.

Monitor the well-being of staff and stress levels.

Conduct training to help staff better understand sources and signs of negative stress and how to develop strategies to address stress and burnout through healthy practices and routines.

Establish routines- including team meetings.

Cesvi commits to promote staff welfare by offering external mental health professionals if/when needed on individual and group level.

ANNEX 1

Guiding Principles for Case Management

All Cesvi staff in Libya agree to follow these guiding principles in providing case management. These principles reflect core standards established in the *'Minimum Standards for Child Protection in Humanitarian Action'* and *'The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming'* and serve as the foundation for all interactions with individuals benefitting from case management services. Case management staff and supervisors should always consider these principles in all their interactions with clients. All Cesvi's caseworkers should be trained and be adequately skilled to understand and integrate the principles and approaches in their daily work. Supervision and support must make sure the guiding principles are implemented on a day-to-day basis in staff's interactions with clients, including children and families (see chapter 5).

All staff and volunteers engaged in case management, including interpreters, community mobilizers, and volunteers, shall understand and sign a Code of Conduct setting out the same ethical standards, which also commits staff to the Core Humanitarian Standards. These guidelines are fundamental to the delivery of professional and quality care and protection for children and adult at risk.

Uphold confidentiality

Confidentiality reflects the belief that people have the right to choose to whom they will, or will not, share their story. Maintaining confidentiality means not disclosing any information at any time to any party without the informed consent of the person concerned. Any sensitive and identifying information collected should only be shared on a need-to-know basis with as few individuals as possible. **Confidentiality promotes safety, trust and empowerment.**

Respecting confidentiality requires Cesvi staff to protect information gathered about clients and to ensure it is accessible only with a client's explicit permission. It means collecting, keeping, sharing and storing information on individual cases in a safe way and according to agreed-upon data protection policies. Identifiable information should not be revealed to anyone not directly involved in the care of the client. This means taking special care in securing case files and documents and avoiding informal conversations with colleagues who may be naturally curious and interested in the work.

Seek Informed Consent

Informed consent is the voluntary agreement of an individual who has the capacity to give consent, and who exercises free and informed choice. In all circumstances, consent should be sought from children and their families or caregivers prior to providing services. To ensure informed consent, caseworkers must ensure that children and their families or caregiver fully understand: the services and options available (i.e. the case management process), potential risks and benefits to receiving services, and information that will be collected and how it will be used. The caseworker must also explain the limitations (mandatory reporting, potential harming of others...etc). Informed consent/informed assent should be explained and asked before starting engagement with a client, so they can decide what information they wish to share. Case workers must also explain that they have the right to decline or refuse any part of services.

Seek Informed Assent

Informed assent is the expressed willingness to participate in services. Caseworkers are responsible for communicating in a child-friendly manner and should encourage the child and their family to ask questions that will help them to make a decision regarding their own situation. Specifically, in the case of younger children who are by nature or law too young to give informed consent, but old enough to understand and agree to participate in services, the child's "informed assent" is sought. Even for very young children (those under 5 years old) efforts should be made to explain in language appropriate to their age, what information is being sought, what it will be used for, and how it will be shared.

Ensure safety

The safety and security of the client and others, such as her/his children, caregivers and people who have assisted, must be the most important priority for all actors. Remember that the survivor may be frightened and need assurance of safety. Individuals who disclose an incident of GBV or a history of abuse are often at high risk of further violence from the perpetrator(s) or from others around them.

Do No Harm

This means ensuring that actions and interventions designed to support clients (and their family) do not expose them to further harm. At each step of the case management process, care must be taken to ensure that no harm comes to children or their families as a result of caseworker conduct, decisions made, or actions taken on behalf of the child or family.

Respect the wishes, the rights, and the dignity

Respect the wishes, the rights, and the dignity of clients when making any decision on the most appropriate course of action. This means conducting conversations, assessments, or interviews in private settings with interviewers/translators of either the same sex or the sex chosen by the survivor. This also means that you must maintain a non-judgmental perspective and be patient with the survivor. You must not display disrespect for the survivor or the survivor's culture, family, or situation. The survivor should never be forced to participate in any part of an assessment, exam, or interview that he or she does not want to participate in.

Ensure non-discrimination

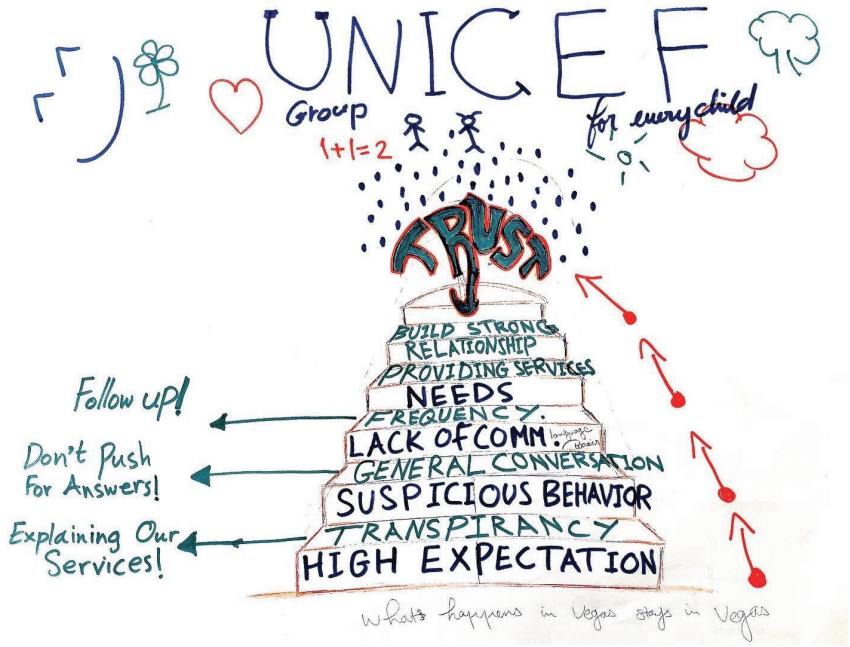
Everyone should receive equal and fair treatment regardless of their age, gender, race, religion, nationality, ethnicity, sexual orientation, or any other characteristic. Adhering to the non-discrimination principle means ensuring that people are not discriminated against (treated poorly or denied services) because of their individual characteristics or a group they belong to (e.g. gender, age, socio-economic background, race, religion, ethnicity, disability, sexual orientation or gender identity).

Prioritize the Best Interests of the Child

The "best interests of the child" encompasses the child's physical and emotional safety (his/her well-being) as well as their right to positive development. In line with Article 3 of the United Nations Convention on the Rights of the Child (UNCRC), the best interests of the child should provide the basis for all decisions and actions taken, and for the way in which service providers interact with children and their families. Caseworkers and their supervisors must constantly evaluate the risks and resources of the child, his/her environment, as well as positive and negative consequences of actions, and to discuss these with the child and their caregivers when taking decisions. The least harmful course of action is the preferred one.

All actions should ensure that the child's rights to safety and on-going development are never compromised. The Best Interests Principle must guide all decisions made during the case management process. Often in child protection there is no one "ideal" solution possible, but rather a series of more or less acceptable choices that must be balanced with a child's best interests.[1]

1. For further guidance on guiding principles in caring for children in case management refer to Inter-Agency Child Protection Case Management Standard Operating Procedures for Libya (2020).



Picture 8. The Trusting Staircase. A visual representation developed by Child Protection Cesvi team implementing Unicef-funded interventions in Tripoli, Misrata and Zwara, February 2020.

Child Participation

Children have a right to express opinions about their experiences and to participate in decisions that affect their lives. Agencies and caseworkers are responsible for communicating with children their right to participate – including the right not to answer questions that make them uncomfortable – and supporting them to claim this right throughout the case management process.

Caseworkers have a role to play in encouraging children to voice their concerns and in reassuring them about their ability to take decisions. Particularly in contexts where it may be not safe for children to speak out publicly, caseworkers have a responsibility to create a safe and confidential space for children to participate in their own case. Upholding confidentiality and considering safety in the development of case plans are essential to ensure children are not placed at risk.

Ensure Survivor-Centred Approach

The key elements of the survivor-centred approach build on the guiding principles of safety, confidentiality, respect, and non-discrimination. The survivor-centred approach aims to create a supportive environment in which a survivor's rights are respected and in which the survivor is treated with dignity and respect. It promotes an attitude in the Case Management process where the Case Worker's actions are revolved around the survivors' experiences, needs, and priorities. Shifting the focus from what we think about the survivor, to the survivors' wishes, and empowering her/him in gaining back control. Recognising that the survivor is the expert of their situation and has to live with the consequences, we support her/him in the decision-making process by giving options and information, not advice. The survivor should therefore be at the centre of any reporting and action, reflecting the principle of respect for the survivor's choice, and having child survivors participate in the decision-making.

The survivor-centred approach is important because it protects survivors from further harm, assists the survivor to cope with fear of blame and stigma, and gives back control the survivor may have lost during the GBV incident. It can be difficult to remain survivor-centred – sometimes because we want to 'help', sometimes because we might feel like we are the experts, sometimes because it is hard not to think about what we ourselves would do in this situation. Promoting these survivor-centred attitudes within us is the basis for compassionate and safe response to survivors.[2]

2. For further guidance on the GBV guiding principles and the survivor-centred approach in case management kindly refer to the Standard Operating Procedures for GBV Prevention and Response in Libya (2020).

Provide Culturally Appropriate Processes and Services

In order to assess a client's situation fully and develop an effective case plan, caseworkers and supervisors should recognize and respect cultural diversity in the communities in which they work and be aware of individual, family, group, and community differences. Cultural sensitivity also improves caseworkers' capacity to work effectively with children, families, communities, and to identify solutions to care and protection needs that are in line with the children and families' values and beliefs.

If there is a conflict between what is in the best interests of the child and cultural values or practices, caseworkers and supervisors must continue to prioritize the child's best interests and take decisions that do not place them at additional risk (do no harm). Every effort must be made to identify solutions that are seen as acceptable to the family or community, whilst at the same time upholding the rights of children.

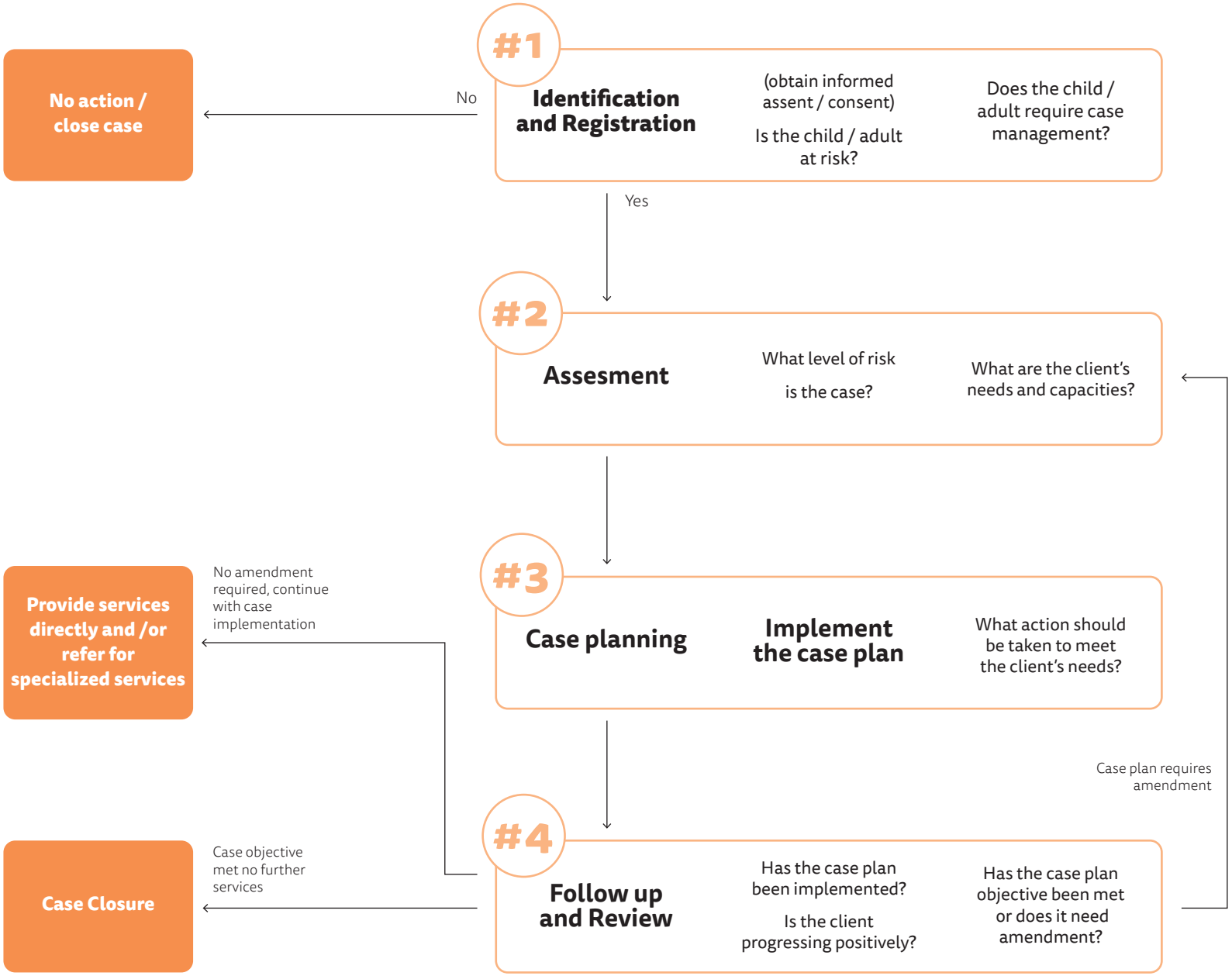
Coordinate and Collaborate

Case management programs are more effective when agencies work together, and involve communities, families, and children in their efforts. Case management can provide a process for improving coordination and collaboration among all actors with a mandate to protect children including community leaders, government departments, service providers, CBOs, local NGOs and international agencies.

Agreed protocols on information sharing and referrals contribute to quality case management and ensure confidentiality and the best interests of the child are upheld. International organizations, in particular, have a responsibility to coordinate their activities and efforts with national governments and non-government agencies to ensure that existing systems are strengthened and not duplicated.

ANNEX 2

Case management process



Adaptation from Standard Operation Procedures for Child Protection Case Management, Libya Protection AoR and Child Protection Case Management Task Force, December 2019.

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