

DOVCU CASE MANAGEMENT TOOLS

**Deinstitutionalization of Orphan
and Vulnerable Children Program**





TABLE OF CONTENTS

INTRODUCTION _____ **4**

(TENTATIVE INDEX) _____ **?**

SECTION 1: CHILD INTAKE AND REGISTRATION OVERVIEW INFORMATION _____ **5**

- Child Consent Form _____ 6
- Parent/Caregiver Consent Form _____ 7
- Child Views and Wishes Form _____ 8

• **Intake and Registration** _____ **9**

- Child Information Form _____ 10
- Family Information Form _____ 11

SECTION 2: ASSESSMENT TOOLS: CHILD AND FAMILY SITUATION _____ **13**

- Child Status Index Verification Form _____ 14
- Family Status Vulnerability Index Form _____ 15

• **Disability & Functioning Assessment** _____ **16**

- Disability and Functioning Assessment Form _____ 17

• **Assessment Specific for Street Involved Children** _____ **20**

- Street Life Assessment Form _____ 21

• **Assessment for Children in Remand Homes and Rehabilitation Centers** _____ **23**

- Remand Home and Rehabilitation Center Information Form: Child’s Account _____ 24
- Information on Institutional Services and interventions Form _____ 25

• **Services and Interventions Provided to Child During Stay in Institution** _____ **26**

- Preparation for Reintegration From Institution Form _____ 27
- General Counseling for Reintegration (DOVCU) Form _____ 29
- Education Sessions While Preparing for Reintegration (DOVCU) Form _____ 30
- Case Audit form _____ 31
- Initial Child Care Plan Form _____ 32
- Change in Child Care Plan Record Form _____ 33

SECTION 3: PREPARATION FOR REINTEGRATION: CHILD AND FAMILY _____ 34

- Reintegration Record Form _____ 35
- Family Assessment for Reintegration Form _____ 36
- Child Care Plan for Reintegration Form _____ 37
- Family Group Conference Form _____ 38
- Child and Family Agreement Form _____ 40
- **Placement Record _____ 41**
 - Preparation for Placement Checklist Form _____ 42
 - Resettlement Kit Form _____ 43

SECTION 4: SUPPORT FOR REINTEGRATION OF CHILD WITH FAMILY & TO SUPPORT CHILDREN'S PERMANENCY WITH FAMILY IN TARGET HOUSEHOLDS _____ 44

- **Household Visit: Psychosocial Support _____ 45**
 - Psychosocial Support Form _____ 45
 - Psychosocial Support Visit Record Form _____ 46
 - Psychosocial Household Services Form _____ 48
 - Psychosocial Support Network Form _____ 49
 - Psychosocial Household Support Visit
Service Plan Form _____ 50
 - Psychosocial Follow Up Form _____ 51
- **Household Visit: Economic & Livelihood Security _____ 53**
 - Household visit, Economic Livelihood Security
Discussion Form _____ 54
 - Recommendation Economic Strengthening Form _____ 56
 - Follow up for Economic Strengthening Form _____ 57
- **Household Visit: Child Protection _____ 58**
 - Child Protection and Protective Environment
Discussion Form _____ 59
 - Child Protection Recommendation and Action
Plan Form _____ 61
 - Follow Up for Child Protection Recommendation
and Action Plan Form _____ 62
 - Child Protection Household Protective
Environment Recording Form _____ 64

- Child Protection in Community Institutions
Discussion Form _____ 66
- Protective Environment in Community
Institutions Record Form _____ 68
- Child Protection in Informal Learning
Environment Discussion Form _____ 69
- Protection in Informal Learning
Environments Record Form _____ 70
- Protection in the Community Environment
Discussion Form _____ 71
- Protection in the Community Environments
Record Form _____ 72
- Follow Up for Child Protection Form _____ 73
- **Household Visit: Parent Forms _____ 75**
 - Parenting Discussion Form _____ 75
 - Parenting Care Discussion and Response Form _____ 78
 - Recommendation and Action Plan Form _____ 81
 - Follow Up for Parenting Form _____ 82

SECTION 5: ALTERNATIVE CARE _____ 84

- Family Tracing Record Form _____ 85
- Media Inquiry Form _____ 86
- Social Inquiry Form _____ 87
- Family Group Conference Form _____ 88
- Adoption Records Form _____ 90
- Family Assessment: Prospective Adoptive
Parents Record Form _____ 91

GOVERNMENT FOSTER CARE FORMS _____ 104

- **Form 1: Application to Foster a Child Form _____ 105**
- **Form 2: Undertaking Foster Care Form _____ 106**
 - Form 2.1: Certificate for Foster Care Form _____ 107
- **Form 3: Prospective Foster Parent Record Form _____ 108**
- **Form 4: Foster Child Case Record Form _____ 111**

INTRODUCTION

The case management tools in this compendium were prepared as part of the Deinstitutionalization of Orphans and Vulnerable Children (DOVCU) project and incorporate the contributions of the consortium of organizations implementing the project.

The toolkit provides materials to assist DOVCU project staff, such as social workers, para social workers and other authorized staff working in collaboration with the project, in organizing key case management processes and related information and in applying case management in a coherent manner. It provides tools for use in assessment, case planning, home visits, delivery and coordination of services and referrals, among others. The tools can assist the caseworker to tailor support for individual children and their families while maintaining consistent standards in work undertaken to prevent unnecessary separation and to reintegrate separated children within a safe and loving family.

Under ChildFund's guidance, each member of the consortium of partner organizations contributed to the design of the case management toolkit. In developing tools in specialized areas, each partner organization worked in close consultation with the Department of Youth and Child Affairs and in alignment with the UN Guidelines on Alternative Care and the Inter Agency Guidelines for Case Management and Child Protection so as to incorporate and reflect the norms and standards thus set out.



The Deinstitutionalization of Orphans and Vulnerable Children (DOVCU) is being implemented with funding and support from the United States Agency for International Development (USAID) through the Advancing Partners & Communities (APC) Project. ChildFund International leads a consortium of organizations including Retrak, Child's I Foundation, and Transcultural Psychosocial Organization (TPO). The main aim of the project is to reduce unnecessary separation of children from their families and to place children who are outside of family care in to nurturing families.

Advancing Partners & Communities (APC) is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-12-00047, beginning October 1, 2012. APC is implemented by JSI Research & Training Institute, Inc., in collaboration with FHI 360. The project focuses on advancing and supporting community programs that seek to improve the overall health of communities and achieve other health-related impacts, especially in relationship to family planning. APC provides global leadership for community-based programming, executes and manages small and medium-sized sub awards, supports procurement reform by preparing awards for execution by USAID, and builds technical capacity of organizations to implement effective programs.

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SECTION 1: CHILD INTAKE AND REGISTRATION INFORMATION

Aim: To establish the initial engagement with the child and build rapport in order to gather the basic background information about the child's strengths, resources, and needs taking into consideration their past experiences and present circumstances.

Guidelines: The forms in this section should be completed for each eligible child entering the DOVCU program from a Child Care Institution (CCI), Remand Home, or Transitional Centre. The intake and registration forms will also be completed for eligible children coming into the program from vulnerable households. Intake and registration questions will be posed directly to the child. Information will also be gathered from the care provider in the CCI or other institution where the child is based and should include any information obtained from relevant background documents related to the child's case that may exist in the institution or related institutions involved with the child, such as from the local council office, medical records or the probation and social welfare office.

Initial Intake and Registration Information, should be recorded in an age appropriate and child friendly manner. Information is firstly gathered directly from children living in institutions can then also from the care provider (ICC, Remand Home, and Transitional Centres (TC)). Similarly, information gathered from children that are in vulnerable households should be gathered from both the child's and families' perspective. Intake information for all children can be updated and confirmed from relevant sources as it becomes available. All changes/corrections and additions made to the child's case record should to be initialled and dated.

Consent Forms

Aim: To ensure that the child and/or the caregiver have adequate information and knowledge about the DOVCU project activities in which they are participating and understand the purpose, use and any potential implications of providing personal information so they can make informed decisions regarding their consent (assent for children not able to provide consent) to share information have it stored and shared while participating in project activities.

Guidelines: Consent should be sought from a child after the child has received adequate information, provided through child friendly and age appropriate means, regarding the purpose and intended use of the information. Generally older adolescents (16 and over) can provide consent to case management & provision of related information whereas younger children provide permission or assent along with their parents or other primary caregivers. Some considerations to take into account in seeking the consent of the child are; whether the child understands the questions asked of her/him, whether the child appreciates the different options open, whether the child can weigh the pros and cons of different choices and whether is are able to express their personal view (consideration should be taken on time needed to ensure understanding and to create consultative opportunities (for example, in the context of the ICC or Remand Home).

CHILD CONSENT FORM

Intake Form #: _____

Case Code: _____

This form should be read to the child and or parent/caregiver and completed by both (use the parent caregiver form for the adult). It should be clearly explained to the child and the child's caregiver the she / he can choose any or none of the options listed.

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

1. I understand that in giving my authorization below, I am giving DOVCU permission to share specific case information regarding my background to entering and living in the XXXX institution (ICC, Remand Home, Transitional Centers) with the service provider(s) I have indicated below , so that I can receive help with; reintegration with my family, education, safety and health services, psychosocial, and/or any legal needs.
2. I understand that shared information will be treated with confidentiality and respect, and shared only on as needed basis to provide the assistance I request or need. I understand that releasing this information means that a person from the service ticked below may require information from me.
3. I understand that at any point, I have the right to change my mind about sharing information with the agencies checked below.

Education/School Services: YES NO

Legal & Protective services: YES NO

Psychosocial Services: YES NO

Community Services: YES NO

Health/Medical Services: YES NO

Family members: YES NO

Livelihoods Services: YES NO

I, _____ have been informed and understand that some anonymous and non-identifiable information may also be shared for reporting purposes. Any information shared will not be specific to me and there will be no way for someone to identify me based on the information that is shared. I understand that shared information will be treated with confidentiality and respect.

Signature/Thumbprint of child: _____

Caseworker Name: _____

Date of entry: _____

PARENT/CAREGIVER CONSENT FORM

Intake Form #: _____

Case Code: _____

*This form should be read to the **child's parent or primary care provider** and completed by both (use a separate child consent form) . It should be clearly explained to the child's parent or primary caregiver the she / he can choose any or none of the options listed.*

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

1. I understand that in giving my authorization below, I am giving DOVCU permission to share specific case information regarding my child's and family background to entering and living in the XXXX institution (ICC, Remand Home,) with the service provider(s) I have indicated below , so that I can receive help with; reintegration with my family, education, safety and health services, psychosocial, and/or any legal needs that are needed for permanency of my child in the family.
2. I understand that shared information will be treated with confidentiality and respect, and shared only on as needed basis to provide the assistance I request or need. I understand that releasing this information means that a person from the service ticked below may require information from me.
3. I understand that at any point, I have the right to change my mind about sharing information with the designated agencies listed below.

Education/School Services: YES NO

Legal & Protective services: YES NO

Psychosocial Services: YES NO

Community Services: YES NO

Health/Medical Services: YES NO

Family members: YES NO

Livelihoods Services: YES NO

I, _____ have been informed and understand that some anonymous and non-identifiable information may also be shared for reporting purposes. Any information shared will not be specific to my child and family and there will be no way for someone to identify me based on the information that is shared. I understand that shared information will be treated with confidentiality and respect.

Signature/Thumbprint of child: _____

Caseworker Name: _____

Date of entry: _____

CHILD VIEWS AND WISHES FORM

Aim: To ensure age appropriate and meaningful consultation with the child to ascertain the child's views and wishes and take them into consideration when making decisions throughout the processes of the project, as far as possible and consistent with the best interest of the child. The child's views and wishes will record if and how the child wishes to transition from the care institution or street (ICC, Remand Home, OR) to biological family or another form of alternative care.

Guidelines: This form should be completed following meaningful engagement with the child regarding the possibility of reunification and reintegration with their family and or other caregiver, and only after the child has been given information regarding what is involved has been given time to appropriate consideration and options.

Does the child want family reunification: YES NO

Does the child wish to continue in the current care arrangement? YES NO Why? _____

Type of care arrangement child wishes to have:

With mother father With mother & father With other family member (specify) _____

Other alternative interim care (specify: foster family, independent living, other) _____

Doesn't know/Unsure

If the child DOES want family reunification: who are the adults the child wishes to locate

Preferences:

First person: Name: _____ Relationship: _____

Second person: Name: _____ Relationship: _____

Third person: Name: _____ Relationship: _____

Last known address of family member(s) given above: District _____

Sub District: _____ Village: _____ Village/Parish: _____

Street: _____ Landmarks: _____ Telephone Number: _____

Social Worker Notes: _____

Recommendations : _____

CHILD INTAKE AND REGISTRATION

AIM: Child Intake and Registration information is gathered for each child entering the DOVCU project. Registration information in the child's case management file provides general background information about the child and family. It does not include any sensitive personal information about the child or family, as its purpose is to also inform other agencies collaborating to provide services for the child and family. Collaborating agencies will have agreed to the DOVCU information sharing protocol (have signed the project data management protocol agreement).

GUIDELINES: The social worker gathering information for intake and registration should take the opportunity to engage with the child, parent and others that are in the circle of relationships that surround the child. The intake interview provides an opportunity to gain access to accurate and current information about the child's background, strengths, personal resources and needs through informal discussion. The social worker should also draw on the knowledge of those that are part of the child's formal and informal support network. Sufficient time should be given to allow for meaningful communication and information gathering.

INTAKE AND REGISTRATION FORM: CHILD INFORMATION

Have you completed the consent agreement with the child and parent/caregiver: YES NO . Proceed only after you have completed the consent form.

Child Information Intake Form #: _____		Case Code: _____	
Child's first given name		Child's last family name	
Nickname (if any): _____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Nationality: _____	
Tribe: _____	Religion: _____	Main Language: _____	
Clan(if known): _____			
Child's current age: _____	Date of Birth: ____/____/_____	Place of Birth: _____	
Home address 1. Village: _____ 2. Parish: _____ 3. Sub County: _____ 4. Country: _____ 5. District: _____	Child's health status on admission to institution (if known) Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	Child's general health status at present Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Date _____	
Identified Disability type: Sight <input type="checkbox"/> Hearing <input type="checkbox"/> Speech <input type="checkbox"/> Physical <input type="checkbox"/> Mental <input type="checkbox"/> Level of impairment: Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	Date of Admission to the institution (CCI, Remand Home, Rehab or Transit Centre) Date admitted: ____/____/_____	Circumstances of Admission to the institution (CCI, Remand Home, Rehabilitation or Transit Centre) _____ _____ _____ _____ _____ _____ _____	
Type of Court order issued for admission in institution/if any: _____ _____ _____			
Full Name of person completing (social worker, Care Home manager, Warden) the intake form:			
Name of person completing assessment: _____		Position: _____	
Signature: _____		Date: ____/____/_____	

INTAKE AND REGISTRATION FORM: FAMILY INFORMATION

Family Intake Form #: _____		Case Code: _____	
Father's Name: _____		Alive <input type="checkbox"/> Dead <input type="checkbox"/>	
Father's Occupation: _____		Location: _____	
Age: _____		Alive <input type="checkbox"/> Dead <input type="checkbox"/>	
Mother's Name: _____		Location: _____	
Mother's Occupation: _____		Age: _____	
Status of parents: Married: <input type="checkbox"/> Divorced: <input type="checkbox"/> Staying together: <input type="checkbox"/> Separated: <input type="checkbox"/>			
Others living with family: _____			
Address of Origin: (If known specify where child was found/picked up from)			
Name of Siblings and where they are living			
Name	Age	Gender	Marital status
		Male: <input type="checkbox"/>	
		Female: <input type="checkbox"/>	
		Male: <input type="checkbox"/>	
		Female: <input type="checkbox"/>	
		Male: <input type="checkbox"/>	
		Female: <input type="checkbox"/>	
		Male: <input type="checkbox"/>	
		Female: <input type="checkbox"/>	
Other important relatives that the child mentions ; extended family, foster parents, guardians			
Name of person		Relationship	Address & Phone contacts
Disability status of any member of family:		Relationship to the child:	
Name of family member: _____		_____	
Identified Disability type (check those that apply):	Sight <input type="checkbox"/>	Level of impairment (Low, Medium, High) (check one)	Low <input type="checkbox"/>
	Hearing <input type="checkbox"/>		Medium <input type="checkbox"/>
	Speech <input type="checkbox"/>		High <input type="checkbox"/>
	Physical <input type="checkbox"/>		
	Mental <input type="checkbox"/>		
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Case Worker Summary Notes

Provide any other information _____

Recommendation:

- Urgent Intervention needed
- Ongoing monitoring (specify) _____
- No action needed at this time

If further intervention is required:

WHAT _____

WHO _____

WHEN _____

Full Name of person completing (social worker, Care Home manager, Warden) the intake form:

Name: _____

Position: (in CCI/Remand Home/Community/ DOVCU Project) _____

Full Name of person completing (social worker, Care Home manager, Warden) the intake form:

Name of person completing assessment: _____ **Position:** _____

Signature: _____ **Date:** ____ / ____ / ____

SECTION 2: ASSESSMENT TOOLS: CHILD AND FAMILY SITUATION

Aim: Quisque sed tempor lacus, a suscipit nulla. Nam quis nibh ornare, tincidunt tellus feugiat, consectetur purus. Etiam sed auctor enim, et facilisis tortor. Mauris congue arcu eros, vitae cursus justo porttitor ut. Cras dolor lectus, porttitor non aliquet non, congue ut est. Sed et diam at orci elementum pharetra at ut neque. Aliquam ullamcorper pretium erat, eu pellentesque metus sollicitudin eget. Aenean tempor lacus sodales finibus mollis. Nam gravida aliquam lectus in condimentum. Proin nec fermentum ante, ut congue ante. Morbi finibus euismod erat. Donec placerat rutrum nunc, non lobortis risus faucibus vitae. Duis id lorem dui.

GUIDELINES: Quisque sed tempor lacus, a suscipit nulla. Nam quis nibh ornare, tincidunt tellus feugiat, consectetur purus. Etiam sed auctor enim, et facilisis tortor. Mauris congue arcu eros, vitae cursus justo porttitor ut. Cras dolor lectus, porttitor non aliquet non, congue ut est. Sed et diam at orci elementum pharetra at ut neque. Aliquam ullamcorper pretium erat, eu pellentesque metus sollicitudin eget. Aenean tempor lacus sodales finibus mollis. Nam gravida aliquam lectus in condimentum. Proin nec fermentum ante, ut congue ante. Morbi finibus euismod erat. Donec placerat rutrum nunc, non lobortis risus faucibus vitae. Duis id lorem dui.

Quisque sed tempor lacus, a suscipit nulla. Nam quis nibh ornare, tincidunt tellus feugiat, consectetur purus. Etiam sed auctor enim, et facilisis tortor. Mauris congue arcu eros, vitae cursus justo porttitor ut. Cras dolor lectus, porttitor non aliquet non, congue ut est. Sed et diam at orci elementum pharetra at ut neque. Aliquam ullamcorper pretium erat, eu pellentesque metus sollicitudin eget. Aenean tempor lacus sodales finibus mollis. Nam gravida aliquam lectus in condimentum. Proin nec fermentum ante, ut congue ante. Morbi finibus euismod erat. Donec placerat rutrum nunc, non lobortis risus faucibus vitae. Duis id lorem dui.

CHILD STATUS INDEX (CSI) VERIFICATION FORM

Child Status Index Verification Form #: _____	Case Code: _____
<p>The Child Status Index will be administered with every child in the DOVCU Project. The CSI assessment will form part of every child’s case file information and will provide a foundation for monitoring the wellbeing and protection of each child (including indicators of the child’s physical and mental health, family support, education status, psychosocial wellbeing and protection) served by the DOVCU project. The CSI is undertaken at the time that the child enters the project and subsequently every 6 months and the results from the CSI will form a part of each child’s case file. The information will serve as a key reference along with other tools for monitoring the progress in the child’s wellbeing and protection throughout the course of implementation of the activities of the project and provides essential information for working with the child and family. It is a required part of each child’s case file.</p>	
<p>The Child Status Index (CSI) has been administered with the child: YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p>If YES,</p> <p>The results of the CSI are: <input type="checkbox"/> In the child’s case file <input type="checkbox"/> I don’t know where</p> <p>When was the CSI last administered with the child: Date: ____/____/____</p>	
<p>If NO:</p> <p>What is the plan for administering the CSI for the child?</p> <p><input type="checkbox"/> Don’t know</p> <p><input type="checkbox"/> I will discuss with my supervisor on: Date: ____/____/____</p> <p><input type="checkbox"/> It will be administered on: Date: ____/____/____</p>	
<p>Full Name of person completing (social worker, Care Home manager, Warden) the intake form:</p> <p>Name of person completing assessment: _____ Position: _____</p> <p>Signature: _____ Date: ____/____/____</p>	

FAMILY STATUS VULNERABILITY INDEX (FSVI) FORM

FSVI Verification Form #: _____	Case Code: _____
<p>The Family Status Vulnerability Index will be administered in the household of every child that participates in the DOVCU Project. The FSVI assessment will form part of every child’s case file information and will provide a foundation for monitoring the wellbeing and protection of each child and their family. The FSVI is undertaken at the time that the child enters the project if they are with family. In cases where the child is based in an institution and preparing for reintegration with family, the FSVI will be administered when the child’s family is identified and the child and family agree to reintegration. The outcomes from the FSVI assessment will form part of each child’s case file. The information will serve as one of the key references for monitoring the progress of the families’ (children and caregivers) wellbeing (with indicators of physical and mental health, livelihood status, family support, psychosocial wellbeing and protection) throughout the course of implementation of the activities of the project and provides essential information for working with the child and family. It is a required part of each child’s case file.</p>	
<p>Has the Family Status Vulnerability Index (FSVI) been administered at household level with the child’s family: YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p>If YES,</p> <p>The results of the FSVI are: <input type="checkbox"/> In the child’s case file <input type="checkbox"/> I don’t know where</p> <p>When was the FSVI last administered with the child: Date: ____/____/____</p>	
<p>If NO:</p> <p>What is the plan for administering the FSVI for the child?</p> <p><input type="checkbox"/> Don’t know</p> <p><input type="checkbox"/> I will discuss with my supervisor on: Date: ____/____/____</p> <p><input type="checkbox"/> It will be administered on: Date: ____/____/____</p>	
<p>Full Name of person completing (social worker, Care Home manager, Warden) the intake form:</p> <p>Name of person completing assessment: _____ Position: _____</p> <p>Signature: _____ Date: ____/____/____</p>	

DISABILITY AND FUNCTIONING ASSESSMENT (Child and Adult)

Aim: The tool below is administered with every child in the DOVCU project that has a disability. It will also be administered with adults and siblings in households where any member of family (of the child who is a participant in the DOVCU project) has a disability. The tool has been adapted for the DOVCU project, based on the World Health Organization's International Classification of Functioning, Disability and Health. It serves as a practical tool to elicit and record information on the functioning and disability of individual children and the adults in their families. The information will inform case planning including the services and supports needed for the wellbeing and protection of the child and family.

Guidelines: Information will be gathered directly from the child who has the disability (unless this is not possible) and also from the individual adult in the family that has a disability. The primary respondent will be the child whether the child is in the home or in an institution. Information may also come from other informants, from child health records and through direct observation by the social worker. Please use all sources to record the relevant information.

DISABILITY AND FUNCTIONING ASSESSMENT FORM

Disability and Functioning Assessment Form #: _____	Case Code: _____
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Below you will find domains of activity where a disability may occur. Please indicate those that are relevant to the child and any member of their family that has a disability (*complete separately of each person*) and indicate the extent of impairment and the limitations on their activities and performance in everyday life, that the disability causes the individual based on the scales provided.

<p>Degree of impairment (0,1,2,3,4)</p> <p>0) = None</p> <p>1) = Mild, lightly present with an intensity that the person can tolerate</p> <p>2) = Moderate intensity which interferes with day to day life</p> <p>3) = Severe intensity which disrupts day to day life</p> <p>4) = Complete impairment</p>	<p>Activity limitation/Performance Impairment (0,1,2,3,4)</p> <p>0) = No difficulty doing things</p> <p>1) = Almost no difficulty doing things</p> <p>2) = Moderate difficulty doing things in the physical and social environment</p> <p>3) = Severe difficulty doing things in the physical and social environment</p> <p>4) = Complete difficulty disrupting day to day life</p>
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DISABILITY DOMAINS OF IMPAIRMENT, LIMITATION AND RESTRICTIONS

Body functions	Degree of impairment (0,1,2,3,4)	Performance/ Activity limitation (0,1,2,3,4)
1. Mental functions:		
• Intellectual	0 1 2 3 4	0 1 2 3 4
• Attention	0 1 2 3 4	0 1 2 3 4
• Memory	0 1 2 3 4	0 1 2 3 4
• Language	0 1 2 3 4	0 1 2 3 4
• Emotional	0 1 2 3 4	0 1 2 3 4
2. Sensory functions		
• Seeing	0 1 2 3 4	0 1 2 3 4
• Hearing	0 1 2 3 4	0 1 2 3 4
3. Voice and speech functions		
• Voice	0 1 2 3 4	0 1 2 3 4
4. Cardio and respiratory		
• Breathing	0 1 2 3 4	0 1 2 3 4
• Heart	0 1 2 3 4	0 1 2 3 4
• Allergies	0 1 2 3 4	0 1 2 3 4
5. Digestive body functions		
• Urinary	0 1 2 3 4	0 1 2 3 4
• Defecation	0 1 2 3 4	0 1 2 3 4
• Digestion	0 1 2 3 4	0 1 2 3 4
6. Movement functions		
• Involuntary movement	0 1 2 3 4	0 1 2 3 4
• Mobility of joints	0 1 2 3 4	0 1 2 3 4
• Muscle strength	0 1 2 3 4	0 1 2 3 4

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DISABILITY DOMAINS OF IMPAIRMENT, LIMITATION AND RESTRICTIONS

Body functions	Degree of impairment (0,1,2,3,4)					Performance/ Activity limitation (0,1,2,3,4)				
1. Learning and applying knowledge										
• Read	0	1	2	3	4	0	1	2	3	4
• Write	0	1	2	3	4	0	1	2	3	4
• Listen	0	1	2	3	4	0	1	2	3	4
2. Communication										
• Speaking	0	1	2	3	4	0	1	2	3	4
• Receiving spoken messages	0	1	2	3	4	0	1	2	3	4
• Receiving non-verbal messages	0	1	2	3	4	0	1	2	3	4
3. Mobility										
• Walking	0	1	2	3	4	0	1	2	3	4
• Moving around	0	1	2	3	4	0	1	2	3	4
• Using public transport	0	1	2	3	4	0	1	2	3	4
• Lifting and using hands	0	1	2	3	4	0	1	2	3	4
4. Self-Care										
• Toileting	0	1	2	3	4	0	1	2	3	4
• Dressing	0	1	2	3	4	0	1	2	3	4
• Eating	0	1	2	3	4	0	1	2	3	4
• Drinking	0	1	2	3	4	0	1	2	3	4
• Washing self	0	1	2	3	4	0	1	2	3	4
• Overall care of self	0	1	2	3	4	0	1	2	3	4
5. Domestic Life										
• Shopping	0	1	2	3	4	0	1	2	3	4
• Cooking and meals	0	1	2	3	4	0	1	2	3	4
• Cleaning house, dishes, clothes	0	1	2	3	4	0	1	2	3	4
• Assisting others	0	1	2	3	4	0	1	2	3	4
6. Social Life and relationships										
• Basic social interactions	0	1	2	3	4	0	1	2	3	4
• Relating to strangers	0	1	2	3	4	0	1	2	3	4
• Formal relationships	0	1	2	3	4	0	1	2	3	4
• Family relationships	0	1	2	3	4	0	1	2	3	4
• Peer relationships	0	1	2	3	4	0	1	2	3	4
7. Major life Areas										
• School education	0	1	2	3	4	0	1	2	3	4
• Higher education	0	1	2	3	4	0	1	2	3	4
• Informal education	0	1	2	3	4	0	1	2	3	4
• Vocational education	0	1	2	3	4	0	1	2	3	4
• Basic economic transactions	0	1	2	3	4	0	1	2	3	4
• Paid employment opportunities	0	1	2	3	4	0	1	2	3	4
• Economic self sufficiency	0	1	2	3	4	0	1	2	3	4
8. Community and Civic Life										
• Recreation and leisure activities	0	1	2	3	4	0	1	2	3	4
• Religion and spiritual life	0	1	2	3	4	0	1	2	3	4
• Political and citizenship	0	1	2	3	4	0	1	2	3	4
• Claim of Human Rights	0	1	2	3	4	0	1	2	3	4

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ENVIRONMENTAL FACTORS

This section will capture information regarding the physical, social and attitudinal environment in which the child (adult) lives and conducts life activities

Body functions	Degree of impairment (0,1,2,3,4)					Performance/ Activity limitation (0,1,2,3,4)				
1. Support relationships										
• Immediate family	0	1	2	3	4	0	1	2	3	4
• Friends, peers	0	1	2	3	4	0	1	2	3	4
• Neighbours, community	0	1	2	3	4	0	1	2	3	4
2. Support services										
• Health professionals	0	1	2	3	4	0	1	2	3	4
• Special education staff	0	1	2	3	4	0	1	2	3	4
• Therapeutic support	0	1	2	3	4	0	1	2	3	4
3. Attitudes										
• Individual attitudes in family	0	1	2	3	4	0	1	2	3	4
• Individual attitudes of care providers	0	1	2	3	4	0	1	2	3	4
• Individual attitudes of friends	0	1	2	3	4	0	1	2	3	4
• Individual attitudes of community people	0	1	2	3	4	0	1	2	3	4
• Social norms and practices	0	1	2	3	4	0	1	2	3	4
4. Systems and other factors										
• Housing	0	1	2	3	4	0	1	2	3	4
• Communication services	0	1	2	3	4	0	1	2	3	4
• Transportation services	0	1	2	3	4	0	1	2	3	4
• Health services	0	1	2	3	4	0	1	2	3	4
• Education and training services	0	1	2	3	4	0	1	2	3	4
• Work readiness and employment	0	1	2	3	4	0	1	2	3	4
• General support services	0	1	2	3	4	0	1	2	3	4

Social worker observations: _____

Type of action required:

- Urgent Intervention needed
- Ongoing monitoring (specify) _____
- No action needed at this time

If further intervention is required:

WHAT _____
 WHO _____
 WHEN _____

Full Name of person completing (social worker, Care Home manager, Warden) the intake form:

Name: _____

Signature: _____ Date: ____/____/____

Discussed at review meeting: YES NO Date: ____/____/____

ASSESSMENT SPECIFIC FOR STREET INVOLVED CHILDREN

AIM: It is important to gather specific information regarding the experience of children that have been street to have a comprehensive picture regarding the strengths, resources and needs of the child that will impact on the plan for reintegration with family or alternative care. Such information will **complement other data about the child provided through other assessment tools** such as the CVI and FSVI.

GUIDANCE: The information below should be elicited sensitively and in an informal conversation rather than through a question and answer format.

STREET LIFE ASSESSMENT FORM

Street Life Assessment Form #: _____	Case Code: _____
Before proceeding, please complete the CSI verification form.	
Does the child have a CSI form on record? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Important Note: The information below will supplement other information gathered through the CSI and other relevant assessment tools. The information below should thus be considered as one part of a larger pool of information sources that can inform planning for the child.	
How long have you been living on the streets (full-time)?	
How did you come to the streets?	
What do you like most about the streets?	
What do you dislike most about the streets?	
How long have you been living on the streets (full-time)?	
Tell me about how it has been on the streets? (The following questions can be used as prompts, remember all these questions should refer to the time the child spent living on the streets)	
1. Food and nutrition a. Where do you get food from on the streets? b. What kind of food do you eat?	
2. Shelter and care a. Where do you sleep on the streets? b. Do you ever pay someone for shelter? c. Who do you go to if you need help?	
3. Protection a. How do you get money, food and other needs on the streets? b. Has an adult or another child ever asked you to do something you're uncomfortable with? c. How do you stay safe on the streets? d. Have you ever been to the police or a lawyer for help? e. Have you ever been in conflict with the law?	
4. Health a. Have you been sick recently on the streets? b. What made you sick? c. What do you do when you're sick? d. Who or where do go to for help when you're sick? e. Have you ever taken drugs (alcohol, khat, glue)? f. Observe physical appearance and energy levels	
Continued on following page...	

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5. Psychosocial

- a. What makes you happy?
- b. What makes you angry?
- c. Who are your friends?
- d. Observe child's ability to join in with activities, talk to children and interact with staff.

6. Education and skills training

- a. Did you attend school on the streets?
- b. Did you learn any new skills on the streets?
- c. When did you last attend school?
- d. What class were you in?

Social worker observations: _____

Type of action required:

- Urgent Intervention needed
- Ongoing monitoring (specify) _____
- No action needed at this time

If further intervention is required:

WHAT _____

WHO _____

WHEN _____

Full Name of person completing (social worker, Care Home manager, Warden) the intake form:

Name: _____

Signature: _____ **Date:** ____/____/____

Discussed at review meeting: YES NO **Date:** ____/____/____

ASSESSMENT FOR CHILDREN IN REMAND HOMES AND REHABILITATION CENTERS

AIM: It is important to gather specific information regarding the experience of children that have come in conflict with the law to have a comprehensive picture regarding the strengths, resources and needs of the child that will impact on the plan for reintegration with family or alternative care. Such information will complement other data about the child provided through other assessment tools, such as the CVI and FSVI as well as any remand and rehabilitation centre records.

GUIDANCE: The information below should be elicited sensitively and in an informal conversation with the child or young person, rather than through a question and answer format.

REMAND HOME AND REHABILITATION CENTER INFORMATION FORM: CHILD'S ACCOUNT

Child's Account Remand Home Stay Assessment Form # _____	Case Code: _____
Before proceeding, please complete the CSI verification form.	
Does the child have a CSI form on record? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Important Note: The information below will supplement other information gathered through the CSI and other relevant assessment tools and rehabilitation and remand home records. The information below should thus be considered as one part of a larger pool of information sources that can inform planning for the child.	
How did you come to the remand home/Rehabilitation Centres? (who brought you here, how did it happen?) _____ _____ _____ _____	
Where were you living immediately before coming to the remand home? (Approximately for how long?) _____ _____ _____ _____	
What were the circumstances that led you to coming in conflict with the law? _____ _____ _____ _____	
(If the child has not come from family home directly to the Remand or Rehabilitation Centre) Where were you living before this? _____ _____ _____ _____	
If the child or youth has come from the street to the Remand Home also complete Assessment form: Street Life Information	
Full Name of person completing (social worker, Care Home manager, Warden) the intake form:	
Name: _____	
Signature: _____ Date: ____/____/____	
Discussed at review meeting: YES <input type="checkbox"/> NO <input type="checkbox"/> Date: ____/____/____	

INFORMATION ON INSTITUTIONAL SERVICES AND INTERVENTIONS FORM

Institutional interventions (Remand, Rehab, Transit Centre, ICC) Record Assessment Form # _____	Case Code: _____
<p>A child who is in a remand home will have received a range of interventions, which are provided during her/his stay in the home, rehabilitation centre or transit centre. A record of these services needs to inform the case planning for reintegration of the child/young person. The sections below aim to capture such information in two ways: 1) to have an overview of the services rendered prior to the child's entry to the DOVCU program and 2) to record any service sessions provided by the SW once the child enters the program and is prepared for reintegration</p>	
Number of counselling sessions to date _____	
Background Notes on COUNSELLING SERVICES PROVIDED to the child/young person prior to joining DOVCU program:	
Date notes recorded: _____	
Notes refer to a time period from (enter month/year) ____/____ to (enter month/year) ____/____	
Notes: _____ _____ _____	
Background Notes on EDUCATION SERVICES PROVIDED to the child/young person prior to joining DOVCU program:	
Date notes recorded: _____	
Notes refer to a time period from (enter month/year) ____/____ to (enter month/year) ____/____	
Notes: _____ _____ _____	
Background Notes on OTHER SERVICES RECEIVED (LIFE SKILLS, PERSONAL DEVELOPMENT SKILLS, EXTRA CURRICULAR INTERESTS ETC), to the child/young person prior to joining DOVCU program:	
Date notes recorded: _____	
Notes refer to a time period from (enter month/year) ____/____ to (enter month/year) ____/____	
Notes: _____ _____ _____	
Overall Recommended Action on institutional services received by the child prior to joining DOVCU: _____ _____ _____	
Full Name of person completing (social worker, Care Home manager, Warden) the intake form:	
Name: _____	
Signature: _____ Date: ____/____/____	
Discussed at review meeting: YES <input type="checkbox"/> NO <input type="checkbox"/> Date: ____/____/____	
Action points decided:	

SERVICES AND INTERVENTIONS PROVIDED TO CHILD DURING STAY IN INSTITUTION FORM

AIM: for the social worker to record the child's general progress in preparing for reintegration while they are still in the institution and to guide the social workers, para-social worker or other care provider in the institution that is working with the child to prepare to return to family, in deciding on and recording a recommendation for the way forward that will aid the child's reintegration. The recommendation will then be considered through further discussion with the child review board.

This form will be completed for every child that is living in an institution (CCI, Remand home, Rehabilitation or Interim Care Centre), who has expressed a willingness to reintegrate with family through the DOVCU project and who is being prepared for such as change. It should be used throughout the trajectory of the child's preparation. It will record the general progress of the child during the; a) initial contact with a caregiver, b) reunion between the child with caregiver, c) re-unification of the child with family and community. Information on the child's general status and wellbeing during this interim period, prior to reintegration with family or alternative care placement will include measures for regular consultation with the child on her/his views and wishes regarding the reintegration itself. Once the child has been reintegrated with family the forms in section XX will be used.

GUIDANCE: Use this form to record discussions or observations from the child's participation in general activities and any recommendations for immediate needs to be addressed and future direction to be explored to support the child's reintegration process. Additional copies of the Assessment Form #: should be added as needed. The information below will come from the child and also can come from the caregiver in the institution that knows the child well. All recommendations should be discussed during a child review and decisions recorded with relevant date given.

PREPARATION FOR REINTEGRATION FROM INSTITUTION FORM

Preparation for Reintegration From Institution Form # _____	Case Code: _____
<p>Children entering the DOVCU program while living in a Child Care Institution (CCI), Remand Home, Rehabilitation Centre) should be continually engaged by the social worker in preparing for reintegration or placement (children not yet with family and still in the institution) to assess their wellbeing in the process. The period of time during which contact with family is being established and before a family visit can be arranged, will vary depending on the child' and families' circumstance. During this time, discussions with the child around the topics below should be recorded and recommendations made. (Note that this section will only apply for the time the child remains in the institution awaiting reintegration with family and prior to reintegration)</p> <p>Before proceeding, please complete the CSI verification form.</p> <p>Does the child have a CSI form on record? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Important Note: The information below will supplement other information gathered through the CSI and other relevant assessment tools and is one part of a larger pool of information sources that can inform planning for the child.</p> <p>What do you like most about living here and do you have any worry about leaving?</p> <p>What are your favourite activities on a day to day basis?</p> <p>Tell me about what you have been learning?</p> <p>The following questions can be used as prompts in an informal conversation with the caregiver in the institution and if possible also the child (you must adapt questions for the child) to gather information from the child on key areas of wellbeing and protection.</p> <p>Note: these questions relate to the time when the child is still living in the institution and while they are preparing under DOVCU for reintegration with family.</p>	
<p>1. Food and nutrition</p> <p>a. Is the child eating well? (Child: what did you eat this week?)</p> <p>b. Does she/he seem to be accessing food like other children? (Child: was there any food that others enjoyed that you did not get?)</p>	
<p>2. Shelter and Care</p> <p>a. What are the child's sleeping arrangement on a day to day basis? (Child: what change have you had in your sleeping arrangements?)</p> <p>b. Who is the adult that the child turns when they have a problem or joy to share? (Child: who is the person you turn to when you have something important to share?)</p>	
<p>3. Protection</p> <p>a. What chores does the child do? (Child: What types of chores do you do?)</p> <p>b. Does the child feel safe?</p> <p>c. Are there any concerns about the child's safety? (Child: Are there any safety issues here for you?)</p> <p>d. Is the child facing any legal or juvenile justice problems?</p>	
<p>4. Health</p> <p>a. When was the last time that the child was sick? Child: When was the last time that you were sick?</p> <p>b. Is the child sick often? Child: Are you sick often lately?</p> <p>c. Who cared or where did the child go for care when she/he was sick? Who cared or where did you go for care when you were sick?</p> <p>d. What care and treatment did the child receive?</p> <p>e. Has the child had a chance to learn about HIV and AIDS and how to protect her/him self? Child: have you learned about HIV and AIDS and how to protect yourself?</p>	
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5. Psychosocial

- a. Is the child happy or sad most of the time? Child: How would you say you have been feeling lately?
- b. What types of things make the child worried or angry? Child: What types of things are worrying you?
- c. What are the child's future plans and dreams? Child: What are you looking forward to?
- d. How does the child relate to other children?
- e. How at ease is the child in interacting with adults?
- f. How would you describe the child's general behaviour these days?

6. Education and skills training

- a. How is the child doing in the classroom? Child: How are things going with school?
- b. What kind of relationships does the child have with others in the school? Child: how are your relationships with friends in school?
- c. Is the child expected to advance to the next class as expected?
- d. Does the child attend class regularly? Child: Are you going to school regularly during this time?
- e. Would the child be able to integrate to formal schooling? Child: how do you feel you will do attending a formal school in the community?
- f. What kind of vocational training or skills training has the child received? Child: Have you had any vocational training?

Social worker observations: _____

Type of action required:

- Urgent Intervention needed
- Ongoing monitoring (specify) _____
- No action needed at this time

If further intervention is required:

WHAT _____

WHO _____

WHEN _____

Full Name of person completing (social worker, Care Home manager, Warden) the intake form:

Name: _____

Signature: _____ **Date:** ____/____/____

Discussed at review meeting: YES NO

Date: ____/____/____

GENERAL COUNSELLING SESSIONS FOR PREPARING FOR REINTEGRATION (DOVCU) FORM

General Counselling Sessions With Child Preparing for Reintegration (DOVCU) # _____	Case Code: _____
<p>Aim: to record discussions with a child during one-to-one counselling sessions and to guide social workers in deciding and recording recommendations for the way forward for further discussion in the child care review for reintegration</p> <p>Guidelines: After the end of a counselling session, use this form to record discussions from the sessions and any recommendations for immediate needs to be addressed and future direction to be explored to support the child's reintegration process. All recommendations should be discussed during a child review and decisions recorded with relevant date given.</p> <p>Additional copies of Counselling Session Forms should be added as needed.</p>	
Date of one to one general counselling session with the child to prepare for reintegration : ____/____/____	
Name of counsellor/ Social Worker: _____	
Notes: _____ _____ _____	
Recommended Action: _____ _____ _____	
NOTE: A record of the child's wishes should be made using form#	
Full Name of person completing (social worker, Care Home manager, Warden) the intake form:	
Name: _____	
Signature: _____ Date: ____/____/____	
Discussed at review meeting: YES <input type="checkbox"/> NO <input type="checkbox"/> Date: ____/____/____	
Action points decided: _____ _____ _____ _____ _____ _____ _____	

EDUCATION SESSIONS WHILE PREPARING FOR REINTEGRATION (DOVCU) FORM

Education Sessions While Preparing for Reintegration (DOVCU) Form # _____	Case Code: _____
<p>Aim: for the social worker to record the child’s educational progress whilst the child is preparing for reintegration and is still in the institution (remand home, rehabilitation or transit centre) and to guide the social workers, probation officers, teachers in deciding on and recording a recommendation for the way forward that will aid reintegration plans that will be considered in further discussion with the child review board.</p> <p>Guidelines: Use this form to record discussions or observations from the child’s participation in education classes and related activities, educational assessments and any recommendations for immediate needs to be addressed and future direction to be explored to support the child’s reintegration process. The social worker should seek guidance from the teacher(s) and other education guidance advisers (school guidance counsellor) on suggested actions relevant to the child’s learning. All recommendations should be discussed during the child review meeting and decisions recorded with relevant details and dates given.</p> <p>Additional copies of Education Session Forms should be added as needed.</p>	
Date of education session: ____/____/____	
Name of counsellor/ Social Worker: _____	
Notes: _____ _____ _____	
<p>Type of action required:</p> <p><input type="checkbox"/> Urgent Intervention needed</p> <p><input type="checkbox"/> Ongoing monitoring (specify) _____</p> <p><input type="checkbox"/> No action needed at this time</p>	
<p>If further intervention is required:</p> <p>WHAT _____</p> <p>WHO _____</p> <p>WHEN _____</p>	
<p>Overall Recommended Action on institutional services received by the child prior to joining DOVCU:</p> 	
<p>Full Name of person completing (social worker, Care Home manager, Warden) the intake form:</p> <p>Name: _____</p> <p>Signature: _____ Date: ____/____/____</p>	
<p>Discussed at review meeting: YES <input type="checkbox"/> NO <input type="checkbox"/> Date: ____/____/____</p>	

CASE AUDIT FORM

Case Audit Form # _____ **Case Code:** _____

Aim: for the social worker to make a record of all relevant information that has been gathered for the child for use in deciding on and recording a recommendation for the way forward that will aid reintegration so that this is then considered in further discussion with the child review board.

Guidelines: Use this form to record a summary of the information available for the child as well as to note any missing documents.

NO	NAME OF CHILD	AGE	LENGTH OF STAY IN CCI	CIRCUMSTANCES	RECOMMENDED CARE PLAN	MISSING DOCUMENTS

Full Name of person completing (social worker, Care Home manager, Warden) the intake form:

Name: _____

Signature: _____ **Date:** ____/____/____

Discussed at review meeting: YES NO **Date:** ____/____/____

INITIAL CHILD CARE PLAN FORM

Initial Child Care Plan Form # _____	Case Code: _____
<p>The initial care plan is prepared taking into consideration all the combined information available from assessments undertaken with the child (and family where relevant), other information available for the child and family and the recommendations made by the social worker. It sets out a plan of action for mobilization of specific resources, services and supports required for the child's reintegration with family or alternative care, which are considered in further discussion with the child review board.</p>	
<p>Type of action required:</p> <p><input type="checkbox"/> Urgent Intervention needed</p> <p><input type="checkbox"/> Ongoing monitoring (specify) _____</p> <p><input type="checkbox"/> No action needed at this time</p>	
<p>If further intervention is required:</p> <p>WHAT _____</p> <p>_____</p> <p>_____</p> <p>WHO _____</p> <p>_____</p> <p>_____</p> <p>WHEN _____</p> <p>_____</p> <p>_____</p>	
<p>Full Name of person completing (social worker, Care Home manager, Warden) the intake form:</p> <p>Name: _____</p> <p>Signature: _____ Date: ____/____/____</p> <p>Discussed at review meeting: YES <input type="checkbox"/> NO <input type="checkbox"/> Date: ____/____/____</p> <p>Supervisor Name: _____</p> <p>Supervisor Signature: _____ Date: ____/____/____</p>	

CHANGE IN CHILD CARE PLAN RECORD FORM

Change in Child Care Plan Record Form # _____	Case Code: _____
<p>Throughout the case management process the social worker will be gathering information on the child and families' progress toward a caring, protective and permanent reintegration of the child in the family or alternative family care. Based on the social workers support of the child and family s/he will continuously assess changing needs and the supports required to recommend any changes to the plan that can promote achievement of the goal of permanent reintegration.</p> <p>Any time there is any significant change in the planned course of the child care plan this should be recorded in the attached form and included in the child's case record. The form should be used as many times as necessary to ensure appropriate review and an accurate record of the care plan.</p>	
Change recommended to Child Care Plan:	
WHAT _____ _____ _____	
WHO _____ _____ _____	
WHEN _____ _____ _____	
Full Name of person completing (social worker, Care Home manager, Warden) the intake form:	
Name: _____	
Signature: _____ Date: ____/____/____	
Discussed at review meeting: YES <input type="checkbox"/> NO <input type="checkbox"/> Date: ____/____/____	

SECTION 3: PREPARATION FOR REINTEGRATION: CHILD AND FAMILY

AIM: To engage the family and child in discussion on different key aspects that impact their ongoing situation and record discussions had and decisions made for going forward in ensuring the permanency of the child's reintegration with family.

GUIDELINES: The questions in each of the sections below touch on different areas of the child and family's wellbeing and protection and should guide your interaction with the family and assist you to make a thorough assessment.

Each section should be used as a guide for the discussion of the relevant topics. The topics should be covered in conversation with the child and family and information should be recorded during the visit, with the participation of the child and family. Carry the child's personal profile (form xxx, and form xxx) and the pre-visit record for reference and to update information. The areas that you will discuss with the family will depend on the particular circumstances of the child in the family and the family situation. The topics that are most relevant for the particular child and family will be different for each family and may differ from visit to visit. Discussions on educational progress and integration of the child in school may be a brief part of every visit but may be more extensive if the child is having difficulties in adjusting to school. Similarly, discussion on the psychosocial wellbeing of the child and family may be needed if the family is in a situation of crisis or stress. The social worker will decide the areas of support needed with each family based on the care plan.

REINTEGRATION RECORD FORM

Reintegration Record Form # _____	Case Code: _____
<p>Family Tracing may be conducted by the district Probation Officer in the child’s home district. Where this has been done, the district probation family tracing record can substitute this form and must be referred and attached to this form.</p> <p>Aim: To meet the family, understand the background of the child leaving home from their perspective, discover if they are interested in the child returning home, assess the situation if the child were to be reintegrated and make a future care plan.</p> <p>Guidelines: This form is a guide to the questions to be asked, information to be obtained and assessment criteria to be used during a pre-placement visit. It should be filled out during the visit, with participation from the child and family.</p> <p>Carry the child’s personal intake file to confirm and update information on the child and family background (form xxx and form xxx)</p>	
<p>Care giver : Name _____ Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Relationship: _____</p> <p>Location: _____ Phone _____</p>	
<p>Home location (provide further details on how to find the home for future visits)</p> 	
<p>Draw a map of the family Location (if needed)</p> 	
<p>Name and position of person conducting the initial family tracing visit:</p> <p>_____</p>	<p>Date: ____/____/____</p>
<p>Which family and community members were present during the pre-visit?</p>	
<p>Which other local organizations were visited (school, health centre, local authorities, self help groups, police/magistrate, CDO Community Development Office)?</p>	
<p>Family Discussion and Reconciliation</p> <p>a. How did the family receive DOVCU staff and the child?</p> <p>b. What was discussed?</p>	
<p>What was the family’s view on why the child was separated?</p> <p>a. Did this match the child’s view?</p>	
<p>What is the family’s attitude toward the child’s placement?</p>	
<p>Was the implementer’s role and future support made clear?</p>	
<p>Full Name of person completing (social worker, Care Home manager, Warden) the intake form:</p> <p>Name: _____</p> <p>Signature: _____ Date: ____/____/____</p>	
<p>Discussed at review meeting: YES <input type="checkbox"/> NO <input type="checkbox"/> Date: ____/____/____</p>	

FAMILY ASSESSMENT FOR REINTEGRATION FORM

Family Assessment for Reintegration Form # _____	Case Code: _____
<p>The Family Status Vulnerability Index will be administered in the household of every child that participates in the DOVCU Project. The FSVI assessment will form part of every child's case file information and will provide a foundation for monitoring the wellbeing and protection of each child and their family. The FSVI is undertaken at the time that the child enters the project if they are with family.</p>	
<p>Has the Family Status Vulnerability Index (FSVI) been administered at household level with the child's family: YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p><i>If YES,</i></p> <p>The results of the FSVI are: <input type="checkbox"/> In the child's case file: # _____ <input type="checkbox"/> I don't know where</p> <p>When was the FSVI administered in the household: Date: ____/____/____</p>	
<p><i>If NO,</i></p> <p>What is the plan for administering the FSVI in the child's household? _____</p> <p>_____</p> <p><input type="checkbox"/> I don't know</p>	
<p>I will discuss with my supervisor on Date: ____/____/____</p>	
<p>It will be administered on: Date: ____/____/____</p>	
<p>Full Name of person completing (social worker, Care Home manager, Warden) the intake form:</p>	
<p>Name: _____</p>	
<p>Signature: _____ Date: ____/____/____</p>	
<p>Discussed at review meeting: YES <input type="checkbox"/> NO <input type="checkbox"/> Date: ____/____/____</p>	

CHILD CARE PLAN FOR REINTEGRATION FORM

Future Child Care Plan Form # _____	Case Code: _____		
<p>The child care plan for reintegration builds on the initial care plan (made while the child was being prepared for reintegration) and is prepared taking into consideration all the combined information available from assessments undertaken with the child (and family where relevant), other information available relevant to the child and family and the recommendations made by the social worker. It sets out a plan of action for mobilization of specific resources, services and supports required for the child's reintegration with family or alternative care.</p> <p>Aim: To assist staff to use the information gathered during the pre-visit to decide on and record recommendations for the way forward.</p> <p>Guidelines: Based on the information gathered during the pre-visit, and with particular reference to the CSI assessment (that should be recorded and part of the child case file), a recommendation should be made for immediate needs to be addressed and future direction to be explored to support reintegration of the child with family or alternative care.</p>			
Future Care Plan (specify appropriate information)			
<p>Preparation at the institution (specify type of preparation and give number of relevant forms with information)</p> <p># _____</p> <p># _____</p> <p># _____</p> <p># _____</p> <p># _____</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 35%; border: none; vertical-align: top;"> <input type="checkbox"/> Reintegration support needed <input type="checkbox"/> Repeat pre-placement <input type="checkbox"/> Family Reconciliation/mediation support <input type="checkbox"/> Family training <input type="checkbox"/> Pre-placement visit to other care-giver <input type="checkbox"/> Placement preparation to proceed </td> <td style="width: 65%; border: none; vertical-align: top;"> <input type="checkbox"/> Reintegration not possible <input type="checkbox"/> Explore alternative care (foster care or independent living) </td> </tr> </table>	<input type="checkbox"/> Reintegration support needed <input type="checkbox"/> Repeat pre-placement <input type="checkbox"/> Family Reconciliation/mediation support <input type="checkbox"/> Family training <input type="checkbox"/> Pre-placement visit to other care-giver <input type="checkbox"/> Placement preparation to proceed	<input type="checkbox"/> Reintegration not possible <input type="checkbox"/> Explore alternative care (foster care or independent living)
<input type="checkbox"/> Reintegration support needed <input type="checkbox"/> Repeat pre-placement <input type="checkbox"/> Family Reconciliation/mediation support <input type="checkbox"/> Family training <input type="checkbox"/> Pre-placement visit to other care-giver <input type="checkbox"/> Placement preparation to proceed	<input type="checkbox"/> Reintegration not possible <input type="checkbox"/> Explore alternative care (foster care or independent living)		
Proposed date discussed for placement (if applicable) Date: ____/____/____			
Name and position of person conducting the initial family tracing visit: _____	Date: ____/____/____		
<p>Type of action required:</p> <input type="checkbox"/> Urgent Intervention needed <input type="checkbox"/> Ongoing monitoring (specify) _____ <input type="checkbox"/> No action needed at this time			
<p>RECOMMENDED ACTION(S): including details on the care plans, specify the role of the District Officer in the placement:</p> <p>WHAT _____</p> <p>_____</p> <p>WHO _____</p> <p>_____</p> <p>WHEN _____</p> <p>_____</p>			
<p>Full Name of person completing (social worker, Care Home manager, Warden) the intake form:</p> <p>Name of person completing assessment: _____ Position: _____</p> <p>Signature: _____ Date: ____/____/____</p>			
<p>Discussed at review meeting: YES <input type="checkbox"/> NO <input type="checkbox"/> Date: ____/____/____</p>			
<p>Supervisor name: _____</p> <p>Signature: _____ Date: ____/____/____</p>			

FAMILY GROUP CONFERENCE FORM

Family Group Conference Form # _____	Case Code: _____
<p>Aim: To record discussions had and decisions made by extended family members and other family support structures to facilitate the reintegration process.</p> <p>Guidelines: Most families that children are resettled into do not have all the support they require to meet the needs of a child being placed with them. They however have a support network of relatives, friends and the community members, who usually will offer to support the child being resettled. A meeting needs to be facilitated where all supportive members of their network can meet and pledge their support. This meeting needs to be documented and will act as a contract between the family and its network. This meeting provides the SW and manager an insight into the family's functioning, resources and challenges and provides information as to whether the child's need's can be met in this family and community in the short and long term. It informs the family's assessment in preparation for a child being resettled with them.</p>	
Date of meeting: Date: ____/____/____	Value: _____
Start Time: _____	Finish Time: _____
Attendance: _____	
Brief background of involvement: _____	

Reason for conference: _____	

How do you plan to provide support for the child? _____	

How have you supported this child or mother/child's sibling(s) in the past? _____	

Who in this group (ask those participating) can care for this child if she/he cannot be cared for by her parent (mother or father)?	

What do you think this child needs? _____	

What are your strengths as a family and extended family? _____	

What are your difficulties as a family and extended family? _____	

<i>Continued on following page...</i>	

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What resources do you have that can help you care for this child in your family? _____

What support will each of you provide towards caring for this child? _____

What support do you have from the community? And, what support could be mobilized from the community? _____

Describe the family's overall plan _____

Provide details on specific actions proposed by the family in the table below:

ACTION PLAN	RESPONSIBILITY	TIMEFRAME	WHO WILL MONITOR

Plan agreed/Not agreed – observations by Social worker: YES NO

Full Name of person completing (social worker, Care Home manager, Warden) the intake form:

Name of person completing assessment: _____ Position: _____

Signature: _____ Date: ____/____/____

Discussed at review meeting: YES NO Date: ____/____/____

CHILD AND FAMILY AGREEMENT FORM

Child and Family Agreement for reintegration Form # _____	Case Code: _____	
Aim: to ensure both the child and family are in agreement with the future care plan		
Guidelines: Explain the future care plan to both the child and care giver separately, ensure they fully understand what it is being proposed and that they have the right to agree or disagree.		
I have participated in discussions with the social worker above and my family/child; and understood that information and advice given and I agree to the above proposed care plan.		
CHILD'S NAME	SIGNATURE	DATE
_____	_____	_____
CAREGIVER'S NAME	SIGNATURE	DATE
_____	_____	_____
Full Name of person completing (social worker, Care Home manager, Warden) the intake form:		
Name of person completing assessment: _____ Position: _____		
Signature: _____ Date: ____/____/____		
Discussed at review meeting: YES <input type="checkbox"/> NO <input type="checkbox"/> Date: ____/____/____		

PLACEMENT RECORD

AIM: To guide and record the details of preparations taken for the reintegration of a child into family.

GUIDELINES: this form should be completed during the planning and preparation stages, as well as during the visit to guide the questions to be asked, information to be obtained and assessment criteria to be used. It should be filled out during the visit, with participation from the child and family.

Carry child's personal profile to confirm and update information on the child and family background (form xx and form XX) and the pre-visit record (form xx)

PREPARATION FOR PLACEMENT CHECKLIST FORM

Preparation for Placement Checklist Form # _____	Case Code: _____
Aim: to ensure all preparation has been completed before a placement visit is started.	
Guidelines: use the list below to guide the preparation of the child and family prior to a placement visit. Provide a date when each action is completed and sign and date when the whole list is complete.	
Caregiver Name: _____	
Relationship: _____	
Telephone No: _____	
Home Location (give further details on how to find home for future visits) _____ _____	
ACTIONS TO BE COMPLETED BEFORE PLACEMENT VISIT	
Pre-visit has been undertaken and the family is willing and able to receive the child. The assessments show that it is safe for the child to return	Date: ____/____/____
The DOVCU program staff have liaised with the local PSWO who is aware of date and role of staff in the placement.	Date: ____/____/____
Relevant supportive activities have been planned for	Date: ____/____/____
PSWO has accepted the referral and agreed to a communication plan with DOVCU post placement	Date: ____/____/____
Family Assessment has been conducted and, as required, services have been planned by DOVCU and coordinated with other service providers when needed	Date: ____/____/____
Economic Strengthening assessment has been conducted and, as needed, services have been planned by DOVCU and coordinated with other services when needed	Date: ____/____/____
Child Protection and Psychosocial assessment have been conducted and, as needed, services have been planned by DOVCU and coordinated with other services when needed	Date: ____/____/____
Date for placement has been agreed with the child and family	Date: ____/____/____
The child is consistently asking for and desiring family reintegration	Date: ____/____/____
The child displays behaviour that will enable her/him to reintegrate with her/his family, such as following considering how s/he will communicate with siblings, elders, manage anger when encountering obstacles.	Date: ____/____/____
Education preparations for the child to return to school <ul style="list-style-type: none"> • The child is consistently and enthusiastically attending classes at the time • A referral form and letter has been sought and provided by the child's teacher whilst at the institution • School report card (if available) is obtained for the child or equivalent record is secured for the child 	Date: ____/____/____
Health: If the child has any ongoing medical issues (also see disability assessment info) <ul style="list-style-type: none"> • Health needs are documented and under care; steps taken to ensure health needs can be managed in the home by the family; steps taken to identify where and how any acute medication needs can be met and confirmed to be locally available • A medical referral form is provided by the nurse who provided care for the child in the centre or institution • Any medications or medical equipment needed is prepared by nurse who provided care at the centre or institution 	Date: ____/____/____
Full Name of person completing (social worker, Care Home manager, Warden) the intake form:	
Name of person completing assessment: _____ Position: _____	
Signature: _____ Date: ____/____/____	

RESETTLEMENT KIT FORM

Resettlement Kit Form # _____ Case Code: _____

Aim: Special needs of the child required for replacement of items previously provided in the institution and which s/he will need and may not be within the reach of the family to provide on reintegration.

Guidelines: Please number the boxes below in order of priority. This should be prioritized on the basis of family assessment and the home visit made in preparation for the child's reintegration.

Caregiver Name: _____

Relationship: _____

Telephone No: _____

Home Location (give further details on how to find home for future visits)

CHILD NEEDS	PRIORITY #
Part of the first year school fees	
Blanket	
Hoe	
Jerry can	
Cup	
Bowl/basin	
Saucepan	

Reintegration package has been prepared: YES NO

Exit interview has been completed (see form # _____) YES NO

Full Name of person completing (social worker, Care Home manager, Warden) the intake form:

Name of person completing assessment: _____ Position: _____

Signature: _____ Date: ____ / ____ / ____

SECTION 4: SUPPORT FOR REINTEGRATION OF CHILD WITH FAMILY AND TO SUPPORT CHILDREN'S PERMANENCY WITH FAMILY IN TARGET HOUSEHOLDS

AIM: To engage the family and child in discussion on different key aspects that impact their ongoing situation and record discussions had and decisions made for going forward in ensuring the permanency of the child's reintegration with family.

GUIDELINES: The questions in each of the sections below touch on different areas of the child and family's wellbeing and protection and should guide your interaction with the family and assist you to make a thorough assessment.

Each section should be used as a guide for the discussion of the relevant topics. The topics should be covered in conversation with the child and family and information should be recorded during the visit, with the participation of the child and family. Carry the child's personal profile (form xxx, and form xxx) and the pre-visit record for reference and to update information. The areas that you will discuss with the family will depend on the particular circumstances of the child in the family and the family situation. The topics that are most relevant for the particular child and family will be different for each family and may differ from visit to visit. Discussions on educational progress and integration of the child in school may be a brief part of every visit but may be more extensive if the child is having difficulties in adjusting to school. Similarly, discussion on the psychosocial wellbeing of the child and family may be needed if the family is in a situation of crisis or stress. The social worker will decide the areas of support needed with each family based on the care plan.

PSYCHOSOCIAL SUPPORT FORM

Home Visit: Psychosocial Discussion Form A # _____		Case Code: _____	
<p>Family Tracing may be conducted by the district Probation Officer in the child's home district. Where this has been done, the district probation family tracing record can substitute this form and must be referred and attached to this form.</p> <p>Aim: To meet the family, understand the background of the child leaving home from their perspective, discover if they are interested in the child returning home, assess the situation if the child were to be reintegrated and make a future care plan.</p> <p>Guidelines: This form is a guide to the questions to be asked, information to be obtained and assessment criteria to be used during a pre-placement visit. It should be filled out during the visit, with participation from the child and family.</p> <p>Carry the child's personal intake file to confirm and update information on the child and family background (form xxx and form xxx)</p>			
Overall Wellbeing within the household			
PROBING QUESTION		WHAT YOU WANT TO KNOW (TAKE NOTES HERE)	
<p>1. Are there times when you have felt that you don't want to live anymore or you want people to leave you alone? If yes, tell me more</p> <p>For Child: Are there times when your child has refused to eat, failed to sleep, and cried a lot? If yes, how often?</p>		<p>Do the caregivers in the family seem hopeless, sad, or withdrawn or does any wish they could die, or to be left alone? Does the targeted child refuse to eat, sleep poorly, or cry a lot? Does the targeted child refuse to eat, sleep poorly, or cry sometimes?</p>	
<p>2. Does any member of the family have sleeping problems or sometimes isolates themselves?</p>		<p>Is the family mostly happy but occasionally a member is anxious, irritable, not sleeping well or withdrawn?</p>	
<p>3. How is the relationship between the spouse, child and other members of the household? Tell me more.</p>		<p>How would you describe the relationships and interactions among members of the household?</p>	
<p>4. (If caregiver talks about any violence in question X above): How often does this happen?</p>		<p>Are there frequent or periodic signs of aggressive behaviours, domestic violence, child abuse, child neglect?</p>	
<p>5. Does any member of the family abuse alcohol or drugs? Tell me more –how often?</p> <p>Do you think it has any effects on the family? Tell me more.</p>		<p>Is there a presence of alcohol or drug use in the family?</p>	
<p>6. How is your relationship between your family and your neighbours, the community in general?</p>		<p>Is the family frequently or periodically faced with community conflict (land, tribal conflicts)?</p>	
<p>7. OBSERVE</p>		<p>Are some of the above signs present but a bit mild?</p>	
<p>Full Name of person completing (social worker, Care Home manager, Warden) the intake form:</p> <p>Name: _____</p> <p>Signature: _____ Date: ____/____/____</p>			

PSYCHOSOCIAL SUPPORT VISIT RECORD FORM

Psychosocial Support Visit Record Form B # _____	Case Code: _____
<p>The conversation will gauge the overall psychosocial wellbeing and emotional health of caregivers in the family to inform the way forward and plan the services and support interventions required. Based on the information recorded during the discussion, you will complete the table that follows.</p>	
EMOTIONAL DIMENSION	
Questions	Notes
<p>How have you been feeling?</p> <p>Have you had any challenging moments these days?</p> <p>Do you feel hopeful in managing the challenges?</p> <p>What have you been doing to manage the challenge?</p>	
COGNITIVE DIMENSION	
Questions	Notes
<p>What are your thoughts about what is happening in your life?</p> <p>How has your faith/ belief helped you?</p> <p>Are there any particular thoughts troubling you?</p> <p>What do you do when you are troubled?</p>	
BEHAVIOURAL DIMENSION	
Questions	Notes
<p>How are the relationships in the household?</p> <p>How often do you step in to manage interpersonal situations in the household?</p> <p>What are your strategies for keeping a peaceful household?</p> <p>Behavioural dimension</p> <p>How are the relationships in the household?</p> <p>How often do you step in to manage interpersonal situations in the household?</p> <p>What are your strategies for keeping a peaceful household?</p>	
PHYSICAL DIMENSION	
Questions	Notes
<p>Have you experienced any physical changes in the last month?</p> <p>What is the link between your physical health and emotional wellbeing?</p> <p>What are you doing to cope?</p>	
<p>Once you have completed you session with the family and discussed some of the topics above, please review the elements listed under each of the domains/areas listed below and circle all experiences/ behaviors that you have observed or that have been mentioned to you during your discussions with the family.</p> <p>Refer to the notes that you have made during your visit to help you record the issues that arose.</p>	
<i>Continued on following page...</i>	

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FEELING AND EMOTION	COGNITIVE	BEHAVIORAL	PHYSICAL
1. Depression	1. Recurrence of traumatic event	1. Reduced /loss of appetite	1. Weight gain
2. Hopelessness		2. Attempting suicide	2. Generalized body pain
3. Guilt	2. Suicidal	3. Poor concentration	3. General weaknesses
4. Loneliness	3. Obsession	4. Poor memory/forgetfulness	4. Chest pain/tightness in chest
5. Anger	4. Preoccupation with traumatic event	5. Crying easily	5. Headaches
6. Stress	5. Disruptive	6. Withdrawing socially	6. Vomiting
7. Sadness	6. Attention seeking	7. Injuring oneself	7. Lightheaded/dizziness
8. Anxiety	7. Hyperactivity	8. Overeating	8. Palpitation/ rapid heart beat
9. Moods swings	8. Questioning beliefs/ religion	9. Sexual problems	9. Excessive sleep
10. Intense fears/fear		10. Spiritual problems	10. Loss of sleep
11. Afraid		11. Aggressiveness	11. Night mares
12. Avoidance and numbness		12. Restlessness	12. Sleep terror
13. Arousal (irritability, tension and alertness)		13. Lack of goal/ambitions	13. Dry mouth
14. Intrusions/flashback		14. Poor peer relationship	14. Tiredness
15. Insecurity		15. Excessive use of drugs	15. Bed-wetting
16. Inferiority		16. Drug addiction	16. Weight loss
17. worthlessness		17. Poor marital relationship	17. Loss of appetite
18. Confused		18. Over clinging	18. Excessive appetite/Over
19. Shock		19. Poor child-parent relationship	
20. Loss of faith		20. Acting out traumatic experience in plays	
21. Worries		21. Withdrawal from relations	
22. Loss of hope		22. Mistrust	
23. Isolation		23. Anger outburst	
		24. Suspicions	
		25. Attention seeking	

Summary Statement (Main issues Identified in Sections A and B)

Summarize the key issues and observations arising from your visit with the family and your discussions on psychosocial wellbeing issues.

Full Name of person completing (social worker, Care Home manager, Warden) the intake form:

Name: _____

Signature: _____ **Date:** ____ / ____ / ____

PSYCHOSOCIAL HOUSEHOLD SERVICES FORM

Psychosocial Household Services Form C # _____	Case Code: _____		
Social Services and & Resources available in the area for the family			
Which social services and resources in the community and beyond can be mobilized for referral to support child and family psychosocial wellbeing?			
EMOTIONAL DIMENSION			
S/no	Available services	Formal Institutions such as Government service provider, NGOs, CBOs,..	Identify non-formal services such as existing traditional networks/mechanism that provides psychosocial support
	Spiritual support/emotional and psychological support		
	Education		
	Shelter		
	Medical /treatment		
	Rituals		
	Employment		
	Livelihood skills training		
	Social support (relatives, clan members, neighbours, friends, peers)		
	Treatment for mental illness		
	Legal support (will writing, birth registration, representation in court, legal counsel/advise, ...etc.)		
Full Name of person completing (social worker, Care Home manager, Warden) the intake form:			
Name: _____			
Signature: _____			Date: ____ / ____ / ____

PSYCHOSOCIAL SUPPORT NETWORK FORM

Psychosocial Support Network Form D # _____ **Case Code:** _____

Social supports and network surrounding the individual/household
 Which parts of the social network (individual/household related to family) could be mobilized to support child and family psychosocial wellbeing ?

SOCIAL SUPPORTS AND NETWORK SURROUNDING THE INDIVIDUAL/HOUSEHOLD		
S/no	Clients Relations with social networks	Possible support / assistance
	Parents	
	Siblings (brothers & sisters)	
	Clan elders	
	Friends & peers	
	Spiritual Guardians (where client goes for spiritual support)	
	Teachers	
	Clubs (where client is member)	
	Others (Specify):	

Full Name of person completing (social worker, Care Home manager, Warden) the intake form:
Name: _____
Signature: _____ **Date:** ____/____/____

PSYCHOSOCIAL HOUSEHOLD SUPPORT VISIT SERVICE PLAN FORM

Psychosocial Household Support Visit Service Plan Form E # _____	Case Code: _____
Child and Family Services: Psychosocial support	
What are the most urgent needs that emerge from discussion with the child and family?	
1. _____ _____	
2. _____ _____	
3. _____ _____	
Recommendation(s)	
WHAT _____ _____	
HOW _____ _____	
WHO _____ _____	
WHEN _____ _____	
Full Name of person completing (social worker, Care Home manager, Warden) the intake form:	
Name: _____	Position: _____
Signature: _____	Date: ____/____/____
Reviewed by name: _____	Position: _____
Signature: _____	Date: ____/____/____

PSYCHOSOCIAL FOLLOW UP FORM

Follow Up Form F # _____	Case Code: _____
<p>Aim: This form will be used to record the action to be taken by the social workers, para social workers, following a home visit. It will identify the follow up actions to be taken to support the family and for implementation of the CHILD CARE PLAN.</p> <p>Guidelines: This form will be used after a home visit with the family and child. Depending on the focus of discussion during the home visit and the follow up actions identified with the family, one or more e follow up actions may be needed. These actions will ones that support the implementation of the care plan and are specific to the individual child and family. Many copies of this form should be made and used to record each follow up action needed following a home visit. If a home visit identifies a need for follow up action in more than one area, you will complete a separate form for each action that requires a different type of response (for example, if actions are needed on economic strengthening, and also to support with school issues, and a health referral , then there will be 3 follow-up forms needed)</p> <p>NOTE: This form is used to record any follow up action planned following a household visit with family and or the child irrespective of the nature of the follow up action</p>	
<p>Support and service action following household visit. Below tick the relevant area where follow up action is to be taken. Please use a separate form for each area.</p>	
<input type="checkbox"/> Household Visit: Psychosocial support <input type="checkbox"/> House Hold Visit: Economic and Livelihood security <input type="checkbox"/> Household Visit: Child Protection	<input type="checkbox"/> Household visit: Parenting Support <input type="checkbox"/> Household visit: Other support (specify) _____ _____ _____
RECOMMENDED FOLLOW UP ACTION	
<p>Discussed with family YES <input type="checkbox"/> NO <input type="checkbox"/> (explain) _____</p> <p>_____</p> <p>_____</p>	
<p>WHAT _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>HOW _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>WHEN _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
Continued on following page...	

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ACTION TAKEN ON RECOMMENDATION

WHAT _____

WHEN _____

Who is the recipient of the action (child, parent (specify), sibling (specify) other caregiver (specify) _____

If this action was previously planned but not taken, what were the reasons? _____

If action was taken and you are follow up, how has the situation changed? _____

Will further action be required to be taken and time/when: _____

Full Name of person completing (social worker, Care Home manager, Warden) the intake form:

Name: _____ **Position:** _____

Signature: _____ **Date:** ____/____/____

Reviewed by name: _____ **Position:** _____

Signature: _____ **Date:** ____/____/____

HOUSEHOLD VISIT: ECONOMIC & LIVELIHOOD SECURITY

AIM: The questions below should be used as topics for discussion by the social work or para social worker during the household visit to engage the caregiver and family on their ongoing economic and livelihood situation and to record discussions had and decisions made for going forward in ensuring the permanency of the child's reintegration with family.

GUIDANCE: The topics should form part of a conversation with the head of family and other family members. They can be covered in any order that is natural and should not be used as a questionnaire.

HOUSEHOLD VISIT, ECONOMIC LIVELIHOOD SECURITY DISCUSSION FORM

Household visit, Economic Livelihood Security Discussion Form # _____		Case Code: _____			
A. HOUSEHOLD INCOME					
Who is the main household income earner? _____					
What is the main source of household income? _____					
How well are you able to meet the basic needs of the family? _____					
ACCESS TO LAND					
During the last agricultural season, how many acres of land did the household cultivate? _____					
Do you own this land or do you rent it? If rent, how much do you pay per season? _____					
LIVESTOCK OWNERSHIP					
What animals do you have?	Type of animal(s)				Number
_____	_____				_____
_____	_____				_____
LABOR					
Who is providing help with the animals and crops? _____					
ACCESS TO FINANCIAL CAPITAL AND CREDIT					
Does the family have a source for saving and borrowing, when needed? YES <input type="checkbox"/> NO <input type="checkbox"/>					
ADVERSE EFFECTS					
Has your household experienced any crisis that led to an economic hardship? (e.g. Job loss, migration of household members, loss of property, accident, etc.) YES <input type="checkbox"/> NO <input type="checkbox"/>					
B. ACCESS TO BASIC NEEDS					
FOOD & NUTRITION					
How many meals does the family have per day? (Please observe the physical appearance of children, mother and others in the household) _____					
What does the family eat on a regular basis? _____					
Where do you get your food? _____					
SHELTER					
Based on your observation, what is the condition of the house (repair, space, safety, structure and surroundings – hygiene and sanitation)? _____					

EDUCATION					
How many school aged children (age/ M/F) are they in the household and are they attending school? _____					
Name	Age	Male <input type="checkbox"/>	Attending School?	Live at home?	Live away (boarding)
_____	_____	Female <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			Government or private?	NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>		
How are uniforms, scholastic materials and school fees covered? _____					
Continued on following page...					

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HEALTH, CARE, SHELTER

What amount of money/resources have you spent on health care for the family in the last three months? \$ _____

Does the household head or caregiver have any form of disability that is severe to affect their daily activities? (e.g. physical, speech, visual, hearing, or mentally handicapped)? YES NO _____

Priority needs: What are the most urgent needs? list them and outline an action plan in discussion with the family

1 _____

2 _____

3 _____

4 _____

Full Name of person completing (social worker, Care Home manager, Warden) the intake form:

Name: _____ **Position:** _____

Signature: _____ **Date:** ____/____/____

RECOMMENDATION ECONOMIC STRENGTHENING FORM

Recommendation(s) Economic Strengthening Form # _____	Case Code: _____
WHAT _____ _____ _____	
HOW _____ _____ _____	
WHO _____ _____ _____	
WHEN _____ _____ _____	
Name of person completing case plan:	
Name: _____	Position: _____
Signature: _____	Date: ____/____/____
Reviewed by name: _____	
Signature: _____	Date: ____/____/____

FOLLOW UP FOR ECONOMIC STRENGTHENING FORM

Follow Up for Economic Strengthening Form # _____	Case Code: _____
<p>Aim: This form will be used to record the action to be taken by the social workers, para social workers, following a home visit. It will identify the follow up actions to be taken to support the family and for implementation of the CHILD CARE PLAN.</p> <p>Guidelines: This form will be used after a home visit with the family and child. Depending on the focus of discussion during the home visit and the follow up actions identified with the family, one or more e follow up actions may be needed. These actions will ones that support the implementation of the care plan and are specific to the individual child and family. Many copies of this form should be made and used to record each follow up action needed following a home visit. If a home visit identifies a need for follow up action in more than one area, you will complete a separate form for each action that requires a different type of response (for example, if actions are needed on economic strengthening, and also to support with school issues, and a health referral, then there will be 3 follow-up forms needed)</p> <p>NOTE: This form is used to record any follow up action planned following a household visit with family and or the child irrespective of the nature of the follow up action</p>	
RECOMMENDED FOLLOW UP ACTION	
Discussed with family YES <input type="checkbox"/> NO <input type="checkbox"/> (explain) _____ _____ _____	
WHAT _____ _____ _____ WHEN _____ _____ HOW _____ _____ _____	
ACTION TAKEN ON RECOMMENDATION	
WHAT _____ _____ _____ WHEN _____ _____ Who is the recipient of the action (child, parent (specify), sibling (specify) other caregiver (specify) _____ _____ If this action was previously planned but not taken, what were the reasons? _____ _____ If action was taken and you are follow up, how has the situation changed? YES <input type="checkbox"/> NO <input type="checkbox"/> Will further action be required to be taken and time/when: YES <input type="checkbox"/> NO <input type="checkbox"/> Date: ____/____/____	
Name of person completing case plan: Name: _____ Position: _____ Signature: _____ Date: ____/____/____	
Reviewed by name: _____ Position: _____ Signature: _____ Date: ____/____/____	

CHILD PROTECTION

The protective environment of the child begins in the home. Caregivers and others in the household play an important role in ensuring the wellbeing and protection of the child. As the child grows others in the community and school play an increasingly important role in the child's wellbeing and protection.

This section provides sample questions to guide the social worker during a household visit to discuss issues related to child protection with the caregiver of the child. Due to the sensitivity that can surround discussions of protection issues, the social worker should be particularly sensitive to take time to build a trusting relationship with the caregiver and to use her/his interactions to observe changes and take note of any risk factors and strengths based on the discussions around the topic areas noted below. Information from discussions and observation and decisions This information will inform the action plans that are made with the family.

HOUSEHOLD VISIT: CHILD PROTECTION & PROTECTIVE ENVIRONMENT DISCUSSION FORM

Household Visit: Child Protection and Protective Environment Discussion Form # _____		Case Code: _____
<p>This form is a guide to the questions to be asked on aspects of the child's family environment. No one factor will be considered in isolation of the others. Instead all the notes from a household visit should be reviewed together to make any recommendations on the way forward. If it is possible, interview child and caregivers separately. Note responses from caregivers on left side of table and responses from children (6 years and above) on the right.</p>		
FAMILY RELATIONS		
Caregiver	Child	
Are there situations that make you worry about your children's safety? _____	Are there situations that make you worry about being safe at home? _____	
Who are the members of the family? _____	Who are the members of the family? _____	
Who are your children closest to in the family? _____	Who are you closest to in the family? _____	
What do you do together as a family? _____	What do you do together as a family? _____	
MALTREATMENT		
Caregiver	Child	
How do you manage the children when they misbehave? _____	What happens when you misbehave? _____	
Do you rely on someone else to help you when children misbehave? _____	_____	
What do you do when the children annoy you? _____	_____	
NEGLECT		
Caregiver	Child	
Are there times when you have to leave children unattended? How do you manage? _____	Are there times when you are left home alone over long periods of time? _____	
_____	Are there times when you are left with someone else? Who? _____	
What are each of your children good at? _____	When you are left alone or with someone else, how do you find food to eat? _____	
CHILD WORK WITHIN THE HOUSEHOLD AND OUTSIDE		
Caregiver	Child	
What chores do the children help with? _____	What chores do you help with? _____	
Do the children have other activities outside the household? _____	Do you do other things outside the household? _____	
When do children get time off to play? _____	Do you have time for play each day? _____	
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ABUSE

Caregiver	Child
Have there been cases of sexual abuse in the community and how have people responded? _____	
How do you think children can be protected from sexual abuse? _____	
Do you have worries about the child's safety? _____	
Do you worry about anyone hurting the child? _____	
Does the child feel safe and secure? _____	Do you worry about anyone hurting you? YES <input type="checkbox"/> NO <input type="checkbox"/> _____

Name of person completing case plan:

Name: _____ **Position:** _____

Signature: _____ **Date:** ____/____/____

CHILD PROTECTION RECOMMENDATION AND ACTION PLAN FORM

Child Protection Recommendation and Action Plan Form # _____	Case Code: _____
<p>Please make as many copies of this form as needed and use this form to record recommendations following from a home visit. Record the different areas of child protection discussed or observed separately to document action plans needed. The areas include Protection in household protective environment; Protective environment in community institutions; Protection in informal learning environments; Protection in the community environment.</p>	
ACTION PLAN: CHILD PROTECTION	
WHAT _____ _____ _____ _____ _____	
HOW _____ _____ _____ _____	
WHO _____ _____ _____	
WHEN _____ _____	
Does the child feel safe and secure? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you worry about anyone hurting you? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of person completing case plan: Name: _____ Position: _____ Signature: _____ Date: ____/____/____	
Reviewed by name: _____ Position: _____ Signature: _____ Date: ____/____/____	

FOLLOW UP FOR CHILD PROTECTION RECOMMENDATION AND ACTION PLAN FORM

Follow Up for Child Protection Recommendation and Action Plan Form # _____	Case Code: _____
<p>Aim: This form will be used to record the action to be taken by the social workers, para social workers, following a home visit. It will identify the follow up actions to be taken to support the family and for implementation of the CHILD CARE PLAN.</p> <p>Guidelines: This form will be used after a home visit with the family and child. Depending on the focus of discussion during the home visit and the follow up actions identified with the family, one or more e follow up actions may be needed. These actions will ones that support the implementation of the care plan and are specific to the individual child and family. Many copies of this form should be made and used to record each follow up action needed following a home visit. If a home visit identifies a need for follow up action in more than one area, you will complete a separate form for each action that requires a different type of response (for example, if actions are needed on economic strengthening, and also to support with school issues, and a health referral , then there will be 3 follow-up forms needed)</p> <p>NOTE: This form is used to record any follow up action planned following a household visit with family and or the child irrespective of the nature of the follow up action</p>	
<p>Support and service action following household visit. Below tick the relevant area where follow up action is to be taken. Please use a separate form for each area.</p>	
<input type="checkbox"/> Household Visit: Psychosocial support <input type="checkbox"/> House Hold Visit: Economic and Livelihood security <input type="checkbox"/> Household Visit: Child Protection	<input type="checkbox"/> Household visit: Parenting Support <input type="checkbox"/> Household visit: Other support (specify) _____ _____ _____
RECOMMENDED FOLLOW UP ACTION	
Discussed with family YES <input type="checkbox"/> NO <input type="checkbox"/> (explain) _____ _____ _____	
WHAT _____ _____ _____	
WHEN _____ _____	
HOW _____ _____ _____	
ACTION TAKEN ON RECOMMENDATION	
WHAT _____ _____ _____ _____ _____	
WHEN _____ _____	
Who is the recipient of the action (child, parent (specify), sibling (specify) other caregiver (specify) _____ _____ _____ _____	
Continued on following page...	

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If this action was previously planned but not taken, what were the reasons? _____

If action was taken and you are follow up, how has the situation changed? _____

Will further action be required to be taken and time/when: YES NO Date: ____/____/____

Name of person completing case plan:

Name: _____ **Position:** _____

Signature: _____ Date: ____/____/____

Reviewed by name: _____ **Position:** _____

Signature: _____ Date: ____/____/____

CHILD PROTECTION HOUSEHOLD PROTECTIVE ENVIRONMENT RECORDING FORM

Child Protection Household Protective Environment Recording Form# _____	Case Code: _____		
Protective Environment Record			
<p>After you have reviewed your notes from your visit to the household and the record of your observations and discussions with the child and caregiver (Household visit: Child Protection and HH protective environment discussion form #_XXX), use the table below to identify any risks that came up in relation to the child's wellbeing and protection. Circle all those that apply.</p> <p>Similarly in the relevant section below please make note of the strengths contributing to a protective and caring family environment that were evident from your discussions and observation</p> <p>Wherever you have circled an issue, indicate the level of risk posed to the safety of the child and explain in more detail in the recommended child care action plan.</p>			
IN TABLE BELOW CIRCLE ANY RISKS OBSERVED AND INDICATE THE LEVEL OF RISK: Low (L); Medium (M); High (H); need more information (MI)			
Maltreatment	Neglect	Exploitation	Abuse
Beating L M H MI	Left on his/her own L M H MI	Work too hard or in inappropriate work for age of child L M H MI	locked in L M H MI
Yelling L M H MI	Left without food L M H MI	Out of school L M H MI	Burn marks L M H MI
Deprivation (hold back food) L M H MI	Untidy in comparison to other local children L M H MI	Sickly L M H MI	Chased away from home L M H MI
Suspicious unexplained injury L M H MI	Wanders alone L M H MI	Stunted growth L M H MI	Must stay home from school/ other activities L M H MI
Withdrawn L M H MI	Untreated cuts and wounds L M H MI	Moving at odd hours L M H MI	Regularly aggressive or/ withdrawn with few attachments L M H MI
Scared and fearful L M H MI	Scavenging L M H MI	Mostly in company of adults L M H MI	Mistrusting or fearful or/ overly affectionate L M H MI
Lacking confidence L M H MI	Out of school L M H MI	Doesn't often participate in activities and play with other children L M H MI	Injuries across various areas of body L M H MI
Exceedingly hungry L M H MI	Often aggressive /timid L M H MI	Not comfortable in regular interaction with other peers L M H MI	Social behaviour not age appropriate L M H MI
Distracted and unable to focus L M H MI	Has unstable place of stay (often with different relatives or others) L M H MI		Use of substances L M H MI
			Highly sexualized behaviour for age L M H MI
Continued on following page...			

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NOTE THE STRENGTHS EVIDENT IN THE FAMILY PROTECTIVE ENVIRONMENT. RECORD THE SPECIFIC STRENGTHS OBSERVED IN THE CHILD AND CAREGIVER

Name of person completing case plan:

Name: _____ **Position:** _____

Signature: _____ **Date:** ____/____/____

CHILD PROTECTION IN COMMUNITY INSTITUTIONS DISCUSSION FORM

Child Protection in Community Institutions Discussion Form # _____	Case Code: _____
Protective environment in community institutions (school) Formal /Informal	
The questions below focus on aspects of the protective environment of the school where children spend significant parts of their days. No one factor should be considered in isolation of the others. Instead all the notes from discussion during the home visit on the topics below should be reviewed together to make any recommendations	
RELATIONSHIPS IN SCHOOL	
Questions	Notes
<p>How does the child like school and what makes the difference?</p> <p>Have there been times when the child did not feel like going to school and why ?</p>	
GENDER ISSUES IN SCHOOLS (GIRLS AND BOYS)	
Questions	Notes
<p>Does the school have someone that a child can talk to in case of any difficulty?</p> <p>Have there been any cases regarding the safety of girls/boys in the school that worried you?</p> <p>How do girls manage their personal needs while at school?</p>	
SCHOOL ENVIRONMENT	
Questions	Notes
<p>Are children asked to stay back to help with chores for the school or teacher?</p> <p>Do you think the school takes care of the safety of boys and girls?</p> <p>How does the school manage difficult behaviours?</p> <p>How does the school help make children with special circumstances feel accepted?</p>	
INCLUSION/DISABILITIES (FOR CAREGIVERS WITH CHILDREN WITH DISABILITIES)	
Questions	Notes
<p>What has your child's experience been like at school?</p> <p>How does the school accommodate the child's special needs?</p> <p>What activities does the child participate in with others in school?</p>	
Continued on following page...	

Continued from previous page...

SCHOOL AWARENESS RAISING ON CHILD PROTECTION AND REPORTING CHANNELS

Questions	Notes
<p>What school rules and regulations are you aware of for protection of children in school?</p> <p>What kind of information events do the children and parents have the opportunity to participate in?</p> <p>Who do children and parents report to in the event of a concern about the child's protection?</p> <p>Are there school clubs and other opportunities focused on child rights for children to participate in ?</p>	
Name of person completing case plan:	
Name: _____ Position: _____	
Signature: _____ Date: ____/____/____	

PROTECTIVE ENVIRONMENT IN COMMUNITY INSTITUTIONS RECORD FORM

Protective Environment in Community Institutions Record Form # _____ **Case Code:** _____

Protective Environment In Community Institutions Record

After you have reviewed your notes from your visit to the household and the record of your observations and discussions with the child and caregiver (Household visit: protective environment in community institutions discussion form #_XXX), use the table below to identify any risks that came up in relation to the child’s wellbeing and protection with the institutions where the child participates. Circle all those that apply.

Similarly in the relevant section below please make note of the strengths contributing to a protective institutional environment (school, community centre, Mosque/Church, etc) that were evident from your discussions and observation.

Wherever you have circled an issue, indicate the level of risk posed to the safety of the child and explain in more detail in the recommended child care action plan.

IN TABLE BELOW CIRCLE ANY RISKS OBSERVED AND INDICATE THE LEVEL OF RISK:

Low (L); Medium (M); High (H); need more information (MI)

Relationships in school	Gender issues in schools	Tolerance of violence in school environment	Inclusion of children w/Disabilities	Awareness raising on CP and reporting channels
Unsupportive Teacher-student relationships L M H MI	Sexual harassment L M H MI	Corporal punishment L M H MI	Lack of facilitation for accessibility and participation L M H MI	Inexistence of rules and regulations for protecting children in the school L M H MI
Attendance retention affected by negative school environment L M H MI	abuse exploitation a threat lack of privacy & personal safety L M H MI	Humiliation and demeaning treatment L M H MI	No supports for Inclusion/ prevention of Discrimination L M H MI	No awareness events on different protection topics L M H MI
Opportunities for Parent-teacher communication lacking L M H MI	Absence of a senior matron Bullying and threats present L M H MI	Bullying and threat to safety exist L M H MI	No availability of special Learning tools L M H MI	No reporting and communication channels for children L M H MI
		Tolerance of discrimination L M H MI	No linkages for services and referral L M H MI	No school clubs to support child participation L M H MI
				Doesn't respect confidentiality in handing issues L M H MI

NOTE THE STRENGTHS EVIDENT IN THE PROTECTIVE ENVIRONMENT OF COMMUNITY INSTITUTIONS

Name of person completing case plan:

Name: _____ **Position:** _____

Signature: _____ **Date:** ____/____/____

CHILD PROTECTION IN INFORMAL LEARNING ENVIRONMENT DISCUSSION FORM

Child Protection in Informal Learning Environment Discussion Form # _____	Case Code: _____
Protection in informal learning environments	
<p>The questions below focus on aspects of the protection of the child or young person in any non-formal or informal learning environment such as vocational centre apprenticeship training, savings group or cash transfer arrangement, where the child or young person spends a part of their days.</p> <p>No one factor should be considered in isolation of the others. Instead all the notes from discussion on the topics below should be reviewed together to make any recommendations for moving forward. If possible, interview the caregiver and child separately and make notes on their responses below for each of the questions</p>	
<p>What has the child `s experience in the apprenticeship placement been like? _____</p> <p>_____</p> <p>_____</p>	
<p>What does she/he say about the people s/he trains with? _____</p> <p>_____</p> <p>_____</p>	
<p>Has the child expressed any concern or issues about the placement? _____</p> <p>_____</p> <p>_____</p>	
<p>How safe has their placement been? _____</p> <p>_____</p> <p>_____</p>	
<p>What does the child say about the skills they are learning and how they are being mentored? _____</p> <p>_____</p> <p>_____</p>	
NOTE THE STRENGTHS EVIDENT FOR PROTECTION AND SUPPORT OF THE CHILD IN THE INFORMAL LEARNING ENVIRONMENT	
<p>_____</p> <p>_____</p>	
Name of person completing case plan:	
Name: _____	Position: _____
Signature: _____	Date: ____/____/____

PROTECTION IN INFORMAL LEARNING ENVIRONMENTS RECORD FORM

Protection in Informal Learning Environments Record Form # _____	Case Code: _____
Protection in Informal Learning Environments Record	
<p>After you have reviewed your notes from your discussion with the child's caregiver regarding the child's experiences in <u>informal learning environments</u>, use the table below to identify any child protection risk factors that came up in relation to these environments (circle all that apply). In a similar way also make note of strengths and positive factors that were mentioned in relation to the experience of the child/youth in the informal learning setting.</p> <p>Circle the risks that you have identified from your discussions and observations and indicate the level of risk that they may pose to the safety of the child and explain in more detail in the recommended case action plan.</p>	
IN TABLE BELOW CIRCLE ANY RISKS OBSERVED AND INDICATE THE LEVEL OF RISK:	
Low (L); Medium (M); High (H); need more information (MI)	
INFORMAL LEARNING ENVIRONMENTS	RISK LEVEL
Relationships with others working in this setting is a concern	L M H MI
Relationships with trainer/mentor is a concern	L M H MI
Discrimination /exclusion in the environment	L M H MI
Vulnerability and a sense of being unsafe, having no say, treated in an inferior way	L M H MI
Ill match of skills with the placement, feel unable to perform to expectations	L M H MI
Being pressured by others with expectations (sexual, financial , labour, or others)	L M H MI
Tired, unable to participate in other activities due to outputs expected	L M H MI
NOTE THE STRENGTHS EVIDENT IN THE PROTECTIVE INFORMAL LEARNING ENVIRONMENT	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
Name of person completing case plan:	
Name: _____	Position: _____
Signature: _____ Date: ____/____/____	

PROTECTION IN THE COMMUNITY ENVIRONMENT DISCUSSION FORM

Protection in the Community Environment Discussion Form # _____	Case Code: _____
Protection in the community	
<p>The questions below focus on the supportive and protective aspects of the community environment where children live. No one factor should be considered in isolation of the others. Instead all the notes from discussion on the topics below should be reviewed together to make any recommendations for follow up action and support.</p>	
What agencies can families turn to for help when a child has been harmed? _____	

Which community groups provide assistance in cases involving abuse or neglect of a child? _____	

Where would you go to get support for your child if s/he was harmed? _____	

How are children encouraged and involved to protect themselves and their peers? _____	

What agencies can families turn to for help when a child has been harmed? _____	

Name of person completing case plan:	
Name: _____	Position: _____
Signature: _____	Date: ____/____/____

PROTECTION IN THE COMMUNITY ENVIRONMENTS RECORD FORM

Protection in the Community Environments Record Form # _____	Case Code: _____
Protection in the Community Environment Record	
<p>After you have reviewed your notes from your discussion with the child’s caregiver regarding the child’s experiences community settings, use the table below to identify any child protection risk factors that came up in relation to these environments (check all that apply) and also make note of any strengths and positive factors that were mentioned in relation to the protection of the child.</p> <p>Circle the risks that you have identified from your discussions and observations and indicate the level of risk that they may pose to the safety of the child and explain in more detail in the recommended case action plan.</p>	
IN TABLE BELOW CIRCLE ANY RISKS OBSERVED AND INDICATE THE LEVEL OF RISK: Low (L); Medium (M); High (H); need more information (MI)	
COMMUNITY MECHANISMS	RISK LEVEL
Resources for child protection are found in the area	L M H MI
Community based CP groups exist to support in cases of abuse, violence, neglect	L M H MI
	L M H MI
Leaders in the community demonstrate support and show intolerance for child abuse, violence	L M H MI
Youth are provided information and opportunities to take action for their protection	L M H MI
NOTE THE STRENGTHS EVIDENT IN THE COMMUNITY ENVIRONMENT THAT PROVIDE SUPPORT AND PROTECTION FOR THE CHILD	
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
Name of person completing case plan:	
Name: _____	Position: _____
Signature: _____ Date: ____/____/____	

FOLLOW UP FOR CHILD PROTECTION VISITS FORM

Follow Up for Child Protection Visits Form # _____	Case Code: _____
<p>Aim: This form will be used to record the action to be taken by the social workers, para social workers, following a home visit. It will identify the follow up actions to be taken to support the family and for implementation of the CHILD CARE PLAN.</p> <p>Guidelines: This form will be used after a home visit with the family and child. Depending on the focus of discussion during the home visit and the follow up actions identified with the family, one or more e follow up actions may be needed. These actions will ones that support the implementation of the care plan and are specific to the individual child and family. Many copies of this form should be made and used to record each follow up action needed following a home visit. If a home visit identifies a need for follow up action in more than one area, you will complete a separate form for each action that requires a different type of response (for example, if actions are needed on economic strengthening, and also to support with school issues, and a health referral , then there will be 3 follow-up forms needed)</p> <p>NOTE: This form is used to record any follow up action planned following a household visit with family and or the child irrespective of the nature of the follow up action</p>	
<p>Support and service action following household visit. Below tick the relevant area where follow up action is to be taken. Please use a separate form for each area.</p>	
<input type="checkbox"/> Household Visit: Psychosocial support <input type="checkbox"/> House Hold Visit: Economic and Livelihood security <input type="checkbox"/> Household Visit: Child Protection	<input type="checkbox"/> Household visit: Parenting Support <input type="checkbox"/> Household visit: Other support (specify) _____ _____ _____
RECOMMENDED FOLLOW UP ACTION	
Discussed with family YES <input type="checkbox"/> NO <input type="checkbox"/> (explain) _____ _____ _____	
WHAT _____ _____ _____	
WHEN _____ _____	
HOW _____ _____ _____	
ACTION TAKEN ON RECOMMENDATION	
WHAT _____ _____ _____ _____	
WHEN _____ _____	
Who is the recipient of the action (child, parent (specify), sibling (specify) other caregiver (specify) _____ _____ _____ _____	
Continued on following page...	

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If this action was previously planned but not taken, what were the reasons? _____

If action was taken and you are follow up, how has the situation changed? _____

Will further action be required to be taken and time/when: YES NO Date: ____/____/____

Name of person completing case plan:

Name: _____ **Position:** _____

Signature: _____ Date: ____/____/____

Reviewed by name: _____ **Position:** _____

Signature: _____ Date: ____/____/____

PARENTING DISCUSSION FORM

Parenting Discussion Form # _____	Case Code: _____
<p>The questions below focus on aspects of the caregiver- child /youth relationship and capture the way it contributes to the wellbeing and protection of the child.</p> <p>No one factor should be considered in isolation of the others. Instead all the notes from your discussion on the topics below should be reviewed together to make any recommendations for moving forward. If possible, interview the caregiver and child separately and make notes on their responses in the spaces below, for each of the questions.</p>	
MANAGING NEGATIVE FEELINGS	
What are your coping mechanisms to manage anger and distress? _____ _____ _____	
What pressures do children of different ages have? _____ _____ _____	
How do you guide your children to manage their emotions? _____ _____ _____	
ACTIVE LISTENING	
How often do you get opportunities to talk/discuss with your child? _____ _____ _____	
How do you encourage your children to share their thoughts and feelings? _____ _____ _____	
VIEW OF SELF AND OTHERS - PERSPECTIVE TAKING	
How do you ensure understanding between you and your children? _____ _____ _____	
What decisions in the house do children get to participate in? _____ _____ _____	
How do you balance between your opinion and your children's opinion in case there is a difference? _____ _____ _____	
Continued on following page...	

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JOINT ATTENTION

What activities interest your child? _____

How do you get involved in them? _____

Do you share any common interests with your child? _____

UNDERSTANDING THE SITUATION - SENSITIVITY

How do you identify the needs of your child? _____

How do you tell and address the changes that are affecting your child? _____

How do you respond to the needs that your children demonstrate? _____

How do you help your child to resolve problems? _____

RESPONDING TO CHILDREN'S EMOTIONAL NEEDS - RESPONSIBILITY

How do people in your community show affection to their children? _____

What are some of the ways that you demonstrate affection to children in your family? _____

When would your children freely share their personal issues with you? _____

What activity has your child taken a lead in? _____

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BREAKING DOWN A PROBLEM – SCAFFOLDING

How do you support your child to tackle problems? _____

How do you support your child and build their self-confidence when faced with a problem? _____

When something does not seem easy for your child to do, how do you encourage your child to keep trying? _____

FREEDOM WITHIN LIMITS

What are some of the rules that you have in your home? _____

How do you identify dangers and set limits for your child's safety? _____

How have the rules to guide your children changed overtime? _____

How have the children participated in making those changes? _____

Under what circumstances would you change the rules? _____

Name of person completing case plan:

Name: _____ **Position:** _____

Signature: _____ **Date:** ____/____/____

PARENTING CARE DISCUSSION AND RESPONSE FORM

Parenting Care Discussion and Response Form # _____		Case Code: _____	
<p>Aim: To engage the caregiver in discussions on the care of the child and observe interactions between child and caregiver. To record these discussions and any decisions made in relation to the care of the child for going forward.</p> <p>Guidelines: Building on the trusting relationship that you have developed with the caregiver, engage the caregiver in an relaxed conversational way, to discuss questions related to the care of the child covering the questions below. Listen carefully to the caregiver’s answers for each questions and circle the appropriate options based on the age of the child:</p>			
	WHAT ARE THE PRIMARY NEEDS OF YOUR CHILD AT THIS AGE?	WHAT ARE THE COMMON THINGS THAT YOU CHILD DOES AT THIS STAGE OF THEIR GROWTH?	HOW DO YOU RESPOND TO YOUR CHILD’S NEEDS AND BEHAVIORS?
Age	Primary Needs & Wants	Common Child Behaviors	Caregiver’s Responses
Cross-cutting 0-18	<ul style="list-style-type: none"> Nutritious food Sleep Clothing Safety Love and affection 	<ul style="list-style-type: none"> Sleepy or withdrawn if does not get enough food/sleep Seeks love and attention. Does what he/she sees adults do. 	<ul style="list-style-type: none"> Provide for child’s basic needs Keep child safe Provide love and affection Do NOT hit, slap, kick child, take food away, or lock in a room. Ensure child sleeps under bed net Model positive behaviors
Infant (0-2 years)	<ul style="list-style-type: none"> Exclusive breastfeeding (first 6 months) then complementary feeding Responded to quickly, Face to face eye contact Stimulation and attention Immunizations 	<p>0-6 months:</p> <ul style="list-style-type: none"> Will cry to signal hunger, wet, cold, scared, tired, overstimulated. Also smiles and begin to coo/ babble wants to connect with you. Reaches and puts objects in mouth-exploring <p>7-24 months:</p> <ul style="list-style-type: none"> Begins to crawl and the walk. Cries and clings to caregiver when scared Points and wants objects. 	<p>0-6 mos:</p> <ul style="list-style-type: none"> Care for baby and stay close-by. Respond quickly to baby’s needs. Smile, talk and sing to baby.. Help to explore-give safe objects to child, Well-baby check-ups for full immunization and growth monitoring. <p>7-24 mos: As above AND...</p> <ul style="list-style-type: none"> Watch closely since baby can move and get to dangerous places/objects. Provide safe toys from local materials Praise baby for new learning. Potty train.
Toddler (2-3 Years)	<ul style="list-style-type: none"> Learns through play and with others To move around and explore. To be more independent—like dressing and feeding herself. To get praise. To play, friendships begin. 	<ul style="list-style-type: none"> Walks and runs. Wants to play and be very active. Says NO, gets mad when he doesn’t get what he wants. May not want to share toys or caregiver’s attention with others. Speaks in short sentences. 	<ul style="list-style-type: none"> Keep calm and tolerate his tantrums Help him share toys with friends. Play, talk, sing and tell stories Provide toys from local materials Observe and set limits for his safety and behavior Other (specify)
Continued on following page...			

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<p>Early Childhood (4-6 years)</p>	<ul style="list-style-type: none"> • Learns through play and from adults. • Needs to go to school. • Makes close friends. • Needs help managing his feelings. 	<ul style="list-style-type: none"> • Talks a lot and asks questions-wants to learn • Watches and copies other adults. • Gets upset easily. Does not like to lose. • Spends a lot of time playing. 	<ul style="list-style-type: none"> • Enroll in school on-time and escort to school. • Talk to child, answer her questions and tell stories. • Break tasks, games, chores, into small steps and teach/show each one—give help as needed. • Make time for play with friends—but make sure an adult/older sibling watches close-by. • Praise for new learning. • Involve in decision making. • Other (specify)
<p>Middle Childhood (7 to 12 years)</p>	<ul style="list-style-type: none"> • School is even more important—learns to read, write, do math. • Special talents/interests appear. • Can do more on his own. • Puberty begins (10-12 years). 	<ul style="list-style-type: none"> • Child spends more time with friends • Joins activities at school and in community. • Sensitive to adult approval, praise, and attention, criticism. • Wants to know more • Competitive • Sensitive about changes in body. 	<ul style="list-style-type: none"> • Show interest in child’s interests/talents. • Encourage to do well in school. • Daily practices for play and homework. • Monitor his friends—are they good influences? • Praise all his good behaviors; set limits to reduce negative behaviors. • Talk to child about changes in his/her body. • Other (specify)
<p>Adolescence (13 to 18 years)</p>	<ul style="list-style-type: none"> • School is very important—transition to considering vocational training. • Friendships/being accepted is very important to teen. • Want adult privileges but not ready for adult responsibilities. • May need/want money—for future school, living, marriage. • Self-centred—hard to see point-of-view of others. 	<ul style="list-style-type: none"> • Very self-conscious, easily embarrassed. • Compares self with peers • Might want to have sex, date, get married. • Often makes decisions quickly without thinking through the situation. • Interested in risky activities • Looks for ways to make money. • Seeks role models—not always wisely. • Worried about how to get future vocational training and work. 	<ul style="list-style-type: none"> • Listen, ask questions, show you want to know about their life, their ideas, choices. • Monitor and guide relationships with opposite sex/peers. • Talk to teen or seek trusted community member to talk with teen about changes in body, peer pressure, HIV/AIDS and consequences of early pregnancy. • Talk about dangers of drugs, alcohol—addictions, control by others, sexual assault. • Help your teen find good and safe adult role models. • Encourage youth to join community activities. • Encourage youth to continue school/vocational training. • Other (specify)
<p>Children with Special Needs (All Ages)</p>	<ul style="list-style-type: none"> • To be accepted by family, friends, teachers, community. • Love and care • To do things for herself • To participate in school and community activities 	<ul style="list-style-type: none"> • Slow to reach milestones above • Wants to play with others • Hard to keep attention • May be aggressive or destructive for attention • Withdrawn • Sensitive-compares self to others • May show rapid changes in emotions 	<ul style="list-style-type: none"> • Accept child • Show love and affection • Identify strengths and areas for support • Seek training to understand child’s needs and support activities on daily living • Be supportive-give extra time to complete a task • Include in family, community and school activities • Support to protect from stigma • Other (specify)

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Children at Risk or Infected with HIV/AIDS	<ul style="list-style-type: none">• If at risk of HIV/AIDS, needs to find out status• Adequate nutrition• Regular medical attention• Support to take medicine	<ul style="list-style-type: none">• Not growing like other children• Frequently sick• Withdrawn• Worried about future	<ul style="list-style-type: none">• Testing and regular medical attention• Support to take medicine• Talk to child about status• Seek community support for you and child• Include in family, community and school activities.• Support to protect from stigma• Other specify
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How is your child learning and growing compared to your other children or children in the community? _____

What, if any concerns do you have about your child? _____

How is your child learning and growing compared to your other children or children in the community? _____

What, if any concerns do you have about your child? _____

Note any risk factors or red flags from caregiver responses _____

What are the priority needs based on your discussions? _____

What are the most urgent needs? List them and in the form below outline an action plan in discussion with the family)?

1. _____
2. _____
3. _____
4. _____
5. _____

Name of person completing case plan: _____

Name: _____ **Position:** _____

Signature: _____ **Date:** ____/____/____

RECOMMENDATION AND ACTION PLAN FORM

Recommendation and Action Plan Form # _____	Case Code: _____
Recommendation(s) and Action Plan Parenting	
Please make as many copies of this form as needed and use this form to record recommendations following from a home visit. Record the different areas of parenting discussed or observed separately to document action plans needed.	
ACTION PLAN: PARENTING	
WHAT _____ _____ _____	
HOW _____ _____ _____	
WHO _____ _____ _____	
WHEN _____ _____	
Name of person completing case plan:	
Name: _____	Position: _____
Signature: _____	Date: ____/____/____
Reviewed by name: _____	
Signature: _____	Position: _____
Signature: _____	Date: ____/____/____

FOLLOW UP FOR PARENTING FORM

Follow Up for Parenting Form # _____	Case Code: _____
<p>Aim: This form will be used to record the action to be taken by the social workers, para social workers, following a home visit. It will identify the follow up actions to be taken to support the family and for implementation of the CHILD CARE PLAN.</p> <p>Guidelines: This form will be used after a home visit with the family and child. Depending on the focus of discussion during the home visit and the follow up actions identified with the family, one or more e follow up actions may be needed. These actions will ones that support the implementation of the care plan and are specific to the individual child and family. Many copies of this form should be made and used to record each follow up action needed following a home visit. If a home visit identifies a need for follow up action in more than one area, you will complete a separate form for each action that requires a different type of response (for example, if actions are needed on economic strengthening, and also to support with school issues, and a health referral, then there will be 3 follow-up forms needed)</p> <p>NOTE: This form is used to record any follow up action planned following a household visit with family and or the child irrespective of the nature of the follow up action</p>	
<p>Support and service action following household visit. Below tick the relevant area where follow up action is to be taken. Please use a separate form for each area.</p>	
<input type="checkbox"/> Household Visit: Psychosocial support <input type="checkbox"/> House Hold Visit: Economic and Livelihood security <input type="checkbox"/> Household Visit: Child Protection	<input type="checkbox"/> Household visit: Parenting Support <input type="checkbox"/> Household visit: Other support (specify) _____ _____ _____
RECOMMENDED FOLLOW UP ACTION	
Discussed with family YES <input type="checkbox"/> NO <input type="checkbox"/> (explain) _____ _____ _____	
WHAT _____ _____ _____	
WHEN _____ _____	
HOW _____ _____ _____	
ACTION TAKEN ON RECOMMENDATION	
WHAT _____ _____ _____ _____	
WHEN _____ _____	
Who is the recipient of the action (child, parent (specify), sibling (specify) other caregiver (specify) _____ _____ _____ _____	
Continued on following page...	

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If this action was previously planned but not taken, what were the reasons? _____

If action was taken and you are follow up, how has the situation changed? _____

Will further action be required to be taken and time/when: YES NO Date: ____/____/____

Name of person completing case plan:

Name: _____ **Position:** _____

Signature: _____ Date: ____/____/____

Reviewed by name: _____ **Position:** _____

Signature: _____ Date: ____/____/____

SECTION 5: ALTERNATIVE CARE

AIM: To support in the tracing and tracking of information about immediate or extended family members of the child in the Child Care Institution . It also acts as evidence of having made attempts to find relative before placement in an alternative family.

GUIDELINES: The tracing process should begin as soon as possible. Develop radio, newspapers and pinup adverts with details about the child as per the referral letter. The language in which these are written will be determined by the area where the child is abandoned or suspected to come from.

FAMILY TRACKING RECORD FORM

Family Tracking Record Form # _____	Case Code: _____
<p>Example:</p> <p style="text-align: center;">RADIO ANNOUNCEMENT:</p> <p>E'kitongole ekikola kunsonga z'abaana mu Kampala City Council Authority, kilanga omwana o'wobuwala owe myezzi ebiri eyasulibwa ku kasasiro e'Kawempe Ttula Zone A nga 13/02/2012.</p> <p>Ekitongole kisaba oyo yenna amanyi ebikwata kku mwana ono oba maama we atukulile probation and social welfare office kumwalilo ogusooka ku ggombolola lye Kawempe oba akube ku 0776108103/0704132829.</p> <p style="text-align: center;">NEWSPAPER ADVERT:</p> <p>Omwana owobulenzi alabika mukifananyi wagulu yasulibwa ku kasasiro e'Kawempe Ttula Zone A nga 13/02/2012. Oyo yenna amanyi ebimukwatako agende ewa probation and social welfare office kumwalilo ogusooka ku ggombolola lye Kawempe oba akube ku 0776108103 oba 0704132829.</p> <p style="text-align: center;">PINUPS/NOTICES:</p> <p>Another useful tool for tracing is putting up notices/pinups in the community where the child was abandoned. This will enable whoever had not seen the newspaper advert to view it but also for follow up. The language in which this is written will also be determined by the area in which the child was found.</p> <p>Sample Pinup:</p> <p style="text-align: center;">03/04/2013</p> <p style="text-align: center;"><u>EKIRANGO</u></p> <p>Omwana owobulenzi alabika mu kifananyi wagulu yasulibwa nga 24th/03/2013 e Kawempe Kumukaaga emabari gw'olugudo. Amanyi ebimukwatako akubire probation officer ku 0772241982 oba 0774141455</p> <p>Name of person completing case plan:</p> <p>Name: _____ Position: _____</p> <p>Signature: _____ Date: ____/____/____</p>	

MEDIA INQUIRY FORM

Media Inquiry Form # _____	Case Code: _____	
Below indicate with a tick the processes that have been undertaken for tracing the child's family:		
<input type="checkbox"/> Radio Announcement	Date: ____/____/____	Number of times _____
<input type="checkbox"/> Newspaper Ad	Date: ____/____/____	Number of times _____
<input type="checkbox"/> Television	Date: ____/____/____	Number of times _____
<input type="checkbox"/> Pinup Posters	Date: ____/____/____	Number of times _____
Reproduce this form as needed for media inquiry.		
Name of person completing case plan:		
Name: _____	Position: _____	
Signature: _____	Date: ____/____/____	

SOCIAL INQUIRY FORM

Social Inquiry Form # _____	Case Code: _____
Type _____	
INFORMATION GATHERED BY SOURCE:	
1. Source _____	
Information _____ _____	
2. Source _____	
Information _____ _____	
Date: ____/____/____	Number of times _____
Reproduce this form as needed for social inquiry	
Name of person completing case plan:	
Name: _____	Position: _____
Signature: _____	Date: ____/____/____

FAMILY GROUP CONFERENCE FORM

Family Group Conference Form # _____		Case Code: _____	
<p>Aim: To record discussions had and decisions made by extended family members and other support structures to facilitate the reintegration process.</p> <p>Guidelines: Most families that children are reintegrated into do not have all the support they require to meet the needs of a child being placed with them. They however have a support network of relatives, friends and the community members, who usually will offer to support the child being reintegrated. A meeting needs to be facilitated where all supportive members of their network can meet and pledge their support.</p> <p>This meeting needs to be documented and will act as a contract between the family and its network. This meeting provides the SW and manager an insight into the family's functioning, resources and challenges and provides information as to whether the child's need's can be met in this family and community in the short and long term. It informs the family's assessment in preparation for a child being reintegrated with them.</p>			
Name of Child: _____			
Date of Meeting:		Date: ____/____/____	Start Time: _____
Finish Time: _____			
Venue: _____			
Attendance: _____			
Brief background of involvement:			
Reason for conference:			
What is your plan for the child?			
How have you supported this child or mother/child's sibling(s) in the past?			
Who of you can care for this child if she/he cannot be cared for by her parent (mother Or father)?			
What do you think this child needs?			
<i>Continued on following page...</i>			

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What are your strengths as a family?	
What are your difficulties as a family?	
What resources do you have that can help you care for this child in your family?	
What support will each of you provide towards caring for this child?	
What support do you have from the community?	

FAMILY'S PLAN AND IMPLEMENTATION

Action plan	Responsibility	Timeframe	Who will monitor

Plan agreed/Not agreed by Social worker: YES NO

Name of person completing case plan:

Name: _____ **Position:** _____

Signature: _____ **Date:** ____/____/____

ADOPTION RECORDS FORM

Adoption Records Form # _____	Case Code: _____
<p>Aim: To assess, match and place children with no known families into new adoptive families</p> <p>Guidelines: Information will be gathered from the care provider in the CCI or other institution where the child is based and should include any information obtained from relevant background documents including the CSI assessment and other information related to the child's case that may exist in the institution or related institutions involved with the child, such as from the local council office, medical records or the probation and social welfare office.</p>	
CHILD PROFILE	
Name of Child:	_____
Date of Birth:	Date: ____/____/____ Age: _____
Date of Admission:	Date: ____/____/____
Police Reference number:	_____
Circumstances:	_____
Child's Health:	_____
Emotional and behavioural development:	_____
Education:	_____
Analysis:	_____
Recommendation:	_____
Name of person completing case plan:	
Name: _____	Position: _____
Signature: _____	Date: ____/____/____

FAMILY ASSESSMENT: PROSPECTIVE ADOPTIVE PARENTS RECORD FORM

Family Assessment: Prospective Adoptive Parents Record Form # _____		Case Code: _____	
<p>Aim: to assess, match and place children with no known families into new adoptive families</p> <p>Guidelines: Information should include any information obtained from relevant background checks and documents including that gathered from the local council office, law enforcement, social welfare offices and other relevant institutions. Social workers will also follow protocols for inquiry within community and community institutions.</p>			
1. AGENCY DETAILS			
Name of Organization:	_____		
Name of Social Worker:	_____	Name of Social Work Team Manager:	_____
Date Form Completed:	Date: ____/____/____		
2. DETAILS OF APPLICANT(S)			
First Applicant			
Surname:	_____	Previous name (s) (if applicable):	_____
Forename (s) – Also known as:	_____	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth:	Date: ____/____/____	Ethnic/Tribal descent:	_____
Language(s) spoken at home	_____		Religion Practicing: Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupation:	_____	Current/proposed hours of work:	_____
Address:	_____		Telephone:
Second Applicant			
Surname:	_____	Previous name (s) (if applicable):	_____
Forename (s) – Also known as:	_____	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth:	Date: ____/____/____	Ethnic/Tribal descent:	_____
Language(s) spoken at home	_____		Religion Practicing: Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupation:	_____	Current/proposed hours of work:	_____
Address:	_____		Telephone:
<i>Continued on following page...</i>			

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3. CHILDREN IN THE HOUSEHOLD

* Please state relationship to applicant(s) (eg. birth child, step child, fostered, adopted, or born as a result of assisted conception)

Name	Gender	Date of birth	Tribe	Type of school	*Relationship to applicant
	M <input type="checkbox"/> F <input type="checkbox"/>	__/__/__			
	M <input type="checkbox"/> F <input type="checkbox"/>	__/__/__			
	M <input type="checkbox"/> F <input type="checkbox"/>	__/__/__			
	M <input type="checkbox"/> F <input type="checkbox"/>	__/__/__			

4. TYPE OF APPLICATION

Please tick categories which apply

Adoption

Short term Fostering

Long term fostering

5. MATCHING CONSIDERATIONS

Information on child/children the applicant(s) can consider

Age range _____ - _____

NB gender preferences with reasons (i.e. have boys in family and want girl) to be discussed at recommendation sections only

Number of children the applicant can consider: 1 2 3 4 5, or more

(if the applicant can consider one child as well as a family group of two or three, please circle 1, 2 and 3)

6. PROFILE OF FAMILY

PLEASE USE ABOUT 500 WORDS TO OUTLINE PERSONALITIES/FAMILY LIFE, INTERESTS, EXPERIENCE, ETC. HIGHLIGHT SPECIFIC QUALITIES, WHICH WOULD ASSIST IN MATCHING WITH A CHILD'S NEEDS, PAYING PARTICULAR ATTENTION TO THE PREVIOUS SECTION ON SPECIFIC MATCHING CONSIDERATIONS.

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7. OTHER CHILDREN OF THE APPLICANTS INCLUDING THOSE LIVING ELSEWHERE OR DECEASED

Name	Gender	Date of birth	Alive or Deceased	Whereabouts	State relationship*
	M <input type="checkbox"/> F <input type="checkbox"/>	__/__/__	A <input type="checkbox"/> D <input type="checkbox"/>		
	M <input type="checkbox"/> F <input type="checkbox"/>	__/__/__	A <input type="checkbox"/> D <input type="checkbox"/>		
	M <input type="checkbox"/> F <input type="checkbox"/>	__/__/__	A <input type="checkbox"/> D <input type="checkbox"/>		

OTHER ADULT MEMBERS OF THE HOUSEHOLD (INCLUDING GROWN UP CHILDREN LIVING AT HOME)

Name	Gender	Date of birth	Tribe	Relationship (eg. relative, lodger, carer)
	M <input type="checkbox"/> F <input type="checkbox"/>	__/__/__		
	M <input type="checkbox"/> F <input type="checkbox"/>	__/__/__		

OTHER SIGNIFICANT ADULTS (I.E. WHO WILL BE INVOLVED/HAVE CONTACT WITH THE CHILDREN ON A REGULAR BASIS)

Name	Gender	Date of birth	Tribe	Relationship (eg. relative, lodger, carer)
	M <input type="checkbox"/> F <input type="checkbox"/>	__/__/__		
	M <input type="checkbox"/> F <input type="checkbox"/>	__/__/__		

8. MOTIVATION TO ADOPT OR FOSTER (REASONS FOR WANTING TO ADOPT OR FOSTER)

9. ACCOMMODATION, NEIGHBORHOOD, ACCESSIBILITY

Comment on the locality, availability and characteristics of specific amenities, including schools, medical resources, community and religious groups and recreational facilities. Indicate public transport facilities and proximity of the above amenities to the applicant(s) home.

Type of accommodation; rented or owned; whether there have been frequent movements, proposed sleeping arrangements for the child.

Does the accommodation or neighborhood present any health and safety risks? Yes No

State of the home, characteristics of the neighborhood/house/compound in terms of safety

Continued on following page...

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10. POST-SCHOOL CAREER HISTORY

THIS SHOULD INCLUDE WORK AND OTHER NON-WORK EXPERIENCE INCLUDING EDUCATION -, FURTHER OR HIGHER EDUCATION. ALL TIME SINCE LEAVING FULL-TIME EDUCATION SHOULD BE ACCOUNTED FOR AND DETAILS GIVEN FOR ANY PERIOD NOT IN FULL-TIME EMPLOYMENT, EDUCATION OR TRAINING. THIS WOULD INCLUDE UNEMPLOYMENT, VOLUNTARY WORK AND LEISURE ACTIVITIES, RAISING A FAMILY, PART-TIME WORK OR EDUCATION.

11. IS HEALTH ASSESSMENT ATTACHED?

Are there health issues relevant to the application? Yes No (If so, describe)

12. PERSONAL REFERENCES

State whether referees have been interviewed by phone or in person: Yes No

Indicate the relationship of the referee to the applicant(s) and length of time they have known the applicant(s). Comment on the evidence they provide of the applicant(s)' suitability to foster or adopt involved.

Referee 1: _____	Date of Visit: ____/____/____
Referee 2: _____	Date of Visit: ____/____/____
Referee 3: _____	Date of Visit: ____/____/____

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13. ASSESSMENT REPORT

N.B. AT THE END OF EACH SECTION THE ASSESSING WORKER SHOULD COMMENT ON THE IMPLICATIONS OF THE INFORMATION AND ITS SIGNIFICANCE FOR THE CARING TASK.

14. INDIVIDUAL PROFILE ON APPLICANT 1.

BRIEFLY OUTLINE THE FOLLOWING:

a) Background:

Family structure, with details of parents and siblings, including their dates of birth or ages at death.

Please attach a family tree. Show clearly birth order and discuss all significant family members. Childhood experiences; significance of family, tribe, religion, place of birth and language in upbringing. Applicant(s)' view about own upbringing and past family relationships, and impact of upbringing on present functioning and relationships. Bring in good/bad childhood memories and talk about person(s) who have influenced the applicant and how, and with what impact on their adult life and parenting style. (Links to Section 22, cross reference rather than repeat).

b) Education: Type of school; views on their own experience of education and relevance to any child placed.

c) Employment: Present employment; importance of work; attitude to/experience of unemployment as it relates to family life/family roles.

Continued on following page...

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d) Interests/talents: What? When? With whom? Amount of time involved.

e) Personality: Self presentation - how do applicants see and understand themselves including their own racial and cultural identity.

16. RELATIONSHIPS/PARTNERSHIPS

State length of present partnership, if any. What qualities does each applicant bring to the partnership? What makes the relationship positive for each? Within the relationship how do the applicants cope with problems/stress/anger? How do the applicants support each other? What is each applicant's assessment of how the placement will affect their relationship?

Decision making: how is decision making exercised in this relationship and how do each of the applicants view this? What role does each partner have in the relationship? Is there wider extended family involvement in the couple's decision making process? If so, how will this affect the child/ren to be placed? How did they come to the decision to adopt a child (equal or driven by one partner)?

What are the strengths and vulnerabilities of this partnership?

Outline any previous significant relationships. State what the applicant(s) have learnt from these and the impact on present relationships. if there are children of the relationship, what present and planned contact is there between the applicant(s) and the child/children? Do the children know about the proposed placement? If so, what is their attitude?

Continued on following page...

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What would happen to the child if the couple either separate or die?

17. APPLICANT(S)' SUPPORT NETWORKS

Give a general picture of the support systems currently used by the applicant(s), including extended family, friends, Godparents, neighbors, religious activities, community groups, clubs, etc. Include details of the location and ethnic composition of each part of the support system. An eco-map completed jointly by the social worker and applicant(s) should be appended (see example).

18. CHILDREN IN APPLICANT(S)' HOUSEHOLD

Describe each child give general description of personality; how do the children see themselves? Include ethnic identity, temperament and any special talents and needs. Describe how the children have been involved in the preparations. What is their attitude to the proposed placement and what is their understanding of the implications of it for themselves? If any of the children is fostered or adopted, give date of placement, brief details of his/her background and present legal status. If any child is subject to "shared care", outline the arrangements. Describe briefly any special relationships between a particular child and parent or between children.

19. OTHER ADULT MEMBERS OF THE HOUSEHOLD

(Including grown up children living at home or in regular contact, and any significant person not living in the house) For each adult describe: How much time they spend within the home. Their role/relationship to the applicant(s) and family members. Are they likely to remain as part of the household long term? Their attitude to the proposed placement. How important is their acceptance of the placement to the applicant? From whom was the above information obtained?

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20. CHILDLESSNESS/LIMITATION OF FAMILY SIZE

If applicant(s) have been unable to have birth children, are the reasons for childlessness known? If so, please give details.

Give brief but specific details of when the applicant(s) first learned of this. How have the applicant/s coped? To what degree have they adjusted to this? Do they realize that feelings about childlessness will probably be revived at various times in their life?

For couples: how open are the applicants with each other over their feelings about infertility? How do they support each other over the issues important to them?

For applicant(s) who choose to adopt/foster before starting a birth family, please comment on how they arrived at this decision. What impact do they anticipate subsequent birth children will have on their adopted/fostered children?

For applicants who have made a conscious decision to limit the size of their family, or for those who wish to adopt/foster

Instead of a having a birth child, please comment on how they arrived at this decision and whether both partners (if a couple) are equally committed to this plan.

21. DESCRIPTION OF FAMILY LIFESTYLE

Outline what the family considers important eg. How important are religious, cultural practices as these relate to everyday life?

What are the special occasions and how are they celebrated? What expectations do family members have with regard to personal space?

Continued on following page...

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How are different expectations accommodated? How is affection shown within the family?

Do special roles exist in the family? How significant are gender roles within the family?

22. PARENTING CAPACITY

COMMENT ON THE EXPERIENCE OF THE APPLICANT(S) OF CARING FOR/WORKING WITH A CHILD/REN. WHERE THE APPLICANT(S) ARE PARENTS, DESCRIBE THEIR APPROACH TO PARENTING.

What do the applicant(s) feel about the impact of heredity and traumatic early experiences of loss or abuse on a child's present and future functioning?

What is their understanding of possible behavioral and emotional difficulties of adopted/fostered children and the reason for these?

Which sort of behaviors would they find most difficult? (For example, delayed or excessive affection, sleep problems, eating problems, rivalry, bullying, wetting and/or soiling, aggression, and destructiveness.)

USE OF OWN CHILDHOOD EXPERIENCE: CROSS-REFERENCE SECTION 14. WHAT PATTERNS OF PARENTING WOULD THEY REPEAT AND WHAT WOULD THEY CHANGE?

What experience or understanding do they have of adapting parenting skills to meet the need of individual children?

Continued on following page...

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What is the applicant(s)' understanding of their own parenting strengths or potential?

To what extent would they expect one another other family members/friends to be involved in the parenting of their children?

EMOTIONAL/ PHYSICAL/SEXUAL ABUSE: HOW WILL THEY ENSURE THAT A CHILD WILL BE SAFE IN THEIR FAMILY AND WITHIN WIDER SUPPORT NETWORKS?

BEHAVIOR MANAGEMENT/ BELIEFS AND VIEWS ON METHODS OF DISCIPLINE:

What are the rules in the household? How do the applicant(s) show approval/disapproval?

What consideration have the applicant(s) given to their proposed form/s of punishment? Do the applicants understand the CiF policy prohibiting physical punishment and the reasons for it?

Do they say they agree to follow the policy? In your opinion, do you think they will?

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IMPACT OF HAVING AN ADOPTED/FOSTER CHILD:

What do they anticipate would be the issues and difficulties for themselves, for existing children in their household and for those in their support network of fostering or adopting a child? What do they anticipate would be the issues and difficulties for the child?

Are they aware of the particular vulnerability of children who are perceived as different? Do they understand the impact of adoption/fostering on a child's self image? How would they overcome them?

23. PLACEMENT AND POST PLACEMENT CONSIDERATIONS

SPECIFIC MATCHING CONSIDERATIONS: PLEASE STATE IF APPLICANTS WILL CONSIDER:

- child with specific medical needs
- child likely to have special educational need
- disability (state to what level)

- child who may have been sexually abused
- child who may have been physically abused
- child who may be emotionally abused

24. TELLING THE CHILD

What is their attitude to telling/sharing information with an adopted child about his/her origins? Is there any information the applicant(s) would find difficult to tell and what would be the agency's role in this case? Do they understand the importance of being honest with the child?

What importance do the applicant(s) attach to the child retaining his/her first name, as given at birth? Will cultural/religious considerations impact on this in any way?

What is the applicant(s)' understanding of the social pressures contributing to children being abandoned? How far do they acknowledge the importance for a child of being able to understand his/her past? How confident are they that they could help the child to understand and accept his early life experiences?

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25. LEGAL UNDERSTANDING

Do the applicants understand the legal processes and requirements for adoption/fostering in Uganda? YES NO

Did they understand at the beginning of the process or did the SW and training course explain this to them? Before After

26. CHECKLIST OF ATTACHED DOCUMENTS (ORDER TO BE CHANGED)

- LC Letter
- 3 references
- Probation forms 1 and 3
- Health Assessment
- Family tree
- Diary

- Interpol check
- Uganda Police letters
- Photographs
- Proof of marriage (Include the different kinds of marriage e.g Civil, Customary & Religious (like Church, Mosque, SDA, Orthodox, Hindu))

27. SOCIAL WORKER'S ASSESSMENT

SKILLS WORKING WITH CHILDREN

What skills do the applicant(s) have in relating to and working with child/children? How well will the applicant(s) work with the agency? What are the strengths and resources of the applicant(s) and which are the areas where they may experience difficulty? If there is any point of dis-agreement between the assessing social worker and the applicant(s), record it here.

ASSESSING SOCIAL WORKER'S RECOMMENDATIONS - INCLUDE AGE AND GENDER OF THE CHILD TO BE CONSIDERED.

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DATE ADOPTIVE TRAINING COURSE ATTENDED OR REASON FOR NON-ATTENDANCE:

Date: ____ / ____ / ____

Reason for Non- Attendance: _____

Name of person completing case plan:

Name: _____ **Position:** _____

Signature: _____ **Date:** ____ / ____ / ____

SECTION 6: GOVERNMENT FOSTER CARE FORMS

AIM:

GUIDELINES:

FORM 1. APPLICATION TO FOSTER A CHILD FORM

Form 1. Application to Foster a Child Form # _____		Case Code: _____	
Name of Applicant: _____		Age: _____	<input type="checkbox"/> Married <input type="checkbox"/> Single
Address: _____		Telephone #: _____	
Number of Children: _____	Ages: _____		
Employment of Applicant: _____			
Employment of spouse: _____			
Other sources of income (e.g Farm): _____			
Have you ever fostered a child /children before? YES <input type="checkbox"/> NO <input type="checkbox"/> If so give details:			

Reasons for fostering:			

Are you willing to undertake short-term foster care? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Name of 2 Referees and their Address (one shall be your local LCI Chairman or Village Chief)			
1. _____			
2. _____			
Sex of child you wish to foster: Male <input type="checkbox"/> Female <input type="checkbox"/>		Age range: _____ - _____	
Applicant's Signature:			
Name: _____			
Signature: _____ Date: ____/____/____			

FORM 2. FORM OF UNDERTAKING (TO BE FILLED IN TRIPLICATE)

Form 2. Form of Undertaking (To be filled in triplicate) # _____	Case Code: _____
<p>I /We _____</p> <p>Who received (<i>Name of Child</i>) _____</p> <p>Into my/our home on: Date: ____/____/____</p> <p>From (<i>Name of District Probation & Social Welfare Officer</i>) _____</p> <p>undertake that-</p> <ol style="list-style-type: none"> 1. I/We will care for (<i>name of child</i>) _____ as though he/she were my/our own child. 2. I/We will bring him/her up in accordance with the _____ Religion 3. I/We will look after his/her health and allow him/her to be medically examined as required by the District Probation and Social Welfare Office. 4. I/We will allow an Officer of the District Probation and Social Welfare Office or representative of the Ministry to visit my/our home and to see the child at any time. 5. I/We will inform the District Probation and Social Welfare Office immediately if the child is seriously ill, or is missing, or is involved in an accident, or is in any kind of trouble. 6. I/We understand that an Officer of the District Probation and Social Welfare Office has the right to remove the child from my/our home in certain circumstances. 7. I/We understand that an officer of the District Probation and Social Welfare Officer has the right to remove the child from my/ our home in certain circumstances. 	
<p>(Signed, Foster FATHER):</p> <p>Name: _____</p> <p>Signature: _____ Date: ____/____/____</p>	
<p>(Signed, Foster MOTHER):</p> <p>Name: _____</p> <p>Signature: _____ Date: ____/____/____</p>	

CERTIFICATE OF FOSTER CARE FORM

Certificate of Foster Care Form # _____	Case Code: _____
I (Name) _____	
Title: _____	
Certify that I have explained the foregoing undertaking in the _____ (language)	
to _____ and _____	
<i>(Name of foster parents)</i>	
(Signed, District Probation and Social Welfare Officer):	
Name: _____	
Signature: _____	Date: ____/____/____
Address of PSWO: _____	
Witness Name: _____	
Witness Signature: _____	Date: ____/____/____
Address of Witness: _____	

FORM 3. PROSPECTIVE FOSTER PARENT RECORD FORM

Form 3. Prospective Foster Parent Record Form # _____		Case Code: _____	
Name of Prospective Foster Parents (s) _____			
Date of Birth: Date: ____/____/____		Age: _____	
District of Origin: _____		Religion: _____	
Occupation: _____			
Marital Status of Prospective Parent (s): _____		Date of Marriage: Date: ____/____/____	
Is the relationship monogamous or polygamous? Monogamous <input type="checkbox"/> Polygamous <input type="checkbox"/>			
Home Address: _____			
LC I: _____		Sub-County: _____	
Village: _____		County: _____	
Parish: _____			
DETAILS OF OTHER PEOPLE LIVING IN THE HOME:			
Name	Relationship to Prospective Foster Parent	Age	School/Class Occupation
Is there or has there been any serious illness / infection in the family (If any, give details):			

State the income and wealth of the prospective Foster Parents. Give details of business and land owned by the family /person:			

DESCRIPTION OF THE HOME			
Number of Rooms: _____	Type of Toilet: _____	Type of Water Supply: _____	_____
<i>Continued on following page...</i>			

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Will the family/person need material support in order to start fostering? YES NO If the answer is "yes" state what will be needed?

Why does this family/person wish to foster children?

Do they understand the temporary nature of fostering? YES NO

Has the person/any member of the family had a serious conviction? YES NO (if YES, give details and dates and state whether in your opinion it is of such seriousness as to prevent the family/person from taking on a foster placement?)

Assessment of the suitability of that family/person to foster children

Recommendation:

What type of foster child would best benefit from this family/person? (baby, child, male, female, etc):

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DETAILS OF FOSTER CHILD/(REN) ALREADY PLACED WITH FOSTER PARENTS

NAME	SEX	DATE OF PLACEMENT	AGE AT DATE OF PLACEMENT	DATE OF TERMINATION	WHY TERMINATED
	M <input type="checkbox"/> F <input type="checkbox"/>	__/__/__		__/__/__	
	M <input type="checkbox"/> F <input type="checkbox"/>	__/__/__		__/__/__	
	M <input type="checkbox"/> F <input type="checkbox"/>	__/__/__		__/__/__	
	M <input type="checkbox"/> F <input type="checkbox"/>	__/__/__		__/__/__	

DETAILS OF FOSTER CHILD/(REN) ALREADY PLACED WITH FOSTER PARENTS

NAME OF FOSTER CHILD	NAMES OF PARENTS	NAMES OF FOSTER CHILD'S SIBLINGS	SEX	AGE	RELIGION	ADDRESS
			M <input type="checkbox"/> F <input type="checkbox"/>			
			M <input type="checkbox"/> F <input type="checkbox"/>			
			M <input type="checkbox"/> F <input type="checkbox"/>			

Name of Supervising Officer

Name: _____

Address: _____

Signature: _____ **Date:** __/__/__

FORM 4: FOSTER CHILD CASE RECORD FORM

Form 4: Foster Child Case Record Form # _____		Case Code: _____	
Name of child (surname first): _____			
Date of Birth: ____/____/____		Age: _____	
District of Origin: _____			
Sex: M <input type="checkbox"/> F <input type="checkbox"/>		Religion: _____	
NAMES OF FOSTER PARENTS			
Names of foster Parents: _____ / _____			
	Foster Parent's Home Address		Change of Address
LC 1			
Village			
Parish			
Sub-county			
County			
NAMES OF NATURAL PARENTS			
Natural Father's Name: _____		Alive <input type="checkbox"/> Dead <input type="checkbox"/> Unknown <input type="checkbox"/>	
Natural Mother's Name: _____		Alive <input type="checkbox"/> Dead <input type="checkbox"/> Unknown <input type="checkbox"/>	
	Natural Father or Guardian's Address		Natural Mother or Guardian's Address
LC 1			
Village			
Parish			
Sub-county			
County			
DETAILS OF FOSTER CHILD'S BROTHERS, SISTERS AND RELATIVES.			
Name	Address	Alive/Dead	
		Alive <input type="checkbox"/> Dead <input type="checkbox"/> Unknown <input type="checkbox"/>	
		Alive <input type="checkbox"/> Dead <input type="checkbox"/> Unknown <input type="checkbox"/>	
		Alive <input type="checkbox"/> Dead <input type="checkbox"/> Unknown <input type="checkbox"/>	
		Alive <input type="checkbox"/> Dead <input type="checkbox"/> Unknown <input type="checkbox"/>	
Continued on following page...			

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Where was the child living immediately prior to this foster placement? (Please give names and addresses of carers or Institution)

CASE HISTORY OF THE CHILD AND HIS/HER FAMILY

State what efforts have been made to trace the parents or relatives and to return the child to his/her family:

Details of medical history; including immunization:

Give details of Education:

School:

Class:

(Signed, Name of Supervising Officer):

Name: _____

Signature: _____ **Date:** ____/____/____

Address: _____

Supervisor's Name: _____

Supervisor's Signature: _____ **Date:** ____/____/____



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