REPUBLIC OF KENYA

GUIDELINES FOR CHILD PROTECTION CASE MANAGEMENT AND REFERRAL IN KENYA

2018

FOREWORD

A guideline determines the course of action and it aims at streamlining particular processes according to defined procedures. Key child protection stakeholders in Kenya have their roles and responsibilities clearly outline in the National Framework of Child Protection System for Kenya. However it has been observed that, there are challenges in accountability and quality of services provided to children cases. The enforcement of accountability and quality of service to children created the need for Case Management and Referral Guidelines.

Children in Kenya form approximately 52% of the total population. They face diverse challenges that require guided course of actions to safeguard their rights and welfare. Some of these cases include orphan hood which has affected 3.6 million children, disability which has a total of 349,089 children and more than 1,500 children who get lost annually. It is also estimated that 3,000 children live and work on the streets. Child protection Information Management System (CPIMS) data indicates that in the year 2017-2018,the most rampant cases of child abuse included; Neglect(56,688), Custody(18,958), Abandoned Children(4,921), Orphaned Children (3,076) and Child Truancy(2,372).

These diverse situational cases need standardized and harmonized approach to ensure the wellbeing of all children in Kenya. It is therefore envisaged that the guidelines will be of assistance to service providers and greatly improve service delivery to children.

The Ministry of Labour and Social Protection is committed to the full implementation of these guidelines and will continue providing the necessary support and guidance throughout the processes.

Amb. Ukur Yattani
Cabinet Secretary
Ministry of Labour and Social Protection

ACKNOWLEDGEMENT

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Special thanks go to the officers from the Department of children's services led by Mr Noah Sanganyi the Director Children's Services and Ms. Jacinta Murgor Senior Assistant Director at the Department of Children's Services together with Strategic Interventions Section team.

Much appreciation goes to our partners among them line ministries, UNICEF, Child line Kenya, Investing in Children and their Societies (ICS), CISP and Plan International Kenya for their invaluable contribution in the development of this document.

Finally, my deepest gratitude goes to the children of Kenya who actively participated in the process. The guidelines will go a long way in strengthening case management and referral of child protection cases in Kenya.

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Director Children's Services

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PREAMBLE

Governments and international organizations are increasingly turning to what is referred to as a *systems approach* in order to establish and strengthen comprehensive child protection efforts. As guided by the United Nations Convention on the Rights of the Child (UNCRC), the systems approach differs from earlier child protection efforts, which have traditionally focused on single issues, such as child trafficking, street children, child labour, emergencies, institutionalization, and HIV/AIDS, among others. Although such efforts have produced substantial benefits, this approach often results in a fragmented child protection response. Establishing and strengthening a child protection system requires special attention focus to legal and policy reforms, institutional capacity development, planning, budgeting, monitoring and information management.

Child protection is a multi-sectoral and multi-disciplinary affair. Therefore, matters of child protection are indeed complex and a function of many actors. In order to address the multiple causes and protect all children from abuse, neglect and exploitation there is need to ensure government leadership both at national and county levels.

For a child protection system to be effective and functional, it requires a framework and an effective case management approach. The Framework for the National Child Protection System in Kenya 2011 provides a reference for child protection system defines the roles and functions of stakeholders and also facilitates effective coordination of the actors in service provision.

For quality delivery of services and to ensure that all the child protection actors handle cases effectively, these guidelines for Child Protection Case Management and Referral in Kenya were developed.

The guidelines were developed through a participatory process involving partners in child protection.

These guidelines are intended to support the collaborative processes among the government and non -governmental agencies in service provision.

These guidelines are based on the key principle that partnership, multi-sectoral approach and joint planning by all stakeholders in child protection are imperative to building collaborative practice. The primary goal of case management is to facilitate access to essential services to children in need of care and protection. It is a collective responsibility of all stakeholders including national, county government, civil society organizations, community, family and children to address child protection concerns.

Nelson Marwa Sospeter, EBS
Principal Secretary
Ministry of Labour and Social Protection

ABBREVIATIONS

AAC	Area Advisory Council
ACRWC	African Charter on the Rights and Welfare of the Child
ADR	Alternative Dispute Resolution
BCN	Better care network
CBO	Community Based Organization
CCI	Charitable Children's Institution
CPIMS	Child Protection Information Management System
CSI	Child Status Index
CSO	Civil Society Organizations
CPV	Child Protection Volunteer
DCS	Department of Children's Services
FBO	Faith Based Organization
FGM/C	Female Genital Mutilation/ Cutting
INGO	International Non- Governmental Organization
MOEST	Ministry of Education Sciences and Technology
MOH	Ministry of Health
NGO	Non – Governmental Organization
ODPP	Office of Director of Public Prosecutions
PSS	psychosocial support
TSC	Teachers Services Commission
UNCRC	United Nations Convention on the Rights of the Child
VAC	Violence against Children

GLOSSARY

Aftercare Services: These are services provided to children after they have served in an institutional care. -Such services include supervision and provision of a tool kit or kitty - as appropriate.

Alternative Family Care: This is a formal or informal arrangement whereby a child is looked after at least overnight outside the parental home either by decision of a judicial or administrative authority or duly accredited body, or at the initiative of the child, his/her parent(s) or primary caregivers or spontaneously by a care provider in the absence of parents (- Guidelines for Alternative Family Care of Children in Kenya October 2014)

Best Interest of the Child: This is the wellbeing of a child determined by the individual circumstances of age, level of maturity, presence/ absence of parents and the child's environment and experiences (UNCRC 1989).

Burnout: This is a state of emotional, mental, and physical exhaustion caused by excessive and prolonged stress. It occurs when one feels overwhelmed, emotionally drained, and unable to meet constant demands.

Child abuse: Involves acts of commission and/ or omission, which result in harm to the child. The four types of abuse are physical abuse, sexual abuse, - emotional abuse and neglect (National Plan of Action for Children in Kenya (2015-2022).

Case: A situation or circumstance that negatively affects the child.

Case Conference: This is a multi- disciplinary meeting consisting of child protection actors- -where they explore a problem of a particular child or of a group of children affected by the same problem from different perspectives and disciplines. A case conference can be called at the case planning, implementation or follow up stage. Case conferences can be held at different levels including organization, sub-county and AAC levels.

Case file: A record kept for every child who is receiving services. The file contains all documents that pertain to the child/case.

Case Management: The process of ensuring that an identified child has his or her needs for care, protection and support met. This is usually the responsibility of an allocated social worker who meets with the child, the family, any other caregivers and professionals involved with the child in order to assess, plan, deliver or refer the child and/or family for services, and monitor and review progress. (Source: BCN Toolkit)

Care Plan: This is a document that outlines the goals, tasks and outcomes needed to be executed by a- case worker to address the identified needs of a child during assessment.

Case Plan: This is a written document which outlines how, when and who will meet a child's needs. It is developed by case workers or case managers in collaboration with the child and caregiver.

Case Worker: This is a key worker trained in child protection systems and has been authorized to maintain responsibility of the case from identification to closure.

Case Manager: This is the person who takes the role of coordinating all the efforts and service providers involved in the case management process. In this guideline, the children's officer at the Department of Children's Services is the case manager unless there is an emergency situation where humanitarian agencies can become the case managers.

Caregiver: A person or guardian who is charged with a responsibility for a child's welfare (Guidelines for the Alternative Family Care of Children in Kenya- October 2014)

Child: Means any human being under the age of eighteen years.

Child Participation: Child participation is a process of child development that provides an opportunity for children to be involved in decision making on matters that affect their lives and to express their views in accordance with their evolving capacities (Child Participation Guidelines 2006)

Child Protection System: A set of laws, policies, regulations and services, capacities, monitoring, and oversight needed across all social sectors to prevent and respond to child protection related risks.

Child Protection Framework: A framework for child protection system defines the key components, the institutions involved and how they are regulated and coordinated, both horizontally and vertically (National Framework for Child Protection Systems 2010).

Child Protection: These are measures and structures that prevent and respond to abuse, neglect, exploitation and violence affecting children (Save the Children International, 2011).

Children in Contact with the Law: This includes all children going through a justice system for whichever reason (victims, witnesses, children in need of care and protection custody and chid offenders).

Civil Society Organizations (CSO): These are non-profit making; non-governmental organizations which seek to influence the policy of governments and international organizations and/or to complement government services. Civil Society Organizations (CSOs) therefore refer to a wide -array of organizations: community groups, non-governmental organizations (NGOs), labor unions, indigenous groups, charitable organizations, faith-based organizations, professional associations, and foundations.

Concurrent plan: This identifies other required services that address both economic and social welfare. It seeks to address a child's needs while at the same time establish an alternative plan that can be implemented to empower the family to adequately provide for the needs of the child e.g. where poverty level is high, you link the family to a livelihood/income generating programme. In such cases two separate plans are developed. This helps the child to continue getting care in a stable and safe environment.

Contingency plan: It is a course of action designed to help an organization or agency respond effectively to a significant event or situation that was not planned for. It is executed when unexpected risks to child and/or family emerge during implementation in case management. The purpose of the plan is to minimize the damage of the risk when it occurs

Data management: –Is the system of storing information that is gathered during case management. It also involves recording, analysing, and retrieving of the data.

Emergency (crisis): A crisis or emergency is broadly defined as a threatening condition that requires urgent action. Emergencies can be man- made such as conflict or civil unrest, they can result from natural hazards, such as earthquakes and floods; or it can be a combination of both. (Minimum Standards- Child Protection in Humanitarian Action2012).

Faith Based Organizations (FBO): They are organizations that carry out community and civic work and are funded by a religious organization.

Informant: The person who identifies a child in need of care and protection, alerts authorities and gives information about the child's case to child protection actors.

Parent: Mother or father of a child and any person who is by law liable to maintain a child or is entitled to his/her custody (Children Act 2001)

Psychosocial Support: A continuum of love, care and protection that enhances the cognitive, physical, emotional, social and spiritual wellbeing of a person and strengthens their socio- cultural connectedness and resilience (National PSS Guidelines, 2015).

Referral: The process of formally requesting services for a child or their family from another agency (e.g. cash assistance, health care, etc.) Through an established procedure and/or form. (Inter Agency Guidelines for Case Management in Child Protection)

Referral Mechanism: This is a collaborative framework whereby different service providers cooperate to fulfil their obligation of providing protection and assistance services to children and families. The framework should define each actor's roles-, mandates and the steps involved in referral process

BACKGROUND

The guidelines have been developed from the experience of stakeholders in Child Protection sector in handling cases of children in need of care and protection over the recent past. In particular, a participatory process between Department of Children's Services and other partners in Child Protection sector from Busia County helped conceive the guidelines from 2012. The experience of Department of Children Services and other child protection actors working in the community has also contributed to the development of these case management and referral guidelines. It is however important to mention that a concrete framework is only achievable through collaborative effort of all other players in the child protection field.

These guidelines are part of experience sharing among partners in child protection and are intended to support the collaborative processes among the government and non -governmental agencies. Community based systems for child protection are however the most sustainable and should be well built and managed. This cannot be overemphasized. The guidelines focus on case management and service delivery to children in need of care and protection, and how to link them with the help they need. These guidelines are based on the key principle that a partnership and multi-sectoral approach and joint planning by all stakeholders in child protection are imperative to building collaborative practice. This process allows for an ongoing dialogue where case management updates can be shared thus contributing to accurate diagnosis and intervention planning for children in need of care and protection

The guidelines for Case Management and Referral for Child Protection Systems in Kenya is a reference material to guide different actors on how to carry out comprehensive case management and referral and defines the role of the government, civil society organizations, the communities, the family and the child to complement each other.
These guidelines are not to be used in isolation but together with international, regional and national legal frameworks dealing with children.
It provides appropriate tools for case management and referral.

CHAPTER ONE: INTRODUCTION TO CASE MANAGEMENT

Scope

The case management process involves assisting a child (and their family) through direct support and referral to other services for comprehensive intervention in risky situation. It consists of intake, assessment, planning, implementation, monitoring, review of case plan and closure of the case with an aim of delivering quality services to the child and the family. It calls for a multi-sectoral approach by all child protection stakeholders including national, county government, civil society organizations, community, family and children to address child protection concerns. The Guidelines are aimed at standardizing service delivery in case management and referral mechanisms in child protection in Kenya.

Goal of Case Management

The goal of case management is to promote access to essential services to a child in a conducive environment that facilitates the child's holistic growth, development and resilience. This calls for harmonized and coordinated approaches for effective and sustainable service delivery for improved wellbeing of children. In all these approaches the best interest of the child should be the overriding principle.

The Department of Children's Services has the overall responsibility in case management.

The overall objective will be:

To ensure smooth coordination, flow of resources and application of expertise in ensuring that the child's needs or challenges are holistically and appropriately addressed on time to restore the child's wellbeing.

Specific objectives will be:

1) To improve coordination of services to children.
2) To ensure a continuum of care and services.
3) To strengthen linkages between the child and service providers.
4) To promote adherence to laws protecting children and standards of practice.
5) To enhance data management in child protection
6) To enhance the wellbeing of the child

Guiding Principles

The following are the guiding principles that need to be observed in case management at all times.

1. The best interest of the child: The best interest principle must guide all the case management processes. This is important because often in child protection, there is no one ideal solution possible but rather a series of more or less acceptable choices

2. Do no harm: it is the responsibility of child protection practitioners to protect children from harm. When serving children, care should be taken to ensure they are not exposed to harm.

3. Non- discrimination: Children have a right to non-discrimination. All children should enjoy their right to effective protection and no child should be a victim of any discriminatory acts based on race, skin colour, sex, language, religion, political opinion, ethnic, social origins, economic status, disability or any other status.

4. Ethical standards and professionalism: when serving children, practitioners should uphold professionally accepted standards of personal behaviour and values.

5. Quality delivery of services: Services delivered in case management should be centred aimed at promoting holistic development of a child.

6. Confidentiality: This is an ethical obligation for all child protection practitioners and is necessary for service delivery. Child protection practitioners should ensure that any information concerning a child is treated with utmost respect to the privacy of the child and accessible only to those authorized on a 'need-to- know' basis.

7. Accountability: Refers to the virtue of being transparent and taking responsibility for one's actions, as an agency and as an individual staff involved in case management. Child protection practitioners should be accountable for their actions, decisions and commitments not only to the child, but also to other stakeholders.

8. Child participation: Child participation should take place at all levels in the home, community, within organizations and across government. Children should be given an opportunity to air their views, opinions and concerns on matters affecting them. Their views should be considered in accordance with the needs, resources available, and the child's developmental age**.**

9. Informed consent: Is the process for getting permission from a child and the family before providing any intervention. It allows the child and family to make informed decisions regarding their own situation.

10. Informed assent: Is the expressed willingness from a child and the family to participate in the provision of services**.** Child protection practitioners should gain informed consent and assent from the child and family before providing any case management and referral services. The case worker should make certain that the child and family fully understand all relevant information concerning the case, i.e. the services available to them, needs and resources available,

potential risks and benefits to receiving these cases, all the information needed and how it will be used. For this to occur, child-friendly communication should be used and any other considerations taken to support informed consent/assent such as communicating effectively to persons with disability.

11. Building partnerships: Case Management is very complex and this calls for multi-sectoral approach. Several organizations from different sectors try to address children cases individually and with limited resources, therefore forming partnerships is a good approach to not only increase capability, but also their reach. Partnerships help build a common understanding on how to approach children cases from different perspectives by different actors.

12. Culturally Responsive

Recognize that communities in Kenya are diverse and comprise of many different cultures, religions, ethnicities, and local traditions.

Ensure services are sensitive and respectful towards all people, their family forms, and their ways of bringing up children.

Do not excuse or overlook abuse, violence or exploitation of children if cultural or religious practices are harming children's safety or wellbeing.

Understand how cultural and historical factors shape and influence community capacity-building

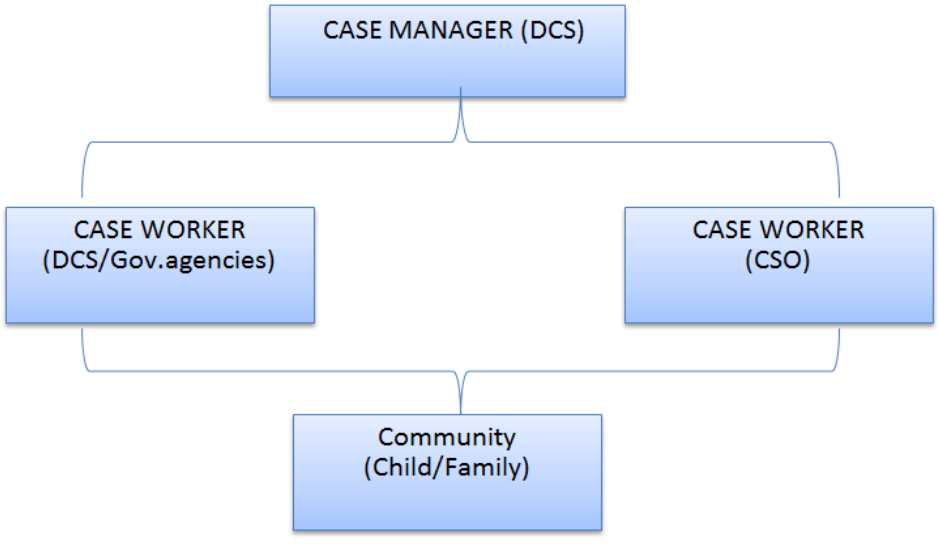
Benefits of Case Management

1) Enhances optimal use of resources by government and partners in child protection.
2) Promotes child's active participation and self-determination in matters affecting them.
3) Encourages family and community ownership of the child protection process.
4) Minimizes re-traumatisation of children through re-telling of their story.
5) Helps monitor progress of the case.
6) Promotes commitment by service providers in their areas of expertise hence ensuring quality service provision.
7) Ensures proper documentation of children's cases.
8) Enhances accountability of service providers.
9) Ensures timely response and resolution of children's cases.

Users of Case Management and Referral Guidelines

The case management and referral guidelines is a document developed by Department of Children's Services to be used by government and civil society organizations and recognized community structures working for and with children. It is imperative that child protection actors ensure use of basic case management practice and adhere to its high standards. Such use will ensure that children and families can access systematic and holistically appropriate assistance in addressing their protection and preventive needs.

Hierarchy of authority in case management



Legal Framework Guiding Case Management in Kenya

Legislation on children protection in Kenya has evolved and continues to evolve into a system that protects the rights and the welfare of the child. Kenya has ratified several international and regional treaties including but not limited to the United Nations Convention on the Rights of Children (**UNCRC**) which was ratified in 1990 and African Charter on the Rights and Welfare of the child (**ACRWC**) which Kenya ratified in 2000.The Government of Kenya has domesticated the charter and treaties into the following laws.

1) ***The Constitution of Kenya*** is the supreme law of the Republic. For the first time in the history of the country, it defines a child as, "an individual who has not attained the age of eighteen years" (Article 260), thus standardizing the definition and removing ambiguity. Chapter Four (4) of the Constitution contains the Bill of Rights, which offers protection for individual rights and freedoms for every Kenyan including children. These include the right to association, movement, secure protection of the law, religion and conscience, and the right to life.

The rights of children are specifically set out in Article 53; This Article provides every child with the right to a name and nationality from birth; to free and compulsory basic education; to basic nutrition, shelter and health care; to be protected from abuse, neglect, harmful cultural practices, all forms of violence, inhuman treatment and punishment, and

hazardous or exploitative labour; to parental care and protection, which includes equal responsibility of the mother and father to provide for the child, whether they are married to each other or not; and not to be detained, except as a measure of last resort, and when detained, to be held for the shortest appropriate period of time; and be separated from adults and in conditions that take account of the child's sex and age. Article 53(2) of the Constitution provides that "[a] child's best interests are of paramount importance in every matter concerning the child".

2) ***The Children Act, 2001*** is currently under review to align it with the Constitution of Kenya. It makes provisions for the care and protection of children in Kenya including: parental responsibility, fostering, adoption, custody, maintenance, guardianship, care and protection of children; administration of children's institutions.

   It gives effect to the principles of the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child for connected purposes. Under this Act, a child is "entitled to protection from physical and psychological abuse, neglect and any other form of exploitation including sale, trafficking, or abduction by any person.

Part VI of the Act establishes Children's Courts to conduct both civil and criminal proceedings on matters involving the care and protection of children, and Section 127 makes it an offense for "any person who has parental responsibility, custody, charge or care of any child" to (a) "wilfully assault, ill-treat, abandon, or expose, in any manner likely to cause him unnecessary suffering or injury to health (including injury or loss of sight, hearing, limb or organ of the body, an any mental derangement); or (b) by any act or omission, knowingly or wilfully cause that child to become, or contribute to his becoming, in need of care and protection."

3) ***Penal Code (Cap.63 Laws of Kenya)***–Defines the penal system in Kenya, outlining criminal offences and prescribing penalties. The Penal Code protects children by classifying acts and omissions which amount to child abuse as punishable offences.

4) ***Sexual Offences Act, 2006***–The main law dealing with sexual offences in the country including those involving children. It provides for the prevention of and protection of children from harmful and unlawful sexual acts. It prescribes stringent penalties for defilement of children depending on the age of the victim.

5) ***Matrimonial Causes Act (Cap 152, Laws of Kenya)***– consolidates all the laws relating to matrimonial cases. It is important as it protects children by providing for maintenance and custody of children whose parents' marriage is dissolved.

6) ***Subordinate Courts (Separation and Maintenance) Act (Cap. 153)*** – provides for children in case of the judicial separation of their parents. A married woman can apply for maintenance and custody orders in a case where the man has wilfully neglected the children.

7) ***The Refugees Act, 2006***– It requires the Commissioner for Refugee Affairs to ensure that specific measures are taken to ensure the safety of refugee women and children. The Commissioner is also required to ensure that a child who is in need of refugee status or who is considered a refugee shall, whether unaccompanied or accompanied by his/her parents or by any other person, receive appropriate protection and assistance. The Commissioner is further required to, as far as is possible, assist refugee children in tracing their parents or other family members. Where the child's parents or other family members cannot be found, the child shall be accorded the same protection as any other child permanently or temporarily deprived of his/her family.

8) ***Employment Act, 2007***– It outlines the laws governing the employment and protection of employees in Kenya. It provides that no person shall employ a child in any activity which constitutes a "worst form of child labour". The Minister is required to make regulations declaring any work, activity or contract of service harmful to the health, safety or morals of a child.

9) ***National Youth Council Act, 2009***– provides for a Council that is mandated to mobilize resources to support and fund youth programmes and initiatives and to liaise with other organizations to ensure that young people gain access to resources and services appropriate to their needs. The council is a useful forum to assist children exiting (leaving) alternative care because they have reached the age of 18.

10) ***Counter-Trafficking in Persons Act, 2010***– It provides for the prevention, suppression and punishment for trafficking in persons including children. A National Plan of Action for Combating Human Trafficking 2013-2017 that addresses prevention, protection and regional cooperation was also developed.

11) **The *Alcoholic Drinks Control Act* 2010**- makes it an offence to sell alcohol to minors and prohibits minors from entering into establishments where alcohol is sold.

12) ***Kenya Citizens and Foreign Nationals Management Service Act*** enacted in 2011 provides a framework for the right to identity for all.

13) **The *Prohibition of Female Genital Mutilation Act 2011*** - *It* criminalizes FGM. The law is accompanied by a comprehensive National Policy for the Abandonment of FGM/C (Female Genital Mutilation/Cutting), 2009.

14) **The *Persons with Disabilities Act 2012-*** A child with disability shall have the right to be treated with dignity, and to be accorded appropriate medical treatment, special care, education and training free of charge or at a reduced cost whenever possible.

15) ***The Protection against Domestic Violence Act 2015*** - The Act seeks to provide relief and protection to victims of domestic violence. Section 3 of the act defines violence to include abuse that includes child marriage, female genital mutilation, forced marriage, defilement, emotional or psychological abuse; harassment; incest; intimidation, physical abuse; sexual abuse; stalking; verbal abuse; or any other conduct against a person, where such conduct harms or may cause imminent harm to the safety, health, or well-being of the person. The Act seeks to protect those in a domestic relationship, that is, those married, previously married, engaged, living in the same household, relatives, children among others.

16) ***The Legal Aid Act 2016***–A key feature of the Act is that it creates Legal Aid Service, as a state agency with broad functions. Some of the central functions are research in the field of legal aid with special reference to the needs among indigent persons and marginalized groups.

Of particular interest is that the Act defines from the outset who is eligible and what constitutes legal aid. It provides that for purposes of the Act, Legal Aid includes legal advice, representation, drafting of relevant documents, giving effect to ADR and out of court settlements, awareness raising and recommendations for law reform. Children are one of the targets for legal aid as per the Act.

There are other legal frameworks, policies and guidelines that should be referred to in the implementation of these Guidelines. **See Annex B**

Children in Need of Care and Protection

To effectively identify the children eligible for case management and referral services, these guidelines will adopt the different categories of children in need of care and protection as stipulated in the Children Act, 2001.This includes any child**:**

1) who has no parent or guardian, or has been abandoned by the parent or guardian, or is destitute

2) who is found begging or receiving alms

3) who has no parent or the parent has been imprisoned

4) whose parent or guardian find difficulty in parenting

5) whose parent or guardian does not or is unable or unfit to exercise proper care and guardianship

6) who is truant or is falling into bad associations

7) who is prevented from receiving education

8) who, being a female, is subjected or is likely to be subjected to female circumcision or early marriage or to customs and practices prejudicial to the child's life, education and health

9) who is being kept in premises which, in the opinion of a medical officer, are overcrowded, unsanitary or dangerous

10) who is exposed to domestic violence

11) who is pregnant

12) who is terminally ill or whose parent is terminally ill

13) who is disabled and is being unlawfully confined or ill- treated

14) who has been sexually abused or is likely to be exposed to sexual abuse and exploitation including prostitution and pornography

15) who is engaged in any work likely to harm the health, education, mental or moral development

16) who is displaced as a consequence of war, civil disturbances or natural disasters

17) who is exposed to any circumstances likely to interfere with the physical, mental and social development of the child

18) if any of the offences mentioned in the Third schedule to this Act has been committed against the child or if s/he is a member of the same household as a child against whom any such offense has been committed, or is a member of the same household as a person who has been convicted of an offence against a child

19) Who is engaged in the use of, or trafficking of drugs or any other substances that may be declared harmful by the ministry responsible for health?

The Department of Children's Services has identified 36 case categories and 27 modes of interventions out of section 119 of the Children Act for purpose of inclusion of all cases of children for effective case management. **See Annex A**

CHAPTER TWO: CASE MANAGEMENT PROCESS

2.1 Introduction

Case management is a structured, interactive and dynamic process that starts from Intake to Case closure. It ensures comprehensive quality care in the provision of services to children. It aims at building relationships among the child, family and child protection stakeholders. It includes ongoing analysis, decision-making and record-keeping to ensure that the identified safety and developmental needs of the child are met.

This also includes developing exit strategy which entails preparing for and supporting the move of the child out of the case management system. It is a process starting from case planning to case closure. Throughout the case management process, the child and the family should be well informed and actively involved in the exit strategy.

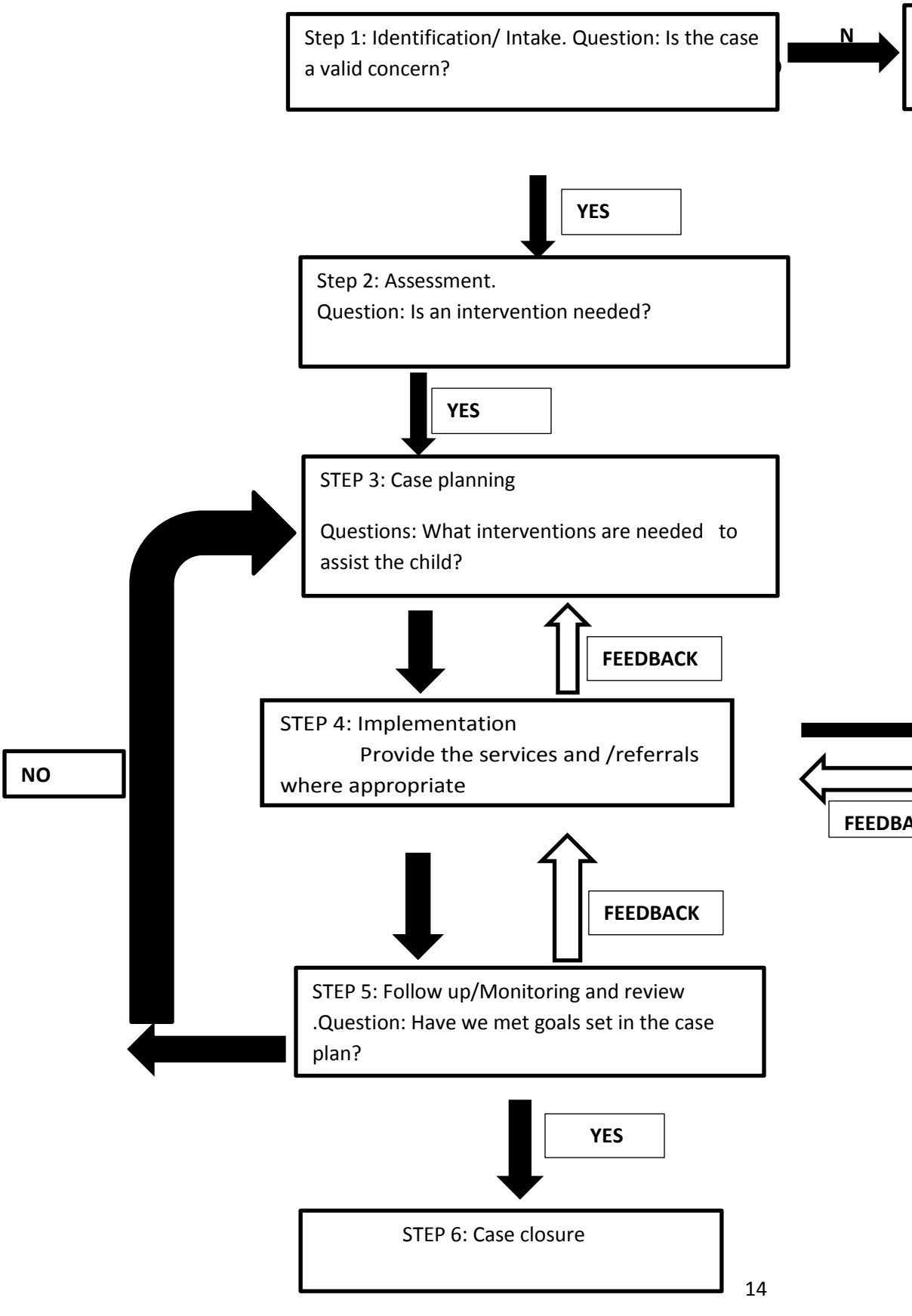
The case manager and case worker are key players in case management and referral process. Their roles entail:

Case Manager – The role of case manager is to provide leadership in coordinating and planning of service delivery. In case management this is the role of children officers as stipulated under Section 38 of the Children Act (2001).

Case Worker – The role of the case worker is to handle the case from intake to closure. The case worker develops the case plan, monitors implementation and submits periodic reports and feedback to the case manager. The case management process entails six steps namely: identification/intake, assessment, case planning, implementation, follow up/monitoring and review and case closure.

The stages in the Case Management are explained below;

2.2 Case management Process/stages



2.3 Case management Process

2.3.1 Identification/Intake

This is the entry point for any child who is in need of care and protection. At the immediate contact with the child, a case worker should establish a rapport with the child and consider the child's immediate safety and basic needs. The caseworker should also assess potential risks and if there are no concerns, a case is closed. The stage involves identifying, receiving and recording the case.

Key guidelines for Identification/Intake

1. This step begins when an informant identifies or learns of a child in need of care and protection services and then alerts child protection actors of a potential risk about a child. The process can be initiated by:
   i. Professional, such as teachers, medical personnel, social workers, counselors among others.
   ii. Community workers such as child protection officers community health volunteers, Child Protection volunteer officers
   iii. opinion leaders, traditional and religious leaders
   iv. Local administrators e.g. Chiefs.
   v. Parents, guardians, family and community members
   vi. Child through self- reporting
2. The case worker, receiving the child should assess the most urgent needs, for instance safety, medical need and attend to them.
3. The case worker should categorize the case, open a case file and record all the information concerning the case in a case record sheet.

Identification/Intake Check List

At identification stage the following key considerations should be examined.

1. What is the concern/issue at hand?
2. What is the condition and behavior of the child?
3. Can the child, parent or primary caregiver be identified and located via home contact and nearest landmark?
4. Can the motive of the informant be discerned?
5. How are the characteristics, dynamics and support of the family?
6. From the assessment, is the child safe?

7. Is the nature of the case established?
8. Is it an emergency case?
9. What level of risk is the child in?
10. Has an individual file been opened?

Note:

1. All the fields in the case record sheet A should be filled
2. The more comprehensive the information gathered by the case worker the more it will help plan for intervention

Intake tool; **Use Appendix I**: **Case Record Sheet A**.

2.3.2 Assessment

Assessment is the process of establishing the challenges, needs and rights of a child and his/her family in the wider context of the community. It should cover the physical, emotional, moral, cognitive, and social and development needs of the child.

Assessments and interventions must be made on the basis of knowledge about child development, child rights and child protection (such as understanding vulnerabilities and risk factors, and family dynamics).

Key Guidelines for Assessment

The following should be considered when carrying out case assessment

1. The case worker should gather the required information.

2. The case worker should seek the wishes and opinions of the child and the family that will be considered in decision making.

3. The case worker should then examine the credibility and validity of the information gathered.

4. Apart from the negative factors, the assessment should also evaluate the positive influences on the child, family and environment.

5. Based on the information gathered as evidence, the case manager should make sense of the information gathered to make the final decision on whether the case is viable for execution or not.

Note:
Assessment should evaluate beyond a child's immediate safety and basic needs. Information should be gathered and documented from as many people as possible; this includes the family, neighbours, teachers, child's peers and community leaders. A complete assessment looks at all the dimensions of child wellbeing and wellness which include:

1. Food and Nutrition
2. Shelter and care
3. Education
4. Health
5. Psychosocial wellbeing
6. Protection

Assessment Checklist

The assessment checklist includes:

1. Take note of details of the child and the family background as well as physical, emotional, educational and cognitive needs of the child.
2. What other risk factors of the child exist that need to be addressed? e.g. stigma.
3. What is the situation of siblings and other children in the family?
4. Child participation: What is the child's opinion and view about the case? This will ensure every action is taken in the best interest of the child.
5. Has the parenting capacity, child development needs, family & environmental factors been taken into account?

Assessment tool: Use National Child Assessment Form (Appendix III) and refer to the **Child Status Index (CSI) tool** for the dimensions of wellbeing. (**Appendix XI)**.

2.3.3 Case Planning

This stage involves identifying the strategies that will address the physical, emotional, educational and social needs of the child based on the assessment.

Case planning is an interactive process involving meaningful participation of the child, his/her family and the case worker in decision making. A case plan must

be well documented and those working on the case should identify goals, objectives and tasks with clearly defined responsibilities and timeframes for meeting the goals.

Case plans are developed by the case worker. Where case worker/manager requires comprehensive input from other stakeholders, a case conference can be convened.

Key Guidelines for Case Planning

1. Document clearly the child and family needs based on the assessment results
2. Based on the child's needs, prepare an outline of the end results by defining the goals and objectives
3. Break the objectives into separate, realistic and measurable targets. Clearly define the services needed, responsible persons to provide these services (including the child and the family, and how these services should be sequenced based on priority.
4. Realistically set up a timeline for meeting the goal, objectives and tasks.
5. Develop a monitoring plan and exit strategy for the child and family.

Case Planning Checklist

1. What are the outcomes that when achieved, will indicate that risk is reduced and that the effects of abuse have been successfully addressed?
2. What goals and tasks must be accomplished to achieve these outcomes?
3. What are the priorities among the outcomes, goals, and tasks?
4. What interventions or services will best facilitate successful outcomes?
5. Are the appropriate services available?
6. How and when will progress be monitored and evaluated?

Case Plan tool (Appendix IV: Case Plan Form)

2.3.4. Implementation

It is a stage during which the case plan is put into action. It includes providing direct services to the child and family or link the child and family to an appropriate service provider (referral) using the available resources to meet the identified needs.

Key Guidelines for Implementation:

1. Ensure regular communication with the child and the caregiver to confirm that their needs are being met in a timely manner.

2. The case manager and case worker should organize and coordinate the delivery of the services to the child. The services should be in line with the set goals in the case plan.

3. In case services are not readily available or accessible, a contingency plan should be put in place.

4. Where there is a challenge in implementation of a case plan, a case worker/manager can incorporate other stakeholders in child protection to make formal decisions with the best interest of the child in mind to facilitate this, a case conference can be convened.

5. Implementation of a case plan requires a strong collaboration between child protection actors for ease of referral.

6. Making referral to other organizations ensure that clients receive high quality services not available within the case worker's organization. It's important to note for referred cases, the primary responsibility of the case remains with the case worker until all actions outline in the case plan are achieved.

Implementation Check List

1. Are the activities in the case plan being implemented as planned?
2. Are appropriate referrals being done?
3. Is feedback received as expected?
4. Is there need to review the Case Plan?
5. Has the family and the child involved in the safety plan and the placement process?
6. Has the contact provided to the family after rescue and placement either in a safe house as soon as possible—ideally, within the first week, unless providing contact pose high security risk to the child?
7. Has the child been reassured that there is nothing wrong with him/her and that s/he is not to blame for the removal/rescue from the home?
8. Has the child been provided with information about the reasons for the removal, where s/he is going, and how long s/he may remain there?
9. Was the child allowed to take as many personal favourite items as possible, such as photos of the family or home, toys or clothing?

10. Have you found out as much as possible about the child's; likes and dislikes, routines, medical issues and informed the temporary homes care provider?

11. Has the child been encouraged to express his/her feelings and normalize those feelings, possibly through engaging in activities she/he likes?

12. Has the child been given a phone number to contact the children office or the helpline for moral support?

NB; Family members can also be traumatized by the removal of a child. They too could require support. **Appendix II: Case Referral forms:**

CASE CONFERENCE

This is a multi- disciplinary meeting consisting of child protection actors where they explore a problem of a particular child or of a group of children affected by the same problem from different perspectives and disciplines. A case conference can be called at the case planning, implementation or follow up stage. Case conferences can be held at different levels including organization, sub-county and AAC levels (Multi-Disciplinary Case Conference in Child Protection).

- Case conferencing is a formal, planned and typically multidisciplinary meeting involving stakeholders involved in the care of a vulnerable child and/or family.
- **Participants can include**: case worker, supervisor, service providers (e.g. teachers, nurses, etc.) who are known to the child/family, the child and/or family when appropriate.
- Case conferencing is used **throughout** case management to enhance reflective practice, problem solving, and safe decision making.
- The **objective** is to generate potential solutions to challenges/risks/bottlenecks that are delaying progress in the case towards successful completion and/or to reach consensus on key decisions.

Membership

All professionals involved in the case, the child and family will participate in the case conference when required. A case conference should have a minimum of 5 and a maximum of 12 members excluding the child and his/her caregiver.

Administration and Convening of Case Conferences

The chair of the case conference will be the DCS or the case worker at family level and the convener will be DCS or the specific case worker handling the case. Depending on any level of case conferencing the convener may elect anybody to chair the case conference while DCS or the specific case worker act as the secretary. The secretary and convener will be responsible for developing the case conferencing report with details of each participant in the annex of the report.

Timing, location

The location and timing of the conference will be planned to ensure maximum attendance from key agency representatives. The Case Conferences will be held at a time and venue convenient to majority of the attendees. The convener (case worker) will ensure that the timing does not conflict with the child and caregiver's schedule.

Information for the Conference

All service providers will have all factual information pertaining to the case to be discussed prepared and where possible shared before the case conference is convened. This information will however not be shared prior to the meeting by parent/caregiver suspected of abuse. The conference must have a dedicated person to take notes and produce minutes of the proceedings. Parents/Caregivers will be invited and where necessary assisted to attend a pre-meeting with the Chair 30 minutes before the case conference. This meeting will allow for the purpose and function of the meeting to be outlined to them. It will also establish the caregiver/parents' literacy and linguistic ability and any other special needs and also agree on a strategy for dealing with these needs.

Reports

In addition to any other relevant reports that may be required at the Case Conference, the Case Worker must prepare a written report for the Case Conference covering the following areas;

1. Subject(s) and family details
2. Incident leading to the conference
3. Subsequent Investigation
4. Relevant Background/Family Information
5. Current situation
6. Family views
7. Child(ren)s views

8. Assessment of risk
9. Recommendations

Report must be received by the conference chair at least a day prior to the conference and unless otherwise must have been shared with parents/child prior to the conference. Written reports by other key professionals should also be forwarded least one day before the conference.

Structure of the Case Conference

1. The Case Worker will meet with the caregiver and child before the review to clarify the conference process.
2. The Chair provides a brief explanation of the purpose of the meeting, introducing all participants
3. Professionals will be invited to contribute any additional information including any developments since the reports were written.
4. If a decision is made that a child requires a case plan, the Chair should ensure that:
5. They summarise and state the risks to the child, strengths in the family on which safety for the child may be developed and specify what is needed to change;
6. A qualified case worker is identified as a key worker to develop, co-ordinate and implement the case plan
7. A core group is identified of family members and professionals;
8. A date is set for the first core group meeting within ten working days of the initial conference and timescales set for subsequent meetings
9. A date for the child protection review conference is set;
10. A date is set for the next case conferencing meeting
11. The outline case plan is formulated and clearly understood by all concerned including the caregivers and, where appropriate, the child.
12. If it is a case conference to review an ongoing case, revisions are made on the case plan based on the case conference report action points.

13. Case Conference will contain the facility to exclude parents/guardians for a brief period between the main information sharing and the decisions and recommendation section.
14. The Case Conferencing team should explore the most appropriate ways to engage a child in participation of their case.
15. The case conferencing team should explore the most appropriate ways to engage children in participation in their cases.

2.3.5. Case Follow Up and Review

This process involves regular monitoring, reviewing of the case plan and obtaining regular feedback from the child, care givers and service providers to the case worker and Vice versa. It determines whether services are effectively addressing the identified needs of the child and whether needs have changed over time. Follow up to confirm service provision can take place through home visits, phone calls, Email writing, visit to service provider. Case conferences can be convened at this stage to assess whether goals and objectives have been attained. Use **Appendix VII:Case Conferencing Report Form**

The following essential actions are necessary while monitoring the progress of the case.

A. Reviewing the case plan on a regular basis by case worker

This will include assessing whether the interventions planned have been achieved and/or change(s) to the plan is required. The outcome will also help in planning on risk reduction Modification to the case plan are made when the set goals and objective are not met. Use **Appendix V Review of care plan form**

B. Coordination of referral pathways

Service provision is a collaborative effort of all the stakeholders in case management. Consequently, the evaluation of a child's and family's progress must also be collaborative. The partners should be clear on what information to share with each other to facilitate transition from one service provider to the next.

The case manager should ensure the submission of these reports to his/her office and call for case conferences when necessary. Use **Appendix VII** Case Conferencing Report Form

C. Getting feedback from the child and the caregivers

The case worker should follow up with the child and the care givers to ensure they are receiving support from all the service providers involved in the case management. The follow up can be done through Phone calls, office appointments and home visiting order to identify any barriers or problems. It is also important to ensure the child is still safe as the case is proceeding. The case worker will keep record of the visits and give progress report of the case to all the service providers involved in case management. Case worker should then discuss any need to revise the case plan with the Service providers and/or the child and family/caregivers.

D. Feedback to the case manager

There should be strong linkage between child protection actors and the Department of Children's Services. All feedback on cases handled should be shared with the Department of Children's Services for the purpose of documentation and accountability. The Department of Children's Services has the overall mandate to keep all players in child protection accountable to the child and receive feedback on the process and challenges in the cases referred to them.

Case Follow Up and Review Check List

There are a number of crucial parameters to measure case progress during monitoring visits. These are;

1) **What changes have occurred in the factors contributing to the risk?**
   Change is measured by comparing the conditions and behaviors identified during intake and family assessment to the current functioning of the child and individual family members.

2) **What progress has been made toward achieving case goals and outcomes?**
   Assess whether the set goals and outcome are being progressively achieved.

3) **How effective have the service providers been in achieving outcomes and goals in a case?**

Determine whether the service providers have offered services and provided feedback as per the case plan.

After Care Services – This refers to supervision and care exercised over a child after achieving intended goals in the case plan in preparation of closing the case. This includes home visits and occasionally calling the child and caregivers to check on progress on need basis. **Check Appendix VI: After Care form**

After Care Support Checklist

1) Have the goals of the child and the family been met?
2) Is the child free from harm?
3) Are there any other concerns?
4) Has the household been assisted to cope with the issues?
5) Has the child reached age of majority?
6) Is the child and family receiving adequate support from the community?

2.3.6. Case Closure

This is the process whereby the case worker or case manager, after carefully reviewing the goals, outcome and circumstances of the case decides to terminate it.
A case can be terminated on the following grounds:

1) After the set goals have been achieved
2) Death of a child
3) Relocation of the family to a new place and are untraceable
4) Child and the family are unwilling to continue with the case
5) There are no grounds to go against their wishes(in the best interest of the child)
6) Transfer- If an organization is unable to continue offering services, or if the child has moved from one region to another before the case is closed, then the case should be transferred to another service provider. It is advisable that both the current and new case worker consultative discussions session to introduce the new service provider to the child and the family.

7) When a child attains 18 years unless under special circumstances as provided in the law.

NB The case manager is free to re-open the case if need arises. (**Appendix VIII**: **Case Closure Form**)

Case Closure Check List

1) Is the child ready for reintegration?
2) Is the family/community well prepared for the reintegration of the child?
3) Have the objectives of the case plan been achieved?
4) Has the case conference with the child and his/her family been done?
5) Is it the right time to exit the child from the case management system?

CHAPTER THREE: REFERRAL AND FEEDBACK

3.1 Introduction

Case referral: Is the process of directing or redirecting a child and the caregivers to an agency for appropriate services. The case worker should then fill in the referral form, hand over the case and continuously receive feedback until the case is concluded. Referral of a case can be done at any stage depending on the need of the child.

A case worker may refer a child to a professional/institution without consent of the caregiver. This may occur when:

1) Best interest of the child overrides the consent of caregiver

2) A child faces significant harm or is at risk of facing significant harm if the referral is not made.

Referral mechanisms work on the basis of efficient lines of communication and establish clearly outlined referral pathways and procedures, with clear and simple sequential steps (UNFPA 2010).

3.2 Circumstances of referral

During the case management process, a child might require a number of services that the case worker might not be in a position to offer. The case worker should then determine who among the service providers is best suited to intervene in the case and refer.

3.3 Benefits of an Effective Referral System

1) It ensures children receive the best possible care closest to home.

2) It enhances cost- effective use of child protection services.

3) It facilitates active collaboration and linkages between different service providers within a referral network

4) It enhances accountability among service providers

5) It promotes establishment of networks in child protection.

3.4 Feedback Mechanisms

There should always be a two- way information flow between the caregiver and service provider referred to. The child and the family should

also be involved in the referral process by informing them of each step, getting their views and incorporate them in referral decisions.

3.5 Importance of an Effective Feedback Mechanism

1) It ensures transparency and accountability
2) It helps to track progress of a case up to conclusion hence in identification of gaps in services offered.
3) It enables identification of capacity needs of service providers and improves service delivery towards set goals.
4) It allows stakeholders to monitor the trends of cases and inform development of policies and other interventions
5) It improves relationships between the client, case worker and the agency.

6) It minimizes duplication of service and resources
7) Ensure children get quality and comprehensive services.

3.6 Documentation, Data protection and information management

Case documentation provides accountability for both the activities and the outcomes of the work. Each reported case for an individual child should be documented in an individual case file for each child. Each case should receive a reference number which should be noted on the top cover of the file. Personal details of the child or family should not appear on the front of case files.

In child protection services, case records must be carefully documented and captured in the Child Protection Information Management System (CPIMS). In the event that CPIMS is not accessible, documentation need to be done manually using the provided forms (**Annex A: aggregate form**) and shared with the case manager.

All Case Management documentation should be kept safe, secure and confidential.

Among **the key things in case file** should include:

1. The cover page to have the child's name and serial number/code number

The content in the file should include: filled

1. Case record sheet
2. Assessment from
3. Case plan
4. Referral form
5. Feedback form
6. Case conferencing form
7. Case closure form
8. Any other relevant document that support the case

    - Documentation: is both in written paper records and electronic case management records.
    - All case management work should be documented following established information management and data protection Protocols.
    - Individual family case files for each case, including documents for each child within the family
    - As a case progresses, forms and notes should be accurately and thoroughly filled out, updated and stored in the file.
    - Files should be kept in a **secure location** with restricted access such as a **locked cabinet**, or **password protected** if electronic case files.
    - **Child protection policy** should be read & signed by any individual accessing documentation
- **Unique identifier** to be assigned to each case for confidentiality and effective tracking purpose.
- Unique identifier should not identify the family or child
- Code to be used to refer to the child's case either verbally, on paper or electronically.
- Data is managed on CPIMS and MS Excel based dashboards

Data protection and information sharing

- Data protection relates to the protection of all personal data collected during case management
- Agencies involved in case management must develop and adhere to data protection protocols based on the principles of confidentiality and "need to know"
- **Ultimate aim**: safeguarding the best interests of the child

It is a guide for:

- What information to collect;
- How the information will be used; and
- How the information will be stored

NB/All staff involved in the case management process should be aware of and adhere to the data protection protocols

Information Sharing Protocol

- It Provides guidance to all staff and agencies involved on:
    - What information about the family and children should be shared
    - When and with whom
    - How this information will be shared, verbally, electronically or through a paper system
    - Appropriate procedures to ensure that the confidentiality of the family and child is protected and respected at all times
- Should be aligned with country data protection laws.

Information Management

- Electronic data should be password protected and the password changed on a regular basis
- Use of organization/provider email addresses instead of personal emails
- Computers fitted with up-to-date anti-virus software
- Organization computers should be password protected and inaccessible to unauthorised users
- Staff responsible for data entry and management included in all case management related training and capacity-building activities

Documentation Checklist

1) Are the details of how the child was identified or referred recorded?
2) Is the intake form and comprehensive assessment details in the file?
3) Are there details of specific case workers responsible for following the case?
4) Is there copy of individual case plan in the file?
5) Are there copies of any correspondence for referral pertaining to the case?
6) Are there notes from each case conference relevant to the case/child?
7) Are there notes from each follow-up visit and details of planned follow-up actions?
8) Is the documentation well stored for ease of retrieval and review?
9) Has the information sharing protocols clearly followed?

CHAPTER FOUR: COORDINATION OF CASE MANAGEMENT AND REFERRAL OF CHILD PROTECTION

4.1 Overview

Case management requires clearly defined and coordinated roles of all child protection actors. Due to the broad range of stakeholders with distinct roles there is need for clarity on coordination mechanism. Case management process should be coordinated at various levels; national, county, sub-county, ward, locational and community level. The Department of Children's Services will provide leadership for the effective implementation of Guidelines for child protection case.

4.2 National Level

At the national level the Department of Children's Services(DCS), and the National Council for Children's Services (NCCS)provides leadership in case management.

The role of NCCS in case management is to:

1. Define and formulate policies on children's issues

2. Coordinate and support Child Rights issues
3. Plan, monitor and evaluate children's activities
4. Source and coordinate resources for child welfare activities
5. Advocate for Child Rights issues.

Establish Area Advisory Councils (AACs)

6. Provide general supervision and control over the planning, financing and coordination of child rights and welfare activities and to advise the Government on all aspects thereof.

Department of Children's Services (DCS)

The Department of Children's Services is the implementing authority in Case Management. It is mandated to lead and ensure coordination of service provision to children. DCS will streamline service delivery through promoting harmonized standards and regulatory systems. DCS shall use the existing structures of NCCS for effective coordination in case management and referral.

At the county, sub-county, ward and locational levels, the Area Advisory Councils (AACs) should be used for effective coordination of Case Management.

4.3 County Level

The County AAC and its role in case management:

1) Co-ordinate, monitor and evaluate case management implementation in the county.

2) Advice the county government on policy issues concerning children.

3) Coordinate capacity building of front line workers on case management.

4) Update the county specific directory on children service providers.

5) Mobilize resources

6) It acts as a link between the county and the national government

7) It Is the team leader for capacity building for stakeholders at the county level

8) Disseminates information and policies on children

9) Coordination of child protection services at the county level
10) Create Technical Working Group (TWG) for case management

4.4 Sub-County Level

The core function in Case Management

1) Coordinate and facilitate overall case management implementation.

2) Facilitate linkages between service providers and community resources.

3) Form strategic partnerships and networks to support children programmes and implement case management

4) Support the implementation of the Child Protection Information Management System (CPIMS)

5) Mobilize resources and capacity building.

6) Undertaking regular supportive supervisions to partners for implementation of services.

7) Support and monitor case management activities

8) Manage data and surveys conducted within the sub county.

9) Create Technical Working Group(TWG) For case management at the sub county.

4.5 Ward level

1) Develop mitigation plans for child protection issues
2) Promote and create public awareness
3) Create Technical Working Group for case management, and to collect, consolidate and submit data on children issues to the sub county AAC.

4.6 Locational Level

Case management should be community driven for it to be effective.
Communities have the safety net that can be of great support to the child and the family. Key community stakeholders include: Community Based Organizations, Community Health Volunteers, Nyumba Kumi Initiative, CPV, and FBOs. Key coordinating actors are chiefs, the assistant chiefs and the children's officer.
At this level there is a lot of mapping of service providers chair and coordinate service delivery, mobilize resources and create awareness.

Note:

Service Mapping

It's crucial at each level of implementation of the Guidelines, to create an inventory of all services and resources available to children and families.

CHAPTER FIVE: ROLES AND RESPONSIBILITIES OF KEY PLAYERS IN CASE MANAGEMENT

To realize its objective case management requires a multi-sectoral approach. There are various key stakeholders in case management. These include state and non-state actors, community, family and children. All child protection service providers shall give reports on all child protection cases handled to the Department Of Children's Services. Where CPIMS is not accessible the case work should utilize the manual Case Summary sheet (**see Appendix 10**

State Agencies

The role and function of each government department differs according to their responsibilities in child protection.

5.1. The Department of Children's Services

The Department of Children's Services has the overall mandate of guiding case management and is ultimately responsible. It is in charge of the following:

1) To establish, promote, co-ordinate and supervise case management and referral services. Coordination of service provision, preservation of information and follow up of all child protection cases.

2) To develop and periodically update a directory of all child protection service providers (service mapping) in their jurisdiction. To map all service providers and periodically update the directories in the sub-counties

3) To maintain updated records, as well as data on children in case management.

4) To ensuring implementation of decisions and holding partners in case management accountable to do their part in providing services to children.

5) To offer technical support to Civil Society Organizations and direct services providers.

6) To coordinate rescues, placements (safe shelter) with emphasis on family-based alternative care arrangement.

7) To prepare social inquiries reports and case plan for the children including their caregivers.

8) Ensuring child participation in decision making including preparation of case plan.

9) To delegate case work/case plan to other services providers such as CCIs.

10) Convening case management meeting/case conferencing

11) Resource mobilization for case management

12) Offering psychosocial support to the children and their families

13) Offering after care services during case follow-up and review

14) Sharing data with partners

5.2. The Health Sector

Health sector is an important stakeholder in Case management. The health practitioners provide promotive, preventive, curative and palliative services to children and their families.

They are responsible for the following:

1) Screen physical (suspicious injuries or abuse) or psychological signs of abuse and report to medical social worker/counsellor, the police, children officers or call 116, GBV 1195, Red Cross emergency line 1199 and the police hotline 999.

2) Assessing the medical needs of the child so that emergency medical condition can be attended to immediately

3) Determining what examination is needed for the collection of evidence

4) Administering timely and appropriate child-friendly services

5) Preserving forensic evidence and presenting it to police/courts; example DNA.

6) Fill medical forms needed for case management - P3 and Post Rape Care (PRC) forms

7) Testify in subsequent legal proceedings.

8) Liaise with medical social workers and counselors to link the child with any other support needed by the child.

9) Upholding teamwork, ethics, privacy and confidentiality In handling children related cases

10) Provide photographic evidence in accordance with child safeguarding standards.

11) Medical social worker to assess the status of child (Develop a treatment plan/care plan

12) Fill in incidence form and refer child to DCS for temporary shelter

Note: Any medical forms for child victims (P3/PRC form) are free.

5.3 The Education Sector

In Kenya children spend more time in school than at home especially from early childhood to secondary school and tertiary education sector. Education sector is therefore a major player in protecting children when they are in school.

a) **Abuse in School:**

In case of child abuse occurring in school, School managers or other bodies regulating the education sectors in Kenya including ministry in-charge of education, Teachers Service Commission and teachers' trade unions must:

1) Notify the parents/guardians, the Police and the Children's officers immediately but not later than 24hrs.

2) Assess the safety and medical needs of the child and act accordingly

3) Preserve any evidence that may be needed by the police

4) Institute a disciplinary action against the teacher (if one is the perpetrator) and refer to relevant authority for legal action.

5) Hand over the child to the next service provider (parent, Police children's officer)

6) Ensure confidentiality to manage stigma

7) Provide support services to the child/caregiver e.g. psychosocial support through guidance and counseling, facilitate movement of children to other service providers, linkage with other service providers.

8) Ensure retention of child in school

9) Establish linkages with the children department and other government agencies

10) Teachers to testify and provide evidence in court and follow-up the matter

b) child to child abuse in school:

In case the abuse happens away from school but is reported to or noticed by the teacher:

1) Assess the gravity of abuse and report to TSC, Ministry of Education, children officer and or the police

2) Take the child to hospital if need be

3) Inform the caregiver if s/he is not the perpetrator

4) Offer psychosocial support to children who have been abused

c) Abuse perpetrated by a child:

Where the perpetrator is a child within the school the management should:

1) Assess the safety and medical needs of the children and act accordingly.

2) Report to the primary care givers of both the victim and the perpetrator.

3) Report to the police and the children's officer

4) Refer both the victim and the perpetrators to relevant service providers

NOTE:

1) The above applies to all children learning institutions.

2) Case of criminal nature perpetrated by children should be reported to the police and children's officer.

5.4 National Police Service

1) Entering the report in the Occurrences Book (OB), issuing of OB number to the person reporting

2) Providing services to children through gender desks Provide legal advice to perpetrator and victims- Prepare victims of child abuse and witnesses during and after trial jointly with the ODPP.

3) Provide swift and efficient response to arrest of alleged perpetrators and/ or rescue children when called upon

4) Efficient investigation and recording of witness statement

5) Ensure thorough/detailed investigation in cases involving children to build a case through the justice system.

6) Refer the child to DCS and other stakeholders to develop a case plan

7) Collection and preservation of evidence and crime scene for possible court process

8) Ensure perpetrator appears in court

9) Ensure the child (victim) appears in court

10) Be available to testify and produce evidence in court

11) Cooperate with the DCS to prepare the child for court

12) Ensure the best interests of the child are upheld while under their custody.

13) Provide temporary shelter to children in need of care and protection in child friendly facilities/child protection units (within a police station and away from adult offenders) and or refer to other service providers

14) Bond witnesses to appear in court

5.5. Office of the Director of Public Prosecution (ODPP)

1) Review of police files and advices accordingly

2) Institute and undertake criminal prosecutions against persons who commit crimes against children or for children in conflict with the law as well as directing court proceedings.

3) Ensure that best interests of the child are upheld during the proceedings

4) Prepare victims of child abuse and witnesses during and after trial jointly with the Police Advise and direct Investigative Officers on any gaps arising from the evidences

5) Ensure preparation and filing of victim impact statement in good timing Give feedback to children/parent/caregiver and the Department of Children's Services on the proceedings of the case.

6) Notify children/parents/caregivers and the Department of Children's Services of court appeals from the perpetrators

5.6 Witness Protection Agency

1. Share the criteria for admission to and removal from the witness protection programme to key in the children sector
2. Determine the type of protection measures to be applied
3. Advice any government ministry, department agency or any other person on the adoption of strategies and measures on witness protection
4. Ensure vulnerable witness and victim protection

5.7 Judiciary

In cases of abuse, violence and exploitation there may be a need to access legal support, especially in cases of criminal nature. The Judiciary is responsible for establishing and running of Children Courts. The key roles and functions of the judiciary include:

1) Ensure the best interests of children are given precedence in all court proceedings

2) Ensure child appears *in camera*

3) Separate children's courts for all cases involving children

4) Ensure only authorized persons (parents/ caregivers, etc.) attend proceeding in children's cases

5) Adjudicate on matters involving children expeditiously

6) Test competence of child to appear in court

7) In collaboration with the National Legal Aid Service; provide legal aid and guidance for any child involved in a court case

8) The Judiciary should work closely with children officers to ensure that cases of child abuse are held in a timely and appropriate manner.

9) Issue appropriate orders (warrant of witnesses, witness protection orders) to safeguard the welfare of the child.

10) Ensure provision of legal aid for children in conflict with the law.

11) Issue appropriate orders to safeguard the rights and welfare of the child

12) Training magistrates on child protection to safeguard the best interest of the child

5.8 The Probation and Aftercare Services

1) Prepare probation social inquiry reports

2) Protection of all children and families in probation and community service orders

3) Ensure protection of children in after care services

4) Develop and implement a care plan and treatment plan

5) Provide and/or refer children and/or their families for psychosocial Support

6) Ensure compliance in accordance with the care plan

7) Reconcile the parties (perpetrator, child, family and community).

8) Facilitate reparation(the action of making amends for a wrong one has done by providing payments or any assistance to those whose who has been wronged.

9) Victim support and make necessary recommendations

10) Rehabilitation of child offenders

5.9 The Civil Society Organizations (CSO)

CSOs key responsibility is to support and complement the work of the government. Their roles in case management include:

1) Mobilize resources and provide needed services to children. This should be done in collaboration with the Department of children services

2) Advocacy and lobbying for child protection issues.

3) Support the government to build the capacity of service providers and the communities

4) Provide child friendly services to children and their families as stipulated in the case plan- e.g. temporary shelter, psychosocial support, economic and social support, legal services etc.

5) Give feedback on the case to case worker and other relevant stakeholders

6) Share data with the Department of Children's Services and other stakeholders on case management

7) Provide capacity building on child protection at the community level.

8) Link children, parents/ caregivers to child protection services.

9) Create awareness on children's issues

10) Monitor and report abuse cases to relevant authorities

11) Facilitate building and strengthening of networks among stakeholders

5.10 Ministry of Interior and Coordination of National Government

1) Identification and referral of cases to the Department of Children's Services
2) Create awareness about child abuse through the Barazas
3) Execute orders and summons to alleged child perpetrators
4) Support the reintegration of the child to the communities/family.
5) Create awareness on family-based alternative care arrangements such as, kinship care, foster care, guardianship and adoption.
6) Support in monitoring implementation of concurrent case plan for parents/caregivers of children enrolled in case management.
7) Assist in arresting perpetrators of child abuse
8) Assist in Rescue and tracing
9) Ensure law enforcement in the community
10) Look for local intervention where applicable e.g. local CSOs.
11) Ensure that other state interventions like 'Nyumba Kumi' initiative are mainstreamed with child care and protection
12) Chair AAC meetings and monitor all service providers through AAC

5.11 The Community

This category includes community leaders, women/men groups and youth groups, political leaders, religious leaders, CHVs and CPVs, Chief's council, Nyumba Kumi cluster representatives, paralegals, among others. They have a role in shaping community values and influencing approaches to child protection such as:

1) Reporting of abuse within the community to relevant authority.
2) Assist in investigations
3) Provide psychosocial support to children and families
4) Create awareness about child protection issues at the community level

5) Mobilization of community members for desired action

6) Come up with/adapt alternative positive-traditional methods to deter and shun retrogressive cultural practices would-be offenders, such as songs, taboos and shun retrogressive cultural practices that infringe on the rights of the children

7) Identify and support safe spaces/ playgrounds for children

8) Support monitoring parent/caregiver in the implementation of concurrent case plan

5.12 The family/care givers

Parents/caregivers and families are the closest to a child and are in the best situation to assess the well-being of the child or the risks that they face. Families include nuclear family, single parent families, child headed families, kinship care families, foster families, step families, extended family etc.

Support interventions that reduce risk factors of abuse

The role and responsibilities include:

1) Ensure safety of children.
2) Be the first to notice any change in behavior or wellbeing of the child and act on it
3) Identify the medical and safety needs and report to the police, children's officer, call 116 or other child protection actors for support.
4) Cooperate with authorities in investigation
5) Avail the child to the police, doctors or in court when needed.
6) Maintain confidentiality to avoid stigma
7) Ensure meaningful participation of children in decision making during case management.
8) Introduce child rights and abuse in children at an early age

5.13 Child

The roles of the child in case management are:

1) Depending on age and maturity, be aware of child rights and abuse issues.

2) Report any cases of abuse or attempted abuse to a responsible person or call 116.

3) Provide accurate information during the case management process

4) Raise awareness on child issues to fellow children

5) Participate actively in all decisions affecting them.

6) To strive to be safe from all kinds of harm and abuse

5.14-Intergovernmental organization

Refers to global and regional organizations such as the UN and its specialised agencies such as UNHCR, UNICEF; regional bodies such as AFRICAN UNION and Financial agencies such IMF and World Bank. Their roles in Case Management will be

1. Provide technical and financial support
2. Support advocacy policy formulation and strategic partnership

CHAPTER SIX: CASE WORKERS SUPPORT

Overview

The chapter looks at case workers competence, welfare and safety.

6.1. Case Workers competences

A case worker should be a trained person and authorised in handling children cases. Case workers should be supported to improve their technical capacity and skills.

This should be through:

Training, debriefing, mentorship, coaching, exchange programmes, team building etc. The case worker must have child-friendly communication skills, so that they can be able to effectively gather information from the child and their families.

Some of the key competences required from a case worker include:

1) Counseling skills
2) Communication skills
3) Interviewing skills
4) Documentation- collecting, reporting and analysing information
5) Networking and coordination skills
6) Resource mobilization skills
7) Child protection skills
8) Application of knowledge from guidelines

Some of the training modules for case workers include:

1) Understanding Case Management
2) Working and communicating with children and families.
3) Psychosocial support for children and families

4) Self-care

5) Child Protection skills

6.2 Burnout in Case Workers

Providing case management services is a complex, demanding and emotionally draining job... To improve the efficiency of the case worker, a support system needs to be put in place. This provide opportunities for debriefing, mentorship, coaching, training and other relevant support to enable the case worker deal with issues that might interfere with their performance in order to maximize performance and minimize burnout, support system must be developed within case management team to provide case workers with opportunities for debriefing

Signs & Symptoms of Burnout

Majority of case workers might not be aware they are experiencing burnout. There are signs that can indicate the presence of burnout. These include;

1) Exhaustion; always feeling tired.
2) Lack of focus; (one is forgetful and unable to pay attention to details)
3) (Case workers feeling inadequate and incompetent;)Poor work morale
4) Reduced job satisfaction.
5) Communication breakdown.
6) Irritability
7) Absenteeism
8) Frustration
9) Quick to anger
10) Detached

Causes of Burnout

1) **Unrealistic expectations;** Increased caseload and responsibilities piles a lot of unreasonable pressure on case workers. Caseworkers with disproportionate increase in number of clients to handle within specific timeframe can be a recipe for burnout. E.g. A case worker who was handling ten clients in five days might still be expected to handle twenty clients in the same period when client numbers shoot-up.

2) **Documentation;** Detailed forms and reports to be written within short periods can be a perfect recipe for burnout. Progress reports, quarterly reports, social inquiry reports and lots of other forms can take its toll on case workers.

3) **New regulations and requirements can also make a bad situation worse.**

4) **Lack of appreciation:** Many social workers often feel unappreciated. They are hardly recognized for their good work and are first to be criticized when things go wrong. One negative incident can cause an entire organization to lose its reputation. Many at times, caseworkers feel that even within their organizations, they are hardly recognized no matter how hard they work.

Management of Burnout

Providing case management services is a complex, demanding and emotionally draining job. To improve the efficiency of the case worker, a support system needs to be put in place. This provide opportunities for debriefing, mentorship, coaching, training and other relevant support to enable the case worker deal with issues that might interfere with their performance. There are a number of actions case managers and caseworkers can do to manage burnout:

1) Supervision
2) Counseling
3) Mentorship
4) Coaching
5) Site supervision
6) Team building
7) Exchange programmes
8) Manage your time
9) Delegation
10) exercise regularly
11) Work with a focus
12) Manage stress

The following issues should be tackled when managing burnout using the above mentioned strategies:

1) Identify the cause of the burnout
2) Maintain work-life balance
3) Get peer support
4) AMaintain healthy boundaries with clients
5) Reinforce realistic expectations

a. Safety of Case Worker

Case Workers render services in an increasingly complex, dynamic social environment. It is unfortunate that the very people case worker tend to work with and assist can be the same ones contributing to an increasingly unpredictable and most cases are potentially volatile and confrontation may arise. Case workers have been the targets of verbal and physical assaults especially during field visits. It should be noted that most families and clients, Case Workers serve do not present or pose any danger. There are nevertheless social work settings where case workers may face increased risks of violence. Rescuing a child in a violence prone environment places a case worker's life at stake.

Case Workers are encouraged to report any concerns regarding their personal safety or even request for assistance where they feel threatened. They should be encouraged to do so without fear of retaliation, blame or questioning on their competency by their colleagues or supervisors.

It is important to work as a team by involving the children officers and law enforcement agencies in the whole process so that if difficulties, threats and volatile situations occur during investigation the safety of the case worker is guaranteed.

To avoid stereotyping particular group of people and to promote safety, case workers and managers should practice safety assessment and risk reduction with all clients and in all settings. They should have a thorough understanding of all risk factors; be they individual or environmental. They should also be wary of potential dangers posed by exposing their personal information on the social media.

Agencies are encouraged to establish specific policies to reduce harm to case workers. For example, the presence of law enforcement personnel each time a child is being rescued. Agencies are further urged to establish and maintain an organizational culture that promotes safety and security for their employees. Case Workers' should work in environments that promote their safety and that of their clients. Their offices environment should be ones that promote and encourage safe practices.

Checklist item for Preventive Measures for Case Worker Safety

1) Always be sure that the office or other stakeholders/case management team is aware of the planned home visit.

2) Be accompanied by police when necessary.

3) Observe each person in and around the area closely and watch for signs that may indicate any personal safety concerns

4) Learn the layout of the immediate area around the home and the usual types of activities that occur there to provide a baseline from which to judge potential danger

5) Avoid dangerous or unfamiliar areas at night

6) Learn the safest route to the family's home. Be sure the car is in good working order, and park in a way for quick escape, if necessary.

7) Have a cell phone

8) Assess whether it is safe to accept refreshments. Learn how to decline offers of food or other refreshments tactfully.

9) Have job identification card

10) A case worker should have a life insurance

Case Worker Safety Checklist

1) Is the rescue/home/community environment hostile?

2) Does the situation involve physical or sexual abuse or a death?

3) Are the family members exhibiting behaviors that indicate mental illness?

4) Are the family members abusing or selling substances of abuse e.g. illicit drugs?

5) Are the parents or caregivers involved in ritualistic abuse or cult practices?

6) Does the situation present life-threatening/danger or possibility of serious injuries to the child?

7) Is the family's geographic location potentially dangerous?

8) Does anyone in the home have a previous history of violence or multiple referrals?

9) Have there been previous involuntary removals of family members?

CHAPTER SEVEN: STANDARDS OF OPERATION IN CASE MANAGEMENT

Child protection actors should adhere to the following standards in case management.

Standard 1: Ethics and Values

The case worker shall adhere to and promote the ethics and values borrowed from the social work profession as guide to ethical decision making in case management practice. Example of values include; Service, Social justice, Human dignity and worth, Importance of human relationship, Integrity, confidentiality and Competence.

Standard 2: Knowledge

The case worker should be conversant with international and local laws, policies, regulations, rules, procedures and minimum standards in child protection. They – should also have knowledge on evidence-informed practice, evaluation methods, and research relevant to case management and the population served and shall use such information to ensure the quality of case management practice.

Standard 3: Qualifications and recruitment

Minimum levels of qualification will be established for professionals in contact with children including children's officers, social workers, medical officers and legal officers. For positions involving direct contact with children, officers must have relevant child care, psychological or social qualifications and shall possess the skills and professional experience necessary to practice case management, such as counselling, interviewing, communication skills.
Thorough recruitment process which use careful interviewing, criminal disclosure, reference qualification and identity checking must be in place. Informal actors such as paralegals, parent educators, Child Protection Volunteers (CPVs), Nyumba Kumi, and community health workers shall also undergo minimum prescribed trainings before engagement.

Standard 4: Organizational child protection policies

Organizations providing services to children shall prove their commitment to upholding child protection standards by developing child protection policies. A Child protection policy prescribes the code of conduct and provides a framework for dealing with allegations, suspicions and abuse at institutional and

organizational level. Organization staff and their associates, whether in direct or indirect contact with children, shall be issued with a copy of the child protection policy. They shall sign a statement of commitment to child protection policy. These shall include police officers, teachers, doctors and nurses, all other state and non-state actors (NGOs, CBOs, faith Based Organizations) coming into contact with children in the line of their duty.

Standard 5: Quality service delivery

Quality service delivery by all actors is very important. Therefore, all formal and informal actors shall follow standards/guidelines and regulations to guide their work and actions. This will ensure that all child protection actors handle cases adequately and in an appropriate manner.

Standard 6: Accountability

The Department of Children's Services shall provide a supervisory structure to ensure that individual actors meet the minimum standards for an effective accountable mechanism within the child protection system.

This involves mechanisms to acknowledge the compliance of actors to the set minimum standards, as well as their suitability to provide services for children.

Review meetings shall be held quarterly at every administrative level (National, county, sub-county, wards and location) to review how the service providers are applying the guidelines. Support shall be provided for actors within the system who do not meet the required standards and accreditation. In extreme cases of non-compliance, the organization shall be disqualified from offering services as case workers.

Standard 7: Respect for diversity

The case worker shall provide and facilitate access to services without discrimination and with respect to diversity. Such diversity includes, but is not limited to, race, ethnicity, socioeconomic class, gender, nationality, religion, age, health and family status.

Standard 8: Case Planning, Implementation and Monitoring

The case worker shall take into consideration the child's ability in the process of planning, implementing, monitoring, and reviewing individualized services that promote the child's strengths, and well-being. The case worker, shall, and considering family ability ,depending on a child's age and ability, determine the

child's involvement level in case planning, implementation and monitoring. The case worker shall protect the rights of the child and promote the child's access to resources and support services.

Standard 9: Networking and Linkages

The case worker shall promote collaboration among colleagues and organizations to enhance service delivery and facilitate client goal attainment.

Standard 10: Record Keeping and Management

The case worker shall document all case management activities in the appropriate child's file in a timely manner. Case work documentation shall be recorded on paper or electronically and shall be completed, maintained, secured and shared in accordance with regulatory requirements. A case worker shall provide a duplicate of the child's file to the Case Manager.

Standard 11: Workload Sustainability

Organizations' shall allocate case workers caseload and scope of work that permit high-quality planning, provision and evaluation of case management services.

Standard 12: Professional Development and Competence

Organizations should encourage and support case workers' participation in professional development. The case worker shall assume personal responsibility for her or his competence.

Checklist 1: Ability for an organization to provide Quality Service as Case Workers.

1) What are you providing? (Define the service)
2) To whom are you providing the service? (Define your target audience)
3) How are you providing it? (Strategy & intervention, Timing, Cost, follow up)
4) How did you come to know that what you are providing is what is needed? (Have you done an assessment?)
5) Have you made a measurable difference in the life of the child? (Outcomes/ Impact)

CHAPTER EIGHT: CASE MANAGEMENT FORMS

1. Case Record Sheet

To be filled when a case is reported to the Department of Children Services, Children Officers

A copy of the document will remain with the child protection actor who was involved in case intake process

MINISTRY OF LABOUR AND SOCIAL PROTECTION

STATE DEPARTMENT FOR SOCIAL PROYTECTION

DEPARTMENT OF CHILDREN'S SERVICES

CASE RECORD SHEET – *A*

This form to be filled whenever a child protection issue is brought before a child protection office, institution or facility

County.....Sub county.....

Case Serial No:		**Date of Reporting:**		**Contact Address/email**	
Case Reported by (Name):		**Relationship to Child:**		**Telephone:**	

PERSONAL DETAILS OF THE CHILD

Name of Child:	*First Name* *Middle Name* *Last Name*			**Date of Birth:**	*dd/mm/yyyy*	**Sex:**	Male [1]	Female [2]	
Child in School:	*Yes/No*	**Name of School:**		**Class:**		**Category of the school**	Formal [1]	Informal [2]	
Tribe/Ethnicity:		**Name(s) of closest friends of the child**[1]		**Religion:**	Protestant [1]	Muslim [2]	Catholic [3]	Other [4]	
Mental Condition	Normal [1]	Challenged [2]	**Physical Condition**	Normal [1]	Challenged [2]	**Other Medical Condition**	Normal [1]	Chronic [2]	

Hobbies:	Sports [1]	Movies [2]	Music [3]	Dancing [4]	Reading [5]	**Child has birth certificate**	Yes [1]	NO [2]	*Refer to CRD*

SIBLINGS

No.	Name	D.O.B.	Sex	Name of School	Class	Remarks
1		*(dd/mm/yyyy)*	*(F or M)*			
2		*(dd/mm/yyyy)*	*(F or M)*			
3		*(dd/mm/yyyy)*	*(F or M)*			
4		*(dd/mm/yyyy)*	*(F or M)*			
5		*(dd/mm/yyyy)*	*(F or M)*			

HOME PARTICULARS OF THE CHILD

County:	*EgKisii*	**Sub-County:**	*Gucha*	**Village/Estate**:	*Sameta*
Ward:		**Nearest Land mark**			

Family Status	Parents living together [1]	Parents not living together [2]	**Household Economic Status**	Low income [1]	Middle Income [2]	High Income [3]

PARENTS PARTICULARS

Name	Sex	Relationship	ID No.	Date of Birth	Telephone	Village/Estate	Occupation	Education[2]	Alive
		Father		*dd/mm/yy*					*Yes/No*
		Mother		*dd/mm/yy*					*Yes/No*

CAREGIVER'S PARTICULARS

Relationship: **Foster Parent** ☐ **Guardian** ☐ **Next of Kin** ☐ *select as appropriate*

Name	Sex	ID No.	Date of Birth	Telephone	Village/Estate	Occupation	Education

1) Source of Information relatives/teachers
2) Indicate highest level of education attained

CASE HISTORY OF THE CHILD

Date of Event/incident	*mm/dd/yyyy*			**Place of Event/incident**	*e.g. Lukenya, Athi River at the Uncle's House*		
Alleged Perpetrator/ Offender	*Name*			**Relationship to Child**			
Case Category:	*e.g. Neglect*			**Specific issue about the case**	*Denied education or medical care (e.g. For Neglect)*		
Nature of Case	One-off event [1]	Chronic/On-going event [2]		**Risk Level:**	Low [1]	Medium [2]	High [3]
Needs of the Child:	*Immediate needs*				*Long-term needs*		
Action Taken (Intervention)							
Referral to:	**State Agency:** ***(specify)***				***Reason for referral***		
	Non-State Actors: ***(specify)***				***Reason for referral***		

RECOMMENDATIONS FOR FURTHER ASSISTANCE BASED ON THE BEST INTEREST OF THE CHILD (BIC)

Name of Officer		**Signature**	
Designation		**Date**	

FOLLOW–UP INFORMATION (INDICATE INFORMATION ON ANY PROGRESS OR FURTHER INTERVENTION GIVEN)

Date	**Follow-up Status**	**Comment**	**Officer**
			Name:
			Designation:
			Signature:
			Name:
			Designation:
			Signature:
			Name:
			Designation:
			Signature:
			Name:
			Designation:
			Signature:
			Name:
			Designation:
			Signature:
			Name:
			Designation:
			Signature:

2. Case Referral Form

MINISTRY OF LABOUR AND SOCIAL PROTECTION
STATE DEPARTMENT FOR SOCIAL PROTECTION
DEPARTMENT OF CHILDREN'SSERVICES

FORM FOR CASE REFERRAL TO OTHER AGENCIES/SERVICE PROVIDERS, CHILDREN'S INSTITUTIONS, CPVs AND OTHER OFFICES

COUNTY……..SUB COUNTY…….

Name of the referring officer…….Designation……..

Contact of the referring officer…….date of referral…….

FROM: Name of referring organization……

TO: Name of the receiving organization……..

I. PARTICULARS OF THE CHILD/CHILDREN

	NAME	AGE	SEX	SCHOOL/CLASS	CASE NO
1.	……	…….	…….	……	……
2.	……	…….	…….	……	……
3.	……	…….	…….	……	……..
4.	……	…….	…….	……	……..

II. REASON FOR REFERRAL(tick appropriately)

1. By Court Orders 2. Supervision 3. Social protection support: (i) Transportation Assistance (ii) Food Assistance iii) Grant Preparation (iv) Reintegration

4. Education: (I) Bursary or other financial or material support (ii) Vocational training (iii) Early Childhood Development (IV) Support to return to school / homework support

5. Health support: (i) HIV-related care and support (ii) Reproductive health / sexual Health services (iii) Nutritional support (iv) Support related to primary care (v) Disability
Support (vi) Mental health support (vii) Psychiatric Services (viii) Substance abuse services (ix) Psychosocial support /counselling (x) Support group

6. Legal advice :(i) Birth registration / civil registration

7. Others (specify)
……
……
……

III. DOCUMENTS ATTACHED

1. Case Record Sheet
2. Written promise
3. Social Inquiry Report
4. Any other document e.g. Medical Report/ Birth Certificate/Report book
5. Court Order
6. Individual Treatment Plan/care plan
7. Monthly progress report.

NAME OF REFERRING OFFICER: ……DESIGNATION……

Tel.....Date.....Sign.....

……..

FEEDBACK FORM

CHILD RECEIVED BY:

NAME OF RECEIVING OFFICER……..DESIGNATION……

Tel…….date…….sign…….....

SERVICES OFFERED.....
.....
.....
.....
……
……

Fill in triplicate. Original (Agency). Copy (Children Officer) The feedback form to be returned to the referring agency and the receiver retain a copy.

3. National Child Assessment Form

MINISTRY OF LABOUR AND SOCIAL PROTECTION
STATE DEPARTMENT FOR CHILDREN'S SERVICES
DEPARTMENT OF CHILDREN'S SERVICES

Attach 1 additional photo here.
Physical Appearance: Height: Weight: Complexion Color: Body Makeup: Scars and other Marks: Tattoos:

PHOTOS) In Black & White, Paste 1 photo here,

Child's Case Number: _____ Child referred from: _____

PART I: SOCIAL HISTORY

A. **CHILD PROFILE**

Child's name_____ Nickname_____

Date of Birth_____ Age _____ Sex: [ ] M [ ] F

School Attending _____ Class/Form _____

Status (please check one): Double orphan { } single orphan { } Abandoned { } Separated { }

Place of birth: County: _____Sub County _____

Location…… Sub Location _____ Village _____

Nationality: _____ Ethnicity: _____

Language(s): _____

Current Location of child:

Type of place (please check one):

☐Living with parents/family ☐Living with kin ☐Living with foster family ☐ Child headed household ☐

Children's home/residential care ☐ Safe home/transit center

☐ Specialized home ☐ Adoption agency/transition home ☐ Private home

☐Living on the street ☐Other

Person in charge(parent/ guardian): _____Contact information: _____

Location/address: _____

Special Caution
□ **Suicidal** □ **Disobedience**
□ **Sexual Behavior** □ **Intimidating Others**
□ **Medical condition (□ Mental, □ Physical)**
□ **Drug Problem**
□ **Others (**

B. FAMILY HISTORY (BIOLOGICAL PARENTS)

Biological parents

Father's name _____

Date of birth: _____ Nationality: _____

Place of birth: County: _____ Sub County _____

Location _____ Sub Location _____ Village _____

Occupation_____ Level of education: _____

Religion: _____

Status (check one): { } Living { } Deceased { } Missing { } Unknown

Current or last known location/address:_____

_____.....

Contact_____

Mother's name_____

Date of birth: _____ Nationality: _____

Place of birth: County _____ Sub County_____ Location _____ Sub County _____Village _____

Occupation_____

.0_____ Level of education: _____

Religion: _____

Status (check one): { } Living { } Deceased { } Missing { } Unknown

Current or last known location/address: _____

_____ Contact:_____

SIBLINGS AND OTHER RELATIVES

SIBLINGS

Relationship	**Name**	**Sex**	**Age**	**Status**	**Occupation**	**Last address(full details)**

Are any siblings currently living in the same place as the child? YES/ NO

If yes, please provide the name(s): _____

C) FAMILY HISTORY: OTHER FAMILY MEMBERS

Name	Relation	Address/contact	Occupation	Condition of relationship /comments

Checklist Concerning Parents/Guardian		
□ History of Criminal Offence (s)	□ Uncooperative Parents	□ Mentally Ill Family Members
□ Emotional Distress/Psychiatric Disorders	□ Cultural/Tribal Issues	□ Conflict within Family
□ Drug/Alcohol Abuse	□ Abusive Father	□ Hereditary Problems
□ Marital Conflict	□ Abusive Mother	□ Passed away
□ Financial/Accommodation Problems	□ Significant Family Trauma	□ Others ( )
Situation of Neighbourhood:		

PART II: REASONS FOR CHILD'S SEPARATION OR LIVING IN ALTERNATIVE CARE

(*For this section, interview the person in charge and/or the caregiver*)

Date that the child entered current placement (DD/MM/YYYY): _____

Reason for placement: _____

Who brought the child in care? _____ Relation to the child: _____

Contact number: _____Address/Location_____

Person currently caring for child (if other than person in charge): _____

Relation to child: _____

How long has the child been in your care? _____

What is the last known location of the child with his/her biological parents?

_____

Please provide a brief description of the circumstances of the child's separation from his/her biological parents, relatives or caretaker:

_____

_____

_____

PART IV:CHILD ASSESSMENT(ASSESSING ALL THE DIMENSIONS OF CHILD WELBEING)

What is the reason for conducting the assessment?

……
……
……
……..

Other contacts made in the community with dates on which the assessment is based

……
……
……
……..

DIMENSIONS OF CHILD WELLBEING

1.FOOD AND NUTRITION

Does the child and members of his/her household food secure and enjoying good and regular nutrition, adequate for normal growth and development?.....
.....

2.SHELTER AND CARE

Does the child live in a safe, clean shelter and in a healthy family environment or an alternative care situation that provides adult care and supervision, which ensures the child's well being and the provision of basic necessities

3. EDUCATION AND SKILLS TRAINING

Is the child currently in school?	Yes o□ No o□ Provide information about educational attainment and learning of the child – attendance, achievement, reports, view of teacher (it is vital to contact the child's teacher for this information):

4. HEALTH: MEDICAL HISTORY AND GENERAL HEALTH OF THE CHILD

IMUNIZATION			
TYPE	**RECORD DATES HERE**		
DPT (6, 10, 14 weeks)			

OPT (birth, 6, 10, 14 weeks)			
Measles (9 months, 15 months or older			
Hib (6, 10, 14 weeks)			
Hep A/B (6, 10, 14 weeks			
BCG (birth)			
Yellow fever (9 months or older			
Other:			
Worm treatment			

QUESTION	YES	NO	IF YES EXPLAIN
Does the child have any serious medical problems?			

Does the child take any medication?			
Does the child have any special needs?			
Does the child have any known allergies?			
Has the child been involved in any serious accidents			
Has the child contracted any diseases			
Has the child undergone any serious medical procedures			
Does the child have any mental health issues?			
Does the child have any physical disabilities/distinguishingcharacteristics?			
Has the child been hospitalized?			

Additional medical information:

Development Is the child reaching his/her developmental milestones? Is he/or she walking, speaking, developing self-help skills appropriate for his/her age? Does he/she present with cognitive development appropriate for age?

5. PSYCHOSOCIAL SUPPORT

Social history Describe the child's social world outside the home, e.g., friends, relationships with teachers, pastor, or other non-family member adults; interests and activities. Any significant recent changes?

Behaviour Is the child's behaviour appropriate? Does he or she present with aggressive behaviour? Appear withdrawn? Exhibit risk taking behaviour? Any recent significant behaviour changes?

Has the child a stable and affectionate relationship with parents or caregivers, good relationships with siblings?	Yes o□ No o□ Comments:
Is the child able to care forhim/herself?	Yes o□ No o□

	Comments on child's practical competencies, degree of independence:

Other organizations List the name and purpose of any other organization that is already involved in providing services to the child or family,

6. HOUSEHOLD ECONOMIC STRENGTHENING (HES)

Does the household where the child resides in need of increased and sustainable income and other resources to meet their basic needs and ensure the wellbeing of the child and other siblings……

7. PROTECTION

Is there evidence that the child has suffered harm or is likely to suffer harm, neglect .abuse and exploitation	Yes o□ No o□ If yes, please state the evidence
Is the child in contact with law enforcement officials (i.e. police)?	Yes o□ No o□ If yes, what are the reasons for the child being in contact with law enforcement

8. COORDINATION OF CARE

PART III

REFERRAL

Name and contact of the referee	Organization/Institution	Date of referral
Reason for referral.		

Dates when information was gathered from all contacts

Date & Time	Details of visit	Name/Signature (of primary person interviewed

Home Particulars	County		Away from home	(Usual residence/sleeping place)
	Sub county			
	Division			
	Location			
	Sub-location		Others	

	Village			
	Periods residing at the above places before referral			

9. SOCIAL PROTECTION

Is the household in need of social transfers to care ,protect and support the child and others siblings.....
.....

V. CONCLUSIONS, DECISIONS & ACTION

NB. Now the assessment is completed you need to record conclusions & decisions. Work with the child or young person and/or parent/carer.

People present at assessment decision---making
,,.....
.....

- What are the challenges that need to be overcome for this child to continue to live with His/her family or to a relative?

.....
.....
.....
.....

- Will the child be at risk of serious harm if he/she continues to live with the parents or family? If yes please describe and provide evidence.....
.....

- What do you see as the necessary support services and or material support that would enable the child to continue to live in the family or to be reintegrated with his/her family if she/he is living apart from the family?.....
.....
.....

Childs comments on the assessment; Does the child want to add anything about his or her hopes, dreams and aspirations or general information relevant to the assessment?

- What course of action do the parents and/or relatives favour?.....
.....
- If there are no living parents, the child is at risk of harm by living with his/her parents or the family is not ready to care for the child in the interim, what form of care is going to be best for the child? Give reasons and note the length of the placement period.

What needs to change so that the case can be closed? Describe the desired changes in the child's situation and how you will assess that he or she is no longer at risk of harm.

What is the **Action Plan**? Give reasons why you have chosen that course of action and what you want it to achieve

Action	By who

Child or young person's comment and concerns on the assessment and actions identified

……

Parent or carer's comment on the assessment and actions identified……

Signed by Parent/Carer…….... Date ……

Signed By Person in Charge of Home …… Date ……..……

Signed by the Child (where possible)…… Date ……

Name & Signature_____ _____

Social Worker Date

Social Welfare Division

Approved: _____

Social Welfare Supervisor

Sources: Government of Kenya, Department of Children's Services Minimum Standards for Quality Improvement of OVC Programmes and Government of Liberia, Ministry of Health and Social Welfare, Department of Social Welfare, Child Profile and Child Registration form.

To fill in duplicate (Original for case file), copy for the children officer

7. Case Plan Form

MINISTRY OF LABOUR AND SOCIAL PROTECTION
STATE DEPARTMENT FOR CHILDREN'S SERVICES
DEPARTMENT OF CHILDREN'S SERVICES

SECTION 2: CHILD'S DEVELOPMENTAL NEEDS

FOOD AND NUTRITION GOAL: Child has sufficient food to eat at all times of the year and is growing well compared to others of his/her age.				
IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE
SHELTER GOAL: Child has stable shelter that is adequate, dry and safe.				
IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

CARE

GOAL: Child has at least one adult (aged over 18) who provides consistent care, attention and support.

IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

ABUSE AND EXPLOITATION

GOAL: Child is safe from any abuse, neglect or exploitation.

IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

LEGAL PROTECTION

GOAL: Child has access to legal protection services when necessary..

IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

WELLNESS GOAL: Child is physically healthy.				
IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE
HEALTH CARE SERVICES GOAL: Child can access health care services including preventive care and medical treatment when ill.				
IDENTIFIEDNEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE
EMOTIONAL HEALTH GOAL: Child is happy and content with a generally positive mood and hopeful outlook.				
IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE
SOCIAL BEHAVIOR				

GOAL: Child is cooperative and enjoys participating in activities with adults and other children.

IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

PERFORMANCE

GOAL: Child is progressing well in acquiring knowledge and life skills at home, school, job training and other appropriate productive activities..

IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

EDUCATION AND WORK

GOAL: Child is enrolled at and attends school or vocational skills training or is engaged in age appropriate play, learning activities or job.

IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

SPIRITUAL DEVELOPMENT

GOAL: Child is receiving spiritual nourishment and is growing spiritually.

IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

SECTION 3: PARENTING CAPACITY

BASIC CARE

GOAL: Child's physical needs are met, including dental and appropriate medical care which includes the provision of food, drink, warmth, shelter, clean and appropriate clothing and adequate personal hygiene.

IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

SAFETY

GOAL: Child is adequately protected from harm or danger which includes protection from significant harm or danger, and from contact with unsafe adults/other children and from self-harm.

IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

EMOTIONAL WARMTH

GOAL: Ensuring the child's emotional needs are met and giving the child a sense of being specially valued and a positive sense of own racial and cultural identity.

IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

STIMULATION

GOAL: Promoting child's learning and intellectual development through encouragement and cognitive stimulation and promoting social opportunities.

IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

GUIDANCE AND BOUNDARIES

GOAL: Enabling the child to regulate their own emotions and behavior.

IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

STABILITY

GOAL: Providing a sufficiently stable family environment to enable a child to develop and maintain a secure attachment to the primary caregiver(s) in order to ensure optimal development.

IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

SECTION 4: FAMILY AND ENVIRONMENTAL FACTORS

Family and environmental factors.				
IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

SECTION 5: SUMMARY OF SERVICES TO BE PROVIDED

Types of support/services to be provided:	What needs to be provided?	Who will provide this service?
Food and nutrition support (food rations, supplemental foods, etc.)		
Shelter and other material support (house repair, clothes, bedding, etc.)		
Care (caregiver has received training, child placed with family, etc.)		
Protection from abuse (Education on abuse provided to		

child or caregiver, etc.)		
Legal support (birth certificate, legal services, succession plans prepared, etc.)		
Health care services (vaccinations, medicine, ARV, HIV education, etc.)		
Psychosocial support (clubs, group support, individual child and staff counselling, etc.)		
Educational support (fees waived, provision of uniforms, school supplies, etc.)		
Livelihood support (vocational training, microfinance for family, etc.)		
Other		

SECTION 6: PLACEMENT OF CHILD

TYPE OF PLACEMENT	ACTION TO BE TAKEN	WHEN
Reunited with biological parents		

Guardianship		
Foster care		
Kinship foster care		
Adoption		

Notes (can be annexed):

……

……

……

……

……

Name of officer completing form:……

Position/title:……Telephone:……

Signature:…… Date:……

5. Review of Care Plan Form

MINISTRY OF LABOURAND SOCIAL PROTECTION
STATE DEPARTMENT FOR SOCIAL PROTECTION
DEPARTMENT OF CHILDREN'S SERVICES

COUNTY: …… **SUB COUNTY: ……**

Child's name: ……Case No……

Age:……...

Gender: …… Admission number:……

Caregiver's name: …… Relationship to the child: ……

Date: ……

SECTION 1

CHILD'S DEVELOPMENTAL NEEDS:			
DOMAIN	IDENTIFIED NEED	ACTION TAKEN	COMMENTS ON CHILD'S PROGRESS
1.Food and nutrition			
• Food security			
• Nutrition and growth			
2.Shelter			
3.Care			
4.Child protection			
• Abuse, exploitation, neglect			
5.Health			
• Wellness			
• Health care services			
6.Psychosocial			
• Emotional health			
• Social behaviour			

7.Education and skills training			
• Performance			
• Education and work			
8.Spiritual development			
• Legal protection			

SECTION 2

PARENTING CAPACITY

TYPE OF PLACEMENT	ACTION TAKEN	COMMENTS ON PROGRESS MADE
Child reunited with biological parent/s		
Child given out for guardianship		
Child given out for foster care		
Child given out for adoption		
Other kind of placement		

SECTION 3

FAMILY AND ENVIRONMENTAL FACTORS

DOMAIN	**IDENTIFIED NEED**	**ACTION TAKEN**	**COMMENTS ON CHILD'S& FAMILY'S PROGRESS**

SECTION 4

CHILD'S SITUATION (CARE)

DOMAIN	**IDENTIFIED NEED**	**ACTION TAKEN**	**COMMENTS ON CHILD'S PROGRESS**
Basic care			
Safety			
Emotional warmth			
Stimulation			
Guidance and boundaries			
Stability			

SECTION 5

OTHER SERVICES TO BE PROVIDED

Types of support/services to be provided:	What was provided?	Who provided the services?	Comments on impact of the services on child and family
Food and nutrition support (food rations, supplemental foods, etc.)			
Shelter and other material support (house repair, clothes, bedding, etc.)			
Care (caregiver received training, child placed with family, etc.)			
Protection from abuse (education on abuse provided to child or caregiver, etc.)			
Legal support (birth certificate, legal services, succession plans prepared, etc.)			
Health care services (vaccinations, medicine, ARV, HIV education, etc.)			
Psychosocial support(clubs, life skills training, group support, individual counselling, etc.)			

Educational support (fees waived, provision of uniforms, school supplies, fees paid etc.)			
Livelihood support (vocational training, microfinance support for family, etc.)			
Other			

Name of officer completing form……Designation……

Telephone…… Signature…… Date……

8. After-Care Form

MINISTRY OF LABOURAND SOCIAL PROTECTION
STATE DEPARTMENT FOR SOCIAL PROTECTION
DEPARTMENT OF CHILDREN'S SERVICES

Date	Name of case worker	The SCCO addressed
Name of child:	Case No:	Age:
Name of parent/guardian:		Age:
Relationship with guardian:		
Occupation of parent/guardian:		

Date of supervision (After care) :
Period of supervision:
Any other remarks:

7. Case Conferencing Report Form

MINISTRY OF LABOURAND SOCIAL PROTECTION
STATE DEPARTMENT FOR SOCIAL PROTECTION
CHILDREN'S DEPARTMENT

Child's full name…… File Number…….. Date of case conference ……..Type of case conference ……Location of case conference…….....Child's home Children's Office Other (specify)…… …….Aim of case conference (e.g. during assessment, routine monitoring, support): ……

Names & agencies of all non-family participants:
1……
2……
3……
4……..
5……

Name Agency Names of all family participants (including children): Name Relationship to child:
1……
2……
3……
4……
5……

1. Key Discussion Points……
……
……
……
……
……
2. Key outcomes of meeting:……
……
……
……..
……
……

3. Any observations on dynamics of meeting:
……
……
……..
……
……

Did you have the opportunity to speak with the child whose case it is individually? • If yes, what was the outcome of the discussion?
……
……..
……
……..
If not, note date for follow up visit to child…… Next case conference or social worker follow up: Date: ……..
Type, location, purpose,
aim:……
……
……
……

I, _____ (name of child or parent/ guardian, as appropriate) have read / been told the key decisions made at this meeting:

Signature…… Date……

Case worker signature……. Date Reviewed and approved by:…… Official stamp…….. date…… ……

8. Case Closure Form

MINISTRY OF LABOUR AND SOCIAL PROTECTION
STATE DEPARTMENT OF SOCIAL PROTECTION
CHILDREN'S DEPARTMENT

Date of completion…….. Child's full name…….. File Number…….. Child's current

address…….. Child's previous address if different from current…….. Case opening

Date…….. Case closure date…….. Decision taken for case closure: ……..

1. All or most objectives agreed in the case plan have been met
2. Change in circumstances means child no longer in need of care and protection
3. The child and / or family no longer willing to participate (give details below)
4. The child has moved and case transferred to (note country or sub county, social worker)
5. The child has been lost to follow up **(Tick the reason for case closure/transfer appropriately)**

Summary from Case worker of reasons for case
closure:……
……
……

Continued services mention them if any……
……

……

People involved in final case closure meeting:
1……..relation to the child…….
2……relation to the child……
3……..relation to the child……..
4……relation to the child……..
5……..relation with the child……..

Child and/or child's parent/guardian have been involved in decision to close case, or informed of decision if not present: YES / NO Child (TICK YES OR NO appropriately)
and/or child's parent/guardian have been informed of where to go in case of further problems and have information about where to go: YES / NO(TICK YES OR NO appropriately)
I, _____ (name of child or parent/ guardian, as appropriate) have read / been told the

Key decisions made at this meeting: Signature…… Date……..

Case worker signature…… Date…… Case Manager Signature…….. Official

Stamp……. Date…….

9. Child Status Index Tool

DOMAIN	**1- FOOD AND NUTRITION**		**2- SHELTER AND CARE**		**3- PROTECTION**	
	1A. Food Security	1B. Nutrition and Growth	2A. Shelter	2B. Care	3A. Abuse and Exploitation	3B. Legal protection
GOAL	*Child has sufficient food at all times of the year*	*Child is grow well compared to others of his/ her age in the community.*	*Child has stable shelter that is adequate, dry and safe.*	*Child has at least one adult (age 18 or over) who provides consistent care, attention and support.*	*child is safe from any abuse, neglect, or exploitation.*	*Child has access to legal protection services as needed.*
Good = 4	Child is well fed, eats regularly.	Child is well grown with good height, weight and energy level for his/her age.	Child lives in a place that is adequate, dry and safe.	Child has primary adult caregiver who is involved in his/her life and who protects and nurtures him/her.	Child does not seem to be abused, Neglected, do inappropriate work, or be exploited in other ways.	Child has access to legal protection as needed.
Fair = 3	Child has enough to eat some of the time, depending on season or food supply.	Child seems to be growing well but is less active compared to others of same age in community.	Child lives in a place that needs some repairs but is fairly adequate, dry, and safe.	Child has an adult that provides care but who is limited by illness, age, or seems indifferent to this	There is some suspicion that child may be neglected, over-worked, not treated well, or otherwise maltreated.	Child has no access to legal protection services, but no protection is needed at this time.

				child.		
Bad = 2	Child frequently has less food to eat than needed, complains of hunger.	Child has low weight, looks shorter and/or is less energetic compared to others of same age in the community.	Child lives in a place that needs major repairs, is overcrowded, inadequate and/or does not protect him/her from weather.	Child has no consistent adult in his/her life that provides love, attention, and support.	Child is neglected, given inappropriate work for his or her age, or is clearly not treated well in household or institution.	Child has no access to any legal protection services and may be at risk of exploitation.
Very Bad=1	Child rarely has food to eat and goes to bed hungry most nights.	Child has very low weight (wasted) or is too short (stunted) for his/her age (malnourished).	Child has no stable, adequate, or safe place to live.	Child is completely without the care of an adult and must fend for him or herself or lives in a child-headed household.	Child is abused, sexually or physically, and/ or is being subjected to child labor or otherwise exploited.	Child has no access to legal protection services and is being legally exploited.

DOMAIN	**4-HEALTH**		**5-PSYCHOSOCIAL**		**UCATION AND SKILLS TRAINING**	
	4A. Wellness	4B. Health Care Services	5A. Emotional Health	5B. Social Behavior	6A. Performance	6B. Education and Work

GOAL	*Child is physically healthy.*	*Child can access health care services, including medical treatment when ill and* *preventive care.*	*Child is happy and content* *with a generally positive mood and hopeful outlook.*	*child is cooperative and enjoys participating in activities* *with adults and other children.*	*Child is progressing* *well in acquiring knowledge and life skills and home, school* *job training or an age-appropriate productive activity.*	*Child is enrolled and attends school or skills training or is engaged in* *age-appropriate play, learning activity, or job.*
Good = 4	In past month, child has been healthy and active, with no fever, diarrhoea, or other illnesses.	Child has received all or almost all necessary health care treatment and preventive services.	Child seems happy, hopeful and content.	Child likes to play with peers and participates in group or family activities.	Child is learning well, developing life skills, and progressing as expected by caregivers, teachers, or other leaders.	Child is enrolled in and attending school/training regularly. Infants or preschoolers play with caregiver. Older child has appropriate job.

Fair = 3	In past month, child was ill And less active for a few days (1 to 3 days), but he/she participated in some activities.	Child received medical treatment When ill, but some health services (e.g. immunization) are not received.	Child is mostly happy but occasionally he/ she is anxious, or withdrawn. Infant may be crying, irritable, or not sleeping well some of the time.	Child has minor problems getting along with others and argues or gets into fights sometimes.	Child is learning well and developing Life skills moderately well, but caregivers, teachers, or other leaders have some concerns about progress.	Child enrolled in school/training but attends irregularly or shows up inconsistently for productive activity/job. Younger child played with sometimes but not daily.
Bad = 2	In past month, child was often (more than 3 days) too ill for school, work or play.	Child only sometimes or inconsistently receives needed health care services (treatment or preventive).	Child is often withdrawn, irritable, anxious, unhappy, or sad. Infant may cry frequently or often be inactive.	Child is disobedient to adults and frequently does not interact Well with peers, guardian, or others at home or school.	Child is learning and gaining skills poorly or falling behind, Infant and preschool child is gaining skills more slowly Than peers.	Child enrolled in school or has a job but he/she rarely attends. Infant of preschool child is rarely played with.

Very Bad= 1	In past month, child has been ill most of the time (chronically ill).	Child rarely or never receives the necessary health care services.	Child seems hopeless, sad, withdrawn, wishes could die, or wants to be left alone. Infant may refuse to eat, sleep poorly, or cry a lot.	Child has behavioral problems, including stealing, early sexual Activity, and / or other risky or disruptive behavior.	Child has serious problems with learning and performing In life or developmental skills.	Child is not enrolled, not attending training, or not involved in age appropriate productive activity or Job. Infant or preschooler is not played with.
Public Domain: Developed by the support from the U.S President's Emergency Fund for AIDS Relief through USAID to ***MEASURE Evaluation and Duke University. O'Donnell K., Nyangara F., Murphy R., & Nyberg B., 2008***						

10. Case Categories As Captured In the Child Protection Information Management System (CPIMS) (ANNEX A)

No.	Case Category	Definition
1.	Abandonment	A child deserted willingly by a parent, guardian or the person who has actual legal custody without any regard for the child's welfare *(The Children Act 2001)*
2.	Abduction	Any child who by force, inducement, or by any deceitful means is moved from a place of safety to another where his/her welfare is at risk *Abduction or kidnapping by strangers (from outside the family, natural or legal guardians) who steal a child for criminal purposes which may include extortion, illegal adoption, human trafficking& murder*
3.	Custody	Custody in respect to a child, means much of the parental rights and duties as relate to the possession of the child *(The Children Act 2001)*
4.	Physical abuse/ Violence	Deliberate trauma, physical injury caused by punching, beating, kicking, burning, biting or otherwise harming a child which results in injuries such as bruises, broken bones, burns, cuts etc. *(Handbook for Child Protection Practice Report, 2000)*

5.	Birth Registration	Every child shall have a right to a name and nationality and where a child is deprived of his/her identity the Government shall provide appropriate assistance and protection, with a view to establishing his/her identity. *(The Children Act 2001; Births and Deaths Registration, The Constitution of Kenya, 2010)*
6.	Children on the Streets	**Street Living Children**: children who ran away from their families and live alone on the streets. **Street Working Children**: children who spend most of their time on the streets, fending for themselves, but returning home on a regular basis. **Children from Street Families**: children who live on the streets with their families *(The State of the World's Children Report, 2006)*
7.	Child labor	Any situation where a child provides labor in exchange for payment and includes— a) when a child provides labour as an assistant to another person and his labour is deemed to be the labour of that other person for the purposes of payment;(b) where a child's labour is used for gain by any individual or institution whether or not

		the child benefits directly or indirectly; and c) where there is in existence a contract for services where the party providing the services is a child whether the person Using the services does so directly or by an agent. *(The Children Act 2001)*
8.	Child of imprisoned parent(s)	A child whose parent(s) are imprisoned (whether a child is either in prison with the Parent (s) or in the community. (*Children of Imprisoned Parents Report, 2011)*
9.	Sexual exploitation and abuse	It is the involvement of a child in acts of sexual exploitation and abuse through prostitution, inducement or coercion to engage in any sexual activity, and exposure to obscene materials (pornography). *(The Children Act 2001, Sexual Offences Act, 2006)*

No.	Case Category	Definition
		For purposes of this document it excludes defilement, sexual assault and sodomy.
10.	Parental child Abduction	Removal of a minor from the custody of the child's natural parent or guardians without authorization or knowledge of the other parent or guardian This is when a family relative (usually parents) has unauthorized custody of a child without parental agreement and contrary to family law ruling, which largely removes the child from care, access and contact of the other parent and family side. Occurring around parental separation or divorce, such parental or familial child abduction may include parental alienation, a form of child abuse seeking to disconnect a child from targeted parent and denigrated side of family. *(Hague Convention of Civil Aspects of International Child Abduction, 1980)*
11.	Trafficked child	A recruited, transported, transferred, harbored or receipted child by means of the threat or use of force or other forms of coercion, of abduction, of fraud, or

		deception. *(NPA for Combating Human Trafficking 2013-2017)*
12.	Child affected by HIV/AIDS	Refers to a child who is suffering with HIV /AIDS or whose parent(s)/ caregivers/ are Suffering from HIV/AIDS. *(Operational- MOH)*
13.	Child offender	A minor who commits an offence and is found guilty by a court of law *(The Children* *Act 2001)*
14.	Disputed paternity	Disagreement between two parents/ guardians on the biological relationship between a child and that of the father *(The Children Act 2001)*
15.	Defilement	Committing an act which causes penetration with a child *(Sexual Offences Act, 2006)*
16.	Child living with Disability	A child with a physical, mental or any other impairment who is significantly restricted in his or her ability to perform daily living activities either "continuously or periodically for extended periods" and, as a result of these restrictions, requires

		assistance with daily living activities. *(Promoting the Rights of Children with Disabilities Report, 2007)*
17.	Drug and substance Abuse	A habitual patterned use of a drug in which the user consumes the substance in amounts or with methods which are harmful to themselves. (*The Alcohol Drinks* *Control Act (2010))*
18.	Child pregnancy	Refers to a girl below the age of 18 conceiving and (having the embryo developing in her womb) and carrying the pregnancy. *(The Children Act, 2001)*
19.	Child marriage	A union/cohabitation/any arrangement made for a man and a woman, either or both of whom have not attained the age of eighteen years, whether in a monogamous or polygamous situation. *(The Marriage Act, 2014)*
20.	Emotional abuse	An ongoing emotional maltreatment or emotional neglect of a child also called *psychological abuse* and whichseriously damages a child's emotional health and

		development. It can involve many forms including threats, humiliation and exposure to domestic violence; *(Hidden in plain sight: A statistical analysis of violence against children Report,* *UNICEF 2014.)*
21.	Harmful cultural Practice	Social norms, practices, traditions that are in violation of natural justice and written law. This refers to all behavior, attitudes and or practices which negatively affect the fundamental rights of children, such as their right to life, health, dignity, education, and physical integrity. These include Taboo Children *(United Nations Convention on the Rights of Children (UNCRC); The Convention on* *the Elimination of all forms of Discrimination against Women (CEDAW); African* *Charter on the Rights and Welfare of the Child (ACRWC); (The Children Act, 2001)*

No.	Case Category	Definition
22.	Female Genital Mutilation	This is a harmful cultural practices, a procedure that intentionally involves partial or total removal of the external female genitalia, or other injury to the female genital organ for non-medical reasons. *(Prohibition of Female Genital Mutilation Act, 2011); The Children Act, 2001)*
23.	Incest	An indecent act which causes penetration, committed by any male/female with a male/female child who is to his/her knowledge his/her daughter/son, granddaughter/grandson, sister/brother, mother/father, niece/nephew, uncle/aunt or grandmother/grandfather. *(Sexual Offences Act, 2006)*
24.	Inheritance	An action of passing ownership property or money upon one's death to his/her Children (heir) who is entitled to succeed as guided by a will or state law. *(The Law of Succession Act, 1972; Trustees (Perpetual succession Act, 1987))*
25.	Internally displaced Child	A child who is forced to flee his or her home but who remains within his/her Country's borders.

		(Prevention, Protection & Assistance to Internally Displaced Persons and Affected Communities, 2012; Great Lakes Protocol on the Protection and Assistance to IDPs,2006; UN guiding Principles on Internal)
26.	Lost/Lost & found Child	This is a child whose whereabouts are unknown to their parents, guardians or legal custodian. *(The Children Act, 2001)This child can be reported as missing child or a child who has been found but cannot trace his/her home.*
27.	Neglect	It refers to failure a person having parental responsibility, custody, charge or care of a child to provide adequate food, clothing, education, immunization, shelter and medical care in a manner likely to cause injury to his health and development. *(The Children Act, 2001)*
28.	Orphaned	An orphan is a child whose mother or father or both have died. A vulnerable is a child below 18yrs currently at high risk of lacking adequate care and protection. *(UNCRC, The Children Act, 2001)*

29.	Refugee child	A child who has a well-founded fear of being persecuted for one of the reasons of being a refugee. *(Refugee Act, 2006; The Children Act, 2001)*
30.	Sexual assault	Refers to unlawful (a) penetration of the genital organs of a child with -any part of the body of another person or of that person; or an object manipulated by another or that person except where such penetration is carried out for proper and professional hygienic or medical purposes; (b) a person's manipulation any part of his or her body or the body of another person that causes penetration of the genital organ into or by any part of the other child's body. *(Sexual Offences Act, 2006)*
31.	Child sodomy	Refers to having a carnal knowledge of any child against the order of nature.*(Sexual Offences Act, 2006)*
32.	Child truancy	Refers to a child who stays away from school without a good reason, or is falling into bad associations. *(Sexual Offences Act, 2006)*
33.	Child	Refers to a child of a certain age, who has violated a criminal law or engaged in a

	delinquency	disobedient, indecent or immoral conduct. A delinquent child is usually in need of rehabilitation. *(The Children Act, 2001)*
34.	Unlawful confinement	Unjustly holding of a child in an institution, residence or other against their will through use of threats, duress, force or deception a) beyond the legally provided duration, or b) against the best interest of the child. *(The Children Act, 2001)*
35.	Child headed Household	This is a family in which a minor (child or adolescent) has become the head of thehousehold and takes care of all other members are under 18 years. *(The ChildrenAct, 2001)*
36.	Child radicalization	This is a process by which a child is indoctrinated to adopt increasingly extreme social or religious views, ideas, beliefs, practices, attitude and aspirations that reject or undermine contemporary ideas and expression of freedom of choice which may negative impact on the child's growth and development. *(The International Centre for Counter-Terrorism (ICCT) – The Hague, 2013)*

11. Modes of Intervention, Definition, Source and Indicators

No.	Mode of Intervention	Definition
1.	Adoption	The legal transfer of parental rights and responsibility for a child which is Permanent *The Adoption Regulations, 2006, Regulations for Charitable Children Institutions Act, 2005); National AFC Standards, 2015; The children Act, 2001)*
2.	Committed to CCIs	Committing or placement to a home or institution which has been established by a person, corporate or unincorporated, a religious organization or a non-governmental organization and has been granted approval by the National Council of children's Services (NCCS) to manage a program for the care, protection, rehabilitation or control of children. *(The Children Act, 2001)*
3.	Committed to statutory Institution	Committing or placement to an institution which has been established by the government to safeguard and advance the welfare of children and their families. They provide care, protection, rehabilitation or control of children. *(The Children Act, 2001)*
4.	Professional counselling	A process of assisting and guiding a child by a trained person on a professional basis to resolve either personal, social or psychological problem and difficulties *(The Children Act, 2001)*

5.	Family support	Refers to an integrated network of government, community-based resourcesand services that promotes and protects the health, well-being, rights anddevelopment of all children and pays special attention to those who arevulnerable or at risk, strengthening their families and parenting practices. *(NGLI-Investing in Families: Supporting Parents to Improve Outcomes for ChildrenReport, 2013)*
6.	Foster care	The placement of a child with a person who is not the child's parent, relative or guardian and who is willing to undertake the care and maintenance of that child. (The Children Act, 2001)
7.	Guardianship	Refers to the legal relationship created when a person or institution appointment by will or deed by a parent of the child or by an order of the court to assume parental responsibility for the child upon the death of the parent of the child either alone or in conjunction with the surviving parent of the child or the father of a child born out of wedlock who has acquired parental responsibility for the child in accordance with the provisions of the Children Act. *(The Children Act, 2001*
8.	Joint Parental Agreement (JPA)	Refers to an agreement entered into by both parents, guardians and any person who assumes parental responsibility; stipulating parental responsibilities of each party towards a child. This JPA must be in the format provided in the Children Act. *(The Children Act, 2001)*

No.	Mode of Intervention	Definition
9.	Judicial orders	The orders that are issued by the court in any proceedings concerning the well-being and protection of a child (e.g. Exclusion Order) *(The Children Act, 2001)*
10.	Legal aid	Refers to the court granting provision of legal representation to a child who is brought before a court and is unrepresented to access the judicial system.*(The Children Act, 2001)*
11.	Child maintenance	Refers to provision of basic necessities (food, clothing, a home, education, Medical Care) and welfare of children ***(The Children Act, 2001)***
12.	Parents bonded	Refers to bonding of parents by court to exercise proper care and control of children under their care *(Operational)*
13.	Placement in school	Enrolment of children in appropriate educational facilities *(Operational)*

14.	Reunited	Refers to bringing back together a child with the family or guardian or other persons who assumes parental responsibility in respect to a child after they have been separated for some time *(The Regulations for Charitable Children Institutions Act, 2005); National AFC Standards, 2015; The children Act, 2001)*
15.	Reconciliation	Refers to mediating of family disputes involving children and their parents, guardians or other persons who have parental responsibility in respect of the children, and promote family reconciliation; accept a decision or action set as condition of reconciliation. *(The Children Act, 2001)*
16.	Referred to Court/Khadhi	Passing a child's matter/case to the Court/Khadhi, for more expertise or authority for further intervention in the best interest of the child. *(The Children Act, 2001)*
17.	Referred to other Government agencies	Passing a child's matter/case to *Ministry of Education, Ministry of Health, Police, [redacted] Ministry of Interior & Internal coordination, Probation, Other Sub-county children*

		officers, which has more expertise or authority for further intervention in the [redacted] best interest of the child. *(The Children Act, 2001)*
18.	Referred to other non- state agencies	Passing a child's matter/case to other agencies- *INGOs, NGOs, FBOs, CBOs,* who [redacted] have more expertise or authority for further intervention in the best interest of the child. *(The Children Act, 2001)*
19.	Reintegrated	Is the gradual, result oriented and community supervised process of helping a child adjust, settle and adopt the life in his/her family system. Child reintegration is the planned, structured and result oriented rehabilitation program undertaken by the institution to ensure successful placement and reunification of a child into their family and community or to another family based on alternative care placements. *(Regulations for Charitable Children Institutions Act, 2005; Alternative Family Care Standards, 2015)*
20.	Repatriated	The process of returning a lost, unaccompanied or run-away child back to the place of origin after thorough, in-depth analysis of conditions surrounding the

		family or home or place *(Regulations for Charitable Children Institutions Act, 2005; Alternative Family Care Standards, 2015)*
21.	Release to parent(s)	Refers to taking a child to a place of safety by an authorized officer without reference to the court, the parent or guardian or any person who has parental responsibility in respect of the child may applies for the release of the child from the place of safety into his care. *(The Children Act, 2001)*
22.	Rescue and placement	Refers to removal of a child from an abusive environment (place/family) and placing the child in a place of safety awaiting further assistance in the best interest of the child. *(The Children Act, 2001)*
No.	**Mode of Intervention**	**Definition**
23.	Supervision with Court Orders	Overseeing of a child's rehabilitation by a Children officer or any other authorized officer as ordered by a court. *(The Children Act, 2001)*

24.	Supervision Without Court Orders	Overseeing of a child's rehabilitation by a Children Officer or any other authorized officer in the best interest of the child when the child has not passed through the juvenile justice system). *(The Children Act, 2001)–done to either child or parent*
25.	Written promise	Refers to a commitment by a child to adhere to good morals/behavior and is supervised by the Children Officer or any authorized officer in the best interest of the child *(Operational)*
26.	Release on revocation of an order/ Early Release	A child released from a holding centrer before the expiry of an earlier set period, triggered by another order revoking the earlier order *(The Children Act, 2001)*
27.	Release on expiry of an Order	A child released at the end of holding or committal period *(The Children Act, 2001)*
28.	Release on license	A child released temporarily from an institution (on license) *(The Children Act, 2001)*

12. Summary Sheet

County						**Period**							
Sub County													
Organization													

Case Category	**0-5 yrs**		**6-10 yrs**		**11-15 yrs**		**16-18yrs**		**18+**		**Boys**	**Girls**	**Total**
	Male	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**			
Abandoned													
Abducted													
Child Affected by HIV/AIDS													
Child Delinquency													
Child headed household													
Child Labour													
Child Marriage													
Child of imprisoned parent(s)													
Child offender													
Child pregnancy													
Child radicalization													
Child Truancy													
Child with disability													
Children on the Streets													
Custody													
Defilement													
Disputed paternity													
Drug and substance abuse													
Emotional abuse													
FGM													
Harmful cultural practice													

Incest													
Inheritance													
Internally displaced child													
Lost and found children													
Neglect													
Orphaned children													
Parental Child abduction													
Physical Abuse/Violence													
Refugee children													
Registration													
Sexual assault													
Sexual Exploitation and abuse													
Sodomy													
Trafficked child													
Unlawful confinement													
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**			

Case Intervention(s)

	0-5 yrs		6-10 yrs		11-15 yrs		16-18yrs		18+				
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female			
Adoption													
Child Maintenance													
Committed to CCIs													
Committed to Statutory Institution													
Family support													
Foster care													
Guardianship													
Joint Parental Agreement (JPA)													
Judicial Orders													
Legal Aid													
Parents Bonded													
Placement in school													
Professional counseling													
Reconciliation													
Referred to Court / Khadhi													
Referred to other Government agencies													
Referred to other non-state agencies													
Reintegration													
Release on expiry of an order													
Release on license													
Release on revocation of an order/ earlier release													
Release to Parent(s)													
Repatriation													

Rescue and placement													
Reunited													
Supervision With Court Orders													
Supervision Without Court Orders													
Written promise													
Diversion													
Dropped Out													
PENDING													
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

13. Other Legal Framework That Support Case Management and Referral Guidelines (ANNEX B)

1) Computer misuse and cybercrime Act 2018
2) Basic education Act (2013)
3) Marriage Act (2014)
4) Borstal institutions Act –cap 92
5) Prison's Act-cap 94
6) Natural drought management Act (2016)
7) Witness protection Act-cap 79
8) Victim protection Act 2014
9) Law of succession Act- cap 160
10) Probation of Offenders Act –cap 64

14. List of Policies and Guidelines

1) National Standard Operating Procedure for Management of Sexual Violence against Children (2018)
2) County child protection systems guidelines
3) National framework for child protection systems
4) Psychosocial Support Guidelines
5) Safety Standards for Children in Schools in Kenya

6) Child Protection Referral Guidelines- Nairobi County
7) Child Participation Guidelines
8) Standards for Children Charitable Institutions
9) Alternative Family Care Guidelines
10) Through care Guidelines 2013
11) Child protection Policy

REFERENCES (ANNEX C)

Kenyan Laws and Policies

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- Government of Kenya, National Standards for Best Practices in Charitable Children's Institutions, October 2011
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- County Child Protection System Guidelines (2013),
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  Safeguard and promote the welfare of children. The Stationery Office, London.

- Department of Health, Framework for the Assessment of Children in Need and their Families Guidance Notes and Glossary for: Referral and Initial Information Record, Initial Assessment Record and Core Assessment Record. The Stationery Office, London