

CHILD PROTECTION CASE REFERRAL



Medical staff recognize a child protection case

Health workers receive and recognize a child protection case.

Signs of child protection concerns may include:

- Cuts
- Bruises
- Broken bones
- Injuries
- Sexually transmitted infections
- Adolescent pregnancy or
- Behavioral changes such as
- Change in eating & sleeping habits or
- Bed wetting. regression in development
- Children without an adult caregiver
- Children who are married
- Children who are engaged in dangerous work



Information that health workers can expect to hear back:

- Information on further health or medical needs.
- Confirmation that the child is receiving on-going support.

Contact details for your local health worker:



Name:	
Phone number:	
F-mail:	

Only medical information, no other details, should be shared with health worker by case worker.



Health workers record medical information in a confidential file according to standard operating procedures.

Health workers note any details shared, but do not investigate child protection cases.

Consent process must involve caregivers where they are present and trusted. You may act without informed consent/assent when it is in the child's best interests. Always consult with a child protection professional regarding any decision to breach confidentiality in the best interests of a child.



Child protection focal point receives a child protection case

Medical staff to use interagency referral form. Information is transferred to the child protection focal point in a confidential manner, with informed consent/assent.

The child protection focal point in your area is...

Name:	

Phone number:

E-mail: ___

Child protection case management.

Case workers will assess the child's needs. They will then refer the child and their family for further services and will follow up on the case. This will include ongoing medical assistance, psychosocial support, shelter and safety, legal assistance, and other services as necessary.











This visual referral pathway was created by Hannah Thompson at the request of the READY initiative. Dr Ayesha Kadir provided technical input. Lauren Murray guided the process and reviewed the material. The content builds on the experiences of colleagues addressing COVID-19 in the context of the Rahingya Response in Cox's Bazar, Bangladesh. We would like to thank all the members of the Health Sector and Child Protection and Gender-Based Violence sub-sectors; and MHPSS specialists for their commitment to strengthening collaboration between health and child protection in Cox's Bazar. We are especially grateful to Krissie Hayes, Samrawit Assefa Melles, Taslima Begum, Ayesha Akter Monni, Dr Egmond Evers, Dr Francis Tabu, Patrick Halton, Melissa Bencik, and Parmita Sarkar.

This tool is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of READY and do not necessarily reflect the views of USAID or the United States Government. Led by Save the Children, the READY initiative is implemented in partnership with the Johns Hopkins Center for Humanitarian Health, the Johns Hopkins Center for Communication Programs, UK-Med, and the Humanitarian Leadership Academy. READY is augmenting the global capacity of non-governmental organizations to respond to large-scale infectious disease outbreaks. For more information, visit our website at http://www.ready-initiative.org.



018 4729 2321

You can report incidents and seek advice on child protection cases from the Case Management hotline: