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| **2.A. COMPREHENSIVE BEST INTERESTS ASSESSMENT FORM OVERVIEW** | |
| **Case management step** | Step 2: assessment |
| **Core / supplementary form** | Core form |
| **When to complete** | Comprehensive BIA should be completed when:   * Following identification of a child at risk * Initiating family tracing and reunification * Providing temporary care * Implementing durable solutions (e.g. voluntary repatriation for separated children * Resettling a child with only one parent (as per requirement of specific countries) * Supporting significant changes in registration information including card merging or card splitting   Or when required particularly in the event of after a case review found a significant change in the context of the child that warrants another assessment.  Depending on risk level of the case   * High: immediately after registration, before leaving the child. * Medium: within 3 days after registration. * Low: within 1 week after registration. |
| **Who should complete** | Assigned caseworker to the case. |
| **Purpose of form** | To record information gathered on the case regarding both risks and needs, as well as strengths and resources. The information recorded in this form will be analysed and used as a base for developing the case plan. |

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| **CONSENT** | |
| Does the child (or caregiver if appropriate) give informed assent or consent for the interview?  YES  NO  Does the child (or caregiver if appropriate) give informed assent or consent to receive case management services?  YES  NO  Does the child (or caregiver if appropriate) give informed assent or consent to share information with other organizations for service provision?  YES  NO  Does the child (or caregiver if appropriate) give informed assent or consent for sharing non-identifiable information for statistical purposes?  YES  NO | |
| **Person providing consent name / ProGres** **ID:** | **Relationship to child** (select ‘Child’ if no caregiver): |
| **Restrictions on information sharing:** | |

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| **PRIORITY OF CASE** | | The child is at imminent risk?  Yes  No  Emergency (Immediate response)  High Risk (24 hours)  Medium Risk (3 days – 1week)  Low Risk (1-2 weeks) | | | | | | | | |
|
| **GENERAL** | | | | | | | | | | |
| **UNHCR Individual Number** |  | | | | | **Child Protection Case #**  **(UNHCR internal use)** | |  | | |
| **BIA Number**  **(UNHCR internal use)** |  | | | | | **Date case was opened** | |  | | |
| **Prior BIA/BID**  **Conducted:** | Yes, indicate date completed  No | | | | |  | |  | | |
| **BIA Status** | Pending interview  Pending recommendation  Pending review  BIA completed | | | | | **BIA status change reason** | |  | | |
| **Main purpose of BIA** | Child at risk  Alternative Care  Family tracing  Family reunification | | | Resettlement  Voluntary repatriation  Other | | **Main purpose of BIA (details)** | |  | | |
| **Partner Organization:**   |  |  | | --- | --- | | **CPIMS No:** |  | |  | |  | |  | |  |  | |  | | | | **Source of referral (when applicable)** | | Reception  Registration  Resettlement  RSD  UNHCR Protection  Assistance  Other | | Partners  Government  Person of Concern  Internal (within Plan/IRC)  Community Structures | |
| **BIO DATA** | | | | | | | | | | |
| 1. **First Name** |  | | 1. **Middle Name** | | |  | | 1. **Family Name** | |  |
| 1. **Date of Birth** | DD/MM/YYY | | 1. **Current age** | | |  | |  | |  |
| 1. **Sex** | Female  Male  Other | | 1. **Place of Birth** | | |  | | 1. **Country of Origin** | |  |
| 1. **Ethnicity** |  | | 1. **Religion** | | |  | | | | |
| 1. **Legal status** |  | |  | | |  | | | | |
| 1. **Education Level** |  | | 1. **Languages spoken** | | |  | | 1. **Nationalities** | |  |
| 1. **Contact details** |  | | 1. **Current address** | | |  | |  | |  |
| 1. **Date of entry CoA** |  | | 1. **Linked Cases** | | |  | | | | |
| 1. **Country of asylum** |  | | 1. **Date of flight** | | |  | | | | |

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|  | **Parent / Current Caregiver information***[[1]](#footnote-1)* | | | | | | |
| **Mother** | | **Father** | | | | **Current Caregiver** | |
| **Name** | | **Name** | | | | **Name** | |
| **Current location (Country/Address):** | | **Current location (Country/Address):** | | | | **Current location (Country/Address):** | |
| **Currently in contact?**  YES  NO  Phone number: | | **Currently in contact?**  YES  NO  Phone number: | | | | **Currently in contact?**  YES  NO  Phone number: | |
| **Child’s Siblings and Other Family Members** | | | | | | | |
| **Name** | | | **Sex** | **Age** | **Relationship** | **Current whereabouts** | **Supported through Case Management Process (Yes/No)?** |
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| **SECTION 1: History of family separation and Tracing Needs[[2]](#footnote-2)** |
| **1a) Family Separation** |
| **How did you become separated from your family? (Indicate time, place of separation, as well as causes of separation?** |
| **When did you last see your mother/father? Where? Where do you think your mother/father is now?** |
| **Why did you leave your home country?** |
| **How did you travel to (name of the country of asylum)? (Indicate mode and route of travel, names of persons who assisted and their relationship to the unaccompanied/separated child)** |
| **When did you arrive in (name of the country of asylum)?** |
| **Do you have any relatives or friends in (name of the country of asylum)? If so, provide name, relationship.** |
| **Is there anything you would like to tell about your flight?** |
| **1b) Tracing Needs and Results** |
| **Does the child need a family tracing and reunification interventions?** **Yes** **No**  **If yes, details of person to be traced:**     |  |  |  | | --- | --- | --- | | **Names** | **Relationship** | **Last known address** | |  |  |  |  |  |  | | --- | --- | | **tracing started on** |  | | **status** |  | |

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| **SECTION 2: Care Arrangements and Living Conditions** | | | | | | |
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| **2a) Consultations with Child on Care Arrangements** | | | | | | |
| **Who do you currently live with?** More than one possible  Immediate family  Female-headed household  Elderly Caregiver  Child Headed Household  Extended family  Formal Care Arrangement  Informal Care Arrangement  Supported Independent Living  Institutional Care  Others: | | | | | | |
| **How is your relationship with your family/ the people you live with? Do you like to stay here?(**If child spouse, ask about treatment from spouse and family)  *Describe the present care arrangement from the child’s point of views, you do not need to quote the child (“the child explained that he is presently living with…”). Be detailed: what is the precise family link between child and caregiver? Since how long do they know each other? How often were they in contact before the child came and live with him/her? how was the relationship before? How is the relationship now? How does the caregiver support the child? Does s/he cook for the child? Do they eat together? Do they play together? Is the caregiver supportive when child is facing problems? Does the child trust the caregiver? Does the child want to live with caregiver on the long term?* | | | | | | |
| **In case of no home visit – Ask the child how they would describe the place where they are staying? Otherwise fill in from your own observations.** | | | | | | |
| **If home visit conducted**  **Date:**  Was the child present during the visit?  Yes  No | **Which type of accommodation:**  House/apartment  Host Family  Collective Shelter/Centre  Tent  Other (specify) | | | | **Housing conditions:**  Overcrowding  Dangerous items in household  Unhygienic  Not suitably equipped for climate  Other (specify) | |
| **Interviewer’s observation:** (Number of rooms, number/identity of persons sleeping in same room as child, WASH assistance received, does the family have a UNHCR/WFP ration card? Does the child have any other material needs CRIs/NFIs) | | | | | | |
| **2b) Family Members living with the child** | | | | | | |
| Full Name | | Relationship to caregiver/child | Sex  (M/F) | ProGres Group/Household # | Date of Birth / Age | Specific needs |
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| **2c) Consultation with parents/ adult caregivers on Care Arrangements** | |
| **Name:** | **Date of Birth/Age:** |
| **Sex:**  Male  Female | **Nationality**: |
| **Relationship to child:** | **Religion:** |
| **Are you the legal guardian for this child?**  No  Yes if yes, are guardianship documents available?    Not legally, but with permission of the parents | |
| **How would you describe your relationship with the child?** | |
| **How is the child getting along with other children? What daily activities are they engaged in at home?** | |
| **IF SEPARATED OR UNACCOMPANIED ONLY: What information do you have about the child, his/her life and the family separation?** Include information about status of father or mother, any contact caregiver has with child’s other family members, etc. | |

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| **SECTION 3: Health and Safety** |
| **3a) Safety/Security (Complete Part F if specific concerns arise)** |
| **Do you feel safe here (in your accommodation, in your neighbourhood, etc)?** If not what are the reasons, list any concerns.  If there is a concern, have you reported it to any person/agency and what action has been taken? |
| **3b) Psychosocial wellbeing** |
| **Where/to whom do you go to discuss problems or ask for help/assistance?**  Mother  Father  Friends Neighbours  Other family member (specify)        Other (specify)        No One |
| **Do you ever trouble sleeping? Do you have nightmares? *If yes, how often? Does the child present a feeling of happiness? A feeling of fear? A feeling of anger? A feeling of tiredness? A feeling of physical pain? A feeling of hunger? A feeling of excitement?*** |
| **Interviewer observation: Does the child appear distressed or have such difficulty functioning in their daily life that they should be assessed by a mental health professional? If yes, describe why?** |
| **3c) Health/medical access** |
| **How are you feeling? How is your health?** |
| **Do you have any problems accessing medical care?** (Does the child know where and how to access care)If so, explain why. |
| **Interviewer observations:** Does the child look healthy and/or have any disabilities? Is the child taking any medication, if so please specify. |

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| **SECTION 4: Daily life** | | |
| **Can you tell me a bit about what you do each day?** | | |
| **4a) Education** | | |
| **Do you attend school or ever miss school?**  I always attend school  Don’t attend school at all  Once per week  Once per month  Never | **What grade are you in (in CoA)?**    **What other education activities do you attend?** | **Do you attend remedial classes?**  No  Yes (where)  **Did you attend school in your home country?** If yes until which grade and for how long. |
| **Do you have any difficulties or problems at school or going to school?** If so, what are they? | | |
| **4b) Daily activities** | | |
| **Can you tell me a little bit about what you do each day? Do you spend time with friends, other children?** | | |
| **Do you currently work?**  Yes if yes, How many hours per day: How many days per week:  No Type of work: For how many months: | | |
| **Do you earn any money for the work?** Is so, how much and what do you use it for. | | |
| **Does your family depend on the money you earn?**  No  Yes if yes, specify | | |
| **Interviewer observations:** Does the work constitute Worst Forms of Child Labour (WFCL)(ILO Convention 1999 No. 182 ): slavery or slavery-like practices, recruitment of children into armed forces/groups, prostitution, production of pornography, illicit activities such as drug trafficking, or an immediate risk to the child’s health and safety.  No  Yes  **Please explain:** | | |
| **4c) Additional Information** | | |
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| **SECTION 5: Conclusions** | | | | | | |
| **Assessor’s Observations:**  Additional observations and comments of the interviewer. Include any observations on the child’s development needs and family’s resources and strengths to meet the child’s needs | | | | | | |
| **Specific Needs** | | | | | | |
| **Child at Risk (CR)** | | **Unaccompanied or Separated Child (SC)** | **Legal and Physical (LP)** | | **Exposure to SGBV (VA)** | |
| Child parent (CP)  Child spouse (CS)  Child carer (CC)  Teenage pregnancy (TP)  Child involved in Worst forms of child labour (LW)[[3]](#footnote-3)  Child engaged in other forms of child labour (LO)  CAAFAG (AF)  Conflict with law (CL)  Not Attending School (NE)  Child with Special Educational Needs (SE)  Child at risk of not attending school (NE) | | Separated child (SC)  Unaccompanied child (UC)  Child-headed household (CH)  Child in foster care (UF)  Child in Institutional Care (UC) | No legal documentation (ND)  Unmet basic needs (BN)  Violence, abuse or neglect (AN)  Child trafficking  Child abduction  Marginalised/Excluded (MS)  At risk of refoulement (TR)  At risk of removal (TD) | | Specify: | |
| **Family Unity (FU)** | **Disability (DS)** | | **Serious Medical Condition (SM)** | |
| Tracing required (TR)  Reunification required (FR) | Physical Disability (PM)  Visual impairment – including blindness (BD)  Hearing impairment –including deafness (DF)  Mental/intellectual disability (MM)  Other Specify: | | Chronic Illness (CI)  Critical Medical Condition (CC)  Malnutrition (MN)  Mental Illness (MI)  Addiction (AD)  Other Condition (OT)  Other specify: | |
| **5a) Recommendations for additional actions** | | | | | | |
| **Assessor’s Analysis (**Indicate the available options and analysis. What is the child’s care situation (identified difficulties/risks and the identified strengths/protective factors and solutions?). Summarize the main issues | | | | | | |
| **Is the Best Interests Determination (BID) required?** | | | | | | |
| **Tick** | **Risk level** | | | **Details** | | |
|  | **NO** | | |  | | |
|  | **YES - Identifying durable solution and complementary pathways for unaccompanied children.** | | |  | | |
|  | **YES - Determining the most appropriate options for children at risk in exceptional circumstances (including family reunification and temporary care)** | | |  | | |
|  | **YES - Possible separation of a child from parents against their will** | | |  | | |
| **Assessor’s Recommendations (**Following the analysis above, provide the final recommendation and reasons for the child’s best interest considering: Views of the child, Safe Environment, Family and close relationships, Development and identity needs) | | | | | |  |

**Interviews**

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| **persons interviewed** | **Relation to Caregiver/Child** | **no. of interviews** | **date of interviews** |
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**Documentation attached**

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| **ACTION PLAN** | | | | | |
| **Narrative**  *Please describe the logic of the action plan for the child. Include the child’s own goals and the steps to be taken to get there.* | | | | | |
| **Actions for the Child** | | | | | |
| **Actions for family members / other caregivers** | | | | | |
| **Next Actions for Assessor/ Follow Up Needed (including development of case plan and time frame for all actions)** | | | | | |
| ***Type of Action*** | ***Details*** | ***Person Responsible*** | ***Pending/ Ongoing*** | ***Timeframe*** | **Type** |
| **Family tracing** |  |  |  |  | Intervention  Referral |
| **Protection and Safety** |  |  |  |  | Intervention  Referral |
| **Psychosocial** |  |  |  |  | Intervention  Referral |
| **Education** |  |  |  |  | Intervention  Referral |
| **Legal and Documentation** |  |  |  |  | Intervention  Referral |
| **Health and Nutrition** |  |  |  |  | Intervention  Referral |
| **Basic Needs** |  |  |  |  | Intervention  Referral |
| **Other** |  |  |  |  | Intervention  Referral |

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| **4b) Review** |
| Comments by IRC/Plan Reviewer:  Comments by UNHCR Reviewer: |

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| Signatures | | |
| Name of the Assessor: | Signature: | Date: |
| Name of IRC/Plan International Reviewer: | Signature: | Date: |
| Name of UNHCR Reviewer: | Signature: | Date: |

1. This information on family members (mother/father/ siblings-their whereabouts, etc) needs to be collected in case of unaccompanied and separated children [↑](#footnote-ref-1)
2. To be completed for UASC [↑](#footnote-ref-2)
3. Worst forms of child labour includes all forms of slavery including the sale and trafficking of children, debt bondage, recruitment of children into armed forces/groups, prostitution, production of pornography, illicit activities such as drug trafficking. [↑](#footnote-ref-3)