POLICY & INVESTMENT BRIEF

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NO CHILD SHOULD WAIT:

From Reporting to Recovery

Why a Government-Owned Referral Pathway and a Professional Social Service Workforce Are Nigeria's Most Urgent Child Protection Investment

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1. The Number That Should Keep Us Awake

In one month alone, Nigeria's National Human Rights Commission (NHRC) recorded 25 cases of sexual violence against children, 23 rape cases, 67 cases of sexual violence, 3,426 cases of domestic violence, and an approximately 120 per cent increase in child abandonment, concentrated most heavily in Benue State.

3,426	67	25	23	~120%
domestic violence	sexual violence	sexual violence against children	rape	rise in child abandonment

Source: National Human Rights Commission (NHRC) Violation Dashboard, July 2026[1]

"These are not just statistics. They are children, real and named, waiting somewhere between a complaint form and a resolved case"

"A dashboard can count a violation. Only a trained, supervised social worker can protect the child behind it"

Reporting a violation is not the same as protecting a child.

The NHRC engagement that produced these figures explicitly identified the gap this brief addresses: the need to understand whether reported cases actually result in appropriate referrals, access to psychosocial, health, social welfare and legal support, and progress to effective investigation, prosecution and accountability. The honest answer today is too often: we don't know. And what we don't track, we cannot fix.

1. NHRC Data and Infographics: http://nhrc2.aicee.net/index.php/nhrc-media/data-and-infographics

2. The Policy Problem: A System That Reports but Does Not Always Rescue

Nigeria has multiple entry points for identifying a child rights violation: families, schools, communities, health facilities, police, social welfare structures, human rights institutions and civil society organisations. Yet these entry points do not always translate into a coordinated response.

Families | Schools | Communities | Health facilities | Police | Social welfare structures | Human rights institutions | Civil society organisations

THE CURRENT DEFAULT PATHWAY IS DANGEROUSLY SHORT:

Violation → Complaint → Dashboard → and the child?

The pathway that actually protects a child follows the established case management model[2] and it is the only one Nigeria can afford to build:



A dashboard can tell policymakers how many cases have been reported. It cannot tell them whether the child behind each case was properly identified and registered, assessed, given a case plan, supported through that plan, reviewed, and safely closed out. Every stage is a point where a child is either carried forward or lost.

Children Encountered During Security Operations

Not every child enters the pathway through the ordinary civilian reporting system. Children encountered, rescued, apprehended or separated from armed groups during military, police and other security operations need a clearly defined route into civilian child protection services, and a social worker ready to receive them as case manager.

Nigeria's Children and Armed Conflict (CAAC) Handover Protocol shows the value of clear responsibilities for identification, immediate protection, notification, documentation, safe handover and subsequent case management. Children allegedly associated with armed forces or armed groups must be treated primarily as children entitled to protection, with safeguards against arbitrary detention, stigmatisation and further victimisation, so that none falls through the gap between first contact with security personnel and reception by the social service workforce.

"Every stage is a point where a child is either carried forward or lost."

2. Integrated Child Protection Case Management Standard Operating Procedures, Federal Ministry of Women Affairs 2023

3. The Social Worker: The Critical Human Link

At the centre of this pathway is one professional the system cannot function without: the social worker.

The social worker is not simply another actor in the child protection system. They are often the person who makes the system work around the individual child, translating a disclosure or reported concern into an actual protection response.

"A dashboard tells you how many cases were reported. A social worker makes sure the child behind each case is seen, protected and followed home."

These critical roles need to be emphasised within the workflow of the social worker:

1 Identify
Recognises signs and indicators of abuse, neglect, sexual violence, exploitation, trafficking, child labour, child marriage, abandonment, family violence, family separation and risks to survival and development.

2 Report and activate protection
Supports the child and family to disclose and report safely. This matters because children may disclose abuse indirectly, gradually, or in circumstances shaped by fear of retaliation. Activates statutory reporting and protection mechanisms.

3 Assess
Determines immediate safety risks, the child's needs, family circumstances, vulnerability factors, risk of further harm, protective factors and appropriate care arrangements.

4 Document
Creates the case record that underpins case management, referrals, investigations, service coordination, judicial processes, monitoring, accountability and policy analysis.

5 Refer
Connects the child to the appropriate services rather than expecting the child or caregiver to navigate a complex system alone.

6 Coordinate
Aligns the social welfare, health, psychosocial, education and legal or police support a child may simultaneously need around that child's circumstances.

7 Advocate
Ensures that decisions affecting the child consider safety, best interests, views and participation, dignity, confidentiality and non-discrimination.

8 Monitor
Follows the case to determine whether services were received and whether the child's situation is genuinely improving.

9 Support reintegration
Supports family strengthening, reunification, alternative care, education re-entry and community reintegration where safe and appropriate.

10 Follow up
Determines whether the child remains safe and whether there is a risk of recurrence.

This is what gives the social worker, not the dashboard and not the reporting forms, the ability to provide the continuity of care that fragmented institutional responses so often lack.

4. The Social Worker Across the Six-Stage Case Management Pathway

Mapped against the established case management model, the social worker is not a peripheral referral agent but the case-management anchor of the entire system:

Pathway Stage	Critical Role of the Social Worker
1 **Identification and Registration**	Recognises risk, abuse, neglect and vulnerability, and formally registers the child as a case requiring a protection response
2 **Assessment**	Assesses the child's safety, needs, family circumstances and risk of further harm
3 **Case Planning**	Develops a case plan setting out the services, actions and goals required to protect and support the child
4 **Case Plan Implementation**	Coordinates and delivers the plan: referral, investigation, medical and psychosocial support, legal and justice processes, and reintegration across sectors.
5 **Follow-Up and Review**	Monitors whether services were received, reviews progress against the case plan, and adjusts the response as needed
6 **Case Closure**	Confirms the child is safe and that the risk of recurrence is addressed and closes the case responsibly.

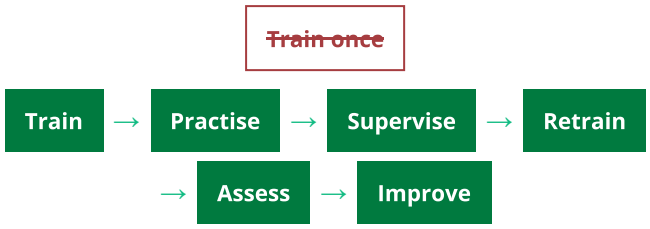
The Federal Ministry of Women Affairs' Integrated Child Protection Case Management SOPs (2023) describe this model as identification and registration, assessment, case planning, case plan implementation, follow-up and review, and case closure, with social service workers responsible for organising and coordinating multisectoral services around the child at every stage.

5. Why Training and Retraining Are Non-Negotiable

A referral pathway cannot function if the workforce responsible for operating it lacks the necessary skills. Training is therefore not a one-off event; it must be a continuous investment in the system itself. Social workers increasingly need competencies spanning case management, risk and safety assessment, child-friendly interviewing, responding to disclosure, sexual violence and GBV, trafficking and exploitation, child marriage and labour, family strengthening, alternative care, psychosocial support, referral management, documentation, confidentiality, child participation, disability inclusion, digital child protection, and working with police, courts and justice institutions.

"A referral pathway cannot function if the workforce responsible for operating it lacks the necessary skills."

"Train once" must give way to "Train → Practise → Supervise → Retrain → Assess → Improve."



Retraining matters because the environment around the social worker never stops moving. Laws and referral structures change, new forms of exploitation and digital risk emerge, case management tools are updated, staff turnover creates knowledge gaps, and complex cases demand continuous professional development. Nigeria's own 2024 Situation Analysis identifies limited data on the size and distribution of the social service workforce and calls explicitly for more workers, better skills and wider deployment, alongside stronger child protection management information systems for recording case data, analysing trends and guiding service provision.[3]

6. Beyond Training: Supervision, Tools and Caseloads

Training alone does not guarantee quality case management. A social worker needs training, supervision, tools, manageable caseloads, functioning referral networks and adequate resources together, not any one in isolation. A trained worker carrying an excessive caseload, with no referral directory, inadequate transport, limited access to supervisors, weak documentation tools and no feedback from referral institutions will still struggle to protect the child in front of them.

This is also why the pathway must be case-managed, not merely referral-based:



Closing these gaps, by confirming not just that a case plan was written but that the child actually received the service and remained safe afterwards, is the specific, irreplaceable responsibility of the social worker as case manager.

3. UNICEF Situation Analysis of Children and Adolescents in Nigeria, 2024, Pg 92

Institutional Accountability for Referrals and Handover

Effective referral systems require accountability at both ends of the referral process. The institution initiating a referral must ensure that the child is safely transferred, while the receiving institution must acknowledge receipt, assess the child's immediate needs and assume responsibility for subsequent case management.

A referral should not be regarded as completed simply because a form has been transmitted or a child physically transferred. Formal acknowledgement, documented transfer of responsibility, verification of service delivery and mechanisms for resolving failed or delayed referrals are essential safeguards.

7. Social Workers as a Data-to-Action Workforce

Social workers are not only service providers, they are also producers of frontline protection intelligence. Every case can generate information about where violations occur, who is affected, what risk factors are present, where case plans stall, where services are unavailable, and where institutional bottlenecks exist. When appropriately anonymised, aggregated and governed, this information is precisely what feeds CPIC's evidence-to-policy function.

The NHRC engagement already identified the need to move beyond documenting violations towards using data for prevention, protection, referral, service delivery and accountability. The social worker is the critical link that makes this possible:



Protecting Children's Information

Data that protects children can also endanger them if it is mishandled. Information sharing across the pathway must therefore be confidential and purpose-limited. Case records should be held securely, access to sensitive case information restricted to those who need it to protect and support the child, and information shared only for purposes connected to the child's protection and care. These safeguards are especially critical for children associated with armed forces or armed groups and for survivors of sexual violence, for whom a breach of confidentiality can mean stigma, reprisal or further harm.

8. Why This Must Be a Government-Owned System and Not a Donor Project

Donors can support a pathway. Only government can own, sustain and scale one.

A child who is protected today because of a time-bound project, and unprotected next year when that project closes, has not truly been protected. Government ownership is not a courtesy to development partners, it is the only model that guarantees continuity, legitimacy and scale. In practice this means:

Institutionalisation	A recognised, budgeted national and state cadre of social service workers, embedded in the public service, not a parallel, project-dependent workforce.
Financing	Federal and state budget lines for recruitment, deployment, training, supervision and referral infrastructure.
Systems ownership	Case management standards and protocols issued and maintained as government infrastructure, integrated into national systems such as CPIMS+.
Professionalisation	Defined competencies, supervision structures and career pathways for every social worker, set by government.
Policy anchoring	Explicit alignment with Nigeria's Child Rights framework and state child protection policies, written into law and policy, not left to goodwill.

Development partners, including UNICEF, have an indispensable role in technical assistance, catalytic financing, evidence generation and capacity building. This role is strongest when it visibly builds a system government will own for the long term, not when it substitutes for the system government should be building itself.

"A country that outsources the protection of its children will always be one funding cycle away from failing them."

9. The Investment Case: Why This Belongs on Every Funding Table

For government budget planners, development partners and philanthropic funders, the case management pathway and its workforce represent one of the highest-return yet most under-financed investments in Nigeria's social sector.

One critical observation about Nigeria's child protection system is a paradox: although strong legal and policy frameworks exist on paper, their effective implementation is often undermined by limited institutional capacity, insufficient funding, and coordination challenges among agencies responsible for child welfare.[4]

4. Martin Chigozi Igwe, Chima Ihunwo., Child Protection and Welfare Systems in Nigeria Examining Social Work Interventions through Document Analysis published March 2026. sarpublication.com/articles/2567

The effectiveness of the system therefore depends not only on the strength of its laws and policies, but on the institutional capacity, funding, coordination and social welfare workforce required to translate these frameworks into services for children. Strengthening and financing social welfare workers, and the systems that support them is critical to closing the gap between child protection policy on paper and its implementation in practice.

THE CASE FOR INVESTORS AND DEVELOPMENT PARTNERS

- One trained, supervised social worker does not deliver one service. They activate an entire multisectoral response: health, justice, police, education and social protection, coordinated around a single child.
- Investment in the workforce is investment in every stage of the case management pathway at once (identification, assessment, case planning, implementation, review and closure) rather than in a single, isolated intervention.
- The investment proposition is therefore simple: invest in the people and systems that make child protection work, measure the results, and scale what delivers better outcomes for children.
- The proposed monitoring framework in Section 11 offers development partners a results-based financing model: financing linked to independently verified service quality and protection outcomes, not just trainings delivered, and designed so that it never rewards premature case closure or the exclusion of complex cases.
- Ultimately, financing the child protection workforce is not only a social investment; it is an investment in human capital and future economic productivity.

The cost of inaction compounds. A child not reintegrated becomes a child at risk of re-victimisation; a case not followed up becomes a statistic that resurfaces, worse, in a future dashboard.

Government at federal and state level should lead with co-financing commitments; Development partners and funders should structure their support as catalytic, time-bound investment in a system government is visibly building to own, not as a substitute for that ownership.

“The cheapest child protection system is the one that works the first time.”

10. Policy Recommendations

Government must lead each of the following, with development partners in a clearly defined supporting role:

1 Recognise the social service workforce

Strengthen recognition, in law and policy, of social workers and other appropriately trained social service personnel as essential, permanent child protection actors with workforce planning, deployment, financing, professional standards and supervision to match.

2 **Establish continuous training and retraining**

Establish a structured national and state continuing professional development programme covering case management, risk assessment, child-friendly interviewing, reporting and documentation, referral, sexual violence response, trafficking, child marriage, child labour, psychosocial support, legal processes, reintegration, data management, confidentiality, disability-inclusive practice and digital child protection.

3 **Introduce competency-based certification**

Link training increasingly to demonstrated competencies rather than attendance alone, using refresher training to close identified practice gaps and respond to emerging risks.

4 **Strengthen professional supervision**

Guarantee every social worker in child protection case management access to professional supervision covering case review, risk assessment, ethical decision-making, referral challenges, documentation quality, safeguarding, staff wellbeing and secondary trauma.

5 **Develop referral directories**

Fund and maintain regularly updated state and LGA referral directories showing available services, locations, eligibility, contact persons, hours, procedures, emergency contacts and specialised services. A case plan is only as good as the social worker's knowledge of where to send the child.

6 **Establish case-management completion indicators**

Track identification and registration, assessment, case planning, case plan implementation, follow-up and review and case closure, so government and partners can see exactly where children are being lost from the system.

7 **Integrate social workers into data systems**

Equip and train social workers to use child protection information systems for case recording, referral tracking, case monitoring, follow-up, service mapping and outcome monitoring, feeding directly into CPIC's evidence-to-policy function.

8 **Invest in the workforce as investment in the whole pathway**

Treat every naira spent on social workers as a simultaneous investment in identification, assessment, case planning, implementation, review and closure, making it the single highest-leverage spend in the child protection system.

9 **Adopt a national minimum standard for referrals and handovers**

Develop and adopt a national minimum standard for inter-agency child protection referrals and handovers, with corresponding institutional SOPs, defined responsibilities, referral timeframes, acknowledgement procedures and supervisory accountability.

10 **Secure a social service pathway for children affected by armed conflict**

Operationalise formal handover arrangements, building on the CAAC Handover Protocol, that link military, police and other security institutions to designated civilian child protection authorities, with named focal points, documented acknowledgement of receipt and agreed timeframes. Ensure every child received is assigned a social worker as case manager, with access to family tracing, psychosocial support, education, appropriate alternative care and sustained reintegration support, and safeguards against re-recruitment and further victimisation.

11. Proposed Monitoring Framework

Designed to travel directly into budget documents, results frameworks and funding proposals and aligned to the six-stage case management model.

Component	Indicator
WORKFORCE CAPACITY	
Workforce	Number / % of child protection social workers trained
Retraining	% receiving refresher training annually
Competency	% demonstrating required case management competencies
Supervision	% receiving regular case supervision
CASE MANAGEMENT PATHWAY	
Identification and registration	Cases identified and formally registered by social workers
Assessment	% of registered cases receiving a timely safety and needs assessment
Case planning	% of assessed cases with a documented case plan
Case plan implementation	% of case plans where services were actually delivered
Investigation	% of eligible cases where investigation progressed
Support	% receiving required health / psychosocial / social / legal support
Justice	% progressing to appropriate justice mechanisms
Reintegration	% safely reintegrated or placed in appropriate care
Follow-up and review	% receiving scheduled post-intervention follow-up and review
Case closure	% of cases safely and appropriately closed
OUTCOMES FOR THE CHILD	
Outcome	% of children remaining safe after intervention
Recurrence	% of cases involving repeat victimisation or re-victimisation

12. The Bottom Line

A dashboard cannot hold a child's hand. A trained, supervised, government-employed social worker can.

Nigeria does not have a shortage of reported violations, and it will not solve this crisis with a better dashboard alone. It has a shortage of capable hands to carry each reported child safely through to protection, justice and recovery. The evidence is already in front of us. The pathway is already defined. What remains is the political will to own it, the financing to staff it, and the discipline to measure whether it actually works for the child at the centre of it.

"Every child rights violation reported is a child protection case until the child is safe."

CPIC calls on government at every level to lead this agenda as a matter of national ownership and invites development partners and funders to invest alongside government, not instead of it, in the workforce that stands between a reported violation and a protected child.

This is a joint collaboration between UNICEF and Federal Ministry of Women Affairs and Social Development, Nigeria.
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