CHILD MARRIAGE CASE MANAGEMENT GUIDELINE

For case management staff working with girls and young women in the MENA region

By Terre des hommes Lausanne Foundation (MENA Region) and Kings College London

KING'S College LONDON

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TABLE OF CONTENT

INTRODUCTION 1

About this document 1

About child marriage 2

OVERARCHING CONSIDERATIONS 3

Apply child protection and gender-based violence standards 3

Use an adolescent-friendly approach throughout the whole process 3

Use an empowering approach throughout the whole process 3

Don't try to stop a marriage at any cost 3

STEP 1: IDENTIFICATION, INTRODUCTION AND ENGAGEMENT 4

About the identification and introduction step 4
Understand the profile of girls affected by child marriage 4
Identifying girls at risks of being married soon 4
Identifying married girls 4
Identifying separated and divorced girls 5

Adapt your approach with married girls 5
A few considerations to start the discussion: 5

STEP 2: ASSESSMENT 6

About the assessment step 6

Assessing the girl's situation and what her needs are 6

STEP 3: CASE PLANNING 11

About the planning step 11

Identify how and when to meet the girl's needs 11

Type of risks 12

Suggested type of response 12

STEP 4: IMPLEMENTATION 14

STEP 5: FOLLOW UP AND REVIEW 14

STEP 6: CASE CLOSURE 15

ANNEXE: RESOURCES AND MESSAGING ON CHILD MARRIAGE 16

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INTRODUCTION

About this document

- In 2016-2020, Terre des hommes-Lausanne Foundation (Tdh) and King's College London (KCL) conducted the research "Understanding child marriage amongst Syrian Refugee Communities in Jordan and Lebanon" (all research deliverables accessible online).

- After consulting with a group of relevant stakeholders, Tdh/KCL identified four ways to share the research findings, including a brief operational guidance for child marriage case management, highlighting findings that are relevant to caseworkers working with Syrian refugees in Jordan and Lebanon, as well as their supervisors.

- This guidance is largely based on both the Tdh/KCL research findings and existing case management guidance. Building upon efforts done by various agencies, this guidance compiles relevant parts of Tdh and inter-agency child protection (CP) and gender-based violence (GBV) existing guidance.[1] It is not based on a review of global evidence on child marriage and should be reviewed and adapted if used in other contexts.

- It aims to tailor existing case management standards and guidance to include specific elements that are relevant to child marriage cases; using the voices of Syrian refugee girls from the Tdh/KCl research in Lebanon and Jordan to support CP and GBV case management staff in their case management work on the issue of child marriage.

- This document will be tested by case management professionals in the field, and subject to revisions where relevant.

About case management

- Case management is a psychosocial intervention and approach: focusing on the quality of the personal and protective accompaniment process to promote wellbeing and build psychosocial resilience. Case management in this regard is seen as a level 3 intervention within the MHPSS pyramid and as a methodology and approach for individual focused interventions under to strengthen psychosocial wellbeing and resilience.

- Case management is a process which includes six specific steps, as described in figure 1 below, which should all be planned for and implemented.

- However, this guidance mainly provides support on stage 1 (identification/introduction), 2 (assessment) and 3 (planning), which is where the Tdh/KCL research findings are the most useful. With an issue like child marriage, which can take different shapes, involve multiple factors and actors in the decision making processes, and implies grasping what happens in the private context of a household, it is particularily important to be very thorough in those initial stages to provide quality response that is tailored to each child marriage case. The Tdh/KCL research provides valuable infomration to support with this process, as it explores the factors that put girls at risk of being married, the actors involved in the marriage decision, the elements that can help prevent it, the consequences of child marriage, the challenges facing married girls and the factors that can support married and divorced girls. This analysis is particularily helpful to identify girls at risk and assess their needs ahead of planning for a case management response. The guidance provides guiding questions to help case management staff build their assessment questions to guide their response strategies. A mapping of case management and service best practices, as well as further contribution based on case management staff's experience will be required to provide specific recommendations and considerations for child marriage cases at step 4, 5 and 6.

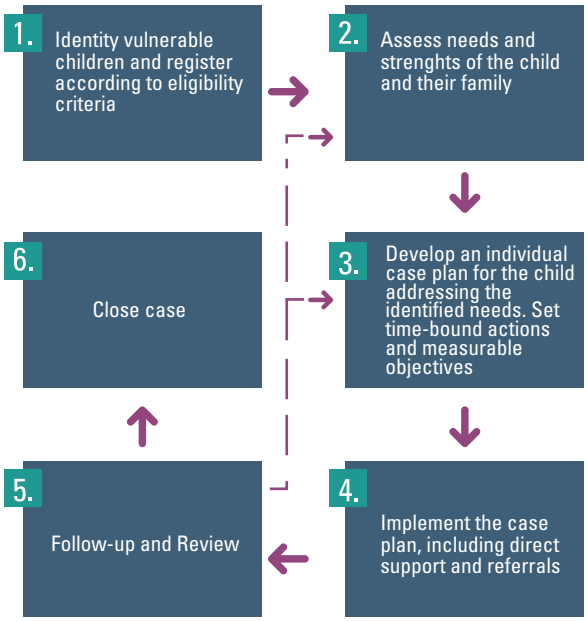
- Case management staff should use this guidance as a specialised support material along with their usual CP & GBV case management guidance.

[1] Especially the inter-agency GBV case management guidelines, 2017 and the Tdh child protection case management steps, based on Interagency Guidelines for child protection case management, 2014

Figure 1: GBV and CP case management steps

THE STEPS OF GBV CASE MANAGEMENT	
CASE MANAGEMENT STEP	TASKS
Step 1: Introduction and Egagement	• Greet and comfort the survivor. • Build trust and rapport. • Assess immediate safety. • Explain confidentiality and its limits. • Obtain permission (informed consent) to engage the person in services.
Step 2: Assessment	• Understand the survivor's situation, problems and identity immediate needs. • Provide immediate emotional support. • Give information. • Determine whether the survivor wants further case management services.
Step 2: Case Action Planning	• Develop a case plan based on assessment with the survivor. • Obtain consent for making referrals. • Document the plan.
Step 4: Implement the Case Action	• Assist and advocate for survivors to obtain quality services. • Provide direct support (if relevant). • Lead case coordination.
Step 5: Case Follow-up	• Follow up on the case and monitor progress. • Re-assess safety and other key needs. • Implement a revised action plan (if needed).
Step 6: Case Closure	• Assess and plan for case closure.

Case management steps



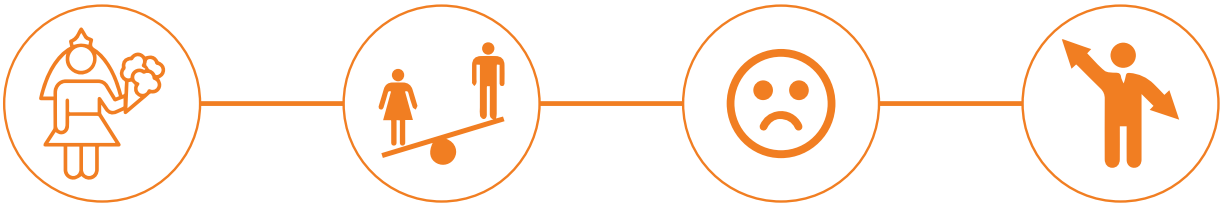
About child marriage

- Child marriage is the marriage of any person under the age of 18 years of age in accordance with the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) 1979 and the Convention on the Rights of the Child (CRC) 1989. It is a violation of human rights, a form of gender-based violence and a key child protection concern.

- Child marriage disproportionalty affects girls. It is rooted in gender inequality and driven by many factors including poverty, lack of education, safety concerns, various norms and beliefs around family formation and gender roles. In Syrian refugee communities, a sense a hopelessness due to long-term displacement, lack of perspectives for the future, heighten poverty and insecurity, are additional drivers that push families to marry their daughters too young.

- Supporting girls affected by child marriage requires a comprehensive approach in which actors across all sectors and at all levels have a role to play. Non-child protection/gender-based violence actors tend not to consider themeselves as working to address child marriage. Yet, to prevent and respond to child marriage, their work is as important as those implementing specific child marriage programmes or child marriage case management (e.g. improving access to education, addressing gender inequality, supports families' livelihood, supporting girls' empowerment, addressing security issues, providing a supportive legal environment and justice related-actions at formal and community levels). This is particularly important for quality referrals at the identification and case implementation phases of the case management process.

- In this guidance, "child marriage cases" refer to three types of situation: (i) girls at risk of being married soon, (ii) girls who are already married and (iii) girls who are separated or divorced.



OVERARCHING CONSIDERATIONS

Apply child protection and gender-based violence standards

Child marriage in Syrian refugee populations in Jordan and Lebanon mainly affects adolescent girls from about 13 years old.
Because of their age and gender, adolescent girls are particularly exposed to gender-based violence and other protection concerns. As such, they can benefit from the support of both child protection (CP) and gender-based violence (GBV) professionals. By working together and bringing professionals from other key sectors - such as education and sexual and reproductive health (SRH) - GBV and CP practitioners can develop stronger case management strategies for girls affected by child marriage (e.g. this could be by creating joint working groups and case conferences; developing joint strategies and messages; feeding back child marriage case management learning and challenges into broader AoR discussions on addressing GBV and CP concerns; ensuring solid service mapping and referral pathways; developing joint SOPs or integrating elements into existing SOPs, etc.). Existing general principles and standards for these sectors should be applied when dealing with child marriage cases.

Relevant resources

- GBViE minimum standards
- CP minimum standards
- Inter-agency GBV case management guidelines
- Inter-agency CP case management steps
- Inter-agency CP CM SOP guidance and template
- Inter-agency CP service mapping
- Inter-agency CP referral pathway
- Jordan TDH SGBV case management guidance
- Jordan CP/GBV inter-agency SOP 2018

Use an adolescent-friendly approach throughout the whole process

It is crucial to ensure case management staff have the knowledge and skills to work with adolescent girls. Indeed, adolescent girls often fall into the cracks as they transition between childhood and womanhood and some GBV & CP professionals might not always feel equipped in finding the balance and adapt their approach to fit their developmental stage.
They should in particular be familiar with gender inequality and with the key stages of development in adolescence, and should be able to adapt their communication and process to these different age groups.

Relevant resources: see p.114 of the inter-agency GBV case management guidelines

- Apply age-appropriate consent procedure
- Engage trusted adults and husbands of married girls, considering safety and confidentiality
- Review informed consent guidance by age
- Make age-appropriate referrals
- Understand mandatory reporting laws for children and adolescents
- Use simple, clear and language
- Be warm, calm and open

Use an empowering approach throughout the whole process

While the assessment carried out by the case management staff is essential to solid case planning, it is very important to always adopt an approach that puts the girl at the centre of the process and provide opportunities to be active in expressing her opinion, needs, and finding and/or agreeing with solutions to the challenges she faces. Using an adolescent-friendly approach that takes into account the stage of adolescence and implications for a girl's capacity to do this will help reaching best interest considerations. As successful case management will depend a lot on the quality of the relationship between the caseworker and the girl, it is crucial to ensure that case management staff have a skill set that includes empathy, respect, warmth, a non-judgmental approach to help the girl to feel as safe, connected, respected, worthy and hopeful as possible as they work together through her case.

Don't try to stop a marriage at any cost

The objective of child marriage case management is not to stop a marriage or obtain a divorce at any cost. It is to carefully assess the risks and needs which girls in different situation face (e.g. unmarried, engaged, married, divorced), plan for their safety and provide the best support possible to mitigate risks and ensure the highest level of wellbeing possible.

While case management for unmarried and engaged girls might largely include engagement with the girl and her family to explore whether it is possible and safe to prevent a marriage, most cases of married and divorced girl would consist in addressing key protection concerns to mitigate risks and provide the accompaniment and support required to strengthen their psychosocial resilience and wellbeing.

STEP 1: IDENTIFICATION, INTRODUCTION AND ENGAGEMENT

About the identification and introduction step

To ensure that girls affected by child marriage are appropriately identified, a number of strategies can be used to ensure community members and girls themselves are aware of what services are available (e.g. awareness-raising activities among affected communities, providing information in various community centres, safe spaces, mobile outreach teams, etc). Once a girl has been identified and referred to a CP/GBV agency or focal point in the community, or reaches out to the service herself, she should be introduced, registered and engaged with the service. This involves caseworkers explaining who they are, making the girl feel safe and calm, giving her information about what help can be offered, and getting her consent to work with her.

Understand the profile of girls affected by child marriage

While girls affected by child marriage don't always come from the same background and don't always live in the same conditions, there are some common features which are important to understand to help with identification. These are highlighted below.

Identifying girls at risks of being married soon[2]

Common features: girl's profile	Common features: girl's environment
• Lebanon: 12-13 years old	• Caregivers struggle economically
• Jordan: 14 years old	• Caregivers have started receiving marriage proposals, even if they have rejected some
• Out of school / inactive at home	• Family has been displaced for several years
• At school but no interest in education	• The girl has friends who are already married
• Working and facing harassment on way to work	• Overcrowded home, especially if presence of male relatives
	• Caregivers have good extended family connections (i.e. with cousins as potential suitable groom)
	• Caregivers have limited education level
	• Caregivers are worried about the girl's safety, including harassment and sexual violence

Identifying married girls

When married girls seek to change their registration details with UNHCR after getting married, or after becoming pregnant or dropping out of school, UNHCR has an obligation to carry out a best interest assessment (or refer to another agency to do this) and potentially also refer for a child protection specialist case management assessment to be undertaken, which gives case management staff an opportunity to do a home visit to the girl and her husband and any family they are living with, if deemed safe to do so. Yet, child marriages are not always registered and therefore might not get noticed or referred to case managers. Therefore,

[2] Girls matching these features will often be at greater risk of having their family ask them to accept a marriage proposal soon

some married girls can be hard to reach by services, especially when they live outside of refugee settlements. Due to unequal power dynamics between male and female members of the household, as well as insecurity in a context of displacement, married girls usually:

- Are isolated at home
- Have limited social network
- Have limited mobility
- Have limited capacity to engage in external activities or informal education due to heavy responsibilities at home and restricted mobility

Identifying separated and divorced girls

The profile and environment of girls who are divorced vary and require further exploration. Yet divorced girls often are:

- Out-of-school
- Busy taking care of their children
- Either with or without family support
- Potentially living at their parent's
- Potentially suffering from stigma within the community, which, combined with safety concerns, might also restrict their mobility

Adapt your approach with married girls

GBV and CP case management staff should work together to review whether their outreach strategies is allowing to identify the most vulnerable girls, and define the safest and most efficient ways to identify different profiles of girls affected by child marriage, which make sense in their local area, including by building on strong relationships within the community and other actors and services who might be well placed to help identify them.

A few considerations to start the discussion:

- Married girls are still children legally. Yet they might see themselves as adults and be seen as such in their community. Any issues related to sexual and reproductive health, conflictual relationships, abuse or other protection concerns will often been considered by girls and their families as a private matter to be kept and dealt within the household with their husband. GBV and CP case management staff need to work together to identify how to find a balance between (i) being pro-active in identifying protection concerns in married girls' households and (ii) leaving married girls to come to GBV services following their own will. For example, home visits by trained staff related to other issues (e.g. child brides' children's health, WASH etc.) might help to proactivtely identify married girls without compromising their safety.

- As married girls are often isolated and have more limited capacity to take part in activities dedicated to girls their age, it is crucial to identify places where they do go to increase awareness of available services and provide them with a safe space to meet peers and potentially create a peer support network (e.g. it might be healthcare centres, children's education centre/-schools, groceries shops/markets etc.)

Relevant resources

- Inter-agency GBV guidelines, p.37-38 (home visits and community-based committees)
- Inter-agency CP minimum standard, p.31-32 (role of community actors in identification) and p.52 (identification)

STEP 2: ASSESSMENT

About the assessment step

Assessment is a process of gathering and analysing information about the girl's wellbeing, needs, risks and protective factors in her life, in order to form a professional judgement about her situation and use it with her – adapting your approach depending on her level of maturity - to make decision about her care. During an assessment, a case worker considers not only the immediate risks that the girl faces, but also the girl and environment's strengths, resources and protective influences. It is not an exercise consisting of gathering information, but it provides the basis on which subsequent decisions will be made. In GBV case management, this step involves listening to the girl to find out what has happened and what the current situation is, and giving information to help her identify her support needs. Careful thought should be put into how the assessment is conducted and how the girl and her family are involved, as this is the first opportunity for a caseworker to develop a positive relationship with the girl.

Assessing the girl's situation and what her needs are

A number of questions can help assess how a girl feels about the perspective of getting married, or about her life as a married or separated/divorced young person; what protective/risk factors exist in her environment; and what her various needs are.

Organised across the five wellbeing domains defined in Tdh's operational guidance to promote psychosocial resilience and wellbeing, the "questions" column in the table below includes some considerations to help identify risks and needs while proceeding to your assessment with girls. NB: the questions are not phrased to be asked directly to the girls, but rather to help you analyse their response as you ask more generally about how they feel and what they have experienced. They are an additional support for your assessment and should be read in parallel to p.118-122 of the inter-agency GBV guidelines, which provide a broader step-by-step guidance to managing cases of girls at risk of being married soon and girls already married. Please also refer to your usual GBV/CP case management guidance for key principles for assessment.

Relevant resources

- GBVIMS Intake form
- CPIMS Intake form
- Inter-agency GBV case management guidelines (p.118-122)
- Jordan TDH SBGV case management guide
- Inter-agency CP CM steps

→ Start with the column **"general questions for all girls"**. It includes considerations of risks and strength that are relevant for all adolescent girls, regardless of their situation. For example, whether a girl is at risk, engaged or divorced, it will always be important to assess how she feels overall; whether she has been experiencing any forms of violence, or whether she has anyone she can speak to.

Continue with the column which correspond to the situation of the girl in the case you are managing. Each column includes additional questions that are more tailored to the girl's situation. For example, many questions for unmarried girls focus on the perspective of an upcoming marriage and understanding what can be done to address this situation. For married girls, many questions focus on the consequences of child marriage and how to mitigate challenges related to potential intimate partner violence, parenting, sexual and reproductive health, etc.

WELLBEING PILLAR	GENERAL QUESTIONS FOR ALL GIRLS	SPECIFIC QUESTIONS FOR UNMARRIED GIRLS	SPECIFIC QUESTIONS FOR MARRIED GIRLS	SPECIFIC QUESTIONS FOR SEPARATED/ DIVORCED GIRLS
Safety, security, emotional stability	• Does the girl understands her current situation and risks associated to it? • What are the girl's living conditions? Are the girl's most basic needs met? (e.g. food, clothes, water, medical, shelter, hygiene including menstrual, etc.) • Does the girl feel safe in her daily life? What are her main concerns or main sources of stress? What type of support does she feels she needs to feel more secure? • Does the girl have access to information on what might imply her specific situation? (changes, accessing support, etc.) • Does the girl know where to go in case of being at risk or being victim of abuse (emotional, physical, etc..)? • Has the girl thought to hurt herself or her children if she has children (e.g. following a disagreement with her parents' decision to get her married; difficulties coping with life as a married/divorced girls; experience of violence, etc.) ? • Was the girl sexually assaulted outside her home (e.g. on the way to school, work, other)? Is it likely that she comes across the perpetrator(s) again? Does the perpetrator(s) have an important role within the community? When did the assault take place? Did she receive medical care?	• What is the economic situation of the girl's family? (e.g. do caregivers have a job? How stable is it? What is their gross monthly income? How much is their rent? Is the family receiving cash assistance?) • Is the girl experiencing physical or psychological violence at her family home and currently lives there? • How advanced are we in the chronological process for current marriage proposal? How quickly has the family moved through different stages so far? Has the groom's family approached the girl's parents? See Annex 2 for information about the engagement process for Syrian refugee girls in Jordan and Lebanon • Does the girl meet and talk with the groom (phone/face to face)? How does she describe her relationship with him? • Was the girl neither excited nor rejecting marriage proposal(s)? She has little knowledge of the risks associated with child marriage? • The girl is hopeful that marrying will give her an escape from an abusive family household? She has little knowledge of the risks associated with child marriage?	• Is the girl experiencing intimate partner violence? Forced sex? Domestic abuse from in-laws? • Has the girl recently escaped her marital home? Currently no safe, stable housing alternative? • Does the girl have knowledge of Sexual and Reproductive Health (SRH)? Sexually Transmitted Infection (STI) risks? • Is the girl currently pregnant without awareness/access to health services? • Was the girl married within the past year (and therefore likely to be pregnant soon)? • Does the girl have knowledge of maternal health and access to care? • What is the financial situation of the household? • Are financial resources fully controlled by husband/in-laws? • Does the girl knows about safety plans?	• Did the girl experience intimate partner violence? Forced sex? Domestic abuse from in-laws? • Is the family/caregivers worried about girl's safety and perceived threats on honour due to possible increased harassment due to her divorced/separated status? • Is the girl worried about her safety as she returns to live with her family after divorce? • Has the girl recently escaped her marital home? Currently no safe, stable housing alternative? • Does the girl have knowledge of Sexual and Reproductive Health (SRH)? Sexually Transmitted Infection (STI) risks? • Is the girl pregnant or a mother and has she awareness of and access to health services? • Difficult financial situation due to separation? Access to social safety nets/financial support by aid organisations?

	• Likely that she comes across the perpetrator(s) again? Does the perpetrator(s) have an important role within the community? When did the assault take place? Did she receive medical care?	• Does the girl have some knowledge of the risks associated with child marriage? • Has the girl escaped home following a disagreement with her parents' decision to get her married? She has currently no safe, stable housing alternative? • Would the girl's family/-caregivers prefer the girl to pursue her education but are concerned by safety, perceived threats on honour from sexual violence, and economic security?		

Bonds, relations and networks	• Does the girl have any resource person? (e.g. mother, aunt, sister-in-law, cousin, friend, group of peers, other members in the community, etc.) • Is there anyone that she trusts and can talk to or rely upon for support in her life? Including about SRH, and relational issues in her marriage if married? • Is she receiving general support from them regarding her situation?	• Are parents/caregivers/close relatives (e.g. aunts, uncles, grand-parents) supportive of child marriage and traditional gender roles? • Have parents/caregivers already refused a few marriage proposals? Are they in a situation which makes them likely to accept one soon (see profile of girls at risks on p.5: the more features a girl and her family have the most likely they are to accept a proposal soon)	• Is the girl isolated? Does she feel lonely? • Does she go out/interacts with friends/close family members? How is her general relationship with her family (e.g. parents, grandmother etc.) • How does the girl describe her relationship with her in-laws? Are they a source of support? Is the relationship conflictual?	• Is the girl head of the household? • Family/caregivers not supportive of decision to leave the marriage? • Family/caregivers not able to host the girl back home? • Stigmatization from divorced/separated status in the community? • How is the girl's relationship with her ex-husband?

Roles & responsibilities	• How does the girl generally see herself (e.g. self-esteem, identity as a refugee, perceived role and value within her family/-household/community, with friends, role and identify as a married girl, as a mother or future mother/identity as a divorced or separated girl, etc.)? • How does the girl feel about her opportunities in the future? (e.g. education prospects, livelihood etc.) • Does the girl work?	• Is the girl out of school/ doesn't like going to school? If not, why? • How does she describe her responsibilities at home? • Has anyone in the girl's environment tried to ensure the girl is aware of the responsibilities that are expected of women in as part of married life in her community? If so, how does feel about it?	• How does the girl describe changes in her life since she got married? • How does the girl see herself linked with her married situation? (perceived role/ assigned role) • Is the girl pregnant or has children? • How is the girl's knowledge of parenting? • How heavy is household workload? How does she describes the conditions in which she is working at home? • How many people are living in the household? How much is the girl sharing responsibilities with other members of the household? • Internal conflict between awareness of lack of knowledge of parenting, SRH etc. and sense of self perceived as an adult? • Is the girl the head of the household?	• Is the girl pregnant or has children? • Does she have capacity for childcare if there are children (financial and knowledge)? • Is the family/caregiver(s) supportive with childcare? • How does the girl see herself linked with her divorced situation? (perceived role/ assigned role)

Justice & rights	• What are the girl's feelings of fairness and respect regarding her current situation? Does she feel she has been treated unfairly? • Does the girl knows about her rights and how to access Justice (in link with 3 different situations)?	• The girl doesn't want to get married but feels she can't refuse or has already agreed to a marriage? • Are there obligations to report an illegal marriage? What safety implications? • Marriage contract is planned to be done by a non-official sheikh and not registered in court?	• Does the girl wants to divorce? • What implications does her status and available documentation have for her rights to divorce? • Does the girl want to return to school or access informal education/training? • Are her husband/in-laws supportive or against girl to return to school?	• Has the girl divorced yet or started the procedure? • What are the main reasons for divorce? • Is there an agreement between husband and the girl on the decision to divorce? • Was the marriage officially registered in court? Was it unregistered or registered by a non-official Sheikh?

	• What is the girl's legal status? What documentation does she have? What are her main concerns linked to any absence of documentation? (e.g. difficult access to various services and rights for herself and her children if she has children) • What is the legal context of child marriage in the country? (e.g. in Jordan and more recently in Lebanon under Sharia law, it is illegal to marry under 15. It is however possible to marry between 15-18 with a judge's permission). • How does it affect divorce that involves a child?		• Unregistered children with no access to services?	• Unregistered children with no access to services? • Are there particular risks regarding custody?

Hope & meaning	• Does the girl feel hopeful? Hopeless? If so, what are her specific concerns? • Does the girl have prospects for the future? What are her dreams? How does she feels about them? (if not already answered under the "roles, responsibilities and identities" pillar) • Does the girl have the knowledge and technical capacity to realise her aspirations for the future (e.g. opportunity to get involved into formal/informal education, vocational training, lifeskills programmes etc.)?	• Does the girl feels like marriage will provide hope for the future? • Does the girl want to pursue her education? Has the groom/future in-laws expressed views for or against it?	• Was there any specific aspirations in life that got shattered by marriage? (e.g. education, specific job, parenting etc.) What are her specific concerns? • Does the girl want and have opportunities to get involved in vocational/social activities/informal education?	• Was there any specific aspirations in life that got shattered by marriage? (e.g. education, specific job, parenting etc.) What are her specific concerns? • Does the girl want and have opportunities to get involved in vocational/social activities/informal education? • Is the girl better able to see the consequences of early marriage and less likely to marry again? • Is the girl worried about having more children/getting married again? • Are parents/caregivers better able to see the consequences of child marriage and less likely to marry younger siblings? • What is her next step for her life? how can she empower herself?

STEP 3: CASE PLANNING

About the planning step

Within two weeks of the assessment being completed, a case plan should be developed. Based on the assessment and views of the girl about her own situation and potential solutions, the case plan should consider different types and levels of risks that the girl is exposed to; where immediate, short-term, medium term and long-term actions are required; and who should lead or be involved in those actions (e.g. information about the availability, accessibility and quality of services in the local context – both set up by national or international NGOs and within the community, and what can be expected from them; agenda and format of any suggested meeting or counselling sessions with the girl's family/community member etc.). It should be done with the involvement of the girl and – if safe to do so – relevant people in her family (e.g. caregiver, husband etc.). Where possible and appropriate, the girl should be provided with a simple written copy of the plan that she can understand based on her age and maturity.

When drawing up the plan it is useful to also build into the plan contingencies for what to do if the plan fails, or an action cannot be carried out, and to accept that new information about the girl's situation and needs might become available and might mean that the plan needs to be adapted. This might be as simple as reconvening another case planning meeting to develop a new or edited version of the plan.

Identify how and when to meet the girl's needs

As the assessment is being carried out, caseworkers and supervisors should discuss and agree on the level of risk identified and plan response accordingly, outlining what steps are needed to ensure the girl's safety, meaningful participation and wellbeing. As a reminder, different levels of risks include:

- HIGH - with immediate danger - recommended response before leaving the girl or within 24 hours. Follow-up twice per week required.
- MEDIUM – with high risk of harm/danger - recommended response within 3 days. Weekly follow-up required.
- LOW – with a risk of harm. recommended response within 1-3 weeks. Fortnightly to monthly follow-up. Monitoring required.

NB: although some types of risks are unique to child marriage cases (e.g. how high is the risk of a marriage taking place soon), most risks and protective factors will likely be similar to those found in other CP/GBV cases (e.g. whether there is physical and emotional abuse; unmet basic needs; whether there are family and social support networks etc.). Therefore, please refer to your usual GBV/CP case management guidance for key principles for risk assessment, safety planning and referrals.

Relevant resources

- Inter-agency risks levels
- Tdh protective and risk factors
- Tdh Lebanon's child protection environmental (protective and risk) assessment
- Tdh Jordan's sign and symptoms of child sexual abuse (SBGV guidelines, p.24-25)

The table below outline the types of risks that are common among Syrian refugee girls affected by child marriage, as well as suggestions for care response plan. Caseworkers and their supervisors should then assess what the level of risk and refine suggested response plan. An example is provided in annex 1.

NB: to each type of risk listed in this table, can correspond a type of protective factor (e.g. risk: low self-esteem / protective factor: self-confidence). For each type of risk, based on the girl's answers to your assessment questions, you should also consider how to build on existing strengths and protective factors in your response plan.

Type of risks *Examples*	Suggested type of response *Examples*	Level of risk assessment *To be completed by CM staff*	Tailored response plan *To be completed by CM staff*
Violence and basic needs: • Experience of physical/emotional violence • Experience of sexual assault • Basic needs unmet • Escaped home and need of shelter • Experience of harassment on way to school, home, work etc.	• MHPSS referrals (e.g. counselling, various forms of gender and age-sensitive support to find positive coping strategies) • Peer support groups for survivors of violence (by gender and age) • Referrals with relevant services depending on the type of basic need unmet (e.g. food, WASH etc.) • Shelter • Safe space		
Upcoming marriage: • Girl is engaged to be married	• See **inter-agency GBV case management guidelines p.118-122** for steps to follow for imminent risk of child marriage (mostly consists in facilitating converstions with the girl/caregivers about pros and cons of child marriage, and benefits of delaying marriage) • The inter-agency GBV guidelines provides some information to share with girls and their family/caregivers. For further contextualised resources and messaging, see annex 2. • Beyond engaging with a trusted adult/caregiver as mentioned in the inter-agency GBV guidelines, explore pros and cons of engaging a sheikh/religious leaders involved in the process (e.g. consider their influence over the family, their level of support to children education etc.) (see annex 2 for useful resource). • Liaise actors working towards child marriage prevention and/or promoting gender equality (e.g. identifying through your mapping which national, international NGOs, community-based organisations and actors are working on long-term community engagement initatives to prevent violence, transform gender norms towards greater gender equality) • MHPSS referrals (e.g. counselling, various forms of gender and age-sensitive support to find positive coping strategies) Peer support groups for engaged girls		
Mental health: • Feeling of hopelessness Limited aspirations for the future • Feeling of unfairness • Feeling of loneliness / no one to talk to • Feeling of sadness • Feeling of powerlessness • Feeling scared • Feeling depressed / suicidal • Low self-esteem • Difficulty to accept / identify to current status • Experience of stigma by the community / rejection by family	• MHPSS referrals (e.g. counselling, various forms of gender and age-sensitive support to find positive coping strategies) • Peer support groups (e.g. by gender, age, status, situation such as refugee/married/divorced girls/child head of the household/early motherhood/survivors of sexual violence etc.) • Girls' empowerment/lifeskills sessions (e.g. self-esteem, problem-solving etc.) • Formal/informal education • Vocation training • Counselling and support to find positive coping strategies • Liaise actors leading long-term community engagement initatives working to promote gender equality • Listening and helping to deconstruct beliefs around stigma associated with divorce (e.g. no blaming ; difficulties in marriage are normal when you marry so young and didn't know about all the responsibilities that come with marriage, etc.)		

Type of risks *Examples*	Suggested type of response *Examples*	Level of risk assessment *To be completed by CM staff*	Tailored response plan *To be completed by CM staff*
Sexual and reproductive health and rights: • Limited knowledge of SRHR • No access to SRH information services • Currently pregnant • Currently has children	• SRHR information, service referrals and peer groups • Maternal health information, service referrals and peer groups • Lifeskills (e.g. negotiation skills, family planning etc.)		
Economic situation: • Family financial hardship (unmarried girls) • Parents/caregiver with no stable job (unmarried girls) • Husband without a job (married girls) • No access to financial suport/social safety nets (family or marital household) • Economic resources fully controlled by husband (married girls) • Difficulty to provide for children including childcare	• Livelihood opportunities and/or cash transfer serice provision or referrals • Childcare support (married/divorced girls) • Girl's empowerment/lifeskills sessions (e.g. money management, negotiation skills, relationship management) • Engagement with married girl's husband (e.g. sharing information about healthy relationship, gender equality, considering vocational training/livelihood initiatives for the household if existing) • Engagement with unmarried girl's parents/caregivers (e.g. sharing information about positive coping strategies and laternatives to marriage; available livelihood initiatives)		
Household relationships and responsibilities • Conflictual relationship with husband/in-laws (married girls) • Heavy housework load • Overcrowded home • Rejected by parents/caregivers following divorce • Limited knowledge of parenting / feeling frustrated about parenting • No childcare support	• Engagement with in-laws / husband if safe to do so (e.g. counselling, infomration on gender equality and healthy relationship management etc.) • MHPSS referrals (e.g. counselling, various forms of gender and age-sensitive support to find positive coping strategies) • Peer support groups (e.g. for married/divorced girls/child head of the household/early motherhood etc.) • Childcare support • Any support services regarding housing alternatives?		
Rights: • No access to formal/informal education • Lack of official documentation/legal status as a refugee that leads to administratrive difficulties (e.g. no marriage registration meaning no recourse possible to divorce in court; access to health/education services for the girl and her children if mother)	• Legal & Justice support (e.g. marriage registration, children birth registration, divorce procedure, alimony, custody, etc.) • Access and/or barriers to formal and/or customary/community-based justice mechanisms • Formal/informal education referrals		

In addition, a number Tdh resources can be used to assess overall protection risks and protective factors.

Relevant resources

- Tdh Jordan's sign and symptoms of child sexual abuse (SBGV guidelines, p.24-25)
- Inter-agency GBV case management guidelines – service mapping and coordination p.24-27
- Inter-agency CP service mapping
- Inter-agency CP referral pathway

STEP 4: IMPLEMENTATION

Based on the plan, you should work with the girl, and (where appropriate and safe), the family/husband, the community, and any service providers to ensure she receives the right services. An essential direct service provided is the psycho-social support done by the caseworker themselves during regular monitoring and other meetings with the girl and her relatives. Using adolescent-friendly communication, an empowering approach, and providing advice on daily challenges, and being a resource for her and supportive family members are key ways that caseworkers can develop a positive relationship the people involved. Essential steps here include advocating for the girl, making the right referrals (strong knowledge and relationship needed with services), supporting the girl with these referrals (e.g. accompanying to services, appointment if needed etc.), and support her in strenghtening her agency as much as possible (e.g. self-esteem and confidence, knowledge and skills etc.);

Relevant resources

- Inter-agency GBV case management guidelines – service mapping and coordination p.24-27 ; implementation p.84-85
- Tdh service mapping
- Inter-agency CP referral pathway
- Tdh Wellbeing checklist for SGBV with child survivors

STEP 5: FOLLOW UP AND REVIEW

Follow up involves checking that the girl and her household are receiving appropriate services and support to meet their needs, as outlined in the case plan, and checking that their situation is stable and progressing positively in line with the case plan. This should include reassessing the girl's safety, psychosocial state. This can be done by meeting with the girl (and family/husband if agreed in the plan), getting confirmation from service providers that the girl was referred to that she received appropriate care, etc. It is an essential step to help caseworkers find out if the case plan is working, and to identify any changes in the girl's circumstance that might necessitate a review and change of the case plan. To ensure that plans continue to be relevant and meet the girl's needs a review should take place with the girl's participation, at least every three months , and more frequently in an emergency context, if the general situation is changing rapidly or the risk level is high.

Relevant resources

- Inter-agency GBV case management guidelines – follow up and review p.87-90
- Inter-agency CP Case management process steps

STEP 6: CASE CLOSURE

The final step in a case management process is case closure. The length of time a case may be open will vary greatly depending on the girl's needs and the context in which you are working. The specific criteria for when a case can be closed should be identified as part of the SoP. Most often cases are closed when the goals of the girl, as outlined in the case plan, have been met, the girl is safe from harm, her care and well-being is being supported, and there are no additional concerns. General principles for case closure are provided in the inter-agency GBV case management guidelines and can apply – always depending on the case – to child marriage cases. It is important to remember that clase closure for child marriage cases doesn't necessarily corresponds to a marriage being prevented or in a divorce. It should always be based on general principles of making sure the girls' need have been met to support her needs and wellbeing.

Relevant resources

- Inter-agency GBV case management guidelines – follow up and review p.88-90
- Tdh Case management process steps

ANNEXE: RESOURCES AND MESSAGING ON CHILD MARRIAGE

Key resources for information about child marriage to communicate to girls and their family:

- Child-friendly version of the Tdh/KCL research findings
- Series of case studies based on girls' interviews by Tdh/KCL

Resource to support with engaging religious leaders:

- *Girls Not Brides*, working with religious leaders

Information about the marriage proposal process and timing, based on Tdh/KCL research:

The length of the period between time receiving first marriage proposal and actual wedding varies. Engagement period in Jordan usually last between 6-12month, although some girls might be engagement just for a few days. In Lebanon, the engagement period was usually shorter, from 1-4 weeks, with some engaged for 6 months)

- Groom's family (e.g. groom's parents) has approached the girl's family (e.g. girl's mother, father, grandmother)
- Girl's family has started discussing the proposal
- Girl's family (and possibly girl herself) is favourable to the proposal
- Formal proposal gathering has been done at the girl's home
- Formal engagement and confirmation of the marriage contract (agreed, paid and referred dowry, mahr, jewellery, gifts and furniture) possibly in presence of a sheikh
- Exchange of gifts and money in preparation for the ceremony and wedding party
- How does the girl feel about the persepctive of getting married?

Messaging based on Tdh/KCL recent research:

- None of the married girls continued their education
- All married girls had difficulties managing heavy responsibilities at home (e.g. taking care of husband, in-laws, children, housework) and were isolated (e.g. not allowed back in school, rarely visiting any friends or family)
- Marriage didn't lift girls out of poverty and difficult living conditions (e.g. several girls and their husband struggled to provide for their children)
- With difficult conditions, even when the groom had been chosen with great care, several girls still faced tensions within the household. Some led to divorce.
- Delaying marriage would allow investing in education with benefits for her resilience, capacity to educate her own children and have more equal relationship with a future husband (religion also mentions the importance of equal partners in a marriage)
- Several parents have seen their daughters struggle in marriage and have now decided not to marry their younger daughters until they are older

Every child in the world
has the right to a childhood.
It's that simple.