

Practices Network

IMPORTANT NOTE

These information sheets and examples of real "Practices" are disseminated through the network for sharing ideas and methods between NGOs that have signed the Inter Aide Charter.

These information sheets do not attempt to lay down standards and do not in any event claim to "stipulate what must be done"; they only aim to present examples that produced interesting results in the context in which they took place.

The authors of these "Practices" give their permission for these information sheets to be reproduced **under the explicit condition that the information contained is reproduced in its entirety, including this note**. If they are quoted, **the source (Practices Network) and the authors must be mentioned in full.**

WHAT TO DO IN THE EVENT OF AN EMERGENCY?

FAMILY DEVELOPMENT PROGRAM		
Stakeholders	ATIA http://www.atia-ong.org/	
Date	December 2016	
Author(s)	Adrien Cascarino, Technical Support on FDP, ATIA 2014-2017	
Editor(s)	Vincent Griffaton, Head of Country ATIA 2011-2016	
Key words	Information sheet - Family Development Program - Emergency - Violence - Illness	
	One of the main challenges in family development programmes is connected with the principle of non-intervention by the social workers.	
Summary	What should you do when faced with a severely malnourished child? With a dehydrated adult? With a case of tuberculosis? When there is an obvious case of incest? When someone tells you they are going to commit suicide? Or that they are going to kill someone?	
	Whilst not attempting to give the 'magic' answer to these questions, this information sheet identifies the right questions that should be asked before action is taken.	

Summary

1.	Differentiating our idea of an emergency from a genuine emergency	2
	Differentiating our idea of an emergency from what the family classifies as an emergency	
3.	Flowchart Summary	4

1. Differentiating our idea of an emergency from a genuine emergency

Firstly, an **objective** view of whether or not the situation represents an emergency needs to be established:

 If you don't take any action, is the person at risk of dying before the next visit? Or are they at risk of causing irreparable harm to another person?

A person suffering from tuberculosis and who is at risk of infecting the rest of their family or a young couple that is not using any form of contraception are not genuinely urgent situations either (the consequences of lack of action will not cause those involved any irreparable harm), even if the social worker may legitimately wish that the family receiving support take rapid action.

Similarly, a case of domestic violence or incest which started several years previously is probably not a genuinely urgent situation (even if it may be an 'unbearable' situation for the social worker and the family). They are however situations against the law and it is then possible to remind them the law and explain that what is happening is, whatever the opinion of the family or ours, illegal and that people can be sent to jail for this.

On the opposite, a severely dehydrated child is in a genuinely urgent situation

If the situation is 'not genuinely' urgent, and the family does not agree on the degree of urgency either, yet the social worker feels it is nonetheless an emergency, it is best not to insist on the matter during the visit but rather to discuss the situation with colleagues or a supervisor in order to better understand why the family is hesitant about making changes and to talk about ways to persuade them to take action. It's essential to get an outside opinion in this kind of case.

2. Differentiating our idea of an emergency from what the family classifies as an emergency

The second thing that needs to be established is how the family feels about the situation. The following question can be asked:

 Does the family feel that action needs to be taken as soon as possible to resolve the situation?

If yes, then the social worker can encourage and help the family to take all the steps necessary to resolve the situation (e.g. go to the hospital or press charges etc.). If the family does not have the resources to take these steps itself (for example, they can't afford to go to hospital), you must first inform them of the options offered by other organisations that can help the family. If there are no options available, an emergency fund can be set up within the NGO to help contribute to costs¹.

If this is not done, it is often very counter-productive to take a moralistic approach. Telling a family that they have to take their child to hospital/press charges, often suggests to them that they are bad parents and there is the risk that they will dig their heels in and then the chance that they will take any action will be reduced to virtually zero.

If the situation is a 'genuine emergency', you can start by simply expressing your own concerns to the family: "I'm very concerned about your child/your situation" and, depending on how the family reacts and the relationship that has already been established, you can ask the family to take action to help us and us alone: "Perhaps I'm worrying about nothing, but would you be ok about taking your child to hospital? Otherwise I'm going to be worrying all day©".

The family's opinion must always be respected at all times and you should never tell them how they should feel or what they must do, because this is simply not effective and runs the risk of holding the family back from taking action in the future.

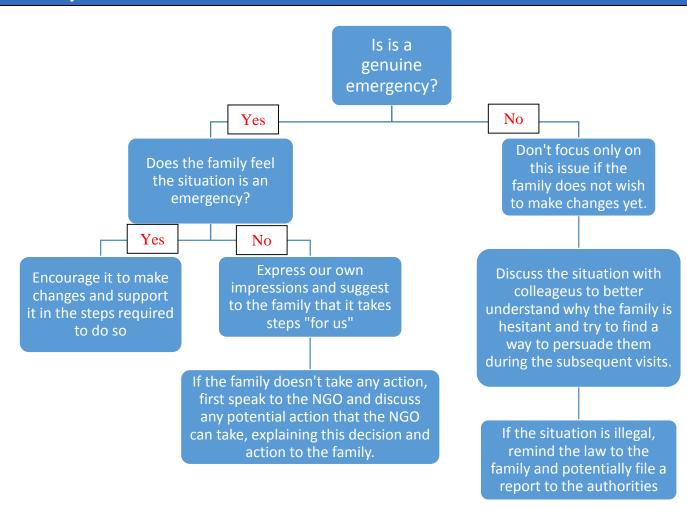
Whether it is a genuine emergency or not, if you would like to take action on behalf of the family (e.g. take a child to the hospital yourself, report the actions on a member of the family, or press charges on behalf of the family), you must first discuss this within your NGO (perhaps by phoning a manager if you have to take action very quickly). Due to the potential consequences for the programme, this decision lies with the organisation, not with an individual social worker.

In addition to ethical issues, you also need to be well-informed of the legal implications of the action undertaken (are you allowed to remove a child from its family without their consent?) and the steps that need to be followed. You also need to **anticipate the consequences of this action** (once the child has been treated and returned to its family, the problem is far from being resolved).

Finally, the family must be informed of the organisation's decision and this decision must also be explained to the family, mentioning our own assessment of and feelings about the situation, as opposed to referring to some sort of 'general benefit' that we may be able to understand, but which will not mean anything to the family.

¹Rules for using an emergency fund can be found on p 74 (Annex 9) of the Koloaina social workers guide, available <u>here</u>. A discussion of practical examples in NGOs in the Philippines, where some have emergency funds and some don't, is available <u>here</u>.

3. Flowchart summary



Practices Network