

GOVERNMENT OF UGANDA

**Ministry of Gender, Labour
and Social Development**

CASE MANAGEMENT TOOLS FOR SEPARATED CHILDREN IN UGANDA

.....

2019

DRAFT FOR PILOT

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ACRONYMS

CBO	Community based organization
CDO	Community Development Officer
FGC	Family group conferencing
FTA	Family team approach
HES	Household economic strengthening
IMS	Information management system
KCHPF	Keeping Children in Healthy and Protective Families
LC1	Level 1 Local Council
MEAL	Monitoring, evaluation, accountability and learning
MGLSD	Ministry of Gender, Labour and Social Development
PSW	Para social worker
PSWO	Probation and Social Welfare Officer
RCF	Residential care facility
SOP	Standard operating procedure
UNCRC	United Nations Convention on the Rights of the Child

GLOSSARY OF KEY TERMS

Assessment is the process of identifying both the needs and strengths of an individual, family, or community in context of a specific purpose.

Attachment is a bond or tie between an individual and an attachment figure based on the need for safety, security and protection.¹

- **Best interests of the child** is one of the guiding principles of the United Nations Convention on the Rights of the Child (UNCRC), whereby “In all actions concerning children, ... the best interests shall be a primary consideration.”² The interests of children are different from adults, and therefore when adults make decisions that affect children they must think carefully about how their decisions will impact children. Additionally, the best interests of each child should also be informed by globally recognized rights but also the individual strengths, needs, and context and situation of the child in question.
- **Caregiver** is a person with whom the child lives who provides daily care to the child, and who acts as the child’s ‘parent’ whether they are biological parents or not. A caregiver can be the mother or father, or another family member such as a grandparent or older sibling. It includes informal arrangements in which the caregiver does not have legal responsibility.³

Case closure is a process involving a series of meetings and discussions with a child and his or her caregiver/family and a final review of the case plan and documents in the case file to determine if the child and caregiver/family have achieved the case management goal and objectives which might include closure if the goals of the case plan have been achieved and the reintegration is deemed to be safe and stable, or transfer of the case for continued monitoring by statutory authorities.

Case conference is a multidisciplinary meeting of professionals known to and/or working with the child to discuss risk factors, the care and protection needs of the child, required supervision and support interventions with the child, family, and alternative caregivers, and the roles of the professionals involved.⁴

Case management: The process of identifying, registering, assessing (in reintegration cases this includes tracing activities), developing a case plan, implementing the case plan (delivering or referring to services, facilitating and overseeing the placement of the child into the family environment), and on-going monitoring and documentation.⁵

Case worker is the primary worker responsible for a case. This person maintains responsibility for the individual case management process from identification through to case closure.⁶

Case planning is the process of collaborating with the child and family to identify the goals to be reached with available assistance.

Child refers to anyone under the age of 18, in line with the UNCRC and Children’s Act and Constitution of Uganda.

Child participation is the informed and willing involvement of children, including the most marginalized and those of different ages and abilities, in any matter or decision concerning them. Participation encompasses the opportunity to express a view, and to influence decision-making and achieving change.⁷

Child protection is the process of ensuring children are protected from all forms of harm through structures and measures to prevent and respond to abuse, neglect, exploitation and violence, including putting into place the procedures necessary for handling situations or issues that may arise.⁸

Community is composed of the individuals or groups of people, organizations and institutions (formal and informal) where the child and family live.

Enrolment is the process used to verify that the child and his or her caregiver meet the criteria for registration and participation in the program.⁹

Family includes relatives of a child, including both immediate family (mother, father, step-parents, siblings, grandparents) and extended family also referred to as relatives or ‘kin’ (aunts, uncles, cousins and known by the child/trusted clan/village members).

Family group conferencing is a process to bring together people who are supportive of a child/family, so that they can make decisions and commitments regarding the child’s best interest.

1 Prior, V and D Glaser (2006), *Understanding attachment and attachment disorders: theory, evidence, and practice*, London: Jessica Kingsley Publishers

2 UN General Assembly, *Convention on the Rights of the Child*, (20 November 1989), article 3

3 Adapted from Better Care Network. Better Care Network Toolkit Glossary. Retrieved from <http://www.bettercarenetwork.org/sites/default/files/attachments/glossary.pdf>

4 Ibid.

5 Scope of Work, Keeping Children in Healthy and Protective Families (KCHPF), 2016, p. 2.

6 Global Protection Cluster, European Commission and USAID. (2014). *Inter Agency Guidelines for Case Management & Child Protection: The Role of Case Management in the Protection of Children, A Guide for Policy & Programme Managers and Caseworkers*.

7 Save the Children UK (2005), *Practice Standards in Children’s Participation*, London, Save the Children UK

8 Ibid Better Care Network.

9 CRS. (2016). Case management in OVC programming.

Family support is the process of enabling a family to support itself, including all children, caregivers and other members. Support may include: training on parenting skills, psycho-social skills, and economic skills with the aim of increasing care-givers' ability and confidence to provide and care for their family.

Family teaming approaches (FTAs) are voluntary approaches that bring together and empower family members, including children, to make sustainable plans for the child. They are well planned with information given out ahead of time and often last for several hours. They typically involve a trained facilitator who presents options and a variety of solutions and acts as an informational resource for the family. FTA approaches include family group conferencing and family group decision-making (see above).

Family tracing refers to the process of identifying a child's family and other related information that is helpful to better understanding where the child has come from or will be going to. This includes visits to a family home and community for the purpose of (re)building a relationship and exploring the possibility of placing the child within the home.

Follow-up refers to contacting service providers and other stakeholders for the purpose of obtaining information on the child and family's progress on meeting their needs and fulfilling their case goals. It can also include checking on referrals made to services and post-reintegration contact with child and family.

Household economic strengthening is an element of family support, specifically dealing with the family's capacity to earn an income and to provide for daily needs, education, health requirements, etc. for all children in its care.¹⁰

Integrated case management is an approach to delivering services and support by different actors (such as case management, social and health services, and informal actors such as extended family members or community leaders) in a coordinated way to avoid gaps and overlaps and maximize benefit for the child.

Monitoring visits are regular home visits to the child and family to ensure that the reintegration process is serving the child's best interest, the child and family are meeting their needs and making progress on their case plan, and to provide any further referrals or psychosocial services. These visits may also involve interacting with neighbours, extended family members, or service providers.

Parenting training is Individual or group training on positive parenting practices, led by a trained social or community worker. It typically includes information on developing positive relationships with the children in one's care, managing expectations, positive discipline, managing parental stress, and communication skills.¹¹ In the KCHPF project the parenting component will be delivered at the individual household level.

Permanency refers to a state of stable and continuous care in which a child enjoys family connection, long-term commitment, a sense of belonging and a legal and social status that goes beyond the child's temporary placement.¹²

Permanency planning is planning for the child's care that ensures stability, continuity and a sense of belonging to a family involving a process of long-term planning to reconnect children with their family or with an adoptive family.¹³

Protective factors are conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities, etc. that help people deal more effectively with stressful events and mitigate or eliminate risk.

Reintegration: The process of a separated child making what is anticipated to be a permanent transition back to his or her immediate or extended family and the community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life.¹⁴

Referral: the process of recognizing a risk or concern about a child or household, deciding that action needs to be taken and providing information about or referring the child or family to the identified service. Referrals include **self-referral** (e.g. calling to a helpline) or a **referral from a service provider** (e.g. a case worker referring a family to the health clinic).

Reunification is the physical reuniting of a separated child and his or her family or previous caregiver.¹⁵

Reunification grant is a one-time cash grant provided to the family one month prior to reunification to prepare for and support the reintegration of the child.

Risk factors are any attributes, characteristics or exposures of an individual that increases the likelihood of developing a disease, injury or other form of harm to wellbeing.

Strengths-based emphasizes people's self-determination and strengths. In social work strengths-based practice is a philosophy and a way of viewing clients as resourceful and resilient in the face of adversity.

Vulnerability is being easily open or exposed to risks to wellbeing.

¹⁰ Retrak. (2015). Family Reintegration SOPs.

¹¹ *Ibid.*

¹² *Ibid.*

¹³ CiF. (2016). Reintegration training: Placement plus.

¹⁴ Interagency Group on Children's Reintegration (2016). Guidelines on Children's Reintegration.

¹⁵ The Government of Uganda also uses the term resettlement in some forms (e.g. Resettlement Form 33), in place of reunification.

STEP I: CASE REGISTRATION

Standard operating procedures for registration

INSTRUCTIONS:

- PURPOSE:** The purpose of the *Case registration Form* is to document basic biographical information of the child in order to understand the circumstances of the child and begin the process of identifying, when necessary, the family-based care option which best meets the needs of the child.
- WHO FACILITATES:** PSWO, CDO, Children's Home staff, Remand Home staff, emergency shelter staff, NGO staff, case worker, etc.
- ACTIONS:** Initial biographical data can be obtained from a number of sources including:
- review of existing case files and records from Children's Homes, Remand Homes, shelters, etc.
 - discussions with home and shelter administrators, social workers, and staff
 - One-to-one discussions with the child, depending on the child's age and developmental abilities. For the interview with the child, a trusted adult should be present and should be someone known to the child and with whom they have a trusting relationship. For girls it is preferable that this is a female.



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Form 1: Case registration form

Registration Details		
Date:	Time:	Case Reference Number:
Details of Complainant or Person who made the referral		
Name:		
Organization/Agency:		
Designation:		
District:		
Subcounty/Parish/Village:		
Contact details:		
Source	<input type="checkbox"/> Police <input type="checkbox"/> Child's parent/caregiver <input type="checkbox"/> Relative <input type="checkbox"/> NGO: _____ <input type="checkbox"/> District Officer: _____ <input type="checkbox"/> Other: _____	
Method	<input type="checkbox"/> Telephone <input type="checkbox"/> In-person <input type="checkbox"/> Referral letter <input type="checkbox"/> Other (provide details): _____	

Child and Family Details			
Child's NAME:			
Other name/Child's Nickname (where applicable)			
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Birth registration: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		
Date of Birth:	Age:	Religion:	Tribe:
Main language spoken by the child:			
Last school attended and level if applicable (Name & Location)			
Address/current location of the child:			
District:	Sub-county:	Parish:	Village:
Length of stay at current residence:		With whom does the child currently live?	
Parental status			
Mother's name:	DOB/Age	Status: (Alive, Dead, Unknown)	
Address (include District & sub-county)			
Father's name:	DOB/Age	Status: (Alive, Dead, Unknown)	
Address (include District & Sub-county)			
Other caregiver's name:	DOB/Age	Status: (Alive, Dead, Unknown)	
Relationship with child:			

Address (include District & sub-county)			
Comments on situation of parents/ caregiver:			
Names, sex and birthdates (and ages) of other children in the family			
Most recent health information including disability status			
Reported health status (attach latest health report if available)			
Observations:			
<i>Please note any disabilities based on observation, information found in records and case files or verbal reports.</i>			
Disability type (if any)	Yes	No	Unknown
Visual			
Hearing			
Speech			
Physical			
Cognitive			
Other, please specify			

Protection concerns (tick all boxes that apply)	
Physical abuse Child neglect Orphan hood – double or single Sexual abuse Exploitation Child maintenance Child custody Abandonment Other, specify: _____	
Provide additional details on the reasons for referring the case:	
Follow-up action to be taken	
<input type="checkbox"/> Further investigation needed <input type="checkbox"/> Referral of case to: <input type="checkbox"/> Other, specify:	
Specific actions to be taken:	
Details of officer who registered the case and received the referral:	
Name:	
Designation:	Signature:

STEP 2: ASSESSMENT

Standard operating procedures for assessment

Assessment is the process of collecting information on the specific needs and strengths of a child and family, with the intention of informing the development of a case plan to support the child and family along a process towards well-being.

The assessment is organized into an initial assessment phase followed by a more comprehensive assessment phase. The initial screening assessment is aimed at identifying the immediate risk and safety concerns to inform priority actions needed to ensure the care and protection of the child. The comprehensive assessment is an in-depth assessment meant to give a holistic understanding of the child's situation, generate information to guide the development of a case plan and identify aspects that can be used to inform decisions on the nature of other service providers that can intervene in the child's situation to address the specific concerns.¹⁶

The following five forms are used during the assessment process:

- 2A - Initial Screening/Safety Assessment
- 2B - Family Tracing
- 2C - Child Assessment
- 2D - Family Assessment
- 2E - Disability and Functioning Assessment

Specific standard operating procedures precede each form.

¹⁶ A Handbook for Case Management in Child Protection: A Resource Guide for Multi-sectoral Case Management Agencies in Uganda (2016).

Standard operating procedures for initial screening/safety assessment

INSTRUCTIONS:

The initial screening is to be conducted following receipt of referral of a case of a child suspected of needing care and protection. The findings form part of the Social Enquiry Investigation. If, following this initial assessment, it is determined that the child needs to be removed and placed temporarily in alternative care (i.e. foster parent or other court-approved person; Children's Home) then the information from this assessment can be used to prepare the Social Enquiry Report (SER) for submission to the Family Division to request a care order for the placement of a child in a temporary alternative care arrangement pending a full investigation. Ideally the form should be filled within 24 hours or maximum 48 hours after the registration.

PURPOSE: To help determine the child's situation, the immediate protection needs of the child and the actions needed to ensure the safety of the child. The initial screening/safety assessment should include the child's circumstances, the child's and family's strengths and needs, protection issues as well as any services that are needed to address the protection concerns.

WHO FACILITATES: PSWO, case worker, social worker

WHO PARTICIPATES: PSWO, case worker, social worker, child, family members

ACTIONS: The initial assessment/safety screening will be completed using information from a number of sources, including:

- existing information, records and case files
- one-to-one discussions with the child, depending on the child's age and developmental abilities. For the discussion with the child, a trusted adult should be present and should be someone known to the child and with whom they have a trusting relationship. For girls it is preferable that this is a female.
- discussions with family members, home and shelter administrators, social workers and staff and others, as identified during registration
- meetings with others who know the child (i.e. school staff, teachers, health workers, etc.).



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Form 2A: Initial Screening/Safety Assessment

Assessment Details	
Case number:	
Date Assessment Started:	Date Assessment Completed:
Child's Name:	
Details of Case worker/person who conducted the assessment:	
Name:	
Organization:	
Position:	
District:	
Sub-county/Parish/Village:	
Contact Details:	
Protection concerns (As indicated in the case registration form – What evidence was found to support the suspected child protection concern/s? Include observations, talking to the child, parents and other concerned parties)	
Protection concern	Evidence

Child safety assessment (Main assessment point: the child's current safety status)

What safety threats are present in the child's life? E.g. parental/caregiver threaten to cause serious physical harm to the child; unwillingness or inability of parent/caregiver to supervise the child and meet their basic needs e.g. due to uncontrolled mental illness or substance abuse (note: the inability of the parent to meet the material needs of the child due to poverty does not constitute a safety threat requiring the removal of the child, rather this signals the need for support to the family to care for the child); child has urgent/serious unmet health or medical needs.

What are the protective capacities/strengths in the child and his/her parents and family? *E.g. Parent willing to address issues of concern and meet the needs of the child and has the cognitive, physical and emotional capacity to do so; there is evidence of a healthy relationship between the parent and child.*

Identify the safety decision by indicating the appropriate category below. The decision should be based on the assessment of all safety threats, protective capacities, safety interventions, and any other information known about the case.

<input type="checkbox"/>	Safe: No safety threats are identified at this time.	Based on currently available information, the child is not likely to be in immediate danger of serious harm. The decision can be made to either close the case or refer to non-child protection services.
<input type="checkbox"/>	Safe: Threats are present, child is not vulnerable, or the child is vulnerable but protective capacities exist	One or more safety threats are present, but the child is not vulnerable, or the child is vulnerable but protective capacities exist. Protecting safety interventions have been planned or taken that immediately mitigates the identified safety threats. Based on protecting interventions, child will remain in the home at this time, for as long as the safety interventions mitigate the danger. Safety plan is required for the child to remain in the home.
<input type="checkbox"/>	Unsafe	One or more safety threats are present, the child is vulnerable and protective capacities are insufficient. Placement in temporary alternative care is the only protecting intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.

Further explanation:

Safety interventions - *Safety interventions are actions taken to mitigate any identified safety threat/s concerning the immediate safety of the child. The purpose of a safety intervention is to address concerns that pose a serious and imminent threat, rather than focusing on a long-term solution. Different categories of interventions are listed below. At times more than one of these interventions may be implemented to address identified threats. The implementation of one or more safety interventions results in a safety plan.*

<input type="checkbox"/>	(1) Direct service intervention by Case worker <i>Immediate actions taken or planned by the investigating worker that specifically address one or more safety threats. Examples include: providing information about non-violent disciplinary methods, child development needs, or parenting skills; providing emergency material aid such as food; assistance to obtain restraining orders; planning return visits to the home to check on progress; providing information regarding child abuse laws and the consequences of violating these laws.</i>
<input type="checkbox"/>	(2) Use of extended family, neighbors, or other individuals in the community as safety resources. <i>Examples include: engaging a grandparent to assist with child care, forming an agreement with a neighbor to serve as safety net for older children, or making an arrangement that the child can spend a night or a few days with a friend or relative.</i>

<input type="checkbox"/>	(3) Use of community agencies or services as safety resources <i>Interventions include the use of community-based organizations or services to address the immediate safety concerns, e.g. food parcels, soup kitchens, medical clinics, etc. It does not include long-term therapy or treatment or being put on a waiting list for services.</i>
<input type="checkbox"/>	(4) Caregiver appropriately protects victim from the alleged perpetrator (in cases of abuse) <i>The non-offending caregiver is willing and able to protect the child from the alleged perpetrator and agrees to take immediate action to ensure the child's safety.</i>
<input type="checkbox"/>	(5) Alleged perpetrator leaves the home, either voluntary or in response to the consideration of legal action. <i>The alleged perpetrator is temporary or permanently removed from the home. He or she either agrees to leave the home, is forced to leave the home by the non-offending caregiver or is removed from the home because of legal action.</i>
<input type="checkbox"/>	(6) Non-offending caregiver moves to a safe environment with the child. <i>The non-offending caregiver moves with the child to a safe environment where there will be no access by the alleged perpetrator. Examples include domestic violence shelters or the home of a friend or relative.</i>
<input type="checkbox"/>	(7) Legal intervention planned or initiated - child remains in the home. <i>Legal action is planned or has already commenced that will effectively mitigate identified safety threats, with the effect that the child remains in the home. The legal action can be initiated by the family (such as restraining orders, change in custody/visitation/guardianship) or initiated by PSWO.</i>
<input type="checkbox"/>	(8) Caregiver voluntarily enters an agreement to place the child outside the home e.g. with relatives. <i>The worker or the family initiates an intervention other than those described in categories 1 – 7 above, that will allow the child to remain in the home.</i>
<input type="checkbox"/>	(9) Child placed with "fit person" because interventions 1-8 do not adequately ensure the child's safety (e.g. hospital, residential home for children, foster parent, or another court approved person). <i>The child is placed in the temporary care of a fit person when interventions 1 – 8 do not adequately protect the safety of the child.</i>

Safety Plan:

Safety intervention	Actions & tasks	Responsibility	Time frame
Please provide more information on safety intervention and safety plan:			
Name of case worker:	Signature:	Date:	
Name of supervisor:	Signature:	Date:	



Ministry of Gender, Labour and Social Development

Standard operating procedures for family tracing

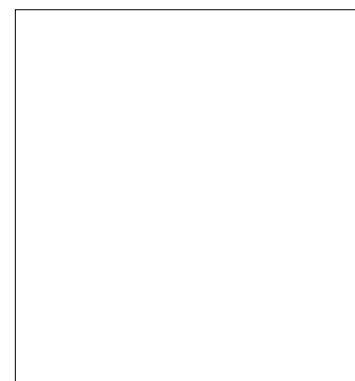
INSTRUCTIONS:

- PURPOSE:** To trace and locate immediate and/or extended family members when their whereabouts are uncertain or unknown and preliminarily evaluate their ability and willingness to reintegrate with the child.
- WHO FACILITATES:** PSWO, case worker, social worker
- WHO PARTICIPATES:** PSWO, case worker, social worker, police, community leaders/members, extended family members
- ACTIONS:** Family tracing includes information gathering in order to locate immediate and extended family members. Information may come from a number of sources, including:
- existing records and case files
 - discussions with police; home and shelter administrators, social workers and staff; community members and leaders; school staff and teachers, health workers, hospital staff, etc.
 - one-to-one discussions with the child, depending on the child's age and developmental abilities. For the interview with the child, a trusted adult should be present and should be someone known to the child and with whom they have a trusting relationship. For girls it is preferable that this is a female.
- In some cases, information about the child including photos is shared through media outlets (i.e. radio, newspapers, flyers, social media, etc.) in order to locate family members.



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Form 2B: Family tracing form



Attach photograph of child

Date of tracing:		
Particulars of the child		
Name of the child		(other names/ nicknames):
Date of birth:	Age:	Sex:
Religion:	Tribe:	Main language:
School/Education Level:		
Current address of the child:		
District:		Sub County/Division/Municipality:
Village/LC1		Parish/ Ward:
Home Address:		
District:		Sub County/Division/Municipality:
Village/LC1:		Parish/ Ward:
Family Relationships		
Name of the head of the family:		NIN:
Name of the adults in the family and relation to the child (starting with other relatives that may be in charge of the child in absence of primary care giver)		
Name:	NIN	Relationship
Are there any other children in the Home? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes how many?

Names and relation to the child and ages		
Name	Relationship	Age
Family Location		
Distance of the home from the main road, e.g. passable road, distinct land marks and other identifiable permanent features.		
Name of the Chairman LC 1:		The Chairman LC1 Official stamp:
Name and Signature of the Tracing officer:		
<p style="text-align: center;">Draw sketch map (<i>Location for Reunification of the child</i>)</p>		



Ministry of Gender, Labour and Social Development

Standard operating procedures for child assessment

INSTRUCTIONS:

- PURPOSE:** To help determine the child's circumstances, needs and strengths and, when necessary, the family-based care option that best meets the child's needs. Also, the feasibility and desirability of reintegrating the child with their family, in view of the child's best interest. The assessment should include the child's background and own opinion (where possible), strengths and needs, perceptions about family, as well as any barriers to reintegration or needs to be considered.
- WHO FACILITATES:** PSWO, case worker, social worker
- WHO PARTICIPATES:** PSWO, case worker, social worker, child, family members, Children's home social worker and staff, teachers, health workers
- ACTIONS:** The child assessment will be completed using information from a number of sources, including:
- existing records and case files, including health and school performance
 - one-to-one discussions with the child, depending on the child's age and developmental abilities. For the interview with the child, a trusted adult should be present and should be someone known to the child and with whom they have a trusting relationship. For girls it is preferable that this is a female.
 - discussions with family members
 - discussions with others who know the child (i.e. home and shelter administrators, social workers and staff; school staff; teachers; health workers; etc.).



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Form 2C: Child Assessment Form

Person completing form	
Name:	
Position:	
Organization/Agency:	
Location (Village/Cell, Parish/Ward, SC/TC/Division, District):	
Tel contact:	
Email address:	
Date:	

Note: If any of the below questions may be answered based on the Child's Biographical Information Form or other documents contained within the family's case file, the responses should be completed ahead of time.

Case Number (copied from child bio data form):		
Case Worker:		
Child's Name:		
Date of birth:	____ / ____ / ____ Day Month Year	
Age/estimated age:		
Sex M F	Main language:	Ethnicity:
Child originated from		
District:		
Sub-county:		
Village:		
Parish:		
Name and phone contact of LCI:		
Child's current/most recent residence:		
Name of caregiver:	NIN:	
Relationship to child:	District:	
Sub-county:	Parish:	Village:
Name and phone contact of LCI:		
Describe current situation of the child:		

Reason(s) for child and family separation (check all that apply & include dates)				
School/education access		Orphan hood		
Abuse		Neglect		
Special needs/disability		Abandonment/desertion		
HIV/AIDS		Witchcraft		
Poverty or family vulnerability		Child withdrawn from the street		
Migration		Child in contact with the law		
Refugee		Child in conflict with the law		
Internally displaced		Primary caregiver is incarcerated		
Trafficked/unsafe migration		Other issues		
List individuals and institutions involved:				
Actions taken:				
Observation/notes on child's health				
Visible signs of health				
Most recent medical examination by a medical professional	Date: Location: Name of medical professional:			
Results of medical examination (please provide details. Attach medical reports if available)				
Medical Test	Result			
HIV				
Malaria				
Tuberculosis				
Hepatitis B				
Others (please specify)				
Family Background				
	Name	Age	Location and contact information (village, parish, sub county, phone number, NIN)	Applicable/ Not Applicable/ Unknown
Mother				
Father				
Other caregiver (specify)				
Sibling #1				
Sibling #2				
Sibling #3				
Sibling #4				
Sibling #5				

Other family members, family network (aunts, uncles, grandparents, cousins, close neighbors, godparents, etc.)			
Relationship to the child	Name	Age	Location and contact information (village, parish, subcounty, phone number)
Education			
Schools attended	Name	Location	
Current/last class attended			
Numeracy and literacy level	Can child read or write		
Describe the child's experience in school:			
Circumstances child has encountered			
Street connected		Gangs	
Abuse (physical, emotional, neglect, sexual)		Contact with the law	
Trafficking (labor, sex, etc.)		Witchcraft	
Primary caregiver incarcerated		Other (specify):	
Describe risks child exposed to (poverty, disability, substance abuse, mental illness, family violence, sexual violence, exploitation, etc.)			
Period of exposure			
Social welfare services received			
Type of service	Name of organization/individual	Location & contact information	

Past alternative care placements (children's homes, remand homes, shelters, kinship care, foster care, past reintegration attempts, etc.)		
Type of Placement	Name	Duration of stay
Kinship Care		
Past Reintegration		
Informal Foster Care		
Formal Foster Care		
Small Group Home		
Independent Living		
Baby's Home		
Children's Home		
Remand Home		
Other (specify and attach evidence)		
Strengths and needs		
Emotional/Psychosocial (child's interactions/play with other children, child's interactions with adults, child's ability to deal with stress, child's emotional reactions – cries easily, becomes angry quickly, withdrawn, seeks comfort from adults, etc.)		
Strengths:		Needs:
Child Survival and Health (chronic illness, disability, medication, nutrition, etc.)		
Strengths:		Needs:
Education and Development (strong subjects, learning difficulties, below grade level, etc.)		
Strengths:		Needs:
Care and Protection (contact, perception of family members, supportive, abusive, etc.)		
Strengths:		Needs:



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Standard Operating Procedures for Family Assessment

INSTRUCTIONS:

- PURPOSE:** To gather more in-depth information on the family circumstances, including identifying household members (basic biographical data), condition of the family home, health and educational backgrounds, household income and livelihood skills, child protection risk factors including root causes for child's separation, family strengths, family wishes and desires around reintegration, and existing family and community supports. It should be done with full engagement and participation of the family. The family assessment helps to determine the family's capacity and willingness to provide care and protection to the child.
- WHO FACILITATES:** PSWO, case worker, social worker
- WHO PARTICIPATES:** PSWO, case worker, social worker, community leaders, CBOs, family members
- ACTIONS:** The case worker will complete a family assessment to ascertain the family's needs, strengths and the family's willingness and ability to meet the needs of the child. The family assessment will involve at least one visit to the home and conversations with relevant people who know the family (local authorities, community leaders, extended family, neighbours, health care staff, school staff, NGOs, etc.). Conversations with the family will include:
- The family's perspective on why the child was separated (i.e. placed in a Children's Home, living on the streets, etc.)
 - Identification of protection risks and protective factors
 - The family's interest level in reunifying with the child
 - The family's situation (economic, health, shelter, care and protection) to begin to determine if the reintegration will be safe and, in the child's best interest, and
 - The family's perception of what would need to be in place or any intervention that will be necessary to address areas of concern prior to child's reunification.

In addition, evaluation of the risk factors and family's strengths should be conducted in order to gauge the level of risk of harm to, and protective factors for the child if the placement will be completed. This will help to determine if the placement is appropriate and what supports may need to be in place to help ensure its success. Thus, the assessment must include the family's current capacity to protect and care for the child as well as the possibility of accessing further support from the community and public services (such as schooling, health care, economic strengthening, self-help groups, etc.).



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Form 2D: Family Assessment Form

Note: If any of the below questions may be answered based on the previous forms contained within the family's case file, the responses should be completed ahead of time.

Case Number:

Child's Name (include nick name):

Age:

Sex:

Case Worker:

Date:

Name of Caregiver:

NIN of Caregiver:

Tel Contact of Caregiver:

Relationship to child:

Caregiver address

District:

Sub-County/Division/
Town Council

Parish/Ward:

Village/Zone/Cell:

Name/Tel Contact of PSWO:

Name/Tel Contact of CDO:

Sex of Caregiver

1. Male 2. Female

Age of Caregiver:

Marital Status of Caregiver

1. Single 2. Married 3. Cohabiting 4. Widowed 5. Separated 6. Divorced 7. NA (If child)

Education Level of Caregiver

1. None 2. Primary 3. Secondary 4. Tertiary

Number
of people
in the
Household

Age group

Male

Female

Under 1 year

1 – 4 years

5 – 9 years

10 – 14 years

15 – 17 years

18 – 24 years

25+ years

	Name	Sex (M/F)	Age	Relationship to child	Date of birth (DD/MM/YY)	Out of school (Yes/ No/NA)	Disabled (Yes/No)	Long-term illness (Yes/No)	Immunized (Yes/No/ NA)	Has birth registration cert. (Yes/ No)
1										
2										
3										
4										
5										

PRIORITY AREA: 1. SURVIVAL AND HEALTH		
For child(ren) under 6, are immunizations up to date?	Yes	No
	Explain:	
Does any family member have a long-term illness? If yes, what is the illness and what treatment is being provided? Is the child(ren) aware?	Yes	No
	Explain:	
Does any family member have a disability? If yes, what is the nature of the disability? What kind of support is the family receiving?	Yes	No
	Explain:	
Does anyone in the family have an issue with alcohol or drug misuse? If yes, what treatment or services are being provided?	Yes	No
	Explain:	
Does anyone in the family have an issue with mental illness? If yes, what treatment or services are being provided?	Yes	No
	Explain:	
How many meals does the family have in a day? What does the family usually eat?	Explain:	
Do any children in the family have any signs of malnutrition? (Swollen face and legs; emaciated; dry, brown-colored hair; extremely thirsty; looking tired; not playing)	Yes	No
	Explain:	
Does the family have access to adequate sanitation and hygiene facilities? Access to clean, safe drinking water?	Yes	No
	Explain:	
Does the family have stable, safe shelter? If yes, owned or rented? Permanent, semi-permanent or temporary?	Yes	No
	Explain:	
Is there sufficient space in the home for all the family members?	Yes	No
	Explain:	
Does the family have access to medical facilities within 5 kilometers?	Yes	No
	Explain:	
Comment on key risks and strengths:		

PRIORITY AREA: 2. ECONOMIC STABILITY AND SECURITY

What are the main sources of income for the family? Are there sufficient resources to meet the needs of the family?	Explain:	
What assets does the family have? (TV, radio, bike, motorbike, car, livestock, property, farmland, etc.)	Explain:	
Is the family receiving financial or livelihood benefits or services from the government or from an NGO? If yes, please describe.	Yes	No
	Explain:	
Is the family a member of a savings group or association? If yes, how much have you saved in the last 3 months? How did you spend the savings?	Yes	No
	Explain:	
Does the family have financial concerns? If yes, please describe.	Yes	No
	Explain:	
Comment on key risks and strengths:		

PRIORITY AREA: 3. CARE AND PROTECTION

Which, if any, protection concerns are present in the family? If others, please describe. What actions have already been taken to address protection concerns?	<input type="checkbox"/> Child abandonment <input type="checkbox"/> Neglect <input type="checkbox"/> Urgent, unmet health needs <input type="checkbox"/> Substance abuse <input type="checkbox"/> In conflict with the law <input type="checkbox"/> Witchcraft	<input type="checkbox"/> Street-connected/child living on the streets <input type="checkbox"/> Physical abuse <input type="checkbox"/> Not attending school <input type="checkbox"/> Early/forced marriage <input type="checkbox"/> Family violence <input type="checkbox"/> Refugee/Displaced	<input type="checkbox"/> Child labor <input type="checkbox"/> Sexual abuse/defilement <input type="checkbox"/> Commercial sexual exploitation <input type="checkbox"/> Teenage pregnancy <input type="checkbox"/> Trafficking <input type="checkbox"/> Other, describe below
	Explain:		
Are there any observable signs of violence in the family? Is there a history of violence in the family?	Yes	No	
	Explain:		
Have any family members felt so troubled that it was necessary to consult a spiritual, faith, or traditional healer, a counselor or a health worker?	Yes	No	
	Explain:		
Are there any children in the family who are withdrawn or consistently sad, unhappy or depressed and not able to participate in daily activities, including playing with friends and family?	Yes	No	
	Explain:		

Describe the relationship between the caregivers/parents.			
Do the caregivers/parents have healthy relationships with other members of the family?	Yes	No	
	Explain:		
Describe the relationship between the caregivers/parents and the children.			
Is the family connected to community leaders, neighbors, schools, church, mosque, etc.?	Yes	No	
	Explain:		
Describe risks in the community (high crime, drug use, prostitution, trafficking, etc.)			
Comment on key risks and strengths:			
PRIORITY AREA: 4. EDUCATION AND DEVELOPMENT			
For non-school aged children, how does the children's physical development compare with the expected level of development for children at a similar age?	Explain:		
Are all school-aged children attending school or training?	Yes	No	
	Names of schools/institutions: Current levels of education:		
For children attending school, do they attend regularly? If no, why?	Yes	No	
	Explain:		
For children attending school, are they progressing?	Yes	No	
	Explain:		
Are children expected to do chores around the home? What chores?	Yes	No	
	Explain:		
Are children expected to contribute to the HH income or assist with livelihood/ income generating activities? What activities?	Yes	No	
	Explain:		
Comment on key risks and strengths:			
Family's Perspective on Separation and Reunification			
Describe reasons for child(ren) leaving the home:			
Last contact with the child(ren):			
The family wants to be reunified with the child(ren)	Yes	No	Don't Know
If no/don't know, describe reasons:			

Standard operating procedures for disability and functioning assessment

INSTRUCTIONS:

PURPOSE:	To conduct an initial assessment of existing disabilities or limitations to functioning of each member of the family using the Washington Group Short Set. Information from the assessment will inform the case plan and referral to services.
WHO FACILITATES:	PSWO, case worker, social worker
WHO PARTICIPATES:	PSWO/case worker/social worker, child, and all family members
ACTIONS:	Ask each member of the family the following questions, noting answers on the form: Introductory Statement: The following questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM.

Question 1: Do you have difficulty seeing, even if wearing glasses?

The purpose of this question is to identify persons who have vision difficulties or problems seeing even when wearing glasses (if they wear glasses).

Seeing refers to an individual using his/her eyes and visual capacity in order to perceive or observe what is happening around them.

Even when wearing glasses refers to difficulty seeing with glasses if the respondent has, and uses, them – NOT how vision would be if glasses, or better glasses, were provided to one who needed them.

Included are problems:

- seeing things close up or far away, and
- seeing out of one eye or only seeing directly in front but not to the sides.

Any problem with vision that the respondent considers a problem should be captured.

Question 2: Do you have difficulty hearing, even if using a hearing aid?

The purpose of this item is to identify persons who have some hearing limitation or problems of any kind with their hearing even when using a hearing aid (if they wear a hearing aid).

Hearing refers to an individual using his/her ears and auditory (or hearing) capacity in order to know what is being said to them or the sounds of activity, including danger that is happening around them.

Even if using a hearing aid refers to difficulty hearing with a hearing aid if the respondent has, and uses, that device – NOT how hearing would be if hearing aids, or better hearing aids, were provided to one who needed them.

Included are problems:

- hearing in a noisy or a quiet environment,
- distinguishing sounds from different sources, and
- hearing in one ear or both ears.

Any difficulty with hearing that is considered a problem should be captured.

Question 3: Do you have difficulty walking or climbing steps?

The purpose of this item is to identify persons who have some limitation or problems of any kind getting around on foot.

Walking refers to the use of lower limbs (legs) in such a way as to propel oneself over the ground to get from point A to point B. The capacity to walk should be without assistance of any device (wheelchair, crutches, walker etc.) or human. If such assistance is needed, the person has difficulty walking.

Included are problems:

- walking short (about 100 yards/meters) or long distances (about 500 yards/meters),
- walking any distance without stopping to rest is included, and
- walking up or down steps.

Difficulties walking can include those resulting from impairments in balance, endurance, or other non-musculoskeletal systems, for example blind people having difficulty walking in an unfamiliar place or deaf people having difficulty climbing stairs when there is no lighting.

Any difficulty with walking (whether it is on flat land or up or down steps) that is considered a problem should be captured.

Question 4: Do you have difficulty remembering or concentrating?

The purpose of this item is to identify persons who have some problems with remembering or focusing attention that contribute to difficulty in doing their daily activities.

Remembering refers to the use of memory to recall incidents or events. It means the individual can bring to mind or think again about something that has taken place in the past (either the recent past or further back). With younger people, remembering is often associated with storing facts learned in school and being able to retrieve them when needed.

Remembering should NOT be equated with memorizing or with good or bad memories.

Concentrating refers to the use of mental ability to accomplish some task such as reading, calculating numbers, learning something. It is associated with focusing on the task at hand in order to complete the task.

Included are problems:

- finding one's way around, being unable to concentrate on an activity, or forgetting one's whereabouts or the date, and
- problems remembering what someone just said or becoming confused or frightened about most things.

Any difficulty with remembering, concentrating or understanding what is going on around them that they or family members (if the family member is the respondent) consider a problem should be captured.

Note: difficulties remembering or concentrating because of common everyday situations such as high workload or stress, or as a result of substance abuse are EXCLUDED.

Question 5: Do you have difficulty (with self-care such as) washing all over or dressing?

The purpose of this item is to identify persons who have some problems with taking care of themselves independently.

Washing all over refers to the process of cleaning one's entire body (usually with soap and water) in the usual manner for the culture.

The washing activity includes cleaning hair and feet, as well as gathering any necessary items for bathing such as soap or shampoo, a wash cloth, or water.

Dressing refers to all aspects of putting clothing or garments on the upper and lower body including the feet if culturally appropriate.

Included are the acts of gathering clothing from storage areas (i.e. closet, dressers), securing buttons, tying knots, zipping, etc.

Washing and dressing represent tasks that occur on a daily basis and are considered basic, universal activities.

Question 6: Using your usual language, do you have difficulty communicating, (for example understanding or being understood by others)?

The purpose of this item is to identify persons who have some problems with talking, listening or understanding speech such that it contributes to difficulty in making themselves understood to others or understanding others.

Communicating refers to a person exchanging information or ideas with other people through the use of language.

Communication difficulties can originate in numerous places in the exchange process. It may involve mechanical problems such as hearing impairment or speech impairment, or it may be related to the ability of the mind to interpret the sounds that the auditory system is gathering and to recognize the words that are being used or an inability of the mind to compose a sentence or say a word even when the person knows the word and sentence.

Included is the use of the voice for the exchange or using signs (including sign language) or writing the information to be conveyed.

Included are problems making oneself understood, or problems understanding other people when they speak or try to communicate in other ways.

NOTE: Difficulty understanding or being understood due to non-native or unfamiliar language is NOT included.



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Form 2 E: Disability and Functioning Assessment

CHILD CASE NUMBER:	NAME:	CASE WORKER:	DATE:
DEGREE OF FUNCTIONALITY			
1 - No, no difficulty 2 - Yes, some difficulty 3 - Yes, a lot of difficulty 4 - Cannot do it at all			
Question	Degree of Functionality	Comments	
Do you have difficulty seeing, even if wearing glasses?	1. No, no difficulty, 2. Yes, some difficulty, 3. Yes, a lot of difficulty, 4. Cannot do it at all		
Do you have difficulty hearing, even if using a hearing aid?	1. No, no difficulty, 2. Yes, some difficulty, 3. Yes, a lot of difficulty, 4. Cannot do it at all		
Do you have difficulty walking or climbing steps?	1. No, no difficulty, 2. Yes, some difficulty, 3. Yes, a lot of difficulty, 4. Cannot do it at all		
Do you have difficulty remembering or concentrating?	1. No, no difficulty, 2. Yes, some difficulty, 3. Yes, a lot of difficulty, 4. Cannot do it at all		
Do you have difficulty (with self-care such as) washing all over or dressing?	1. No, no difficulty, 2. Yes, some difficulty, 3. Yes, a lot of difficulty, 4. Cannot do it at all		
Using your usual language, do you have difficulty communicating, (for example understanding or being understood by others)?	1. No, no difficulty, 2. Yes, some difficulty, 3. Yes, a lot of difficulty, 4. Cannot do it at all		
Disability diagnosis (if one):			
Case Worker observations:			
Action required: (circle one) Urgent Monitoring No action			
Recommended action: (what, who and by when)			
Case Worker signature:		Date:	

STEP 3: CASE PLANNING

Standard Operating Procedures for Case Planning

INSTRUCTIONS:

PURPOSE: To develop a case plan with measurable goals and actions to ensure the child's safety and to facilitate a smooth, safe reunification, including details on who will do what, and by when, based on the needs and strengths of the child and family. The case plan will include a plan for reunification (preparing the child and family, date of transition, etc.) and reintegration.

WHO FACILITATES: PSWO, case worker, social worker

WHO PARTICIPATES: PSWO/case worker/social worker, child, family and extended family members

ACTIONS: A number of actions are involved in developing the case plan. The PSWO/case worker/social worker is responsible for coordinating and facilitating the process, including:

- Reviewing the child and family assessments and engaging in a discussion of prioritizing needs and building on strengths;
- Consulting with the child and family on the plan for reunification, their preparation for the move, supports they will need, identifying actions and points of monitoring to ensure the child feels safe and supported;
- Checking the child's expectations and clarifying how realistic they are; and
- Ensuring that the case plan includes provisions for confirming birth registration, the child's education, life or job skills learning, and leisure, play or recreational activities, and giving serious consideration to the psychosocial needs of the child, including the need to address issues of separation and trauma;
- Writing SMART goals into the case plan, reviewing and making sure applicable parties sign off on the plan; and
- Summarizing the case plan into the required document and presenting it to the Alternative Care Panel (ACP) for the reintegration to be approved.

Consultations with the family will include development of a plan for reunification, their preparation, supports they will need, etc. The consultation is also an opportunity to clarify the family's expectations around reintegration.

After the Case Plan has been completed, the Case Worker should complete the Summary of Key Priority Actions to share with the family. **Note:** *It is also important that the Case Worker share the information, including the agreed upon goals and the steps that need to be taken to reach those goals with members of the family, as appropriate. Their active engagement in the process is key to helping them reach their goals.*

The following forms are used during the case planning process:

- 3 A- Case Planning Form
- 3B - Summary of Key Priority Actions
- Case Plan Achievement Benchmarks



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Form 3A: Case Planning Form

INSTRUCTIONS: Please use the information from the Assessment Forms (Child and Family), discussions with the child and family and the Case Plan Achievement Benchmarks to complete this form. **Note:** *The case plan should be partially filled out by the Case Worker prior to the visit but the rest of the information, especially goals and actions should be filled out together with the members of the household.*

PLEASE NOTE THAT THE CASE PLAN FORM STAYS WITH THE SOCIAL WORKER/CASE WORKER/WARDEN OF THE CHILDREN'S HOME/PSWO (in the case of an unaccompanied child, child in contact with the law, or VAC) and is not left at the household. It may include confidential information that the child or adult does not want to share with the rest of the family. DO NOT LEAVE THE CASE PLAN WITH THE CAREGIVER OR ANYONE IN THE HOUSEHOLD.

Case Number:	Child's Name:	
Family/Caregiver Name:	Tel Contact of Caregiver:	
District:	Sub-county/Division/Town Council:	
Parish/Ward:	Village/Cell/Zone:	
Number of people aged 18 years and above currently living in household:	Male: _____ Female: _____	
Total number of children below 18 years of age currently living in household	Male: _____ Female: _____	
Primary care giver	Name:	
	NIN/Unique Identifier:	
	Phone number:	
Case worker/person administering	Name:	
	Title:	
	Date:	
	Phone number	
Case Planning Phase (Select one)		
Post Assessment	Preparation for Reunification	Post Reunification
List of people involved		
Name	Title (if applicable)	Relationship with Child
FOR POST CHILD ASSESSMENT ONLY		
Care Recommendation (biological family, kinship care, foster care, independent living, adoption, etc.):		
FOR PREPARATION FOR REUNIFICATION ONLY		
Planned Date of Reunification:		

PRIORITY AREA: 1. SURVIVAL AND HEALTH				
What are the family's goals? 1. 2.		For each goal, identify expected outcome from Case Plan Achievement Benchmarks list		
What are the child's goals? 1. 2.		For each goal, identify expected outcome from Case Plan Achievement Benchmarks list		
Services to be provided and/or referred to (Check all that apply)				
Immunizations for all children		General health treatment		
MCH services		Mental health treatment		
Nutrition education and supplements		Disability treatment		
HIV care and treatment		Health information services		
Sickle cell treatment		WASH services (safe water, sanitation, hygiene education, etc.),		
Other health services for chronic diseases		Others specify: _____		
Priority actions to be taken	By Whom	Date to be completed	Actual date completed	Remarks

PRIORITY AREA: 2. ECONOMIC STABILITY AND SECURITY				
What are the family's goals? 1. 2.		For each goal, identify expected outcome from Case Plan Achievement Benchmarks list		
What are the child's goals? 1. 2.		For each goal, identify expected outcome from Case Plan Achievement Benchmarks list		
Services to be provided and/or referred to (Check all that apply)				
Cash transfer		Microfinance and credit		
Savings and Internal Lending Community (SILC)/ Village Savings and Loan Association (VSLA) group (if child, specify age _____)		Start-up kits/capital		
Food support		Agricultural and farming inputs		
Income generating activities		Agric-advisory services		
Business skills training		Referral for food assistance		
Vocational training/apprenticeship		Obtaining clothing and bedding		
Shelter, sanitation and hygiene		Others specify: _____		
Priority actions to be taken	By Whom	Date to be completed	Actual date completed	Remarks

PRIORITY AREA: 3. CARE AND PROTECTION				
What are the family's goals?		For each goal, identify expected outcome from Case Plan Achievement Benchmarks list		
1.				
2.				
What are the child's goals?		For each goal, identify expected outcome from Case Plan Achievement Benchmarks list		
1.				
2.				
Services to be provided and/or referred to (Check all that apply)				
Provision of basic needs (food, clothing, bedding, hygiene items, etc.)			Child and family preparation for reintegration/placement transition	
Positive parenting training			Counselling	
Psychosocial support			Spiritual support	
Birth registration services			Start-up kits/capital	
Substance abuse services			Independent living support	
Legal support services			Life skills training	
Family reintegration			Withdrawal from child labour	
Foster care			Assistance with handling child abuse and neglect case(s)	
Adoption			Assistance with handling domestic violence case(s),	
Social and community network support			Others specify:	
Priority actions to be taken	By Whom	Date to be completed	Actual date completed	Remarks

PRIORITY AREA: 4. EDUCATION AND DEVELOPMENT				
What are the family's goals?		For each goal, identify expected outcome from Case Plan Achievement Benchmarks list		
1.				
2.				
What are the child's goals?		For each goal, identify expected outcome from Case Plan Achievement Benchmarks list		
1.				
2.				
Services to be provided and/or referred to (Check all that apply)				
Early childhood education services			Pre-school services	
School fees bursary			School meals	
Scholastic materials			Enrolment in school	
Enrolment in vocational/apprenticeship training			Psychosocial support	
Education support for children with disabilities/ special needs			Education support	

Counselling		Others specify: _____		
Priority actions to be taken	By Whom	Date to be completed	Actual date completed	Remarks
Consented/Assented by:		Date:		
Case worker signature:		Date:		
PSWO Signature:		Date:		



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Form 3B: Summary of key Priority Actions

Note: This form should be left with the caregiver						
Case Number:			Date:			
Family Name:			Unique Identifier/NIN of the Caregiver:			
Case Worker:			Case Worker's contact information:			
Case worker/Probation and Social Welfare Officer (PSWO)/ Children's Home warden name and contact information:						
CHILD AND FAMILY GOALS	PRIORITY ACTIONS	GOAL FOR COMPLETION WITHIN:				IMPLEMENTATION STATUS
		3 MONTHS	6 MONTHS	9 MONTHS	12 MONTHS	
						1 = Completed 2 = Not completed

Case Plan Achievement benchmarks

PRIORITY AREA 1– CHILD SURVIVAL AND HEALTH	
KEY OBJECTIVE - IMPROVE NUTRITIONAL DEVELOPMENT FOR CHILDREN < 5 YEARS	
EXPECTED OUTCOME - Children < 5 years show no signs of moderate acute malnourishment (MAM) or wasting	
CASE PLAN ACHIEVEMENT/GRADUATION BENCHMARK	MEANS OF VERIFICATION
<ul style="list-style-type: none"> Children < 5 years have a mid-upper arm circumference (MUAC) of no less than 12.5 cm and show no signs of bipedal edema Children < 5 previously treated for malnutrition have a z score of > -2 Infants < 6 months are exclusively breastfed 	<ul style="list-style-type: none"> Case Worker or health worker confirmed that child's mid-upper arm circumference measures over 12.5cm and pressure applied on top of both feet for three seconds and does not leave a pit or indentation in the foot Clinician previously treating child for malnutrition confirmed that child has a z score of > -2 Mother self-reported that infant < 6 months is exclusively breastfed
KEY OBJECTIVE – IMPROVE MANAGEMENT OF CHILDHOOD ILLNESSES	
EXPECTED OUTCOME - Children are protected against preventable diseases	
CASE PLAN ACHIEVEMENT/GRADUATION BENCHMARK	MEANS OF VERIFICATION
<ul style="list-style-type: none"> Primary caregiver has knowledge of practices that promote child survival, know where children can access immunizations and when their next vaccinations are scheduled Primary caregiver and child have access to safe and clean water and are using appropriate sanitary facilities 	<ul style="list-style-type: none"> Primary caregiver responded appropriately to key questions about practices that promote child survival, growth and development (e.g. Immunization, Breastfeeding, Complementary feeding, Micronutrients, Hygiene, Treated bed nets, Food and fluids, Home treatment, Care-seeking, Adherence, Stimulation, Antenatal care), correctly described the location of at least one place where young children can receive immunizations, and when young children are scheduled to receive their next vaccination Case worker verifies the existence of safe and clean water and appropriate sanitary facilities Caregiver and child self-reported utilization of safe and clean water and appropriate sanitary facilities by themselves and child
<ul style="list-style-type: none"> Children have up to date immunizations 	<ul style="list-style-type: none"> Primary caregiver presented up to date immunization cards for children
<ul style="list-style-type: none"> Children are not currently or recently experiencing illness 	<ul style="list-style-type: none"> Primary caregiver self-reported that children did not experience diarrhea or fever in the last two weeks Primary caregiver self-reported that children were not too sick to participate in daily activities in the past two weeks Primary caregiver self-reported that if children were too sick to participate in daily activities in the past two weeks, health care services were accessed and treatment adhered to
KEY OBJECTIVE – IMPROVE MANAGEMENT OF DISABILITIES	
EXPECTED OUTCOME - Children with disabilities receive diagnosis, treatment and services	
CASE PLAN ACHIEVEMENT/GRADUATION BENCHMARK	MEANS OF VERIFICATION
<ul style="list-style-type: none"> Primary caregiver and child are knowledgeable about the child's disability Child has received medical treatment related to the child's disability Primary caregiver and child regularly receive services that support the child's ability to live with their family in the community 	<ul style="list-style-type: none"> Primary caregiver and child (over age eight with verbal/cognitive abilities) describe child's disability including child's capabilities Clinician confirmed that child has received recommended medical treatment Primary caregiver provided evidence of multi-sectoral services received including medical, legal, shelter, rehabilitation, and psychosocial services (e.g. returned referral slips, caregiver and children/adolescents reported service received, or service providers confirmed service received)

PRIORITY AREA 2 – ECONOMIC STABILITY AND SECURITY

KEY OBJECTIVE - INCREASE CAREGIVER'S ABILITY TO MEET IMPORTANT FAMILY NEEDS

EXPECTED OUTCOME - Caregivers meet the basic needs of children and unexpected household needs

CASE PLAN ACHIEVEMENT/GRADUATION BENCHMARK	MEANS OF VERIFICATION
<ul style="list-style-type: none"> Caregivers have provided a minimum of two balanced meals per day to all children and adolescents under his or her care in the past six months Caregivers were able to access non-project-related resources to pay for children's and adolescents' food-related expenses incurred in the last four weeks Caregivers were able to access non-project-related resources to pay for children's and adolescents' school-related expenses incurred during the past two school terms Caregivers were able to provide safe shelter to all children and adolescents under their care in the past six months Caregivers were able to access non-project-related resources to pay for any unexpected family and/or child-related expenses incurred in the last six months Caregiver saves regularly (informally or formally) 	<ul style="list-style-type: none"> Primary caregiver and child/adolescent self-reported eating at least two meals a day for the past six months, and describe the key components of a balanced meal Primary caregiver self-reported that all children's and adolescents' food-related expenses incurred over the past four weeks were paid for by the caregiver using non-project-related resources. Caregiver described the last time he or she bought food for cooking or eating and where the money for the purchase came from. Primary caregiver self-reported that all children's and adolescents' school-related expenses incurred over the past two terms were covered for by the caregiver using non-project-related resources. Caregiver described where payment for the last two school terms for school-age children came from (e.g. household financial resources) Primary caregiver self-reported that all safe shelter-related expenses for the past six months were covered for by the caregiver using non- project-related resources. Caregiver described where payment came from. Primary caregiver self-reported that all unexpected expenses incurred over the past six months were covered by the caregiver. Caregiver described the last unexpected expenses incurred, such as a house repair or urgent medical treatment, and where the money to pay for the expense came from. Caregiver self-reported saving money each month for the past three months

EXPECTED OUTCOME - Caregivers have access to income and savings

<ul style="list-style-type: none"> Caregiver has had access to at least one reliable source of income for the past three months Caregiver has access to household savings 	<ul style="list-style-type: none"> Caregiver or household member self-reported earning money from a productive activity for the past three months Caregiver self-reported household savings
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KEY OBJECTIVE – INCREASE ACCESS TO BASIC SHELTER

EXPECTED OUTCOME - Children have access to basic shelter

CASE PLAN ACHIEVEMENT/GRADUATION BENCHMARK	MEANS OF VERIFICATION
<ul style="list-style-type: none"> Children sleep in a safe place Children with disabilities live safely within the home 	<ul style="list-style-type: none"> Primary caregiver and children (or child only if there is no caregiver e.g., children in street situations) identified the place where children sleep and demonstrated that it is safe from weather / natural hazards (e.g. is structure adequate to keep the child dry and warm, i.e. hypothetically, if it had rained last night, would the child have been kept dry in the place they slept?), secure from destruction and unwanted entry, with access to adequate sanitation and not in a dangerous location Primary caregiver identified the places where the children with disabilities sleep, bathe, interact with family, and move freely within and in and out of the home

PRIORITY AREA 3 – CHILD CARE AND PROTECTION

KEY OBJECTIVE - REDUCE RISK OF PHYSICAL, EMOTIONAL AND PSYCHOLOGICAL INJURY DUE TO EXPOSURE TO VIOLENCE

EXPECTED OUTCOME - Children, adolescents and caregivers are not experiencing violence

CASE PLAN ACHIEVEMENT/GRADUATION BENCHMARK	MEANS OF VERIFICATION
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<ul style="list-style-type: none"> Children over age eight years, adolescent and caregivers can define abuse, neglect, and exploitation Children, adolescents and caregivers have not been exposed to or experienced abuse, neglect, or exploitation in the last six months Children/adolescents with disabilities have not been exposed to or experienced abuse, neglect, or exploitation in the last six months 	<ul style="list-style-type: none"> Children over eight years, adolescent and caregiver provided at least one example of (1) child maltreatment, (2) intimate partner violence, (3) sexual violence and (4) emotional or psychological violence (e.g. definition on page 14 of the INSPIRE: Seven strategies, also see annex) Children (with/without disabilities) over eight years, adolescent (with/without disabilities), and caregiver self-reported no exposure or experiences of abuse, neglect, or exploitation for themselves and children under eight years in their care in the past six months in response to questions about exposure and experiences
EXPECTED OUTCOME - Children, adolescents, and caregivers who have experienced violence receive appropriate violence response services	
CASE PLAN ACHIEVEMENT/GRADUATION BENCHMARK	MEANS OF VERIFICATION
<ul style="list-style-type: none"> Children (with/without disabilities), adolescents (with/without disabilities) and caregivers who have experienced violence have received a minimum package of multi-sectoral services: medical/forensic, safety/protection, psychological, legal/justice, and other supports, depending on the context 	<ul style="list-style-type: none"> Caregiver provided evidence of multi-sectoral services received, including medical, legal, safe shelter, and psychosocial services (e.g. returned referral slips, caregiver and children/adolescents reported service received, or service providers confirmed service received)
EXPECTED OUTCOME - Children, adolescents, and caregivers know how to access appropriate violence response services	
CASE PLAN ACHIEVEMENT/GRADUATION BENCHMARK	MEANS OF VERIFICATION
<ul style="list-style-type: none"> Children (with/without disabilities), adolescents (with/without disabilities), and caregivers can describe steps to take after experiencing violence – including where and how to seek services 	<ul style="list-style-type: none"> Primary caregiver, child over eight years and adolescent, with and without disabilities, described where and how to access (1) medical, (2) legal, (3) safe shelter, and (4) psychosocial services in their community
EXPECTED OUTCOME - Children and adolescents are under the care of a stable adult caregiver	
CASE PLAN ACHIEVEMENT/GRADUATION BENCHMARK	MEANS OF VERIFICATION
<ul style="list-style-type: none"> Children and adolescents (with/without disabilities) have been under the care of and lived with the same, stable adult primary caregiver for at least 12 months 	<ul style="list-style-type: none"> Caregiver identified by child/adolescent as his/her primary caregiver confirmed that he or she is an adult (over 18 years old), and has cared for and lived in the same home as the child/adolescent for at least the last 12 months
KEY OBJECTIVE - INCREASE ABILITY AMONG CHILDREN TO ACCESS BASIC SUPPORT	
EXPECTED OUTCOME - Caregivers, adolescents and children can access basic support	
CASE PLAN ACHIEVEMENT/GRADUATION BENCHMARK	MEANS OF VERIFICATION
<ul style="list-style-type: none"> Caregivers, adolescents and children (with/without disabilities) can identify someone in their lives to turn to for suggestions about how to deal with a personal problem, to access information about a health or child protection issue, to help with daily chores if they were sick, to do something enjoyable with, and who shows them love and affection Children (with/without disabilities) and caregivers who have experienced violence are not showing signs or symptoms of trauma or depression 	<ul style="list-style-type: none"> Caregiver, adolescent and children (with/without disabilities) can name someone who they can turn to (1) for suggestions about how to deal with a personal problem, (2) for information about a health or child protection issue, (3) for help with daily chores if they were sick, (4) for love and affection, (5) for doing something enjoyable with Caregiver and teachers confirmed that child/adolescent does not exhibit the following behaviors: (a) extreme sadness all the time, (b) withdrawn behavior, (c) not engaging in play or enjoyable activities, (d) lack of appetite for food, (e) other signs of depression
KEY OBJECTIVE – IMPROVE LEGAL STATUS	
EXPECTED OUTCOME - Children and caregivers have legal identification documents	
CASE PLAN ACHIEVEMENT/GRADUATION BENCHMARK	MEANS OF VERIFICATION
<ul style="list-style-type: none"> Children and caregivers have birth certificates, birth registration or other identification (ID) card issued by appropriate government authorities 	<ul style="list-style-type: none"> Caregiver presented birth certificates, birth registration or other identification cards

PRIORITY AREA 4 – EDUCATION AND DEVELOPMENT	
KEY OBJECTIVE - INCREASE SCHOOL ATTENDANCE	
EXPECTED OUTCOME - School-age children and adolescents regularly attend and complete educational programs	
CASE PLAN ACHIEVEMENT/GRADUATION BENCHMARK	MEANS OF VERIFICATION
<ul style="list-style-type: none"> School-age children and adolescents are enrolled in school, attend regularly and complete annual education cycles Adolescents enrolled in structured livelihood development activities attend regularly and complete the livelihood development activity program Children and adolescents with disabilities receive appropriate educational support and services within the home or school 	<ul style="list-style-type: none"> School administrator confirmed that school-age child/adolescent is enrolled in school and has not missed more than five days per month in the last six months Administrator of a livelihood activity (e.g. facilitator of technical or vocational training course or master trainer for an apprenticeship program) confirmed that adolescent did not miss more than five days per month in the last six months If the school-age child and adolescent has not completed their education cycle/livelihood development activity before the program ends, and they need further support to complete, the child/adolescent is transferred to another program to ensure this support until completion Primary caregiver or service provider provided evidence of educational services received by the child or adolescent and confirmed that child/adolescent did not miss more than five days per month in the last six months
EXPECTED OUTCOME - Preschool-age children regularly attend preschool programs	
<ul style="list-style-type: none"> Preschool-age children are enrolled in preschool programs and attend regularly Preschool-age children with disabilities receive appropriate educational support and services within the home or preschool program 	<ul style="list-style-type: none"> Preschool program administrator confirmed that preschool-age child is enrolled in preschool and has not missed more than five days per month in the last six months Primary caregiver or preschool program administrator confirmed that preschool-age child is enrolled in preschool and has not missed more than five days per month in the last six months
KEY OBJECTIVE – INCREASE SCHOOL PROGRESSION	
EXPECTED OUTCOME: School-aged children and adolescents have demonstrated expected progression over the last school year	
CASE PLAN ACHIEVEMENT/GRADUATION BENCHMARK	MEANS OF VERIFICATION
<ul style="list-style-type: none"> School-age children between ages 6-17 progressed from one grade to the next grade in the last year Adolescents enrolled in a vocational training course or apprenticeship program progressed from one level to the next level or graduated in the last year Children and adolescents with disabilities demonstrated progress in cognitive, functional and physical abilities 	<ul style="list-style-type: none"> School administrator confirmed that child/adolescent between ages 6-17 progressed from one grade to the next grade or graduated in the last school year Administrator of a vocational training course or master trainer for an apprenticeship program confirmed that adolescent progressed from one level to the next level or graduated in the last year Primary caregiver and service provider confirmed that child/adolescent made progress
KEY OBJECTIVE - IMPROVE DEVELOPMENT FOR CHILDREN < 5 YEARS	
EXPECTED OUTCOME - Primary caregiver of infants/young children is promoting early childhood stimulation	
CASE PLAN ACHIEVEMENT/GRADUATION BENCHMARK	MEANS OF VERIFICATION
<ul style="list-style-type: none"> Primary caregiver of children (with/without disabilities) under five years can describe examples of how and when household members engaged in early childhood stimulation with infants/children in the last week 	<ul style="list-style-type: none"> Primary caregiver demonstrated at least one recommended early childhood stimulation activity Primary caregiver self-reported at least one date/time in the last three days when the caregiver or any household member over age 15 engaged in early childhood stimulation with infants/young children

STEP 4: CHILD, FAMILY AND COMMUNITY PREPARATION

Standard Operating Procedures for Preparation

INSTRUCTIONS:

- PURPOSE:** To help the child, family, household members and community members consider and prepare for the various aspects of reintegration in order to be fully ready for the reunification with realistic expectations.
- Depending on the child's age, capacity and needs, preparation may include helping the child identify pros and cons of reunification, providing counselling and support to the child through individual and family sessions and helping the child to set realistic expectations.
- Family preparation may include supporting pre-reunification visits, helping the family utilize support to address immediate needs, assisting with access to needed services, and providing counselling on certain topics (such as the child's need for attachment and bonding, possible trauma-related behaviours, positive parenting, home hygiene, basic health).
- Community preparation may include meetings to inform community leaders and community members, working with community leaders and members to anticipate and address potential issues, identifying ways in which the community can support the child and family and having community members prepare a welcoming ceremony.
- WHO FACILITATES:** PSWO, case worker, social worker
- WHO PARTICIPATES:** PSWO/case worker/social worker, child, family, extended family members, Children's/ Remand Home staff, community leaders, members and organizations
- ACTIONS:** A number of actions are involved in preparing the child, family and community for reunification. The PSWO/case worker/social worker is responsible for coordinating and facilitating the process, including:
- Sharing information with children, families and communities
 - Discussing changes that have occurred with regard to the child and family and concerns regarding reunification
 - Identifying and mediating discussions around expectations and responsibilities (child's of family, family of child, etc.)
 - Facilitating pre-placement home visits between child and family
 - Ensuring the family has basic items needed to accommodate the return of the child (bed, bedclothes, clothes, hygiene items, food, etc.)
 - Ensuring child is enrolled in school and facilitating child to visit the school
 - Counselling and supporting the child and family members throughout the process
 - Communicating with community leaders and members
 - Connecting child and family to needed services to support reintegration
 - Supporting the family and community to plan a welcoming celebration

The following forms are used during the placement preparation process:

- 4A- Child, family and community preparation checklist
- 4B- Community Profile



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Form 4A: Child, Family and Community Preparation Checklist

Case Number:	Case Worker:	Date:
Child's Name (include nick name):	Age:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Name/NIN of Caregiver:	Tel Contact of Caregiver:	
Administrative		Date completed
The assessment shows that it is safe for the child to be reunified with the caregiver.		
Reunification has been approved by PSWO/Alternative care panel		
Case Worker has informed and coordinated with the local PSWO, CDO and LC1 regarding the date of reunification.		
Date for placement has been agreed with the child and family.		
With Child		Date completed
Preparatory sessions (individual and family sessions for aged 7 and above) have been held with the child and he/she is willing to be reunified.		
Pre-visits have been undertaken and the child is ready to be reunified.		
Safety plan developed and agreed with child, as age appropriate.		
With Family (General observation)		Date completed
Pre-visits have been undertaken and the family is willing and able to receive the child.		
Family support networks (relatives, friends, colleagues) have been identified and mobilized to reinforce the placement.		
Basic items to support placement of child have been secured (bed, bedclothes, clothes, hygiene items, food, etc.)		
Safety plan developed and agreed with child and family.		
Community		Date completed
Community resources have been mobilized to reinforce the placement.		
Education services are agreed and arranged.		
Health plan to manage child(ren)'s medical issues is agreed, and services arranged.		
Community leaders (CDO, LC1), PSW and community members have been notified of the placement.		
Community leaders and members plan to welcome and support the child and family is agreed.		

Case Worker's Name: _____ Date of Assessment: _____

Signature: _____ Contact: _____



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Form 4B: Community Profile Form

INSTRUCTIONS: Please complete the community profile for each community that will be receiving children being reintegrated with their families or placed in family-based care.

DISTRICT:		SUB-COUNTY:		PARISH:		VILLAGE:	
COMMUNITY RESOURCES							
Resource	Within Village	Within Parish	Within Sub-county	Within District	Comments		
Early Childhood Development/Day Care							
Primary School							
Secondary School							
Vocational School							
Health Clinic							
Hospital							
Community Center							
Police							
PSWO							
LC1							
Child Protection Committee							
Religious Structures (churches, mosques, temples)							
CSOs, NGOs, CBOs							
Economic Strengthening Support							
Family Strengthening Support							
Psychosocial Support							
Youth Group							
Parent Support Group							
Community Volunteer / Volunteer Group							
Food Market							

Details of NGOs and CBOs in the community				
Name	Contact Person	Address	Phone	Services Provided

STEP 5: REUNIFICATION / PLACEMENT

Standard operating procedures for reunification

INSTRUCTIONS:

- PURPOSE:** Reunification is not the process of reintegrating the child but rather the physical reuniting of the separated child and his or her family or the moment the child transitions from the RCF to the family care.
- WHO FACILITATES:** PSWO, case worker, social worker
- WHO PARTICIPATES:** PSWO/case worker/social worker, child, family members
- ACTIONS:** The PSWO/case worker/social worker is responsible for coordinating and facilitating the reunification, including:
- Setting the date of transition in collaboration with child, family and Children's/Remand Home staff
 - Organizing the transition including transport and who will be present
 - Accompanying the child to the family home
 - Planning for the first monitoring visit
 - Reviewing the safety plan with child and family



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Form 5: Reunification / Placement form

Case Number:	Case Worker:	Date:
Child's Name (include nick name):	DOB/Age:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Current location of the child:	Date of Admission:	
Date of placement/reunification:		
Type of placement	<input type="checkbox"/> Child reunited with biological parents <input type="checkbox"/> Child reunited with extended family members <input type="checkbox"/> Child placed in short-term foster care <input type="checkbox"/> Child placed in long-term foster care	<input type="checkbox"/> Child adopted/domestic <input type="checkbox"/> Child adopted/intercountry <input type="checkbox"/> Child moved to independent living <input type="checkbox"/> Other, please specify:
Reason for choice of placement (please explain if reunification is not an option)		
Summary of child's circumstances		
Summary of child's health situation		
Summary of child's educational situation		
Reunification/Placement Information		
Name of the person with whom the child is placed/reunified (include NIN):	Tel contact:	
Relationship to the child:		

Village/L/C1:	Parish:	
Sub County:	District:	
Was a placement/reunification package given to the family?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, what was included?		
What future support will be provided (school fees, IGA funds, etc.) and for how long? (If applicable)		
Name and Signature of the person receiving the child (include NIN):		Date:
Name and signature of LC1 Official:	L/C Stamp:	
Person completing form		
Name:	Organization/Agency:	
Title:	Date:	
Signature	Tel contact:	
Name of the PSWO:	Name of the CDO:	
District:	Sub-county:	
Signature:	Signature:	

STEP 6: CASE FOLLOW UP

Standard operating procedures for case follow-up

INSTRUCTIONS:

PURPOSE:	To provide on-going monitoring, support and assessment to ensure that the placement is still in the child's best interest. Provides the opportunity to build the capacity of the family, provide psychosocial support, monitor the achievements in the case plan and add new activities to the case plan, as needed.
WHO FACILITATES:	PSWO, CDO, case worker, social worker, PSW
WHO PARTICIPATES:	PSWO, CDO, case worker, social worker, PSW, child, family, extended family members, community leaders, CBOs
ACTIONS:	Monitoring is a process that involves meeting with: <ul style="list-style-type: none">▪ the members of the family, including the caregiver(s) and child(ren) during home visits;▪ service providers to whom the household has been referred; and▪ others who regularly interact with the child or caregiver.

During the home visit, the person monitoring will observe and talk to the child, parents (or primary caregiver) and other members of the household, as well as neighbours or community support members to learn about how the placement/reintegration is going.

1. Review any changes to the child or caregiver's circumstances, review the case plan to determine which actions have been completed and any challenges faced in completing actions, and raise any concerns or highlight achievements noted by service providers or others who regularly interact with the child or caregivers.
2. Review other areas of the child's wellbeing including: psychosocial health and wellbeing, child protection and safety, caregiver-child relationship and attachment, and social and community belonging.
3. Consult with community members to assess the community's response to the child's presence and how the child is adjusting to the community norms and if community resources are being accessed by the family.
4. Visit the child's school in order to learn from the teachers about performance, behaviour and peer relationships.
5. Assess, through observation and conversation, areas of risk, changes (both improvements and deteriorations), work toward goals, required actions and/or follow-ups.
6. Work with the child and caregiver to solve any problems or concerns preventing the achievement of the case plan goals, address any emergency concerns, make changes to the case plan as appropriate (e.g., adding, eliminating, and/or changing actions to better address the child's and caregiver's current circumstances), and note the child's and caregiver's approval of any changes.
7. Document the visit by completing the Case Follow-up Form and placing it in the case file.



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Form 6: Case follow-up form

CASE DETAILS		
Case Number:	Case Worker:	Contact information:
Primary caregiver name:		Caregiver's phone number:
Child's name:	Age:	
	Sex:	
Place of residence:		
Number of children in the household:		Total number of people in the household:
Date of visit:		Time of visit:
List those present during the follow-up visit:		
PRIORITY AREA: 1. SURVIVAL AND HEALTH		YES/NO & COMMENT
		<i>Note: Comments must be included for each item</i>
The family has adequate shelter that is clean, dry and safe.		
The family has access to safe drinking water and appropriate sanitation and hygiene facilities.		
All members of the household have had regular meals twice a day in the last three months.		
All members of the household have been healthy since the last visit.		
All members of the household have access to health care.		
Services for acute and chronic health issues have been accessed including services for children with disabilities.		
PRIORITY AREA: 2. ECONOMIC STABILITY AND SECURITY		YES/NO & COMMENT
		<i>Note: Comments must be included for each item</i>
The caregivers have a reliable income and are able to provide for the needs of the child(ren).		
The caregivers are able to cover the costs of housing and food.		
The caregivers are able to cover the costs of school fees.		
The caregivers engage with an individual or group for social and emotional support.		
Members of the household continue to express a sense of well-being and stability and feel positive about the future.		

PRIORITY AREA: 3. CARE AND PROTECTION	YES/NO & COMMENT <i>Note: Comments must be included for each item</i>
In the last three months, the child(ren) in the household have been engaged in activities in the home, neighborhood or community, including playing with siblings or friends.	
When observing caregivers and children together, the communication, attachment and engagement between them appears to be positive.	
There is no evidence of violence in the household.	
Caregivers are connected to local support networks including neighbors, community groups, religious groups and local authorities.	
Any abused member of the family is no longer subjected to the form of abuse.	
For those linked to probation, police or other justice services: the household continues to receive social protection or legal support services.	
Any known mental health and substance abuse issues are being cared for.	
PRIORITY AREA: 4. EDUCATION AND DEVELOPMENT	YES/NO & COMMENT <i>Note: Comments must be included for each item</i>
All children 6-17 years old in the household have attended school, vocational training or apprenticeship training regularly since the last visit (i.e., no more than five absences per month).	
All the school going children have a midday meal and the necessary scholastic materials.	
All school going children are making steady progress in school, vocational training or apprenticeship training.	
In the last three months, the child(ren) in the household have been engaged in school including playing with friends.	
There are no noted concerns about continued schooling, including secondary school, vocational training or apprenticeship training.	
Additional comments:	
Household is progressing well (achieving case plan goals): Yes <input type="checkbox"/> No <input type="checkbox"/>	
Case ready for closure: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Recommended action plan for the next month:	
Name and contact details of organizations/government departments providing services:	
Case Worker:	Date:

STEP 7: CASE CLOSURE AND TRANSFER

Standard operating procedure for case closure and transfer

INSTRUCTIONS:

PURPOSE:	Case closure or closure of a case file is an administrative process that occurs when a child and household are no longer receiving case management support. Case closure occurs in cases where it is deemed that the family no longer requires case management support, the case needs to be transferred (see also Case Transfer Form) or the family no longer wants to receive case management services.
WHO FACILITATES:	PSWO, case worker, social worker
WHO PARTICIPATES:	PSWO/case worker/social worker, child, and all family members
ACTIONS:	As the end or transition of case management services nears, the case worker will discuss with the child and family about case closure/transfer and what supports, if any, they might need in the future. Discussions with the family and child will also include the experience of working together, ending the relationship, preparing for the transition, aftercare plans and future problem-solving tools for if/when issues arise. In the final home visit, the case worker and the family will celebrate progress and achievements and ensure that the family has contact information for public services in case of need.

The PSWO/Case Worker/Social Worker should carry out the following steps:

- Use the [Case Closure Checklist](#) to ensure that the family's contact information has been recorded and that the family has information regarding whom to contact in case of emergency.
- Ensure that the database has recorded the case closure or transfer (see also Case Transfer Form).
- Close case files and secure the files in a locked cabinet.
- After the number of years required by law, safely dispose of the files.

The following forms are used during the case closure/transfer process:

- 7A- Case Closure checklist
- 7B- Case Transfer



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Form 7A: Case closure checklist [OVCMIS FORM 017]

Case Number:		Case Worker:	
Child's Name:		Date:	
Caregiver's Name:			
Caregiver's NIN:			
Caregiver's address:			
Caregiver's phone number:			
Case plan has been reviewed and the disposition has been agreed upon by child and family.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for case closure (circle): Case Plan Achievement <input type="checkbox"/> Transfer <input type="checkbox"/> Attrition <input type="checkbox"/>			
Explain reason for closure:			
Any other relevant information:			
Date of case closure:			
Case Closure Checklist for Case Plan Achievement			
Case files completed per the protocol.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Case Worker has connected the family to local support network.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Informed necessary service providers of case closure.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Case closure recorded in database of Government.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Files stored in a safe place (locked cabinet).			Yes <input type="checkbox"/> No <input type="checkbox"/>
Case Closure Checklist for Transfer			
Case Transfer Form completed per the protocol.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Informed necessary service providers of case transfer.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Copy of family folder sent to receiving Case Worker.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Files stored in a safe place (locked cabinet).			Yes <input type="checkbox"/> No <input type="checkbox"/>
Case Closure Checklist for Attrition			
Reason for attrition documented in family folder.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Files stored in a safe place (locked cabinet).			Yes <input type="checkbox"/> No <input type="checkbox"/>
Case Worker name:		Title:	
Contact number and address:			
Case Worker signature:		Date:	
PSWO Name:			
Signature:		Date:	



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Form 7B: Case transfer form

Case Number:	Case Worker:	Child's Name:
Caregiver's Name:	Date:	
# of children in the HH	# of adults in the HH	
Address and phone number of Caregiver:		
Planned date of transfer:		
Reason for transfer:		
Case Worker transferring the case		
Name:	District:	
Phone number:	E-mail:	
Case Worker receiving the case		
Name:	District:	
Phone number:	E-mail:	
Family's/child's strengths and assets:		
Ongoing family's/child's needs (including any emerging critical needs):		
All services provided prior to transfer:		
Services that are needed:		
Caregiver signature:	Date:	
Case Worker signature:	Date:	

ACCOMPANYING FORMS

Standard Operating Procedures for Referral

INSTRUCTIONS:

- PURPOSE:** To ensure that children and families access and participate in appropriate and timely services to support the placement and reunification/reintegration, such as skills training, support groups, public services, health services, etc.
- WHO FACILITATES:** PSWO, case worker, social worker
- WHO PARTICIPATES:** PSWO/case worker/social worker, child, family members, CBOs, NGOs, community service providers
- ACTIONS:** The case worker will be aware of the community services and resources that exist in the family's community, including a wide range of both public (government) and private or non-governmental programs and services. Services could include: social welfare, child protection, parenting or other skills training, household economic strengthening or income generation, support groups, youth groups and kids' clubs, faith-based groups and churches, education services, disability or other specialized services, day care centres, early childhood services, health services (prevention and treatment), counselling, etc.

Supporting children and families for referral to services can include:

- Using the child and family assessment process to identify services that will be needed.
- Conducting community mapping to be informed of existing services to meet those needs.
- Working with others to identify community resources and services.
- Alerting the receiving organization that a referral is being sent.
- Accompanying the child or family to the service provider.
- Following up with the service provider and/or following up with the family.

Guidelines for Completing Service Provision and Referral Form

Referral Form Section	Instructions/Guidance
General	<p>(a) The form should be filled by the responsible case worker for all referrals made.</p> <p>(b) The form should be filled in triplicate. The first copy should remain in the booklet, the second copy should be attached to the report/case file, and the third copy should be attached to the agency's quarterly report to the District Probation and Social Welfare Officer (DPSWO).</p> <p>(c) Sections 1-4 should be filled by the agency referring the child.</p> <p>(d) Section 5 should be filled by the agency to which the child has been referred and returned by the agency or the child/person accompanying the child to the agency that referred the child.</p> <p>(e) The feedback section of the form is perforated so that it can be torn and returned to the agency that referred the child.</p> <p>(f) If there is any additional information that needs to be provided when completing this form, but there is insufficient space on the form, please complete and attach separate sheets.</p> <p>(g) For any help in completing this form, please contact the Community Development Officer (CDO) or DPSWO or call 116.</p>
1. Details of the agency referring the child	<p>(h) Name of the agency: Please state the full name of the organization/department/institution that is making the referral. Whenever relevant, the abbreviated name should be indicated in brackets.</p> <p>(i) Title: This should be the title of the person making the referral.</p> <p>(j) Stamp: The form should be endorsed with the official stamp of the institution/department.</p>

2. Details of the case reported for which referral is being made
 - (h) Name: Please provide the full name of the child you are referring, including any middle names and nicknames.
 - (i) Age: Age should be written in completed years (e.g., 2). Ask for the date of birth to verify the child's age. Please enter the approximate age if it is not known. The word APX should be written in brackets thereafter e.g., 6 (APX).
 - (j) Sex: Please indicate whether the child you are referring is male (M) or female (F).
 - (k) Unique Identifier: The first agency that receives a child with a new case should allocate a unique identifier to the child. All the other referral agencies that provide service(s) to the child should use the same unique identifier issued by the first service provider.
 - (l) Case Number: Each service provider should allocate a unique case number for each case received.
 - (m) The nature of the case: Specify as much as possible.
 - (n) Date of occurrence: Dates should be written in this order: DD/MM/YYYY, e.g., 05/06/2014.
 - (o) Other risks/vulnerabilities/special needs: Based on the case assessment, what other real or perceived risks/vulnerabilities/special needs does the child have that the referral agency should be aware of or address? These could include a speech impairment, being an orphan, the child staying with the alleged perpetrator, etc.
 - (p) The person accompanying the child: This is the person who moves with the child to the agency. He/she may or may not be the parent or guardian of the child.
 - (q) Relationship to the child: He/she could be a parent, guardian, neighbour, community member, nongovernmental organization member, local council (LC) official, etc.
 - (r) Name of Caregiver. This should be the person having parental responsibility for the child at the time the alleged violation occurred.
 - (s) In urban areas, use Cell for Village; Ward for Parish; and Division for Sub-County. These should reflect the child's residential location prior to the alleged violation.
3. Services to the child
 - (t) Services: Mention the specific services the child has received from the referring agency and/or other service providers or those that you are seeking from the referral agency. Instead of listing the priority areas, list the specific services, e.g., provide income generating activities, food assistance, support to access medical examination, medical care/treatment, counselling, etc.
 - (u) Documents supporting referral that are enclosed:
 - (v) Informed assent/consent: Prior to referral, discuss the referral process, and the reason(s) for and outcomes of the referral with the parent or child. The child should assent and/or the person accompanying the child should consent to the referral by signing.
 - (w) Where necessary, attach copies of the completed assessment forms/reports for the child.
4. Details of the agency to which the child is being referred
 - (x) No additional instructions required
5. Feedback to the agency from which the child was referred
 - (y) The feedback section should be filled by all agencies referred to even when they decide to make further referrals.
 - (z) Date of arrival at the referral point: refers to the first time the service provider meets the client.
 - (aa) When an agency is making a further referral, it should fill a fresh Service Referral Form from their booklet.



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Form 8: Service Provision and Referral Form [OVC MIS FORM 009]

REFERRAL FORM FOR CHILDREN IN NEED OF ADDITIONAL SERVICES (REVISED MAY 2019)

1. DETAILS OF THE AGENCY REFERRING THE CHILD

Name of the agency: _____
Location: _____
Agency phone number: _____ E-mail: _____

2. DETAILS OF THE CASE REPORTED FOR WHICH REFERRAL IS BEING MADE

Name of the child: _____ Age: _____ Sex: _____ NIN/unique identifier: _____
District: _____ Sub-County/Division/Town Council: _____
Parish/Ward: _____ Village/Cell/Zone: _____
Nature of the case reported and/or referred: _____ Date of occurrence: _____
Other risks/vulnerabilities/special needs: _____
Has the case been reported to the Uganda Child Helpline (116)? Yes/No. If yes provide 116 case number.....
Name of the person accompanying the child: _____ Phone number: _____
Residence: _____ E-mail: _____ Relationship to child: _____
Name of the caregiver: _____ NIN: _____
Phone number: _____ District: _____
Sub-County/Division/Town Council: _____
Parish/Ward: _____ Village/Cell/Zone: _____

3. SERVICES TO THE CHILD

Service(s) provided before referral: _____
Reason for referral: _____
Documents supporting referral that are enclosed: _____
Informed Assent / Consent: Signature: _____
Name: _____

4. DETAILS OF THE AGENCY TO WHICH THE CHILD IS BEING REFERRED

Name of the agency: _____ Location: _____
Name of the contact person: _____
Phone number: _____ E-mail: _____
Name of the Case Worker referring the child: _____ Title: _____
Phone number: _____ Email: _____
Signature & Stamp: _____ Date: _____

----- (This is a tear-off section) -----

5. FEEDBACK TO THE AGENCY FROM WHICH THE CHILD /FAMILY WAS REFERRED (To be torn off and returned to the agency from which the child was referred)

Name of person to whom services were provided: _____

NIN/Unique identifier: _____ Case No: _____

Date of arrival at service point: _____

Name of the agency: _____

Contact person: _____

Service(s) provided by the referral agency: _____

Additional service(s) required / Any other critical information or documents enclosed: _____

Name of the person providing feedback: _____ Title: _____

Phone number: _____ E-mail: _____ Date: _____

Signature & Stamp: _____ Serial no _____



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Form 9A: Parent / Caregiver Consent Form

I, _____ (name), who is the _____ (relationship) of _____ (child's name), give my permission for _____ to securely store my child's and my family's personal details in their case management system (paper and electronic). I also give permission to share information about my background, as explained below:

1. I understand that in giving my authorization below, I am giving permission to share specific case information regarding my child's and family's background with the service provider(s) I have indicated below, so that I can receive help with:

Education/School Services:	Yes ___ No ___	Legal & Protective services:	Yes ___ No ___
Psychosocial Services:	Yes ___ No ___	Community Services:	Yes ___ No ___
Health/Medical Services:	Yes ___ No ___	Livelihoods Services:	Yes ___ No ___

2. I understand that information will be shared only as necessary to provide the assistance I request or need, and that at any point, I have the right to change my mind about sharing information with the with the above-mentioned agencies or service provider.
3. I have been informed and understand that information may also be shared for purposes of reporting actual or suspected abuse, neglect or exploitation of a child in my care to mandated authorities.

I understand that shared information will be treated with confidentiality and respect.

Signature/Thumbprint of child: _____ Case Worker: _____

Date: _____



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Form 9B: Child Assent Form (12-17 years)

I, (child's name) _____, give my permission for _____ to securely store my personal details in their case management system (paper and electronic). I also give permission to share information about my background, as explained below:

1. I understand that in giving my authorization below, I am giving permission to share specific case information regarding my background with, so that I can receive help with:
 - reintegration with my family,
 - education,
 - safety and health services,
 - psychosocial,
 - and/or any legal needs.
 - Livelihoods Services:
2. I understand that information will be shared only as necessary to provide the assistance I request or need, and that at any point, I have the right to change my mind about sharing information with the designated agencies listed above
3. I have been informed and understand that information may also be shared for purposes of reporting actual or suspected abuse, neglect or exploitation to child protection authorities to protect my safety and wellbeing or those of other children in my household.

I understand that shared information will be treated with confidentiality and respect.

Signature/Thumbprint of child: _____ Case Worker: _____

Date: _____



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Standard operating procedures for case conferencing

INSTRUCTIONS:

WHAT: A case conference is a formal, planned, and typically multidisciplinary meeting involving service providers from a variety of fields involved in the care of a child and/or household, with the aim of reviewing service options across sectors and agencies and making decisions with the best interests of the child in mind. Case conferencing brings together service providers from different backgrounds and sectors that, through their expertise and experience, can understand and discuss a problem from a range of perspectives and identify unique solutions that are tailored to the individual case.

This inter-agency discussion is intended to help to clarify the child's and household's situation, gain agreement regarding the best way to proceed, and make needed adjustments to the case plan. Case conferences can take place any time throughout the CM process from assessment to case planning to monitoring to case closure. Cases may range from abuse, neglect, exploitation, child custody, reintegration, VAC, GBV, school enrollment, vocational/apprenticeship placement and withdrawal from labour.

WHO FACILITATES: The senior PSWO, CDO, can call a case conference on behalf of multiple stakeholders involved in child programming in their area of jurisdiction. Upon receiving complex, difficult or delayed cases requiring urgent or emergency multi-sectoral response.

WHO PARTICIPATES: An inter-agency or multisectoral team is assembled to provide input and develop a case plan as a team. Representatives from each organization/group of the multisectoral team should attend to ensure that each person is aware of who is responsible for following through on which action and/or referral. Everyone in attendance should sign a Confidentiality Agreement Form (figure 2 on following page), which can also be found in the additional guidance in the SOPs on data protection protocols. Before a senior PSWO/CDO calls a case conference, they should familiarize themselves with the case and determine if it is appropriate for the child or caregiver to attend the conference.

- HOW:**
- In preparation for the case conference, the senior PSWO/CDO in collaboration with the Parish Chiefs / Case Managers and Case Workers should arrange a time and place for the case conference and review the case file(s) prior to the conference
 - At the case conference, everyone attending should sign the Confidentiality Agreement Form upon arrival. No confidential information should be shared until everyone has signed.
 - The Parish Chief / Case Manager or Case Worker should present the details of the case (or cases) for discussion.
 - After discussions, the case conference members should agree on actions to be undertaken, by whom, and by when.
 - The PSWO/CDO should keep minutes of the meeting, including decisions and assignments made, as well as follow-up actions to be taken **after the case conference**.
 - The Case Worker should summarize the proceedings of the case conference using the Case Conference Form
 - The PSWO/CDO should send the minutes summarized in the Case Conference Form to the attendees for use in follow-up.
 - The PSWO/CDO should plan a follow-up case conference to assess progress towards agreed-upon actions.

CONFIDENTIALITY AGREEMENT (for case conferences)

ACKNOWLEDGEMENT OF CONFIDENTIALITY OF FAMILY AND CLIENT INFORMATION

I agree to treat as confidential all information about all children and their families that I learn during the performance of my duties as _____ (position /title) and member of the case conference. I understand that it is a violation of policy to disclose such information to anyone outside the case conference membership.

NAME OF MEMBER: _____

SIGNATURE OF MEMBER: _____

DATE: _____

It should be noted that while the above form is specifically about confidentiality of information received during case conferencing meetings, a similar approach can be used for all levels of data collection, sharing, and management.



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Form 10A: Case conference form [OVCMIS FORM 013]

NOTE: No client names should appear in case conference proceedings (minutes). Planned actions to be updated into individual case plans by case worker. Use additional paper if necessary

Child's Unique Identifier/NIN:		Age:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Household Head NIN/HH ID No:		Age:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Date:	District:		Venue:
Number of participants:	Name and title of conference chairperson:		
In attendance			
Name	Agency	Position	Contact Information
Place of case origin (sub-county, parish, village):			
Nature of Case Risk(s)/Need(s):			
Case summary (not more than 100 words):			
Agreed-upon planned actions		Responsible person	Timeline (less than 12 months)
Signed by Chairperson:		Date:	
Case Worker Name:			
Signature:		Date:	
Reviewed by Community Development Officer (CDO)/Probation and Social Welfare Officer (PSWO)/District CDO:			
Name:		Title:	
Signature:		Date:	
Approved by District Probation and Social Welfare Officer (PSWO)			
Name:		Title:	
Signature:		Date:	



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Form 10B: Confidentiality agreement – For case conferences

ACKNOWLEDGEMENT OF CONFIDENTIALITY OF FAMILY AND CLIENT INFORMATION

I agree to treat as confidential all information about all children and their families that I learn during the performance of my duties as _____ (position title) and member of the case conference. I understand that it is a violation of policy to disclose such information to anyone outside the case conference membership.

NAME OF MEMBER: _____

SIGNATURE OF MEMBER: _____

DATE: _____

It should be noted that while the above form is specifically about confidentiality of information received during case conferencing meetings, a similar approach can be used for all levels of data collection, sharing, and management.



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Report Child Abuse

CALL 116 TOLL FREE