



**THE ALLIANCE**  
FOR CHILD PROTECTION  
IN HUMANITARIAN ACTION

# Child Wellbeing Matters: Improving Case Management Practice Through Research



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## ACKNOWLEDGMENTS:

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The study was led by Dr Maria Cecilia Dedios Sanguinetti (Universidad de los Andes, UniAndes), Dr. Camilla Fabbri (International Rescue Committee, IRC), Imrana Alhaji Buba (University of Oslo), Monica Gonzalez Gort (UniAndes) with the support of Yvonne Agengo, Crystal Stewart, Eleonora Mansi, Carlos Miranda Sanguino, Jerusha Bode, Kennedy Atiya, Ishaya Peter and Diana Ihring (IRC). A particular thank you goes to the study advisory committee and community advisory boards in Colombia and Nigeria as well as to the Alliance for Child Protection in Humanitarian Action Case Management Task Force for their insights and support in this process.

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## STUDY OVERVIEW

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**Countries:** Colombia and Nigeria

**Sector:** Child Protection

**Partners:** International Rescue Committee, Universidad de los Andes, the Alliance for Child Protection in Humanitarian Action

**Research Questions:** The overarching aim of the study was to understand how child protection case management is experienced by children and their families and to identify how case management contributes to child wellbeing.

*The specific objectives of the study were to:*

1. Explore what aspects of case management are valued by children and caregivers and define what quality service provision means to them.
2. Explore caseworkers' understanding and approaches to child protection case management.
3. Identify what components and pathways of case management contribute to child wellbeing.

**Quantitative Sample:** 189 adolescents between 12 and 17 years (90 in Colombia, 99 in Nigeria)

**Policy Goal:** Promote child wellbeing through tailored violence response services

**Outputs:** The study findings informed the creation of the Alliance's Monitoring Child Wellbeing and Satisfaction in Child Protection Case Management: A Toolkit

## BACKGROUND

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More than one in six of the world's children lived in areas affected by armed conflicts in 2024<sup>1</sup>. During a crisis, children are at increased risk of violence, abuse, exploitation, and neglect because family, community, and governmental structures that usually serve to protect children are put under immense strain and frequently break down. Adverse childhood exposures have long-lasting impacts on individuals' health, development and wellbeing. Child protection case management is a critical response service in which a dedicated caseworker provides one-to-one support to children who are either at risk of or who are already experiencing family separation, abuse, exploitation, and neglect in humanitarian contexts. Despite advancements in the sector over the past ten years, existing evidence on the effectiveness of case management practice is lacking in emergency settings. The Child Wellbeing Matters study seeks to fill this gap in evidence by providing first ever evidence on whether and through which pathways case management contributes to child wellbeing.

The study was a collaboration between implementing and academic partners including the [International Rescue Committee](#) (IRC), [Universidad de los Andes](#) (UniAndes), and [the Alliance for Child Protection in Humanitarian Action](#) (the Alliance).



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## CHILD PROTECTION CASE MANAGEMENT

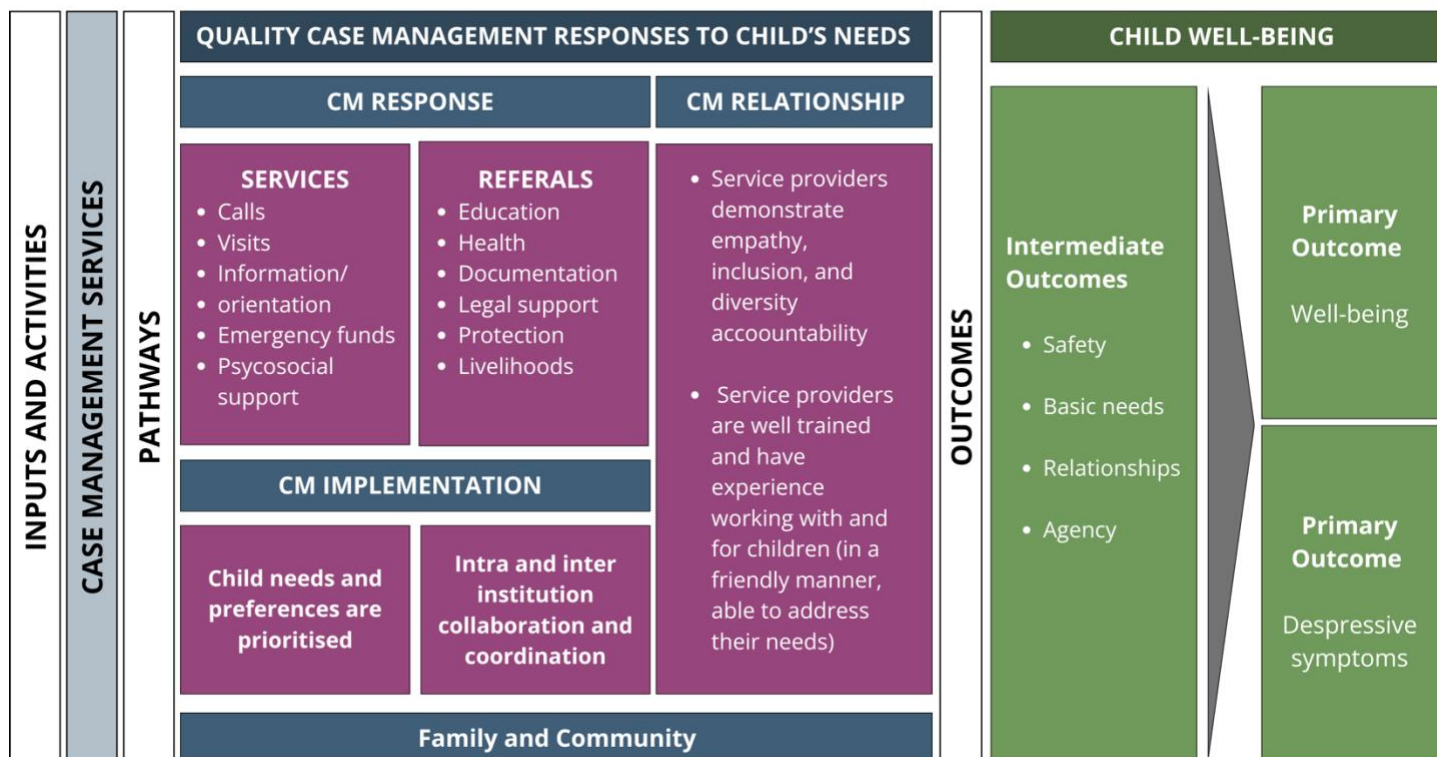
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Child Protection Case Management is a way of organising and carrying out work to address an individual child's (and their family's) needs in an appropriate, systematic and timely manner, through direct support and/or referrals. In many settings caseworkers are professionally trained social workers or psychologists who receive in-depth training in how to best serve children. Service delivery is tailored to the specific needs of each child, and it requires well-trained staff that are supported by appropriate coaching and supervision. Due to the complexity of cases, the support provided often requires medium to long periods of time (6 months on average and a range of 3-9 months). There are six standard steps or phases in any case management process: 1) identification and registration of the child in need, 2) assessment of needs conducted by the responsible caseworker, 3) case planning where necessary response actions are identified, 4) implementation, 5) follow-up and review, and finally 6) case closure which takes place when the situation is considered resolved and the child is safe.

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<sup>1</sup> <https://www.unicef.org/eap/press-releases/not-new-normal-2024-one-worst-years-unicefs-history-children-conflict#:~:text=Over%20473%20million%20children%E2%80%9494more,almost%2019%20per%20cent%20today.>

**Figure 1 - Child Wellbeing Matters study conceptual framework**



## EVALUATION DESIGN

The study took place in two settings: Norte de Santander in Colombia and Maiduguri Metropolitan Council in Nigeria. Both contexts are characterised by social and political instability and armed violence, as well as a large number of refugees and internally displaced populations. The study adopted a longitudinal mixed methods design with multiple rounds of quantitative (surveys) and qualitative (in-depth interviews) data collection conducted with children registered to receive case management services, their caregivers, and caseworkers.



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The study aimed to examine the experiences of displaced, refugee, and vulnerable children with child protection case management services and assess their effects on child wellbeing. Specific objectives included exploring valued aspects of case management for children and caregivers, understanding caseworkers' approaches to child protection case management, and identifying case management components that contributed to child wellbeing. Wellbeing domains were derived from existing Child protection in humanitarian action tools.

## RESULTS

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- **Case management effect on wellbeing and mental health:** Child protection case management was associated with significant improvements in adolescents' well-being and mental health. Wellbeing (WHO-5) scores increased by 35% from baseline to endline while depression symptoms (PHQ-A) decreased by 50%.
- **Case management effect on intermediate outcomes (agency, safety, basic needs and relationships):** Analyses revealed improvements in agency, safety, basic needs, and relationships. Adolescents in Colombia and Nigeria gained a stronger sense of agency, described as independence, decision-making, and emotional confidence. Adolescents' feelings of safety were enhanced through improvements in the family and community environments. Adolescents in both countries reported significant relationship improvements, with caseworkers facilitating better communication and



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emotional expression within families and peers. In Nigeria, these efforts extended to the community, fostering social cohesion and reducing isolation. Basic needs, such as food, hygiene products, and school supplies, were addressed comprehensively in Nigeria, directly contributing to adolescents' emotional stability and sense of well-being. In Colombia, addressing basic needs required external referrals, which were perceived by the caseworkers as temporary solutions.

- **Key findings on elements of case management:**
  - ***Case Management response.*** Case management sessions address both immediate concerns and long-term well-being, offering emotional support, practical advice, and discussions on topics such as school, family relationships, and sexual and reproductive health, and facilitate access to livelihood programs to enhance economic stability. This holistic approach empowers adolescents to navigate challenges, improve well-being, and achieve personal growth. Case management offers practical tools such as deep breathing techniques and motivates adolescents to engage in pleasurable activities and seek social connections, all factors that contribute to improved mental health and wellbeing. Case plan implementation approaches vary and depend on the case, but the key element is ensuring comprehensive support to adolescents. Regardless of whether interactions take place through phone calls, WhatsApp, or in-person sessions it is important that adolescents feel they have regular contact with caseworkers. Where available and accessible, child-friendly and arts-based activities can contribute to promoting trust and emotional expression.
  - ***Case Management Relationships:*** The relationship between adolescents and caseworkers is pivotal to the success of case management service provision. It is only through a reliable relationship built on trust that caseworkers can positively influence adolescents' mental health and wellbeing. Caseworkers provide emotional support, teach coping strategies to manage emotions and stress, and foster a sense of agency. Through empathetic listening and personalised interventions, caseworkers provide the tools for adolescents to address immediate emotional challenges and build resilience in the face of adversity. Caseworkers focus on developing a relationship based on trust through consistent communication, active listening, and a non-judgmental approach. Caseworkers emphasise confidentiality to create a secure environment, allowing adolescents to openly share personal challenges. Overall, adolescents expressed high levels of satisfaction with their caseworkers, underscoring the importance of trust and understanding in fostering successful relationships.
  - ***Case Management implementation:*** Comprehensive evaluations are conducted to assess the child's needs, involving caregivers when necessary, and informing the development of personalised action plans that prioritise the child's needs and preferences. Regular follow-ups and encounters ensure progress, adaptability, and continuity of care, with referrals made to external services when required. Flexibility in case management practice, such as using context appropriate arts-based methods like drawings for adolescents with literacy challenges, enhances inclusivity and engagement. Overall, child-centered approaches ensure adequate responses to the complex challenges faced by adolescents.
- **Perspectives and understanding on wellbeing and mental health:** We found a nuanced understanding of mental health and distress by adolescents in Colombia and Nigeria. Adolescents in both countries identified personal challenges such as broken relationships, bullying, family conflicts, and unfulfilled needs as key sources of mental distress. In Colombia, feelings of loneliness, injustice,

and missed educational opportunities contributed to their struggles; while in Nigeria, factors such as food insecurity, grief, and social rejection negatively affect their wellbeing. Coping strategies varied but included spending time alone, engaging in creative or physical activities, and seeking support from trusted individuals. Adolescents in both contexts view mental health as more than the absence of distress. In Colombia, it encompassed feelings of calmness, happiness, and energy, closely tied to positive family relationships, leisure activities, and access to basic needs. Nigerian adolescents similarly linked mental health to “peace of mind,” achievable through supportive relationships, sufficient food, and personal coping mechanisms such as calming techniques or seeking comfort from family.

*If you would like to discuss the results further, please contact [Camilla.Fabbri@Rescue.org](mailto:Camilla.Fabbri@Rescue.org) or [Children@Rescue.org](mailto:Children@Rescue.org).*