# Monitoring Child Well-being and Satisfaction in Child Protection Case Management: A Toolkit

**Testing version 1.0**

THE ALLIANCE
FOR CHILD PROTECTION
IN HUMANITARIAN ACTION

# Contents

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This toolkit was developed as part of the 'Child Well-being Matters' project and through the Alliance's Case Management Task Force. The aim of the Child Well-being Matters project was to fill a key gap in evidence by conducting an evaluation of the case management intervention in different countries. The study involved a collaboration between academic and implementing partners (Universidad de los Andes and IRC), which conducted evaluations of the case management interventions implemented by the IRC offices in Colombia and Nigeria. The evaluation identified the components of case management that are effective at improving child well-being. The findings have been used to directly inform the creation of practical resources and tools for frontline case management teams, including this toolkit. More information about the Child Well-being Matters project is available here: https://alliancecpha.org/en/project/child-wellbeing-matters.

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Photo Credit: The International Rescue Committee

# Introduction to the toolkit

'Case management' is a core approach of child protection programming, supporting children at-risk of, and who have experienced, family separation, abuse, neglect, violence, or exploitation. While significant advances have been made in humanitarian child protection case management—including the updated inter-agency guidelines[1], training package[2] and forms[3], there is limited evidence about which aspects of case management most effectively support children's well-being.

To address this knowledge gap, the International Rescue Committee (IRC), in partnership with the Alliance for Child Protection in Humanitarian Action's (the Alliance) Child Protection Case Management Task Force (CMTF), initiated the Child Well-being Matters Project. Conducted across two humanitarian contexts, this research project examined how case management practices contribute to improving child well-being.

This Monitoring Child-Well-being Toolkit was developed based on the findings from the research. It offers practical resources for case management teams to use to measure and enhance child well-being throughout their work. It forms an integral part of the broader case management monitoring and evaluation framework outlined in the forthcoming Child Protection Case Management Monitoring and Evaluation (M&E) Guidance. While the forthcoming M&E Guidance provides the overarching framework for monitoring case management services, this Toolkit specifically focuses on measuring and improving child well-being and satisfaction within that broader system. The toolkit is specifically designed for monitoring child well-being within ongoing programme implementation, as distinct from research or large-scale evaluation contexts where alternative measurement approaches may be more appropriate.

## The purpose of this monitoring toolkit

This Toolkit has been developed to support case management teams to measure and enhance child well-being and satisfaction throughout their work. Central to these tools is the meaningful participation of children and their caregivers. The Toolkit includes child-friendly tools adapted for different ages, abilities, and developmental stages, to ensure that children's voices guide case management service improvements. These resources are designed to be globally applicable and adaptable to local contexts. They provide case management teams with practical ways to:

- Monitor child well-being throughout the case management process.
- Gather meaningful feedback from children and their caregivers.
- Improve child protection case management support based on this feedback.
- Enhance child participation in case management.

[1] The Alliance for Child Protection in Humanitarian Action (The Alliance). (2024). Inter-agency Child Protection Case Management Guidelines - Second Edition.
[2] The Alliance. (2023). Child Protection Case Management Training Package for Caseworkers in Humanitarian Settings.
[3] The Alliance. (2024). Case Management Global Forms - Second Edition.

### *The role of coordination*

Child protection coordination mechanisms—including case management task forces, the Child Protection Area of Responsibility (CP AoR), and Child Protection Sub-Working Groups in refugee settings—can support quality assurance through monitoring and evaluating child protection case management. Their specific roles are outlined in the forthcoming Child Protection Case Management M&E Guidance.

Child well-being measurement tools for case management should align with existing definitions and tools established by the child protection sector and consider those established by coordination groups such as protection, Mental Health and Psychosocial Support (MHPSS), education, health and education. 'Defining and Measuring Child Well-Being in Humanitarian Action: A Contextualization Guide' offers child protection sector-wide guidance; These case management-specific monitoring tools are designed to complement and build upon existing implementation of the Guide.

## Overview of the guidance and toolkit

This toolkit has two main parts with additional guidance in three annexes:

| | |
|---|---|
| **Part 1: Child well-being monitoring guidance and tools** | Part 1 provides guidance and adaptable tools to monitor child well-being in the case management process. |
| **1.1 Guidance on how and when to use the tools** | This section is most relevant to supervisors and other professionals in roles overseeing child protection programming including case management, and those responsible for monitoring and evaluation. It includes:<br>• The purpose and objectives.<br>• Associated indicators.<br>• Who should administer the tools.<br>• When to implement the tools.<br>• Targeting and sampling. |
| **1.2 Implementing the well-being tools** | This section is most relevant to caseworkers and those using the tools, as well as those supporting and overseeing this process. It provides guidance on preparing for the session, introducing the activity, conducting the activity, closing the session and documentation and next steps. |
| **Tool 1A. The well-being wheel – children aged 6–18** | This section includes the tools and templates to be completed. |
| **Tool 1B. Child well-being tool for parents and caregivers** | This section includes the tools and templates to be completed. |
| **Part 2: Child and caregiver satisfaction guidance and tools** | Part 2 provides guidance and adaptable tools to monitor child satisfaction in the case management process. |
| **2.1 Guidance on how and when to use the tool** | This section is most relevant to supervisors and other professionals in roles overseeing child protection programming including case management, and those responsible for monitoring and evaluation. It includes:<br>• The purpose and objectives when monitoring child and caregiver satisfaction.<br>• Associated indicators.<br>• Who should implement the tools.<br>• When to implement the tools.<br>• Targeting and sampling. |
| **2.2 Implementing the satisfaction tool** | This section is most relevant to caseworkers and those using the tools, as well as those supporting and overseeing this process. It provides guidance on preparing for the feedback session, which includes introducing the feedback activity, conducting the activity, closing the session and documentation and next steps. |
| **Tool 2A: Satisfaction tool – children aged 6-18** | This section includes the tools and templates to be completed. |

# Part 1: Child well-being monitoring guidance and tools

## 1.1 Guidance on how and when to use the tools

These monitoring tools use the Alliance definition of child well-being from 'Defining and Measuring Child Well-Being in Humanitarian Action: A Contextualisation Guide', which is the established definition for child well-being in child protection in humanitarian action:

*"Child well-being is a dynamic, subjective and objective state of physical, cognitive, emotional, spiritual and social health in which children's optimal development is achieved through:*

- *Safety from abuse, neglect, exploitation and violence;*
- *Basic needs met, including those promoting survival and development;*
- *Connection to and care provided by consistent, responsive caregivers;*
- *Supportive relationships with relatives, peers, teachers, community members and society*
- *at large; and*
- *Opportunity for children to exercise agency based on their evolving capacities.*[4]

Based on this definition, the Alliance identifies four key domains for the purposes of measuring child well-being in humanitarian action. These are:

- Safety and security
- Basic needs
- Relationships with family and others
- Agency[5]

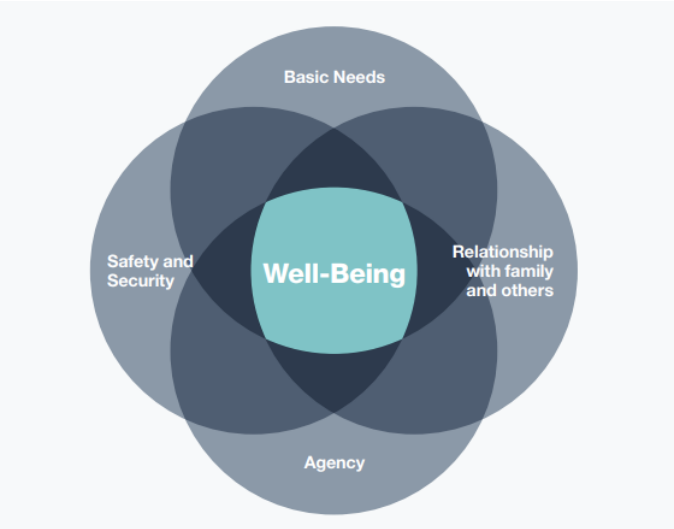



*Figure 1 The four well-being domains*[6]

### 1.1.1 Overall purpose

To assess whether children's well-being has improved as a result of the child protection case management process.

### 1.1.2 Objectives

- To analyse how case management is contributing to an improvement in child well-being

[4] The Alliance. (2020). Defining and Measuring Child Well-Being in Humanitarian Action: A Contextualisation Guide. p.7.
[5] Ibid. p.19.
[6] Ibid. p.19.

- To assess whether child protection programme adjustments or other actions are required (e.g. external advocacy) based on children's insights and feedback.
- To empower and respect children as primary agents in understanding and measuring their well-being and centring their voices in the process accordingly.

### 1.1.3 Measuring child well-being and the Child Protection Minimum Standards (CPMS) indicators

*The CPMS Indicators*

The Monitoring Child-Well-being Toolkit is linked to two case management indicators found in the CPMS[7]:

*% of children who report an increase to their well-being as a result of their urgent child protection needs/risks being addressed through the case management process* (CPMS Indicator 18.2.3 – child version)

*% of caregivers who report an increase to their child's well-being as a result of their urgent child protection needs/risks being addressed through the case management process.* (CPMS Indicator 18.2.3 – caregiver version)

**Measuring these indicators and recommended additional measurements**

These indicators combine two elements: changes in well-being and attribution to case management interventions. While standardising indicators ensures consistency, best practices suggest measuring these elements separately for precision. Ideally:

1. **Measure well-being changes** first using clear, objective criteria (e.g., "% of children reporting improved well-being compared to baseline"). (Section B. below)
2. **Assess case management's contribution** separately, incorporating qualitative methods. (Section A. below)

Due to resource constraints in humanitarian settings, the current combined indicators above offer a practical solution to capture both, aligned with global standards. However, in addition to measuring the indicator, this tool can also be used to capture well-being changes through comparing children's ratings of the domains between baseline and endline, as explained below in section B. Recommended additional measurements: baseline-endline comparison below. In both measurements, qualitative data can be documented in columns B. and C. in the Activity Record.

[7] For more information on standardised child protection case management indicators and why these are important see the Child Protection Case Management Monitoring and Evaluation Guidance.

### *A. The CPMS indicator measurements: calculation using endline data only*

Assessing case management's contribution well-being changes based on a "reported increase", as outlined in the CPMS Indicators 18.2.3 above, can be done using the tools in this Toolkit and the following calculation (separately for children and caregivers, as per the indicators):

**(A ÷ B) × 100** where:

- A = Number of children (OR caregivers) who indicate that overall case management "helped make things better" or "helped a little bit" (cell 6.a. in the Activity Record at endline).
- B = Total number of children (OR caregivers) assessed.

### *B. Recommended additional measurements: baseline-endline comparison*

Where feasible, measuring well-being changes by collecting baseline and endline data provides more robust evidence of changes in child well-being over time The calculation is as follows:

**(A ÷ B) × 100** where:
- A = Number of children (OR caregivers) scoring their overall individual well-being higher at endline than baseline (cell 5.a. in the Activity Record compared for each child between baseline and endline).
- B = Total number of children (OR caregivers) with both baseline and endline measurements.

*Key Implementation Notes:*

- Use the overall well-being ratings from the centre of the wheel for these calculations (as documented in cells 5.a. in the Activity Record).
- Document specific changes and external factors that may have influenced well-being.
- Review of case management records to cross-check reported changes.[8]
- When possible, use both measurement approaches a.bove: A. The CPMS indicator measurements and B. Recommended additional measurements to provide complementary evidence.

For more information on child protection case management indicators see the Child Protection Case Management M&E Guidance.

## 1.1.4 Who should implement the tool

The tool should be conducted by the caseworker assigned to the case. This is to ensure the child feels as comfortable as possible and means that the findings can

[8] All children's self-reported responses should be included in indicator calculations. However, reviewing case records helps to: identify any discrepancies that need follow-up support; document external factors influencing well-being; and inform improvements to case management quality. Organisations should note any significant patterns of discrepancy in narrative reporting and analysis while maintaining children's right to be heard.

be directly utilised in case management work with the child. The supervisor should verify the findings as an additional check to increase reliability.

### 1.1.5 When to implement the tool

*1. Identification and registration (baseline) - Recommended when feasible*

- Collect data following the identification and registration step (which may include rapid assessment[9]), before developing the case plan.[10]
- When possible, information gathered through this process can also be used to feed into the assessment to avoid duplication. This should be communicated clearly to the child and caregiver as part of the consent process.
- If collecting additional baseline data would delay urgent support or interfere with building trust, rely on information from standard case management documentation to validate the endline instead.

*2. Case closure (endline) - Required*

- Conduct this between the start of case closure and up to three months after closure.[11]
- Compare current well-being with the situation at baseline using:
    - Child/caregiver's direct feedback about changes.
    - Review of case management records to cross-check reported changes.[12]

### 1.1.6 Targeting and sampling

In established responses, it may be possible for the well-being monitoring tools to be conducted with all children receiving case management and/or their caregivers. In contexts where this is not feasible, at least 50% of children and/or their caregivers should be targeted.

The 'well-being wheel' is designed to be adaptable for use with children aged 6-18, while the 'child well-being tool for parents and caregivers' is designed for use with parents or caregivers of children of all ages.

| | **Which tool in this toolkit?** | |
|---|---|---|
| **Age group** | **Tool 1A. The well-being wheel – children age 6–18** | **Tool 1B. Child well-being tool for parents and caregivers** |

[9] Based on the Case Management Global Forms - Second Edition.

[10] Note that some critical referrals and support may begin during the registration and rapid assessment stage. This means the baseline may not capture the situation before any intervention, as immediate actions are often necessary to address urgent protection concerns.

[11] While this guidance focuses on baseline and endline data collection points for simplicity and feasibility, some cases may benefit from an additional midpoint review - particularly for long-term cases (over 6 months), when additional monitoring aligns with planned case reviews, or where there are specific concerns requiring closer monitoring. However, this should only be undertaken when resources allow, and it won't compromise service quality or create undue burden for children and families.

[12] All children's self-reported responses should be included in indicator calculations. However, reviewing case records helps to: identify any discrepancies that need follow-up support; document external factors influencing well-being; and inform improvements to case management quality. Organisations should note any significant patterns of discrepancy in narrative reporting and analysis while maintaining children's right to be heard.

| | | |
|---|---|---|
| Children age 0–5 | ✗ | ✓ Parents / caregivers |
| Children age 6–8 | ✓ 3-point scale | ✓ Parents / caregivers |
| Children age 9–18 | ✓ 5-point scale | ✓ Parents / caregivers |

### 1.1.7 Contextualising and adapting the tools

It is crucial to adapt tools to ensure inclusivity and meaningful participation for children of different ages and abilities as well as a diverse range of caregivers. This section outlines answering options that are simple, culturally adaptable, and appropriate for children aged 6–18 years, which can also be used with adults. These options are designed to ensure children and caregivers feel comfortable expressing themselves, even in challenging circumstances. The two main types of adaptations are:

- Adapting to the context (by the programme management or technical focal point):
    - Key concepts, terms and examples.
    - The format of the activity (including remote formats).
    - The answering options.

- Adapting the tools and activities to the individual person (by the caseworker for the individual child or caregiver):
    - **Age**
    - **Stage** (The child's developmental phase and emotional readiness to engage.)
    - **Diversity** (For example, individual characteristics including cultural background, language, abilities, gender identity, sexual orientation, religious beliefs, socioeconomic status, displacement status, and experiences of adversity or discrimination.)

#### *Answering options*

The answering options to represent the 3-point and 5-point scales should be selected considering what is most appropriate based on the context and culture, and adapted case-by-case based on the individual child's developmental stage and needs. In general, a 3-point scale answering format is recommended for younger children, and the 5-point scale is recommended for older children.

- The 3-point scale (**'good'**, **'okay'**, **'bad'**) is recommended for age 6–8. Young children think more concretely and can clearly distinguish between positive, neutral, and negative, but may struggle with finer distinctions.
- The 5-point scale (**'very good'**, **'good'**, **'okay'**, **'bad'**, **'very bad'**) is appropriate for children aged 9–18 as they have developed to better understand and express gradients of opinion, and articulate distinctions like 'bad' versus 'very bad'.
- However, some older children may benefit from the 3-point scale if they have specific developmental considerations (e.g., learning difficulties, processing delays, anxiety when making choices).

Child-friendly answering options which can be used to facilitate the 3-point, and 5-point scales are outlined in the following table:

| Answering options | Explanation |
|---|---|

| | | |
|---|---|---|
| **3-point scale options** | | |
| **Three Emojis** | Good: 🙂<br>Okay: 😐<br>Bad: 😕 | A visual scale which is simple and universally recognisable, this option is effective for younger children who need quick, clear choices. |
| **Traffic Lights** | Good: 🟢<br>Okay: 🟡<br>Bad: 🔴 | A visual scale. The traffic light system is intuitive, culturally adaptable, and familiar to children across diverse contexts. |
| **Rocks or Pebbles** | Good: Three pebbles<br>Okay: Two pebbles<br>Bad: One pebble | This tactile method engages children who may struggle with verbal or written responses. It is also ideal for resource-limited environments where natural materials are easy to find and use. |
| **5-point scale options** | | |
| **Five Emojis** | Very good: 😀<br>Good: 🙂<br>Okay: 😐<br>Bad: 😕<br>Very bad: 😢 | A visual scale which provides a wider range of emotional expressions, allowing children to reflect more accurately on their experiences. |
| **Five Stars** | Very good: ⭐⭐⭐⭐⭐<br>Good: ⭐⭐⭐⭐<br>Okay: ⭐⭐⭐<br>Bad: ⭐⭐<br>Very bad: ⭐ | Stars and similar symbols are abstract yet familiar, and may come across as less childlike. These symbols are versatile and easy to adapt across cultures. Alternative symbols which can be used in the same way include hearts ❤️ or checkmarks ✅. |
| **Rocks or Pebbles** | Very good: Five pebbles<br>Good: Four pebbles<br>Okay: Three pebbles<br>Bad: Two pebbles<br>Very bad: One pebble | This tactile method engages children who may struggle with verbal or written responses. It is also ideal for resource-limited environments where natural materials are easy to find and use. |

### *Adapting facilitation strategies*

The below table gives a summary of age-appropriate facilitation strategies, which should also be selected considering the needs of the individual child or caregiver with specific needs (see the previous section on answering options).

| **Age group:** | **Young Children (6–8 years)** | **Older Children (9–14 years)** | **Adolescents (15–18 years and above)** |
|---|---|---|---|
| **Basic communication strategies:** | • Use simple stories or games and simpler language and literal concepts<br>• Include movement if culturally appropriate | • Can use more direct questions<br>• Include real-life examples based on the context (not from the child's own life) | • Can use more abstract concepts<br>• Respect growing independence<br>• Allow for critical thinking |

| | | | |
|---|---|---|---|
| | • Use concrete examples<br>• Keep sessions shorter<br>• Include drawing/creative options | • Allow more discussion<br>• Use age-appropriate metaphors | • Can include future perspectives |

Other adaptations for people with specific needs may include the following, some of which is accounted for in the different answering options provided below:

- Visual support needs: use high contrast colours, add simple pictures/symbols, provide more description or non-visual options (e.g. verbal or numerical ranking).
- Communication needs: point to answers or printed emoji cards, gesture responses, visual pictures.
- Physical needs: verbal responses, head movements or pointing.
- Processing needs: factor in extra time, visual supports, quiet space.

## 1.2 Implementing the well-being tools

### Tool 1A. The well-being wheel – children ages 6–18

#### Key information

**Time:** 25–40 minutes[13]

**Materials required (and customised based on section 1.1.7)**:

- Well-being wheel template: can be on paper, tablet, or drawn on the ground.
- Marking materials: can be stones, stickers, etc. (see Part 1.1: Answering options)
- Optional: drawing materials

**Other preparation** (case closure / endline only)**:**

- Review the case file and identify which of the well-being domains[14] were identified as requiring action, and/or actions taken / problems addressed.

#### Step 1: Introduce the session

Explain:

- The purpose of the activity is to understand their feelings about their well-being and to explore whether this has been affected by case management support they have received. We will use this information to help us understand the impact of the service and to strengthen it.
- Assure the child and parents or caregivers that their answers will be kept confidential and will only be seen in full by the caseworker interviewing them and their supervisor.
- Clarify that any information shared with others will be combined with other responses and personal details will be removed to ensure confidentiality.
- **Reassure** them that there are no right or wrong answers, **encouraging** them to share their honest feelings.
- Make sure they **fully understand the process**, feel comfortable, and explicitly seek their informed consent/assent to participate, as well as informed consent from the parent or caregiver before starting, in line with the Inter-agency Child Protection Case Management Guidelines.[15]

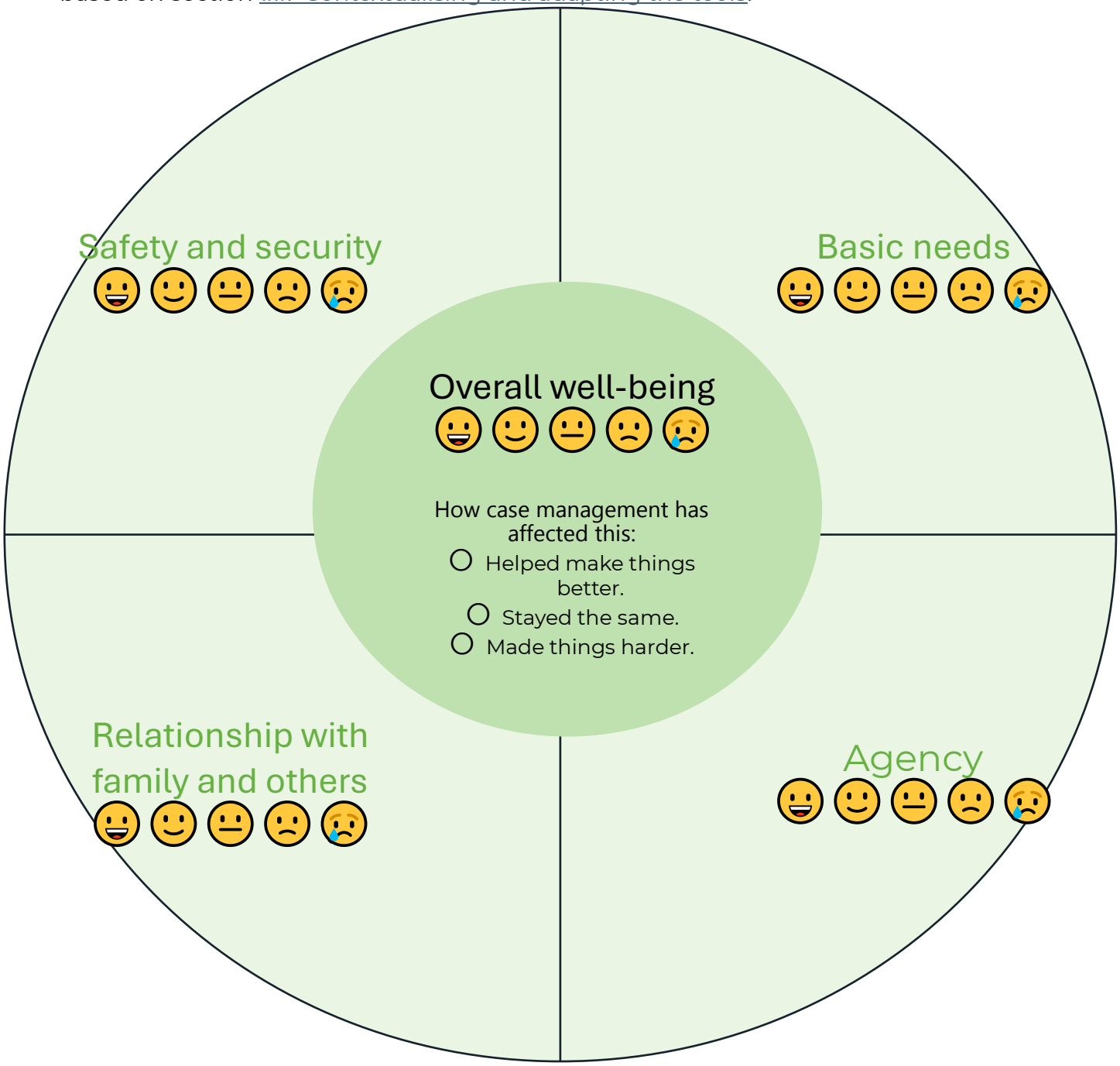
[13] The activity typically takes 25-40 minutes depending on the child's age, developmental stage, language needs, emotional state, and comfort with the caseworker. The session may take longer at endline when discussing changes, or if there are environmental distractions. It's recommended to schedule up to 45 minutes to allow flexibility and watch the child for signs of fatigue, take breaks between domains or split it into two sessions if needed, particularly for younger children. If a session needs to be shortened, keep domain definitions brief using examples, limit the time for discussion, and focus on clear, direct questions.

[14] As outlined in Part 1.1 these are: basic needs, safety and security (physical and emotional), relationships with family and others, agency.

[15] See guidance on obtaining informed consent or assent, including specific guidance for each and stage on pages 82-84 in The Alliance. (2024). Inter-agency Child Protection Case Management Guidelines 2nd Edition.

**Template: The well-being wheel**

The below template can be used to facilitate the session, or as a reference to draw out or describe the well-being wheel. The child-friendly scale should be adapted based on section 1.1.7 Contextualising and adapting the tools.



## Step 2: Conduct the activity

**1. Introduce the well-being wheel:** Present the well-being wheel using a format appropriate to the setting and the child. Explain it represents key areas of well-being and that you will look together at what each one mean. They are: basic needs, safety and security, relationships, and agency.

**2. Define and rate each domain:** Support the child to define and rate each domain using the example prompts in the Activity Record below. For each domain:

- Discuss what it means to the child. They can draw or write on the wheel. See the Activity Record for guidance on explaining each domain, including questions to ask as prompts if needed.
- **Explain the child-friendly rating scale and ask them to rate that part of their well-being. Discuss reasons, any change, whether your work together has contributed to any of the changes, as well as external factors.**

**3. Overall rating:** Look at the whole wheel together

- 3.1: Ask for overall rating of their well-being, based on everything you've discussed together during the session, using same child-friendly options.

> [Case closure / endline only: After children have provided their overall well-being rating, they can be shown their baseline ratings (if a baseline was conducted) to reflect on and discuss the changes in their well-being. This can be done prior to Step 3.2. Document the discussion.]

- 3.2: Ask about how case management support has affected their overall well-being using the following options:
    - Helped make things better.
    - Stayed the same.
    - Made things harder.

## Step 3: Close the session

- Thank the child and/or parent or caregiver for sharing their thoughts. Explain that their feedback is very important and appreciated, as it helps improve how we work.
- Ask if there is anything else they would like to share before you finish.
- End on a positive note where appropriate: *"You've done a great job, and your answers will really help us to understand how to improve our support to children and families. Thank you!"*

*Protocol for negative feedback or disclosures*

If a child or caregiver indicates that their situation has worsened or shares concerning information:

1. Acknowledge their feelings immediately: "*Thank you for telling me about this. It's important that we know when things aren't going well.*"
2. Check if this is a known issue or a new disclosure:
    - If it's a new disclosure, follow standard case management procedures for new child protection concerns.
    - If it's a known issue, check if the current case plan is adequate or needs adjustment.
    - If information relates to child safeguarding or sexual exploitation and abuse[16], follow the local policy and procedure.
    - Immediately inform your supervisor about any new protection concerns or significant deterioration in the child's situation.
3. Before closing:
    - Ensure any urgent protection concerns are noted for immediate follow-up and explain next steps to the child and parent or caregiver, as appropriate.
    - If ending on a positive note feels inappropriate given the discussion, instead acknowledge their openness and agency: "*Thank you for telling me about these things. Your thoughts and feelings about what's happening are really important. You know yourself and your situation best, and what you've shared will help me work with you (and your caregiver) to find a way forward together. I'm here to support you with this.*"

## Step 4: Documentation and next steps

- Record the score and key insights from their responses in the Activity Record, as well as any necessary follow up actions. Flag any responses which require urgent action with the supervisor immediately.
- Complete the caseworker inputs section in the tool, cross-checking that the level of change ranked correlates with the caseworker's knowledge or case file records. Add narrative explanations where appropriate.

[16] See: The Alliance. (2024). Inter-agency Child Protection Case Management Guidelines 2nd Edition. pp.74-75

## Activity record – children aged 6-18

| **Date:** | **Case ID:** | **Consent obtained: Child Y/N Caregiver Y/N** |
|---|---|---|

| **Well-being domain** | a. **Tick here the answering options you selected** | b**. Comments** (reasons for change or no change, including both case management actions and external factors) | **c. Caseworker inputs** (optional) |
|---|---|---|---|
| Children should be given the opportunity to define what each well-being domain means to them. Each domain below includes prompts and questions to guide facilitation, if needed. | ☐ 3-point scale: good, okay, bad (or child-friendly options)<br>☐ 5-point scale: very good, good, okay, bad, very bad (or child-friendly options) | Examples: of what you may write down if mentioned by the child.<br>• Improved access to food, shelter, or healthcare.<br>• Safer living conditions.<br>• Better family communication.<br>• Not relevant to assessment / case plan.<br>• Any reasons for a change in well-being, positive or negative, outside of case management | (Any comments the caseworker would like to add based on their knowledge and understanding of the case) |
| **1. Basic needs**<br>"Let's think about what you need to grow up healthy and strong..."<br>• What do you need every day to feel healthy?<br>• What helps your body and mind grow?<br>• What do you need to learn and develop? Examples: food, water, home, school, medicine, rest, exercise. | ○ Very good<br>○ Good<br>○ Okay<br>○ Not good<br>○ Very bad | | |
| **2. Safety and security**<br>"Let's think about what makes you feel safe and protected..."<br>• When do you feel most safe?<br>• What places make you feel protected?<br>• What helps you feel calm when you're worried? Examples: feeling protected at home/school, being with trusted people, having safe spaces to play/ spend time. | ○ Very good<br>○ Good<br>○ Okay<br>○ Not good<br>○ Very bad | | |

| | | | |
|---|---|---|---|
| **3. Relationships with family and others**<br>"Let's think about the people in your life..."<br>• Who are the important people around you? (e.g. family, friends, teachers, community members.)<br>• What makes you feel cared for?<br>• How do you spend time with these people? Do they make you feel understood? | ○ Very good<br>○ Good<br>○ Okay<br>○ Not good<br>○ Very bad | | |
| **4. Agency**<br>"Let's talk about having a say in your life..."<br>• What choices do you make?<br>• When do you feel listened to?<br>• How do you like to express yourself? Examples: choosing activities, sharing opinions, making decisions about daily life | ○ Very good<br>○ Good<br>○ Okay<br>○ Not good<br>○ Very bad | | |
| **5. Overall well-being**<br>How children feel about their overall well-being based on what we have discussed across 1-4. | ○ Very good<br>○ Good<br>○ Okay<br>○ Not good<br>○ Very bad | | |
| 6. **How case management support has affected overall well-being** (endline / case closure only) | ○ Helped make things better.<br>○ Stayed the same.<br>○ Made things harder. | | |

| | |
|---|---|
| **Caseworker sign-off**<br>Any immediate concerns: _____<br>Actions needed: _____<br>Caseworker Name: _____<br>Signature: _____ | **Supervisor verification (final sign-off)**<br>Verified: yes / no<br>Supervisor name: _____<br>Signature: _____ |

## Tool 1.B Child well-being tool for parents and caregivers

**Time:** 20-25 minutes
**Materials required (and customised based on section 1.1.7)**:

- Pen and paper or tablet for recording responses.
- Optional: Well-being wheel template. This may be beneficial as an accompanying visual in many contexts, or for visual learners. It can be on paper, tablet, or drawn on the ground.

**Other preparation** (case closure / endline only)**:**

- Review the case file and identify which of the four well-being domains[17] were identified and/or addressed.

### Step 1: Introduce the session

Explain:

- The purpose of the activity is to understand their feelings about their child's well-being and the case management support their child has received, as well as any guidance or support provided to them in their role as a parent or caregiver. We will use this information to help us understand the impact of the service and to strengthen it.
- Assure them that their answers will be kept confidential and will only be seen in full by the caseworker interviewing them and their supervisor.
- Clarify that any information shared with others will be combined with other responses and personal details will be removed to ensure confidentiality.
- **Reassure** them that there are no right or wrong answers, **encouraging** them to share their honest feelings.
- Make sure they **fully understand the process**, feel comfortable, and explicitly seek their informed consent to participate.[18]
- We are going to talk about well-being, which is about children being happy and healthy, and to develop fully to reach their potential. This means feeling safe, having their basic needs met, and having people who love and support them. As they grow, it means having opportunities to learn, developing their skills and learning to make choices, while being treated with respect and kindness. We will look at this through four domains, one at a time:
    - Basic needs
    - Safety and security
    - Relationships with family and others
    - Agency

### Step 2: Conduct and record the activity:

- Use the following Activity Record to facilitate and to record their answers.
- Give them the opportunity to input on what each well-being domain means.
- Record reasons for change or no change, noting any contributions case management has made.

[17] As outlined in Part 1.1 these are: basic needs, safety and security (physical and emotional), relationships with family and others, agency.
[18] See guidance on obtaining informed consent or assent on pages 82-84 in The Alliance. (2024). Inter-agency Child Protection Case Management Guidelines 2nd Edition.

## Activity record – Caregivers (including caregivers of children aged 0-5)

| **Date:** | **Case ID:** | **Consent obtained:**<br>**Child Y/N Caregiver Y/N** |
|---|---|---|

| **Well-being domain** | a. **Tick here the answering options you selected** | b. **Comments (reasons for change or no change) and external factors** | **c. Caseworker inputs (optional)** |
|---|---|---|---|
| Each well-being domain should be discussed with caregivers, and they should be given the opportunity to define what each domain means to them and their child. When caregivers are participating on behalf of their children aged 0-5 who cannot participate in the child-friendly well-being wheel activity themselves, children should also be given the opportunity to input with support from their caregiver. | ☐ 3-point scale: good, okay, bad (or child-friendly options)<br>☐ 5-point scale: very good, good, okay, bad, very bad (or child-friendly options) | Examples:<br>• Improved access to food, shelter, or healthcare.<br>• Safer living conditions.<br>• Better family communication.<br>• Not relevant to assessment / case plan.<br>• Any reasons for a change in well-being, positive or negative, outside of case management | (Any comments the caseworker would like to add based on their knowledge and understanding of the case) |
| **1. Basic needs**<br>Every child requires fundamental resources for survival and growth. Examples:<br>• Sufficient nutritious food and clean water.<br>• Adequate shelter and clothing.<br>• Access to healthcare and medical treatment.<br>• Opportunities for education and learning. | ○ Very good<br>○ Good<br>○ Okay<br>○ Not good<br>○ Very bad | | |
| **2. Safety and security**<br>This means both physical safety and emotional safety. Examples:<br>• Freedom from physical, emotional, and sexual abuse.<br>• Protection from exploitation.<br>• Safe living environments.<br>• Security from violence and dangerous situations. | ○ Very good<br>○ Good<br>○ Okay<br>○ Not good<br>○ Very bad | | |

| | | | |
|---|---|---|---|
| **3. Relationships with family and others**<br>This means supportive and consistent connections. Examples:<br>• Emotional support and nurturing.<br>• Stable and reliable relationships with primary caregivers.<br>• Positive interactions with extended family members. | ○ Very good<br>○ Good<br>○ Okay<br>○ Not good<br>○ Very bad | | |
| **4. Agency**<br>This means children are empowered to develop their capabilities. Examples:<br>• Age-appropriate decision-making opportunities.<br>• Respect for their opinions and feelings.<br>• Gradual development of independence.<br>• Encouragement to express themselves. | ○ Very good<br>○ Good<br>○ Okay<br>○ Not good<br>○ Very bad | | |
| **5. Overall well-being**<br>How caregivers feel about their child's overall well-being based on what we have discussed across 1-4. | ○ Very good<br>○ Good<br>○ Okay<br>○ Not good<br>○ Very bad | | |
| **6. How they feel case management has affected their child's overall well-being.** (endline / case closure only) | ○ Helped make things better.<br>○ Stayed the same.<br>○ Made things harder. | | |

| | |
|---|---|
| **Caseworker sign-off**<br>Any immediate concerns: _____<br>Actions needed: _____<br>Caseworker Name: _____<br>Signature: _____ | **Supervisor verification (final sign-off)**<br>Verified: yes / no<br>Supervisor name: _____<br>Signature: _____ |

# Part 2: Child and caregiver satisfaction guidance and tools

## 2.1 Guidance on how and when to use the tool

### 2.1.1 Overall purpose

The satisfaction tool aims to measure the percentage of children and caregivers who express satisfaction with the services and support provided during the case management process.

### 2.1.2 Objectives

1. **Calculate satisfaction**: Determine the percentage of children and caregivers reporting satisfaction with case management services received.
2. **Understand reasons**: Gain insight into the factors contributing to satisfaction or dissatisfaction, allowing adjustments to improve the case management process for individual cases.
3. **Identify possible trends**: Analyse patterns of satisfaction and dissatisfaction across the caseload to improve child protection case management responses.

### 2.1.3 Associated indicators

The child well-being monitoring guidance and tools are linked to two CPMS case management indicators[19]:

> % of children who report satisfaction with direct child protection case management services received. (*adapted from CPMS Indicator 18.2.2*)
> % of caregivers who report satisfaction with direct child protection case management services received. (*adapted from CPMS Indicator 18.2.2*)

**1. % of children who report satisfaction with direct child protection case management services received.**

Calculation:
**(A ÷ B) × 100**
Where:

- **A** = Number of children scoring:[20]
  - 14 or more points (on 3-point scale)
  - 28 or more points (on 5-point scale)
- **B** = Total number of children who completed the tool

[19] For more information on standardised child protection case management indicators and why these are important see the Child Protection Case Management Monitoring and Evaluation Guidance.
[20] If questions are skipped the thresholds change as follows:
For 3-point scale: 6 questions answered: threshold = 12+ points, 5 questions answered: threshold = 10+ points
For 5-point scale: 6 questions answered: threshold = 24+ points, 5 questions answered: threshold = 20+ points

2. % of caregivers who report satisfaction with direct child protection case management services received.[21] (*adapted from CPMS Indicator 18.2.2*)

Calculation:
**(A ÷ B) × 100**
Where:

- **A** = Number of adults scoring:[22]
  - 14 or more points (on 3-point scale) on questions 1–7
  - 28 or more points (on 5-point scale) on questions 1–7
- **B** = Total number of adults who completed the tool

For more information on child protection case management indicators see the Child Protection Case Management M&E Guidance.

### 2.1.4 Who should implement the tools

The satisfaction tool should be implemented by a supervisor or another case management staff member who is **not responsible for the case** to ensure objectivity and credibility.

### 2.1.5 When to implement the tools

- **At the time of closure**: Conduct the tools as part of case closure or within three months of closure.
- **Optional at midpoint**: The tool can also be used midway through case management to inform ongoing improvements.

### 2.1.6 Target cases

Every case should be included. In exceptional circumstances (e.g., rapid-onset responses with very large caseloads), a representative sample may be used, ensuring it reflects the broader caseload demographics and conditions.

### 2.1.7 Tool

There is one tool which can be adapted to be used with children and with parents or caregivers. While the process is similar, communication should always be tailored to the child's age, developmental stage, abilities, and cultural context.

### 2.1.8 Contextualising and adapting the tools

#### *Answering options*

The answering options to represent the 3-point and 5-point scales should be selected considering what is most appropriate based on the context and culture, and adapted case-by-case based on the individual child's developmental stage and needs. In general, a 3-point scale answering format is recommended for younger children, and the 5-point scale is recommended for older children.

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[21] This refers to case management services received by the child but also includes any support to parents and caregivers, as well as the family, to support them in their role as caregivers and in enabling a protective family environment.
[22] If questions are skipped the thresholds change as follows:
For 3-point scale: 6 questions answered: threshold = 12+ points, 5 questions answered: threshold = 10+ points
For 5-point scale: 6 questions answered: threshold = 24+ points, 5 questions answered: threshold = 20+ points

- The 3-point scale (**'good'**, **'okay'**, **'bad'**) is recommended for ages 6–8. Young children think more concretely and can clearly distinguish between positive, neutral, and negative, but may struggle with finer distinctions.
- The 5-point scale (**'very good'**, **'good'**, **'okay'**, **'bad'**, **'very bad'**) is appropriate for children ages 9–18 as they have developed to better understand and express gradients of opinion, and articulate distinctions like 'bad' versus 'very bad'.
- However, some older children may benefit from the 3-point scale if they have specific developmental considerations (e.g., learning difficulties, processing delays, anxiety in making choices).

Child-friendly answering options which can be used to facilitate the 3-point and 5-point scales with children, as well as parent and caregivers, are outlined in the following table:

| Answering options | | Explanation |
|---|---|---|
| **3-point scale options** | | |
| **Three Emojis** | Good: 🙂<br>Okay: 😐<br>Bad: 😕 | A visual scale. Simple and universally recognisable, this option is effective for younger children who need quick, clear choices. |
| **Traffic Lights** | Good: 🟢<br>Okay: 🟡<br>Bad: 🔴 | A visual scale. The traffic light system is intuitive, culturally adaptable, and familiar to children across diverse contexts. |
| **Rocks or Pebbles** | Good: Three pebbles<br>Okay: Two pebbles<br>Bad: One pebble | This tactile method engages children who may struggle with verbal or written responses. It is also ideal for resource-limited environments where natural materials are easy to find and use. |
| **5-point scale options** | | |
| **Five Emojis** | Very good: 😀<br>Good: 🙂<br>Okay: 😐<br>Bad: 😕<br>Very bad: 😢 | A visual scale which provides a wider range of emotional expressions, allowing children to reflect more accurately on their experiences. |
| **Five Stars** | Very good: ⭐⭐⭐⭐⭐<br>Good: ⭐⭐⭐⭐<br>Okay: ⭐⭐⭐<br>Bad: ⭐⭐<br>Very bad: ⭐ | Stars and similar symbols are abstract yet familiar, and may come across as less childlike. These symbols are versatile and easy to adapt across cultures. Alternative symbols which can be used in the same way include hearts ❤️ or checkmarks ✅. |
| **Rocks or Pebbles** | Very good: Five pebbles<br>Good: Four pebbles<br>Okay: Three pebbles<br>Bad: Two pebbles<br>Very bad: One pebble | This tactile method engages children who may struggle with verbal or written responses. It is also ideal for resource-limited environments where natural materials are easy to find and use. |

## 2.2 Implementing the satisfaction tool

### Step 1: Explain the satisfaction activity

- Explain to the child and caregiver that the purpose of the activity is to **understand how they feel about the support the child has received (including any support to the family, such as family strengthening approaches)**, including what they liked and what could be improved, so the case management team can learn and improve their services.
- Assure them that their answers will be kept **confidential** and explain that notes will be taken to record their input, but their name will not be included on the form.
- Clarify that any information **shared** with others will be **combined** with other responses and **personal details will be removed** to ensure confidentiality.
- **Reassure** them that there are no right or wrong answers, **encouraging** them to share their honest feelings. If they would like us to repeat or rephrase any of the questions, please let us know.
- Make sure they **fully understand the process**, feel comfortable, and explicitly seek their informed consent/assent to participate, as well as informed consent from the parent or caregiver before, in line with the Inter-agency Child Protection Case Management Guidelines.[23]
- Inform them that the activity involves discussing eight statements and that they can use simple answers to express how they feel.

### Step 2: Explain the answering options

#### To the child

- Select an answering option based on the child's age, developmental stage, culture, and abilities, as explained in 2.1.8 Contextualising and adapting the tools.
- Always ensure the child understands how to use the selected option prior to starting the activity.

#### To the caregiver

- Caregivers can respond using the 5-point scale with the following verbal or written options: **very good, good, okay, bad, very bad.**
- Ensure the caregiver understands the options before starting the activity.

### Step 3: Read the 8 statements

- **Go through the statements one at a time.** Read each statement clearly and slowly to the child, ensuring they understand it.
- **Allow the child and caregiver sufficient time to think** about their answer without feeling rushed. Be patient and let them understand the statement fully before responding.
- **Remind** the child and caregiver that there are **no right or wrong answers**. Encourage them to share how they truly feel, emphasising that their opinion matters.

[23] See guidance on obtaining informed consent or assent, including specific guidance for each and stage on pages 82-84 in The Alliance. (2024). Inter-agency Child Protection Case Management Guidelines 2nd Edition.

- Offer the child and caregiver the **opportunity to explain their answer** if they feel comfortable. Let them know it's optional, and they don't have to say more if they don't want to.
- **Record the child and caregiver's replies carefully** on the tool provided. If they share additional insights about their answer, include this in your notes for future learning and follow-up.

### Step 4: Closing the session

- **Thank** the child and caregiver for sharing their thoughts. Explain that their feedback is very important and appreciated, as it helps improve how we work.
- Ask if there is **anything else they would like to share** before you finish.
- End on a positive note: *"You've done a great job, and your answers will really help us. Thank you!"*

### Step 5: Documentation and next steps

- Record the total score, patterns, and key insights from the child's responses.
- Use the overall score to identify trends (e.g., areas of strength or dissatisfaction) and determine if follow-up actions are needed and what they should be.
- **If a child scores 0 points on any statement**, this indicates serious dissatisfaction or a significant issue. Flag these responses immediately and ensure follow-up actions are taken to address the concern. Flagged responses should be reviewed at both individual and programme levels.
- Insert the final score and flagged responses into the information management system or tool used for monitoring overall satisfaction across the caseload. The aggregated data can be used to track results, identify trends, and inform programme adjustments at both the individual and caseload levels. (For more information on analysis at the programme level, see Annex 1)

## Tool 2A: Satisfaction tool for children ages 6–18

**Date**:_____ **Case code**:_____ **Completed by**: _____

**NOTE:** Please explain the purpose of this assessment to the child and their parent/caregiver, including why it is being conducted, how it will be carried out, and what will be done with the information shared. Ensure the child understands the answering options. An example on how to adjust to young children can be found in the next section.

| | **Insert here the answering options you selected**<br>☐ 3-point scale: good, okay, bad (or child-friendly options)<br>☐ 5-point scale: very good, good, okay, bad, very bad (or child-friendly options) | | | | |
|---|---|---|---|---|---|
| How do you feel about: | Very bad 😢 | Bad 😕 | Okay 😐 | Good 🙂 | Very good 😀 |
| 1. Trusting [caseworker's name] | | | | | |
| 2. [caseworker's name] does what is best for you | | | | | |
| 3. [caseworker's name] helps you when needed | | | | | |
| 4. [caseworker's name] makes you feel good about who you are | | | | | |
| 5. [caseworker's name] listens to you and understands what you're saying | | | | | |
| 6. [caseworker's name] asks and respects, your thoughts, ideas, and worries | | | | | |
| 7. [caseworker's name] helps you make choices about your life. | | | | | |

8. **Since case management started, has it made changes in your life?**[24]
   ☐ No, everything feels mostly the same
   ☐ Yes, case management has changed things in my life

If yes, how do you feel about the changes case management has made for you?[25]

| Circle one: | Very bad 😢 | Bad 😕 | Okay 😐 | Good 🙂 | Very good 😀 |
|---|---|---|---|---|---|

Comments: Please share any additional thoughts, concerns, or feedback about your experience with the case management process or progress made.

**Signatures:**

- **Completed by**: _____
- **Child (if applicable)**: _____
- **Caregiver (if applicable)**: _____

[24] The research shows that a child's satisfaction heavily depends on their relationship with their caseworker and feeling supported. However, it's also important to assess whether the process led to meaningful changes or results.

[25] Note, this score should not be used in the indicator calculation but analysed separately.

## Tool 2B: Satisfaction tool for parents / caregivers

**Date**:_____ **Case code**:_____ **Completed by**: _____

**NOTE:** Please explain the purpose of this assessment to the parent / caregiver, including why it is being conducted, how it will be carried out, and what will be done with the information shared. Ensure they understand the answering options.

| | **Insert here the answering options you selected**<br>☐ 3-point scale: good, okay, bad (or child-friendly options)<br>☐ 5-point scale: very good, good, okay, bad, very bad (or child-friendly options) | | | | |
|---|---|---|---|---|---|
| How do you feel about: | Very bad 😢 | Bad 😕 | Okay 😐 | Good 🙂 | Very good 😀 |
| 1. Trusting [caseworker's name] to act in your child's best interests | | | | | |
| 2. [caseworker's name] ensuring your child feels safe and supported | | | | | |
| 3. [caseworker's name] keeps you informed about your child's progress | | | | | |
| 4. [caseworker's name] involving you in decisions about your child's care and protection | | | | | |
| 5. The way [caseworker's name] listens to your input and concerns about your child. | | | | | |
| 6. How well the case management process addresses your child's needs | | | | | |
| 7. The support your family has received through the case management process | | | | | |

8. **Since case management started, has it made changes in your child's life?**
   ☐ No, everything feels mostly the same
   ☐ Yes, case management has changed things in my child's life

If yes, how do you feel about the changes case management has made for your child?[26]

| Circle one: | Very bad 😢 | Bad 😕 | Okay 😐 | Good 🙂 | Very good 😀 |
|---|---|---|---|---|---|

Comments: Please share any additional thoughts, concerns, or feedback about your experience with the case management process or your child's progress.

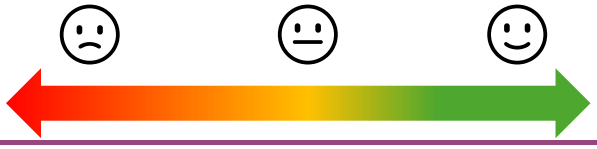
**Signatures:**

- **Completed by**: _____
- **Child (if applicable)**: _____
- **Caregiver (if applicable)**: _____

[26] Note, this score should not be used in the indicator calculation but analysed separately.

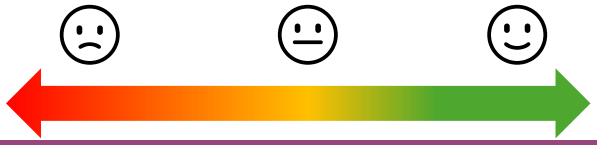
## Example: Adapting the Satisfaction Tool for young children (ages 6–8)

1. Trusting [*caseworker's name*]



2. [caseworker's name] does what is best for you

3. [caseworker's name] helps you when needed



4. [caseworker's name] makes you feel good about who you are

5. [caseworker's name] listens to you and understanding what you're saying

6. [caseworker's name] asks you to share your thoughts, ideas, and worries

7. [caseworker's name] helps you make choices about your life.

8.a. Has case management made changes in your life?


8.b. If yes, how do you feel about the changes

# Annex 1: Using the tools to strengthen case management services

Monitoring satisfaction and well-being will provide valuable insights which can be used to enhance the effectiveness and impact of child protection case management services. This is broken down into the three 'A's: Analyse, Action, Accountability:

***Analyse**: Identify trends, gaps and challenges*

- Examine patterns in the data to identify demographics or areas with consistently low satisfaction or well-being scores. Use this analysis to pinpoint challenges in achieving outcomes.
- Analyse cases with consistently high outcomes to identify successful approaches that can be implemented across the programme.

***Action** plan*

- Direct resources and efforts toward addressing the challenges revealed by the data, prioritising areas where well-being outcomes are poor, or satisfaction is low.
- Adjust operational elements like caseworker-to-child ratios, timelines, or types of direct support and associated training and support for caseworkers.
- Advocate externally where gaps in services and support in the community are identified.
- Share findings through relevant coordination groups such as child protection coordination groups and case management task forces.
- Advocate and share findings with policymakers and donors to advocate for case management resources, demonstrating the programme's needs and potential impact.
- Identify areas where caseworkers or supervisors need additional skills or support and develop/adjust a capacity strengthening plan accordingly.

*Ensure **Accountability** to children and communities*

- Share the findings and actions points transparently with communities. This could be done through existing forums such as community groups and child protection committees.
- Brief caseworkers to provide feedback on next steps during follow-up meetings with children and caregivers, including programmatic and advocacy follow up actions.

## 1.1 Child well-being analysis – example template

This template is to support those responsible for managing the case management response and/or their M&E counterparts. The template gives examples of ways in which the data from individual Activity Reports can be analysed to feed into action plans and accountability actions outlined above. The analysis can be reviewed with caseworkers and programme staff to inform programme adjustments.

Note, this template is just an example and is not extensive. Other variables which may be useful to disaggregate by include: programme site / location, the caseworker, and other individual characteristics and diversity factors. These could highlight, for example, if a particular community is very difficult to access or a particular case worker or team have not been well trained or supported.

*Overview of average scores*

| Well-being domain | Average rating for current situation across the caseload (1–5 or 1–3) Baseline | Average rating for current situation across the caseload (1–5 or 1–3) Endline | Common explanations given by children |
|---|---|---|---|
| **Basic needs** | | | |
| **Safety and security** | | | |
| **Relationships** | | | |
| **Agency** | | | |
| **Overall** | | | |
| **How they feel case management has affected their child's overall well-being** | | | |

*Overview of average scores by sex*

| Well-being domain | Average rating for current situation across the caseload (1–5 or 1–3) Baseline | Average rating for current situation across the caseload (1–5 or 1–3) Endline |
|---|---|---|

| | Female | Male | Non-binary | Other | Female | Male | Non-binary | Other |
|---|---|---|---|---|---|---|---|---|
| **Basic needs** | | | | | | | | |
| **Safety and security** | | | | | | | | |
| **Relationships** | | | | | | | | |
| **Agency** | | | | | | | | |
| **Overall** | | | | | | | | |
| **How they feel case management has affected their child's overall well-being** | | | | | | | | |

*Overview of average scores by age*

| **Well-being domain** | **Average rating for current situation across the caseload (1–5 or 1–3) Baseline** | | | | **Average rating for current situation across the caseload (1–5 or 1–3) Endline** | | | |
|---|---|---|---|---|---|---|---|---|
| | **0–5** | **6-8** | **9–14** | **15–18** | **0–5** | **6-8** | **9–14** | **15–18** |
| **Basic needs** | | | | | | | | |
| **Safety and security** | | | | | | | | |
| **Relationships** | | | | | | | | |
| **Agency** | | | | | | | | |
| **Overall** | | | | | | | | |
| **How they feel case management has affected their child's** | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **overall well-being.** | | | | | | | | |

*Questions for analysis and action planning:*

- **Which domains have scored higher or lower and what are the possible reasons for this?**
  *(Example: basic needs has a high average change and children often cited being referred to services X, Y and Z; the relationships domain scores low on average change and examples are around family conflict continuing. Caseworkers need more support on family strengthening and conflict reduction strategies for families)*

| |
|---|
| |

- **Is there anything we can do internally to increase our impact in these domain(s)?**

| |
|---|
| |

- **Are there any specific groups of children (depending on disaggregation) where scores are particularly low? What are the possible causes and solutions?**

| |
|---|
| |

*Agreed action points*

*(be as practical and specific as possible, include dates for each action, including any need to advocate to others to take action.)*

| Action | Responsible | Timeframe |
|---|---|---|
| | | |
| | | |
| | | |

*Key messages for caseworkers to feed back to children and families based on the above*

| Key findings | Key actions and next steps |
|---|---|
| | |

| | |
|---|---|
| | |

## 1.2 Satisfaction analysis – example template

This template is to support those responsible for managing the case management response and/or their M&E counterparts. The template gives examples of ways in which the data from individual Activity Reports can be analysed to feed into action plans and accountability actions outlined above. The analysis can be reviewed with caseworkers and programme staff to inform programme adjustments.

Note, this template is just an example and is not extensive. Other variables which may be useful to disaggregate by include: programme site / location, the caseworker, and other individual characteristics and diversity factors. These could highlight, for example, if a particular community is very difficult to access or a particular case worker or team have not been well trained or supported.

*Overview of average scores*

| Satisfaction question | Average score across the caseload (1–5 or 1–3) | Disaggregated average scores | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Female | Male | Non-binary | Other | 0–5 | 6–8 | 9–14 | 15–18 |
| 1. Trusting [caseworker's name] | | | | | | | | | |
| 2. [caseworker's name] does what is best for you | | | | | | | | | |
| 3. [caseworker's name] helps you when needed | | | | | | | | | |
| 4. [caseworker's name] makes you feel good about who you are | | | | | | | | | |
| 5. [caseworker's name] listens to you and understands | | | | | | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| what you're saying | | | | | | | | | |
| 6. [caseworker's name] asks and respects, your thoughts, ideas, and worries | | | | | | | | | |
| 7. [caseworker's name] helps you make choices about your life. | | | | | | | | | |

| Since case management started, has it made a change in your life? | Total number of respondents per answer | Disaggregated average scores | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Female | Male | Non-binary | Other | 0–5 | 6–8 | 9–14 | 15–18 |
| No, everything feels mostly the same | | | | | | | | | |
| Yes, case management has changed things in my life | | | | | | | | | |

| Since case management started, has it made a change in your life? | Average score across the caseload (1–5 or 1–3) | Disaggregated average scores | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Female | Male | Non-binary | Other | 0–5 | 6–8 | 9–14 | 15–18 |
| | | | | | | | | | |

*Questions for analysis and action planning:*

- **Which questions have scored higher or lower and what are the possible reasons?**

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- **Is there anything we can do internally to improve satisfaction?**

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- **Are there any specific groups of children (depending on disaggregation) where scores are particularly low? What are the possible causes and solutions?**

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*Agreed action points*

*(be as practical and specific as possible, include dates for each action)*

| Action | Responsible | Timeframe |
|---|---|---|
| | | |
| | | |
| | | |

*Key messages for caseworkers to feedback to children and families based on the above*

| Key findings | Key actions and next steps |
|---|---|
| | |

# Annex 2: Using the tools in remote contexts

This section offers some guidance on basic adaptations which can be made to use these tools as part of remote case management. This section is only designed for those already doing remote case management and should only be used if there are already safe and ethical remote case management processes in place. This includes consent, ensuring a confidential safe space, and procedures to follow up on additional protection concerns and safeguarding concerns, as well as data protection and information sharing protocols which include remote ways of working.

**Instant messaging apps or platforms**

- Ensure the child/caregiver has access to the necessary communication tool (chat or voice) and a private space to participate safely and comfortably.
- If using chat, prepare clear instructions and visual representations (e.g., smileys or simple text options) for responses.
- Use emojis (😊 = very good, 🙂 = good, 😐 = ok, 😕 = bad, 😢 = very bad) to make it visually engaging and easier to understand. Note that is it important to establish with the child that you have the same understanding of the emoji before proceeding with the conversation and use of emoji.
- For the child and caregiver satisfaction tools: Ask each statement individually, e.g., "How do you feel about trusting your caseworker? Choose a face that shows how you feel: 😊 🙂 😐 😕 😢."
- For the well-being wheel, send an image of the wheel at the beginning, and then define each section just using key words and/or emojis. Keep it simple.
- When moving on to ranking and measuring the change, use emojis and/or numbers, as explained above for the satisfaction tools.
- Provide examples if needed, like "😊 means you feel very good about it, and 😢 means it's very bad."
- Confirm their choice before moving to the next statement.

**Voice:**

For the child and caregiver satisfaction tools:

- Read each statement clearly and ask for their thoughts.
- Use terms like "very good, good, okay, bad, very bad" to allow them to express their feelings.
- Encourage elaboration where appropriate, e.g., "Can you tell me a little more about why you feel that way?"
- Confirm their responses to ensure accuracy before moving to the next statement.

For the well-being wheel:

- For older children (and where culturally appropriate) the visual representation of the four domains can be done by voice using their four fingers and with their overall well-being then being their thumb, rather than the segments of the wheel. This can help give the structure to the conversation, working step-by-step through each finger.
- When this is not appropriate, the domains should be summarised at the beginning and then the facilitator should work one-by-one through each domain with a recap and ranking after each one.
- To shorten the session for a phone call, the well-being domains can be initially defined by the caseworker, with the child giving input (rather than the other way around, as in the session plan).

- Increase summarising, recaps and reflecting back answers to ensure shared understanding (e.g. “you’ve mentioned so far that basic needs means education, healthcare and a place to live, is there anything I’ve missed?”).

# Annex 3: Basic guidance for digitalising the tools

The way in which data is collected, stored, shared, etc. should be based on and in line with the existing Data Protection and Information Sharing Protocol and M&E practices in-country. In contexts where data collection is digitalised, the following section provides some specific considerations and guidance for digitalising these tools.

## Form, structure and flow:

- Link to existing case management forms using the case ID as the unique identifier.
- Create separate forms for:
    - Child Well-being Tool (baseline)
    - Child Well-being Tool (endline)
    - Child well-being tool for parents and caregivers (baseline)
    - Child well-being tool for parents and caregivers (endline)
    - Child Satisfaction Tool
    - Caregiver Satisfaction Tool
- If using Kobo, use Kobo's "Group" feature to organise sections logically.

## Technical features to include

- Required fields (adapted to context):
    - Case ID
    - Date
    - Consent fields
    - Staff ID/name
- Skip Logic:
    - Age-appropriate routing (different questions/options for 6–8 vs 9–18)
    - Skip satisfaction questions if consent not obtained
    - Show/hide follow-up questions based on responses
- Validation Rules:
    - Prevent future dates
    - Score ranges (1–3 or 1–5 depending on scale used)
    - Required supervisor verification

## Specific Implementation Guidance for Well-being Wheel:

- Create a matrix question type for the four domains
- Use image choices for emoji/traffic light options
- Include an "overall well-being" score field
- Add comment fields for each domain
- Incorporate validation rule to ensure all domains are scored

## Child-Friendly Adaptations:

- Use image select options for young children
- Include larger text options for better readability
- Consider offline capabilities for field use
- Enable photo upload for children's drawings (with appropriate consent)