Qualitative Case Studies:
Assessing Workforce & Service Gaps Through Multiples Lenses

Mapping and Assessment of the Child Protection System in Nigeria
Workforce assessment tool focuses on:

(Maestral International & UNICEF, 2010)

- Titles or descriptions for people working in public services, community level, & NGO’s
- Quantitative data on authorized, filled, & vacant positions; qualified/not qualified staff; caseloads
- Description of staff recruitment & turnover, professional associations, education and training institutions, & cross-sector training
- Perceptions of quality of education & training
- Then system-building priorities are established (laws & policies, cooperation, capacity, services, public awareness & education, & accountability)
Qualitative case studies
(Baxter & Jack, 2008; McCoyd & Kerson, 2013)

• Methodology for studying complex phenomenon in context
• Promotes effective, contextualized reflection on practice
• It is important in studying child protection systems because you can explore:
  – complex processes at multiple levels - individual, family, community, organizational, & system
  – phenomena (child sexual abuse) within their contexts using a variety of data sources (child, family, community, social workers, government/NGO stakeholders.
• We are looking at the problem through different lenses in real time!
Truth is relative

• The strength of qualitative case studies is that stakeholders can *tell their stories*
• Through these stories, stakeholders are better able to describe their own views of reality
• This allows for a better understanding of the *different truths through different lenses*.
• It is these collective stories that give meaning to why certain decisions and pathways were taken from problem-identification to outcome
When do you use a case study approach? (Baxter & Jack, 2008)

• The focus of the study is on “how” and “why” questions

• The behaviors of those being studied can’t be manipulated (case studies are in real life and real time);

• Contextual conditions are just as important as what is happening

• For example, decision-making in child protection cases— the how and why decisions were made can best be understood when you study the context in which they were made – who worked whom; who didn’t work with whom; who was included/excluded; power differentials; boundaries; teamwork; and outcome(s)
Instructions for group discussions of case studies:

• Discuss cases as *illustrative of gaps in the system*
• Don’t get caught up in the case details but the focus on the overall decision-making processes, outcomes, and the various stakeholders involved
• The idea is to *link the case inputs and outcomes* to System Building Priorities in the toolkit
• What gaps do you see that contributed to the specific pathways the cases took?
• What specific system changes might alter the trajectory of the pathway to improve outcomes?
Case study discussion guidelines:

**Workforce Capacity & Services & Service Delivery Mechanisms**

1. Problem identification and definition
   a) What was the identified problem? Are there other problems that were not identified?
   b) Were their earlier signs that there was a problem? Why were they not identified?

2. Assessment
   a) Was an assessment done on the child in the initial phase by the appropriate professional? (social worker, psychologist, lawyer or judge, other professional).
   b) What assessment of the family and community risks and security factors was done?

3. Timeliness of problem identification, response, follow-up, etc.
Case study discussion guidelines:

Cooperation, Coordination, and Collaboration
4. Decision-making, teamwork, and cross-sector coordination
   – Who were the gatekeepers (those in authority to make decisions about the child)?
   – When gatekeeping is shared, to what degree was there teamwork?
   – How would you evaluate decisions made about response, use of community resources, and teamwork? What are the gaps in making decisions?
   – What are the education, health, and justice sectors’ roles and to what degree were they involved?

5. Referral pathways
   – Are the ones taken appropriate? How effective were cross-sector referrals?
   – Are there others that could have been taken, based on what you know?

Accountability Mechanisms
6. Outcome(s)
   – What is your evaluation of the outcome or outcomes as defined in these cases?
   – What other outcome or outcomes would you suggest that ensures that the well-being of the child is considered?
   – To what degree were the players accountable in their decisions, follow-up, and outcomes?
Debriefing on the case studies are organized around the *Gaps in the System* (to inform system building priorities):

A. Laws, Policies, Standards and Regulations
B. Cooperation, Coordination and Collaboration
C. Capacity of Workforce - For example, lack of capacity of frontline workforce to do assessments, case planning, & referral
D. Service and Service Delivery Mechanisms – lack of trauma counseling for victims of sexual assault
E. Communication, Education and Mobilization for Social Change
F. Financial Resources – lack of resources to support home visits by social welfare officers/case managers
G. Accountability Mechanisms
References

