

CHILD PROTECTION CASE REFERAL

READY GLOBAL READINESS FOR MAJOR DISEASE OUTBREAK RESPONSE

October 2023

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



Medical staff should record case details.

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...

me:		

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

Phone number:

E-mail: ___

Child protection case management.

safety, legal assistance, and other services as necessary.

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Medical staff follow up & Case worker feedback to medical staff

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: _____

E-mail:

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













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, Melisa Bencik, and Parmita Sarkar.

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018 4729 2321

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