Case Management Procedures for Reunification and Reintegration of Children and Adolescents into Family and Community-based Care

October 2020

Changing the Way We Care (CTWWC)
Guatemala Program

The development of this document has been primarily informed by the Caseworker's Guidebook and Toolkit used in Kenya for the CTWWC initiative and adapted to the Guatemalan context.

Prepared and written (data collection) by:

- Vanesa Guillermo, Case Management, Reintegration and Care Alternatives Coordinator, Catholic Relief Services, for the Changing the Way We Care initiative (CTWWC).

Technical review:

- Sully Santos de Uclés, Maestral International Consultant and Technical Advisor for Guatemala for Changing the Way We Care (CTWWC).
- Kelley Bunkers, Global Advisor, Maestral International for Changing the Way We Care (CTWWC).

Design and layout:

- Paulina Villacorta, Creative Director of Two Minds for the Changing the Way We Care (CTWWC) initiative

Changing the Way We Care[SM,] is an initiative implemented by a consortium formed by Catholic Relief Services and Maestral International, working in collaboration with donors including the MacArthur Foundation, the American People through the United States Agency for International Development (USAID), the GHR Foundation and individual donors.

CONTENTS

I. INTRODUCTION ***1***

a. Background **1**

II. PROCEDURES FOR CASE MANAGEMENT ***4***

a. Guiding principles of case management **4**

b. Child-centered and family-focused **4**

c. Do no harm **5**

d. Child participation and family self-determination **5**

e. Worth, dignity, and strength of child/adolescent and family **6**

f. Rights-based **6**

g. Non-discrimination and respect for diversity **7**

III. STEPS OF CASE MANAGEMENT ***8***

a. Case management process **8**

1. Child identification 8
2. Child assessment 10
3. Family tracing/Investigation 12
4. Care planning 14
5. Implementing a Care Plan – child and family preparation for reunification 16
6. Reunification 18
7. Case follow-up 20
8. Reintegration 24
9. Case closure 26

ii. ROLES AND RESPONSIBILITIES OF CASEWORKERS IN CASE MANAGEMENT ***28***

b. Minimum qualifications and competencies **30**

c. Additional skills, qualities & approaches of frontline staff to support effective reintegration **31**

d. Caseload, supervision and quality assurance **32**

e. Quality assurance and supervision mechanisms within the case management process **33**

f. Working in collaboration with community partners **34**

g. Information management and documentation **35**

iii. ANNEXES ***36***

i. ACKNOWLEDGEMENTS

Changing the Way We Care[SM] *(CTWWC) - Guatemala Program* would like to thank all the individuals and organizations who contributed to adapting the *Case Management Procedures for Reunification and Reintegration of Children and Adolescents to Family and Community-based Care* to the Guatemalan context. This publication is possible thanks to their participation in the *Developing Criteria to Assess Children Reintegration to a Family Environment* workshop carried out on January 29-30, 2020 in the department of Zacapa and on February 11-12, 2020 in the department of Guatemala and the *Care System Reform and Case Management in Emergencies* virtual workshops carried out on June 24-26, 2020.

CTWWC would also like to thank the Secretary of Social Welfare (SBS), the Office of the Child and Youth Advocate (PNA), Guatemala's Attorney General (PGN), the Judicial Branch (OJ), the National Council of Adoptions (CNA), ASOCRIGUA and Hogar Aldeas de Esperanza for their logistical support and commitment in this process. We hope that this paper helps other organizations implement a carefully planned case management process for successful and sustained reintegration.

We extend a special thanks to every person involved in the process for their valuable insights. Their experiences helped shape the methodology presented here while bringing knowledge and learning about the child protection system in Guatemala. We recognize the hard work you do every day to restore children's and adolescents' rights in Guatemala.

ii. ACRONYMS

ACRONYMS	IN SPANISH	IN ENGLISH
CTWWC	Cambiando la Forma en que Cuidamos	Changing the Way We Care
CNA	Consejo Nacional de Adopciones	National Council of Adoptions
GAC	Directrices sobre las Modalidades Alternativas de Cuidado de los Niños	Guidelines for the Alternative Care of Children
GDA	Alianza Global para el Desarrollo	Global Development Alliance
GDI	Directrices sobre la Reintegración de Niños, Niñas y Adolescentes	Guidelines on Children's Reintegration
GHR	Fundación Gerald y Henrietta Ruaenhorst (GHR)	Gerald y Henrietta Rauenhorst (GHR) Foundation
NNA	Niños, Niñas y Adolescentes	Child (boy and girl) and Adolescent
OJ	Organismo Judicial	Judicial Branch (Body)
PGN	Procuraduría General de la Nación	Guatemala Attorney General
SBS	Secretaría de Bienestar Social de la Presidencia de la República	Secretary of Social Welfare
USAID	Agencia de los Estados Unidos para el Desarrollo Internacional	United States Agency for International Development

iii. GLOSSARY OF TERMS

Care-leaver Association*:* Process to assess the feasibility of creating an association of care leavers. The purpose of this association is to support family-based care and raise awareness about the negative effects of residential care in people's lives and advocate with governments for the transformation of protection services. This association could also support youth who have been in similar circumstances of special protection and who have transitioned into independent living, fostering mutual support through shared experiences.

Family tracing or investigation of a family care option: Investigation undertaken by a professional social service worker to locate a relative of the child currently living in residential care or at-risk, who meets the criteria to take primary responsibility for the care of the child or adolescent. This means that the caregiver has completed the relevant assessments to shelter and protect the child and that it is possible to build/rebuild the relationship and attachment between the child and the family care option.

Case closure occurs when based on evidence, the caseworker is confident that the child's safety and wellbeing are secure. Case closure should only be considered when the objectives agreed in the most recent version of the Care Plan have been met – i.e., when there has been adequate progress against clear benchmarks and where relevant assessments provide evidence that the child is emotionally stable and integrated into the family and community.[1]

National Council of Adoptions: Central government authority whose role is to authorize, supervise and monitor the orphanages that provide care to children and adolescents, coordinate adoption process and programs related to adoption in Guatemala and assist mothers struggling with motherhood, fostering family preservation.[2]

Caseworkers: Social work and psychology professionals responsible for coordinating child reintegration process in the demonstration area, conducting assessments and case analysis, linking the child/family with necessary social services and conducting the training process towards reunification. They are also in charge of coordinating with orphanages, PGN, SBS and the OJ for child reunification.

Case Analysis: Research and learning tool aimed at learning and understanding the characteristics of a specific situation found in case management, allowing practitioners (psychologists, social workers, and lawyers) to inquire about a case of a child/adolescent and find answers and options to improve his/her situation. After an in-depth analysis of all factors, a selection will be made based on the solution that is in the child's best interests.

Assessment: The process of identifying the specific needs, strengths and resources of a child/adolescent and/or family. Assessments (or profiles) explore issues related to a person's socioeconomic status, health status, nutrition, psychosocial wellbeing, emotional status and education. Each child, as well as the conditions affecting the family, should be evaluated individually. The assessment is conducted by social

[1] Guidelines on Children's Reintegration, Inter-agency group on Children's Reintegration, Op Cit. Page 37.
[2] National Council of Adoptions, *Informe Analítico y Jurídico de la Sistematización de Expedientes en Hogares de Abrigo y Protección*, page 4.

service and psychology professionals, who will document and provide evidence that the child and the family are candidates for reintegration, according to the child's best interest.

Protective factors are conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, and communities that help people deal more effectively with stressful events and mitigate or eliminate risk[3].

Risk factors are any attributes, characteristics or exposures of an individual, including a child, that increase the likelihood of developing a disease, injury or other forms of harm to wellbeing.[4]

Family: It includes relatives of a child, including immediate family (mother, father, step-parents, siblings, grandparents) and extended family, also referred to as relatives or 'kin' (aunts, uncles, cousins).

Adoptive family: A person who legally adopts a child born to another as their own to grant them all rights and benefits that the Constitution grants to biological children.

Extended family: It includes a person's relatives outside the birth family, related by blood or affinity or a person who maintains the equivalent of a family relationship with the child whose rights have been threatened or violated based on national and community cultural practices and customs.

Birth family: The child's biological parents and siblings.[5]

Foster family/foster care: It is a family that temporarily cares for a child who is not theirs either by blood or by affinity, a child who is deprived of his/her biological or extended family environment and whose right to family has been declared threatened or violated. The United Nations Guidelines for the Alternative Care of Children defines foster care as situations where children are placed by a competent authority for alternative care in a family environment other than the children's own family. A family that was selected and declared as suitable, approved and supervised to provide such care. In Guatemala, the Secretary of Social Welfare (SBS) has the role and responsibility to select, assess and train families who enter the foster care program.[6]

Duty bearer: Any individual or institution, including the State, responsible for the wellbeing of a child or adolescent.

Government: The national government is responsible for protecting children's rights and has the ultimate duty of ensuring that reintegration is safe and effective through laws and policies, service provision, and adequate funding and staffing for the reintegration processes. Governments provide services such as education, health and social protection that are crucial for successful reintegration.[7]

Buddy groups: Groups formed by individuals facing or have faced challenges related to family-based care and residential care where they share experiences and provide moral support. Along with parenting training offered to parents, buddy groups are established with caregivers willing to participate and provide

---

[3] Keeping Children in Healthy and Protective Families

[4] Keeping Children in Healthy and Protective Families.

[5] Guatemala's Supreme Court, Agreement No. 40-2010, "*Reglamento para la Aplicación de Medidas de Protección a Niños Privados de su Medio Familiar por parte de juzgados que ejercen competencia en materia de Niñez y Adolescencia Amenazada o Violada en sus Derechos Humanos*", Art. 6.

[6] Guatemalan Supreme Court, Agreement 40-2010, Op. Cit. Article 8.

[7] Guidelines on Children's Reintegration, Inter-agency Group on Children's Reintegration, Op Cit. page 15.

peer-to-peer support to others in similar circumstances. This group will initially receive guidance from psychology and social work practitioners to ensure effective and appropriate support in line with family care alternatives and reintegration guidelines. Later on, these will operate under the responsibility of the families.

Orphanage: Care for children provided in any non-family-based group setting, such as safe places for emergency care, emergency transit centers, and other short and long-term residential care facilities, including orphanages.[8] In Guatemala, it refers to public and private institutions whose main role is to provide child protection and shelter.[9]

Identification: It is the first step of case management. It encompasses identifying children who will go through an assessment and eligibility process for reintegration. Identification is based on a specific profile. The child must comply with certain criteria that include age, the reason for entering the orphanage and family situation.[10]

Best interest of the child: Determining the best Interest of the child requires a clear and thorough assessment of the child's identity, especially his or her nationality, upbringing, ethnic, cultural and linguistic background, as well as his or her vulnerabilities and special protection needs.[11] The concept of the child's best interest is flexible and adaptable. It must be determined and adapted to each child's specific situation and individual needs. The decisions about the child should also be made and assessed on a case-by-case basis.[12]

Child and Youth Courts and Youth-in-Conflict-with-the-Law Courts: The Judicial Branch is responsible for applying justice in Guatemala and exercises the reflection of the sovereignty of the Guatemalan people. It imparts justice in line with the Guatemalan Constitution, the value, and the rules of the legal order in Guatemala.

The Judicial Branch through the Child and Youth Courts and Youth in Conflict with the Law Courts is in charge of authorizing and granting protective measures ensuring respect for their rights. Their duties include the following:

a. Hearing, processing, and resolving those acts or cases referred, reported, or managed, which constitute a threat or a violation of children's rights and restore through a Court Ruling the infringed right or cease the threat or the violation to their rights.

b. When necessary, knowing, processing and resolving all those behaviors that violate the criminal law, attributable to children under thirteen (13) years of age, granting the appropriate protective measures that, in no case may be deprivation of liberty.

---

[8] UN General Assembly (2010). Guidelines for the Alternative Care of Children, section IV, Page 7.

[9] Guatemala's Supreme Justice, Agreement # 40-2010 "*Reglamento para la Aplicación de Medidas de Protección a Niños Privados de su Medio Familiar por parte de juzgados que ejercen competencia en materia de Niñez y Adolescencia Amenazada o Violada en sus Derechos Humanos*", article 11. Page 4

[10] Standard Operating Procedures for Reintegration of Children in Residential Care into Family Care – Pilot, Components of Case Management, February 2017, page 9.

[11] RELAF (2014). International Human Rights Standards Manual Applicable to Migrant Children and Adolescents, Buenos Aires, Page 24.

[12] UN Committee on the Rights of the Child (2013). General Comment No. 14 on the right of the child to have his or her best interests taken as a primary consideration (art. 3, para. 1).

c. Carry out judicial control of the measure or measures enacted provisionally.

Child protective measures: Actions carried out by a competent judge to reinstate the infringed rights of children and adolescents. The application of the measures will consider the needs of the affected person, prevailing those aimed at strengthening family and community ties, respecting personal and cultural identity.[13]

The Law for the Comprehensive Protection of Children and Adolescents establishes two types of measures depending on the functions, purposes and the stage of the case's proceedings in question. Precautionary protective measures and definitive protective measures:

a. Precautionary or provisional measures seek preventing further physical or moral damage to the child or adolescent due to a threat or violation of their rights. These must be issued immediately after learning about the event and the victim child's best interests must be a primary consideration at all times over any other interest. An example of a precautionary measure is the provisional placement in foster care.

b. The definitive protective measures are determined by the competent Child and Youth Court. They are intended to restore the right violated and cease the violation or abuse to which the child is subject to. The judge applies a definitive measure to ensure that the event that led to the violation does not happen again. However, staff should conduct a thorough investigation of the specific case. All interested parties must be heard, especially the affected children or adolescents and the state duty bearers responsible by law to intervene in this process. An example of a definitive measure is when the court declares a child's adoptability.[14]

Child (boy and girl) and adolescent: A child is any human being under the age of 13 years and an adolescent is anyone between the ages of 13 to 17[15]

Children without parental care: All children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances. [16] This excludes children in boarding schools and hospitals.

Children's and adolescents' views: Ensure that the opinion of the child is heard and taken into consideration by the authorities when making decisions and that the child is informed and advised about their rights.[17] State parties should ensure the right of the child to be heard "when the child can form his or her own views." These terms should not be seen as a limitation but as an obligation to the state parties to assess children's ability to form their opinion as much as possible. This means that state parties cannot act based on the assumption that a child is incapable of forming his or her own views. On the contrary, state parties shall assume that the child is capable of forming his or her own views and recognize their

[13] Guatemalan Congress (2003). Law for the Comprehensive Protection of Children and Adolescents, Decree 27-2003, Chapter II, article 111.
[14] Universidad de San Carlos de Guatemala, Facultad de Ciencias Jurídicas y Sociales (2008). "*Análisis Jurídico de los Aspectos Negativos del Internamiento de Niños y Adolescentes, en un Centro Estatal de Protección y Abrigo Cuando no se Especifican Legalmente Las Circunstancias Particulares de Cada Caso Concreto*" Alegría Hernández Jeammy Corina, pág. 45.
[15] Guatemalan Congress (2003). Law for the Comprehensive Protection of Children and Adolescents, Decree 27-2003, Article 2.
[16] United Nations Guidelines for the Alternative Care of Children.
[17] UN General Assembly (2010). Guidelines for the Alternative Care of Children *Op. Cit.* 103, b, Page 17.

right to express those views. It is not up to the child or adolescent to prove her or his capacity before expressing it.[18]

Child participation is the informed and willing involvement of children and adolescents, including the most marginalized and those of different ages and abilities, in any matter or decision concerning them. Participation encompasses the opportunity to express a view and to influence decision-making and achieving change.[19]

Children should be provided with relevant information in age and development-appropriate manner and participate effectively. Their views should be given due consideration per their age and maturity. The General Comment No 12 of the Committee on the Rights of the Child specifically mentions the need to introduce mechanisms to ensure that children in all forms of alternative care, including in institutions, can express their views and that those views be given due weight in matters of their placement, the rules for foster care or homes and their daily lives.

Care plan: It is a written document that outlines how to improve the child's wellbeing and safety and increase the resilience of the child and the family to risks and vulnerabilities. It is based on the child's best interest, child's views and the family and other individuals who are close to the child, and the family to support successful family reintegration. The plan shall include goals and actions towards child reintegration safely and sustainably.

Independent living plan: The plan is part of preparing youth for independent living; it includes all the aspects in which the adolescent will work to live independently outside the orphanage. It includes goals with clear and achievable objectives.

Plan of economic opportunities: Developing a plan for selected families involved in the case management process to improve their financial opportunities based on their context. This includes identifying their strengths and supporting income generation opportunities to improve their living conditions, thus increasing the likelihood of successful reintegration. This plan is developed by social work staff after completing corresponding socioeconomic assessments.

Child/adolescent preparation for reintegration: Work conducted to prepare children/adolescents for reintegration with the birth family, extended family or a foster family. Preparation includes working with the child's physical, emotional, social, and relational aspects to prepare him or her before reunifying with the family and community. It includes the activities to disconnect the child from the orphanage to link him or her with whom they will be placed/reunited.

Family preparation for reintegration: Orientation provided to a family that will receive a child or adolescent, whether is a birth, extended family or foster family. Caseworkers prepare families socially, emotionally, and with parental education for reunification, considering the child's development stages towards a safe and sustainable reintegration. It also includes actions to protect the physical and emotional integrity of the child.

[18] The Committee on the Rights of the Child (2009). General Comment No. 12. "the right of the child to be heard" Geneva, page 9.

[19] Save the Children UK (2005), Practice Standards in Children's Participation, London, Save the Children UK

Preparation of the adolescent for the transition: Work done in social work and psychology to facilitate youth transition to independent life. It includes emotional preparation, an independent living plan and economic transition.

Parenting training: Training to parents to support safe and sustainable child reintegration into families and strengthen parenting skills. This process takes place during and after reunification.

Guatemala's Attorney General (PGN): It was created as a result of a reform to the Constitution of Guatemala in 1993 and its operations are governed by Decree 512 of the Organic Law of the Interior Ministry. Article 252 of the Organic Law of the Guatemalan Congress states that PGN is responsible for advising state organizations and entities and its operations are regulated by its own Organic Law.

Office of the Child and Youth Advocate (PNA) from Guatemala's General Attorney: This office is responsible for promoting and representing the protection of children and adolescents' rights and their best interests. It promotes the exercise and enjoyment of their rights following the provisions of the Guatemalan Constitution, international treaties, conventions, and covenants on human rights accepted and ratified by Guatemala.

Guatemala's Attorney General, through the Office of the Child and Youth Advocate will perform the following functions:

a. Provide legal representation to the children and adolescents who lack it.

b. Follow the process (by default or carrying out a court's order), the investigation of cases where children/adolescents' rights have been violated or threatened and intervene actively in child protection legal proceedings. This means there should be at least one Child and Youth Advocate in each Child and Youth Court jurisdiction.

c. File a complaint at the Ministry of Interior about the children/adolescents victims of crime and who lack a legal representative and appear in court for the criminal proceedings to advocate in the best interest of the child and adolescent.

d. Respond and render an opinion on all legal, notarial and administrative processes that the law indicates, enforcing children and adolescents' rights and warrantees included in the Political Constitution, international treaties and conventions accepted and ratified by Guatemala.[20]

Suitability Principle: It is one of the core principles of the Guidelines for the Alternative Care of Children. The principle is used to help outline the conditions in which alternative care (formal and informal) is considered for a child, encouraging governments to review care options based on each child's individual needs.[21]

[20] PGN website http://www.pgn.gob.gt/procuraduria-de-la-ninez-y-adolescencia/ accessed 03/08/2019
[21] Cantwell, N.; Davidson, J.; Elsley, S.; Milligan, I.; Quinn, N. (2012). Op Cit.

Necessity Principle: This is a key principle of the UN Guidelines for the Alternative Care of Children. The principle asks the question of whether the placement or intervention is necessary for the healthy and full development of the child/adolescent.[22]

Child protection: It is the process of ensuring children are protected from all forms of harm through structures and measures to prevent and respond to abuse, neglect, exploitation and violence, including putting into place the procedures necessary for handling situations or issues that may arise.[23]

Registration: Identity card with the person's name, contact number and other details providing evidence of meeting certain criteria and for identity assurance.

Reintegration: The process of a separated child making what is anticipated to be a permanent transition back to his or her family (usually of origin) to receive protection and care and to find a sense of belonging and purpose in all spheres of life. It is the process that takes place after reunification and it means that a stable emotional connection has been established between the child and the family and that reintegration is safe and sustainable.[24]

Reunification: It is physically reuniting a separated child and his or her family or previous caregiver. Reunification refers only to the physical return of the child to a family, intending to find a permanent placement for the child.[25]

Secretary of Social Welfare (SBS): Government institution responsible for guaranteeing the protection, care, preservation, strengthening and re-socialization of children and adolescents whose rights have been violated, ensuring as the governing body, the provision of specialized protection services for children and adolescents whose rights have been threatened or infringed. The SBS is in charge of the government's foster care program and public orphanages.[26]

Secretary for the Protection of Children and Youth and Juvenile Criminal Justice of the Judicial Branch: It is responsible for coordinating and providing technical support to the specialized courts in Guatemala. It is in charge of implementing the policy to standardize management of the Court hearings dealing with issues related to children, adolescents and youth in conflict with the law. [27]

On-going follow-up: It refers to continued follow-up, which must be carried out for two consecutive years to determine that the reintegration is safe and sustainable, in line with the child's best interest.

Case follow-up: Regular home visits to the child and the family to ensure that the reintegration process serves the child's best interest. The child and the family work together to review the Care Plan, which includes referrals to needed social service providers. These visits also monitor the child's progress in

---

[22] Informed by Cantwell, N.; Davidson, J.; Elsley, S.; Milligan, I.; Quinn, N. (2012). Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'. UK: Centre for Excellence for Looked After Children in Scotland. www.alternativecareguidelines.org

[23] Better Care Network.

[24] Inter-agency Group on Children's Reintegration (2015). Guidelines on Children's Reintegration, page 7.

[25] Standard Operating Procedures for Reintegration of Children in Residential Care into Family Care – Pilot, *Op Cit.*, Page 10.

[26] Secretary of Social Welfare, Summary of Activities 2017-2018, page 6

[27] Guatemala's Supreme Court (2017). *Instrumentos para la implementación de la gestión por audiencias en materia de niñez y adolescencia y adolescentes en conflicto con la ley penal, Acuerdo Número 74-2017,* page 35. Guatemala, October 2017.

reintegrating into the family and identifies challenges. Follow-up will be conducted for two consecutive years.[28]

Therapeutic follow-up for the child/adolescent and family: Follow-up and supervision include identifying emotional support needs. The psychological support that each family needs will be determined during the supervision visits and the frequency of the sessions with the child/adolescent and the other family members to support reintegration and identify reunification flaws.

Case management system: It is the process of organizing, planning and implementing the work in different stages for prevention, reintegration and adoption of children and adolescents deprived of parental care or at risk of separation. The first step is to identify a child or adolescent who is vulnerable or whose situation requires support or assistance. Case management involves a professional (in social work and psychology) or a team of professionals assessing the needs of the child or adolescent and organize, coordinate, supervise and define a package of services to meet the needs of the specific case. It involves the participation of all the organizations working in the child protection system at each stage of the protection process.

Cash transfer: Temporary subsidy given to selected families to support costs related to the special needs and care of a child/adolescent as they cannot meet those needs on their own due to poverty.

Link to existing social services in the community: Process in which caseworkers identify the social services available in the community and link/connect families to those services to support a safe and sustainable reintegration and improve the living conditions for the child and families.

Independent living: Support given to an adolescent living in an orphanage (who will not be integrated into a family) to support his/her transition to leaving residential care to live on his/her own. Assistance may include timekeeping, budgeting, cooking, job seeking, counseling, vocational training and parenting. This process will be supported by psychology and social work staff.[29]

Linkages to employment opportunities: Efforts made by social workers to link youth to employment prospects and/or entrepreneurial activities to become economically independent based on their skills and interests.

Vulnerability: A person including a child or adolescent who is easily open or exposed to risks to his/her wellbeing. [30]

[28] Standard Operating Procedures for Reintegration of Children in Residential Care into Family Care – Pilot, *Op Cit.,* Page 9.
[29] Changing the Way We Care (2018). Toolkit for a Rapid Situational Analysis of Charitable Children's Institutions in Kenya, Pilot in Kisumu, Nyamira and Kiambu, Page 10.
[30] Keeping Children in Healthy and Protective Families

I. INTRODUCTION

a. Background

A child protection system comprises certain structures, functions and capacities assembled to prevent and respond to violence, abuse, neglect and exploitation of children and adolescents.[31] The system includes mechanisms to care for children and adolescents without adequate parental care. Formal care and the child protection system in many countries rely heavily upon residential care.[32] However, over the last 30 years, there has been a growing understanding of the negative impact of residential care on child development and wellbeing and the recognition of the critical importance of the family to children's development and social wellbeing.[33]

Research also shows that most children in residential care are there because they are without a parent or caregiver, but rather because their families face a range of challenges to their capacity to provide for and care for them. These challenges often result from poverty, lack of access to social services, discrimination, social exclusion, personal crises and emergencies affecting the household, including interpersonal and societal violence.

Strengthening family care to prevent unnecessary separation of children from their families and developing alternative family and community-based care options for children in need of protection are important entry points for reforming the child care system.[34] In contexts where there has been a heavy reliance on **residential care for children, deinstitutionalization and reintegration** of children into family care are core elements of care reform.[35] The incorporation of interventions to support their families prevents unnecessary separation from their children.

Through the Integrated Child and Adolescent Protection Law, the political framework in Guatemala recognizes the need for social and special protection for children and adolescents. Today, there are multiple efforts from the organizations working in the child protection system (Guatemala's Attorney General, the National Council of Adoptions, the Judicial Branch and the Secretary of Social Welfare) to decrease reliance on residential care and promote safe family-based care for the children and youth in Guatemala. Further discussion and concerted work among the four organizations are needed to promote sustainable change for vulnerable children and families.

[31] UNICEF, UNHCR, Save the Children y World Vision 2012
[32] Ibid. The Role of Social Service Workforce Development in Care Reform
[33] Williamson and Greenberg 2010; Csaky 2009; Faith to Action 2014
[34] Ibid Williamson and Greenberg 2010
[35] Ibid The Role of Social Service Workforce Development in Care Reform, BCN and GSSWA, September 2014

In Guatemala, there are at least 3,800 children and adolescents living in orphanages. Many of them are eligible for planned reunification and reintegration as they possess the necessary conditions to reunite with family members. That is why it is necessary to evaluate and carry out an in-depth analysis of each case particularly, in line with the child's best interest.[36]

Planning and implementing a well-thought reunification process responsibly are key to achieve a sustainable reintegration. Evidence indicates that the deinstitutionalization process may have more negative consequences than positive ones. Carrying out deinstitutionalization without an organized process could be detrimental to children as the transgression of children's rights may continue. If the process fails, children and adolescents could return to residential care in a short period where there could be new violations to their rights and none of their rights would have been restored.

Using a case management system involves organizing, planning and implementing actions towards the reinstatement of the rights of children and adolescents to grow up in a family. The system is managed by a team of professionals on social work and psychology (caseworkers) who must ensure the successful completion of the process until case closure, and consequently, a safe and sustainable reintegration into a family environment.

Families are of critical importance to children's healthy growth and development. Years of global research have demonstrated that children who grow up in families are far better than those in institutional care across all areas of development.[37] The United Nations Convention on the Rights of the Child (UNCRC) stresses the importance of a family by stating:

For the full and harmonious development of his/her personality, the child should grow up in a family environment, in an atmosphere of happiness, love and understanding as the family is the fundamental group of society and the natural environment for the growth and wellbeing of all its members"[38]

The UN Guidelines for the Alternative Care of Children emphasizes on family care and the importance of preserving family unit by supporting families and reintegration as the first option for separated children.[39]

The two key principles of the UN Guidelines for the Alternative Care of Children: necessity and appropriateness should always guide selecting the type of care in which a child should live.

---

[36] Judicial Branch "Census of Children and Adolescents in Private Orphanages" 2019.

[37] Berens, A.E. & Nelson, C.A. (2015). The science of early adversity: is there a role for large institutions in the care of vulnerable children? *The Lancet, 386,* 388-398; Nelson, C., Fox, N., Zeanah, C. & Johnson, D. (2007). Caring for orphaned, abandoned and maltreated children: Bucharest Early Intervention Project. Power Point Presentation. Washington, DC: Better Care Network; and Browne, K. (2009). The risk of harm to young children in institutional care.

[38] The United Nations Convention on the Rights of the Child (UNCRC) Res. 44/25 (1989)

[39] UN General Assembly (2010). Guidelines for the Alternative Care of Children, Res. 64/142. New York.

***Necessity*:** Ensuring that children are not unnecessarily separated from their families and discouraging unwarranted recourse to alternative care.

Suitability/appropriateness: A range of care services that should be available to meet the unique needs of each child, and all care options should meet minimum standards.

The care option for each child should be selected on a case-by-case basis and foster long-term solutions. Below is a description of the Case Management methodology for Reintegrating Children and Adolescents into a Family Environment, the individuals who participate in the process and the tools needed for its implementation. This process is linked to applicable laws and procedures related to child and adolescent protection in Guatemala.

II. PROCEDURES FOR CASE MANAGEMENT

It is the process of organizing, planning and implementing the work in different stages for prevention, reunification, and reintegration of children and adolescents deprived of parental care or at risk of separation. The first step is to identify a child or adolescent who is vulnerable or whose situation requires support or assistance. Case management involves a professional or team of professionals who assess the needs of the case and organize, coordinate, supervise and define a package of services to meet the needs of the specific case. It involves the participation of all the organizations working in the child protection system at each stage of the protection process.

a. Guiding principles of case management

Case management is grounded in a set of core principles informed by best practices, recognized social work values, and ethical standards. The following principles guide how caseworkers should approach the case management process and interactions with children and their families.

b. Child-centered and family-focused

All decisions, interventions and plans should be made individually, holding the child's safety and best interest paramount. Caseworkers should spend sufficient time getting to know the child to fully understand their unique needs and allow this understanding to guide interventions and planning. Ideally, case management should progress at a pace that is comfortable for the child. Children should also be at the heart of reintegration efforts. They must be listened to, their input should be regularly and intentionally solicited, and they should be fully engaged in all case management processes. When working with children and adolescents, caseworkers should consider possible experiences with *trauma* (e.g., abandonment, abuse, separation) to prevent re-traumatization.

Families should also be a key focus of the reintegration process and involved in decision-making. Caseworkers should spend sufficient time getting to know and understanding each family's unique strengths and weaknesses to inform appropriately targeted interventions and planning.

Implications for Case Management

Caseworkers need to invest adequate time in getting to know and understanding the child. Given the trauma many children in institutions have been through (at a minimum, all children living in the residential care institution have been separated from their families which can be both scary and sad for them), opening up may be harder for some children. The caseworker should move at a pace that is comfortable for each child, focusing first on building rapport and trust through play and/or age-appropriate activities. Caseworkers should pay particular attention to children's non-verbal cues during this process. The child trusting the caseworker is essential for reintegration, as this trust is the foundation for the child's full participation in the process. Getting to know the child very well is essential, as the caseworker will be able to read if the child is demonstrating signs of discomfort throughout the case management process.

c. Do no harm

All reintegration processes should aim to benefit and avoid/prevent harm to children, giving consideration to preventing abuse and all forms of violence, addressing stigma, ensuring informed assent, and respecting confidentiality. The assessment process should work to identify and mitigate against risks associated with reintegration for each child, without using the existence of some risk as an excuse not to reintegrate children if proper support can ensure safety and a chance for permanency. It is also vital that all psychosocial staff (caseworkers) are trained in and have signed to agree to their adherence to their organization's child protection policy.

Implications for Case Management

Not all harm comes in the form of abuse or exploitation of children. Sometimes harm caused to children can be more subtle or intangible. For example, recognizing that many children in institutional care greatly miss and long for their families, harm could be caused unintentionally by a caseworker reassuring and promising the child that they will find their parents. If parents turn out to be lost, untraceable, have passed away or are not willing to take a child back, the unfulfilled promise for reunification can be devastating to children.

Another example of less tangible harm caused to children and adolescents during the reintegration process is that of breaking attachments formed in the orphanage. While the caseworker understands that family-based care is in the child's best interest, and while the child is demonstrating their excitement to return home, children can still experience emotional suffering if they aren't adequately supported to transition from their relationships at the residential care institution (RCI). Caseworkers should allocate sufficient time to prepare children to transition out of the RCI and appropriately "close" their attachments to avoid re-traumatization.

d. Child participation and family self-determination

Caseworkers will respect and promote people's right to make their own choices and decisions, irrespective of their values. There is an obligation to listen to children's views and to facilitate their participation throughout the process of reintegration. Caseworkers should give children relevant information in an age and development appropriate manner and encourage and support their participation in all matters concerning them with opportunities to express their views, hopes, fears and wishes. Equally important is to give their views due consideration per their age and level of maturity. Keep in mind that children often express themselves very effectively in non-verbal ways (especially those who have experienced trauma and may not be willing to speak about sensitive topics), so caseworkers should be attentive to non-verbal cues.

Families have the right to be supported in making their own decisions, provided this does not threaten the child's rights. The best interests of the child should always determine decisions within the reintegration process. Caseworkers act as equal partners with the child and family and will take necessary measures to remove barriers that may make the family or child feel the caseworker is "superior." For example,

caseworkers will work actively and intentionally in minimalizing power dynamics.

Implications for Case Management

The caseworker takes the time to create a safe non-judgmental environment and relationship that is conducive to the child's or family's self-expression even if it does not align with the caseworker's opinion or values. Caseworkers should consider children's evolving capacities and use development-appropriate engagement methodologies to encourage more active and free participation (i.e., play, storytelling, etc.).

Caseworkers should endeavor to present themselves in a way that is comfortable and non-intimidating to children and families, for example, use the child and family's language of preference when speaking with them, avoid overdress, physically come down to the child's level (i.e., make eye contact and sit on the floor when playing), etc.

e. Worth, dignity, and strength of child/adolescent and family

Case Management is based upon respect for the inherent worth and dignity of all people. Caseworkers should uphold and defend the physical, psychological, emotional, and spiritual integrity and wellbeing of every child and his/her family member. This should be reflected in all of the interactions with and decisions about each child and family member.[40] Caseworkers recognize that every person (child, adolescent or adult) has strengths and works to identify and build upon them to promote empowerment and resiliency.

Implications for Case Management

Caseworkers understand that regardless of ethnic membership, educational level, or economic standing, each human being has a need to be recognized as a unique individual with special attributes and personality. Each person is respected and unconditionally regarded as having inherent worth and dignity, and this attitude is displayed in every interaction a caseworker has with a child or family. Caseworkers also recognize that every person has strengths to draw from, even if they may be small and may need significant support to identify and mobilize. Caseworkers who uphold the worth, dignity, and inherent value of the child and family take on these challenges and work with all family members and support systems to utilize or create resources for the family unit to reach its full potential. They know that each individual has inherent worth and can contribute to the holistic wellbeing of the family and community.

f. Rights-based

All children, regardless of age, gender, ability or any other status, have the right to safety, protection, family, and participation in all decisions that affect them. A child's best interest should be the primary driver of all interventions, decisions and plans.

[40] International Federation of Social Workers. Statement of Ethical Principles. Retrieved from: http://ifsw.org/policies/statement-of-ethical-principles/

Implications for Case Management

Caseworkers have an excellent understanding of relevant conventions, laws, policies, and frameworks and know that these supersede any personal values that might conflict with the rights of the child. They know they are required to act in the best interest of the child, and this standard should guide them in all decision making, especially if a child's safety is at risk, while respecting the legal and cultural authority of parents and caregivers.

g. Non-discrimination and respect for diversity

All individuals will be treated with equal respect by caseworkers. No distinctions will be made between children (boys, girls), adolescents, adults or communities on any grounds of status, including age, wealth, gender, race, color, ethnicity, national or social origin, sexual orientation, health conditions, language, religion, disability, political or other opinions. Caseworkers challenge all forms of discrimination and respect the diversity of families and communities.[41] Children, adolescents, and families should be given equal access to social services appropriate to their needs.

Implications for Case Management

Caseworkers must carefully and honestly assess their own biases and implicit prejudices to children and families possessing specific characteristics to avoid unknowingly letting these affect their interactions with families. The most prevalent attitudinal barriers to good practice include negative ethnic stereotypes, prejudices, judgmental attitudes about HIV and AIDS, and religious differences.

Additionally, caseworkers should be sensitive to the experiences of children who have lived in orphanages for a long time. Sometimes, children can develop behaviors different from those of children living in family and community settings. Children may express themselves differently, have different behavioral patterns or habits, and have different levels of abilities than children in communities (for example, they may not have experience with "normal" household chores that their age peers have). When children return home to their family or a new family and community, the caseworker should help the family and community to understand the child's experience to help prevent stigma and discrimination.

Finally, caseworkers should know how other children in the household view their relationship with the reunified child. Should the reunified child appear to be "favored" by the caseworker, other children in the household may isolate the child or respond in other negative ways.

[41] *Ibid.* International Federation of Social Workers.

III. STEPS OF CASE MANAGEMENT

Case management in Guatemala encompasses nine steps: child identification, child assessment, family tracing/investigation, family assessment, development of a Care Plan, child and family preparation, case follow-up, reintegration and case closure. Each step includes a series of activities to ensure complete reunification and ultimately reintegration in a safe and healthy family environment. Social work and psychology staff, known as *caseworkers* will conduct the case management process. Together, they carry out a series of actions that go from child identification to case follow-up to reunify children into a family environment.

a. Case management process

Instructions:
Click on the to move through the **9 steps.** Return to this menu by clicking on the **title** of each step.

Step 1	**CHILD IDENTIFICATION**
Step 2	**CHILD ASSESSMENT**
Step 3	**FAMILY TRACING/INVESTIGATION**
Step 4	**CARE PLANNING**
Step 5	**IMPLEMENTING A CARE PLAN TO PREPARE CHILD AND FAMILY**
Step 6	**REUNIFICATION**
Step 7	**CASE FOLLOW-UP**
Step 8	**REINTEGRATION**
Step 9	**CASE CLOSURE**

1. Child identification

What is child identification?

It collects basic information about a child or adolescent at risk of separation or outside of parental care to determine whether interventions are needed to protect the child. It is a gatekeeping process to ensure that children, adolescents and families are referred to appropriate services, prevent separation, and ensure that reunifications are appropriate.

For those children and adolescents in residential care, it is necessary to determine the possibility of reunifying them in a family environment. We will need to conduct an in-depth analysis of the child's file in the Child/Youth Courts and any other documentation containing valuable information. For example, medical records, previous social and psychological reports or those kept by the orphanage.

All the child biographical information should be collected during the identification phase and any information regarding the location of a family care option.

Recommendations

Initial basic data on the child/adolescent and/or family should be collected by the first point of contact with the vulnerable child (usually a statutory authority for child protection, for example, PGN Officer or the police). It is important to remember that poverty should never be the driving factor or primary justification for removing a child from his/her family and placing him/her in alternative care, and that all efforts should be made to trace the family and resettle the child. If temporary care for protection is deemed necessary, the gatekeeper should prioritize family-based and community-based care options, before considering referring the child to residential care. All alternative care placements should take into account the importance of placing the child as close as possible to his/her usual place of residence. Other important principles include: strength-based, developmentally appropriate interviewing of children and considerations for keeping siblings together.

When should child identification take place?

When there is a report of the transgression of children's rights or when a child or adolescent is sent to a residential care institution. Caseworkers should assess the possibility of reunifying the child and if staying in the orphanage would not pose a risk for them or identify the potential to link them to social services to avoid institutionalization.

If an alternative care option cannot be located immediately, caseworkers will initiate all the corresponding child assessments and the family tracing process.

FICTIONAL CASE

Renata is 11 years old. She has been living in an orphanage for about a year. Caseworkers identified the possibility of placing her within a family environment.

How should child identification take place?

Child and adolescent identification can occur in two ways. First, where there is a report of the transgression of children's rights, and it is possible to interview the child before requesting precautionary measures (specifically when PGN is involved). The initial biographical data can be collected by the first point of contact with the vulnerable child and attained through direct interaction with the child and other actors who may have information about the case. Interviews with children and adolescents should take place in a space that feels comfortable for them, using child-friendly techniques (for example, drawing) focusing on their strengths and being sensitive to their gender, age and evolving capacity. Siblings can be interviewed together if they seem more comfortable in each other's company. The interviewer must be open and non-judgmental in their attitude toward the child and what he or she may reveal.

Some guiding questions:

- The physical location of the family (last known by the child)
- Names of caregivers and other significant relatives and any possible contact details; and
- Who was important to him/her, who looked after him/her?

Second, when the child or adolescent to be reintegrated is living in residential care. Then, the caseworkers will conduct a thorough analysis of the existing information and records in the orphanage, including reviewing the admission register records and will conduct a child assessment to obtain more information to trace a family care option. The opinion of the child or adolescent will be crucial in this process.

Who should conduct the child identification?

Ideally, child's identification should be conducted by caseworkers able to assess and determine the best interest of the child and the possibilities of being reunified or integrated into family-based care.

Why should child identification take place?

The identification of the child is the first step in case management. It is a fundamental element in planning, organizing and developing a roadmap for each case individually. This step makes it possible to determine whether the child can be reunited to a family environment or integrated into alternative family care. The identification of the child will be crucial in determining the immediate actions to take in each case.

2. Child assessment

What is child assessment?

It is a process to help determine the child/adolescent's specific needs and learn about their emotional status based on their best interest and opinions.

The assessments are an opportunity to build rapport and trust with the child or adolescent and better get to know them and understand their experiences while gathering more information about the rights infringed. This will enable us to support them throughout the reintegration process.

It is used to determine the suitability and appropriateness of reunifying a child with their biological family or placing them in family and community-based care. It also helps attain initial information concerning the

child's background, strengths, needs, and information regarding the child's family, perceptions about their family, and any perceived barriers to reintegration.

Recommendations

*Child assessment is an opportunity to ensuring that the child or adolescent participates fully by providing them an opportunity to express their views and have their opinions heard about the assessment process. The ultimate goal of child assessment is determining the emotional status of the child and finding a family-based alternative care without raising the child's expectation. Therefore, it is important that a child is well informed of what the process is intended to do and not "Making Promises". Child assessments are **not** interviews or "tick box"' activities, but an interactive conversation with the child/adolescent and supportive adults around the child. Caseworkers should be creative in designing activities that allow for children's fully participation, according to their age and evolving capacity (for example, storytelling, drawing, games, singing, drawing, etc.).*

When should child assessment take place?

Assessment should start only once rapport and trust have been built with the child. The child should show key signs of willingness to participate (for example, recognizing the caseworker, seem excited to engage and/or come physically close without prompting). Caseworkers should respect the child's right to cease participation at any time. The assessment takes place to determine the child's emotional status and the needs of therapeutic support before reunification and identify key actions that need to be incorporated into the Care Plan and child preparation.

FICTIONAL CASE

Caseworkers will conduct an assessment of Renata to determine her emotional status and integral development. They will use different case management tools to determine if reunification is in line with Renata's best interest.

How should child assessment take place?

The psychological evaluation should occur at a time and location where the child or adolescent feels most at ease (for example, an area where they usually play) and convenient. For example, it is not appropriate to interview the child close to his/her peers or in a space shared with the family unless requested by the child. Scheduling should be made according to what works best for the child, not for the caseworker. The child assessment should be conducted in line with a psychological evaluation. The psychologist conducting the evaluation will determine the type of tools to use for the psychological tests.

Who should conduct the child assessment, and who else should participate?

The assessment must be conducted by a psychology professional trained in case management. Ideally, he/she should also commit to working throughout the case management process until achieving reintegration. If this is not possible, he/she will have to provide orientation to the new psychologist, ensuring he/she has in-depth knowledge of the case to provide appropriate follow-up.

Social workers may participate in the child assessment. They will observe other relevant details during the assessment, for example, the child's physical conditions according to his/her development stage, social and community context.

Why should child assessment take place?

It is the ideal method to determine the emotional status of the child and his/her chances of being reunified/integrated into a family environment. It is the right of the child to participate in the process and all the data he/she shares will inform the Care Plan and process. The assessment will help the caseworker identify why the child left home or got separated from the family (noting any harm to the child at home), determine his/her strengths and needs and understand his/her thoughts and wishes towards reunification and reintegration.

3. Family tracing/Investigation

What is family tracing/investigation of the family-care option?

The investigation encompasses two stages:

1. **Family tracing.** It is an intensive investigation to locate the child's parents and/or extended family to carry out a preliminary assessment of their willingness and ability to receive the child. Family tracing includes multiple visits to trace as many family members as possible to determine who may be best suited to care for the child. Collateral research to interview other individuals who know the child or family is also needed (and so the caseworker is aware of the complete support network available to the child). In doing no harm, caseworkers should be careful about not making any promises regarding the child's return.

2. **Family assessment.** The family assessment is part of the investigation process and it involves identifying the specific needs, strengths, and resources of a family. Family Assessments explore issues related to socioeconomic status, health status, nutrition, shelter, psychosocial wellbeing, education and protection.

The assessment should gather in-depth information on the family structure, current circumstances, strengths, needs, health and educational backgrounds, household income, livelihood skills, protective risk factors (including root causes for child's separation if it is the family of origin being assessed), and views around reunification. The family assessment includes not only members of the household but the wider family and community.

The overall objective of the family assessment is to determine the family's capacity and willingness to provide care and protection to the child and it should be linked to the development of the Care Plan to determine the needs and strengths that need to be supported.

Recommendations

Considerations should be made for the family's ability and desire to provide care and protection for the child while ensuring that families have information about the child and the opportunity to participate in decision-making on that child's best interest. The family should be treated with respect for both diversity and cultural differences. Caseworkers will use this information to guide the determination of the most appropriate form of family/community-based care.

When should family assessment take place?

The family assessment should occur each time a potential family for the child has been traced/identified. More than one family member can be assessed to determine which would be best suited to the child.

FICTIONAL CASE

Caseworkers will conduct an in-depth investigation to determine if there is a family care option for Renata. This includes studies, field investigation and psychological evaluations to potential family care options, for example, Renata's aunt.

Who should conduct the family assessment, and who else should participate?

Caseworkers should work together to trace the family. A social work professional should conduct the family socioeconomic assessments. A psychology professional should conduct the psychological evaluations of family members to determine the family's capacity to protect and care for the child or adolescent and determine the possibilities of building or re-building an emotional attachment with the child.

The family should be actively engaged throughout the assessment process and other individuals close to the family, for example, the extended family. This is important to help triangulate information where there are gaps/inconsistencies.

Why should family assessment take place?

In Guatemala, the family assessment is an essential requirement for child reunification where the case has been presented to the Court. Even in cases that did not reach a Court, it is crucial to conduct a family assessment to identify any support needs or referrals to social services. The assessments should identify and build upon the family's strengths and areas for development, and address the child's needs on a short and long-term basis. A comprehensive family assessment should be conducted to ensure parents'/caregivers' ability to meet the child's developmental needs adequately and that their rights are being reinstated.

4. Care planning

What is care planning?

Developing a Care Plan involves collaborating with the child and family to identify key goals that can be worked on to improve child/family wellbeing or restore infringed rights. Care planning focuses on preparing the child and family for a safe, healthy and well-planned initial transition into a family placement. Care planning is **NOT** telling a family what to do but supporting them to identify how they would like to improve their lives.

The Care Plan facilitates a smooth reunification and ensures the child's safety and best interest throughout the reintegration process. It includes details on who will do what and when, based on the child and family needs and strengths along with short and long-term goals and encompasses two phases. The first phase takes place before the reunification when the child is still under residential care. The second phase includes actions after reunification when the child or adolescent is in family care. The Care Plan is developed based on the family and child assessments. It is strongly linked to follow-up visits where caseworkers will assess progress against the Care Plan and determine the needs for strengthening support for the child and family.

Recommendations

The Care Plan is based on the child's best interests and is fully informed by the assessment of the child, the family and, as necessary, other individuals close to the child and family. The Care Plan is developed based on the principle that every family has strengths and resources, which can be built upon while immediate and longer-term needs are also addressed.

When should care planning occur?

Once caseworkers have identified a suitable family care option willing to receive the child and meet the child's unique needs, it is time to begin developing a Care Plan. The first goals will be pre-reunification goals, which prepare the child and family for a smooth reunification. The later goals will focus on achieving reintegration and will be planned based on the reintegration criteria that includes protection and safety, health and development, relationship and attachment, education, psychosocial wellbeing and household economy. The Care Plan will be developed and continually revised and updated during follow-up visits until case closure.

FICTIONAL CASE

Through corresponding assessments, caseworkers identified Azucena, Renata's aunt (on her mother side) as a family care option for Renata. A Care Plan with different actions towards restoring her rights will be developed. The first step will be to organize visits to promote interaction between Renata and her aunt.

Where should care planning occur?

Developing a care plan should happen in an easy and comfortable location for the child and the family; this is typically within the family's primary residence and community. The process begins while the child is still living in the residential facilities. The Care Plan is developed in collaboration between the child/adolescent and the family.

Who should conduct Care Planning, and who else should participate?

Caseworkers trained in case management and who are working on that particular case. Ideally, the caseworkers who develop the Care Plan will be the same workers who follow up on the case. Hence, it will be easier for them to identify challenges and progress throughout the process. However, if this is not possible, the new caseworkers will receive orientation on the case and the Care Plan for a successful follow-up. Both the previous and the new caseworkers could participate in the case analysis process towards child reunification.

The family should be actively engaged throughout the care planning and the child to a development-appropriate level. Individuals close to the family can also be engaged (for example, extended relatives, neighbors, members of community development boards, church, etc.).

Why should care planning take place?

Care panning aims to improve the quality of life of children and families by focusing on their wellbeing, safety resilience, and supporting caregivers and other family members. It helps to provide clear actions for different people involved in the process. It identifies goals that help a family work towards a stable family environment that leads to the successful reintegration of the child.

5. Implementing a Care Plan – child and family preparation for reunification

What is child and family preparation?

Child and family preparation is part of the preliminary actions of the Care Plan before reunification occurs. The implementation of the Care Plan is strongly linked to preparing the child for reunification and preparing the family to receive the child or adolescent. The purpose of child preparation is to support the child while considering the various aspects of transitioning into the family and community life (both pros and cons, their hopes and fears). Caseworkers will help the child get ready for the reunification and set realistic expectations about returning to family-based care.

The purpose of family preparation is to help the family and household members consider the various aspects of reintegrating the child and transition from living in residential care to a family environment and be ready for the reunification with realistic expectations. Family preparation may include home visits, helping them access needed services, and providing counseling on specific topics (the child's need for attachment and bonding, possible trauma-related or institutionalized behaviors, positive parenting, home hygiene, and basic health).

Recommendations

Every family is unique and will need different types of support in order to be best prepared for the reunification. Considerations will be given to who lives in the household, home conditions, health or other needs of family members, how long the child has been separated, etc. Caseworkers will prepare the child/adolescent and the family based on the Care Plan, placing the child's best interest at the forefront. All the information shared will remain confidential to respect the dignity of the family.

When should child and family preparation occur?

Child and family preparation should occur immediately after the child and family assessments. Family tracing and care planning occur simultaneously when the child or adolescent is still living in residential care. That is why the Care Plan includes actions to support the child's transition to family-based care and help the families receive a child or adolescent. We suggest conducting home visits to the families and promoting visits to the child in residential care.

FICTIONAL CASE

Social workers are promoting home visits to foster interaction and bonding between Renata and her aunt Azucena. They are also investigating a possible school to enroll Renata. At the same time, they are organizing parenting skills orientation to prepare Azucena to receive the child and are preparing Renata for the upcoming change. Caseworkers are also applying psychosocial support techniques before reunification to increase the possibilities of successful reunification.

Where should child and family preparation take place?

The psychologist should answer any questions or address any concerns that the child or adolescent may have about the reunification process and keep them updated about what is going on with their family in a responsible manner. The psychologist should include in the Care Plan the specific actions needed for a safe and healthy reunification. This process takes place when the child or adolescent is still in residential care. At the same time, the psychology and social work professionals should conduct visits to the family's home to help them meet the objectives needed to achieve reunification. A key activity in this process is building an attachment between the child and the family and always considering the child's opinion and best interest.

Who should conduct the child and family preparation?

This process should be conducted by the psychology and social work professionals (caseworkers) in charge of the Care Plan. Both professionals should carry out actions to foster reunification, for example, making referrals to social services, therapeutic follow-up if needed and guiding caregivers about assertive parenting practices.

Why should child and family preparation take place?

Good planning and preparation before reunification are critical to achieving a successful and, more importantly, sustainable and safe process. Failing to prepare the child or adolescent for reunification may cause children to feel insecure and with fears. Sometimes they may even be unaware of the proposed family/alternative care option. Children and adolescents should have an opportunity to express their views and have their opinions heard. At the same time, families may quickly withdraw from the process when

they are not prepared to support their development and wellbeing. Without adequate preparation, the entire process can be inefficient, putting the child's best interest at risk.

Case analysis meetings: Case analysis meetings or case conferences are critical in the child protection process. Practitioners working with the child's case meet to discuss and analyze the situation of each child or adolescent and determine the priority and needed actions to restore their rights. There are two types of case analysis meetings: internal and external.

- **Internal case analysis meetings:** These meetings should occur within the organizations so that a multidisciplinary team of professionals can discuss the case and express their views, having the child's best interest as a primary consideration. These meetings are a regular practice within child protection institutions.

- **External case analysis meetings:** These meetings are fundamental for child/family preparation before reunification. The external case analysis is a meeting where an interdisciplinary/multidisciplinary team (from different organizations) who knows the particular case discusses and coordinates actions towards reunification, reaches conclusions, finds solutions to problems and assesses progress against the Care Plan.

Members of the Child and Youth Courts, PGN, public and private orphanages, the Departmental Office of the Secretary of Social Welfare and if deemed necessary, the National Council of Adoptions should participate in the external case analysis meetings.

Caseworkers who know the particular case should lead these meetings to discuss each case based on findings and progress in implementing the Care Plan and propose concerted solutions to the problems encountered. Case analysis meetings function as case follow-up and assess progress in implementing the Care Plan towards a healthy family/child reunification/reintegration.

External case analysis meetings should occur before and after reunification to determine, in collaboration with other organizations, the status of the case and ways to support the child and family through follow-up and referrals to social services and identify community and local stakeholders to support these referrals.

6. Reunification

What is child reunification?

Reunification is the physical reuniting of a separated child and his or her family or previous caregiver. Reunification refers only to the physical return of the child to a family, seeking a permanent placement for the child. It is the moment in which the child or adolescent, after staying in a residential care institution, finally finds a family where they think they will receive the care to meet his/her integral development needs.

Recommendations

Children and families should be fully supported leading up to and during the reunification. Children should have time for closure and saying goodbye to friends and orphanage caregivers and should have opportunities to ask questions and participate. Considerations for the child's individuality will include age, maturity, developmental capacity, gender, their relationship with the family they will be reunited with, their feelings about the change and length of time in the residential care institution. Caseworkers assigned to that particular case will provide support to this process.

When should reunification take place?

In Guatemala, the reunification process is a legal process where a judge issues protective measures.[42] It is a Child or a Youth Court, the judge on duty or justice of the peace who decides to send a child to residential care facilities based on the infringed rights, the child's best interest, and after exhausting other care options[43].

When a child or adolescent is admitted into a residential care institution, a series of protection processes are put in place to help ensure that children's rights are reinstated. PGN also begins a family tracing process to locate a family/alternative care option for the child.[44]

After considering all the family-care options available, PGN will submit investigation reports to the corresponding Court and recommendations for what they believe is best for the child. The judge may change the protective measure from residential care to care by their biological family, extended family or foster family. This is when children can be reunified with their family or integrated into a foster family.

[42] Guatemalan Congress, Decree Number 27-2003. Law for the Comprehensive Protection of Children and Adolescents, Art. 109 "Applicability of Measures" and Art. 111 "Application of the Measures"
[43] Law for the Comprehensive Protection of Children and Adolescents, Art. 112, section h) "*Abrigo temporal del NNA en entidad pública o privada conforme las circunstancias particulares del caso*".
[44] Law for the Comprehensive Protection of Children and Adolescents, Article 120 "Investigation".

FICTIONAL CASE

PGN, SBS, OJ, and the orphanage held a case analysis meeting to discuss Renata's case. They determined that the investigation and proposed care option is coherent with Renata's best interest. Hence, a petition is made to the Child Court to change the protective measure initially applied.

The Judge of a Child and Youth Court approved changing the protective measure to care by the extended family and Renata is reunified with her aunt Azucena.

Where does the reunification process take place?

It takes place in a Child and Youth Court and/or Youth-in-Conflict-with-the-Law Court, at a hearing with a Minor's Judge, PGN, the orphanage, family care options and the child or adolescent.

Who should conduct the reunification?

A Child/Youth Court Judge or PGN if the case was resolved administratively.

Why should reunification occur?

A supportive family environment is the best place to support the child's integral development in all spheres of life. Tracing efforts should be exhausted and the length of time that the child needs to stay in residential care should be the minimum so that his/her integral development is not affected.

7. Case follow-up

What is case follow-up?

It is a process that involves meeting with the child, the family, the community (including social service providers referred to the family), and others who regularly interact with the child and family to determine how the Care Plan is being implemented. If allows caseworkers to assess progress towards reintegration and if the reunification is still in line with the child's best interest. This is typically done via regular home visits by caseworkers.

Recommendations

It is important to recognize that reintegration is a process of adjustment for the child and family. Many children need time to adapt to living in a family situation again and to let go of behaviors they learned away from home if they are not harmonious with living in the family. Similarly, the family will need to take time and put in the effort to get to know the child that is entering their family. Follow-up visits could also serve to identify based on evidence, that the child is not well or that one of his/her rights is being infringed. If this occurs, it is crucial to inform this to the corresponding duty bearer.

When should case follow-up occur?

Follow-up should be done regularly. It should be done at least once every two weeks for the first two months after reunification, then a minimum of once a month after that, until at least twelve months after the reunification date. The frequency of follow-up visits should depend on the individual case, the cause of separation and the progress against the goals of the Care Plan. Some cases may be reintegrated within 12 months, considering that the infringed right may have been reinstated already. Regular follow-up and accompaniment are recommended for cases of sexual violence, sexual or commercial exploitation and abuse.

FICTIONAL CASE

It's been a week since Renata reunified with her aunt. Caseworkers conduct a follow-up visit to find out how Renata is doing and get ready to continue implementing the Care Plan, identify which services the family needs and how to refer them to those services.

Where should case follow-up occur?

Follow-up visits should occur within the home and community environment of the reunification (for example, at school or church).

Who should conduct the follow-up visits?

Caseworkers are the primary individuals responsible for conducting follow-up visits. The caseworker, along with the family and the child, reviews the objectives of the Care Plan and provide evidence of progress made. Using the reintegration criteria tool during the follow-up home visits is essential. Visits should also be made to schools, health centers and other service providers to connect the child and the family to other social services available. Caseworkers should fill out a follow-up form in every visit where they will document significant findings. The form includes the reintegration criteria included in the Care Plan of each family and child/adolescent. The Care Plan should be reviewed before conducting each follow-up visit to guide specific elements to monitor.

Accompaniment and follow-up visits represent an opportunity to strengthen the capacity of the family. We suggest developing a plan of economic opportunities to help families set clear goals for household income sustainability.

Follow-up visits also serve to make changes to the Care Plan depending on the findings based on evidence or to link families to training on parenting skills, women's groups, therapeutic treatment or other services as needed.

Why should case follow-up occur?

The main objective of case follow-up is to verify the reinstatement of the violated rights and that the child or adolescent remains in family care until the reintegration is completed. Without a well-planned follow-up process, it is impossible to know if the child or adolescent develops integrally in a safe family environment. Follow-up serves to help strengthen the family and verify that the child is healthy and safe.

Below is the recommended schedule for home visits and actions during case follow-up. The frequency will depend on each case.

First post-reunification visit	Identify and address any immediate challenges with the child/adolescent and families	2 weeks post reunification
 **Regular visits after reunification**	Every 2 weeks after the first visit until the end of the 2nd month (i.e., 4 visits in 2 months). Caseworkers visit the child and family to ensure that the child is settling in well, check the child and family's overall wellbeing, and monitor progress against the Care Plan.	Month 1 and 2
	After the end of the 2nd month, home visits reduce to monthly visits to check the child and family's overall wellbeing and monitor progress against the Care Plan.	From month 3 to month 12
 **Formal case reviews**	Quarterly comprehensive case reviews to determine if the case is progressing appropriately toward reintegration (including, for temporary placements, and review permanency plans)	Every 3 months from the date of reunification (it can be done during case analysis meetings/ internal or external)
 **Visit in preparation for case closure/transfer**	Final review of the care plan, goals, objectives and actions needed for case closure.	The exact timing will be on a case-by-case basis, but after minimum of 12 months of follow-up, case closure can be evaluated.
 **Joint visits from other organizations facilitating**	The involvement of other organizations to support follow-up and referral of social services for family and child strengthening.	Beginning on the first post-reunification visit or before reunification, when feasible.

referrals or case follow-up		

Follow-up and accompaniment provided to children and families include a series of actions to support a healthy and prosperous child reintegration into a family setting. Suggested actions:

- **Therapeutic support:** Where psychological support is necessary, the psychology professional in charge of the case should provide therapeutic support to the families and children. This process can occur in the environment of reunification. Psychology professionals will decide on the type of therapeutic approach needed.

- **Buddy groups**: Groups formed by individuals who are facing or have faced challenges related to issues such as the separation from their children, nephews, nieces and grandchildren and have become families that have facilitated the return of the child to a family through birth family care or kinship care. The purpose of the buddy group is to exchange experiences and provide moral support to each other.

- **Customized guidance on positive parenting:** Caseworkers should provide families with positive and assertive parenting guidance during case follow-up. Children's institutionalization is caused, in many cases, by poor parenting practices; hence, promoting positive parenting practices on a case-by-case basis is essential.

- **Plans of economic opportunities**: Caseworkers will develop a plan for selected families to improve their economic opportunities based on their context. These include identifying their strengths and support income generation opportunities to improve their living conditions, thus increasing the likelihood of successful reintegration.

- **Income-generating projects:** These are projects to help families generate an income and make a profit. The promoters of these projects will be the very families interested in improving their living conditions. These projects come from the plan of economic opportunities developed together with the families to help them achieve financial sustainability.

- **Subsidy:** A sum of money granted to support the restoration of the rights (threatened or violated) of children who are at risk of being institutionalized due to the lack of financial resources, as well as children reunited with their birth families, extended families, or foster families, as a way to assist families and promoting care in a family environment. We suggest giving subsidies where it is deemed appropriate and by the institutions that can afford it.

- **Identification and referral to social services**: Before children's reunification with the families, psychology and social work professionals conduct a mapping of the social services available in the community of the placement. Next, they contact the service providers to link families to those services.

- **Family strengthening social services** must be consistent with the specific problems evidenced in the care plan and the plan of economic opportunities prepared by caseworkers after conducting the assessments and investigations of the case management process.

- **Support for school insertion or re/insertion**: It refers to the efforts made so that a child or adolescent who has not been attending school has the opportunity to reintegrate into the formal education system. Many of the children in residential care are separated not only from their caregivers and their immediate environment but also from the school system. So, when they are reunited to a family environment, their right to education must also be restored. Social workers are in charge of identifying schools accessible to the children and making the necessary arrangements to enroll them or look for out-of-school education alternatives in their communities.

- **Referral to health services**: Caseworkers should make referrals to primary and specialized health services to the families that need them in coordination with the relevant health services and/or map the services available to families depending on their location. The purpose is to restore the child's right to primary health and medical assistance programs in their communities.

- **Nutrition guidance**: Social workers and psychologists should identify the families that need nutritional support based on their medical history included in the child's case files and refer them to specialized nutrition recovery centers/services.

- **Interinstitutional support**: Caseworkers coordinate actions with the organizations involved in the child protection system (Guatemala's Attorney General, the Judicial Branch, and the National Council of Adoptions), and other institutions such as schools, Guatemala's National Registry of Persons, public and private orphanages, the local government, and the Catholic Church to link and bring services closer to the families.

8. Reintegration

What is reintegration?

It is the process of a separated child making what is anticipated to be a permanent transition back to his or her family (usually of origin) in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life. It is the process that takes place after the reunification. Reintegration requires accompaniment and follow-up to strengthen child-care practices and caregiver's relationship with the child until they have built a healthy emotional connection and providing the conditions for the child's integral development in a family environment.

When should reintegration occur?

Reintegration occurs when all children's rights that may have been infringed have been reinstated, when the family and the child have achieved the goals of the Care Plan based on the reintegration criteria and when the child or adolescent has remained within the family safely and healthily.

FICTIONAL CASE

After one year of follow-up, caseworkers determined that Renata's rights have been restored and that her development is integral. Hence, caseworkers declared Renata as "reintegrated into a family environment".

Where should reintegration occur?

Reintegration is a process that takes place in the family environment of the child or adolescent once the caseworkers have determined through case review that, the child/adolescent and family have achieved the specific goals and objectives of the Care Plan and when follow-up has shown the child's integral development in the family environment based on the reintegration criteria.

Who participates in the reintegration process?

Caseworkers who have provided accompaniment and follow-up to the case determine, through case review that the child and the family have been reintegrated. Now, they are ready for the next step – case closure or case transfer.[45]

Why is reintegration important?

It is the process that allows us to determine that a child or adolescent is not at risk of separation or of becoming a victim of other violations to their rights, that they are in a safe family environment that provides what is necessary for their integral development. The process allows caseworkers to close or transfer the case to other institutions. For example, when families move to other areas where follow-up cannot be carried out by the same caseworkers, the case transfer can occur at any time during follow-up.

During case follow-up, caseworkers carry out necessary actions towards a healthy and sustained reintegration per the Care Plan and the six reintegration criteria **(protection and safety, health and development, relationship and attachment, community belonging, education, and household economy)**. As described above, the actions, services, and the length of follow-up will depend on the needs of the particular case.

Caseworkers will use the following criteria to measure successful reintegration during case follow-up:

1. **Protection and safety**: Children and caregivers' level of protection and safety from violence, exploitation and neglect, including both witnessing or experiencing violence and exploitation at home, at school, in the community, and online.

[45] Case review: A comprehensive review of the progress achieved towards reintegration. This should be in line with the child's best interest and to restore violated rights that caused the family separation.

2. **Health and development**: Children's physical health in terms of malnutrition, access to healthcare, food intake, and cognitive changes that characterize normative and social development.

3. **Child-primary caregiver healthy relationship**: Children's relationship and attachment with their caregiver/mentor or family care option. It includes spending dedicated time with each other, building connections and communication between the caregiver and child, and that the child or adolescent feels accepted and loved.

4. **Psychosocial wellbeing and community belonging:** Children's and caregivers' psychological health and wellbeing, and socio-emotional functioning, including self-esteem, resilience, and belonging. Additionally, it measures the child and caregiver's feelings of acceptance, welcome, inclusion, and support within the community.

5. **Education & Training**: It includes children's access, enrollment and attendance to school, progression, and inclusive education for children with disabilities, as well as vocational training.

6. **Household economy**: It relates to caregiver/family's ability to meet the household members' unexpected urgent and basic needs. It measures the caregiver's capacity to manage the household budget efficiently and productively, regular saving, and knowledge around financial education to manage his income and material resources.

9. Case closure

What does case closure mean?

Case Closure is a process of reflecting with the child and family on the experience of working together with the caseworkers, acknowledging the child and family's achievements, ending the relationship, and establishing future problem-solving tools for if/when issues arise after case management support has ceased, including providing contacts for key support options (e.g., CBOs, government social welfare programs, etc.). Closure is the point at which it is deemed safe no longer provide case management, as reintegration is sustainable. The family can continue caring and providing for the reintegrated child independently, without case management support.

When should case closure occur?

When the child and the family are close to achieving the goals and the actions established in the Care Plan, caseworkers should conduct discussions about the goals for case closure with the family (including goals for the final months of case management support). Closure will occur once the child and family are safe and well and feel confident that they can continue to provide for their needs without the accompaniment of the caseworker. It is the last stage of the case management process.

FICTIONAL CASE

Three months after Renata's reintegration and home visits to prepare the family for case closure, caseworkers finally close the case.

Where should case closure occur?

Case closure should be done with the child and the possible family care option at the family's home as this allows for discussion, interaction and observation. It is also an opportunity to celebrate the child's and family's achievements and articulate what case closure represents, addressing any concerns or questions the family might have and identifying the next steps.

Who participates in the case closure?

The child/adolescent, the family, caseworkers and government agencies that have followed up the case.

Why should case closure occur?

Case closure recognizes the independence and resilience of the child/adolescent and the family. Case closure represents the family's ability to continue caring and providing for the reintegrated child or adolescent without ongoing support from case management. Closure is when the child is considered reintegrated and the family or the child no longer needs caseworkers support.

ii. ROLES AND RESPONSIBILITIES OF CASEWORKERS IN CASE MANAGEMENT

Case management is an individualized and dynamic process with varying timeframes for each step of the case management process depending on and influenced by the child's and family's particular strengths, needs, context, and best interests. It requires well-trained caseworkers (psychology and social work professionals), responsible for the child's case management from identification to case closure/transfer, even while many others will help with the child's reintegration. For example, extended family or community members, health workers, school teachers, social workers, para-social workers, etc.).

Supervisors should give frequent support to caseworkers (preferably one consistent supervisor). In Guatemala, case supervisors will be area coordinators, directors of departmental offices, departmental delegates and coordinators of multidisciplinary teams of the State organizations working in the child protection system.

The following table details caseworker and supervisor roles and responsibilities in case management:[46]

Responsibilities of caseworkers	Responsibilities of supervisors
Conduct child assessments, family tracing and family assessments to determine which family or family alternative option may be most appropriate for the child.	Review assessments, supervise and support decision-making about the suitability of the care family option. Where needed, convene and facilitate risk review meetings to ensure responsive case planning and implementation.
Develop care plans that respond to the strengths and needs identified in the assessments. Facilitate child and family participation in updating the Care Plan.	Conduct regular supervision meetings, providing technical advice and support on individual cases and psychosocial support to caseworkers in the field.
Prepare case summaries and present to the relevant case analysis meeting to support referrals to social services with the Municipal Child and Youth offices.	Review case summaries and coordinate meetings with the Municipal Child and Youth Offices and ensure that caseworkers are supported to present cases.
Work to prepare children and families for reunification, including making referrals to other services as needed.	Support individual cases where required and provide regular follow-up of all aspects of case management services.
Identify and connect with community actors who may	Identify and connect with community actors who

[46] Adapted from Global Child Protection Working Group. (2014). Interagency Guidelines for Case Management and Child Protection.

have a role in protecting children and providing services to children and family members.	may have a role in protecting children and providing services to children and family members.
Regularly monitor and support children and families through home visits and provide guidance, counseling and emotional support, community mediation and referrals to social services.	Provide ongoing supportive supervision and support caseworkers' in-service training needs.
Work with supervisors and other caseworkers to arrange case analysis meetings (case conferences) for complex cases and ensure children receive multidisciplinary support.	Review staff caseloads to ensure they are manageable and share challenges with Child and Youth institutions working in the municipality, such as the Municipal Child and Youth Offices.
Manage cases in line with standard operating procedures, adhere to standard documentation processes and follow the guidance and tools received.	Monitor timelines for a response, decision-making, reunifications, follow-up and review. Conduct case analysis to check compliance with SOPs and documentation standards.
Regularly document cases using relevant forms. Update databases to ensure a comprehensive record of the case.	Ensure access to material, logistical, and technical support.
Ensure that data collection and storage respect data protection protocols and the confidentiality principle.	Spot check to ensure safe storage of data and compliance with confidentiality principle.
Reporting and responding to child protection concerns.	Reporting and responding to child protection concerns.

b. Minimum qualifications and competencies

Caseworkers responsible for child reintegration will preferably be university or college-trained, qualified social workers, psychologists, education specialists or those within a related field. The most critical factor in determining whether someone has the skills and knowledge to be a successful caseworker is meeting the minimum competencies. The competencies required for a caseworker position (supported by the SOPs and training) include:[47]

Personal	• Self-knowledge • Capacity of reflection and questioning • Management of stress and emotions • Flexibility • Openness to change and differences • Critical thinking, creativity and decision-making • Accountability and integrity
Social	• Ability to negotiate • Manage problems and mediate conflicts • Work and coordinate within a team • Ability to work independently when required • Show empathy, warmth and genuineness • Support and motivate a person/group • Good communication and relationship skills
Methodological	• Promote participation and cooperation in case management • Plan, implement and review interventions • Document and store relevant information in a timely and confidential manner
Technical	• Knowledge of the theoretical framework needed for reunification and reintegration • Knowledge of the theoretical framework for work with children and families based on the local context

[47] Adapted from: Global Protection Cluster, European Commission and USAID. (2014). Child Protection Case Management Training Manual for Caseworkers, Supervisors and Workers.

	• Basic knowledge of child development and family dynamics in the cultural context • Access to and ability to use specific tools for case management in reintegration

c. Additional skills, qualities and approaches of frontline staff to support effective reintegration[48]

To support effective reintegration, staff need to have a range of technical skills and adopt appropriate reintegration approaches. For example, staff will need to be able to do the following:

- **Acknowledge diversity:** Children's experiences of separation and reintegration will vary enormously depending on factors such as age, gender, reasons for separation, experiences during separation and the family's current situation.

- **Develop a warm though professional relationship with the child:** Knowing that they can rely on an adult who cares for them, clearly values them and provides a sense of belonging enables children to assume their full role in the process and raise any concerns. Trust and continuity are vital for building this relationship.

- **Recognize the challenges children and families face in the reintegration process:** For example, children may be concerned about moving from a caring, well-resourced program to precarious support at home, leaving peers. Families may fear changing family dynamics due to child's re-entry in the household or challenges feeding an additional person.

- **Help children to speak out:** Encourage children to voice any concerns, reassuring them of their ability to make decisions and build a greater sense of power and control in their lives. Particularly in contexts where it may be dangerous to speak out publicly, staff has a responsibility to create a safe and confidential space. Even very young children or those with disabilities can participate in decisions and case supervisors, directors or team coordinators will need to provide staff with more time and skills to support them.

- **Identify and build on strengths:** Help children, adolescents, families, and communities to identify their own human and financial resources and develop a strategy to build on them. Professionals can be supported through a plan of economic opportunities and the Care Plan.

- **Create local ownership:** it is essential to stimulate the community's responsibility for the child who is integrating/returning to the family, for example, through community leaders speaking on reintegration, peer support to particular families and children, and/or specific roles for community and religious leaders.

[48] Inter-Agency Guideline on Children's Reintegration

- **Culturally appropriate actions**: It is essential to identify solutions that leverage local methods of care and protection in line with children's, families' and communities' values and beliefs. Caseworkers will need to be able to carefully negotiate solutions when the best interests of the child conflict with cultural values or practices. In addition, staff will need certain qualities to work well with reintegrating children including, empathy, respect, patience, perseverance and flexibility.

d. Caseload, supervision and quality assurance

Caseload can vary depending on the complexity and level of effort needed for each case (i.e., the "weight" of a case and time required to manage it appropriately). The "weight" of a case can be determined by considering the below factors:

- lengthy travel time is required to reach the household for a visit;
- there are a large number of family members in the household;
- there are complex vulnerabilities within the family;
- a sibling group has been reunified/placed;
- there is a history or presence of violence, substance abuse, mental illness, chronic illness, disability or child protection issues

The case supervisor or the caseworker supervisor should closely monitor caseloads and when necessary, reduce them to ensure adequate time/effort is given to each case. The supervisor should provide direct support to complex cases.

Case management is a collaborative process, and many hold the responsibility for the child's wellbeing (including the family, caseworkers, supervisor, the organization and relevant authorities). The supervisor is responsible for providing direction and support to the caseworkers, who apply theory, knowledge, tools, competency, and ethical content in practice.[49]

A keen focus should be given to regular reflective supervision to enhance reflective practice. Supervisors should ensure caseworkers are trained, guided, advised and supported administratively, technically and in self-care. All staff involved are accountable and responsible for their work with children and families and their work should be of the highest quality.

Reflective practice in social work uses questions to examine the practitioner's thoughts, experiences, and actions to improve their skills as a result.[50] Reflective practice can be enhanced through supervision by reviewing a caseworker's experiences and helps caseworkers to be professional, accountable to themselves and others, and committed to improving and learning.

[49] Asociación Nacional de Trabajadores Sociales. (2013). Normas de Buenas Prácticas en la Supervisión del Trabajo Social
[50] Knott, C., & Scragg, T. (Eds.). (2016, p. 10). *Reflective practice in social work*. Learning Matters.

Supervision mechanisms act as checks and balances. For example, complex cases may be discussed in individual or group supervision meetings or reflective all-team meetings (case conferencing), leading to supportive suggestions and group decision-making to improve the quality of services. Supervision also plays a role in ensuring that caseworkers have the skills to deliver quality, competent services per the guidelines and SOPs. Supervision, both individual and group, can provide skills training and mentoring related to real case situations. Supervision provides an opportunity to check on how case workers are doing, reflect on practice, deal with time management, identify where support is needed, and check on personal responses and coping mechanisms.

e. Quality assurance and supervision mechanisms within the case management process

Supervision Methodology	Frequency	Description
Reflective practice	Ongoing	Reviewing a caseworker's experiences, thought processes, etc., to increase professionalism, accountability to self and others, quality and learning.
Case conferences (case analysis meetings)	At specific key points in the process and as needed	A multidisciplinary meeting of professionals known to and/or working with the child to discuss risk factors, the care and protection needs of the child, required supervision and support interventions with the child, family, and alternative caregivers, and the roles of the professionals involved.[51] Can include caseworker, supervisor, orphanage staff, teachers/school, health workers, community leaders, municipal child and youth offices, etc. and is done at various points in the case management process. The caseworker has a crucial role in supporting both of these conferencing processes.
Case reviews or group supervision	Monthly	Review every child's care plan (when, how, progress and challenges) managed by each supervisor with his or her team of caseworkers.
Peer support	As needed	Individual peer-to-peer support to foster feedback and learning.
Mentoring and shadowing	Ongoing	Individual support and learning through phone conversations, direct contact, and opportunities for peer-to-peer coaching between supervision sessions. Supervisors may support during visits to child/family on an "as needed" basis and based on the caseworker's skill set and learning objectives.

[51] Better Care Network.

All team meeting	Once a week	Brings the team together (i.e., project workers, administrative staff, supervisors, and in some cases, caseworkers and Municipal Child Office) to review challenges, organizational issues, discuss case studies, touchpoints for communication and lessons learned.
Individual supervision	Monthly	Supervisor and caseworkers looking at the caseload, identifying progress, new actions, challenges, etc. The supervisor should pay close attention to the workload associated with the caseload. Where a caseworker is allocated too many cases at one time, quality of practice will likely decrease, and children and families will not receive the level of time they require from their caseworker.
Safeguarding Committee	As needed	Group created to discuss highly complex cases, to share the responsibility, and enable group decision-making. Cases are identified in a group or individual supervision. As the statutory authority, members of the Municipal Child and Youth Office may also be involved.
Regular training	As needed	During individual supervision, supervisors may note trends of topics/themes where caseworkers require additional support. These should be addressed in formal trainings. Topics where case workers are doing reintegration typically require additional support, including attachment theory, child-friendly techniques for working with children, adolescents who have experienced trauma, child protection, disability, making home visits, making referrals, etc.)

f. Working in collaboration with community partners

The individuals and groups in the community where the child and family live also have an important role to play in the reintegration process. These actors can include government organizations, offices or workers, non-governmental and community-based organizations, schools, faith-based organizations, churches, and health and education institutions.

To ensure the safe and long-term reintegration of children into families, caseworkers will need to work closely with as many individuals and groups as possible who have a role in supporting families and protecting children. Caseworkers will work in partnership with children and families to identify which actors are best positioned to support them and at which time.

Staff from Municipal Child and Youth offices: are government offices at the municipal level with statutory responsibilities to ensure appropriate care and protection of children and adolescents. The Municipal Child and Youth Office (OMPNA) focuses on prevention and guidance about children's rights. It also focuses on detection, referrals, care and follow-up to children whose rights have been violated. They play a leadership role in coordinating with duty bearers, facilitating communication with municipal authorities, government

institutions, civil society organizations, community leaders and civil society linked with the child protection system at the municipal level to help reinstate children's rights timely and effectively.[52]

g. Information management and documentation

All case management work in reintegration will be documented in the child's case file using the suggested forms included in this guide. Each child or adolescent to be reunified/placed into family-based care should have an individual case file; however, siblings who will be reunified/placed together should have a combined case file. As a case progresses, forms and notes should be accurately and thoroughly filled out and stored in the file.

Each case should be assigned a case file number, given to the child by the duty bearer managing the case. We suggest entering the basic information of all cases in a matrix for monthly analysis.

Data Protection, Safety and Confidentiality

Caseworkers should understand that all information learned, collected and recorded about the child and family belongs exclusively to the child and family. It is only with their explicit consent and assent that we can share this information with other actors (unless ordered by an authorized statutory entity such as a Child & Youth Court Judge); this includes referral services. We should never assume that a child or family is okay with a caseworker sharing their information. Always seek their permission in advance. However, the caseworker should explain to the child that confidentiality will not apply when it affects the protection/safety of the child/adolescent or the receiving family. Lastly, when asking family members to sign a release of their information, caseworkers should fully explain the objective and implications of the release.

Caseworkers must submit a copy of all case files to the Municipal Child and Youth Office Officer and safely store the file for a minimum of seven years after the child is reunified/placed.[53] Case files should also be stored securely and confidentially, with restricted access such as a locked cabinet, and electronic data should have a password.

[52] Manual de Funciones, Oficinas Municipales de Protección de Niñez y Adolescencia, Fondo de las Naciones Unidas para la Infancia, 2013.
[53] Ibid

iii. ANNEXES

Instructions:
Navigate through the following **links** to access the annexes.

1. *Final reintegration criteria*
2. *Virtual progress monitoring Tool*
3. *Guidelines Virtual Monitoring of Children, their Families, and Residential Care Facilities During the COVID-19 Pandemic*
4. *Annex 1. Case identification form*
5. *Annex 2. Preliminary interview with the child/adolescent*
6. *Annex 3. Anamnesis*
7. *Annex 4. Child psychological evaluation report*
8. *Annex 5. Preliminary investigation form*
9. *Annex 6. Interview with family care option*
10. *Annex 7. Mental status examination*
11. *Annex 8. Socioeconomic form*
12. *Annex 9. Family social report*
13. *Annex 10. Psychological report – family care option*
14. *Annex 11. Care plan*
15. *Annex 12. Case follow-up form*
16. *Annex 13. Plan of economic opportunities*
17. *Annex 14. Outline of independent living plan*

ANNEXES

ANNEX A

Criteria to verify the healthy and sustainable reunification and reintegration of children and adolescents into a family environment
Changing the Way We Care (CTWWC)

Criteria to verify the healthy reunification and reintegration of children and adolescents into a family environment

The tool to verify the healthy and sustainable reunification and reintegration of children and adolescents into a family environment should not be used to judge the family but help the multidisciplinary team (formed by a social worker and a psychologist) to evaluate the status and progress towards reintegration. This includes identifying the family's goals and the areas that need strengthening to improve child-family adaptation and the household conditions, in line with the child's best interest.

The following benchmarks reflect what is considered successful outcomes for reunification and reintegration. They represent the different criteria used to measure achievement towards specific goals and related outcomes of the household's Care Plan. The benchmarks align with six areas: protection and safety, health and development, child-family-primary caregiver healthy relationship and attachment, psychosocial wellbeing and community belonging, education and training and household economy.

Each area includes the following:

- Name of the benchmark: This column highlights essential elements to consider for each reintegration criterion.
- Sub-population: This column refers to the individuals who will be sharing the information to validate if the benchmark has been reached, including the caregiver, children (boys or girls), adolescents, and young adult(s).
- Description of the benchmark: It describes the benchmark and the elements that should be achieved in each area.
- Elements to measure achievement of the benchmark: This column includes suggestions for how the multidisciplinary team will verify whether the benchmark has been reached. The focus to measure each benchmark will be the child and the family's strengths. Poverty should not be taken as an isolated element that would bias measurement of sustainable reintegration. Hence, there are various forms to do this, and the approaches or actions will differ depending on the benchmark. Each benchmark includes suggestions that identify actions before and after reunification to measure successful and sustained reintegration.

REINTEGRATION CRITERIA

Practitioners working for the protection and reinstatement of children's rights participated actively to order, review and adapt these criteria to the Guatemalan context. These included psychologists, social workers, education specialists, lawyers, nutritionists and internationalists working for the child protection system institutions, such as the Guatemala Attorney General, the Secretary of Social Welfare, the National Council of Adoptions and the Judicial Branch as well as other municipal and civil society organizations including the Municipal Child and Youth Protection Office in Zacapa, private orphanages and the CTWWC initiative.

1. **Protection and security factors**: Children's physical health in terms of malnutrition, access to healthcare, food intake and cognitive changes that characterize normative and social development.
2. **Health and development**: Children's physical health in terms of malnutrition, access to healthcare, food intake and cognitive changes that characterize normative and social development**.**
3. **Healthy relationship and attachment between the child/adolescent and the primary caregiver**: Children's relationship and attachments(s) with their caregiver/mentor/family, including spending dedicated time with each other and that the child/adolescent feels accepted and loved.
4. **Psychosocial wellbeing and community belonging:** Children's and their caregivers' psychological health and wellbeing, and socio-emotional functioning, including self-esteem, resilience, and belonging. Additionally, it measures the child's feelings of acceptance, welcome and inclusion, and the support to the child and caregiver within their wider community.
5. **Education and training**: Children's access to school, including school enrolment, attendance, and transition, and inclusive education for children with disabilities and instruction and vocational training.
6. **Household Economy:** The caregiver's ability to meet basic and any other unexpected needs of the household members. It measures the caregiver's capacity to manage the household budget efficiently and productively, saving and knowledge around financial education to manage his/her income and material resources.

1. Child Protection and Safety Factors

#	Benchmark	Sub-population	Description of benchmark	Elements to measure achievement of the benchmark (before and after reunification)
1	**Protection**	Children (girls, boys), adolescents, family care options (caregivers), including all those living in the household and people with disabilities.	Children, adolescents or caregivers are not in immediate danger of, violence, exploitation, or exposure to violence at home, at school, in the community, and online. The household is free from substance abuse. Children, adolescents and caregivers who have experienced violence have continued receiving appropriate and beneficial support services (health, protection, psychosocial, and/or legal).	**Children and adolescents:** • Promote streamlining of family tracing and child-family reunification processes. • Verify that the child protection system extends the protective measures applied to a case until a safe environment is found for the child whose rights are at risk or have been violated. • Verify that the child/adolescent and caregivers are aware of their rights and obligations in the child protection process (appropriate to the child's age), or if necessary, provide that knowledge. • Promote contingency systems (e.g., Child and Youth Offices, Municipal Protection Systems) in at-risk locations and verify its implementation. • Ensure and strengthen the capacity of the staff involved in the investigation, family tracing and assessment processes to provide an accurate assessment of each case. • Assess if the child or adolescent knows what it means to be at risk and the danger he/she may be exposed to or provide that knowledge. **Family** • Guide the caregiver about the legal proceedings, roadmap and types of protective measures that the judge may grant. • Verify that the family care option is aware that they need to implement the recommendations included in the court ruling, even when the case has been filed. • Verify that the caregiver is aware of the child's right not to be revictimized by institutionalization or recurrence. **Community** • Verify and promote with community leaders' actions to prevent the infringement of children's rights

2. Health and development

No.	Benchmark	Sub-population	Description of benchmark	Elements to measure achievement of the benchmark (before and after reunification)
1	**Nutrition**	Children (girls, boys), adolescents and caregivers	The family can provide food to all household members to meet their nutritional needs.	**Children and adolescents:** • Analyze the socio-economic situation of the family care option to ensure that the household's basic nutritional needs are met according to their resources and the food available in their communities, supporting them and guiding them in the optimization of their resources and verifying implementation. • Raise caregivers' awareness about a healthy and balanced diet to foster the adequate development of the child and verify its implementation through follow-up visits before and after reunification. • Link the caregiver with government institutions such as the SESAN (Food Security and Nutrition Secretariat) or MIDES (Ministry of Social Development) to obtain assistance to prepare healthy meals for the child/adolescent. Verify its implementation through follow-up visits before and after reunification. • Link the caregiver to government institutions providing social services and aid so that the families reunified with the child/adolescent can access their programs. Verify their integration into those programs. • Link the caregiver and the child with health centers for guidance/education on child nutrition and verify the actions taken during the follow-up phase.
2	**Physical and cognitive development**	Children (girls, boys), adolescents and young adults	The child, adolescent or young adult is meeting physical and cognitive developmental milestones or is accessing appropriate services to support development based on a basic guide provided by the health center.	**Children and families:** • Verify and promote discussion of issues such as sexual education with the child/adolescent (appropriate to their age) within the family, school and temporary homes. • Verify and raise child/caregiver awareness regarding personal hygiene and maintaining a clean environment for healthy development. • Verify and promote positive parenting without violence among caregivers. • Promote creating spaces for child recreation and skill/interest development with the caregivers and the community.

2. Health and development

No.	Benchmark	Sub-population	Description of benchmark	Elements to measure achievement of the benchmark (before and after reunification)
3	**Access to health services**	Children (girls, boys), adolescents, and caregivers, including those with disabilities	Children, adolescents, and caregivers can access health information and services as required and without delay to maintain good overall physical health. Children, adolescents and caregivers have access to minimum health services. Children under five are fully immunized as per the Guatemalan Expanded Program for Immunization.	• Verify the development of the evolving capacities of children according to their age using the development scales and other tools. **Children and adolescents:** • Identify and coordinate with health facilities to carry out workshops and informative talks on disease prevention with community leaders so that they can replicate these sessions with families in their communities. Verify its implementation. **Family** • Identify local contingency networks (of community leaders, health promoters, traditional birth assistants) as an immediate response to emergencies at the community level and verify its implementation. • Promote and raise families' and caregivers' awareness about maintaining strict control of children immunizations (ages 0-5) and verify attendance to health facilities for disease prevention.

3. Child – caregiver/family healthy relationship and attachment

No.	Benchmark	Sub-population	Description of benchmark	Elements to measure achievement of the benchmark (before and after reunification)
1	**Child – caregiver/family healthy relationship and attachment**	Children (girls, boys), adolescents and caregivers	Children (girls, boys) and adolescents spend quality time with the caregiver in a healthy environment. Communication between the child and the caregiver is frequent and positive. Their basic needs are met and a positive relationship and attachment are fostered.	**Children and adolescents:** • Verify if the caregiver has tools for positive parenting. If not, provide them with guidance on parental skills during the follow-up visits. • Wherever applicable, observe and verify the child/adolescent's attachments either verbally or through nonverbal cues and according to their mental and physical age. • Verify through observation if the caregiver uses the tools given to him/her for positive, violence-free parenting. • Observe/verify how the caregiver ensures compliance with the child's rights. • Promote and verify that parents know how to manage their emotions assertively and without using violence. Provide them with the support needed to overcome their issues and get ready to support the children and adolescents. • Roll out the support networks and the services available in the community among children and adolescents and verify if they use them. • Encourage the child/adolescent and caregivers to identify an adult they trust to seek help if needed (promote care for the carers). • To verify the child's healthy attachments with the family care option, use collateral research and observe the body language between the caregiver and the child. • Make sure there is a private place where to interview the family and the child/adolescent. • Verify that the family or the primary caregiver facilitates a private setting to interview the child to obtain more objective information. • Verify if the child or adolescent has developed the skills necessary to strengthen their self-esteem, resilience, and emotional intelligence. If not, strengthen those skills through therapeutic follow-up. • Promote the strengthening of parental skills to meet children's needs and verify their application in the family relationships within the household.

3. Child – caregiver/family healthy relationship and attachment

No.	Benchmark	Sub-population	Description of benchmark	Elements to measure achievement of the benchmark (before and after reunification)
2	**Protection and reinstatement of children's rights**	Children (girls, boys), adolescents and caregiver	Ensure child protection and restoration of infringed rights and prevent repeating those violations.	**Children and adolescents:** ▪ Work with the child/adolescent to identify emotions to strengthen bonds with the caregiver and verify through the positive relationship between the child and their family. **Family or caregivers:** • Learn about the family dynamics before reunification to incorporate elements to strengthen and improve the relationships within the household in the Care Plan. • Guide caregivers to avoid revictimization or putting their rights at risk. Verify during the reintegration process the actions to prevent that. • Learn about caregivers' parenting patterns before reunification (e.g., patriarchal patterns) to incorporate in the Care Plan the elements needed to modify the practices that can put children's rights at risk. • Verify affection patterns between the mother and the father and with the child/adolescent. • Verify if there are signs that the caregiver is violating or continues violating the child's rights. Expedite the family tracing process for a new family care option, avoiding choosing institutionalization as the first option. **Community** • Verify the family relationship dynamics and the level of protection of the child/adolescent by reaching out to collateral sources to inform/confirm family dynamics. • Evaluate and verify the networks identified as safe by the child/adolescent through collateral sources to ensure that the child is not exposed to violence or in danger.

4. Psychosocial wellbeing and community belonging

No.	Benchmark	Sub-population	Description of benchmark	Elements to measure achievement of the benchmark (before and after reunification)
1	**Self-esteem and resilience**	Children (girls, boys) and caregivers	Children and adolescents have healthy self-esteem, self-worth, and an overall sense of positive identity. Children, adolescents and caregivers develop problem-solving skills and use positive coping strategies. Parents of institutionalized children express hope for the future despite having their children in a residential care institution.	**Children and adolescents:** • Verify if the child/adolescent presents the characteristics of an emotionally stable individual and has positive interactions inside and outside the community. • Verify if the child/adolescent and caregivers can identify and manage their emotional skills and weaknesses assertively. • Verify the follow-up to the child's psychotherapeutic process and include the family. **Community:** • Raise communities' awareness about the role of state duty bearers to avoid stigmatizing children/adolescents, for example, when they are rescued or moved in police patrol cars. Provide safe accompaniment, avoiding revictimization. **Family:** • Identify and verify the individuals with whom the child/adolescent identifies. • Before reunification, evaluate all the people living in the household with whom the child/adolescent will interact to include strategies to support positive reintegration into the family and the community. • After reunification, support the areas that need strengthening through follow-up visits. **School:** • Support and guide teachers to identify and maximize children's skills to complement the Protection/Care Plan, keeping the information about the child confidential.

4. Psychosocial wellbeing and community belonging

No.	Benchmark	Sub-population	Description of benchmark	Elements to measure achievement of the benchmark (before and after reunification)
2	**Accessing social support services**	Children (girls, boys), adolescents and caregivers	• Children and adolescents and caregivers have access to support services. • All children and adolescents have been registered with the National Registration Program.	**Children, adolescents and family:** • Promote and raise caregivers' awareness about education with a gender perspective for children and adolescents, verifying its implementation and providing guidance during the follow-up visits before and after reunification. • Verify that children and families are aware of the social services available in their community and strengthen their capacities to access those services on their own through accompaniment during case follow-up. **Community** • Promote and advocate for assertive communication among the government organizations working to ensure the right for each child to have a personal identification document. • Promote and verify that community leaders and government institutions implement interinstitutional coordination to restore people's right to have a personal identification document.

4. Psychosocial wellbeing and community belonging

No.	Benchmark	Sub-population	Description of benchmark	Elements to measure achievement of the benchmark (before and after reunification)
3	**Community belonging**	Children (girls, boys), young adults and family care option	Children, adolescents and caregivers participate and are included in daily activities. Children and adolescents regularly engage with caregivers, mentors, other adults, and peers within the community. Children and adolescents have a sense of shared identity with their community, a sense of belonging to the community. They can identify individuals or groups recognized as providing social and emotional support. Stigma is not a barrier to participation in family and community life.	**Children and adolescents:** • Verify that the child/adolescent has a personal identification card • Raise youth and families' awareness about obtaining a personal identification card when they turn 18 to exercise their citizenship rights and responsibilities. Verify that they get their ID when they turn 18. **Church:** • Verify if the child and the family participate in recreational and community collaboration activities or attend church activities (motivate their participation as part of the five areas of self-care according to psychologists). • Verify if the family and the child attend religious activities together or separately. • Observe how they manage conflicts and spirituality (healing and forgiveness). • Advise the family about potential conflicts and how to handle them as a family within the household and with the community.

5: Education and training

No.	Benchmark	Sub-population	Description of benchmark	Elements to measure achievement of the benchmark (before and after reunification)
1	**Accessing, attending, staying and progressing in school**	Reunified children (girls, boys), adolescents	The child or adolescent has consistent access to appropriate education institutions (early childhood, primary, secondary, high school or vocational). The child/adolescent is regularly attending an education program and is progressing appropriately compared to their performance before reunification. The child or adolescent is enrolled in an education program and has adapted to it. The child or adolescent is able to safely move to and from the education institution. The child or adolescent has the resources to complete	**Children and adolescents:** • Map and verify the existence of schools located nearby the area of reunification. • If the child/adolescent is not accepted in the school system due to the maximum age permitted by the education system, find mechanisms to incorporate them into another program. For example, accelerated primary school. • Have a conversation with the child/adolescent and the family care option about their rights and obligations and verify these are exercised in their everyday activities. For example, they participate in school activities together when appropriate. Parents are attentive to the child's school achievement and adaptation. The child/adolescent is comfortable with the school activities and their incorporation into school. • Child's relationship within the school: verify the relationship that the child/adolescent has with his/her peers and teachers, maintaining confidentiality. **Family** • Verify with teachers if parents are attending school meetings. • During the visits before reunification, verify the parents' educational background and raise their awareness about restoring the child's right to education whether the parents went to school or not. **School** • Verify before and after reunification if the school has extracurricular programs, for example to promote and strengthen parenting skills. If not, promote such programs. • Support the incorporation of the child/adolescent into a formal or non-formal education environment after reunification. • Learn about the different modalities of the education system before the reunification to help families link children to those services, improving their possibilities of reunification to a family environment. **Community**

			education requirements outside the standard class schedule.	• Verify before reunification if there are any protection networks, courses, training programs, or women groups to link the child/adolescent and caregivers. • Link the caregivers to formal and non-formal educational programs. • Verify before reunification if there are any support networks linked to disability. If not, promote its creation.
2	**Raise awareness of the family care option**	Family care option (caregivers)	The family care option or caregivers must know about the child's right to education.	**Family:** • Before reunification, coordinate with the organizations giving subsidies, conditional cash transfers or social assistance programs to support the child/adolescent and the family to strengthen the reintegration process. Verify through follow-up with the family to obtain evidence of their participation in parenting skills training, child-adolescent medical checkups and health/education certificates. • Verify parents' attendance to school meetings and strengthen parental skills required to receive assistance and services.
3	**Education agreement used as an institutionalization mechanism**	Private orphanages	Orphanages should not foster unnecessary separation of children from their families.	• Secure services and prevent the child protection system from validating family disconnection practices that could be used as a motive to child institutionalization.

6. Household Economy

No.	Benchmark	Sub-population	Description of benchmark	Elements to measure achievement of the benchmark (before and after reunification)
1		Children (girls, boys), adolescents and family care option	Adolescents and young adults have been able to cover their living costs on their own, with support from their Independent Living Plan. The caregiver has been able to meet the basic needs of the child/adolescent in line with their resources.	**Children and adolescents:** • Promote and verify if adolescents possess life skills. If not, support their preparation for independent living. • Promote, raise awareness and verify that municipalities, Municipal Women Offices and the Municipal Child and Youth Protection Offices include economic development and entrepreneurship programs to strengthen youth abilities (ages 14-18) to help them live independently. • Promote and empower adolescents to seek support from municipal economic support programs to help them live independently. • Promote entrepreneurship programs for adolescents and caregivers through support networks (chamber of commerce, artisans' fairs, etc.) and verify their incorporation. • Promote a saving culture among children and adolescents through the family as a group and verify its implementation through accompaniment. **Community** • Before reunification, identify existing support networks and social services close to the caregiver's home. Coordinate with those services so that children and families have access to those services. • Ensure there is a mapping of the social services available in their community before unification. **Family or caregivers** • Assist the family in developing a budget to help them manage their income and expenses, prioritize expenses based on their basic needs and verify its implementation. • Provide support on financial literacy and household economic basics. Verify adequate fund management through follow-up. If they are not managing funds adequately, advise families as needed. • Guide caregivers about assigning chores within the household. • Verify that the chores assigned to the child/adolescent are appropriate to their age. Verify compliance during follow-up visits.

6. Household Economy

No.	Benchmark	Sub-population	Description of benchmark	Elements to measure achievement of the benchmark (before and after reunification)
				• Identify existing groups of women in the community for referrals of caregivers, mothers or women that could become possible family care options, to empower them and support them become economically independent. • Identify children and families' skills to embark on income generation activities to help improve household income. Identify recurrent expenses (related to diseases). • Promote economic development programs for the families, for example, through household gardens to foster financial independence. Verify implementation during the follow-up process. • Promote coordination with SESAN to provide counseling to families on adequate child feeding practices using local resources. Verify implementation during follow-up visits. • Before reunification, identify existent community associations, organized groups working in local economic development or income generation projects and advocate for their support to families. This support will increase the chances of a successful reintegration process. • Develop families' skills and teach them strategies to seek support to meet their household material needs. Verify implementation during the case management process.

ANNEX B

USER NOTES

This guide was developed to: assist caseworkers conduct virtual monitoring of children/adolescents and families during the COVID-19 pandemic. This guide includes phone scripts to help guide telephone conversations with caregivers and the children/adolescents. It includes suggested messages or actions depending on the response and the current situation of the family and children. This guide also includes a template to help caseworkers plan next activities, for example, scheduling the next phone call.

Who should use this guide? Staff responsible for carrying out psychosocial work with children/adolescents and families. This guide is specifically aimed at families in vulnerable situations, at risk of loss of parental care or violence against children/adolescents and families to whom children were reunited, including as a consequence of COVID-19. They include caseworkers of local partners, social workers and psychologists from CTWWC, caseworkers and staff from orphanages, government institutions and municipal child and youth offices. Supervisors should also become familiar with the guide to ensure that they can effectively support the caseworkers.

How to use this guide? This can be considered a complementary tool. Hence, caseworkers should used it in conjunction with the regular case management tools and protocols set in place by each organization. In other words, this tool temporarily replaces other face-to-face follow-up tools. However, caseworkers should continue using other case management tools (such as the child and family assessment and care planning forms, etc.). However, if assessments are not possible, caseworkers should at a minimum use this tool for case follow-up during and immediately after the pandemic or while home visits cannot be conducted. All cases must be classified as high, medium or low risk according to the definitions below. caseworkers should use the telephone scripts and, depending on the information provided by the caregiver and the child/adolescent, the key messages and the actions available in the drop-down tabs (green, orange or red). We also suggest actions to take in each risk level after the phone call. The overall risk level is automatically calculated based on the risk levels reported for each field. Safety/protection, health, development, and mental health are a priority during this period.

When should this document be used? Caseworkers should use this guide every time they contact a family or family-care option and the children or adolescents to provide follow-up to their wellbeing, safety, and health. Note that the fields are classified for their level of importance in the COVID-19 pandemic context and its effects. Hence, caseworkers should start at the first field and move down the list. If the phone call with the family is short, the fields that were not covered during the phone call should be monitored later. The caseworkers must talk about all the areas included in the list with the family at some point. However, given the current circumstances, priority should be given to the family members' health, protection, and psychosocial wellbeing.

The **high-risk** cases must be monitored twice a week, the **medium-risk** cases must be monitored once a week and the **low-risk cases** every two weeks.

HIGH RISK - IMMEDIATE ACTION REQUIRED:

The child or adolescent is currently experiencing one or more of the following situations:
a) Violence, abuse, neglect or exploitation b) Malnutrition, chronic disease or disability, lack of adequate medical attention; c) Lack of financial resources that create barriers to access food and water.
Requires immediate actions and follow-up phone calls twice a week.

MEDIUM RISK:

- **They need a referral or require a follow-up phone call within the next week. The child or adolescent is at risk of violence, abuse, neglect, exploitation, malnutrition or other physical or mental health.**
- **It may require actions and a follow-up phone call once a week.**

LOW RISK

- **The child or adolescent is currently not vulnerable to rights violation, and their needs are met.**
- **It requires a phone call every two weeks.**

BENCHMARKS

Protection and safety

1. Safety
Children/adolescents and families are not currently experiencing abuse, exploitation or exposure to violence at home, in the community or online. The nuclear family is free from psychoactive substance abuse. If and when family members have suffered some type of violence, they have received adequate support services (health, protection, psychosocial or legal).

Health and development

2. Wellbeing
The family can meet the nutritional needs of all household members and incorporate healthy habits into their daily routine.

3. Access to health services
Children/adolescents and families have access to health information (especially related to COVID-19 prevention), implement preventive measures, and access healthcare as needed.

Psychosocial Wellbeing

4. Resilience
Family members display positive strategies to face the pandemic, incorporate healthy habits in their daily routine, considering psychosocial aspects and express hope for the future.

5. Accessing social services
Children/adolescents and families have access to social services.

Household Economy

6. Ability to meet basic needs
The family can currently meet the basic needs of children/adolescents, including food, potable water, hygiene (soap, powder detergent), medicine, school supplies, essential utilities or rent.

7. Access to education
Efforts are being made to engage children and adolescents in educational activities and provide them with educational materials appropriate to their age. These include radio or online classes where this is feasible.

Relationship and attachment with the primary caregiver

8. Positive communication
Communication among family members is consistent and open as both children and caregivers feel understood and loved.

9. Consistency
There is consistency in the relationship between the child/adolescent and caregiver; there is mutual trust and timely responsiveness. The rules of supervision are clear, there are boundaries and discipline.

PREPARING FOR PHONE CALLS IN THE CASE MANAGEMENT SYSTEM

Taken from OVC Taskforce (2020) DRAFT Tips and Considerations for PEPFAR OVC remote monitoring of the case management system in the COVID-19 context

Given the limitations of monitoring the case management system remotely, adequate preparation is essential. The following tips for preparing the caseworkers before making the phone calls will be very helpful. Keep in mind that in cases where families do not have access to a phone, caseworkers should consult with their supervisor and seek other options with community members or other people to securely and confidentially verify the children, adolescents and high-risk families.

✔ **Verifications with limited time**	Due to the talk-time limit in cell phones, privacy and other limitations, telephone conversations should be guided and last a limited time, giving priority to more urgent matters.
✔ **Consent**	caseworkers should inform and ensure that they have the family's verbal consent to be monitored remotely as part of the case management system and document follow-up in the child's case file.
✔ **Confidentiality**	Phone calls may include confidential information related to HIV, VBG and/or VAC. caseworkers should ensure that the child/adolescent or caregiver is in a safe and private location to speak. Verify the identity of the person before discussing any personal health issue and adhere to confidentiality procedures.
✔ **Updated family care options/services directories**	There is an increase in demand for essential needs such as food, water, soap and other urgent supplies. caseworkers should have up-to-date information about government, community and other resources and service points available to refer families to those services, including HIV and post-violence care services.
✔ **National policy and resources to respond to COVID 19 are updated**	Caseworkers should have easy access to national guidelines, resources, and job aids related to COVID-19 and its prevention.
✔ **Protocols VBG/VAC**	Violence against children (VAC) and domestic and community violence may increase during high levels of stress, social isolation and unemployment (all present during COVID-19). caseworkers should be familiarized with these conditions and apply updated referral protocols for CBG/VAC for children, adolescents and family members.

Caseworkers should trust their instincts. If they feel that something goes wrong, they should seek help.

Field	Script	Next step	Risk level		Action during the phone call	Action taken after the phone call
Step 1: Introduction	Good morning/afternoon. "My name is ..." I'm calling to ask how are you and your family? Do you have a minute? Is it a good moment to talk? We are living in challenging times... I would like to know how you and your family are doing with all the problems caused by COVID-19. I would like to know your experience and especially find out how you and [NAME OF THE CHILD/CHILDREN] are. Can we talk for a moment? Say for about 20 minutes maximum... We can stop at any moment. Is that okay?	If the answer is **no**, say: very well, when would be a good day and time to talk? It will only take 20 minutes... I just want to know how you're all doing. If the answer is **yes**, continue to step 2.				
Step 2: Positive news	Excellent. Thank you. Maybe we can start with something positive. What do you think?... I hear you.... Did you or anyone in your household recently do something that caused you much joy or pride?	Congratulate the person and engage in the story, saying that ,there are positive moments in which we can focus even in difficult times. Next, go to step 3.				
Step 3: Introduction to ask about the child	Now I would like to ask you some questions about you and NAME OF THE CHILD. ¿How do you think he/she's doing?	If the answer is **no**, say: Well... What other day or time would you like us to talk again? I would like to know more about [THE CHILD OR ADOLESCENT]. If the answer is **yes**, then go to step 4.				
Step 4: Protection and security	The current situation has made many adults work from home. Some have had to work in stressful situations while children and adolescents have been studying from home. How are things going for you? *Other comments/questions may include:* How are you dealing with the changes? How do you deal with having everyone in the house at the same time? Sometimes, that could be so much stressful, and people may lose control and get angry. Is there anybody in the household acting like that? Could you elaborate, please? This must be difficult. Have you felt fear for your security or that of your children?	If you hear that: - There are or were experiences of violence, abuse, neglect? Then select **RED** in the following cell and follow the instructions in the next step. - Are there any risks of violence, abuse, neglect or exploitation due to the family situation? Then select **ORANGE** in the next cell and follow the instructions in the next step. - There are no signs of violence, abuse, neglect or exploitation? Then select **GREEN** in the next cell and follow the instructions in the next step.	Select the level of risk for the **safe** benchmark	**Green**	**Encourage family members when they are facing a conflict to distance themselves and practice relaxation techniques. (For example, take a walk, counting backward from 20 to 1 while taking a deep breath). Explain the importance of positive and constructive dialogue.**	**Follow-up with a phone call 2 weeks later to verify if there has been any incident. Share by phone or WhatsApp parenting tips issued by the World Health Organization. See Spanish version here https://www.covid19parenting.com/spanish**
Step 5: Health and development	All this time, it's important that we do our best to maintain our health ¿How is the health and hygiene of your family right now? *Other questions may include:* How are you doing with food? Is everyone eating well? or have you had to limit the food? What do you know about the physical distancing ordered by the government? and what about the indications for handwashing? Have you been able to follow these indications in your home? ¿Have you explained the government indications to your children? Do you think they understood the indications well? How's the family doing with sleeping? Have you been able to sleep well or some of you had more trouble than others? Do all of you do some exercise every day? Is there anyone in your home with cold symptoms or body aches?	If you hear that : - **There is or there has been** malnutrition, chronic disease or disabilities and they have no access to adequate medical attention. If so, select **RED** in the next cell and follow the instructions in the next step. - There are **risks** of malnutrition, chronic disease or disabilities, and there is no adequate access to medical attention, then select **ORANGE** in the next cell and follow the instructions in the next step. -There are no **signs** of malnutrition or any chronic disease or disabilities. There is no sign of inadequate access to medical attention, then select **GREEN** in the next cell and follow the instructions in the next step.	Select the level of risk for **nourished** benchmark	**Orange**	**Encourage the family member to take measures to address the risks they face. If a family member has gotten sick, make sure the relative understands the importance of nutritious foods to support his/her recovery.**	**Provide hygiene supplies (soap, disinfectant, powder detergent) or refer them to the hygiene services provider**
			Select the level of risk for **accessing the health services** benchmark	**Orange**	**Provide basic COVID-19 prevention messages.**	**For example, wash hands often, use a mask and antibacterial soap.**

Field	Script	Next step	Risk level		Action during the phone call	Action taken after the phone call
Step 6: Psychosocial Wellbeing	The current situation demands that we keep physical distance from our friends and family outside our home. It is important to remember that these are temporary measures to keep us safe, but it can still be difficult. Are you and your family able to maintain contact with your relatives and friends while keeping a physical distance? *Other questions/comments may include:* Let's talk about some ideas. It is essential that households maintain certain rules and a routine considering the current circumstances. By the way, how have you organized yourselves? What differences do you see at home compared to your routine before COVID-19 and what have you done to adapt to your new routine? Is anyone in your home having a more challenging time with this? Do you see them sad or depressed? or is it hard for them to adapt to the current situation? Tell me about that. What are you and the other people in your home doing every day for everyone to feel happy?	If you hear that: - **There are or there have been** signs of depression or extreme sadness or if the child or family refuses or refrains significantly from speaking, then select **RED** in the next cell and follow the instructions in the next step. - There are **risks** of depression, occasional refusal to speak or changes in the child/adolescent or the caregiver's interaction with others, then select **ORANGE** in the next cell and follow the instructions in the next step. - There are no **signs** of depression, sadness or refusal to speak. Both the child/adolescent and the caregiver interact and speak with others, then select **GREEN** in the next cell and follow the instructions in the next step.	Select the level of risk for **resilience** benchmark	Red	**Refer them to a hotline to obtain psychosocial support if mental health is or has been reported as a problem or if you have related concerns.**	**Refer them to psychological care to the nearest health center.**
			Select the level of risk for **accessing psychosocial services** benchmark	Orange	0	0
Step 7: Economic Stability	In the current situation, many households have experienced changes in their economy. Have you experienced any change in the household economy? What have you done to adapt to these changes and pay for all you need in the house?	If you hear: - About the family's **inability** to provide food, water, shelter or meet the health needs adequately, then select **RED** on the next cell and follow the instructions in the next step. - There are **risks** that the household financial situation poses some challenges to provide for food, water, shelter or medical attention, then select **ORANGE** in the next cell and follow the instructions in the next step. - There are no **signs** of the family's inability to provide food, water, shelter and meet the needs of medical attention, then select **GREEN** in the next cell and follow the instructions in the next step.	Select the level of risk for **stability** benchmark	Green	**Adopt an approach based on strengths to discuss the assets and resources that could be useful in an evolving context.**	**Develop a Plan of Economic Opportunities**

Field	Script	Next step	Risk level		Action during the phone call	Action taken after the phone call
Step 8: Education	There has been a big change with the closing of schools. This can be difficult for families, but it is very important that we continue with our children's educational activities. This keeps their brains active, gives them a good routine and a sense of normalcy. This will be crucial when the pandemic is over. How have you adapted to the fact that children are studying from home now? *Other suggestions could include:* Do you know about the radio/television/online education that is available?	If you hear that: - **There is no** type of early stimulation activities for small children. There is no access to online education or home-school or any organized play, then select **RED** in the next cell and follow the instructions in the next step. - There are **risks** that could prevent access to early stimulation games and educational activities online or at home or to organized play, then select **ORANGE** in the next cell and follow the instructions in the next step. - There are no **signs** that indicate the lack of early stimulation games or organized games or educational activities online or at home, then select **GREEN** in the next cell and follow the instructions in the next step.	Select the level of risk to access the **education** benchmark	Green	**Provide information about the educational content appropriate for the child's age, available online/radio/TV.** **Verify that they accessed the educational content successfully appropriate for the ages that are available online/radio/TV.** **Encourage the family to guide and support the child's educational activities.** **Support the family in developing a schedule of educational activities, stressing the importance of establishing a routine.**	**0**
Step 9: Relationship and attachment	Now, families spend much more time together at home with minimum contact with the people outside. That is a huge change and it could be stressful. How are you adapting to this change? *Other indications could include:* -How does the family communicate with one another? -Are there any misunderstandings or conflicts? How has the family managed this situation? -Is there something that all members of the family like doing together? Tell me about that. -For the children or adolescents living in the house, it could be difficult to adapt to the change of routine. In addition, it may require that we adapt our parenting. Let's talk about some ideas about how to support the children or adolescents to manage any behavioral changes.	If you hear that : - **There are or there have been** discussions, lack of communication or violence, then select **RED** on the next cell and follow the instruction on the next step. - There are **risks** of discussions, changes in communication or violence, then select **ORANGE** in the next cell and follow the instructions in the next step. - There is no **sign** of discussions, changes in communication or violence, then select **GREEN** in the next cell and follow the instructions in the next step.	Select the level of risk for **positive communication** benchmark	Green	**Talk about their satisfaction with the communication and individual attachment with the other members of the household.** **Encourage the child/adolescents and family members to use assertive communication and provide examples and opportunities to practice.** **Support children/adolescents and family members to develop "rules for family communication" (ask them to write them down and sign if possible).**	**0**
			Select the level of risk for **consistency** benchmark	Red	**We perceive distrust among family members and disruptive behaviors (breaking behavioral patterns). Explain the importance of reaching agreements and that everyone complies with them for household harmony. Explain that everyone should respect each other and share responsibilities. Explain the importance of honoring agreements to maintain trust. Be clear in the information that is provided and do not generate panic.**	**0**
Step 10: Closure	Thank you so much for taking the time to speak with me today. As I told you, I will follow up with (list the identified actions). I will also be calling you again to see how you're doing. Can we schedule our next phone call right now? By the way, If you need to talk or if you have any concerns, you can call me, okay? Do you have my number? (SAY YOUR PHONE NUMBER).	**Remember to schedule the next phone call:** High-risk cases must be monitored twice a week. Medium-risk cases must be monitored once a week. Low-risk cases must be monitored every two weeks.	**The level of overall risk for your current case is:**	Red	**High Risk = Should be monitored twice a week**	
			Your next phone call should be made around:			

Copy these cells in the tracker>

GREEN	Orange	Orange	Red	Green	Green	Green	Green	Red
1. Safe	**2.** Nourished	**3.** Access to health services	**4.** Resilience	**5.** Access to social services	**6. S**table	**7.** Access to education	**8. Positive** communicat ion	**9.** Consistency

Field	Risk Rating	During the phone call	After the call
PROTECTION AND SAFETY **1. Safety** Children/adolescents and families are not currently experiencing abuse, exploitation or exposure to violence at home, in the community or online. The nuclear family is free from psychoactive substance abuse. If and when family members have suffered some type of violence, they have received adequate support services (health, protection, psychosocial or legal).	RED	**Ensure the relative that you are here to help and that you would like to help them by referring them to obtain some support.**	**Immediately call PGN to report any type of children/adolescents' rights infringement at 2414 8787 or contact the Child and Youth Special Unit from the National Police at 110 or call the Public Ministry at 1572.**
	ORANGE	Encourage the relative to take measures to address the risks that he or she is facing. When appropriate, you may: -Discourage alcohol consumption (link to messages related to the importance of overall health during the COVID-19 recovery phase) in case of infection. -Encourage family members to supervise children/adolescents' online activities. -Observe if anyone in the family has been physically isolated after getting sick with COVID-19 and support family members to explain the situation to all family members.	Follow-up with a phone call 3 or 5 days later to verify if there has been any incident. Share via phone or WhatsApp, parenting tips issued by the World Health Organization. See Spanish version here https://www.covid19parenting.com/spanish
	GREEN	**Encourage family members when they are facing a conflict to distance themselves and practice relaxation techniques. (For example, take a walk, counting backward from 20 to 1 while taking a deep breath). Explain the importance of positive and constructive dialogue.**	**Follow-up with a phone call 2 weeks later to verify if there has been any incident. Share by phone or WhatsApp parenting tips issued by the World Health Organization. See Spanish version here https://www.covid19parenting.com/spanish**
HEALTH AND DEVELOPMENT **2. Wellbeing** The family can meet the nutritional needs of all household members and incorporate healthy habits into their daily routine.	RED	**Ensure the relative that you are here to help and that you would like to help them by referring them to obtain some support.** **If a family member became ill with COVID-19, make sure the other household members understand the importance of physical isolation and how to continue providing care to the person who got sick.**	**Depending on need, provide or refer for:** **- Food support that includes specialized food for malnourished children** **- Services, health evaluations and medical supplies**
	ORANGE	Encourage the family member to take measures to address the risks they face. If a family member has gotten sick, make sure the relative understands the importance of nutritious foods to support his/her recovery.	Provide hygiene supplies (soap, disinfectant, powder detergent) or refer them to the hygiene services provider
	GREEN	**Talk to the caregiver about the importance of healthy nutrition and how to access sufficient food for the family while keeping social distancing. Promote the use of any space in the back yard to plant vegetables or fruits to support household food security.**	**Provide examples of how to replace foods that are not nutritious. For example, buy fruits instead of soda.**
3. Access to health services Children/adolescents and families have access to health information (especially related to COVID-19 prevention), implement preventive measures and access healthcare as needed.	RED	**Provide basic COVID-19 prevention messages. Explain to the family that people with chronic health problems, such as diabetes and disability, are more vulnerable to COVID-19 and should make sure they take their medications, eat well, and rest.**	**Contact the community health center or the nearest departmental hospital to ensure the family has access to immediate attention or follow-up. This includes the provision of medication. Provide for or work with another local provider to ensure access to potable water, soap and disinfectant.**
	ORANGE	Provide basic COVID-19 prevention messages.	For example, wash hands often, use a mask and antibacterial soap.
	GREEN	**Provide basic COVID-19 prevention messages.**	**Continue monitoring the implementation of preventive measures in the household.**
PSYCHOSOCIAL WELLBEING **4. Resilience** Family members display positive strategies to face the pandemic, incorporate healthy habits in their daily routine, considering psychosocial aspects and express hope for the future.	RED	**Refer them to a hotline to obtain psychosocial support if mental health is or has been reported as a problem or if you have related concerns.**	**Refer them to psychological care to the nearest health center.**
	ORANGE	Encourage family members to have a "parenting buddy" outside their home, someone they can call to ask for advice or support (it could be a relative). Encourage the family to: - Carry out a daily practice of gratitude and keep their religious/spiritual practices. - Keep in touch with the extended family and friends by phone if possible. - Play together and keep healthy sleep patterns. - Go outside to have a daily dose of sun and fresh air (while keeping physical distance). - Divide household chores among family members equitably.	Provide them with a link to suggestions for positive parenting developed by the World Health Organization (or materials adapted for easier reading for illiterate parents or who have difficulties reading scientific publications).

Field	Risk Rating	During the phone call	After the call
	GREEN	Encourage family members to give children and adolescents explanations about COVID-19 and preventive measures using age-appropriate language. Use messages to do so. Encourage the family to: - Carry out a daily practice of gratitude and keep their religious / spiritual practices. - Keep in touch with the extended family and friends by phone if possible. - Play together and keep healthy sleep patterns. - Go outside to have a daily dose of sun and fresh air (while keeping physical distance). - Divide household chores among family members equitably.	Provide them with a link to suggestions for positive parenting developed by the World Health Organization (or materials adapted for easier reading for parents who are illiterate or have difficulties reading scientific publications).
5. Accessing social services Children/adolescents and families have access to social services	RED		
	ORANGE		
	GREEN		
HOUSEHOLD ECONOMY **6. Ability to meet basic needs** The family can currently meet the basic needs of children/adolescents, including food, potable water, hygiene (soap, powder detergent), medicine, school supplies, essential utilities or rent.	RED	The family has no income.	Refer them to obtain immediate support through governmental and non-governmental assistance programs.
	ORANGE	Support the caregiver to develop a budget plan to consider the "worst-case scenario."	Provide for or link them to cash transfer programs and other financial support initiatives (government/NGOs).
	GREEN	Adopt an approach based on strengths to discuss the assets and resources that could be useful in an evolving context.	Develop a Plan of Economic Opportunities
EDUCATION **7. Access to education** Efforts are being made to provide children with educational activities appropriate to their age. These include radio or online classes where this is feasible.	RED	Provide information on how to report inappropriate or predatory websites.	Provide information on how to report inappropriate or predatory websites.
	ORANGE	Ask how they have done with the internet connection or virtual classes and ask how we can support them.	Connect the family member (virtually) with other relatives that support the education of their children at home.
	GREEN	Provide information about the educational content appropriate for the child's age, available online/radio/TV. Verify that they accessed the educational content successfully appropriate for the ages that are available online/radio/TV. Encourage the family to guide and support the child's educational activities. Support the family in developing a schedule of educational activities, stressing the importance of establishing a routine.	
RELATIONSHIP AND ATTACHMENT WITH PRIMARY CAREGIVER **8. Positive Communication** Communication among family members is open, both for children/adolescents and caregivers to feel understood and loved.	RED	There is no communication and when there is, it is very aggressive. Explain the importance of maintaining positive and kind communication. Yelling and insults do not resolve problems. On the contrary, they aggravate them. It is crucial that everyone feels understood and loved.	
	ORANGE	Conduct a group discussion with household members where they can talk about how they communicate, what works and what can be improved.	Conduct a group discussion with household members where they can talk about how they communicate, what works and what can be improved.
	GREEN	Talk about their satisfaction with the communication and individual attachment with the other members of the household. Encourage the child/adolescents and family members to use assertive communication and provide examples and opportunities to practice. Support children/adolescents and family members to develop "rules for family communication" (ask them to write them down and sign if possible).	
9. Consistency There is consistency in the relationship between the child/adolescent and the family. There is mutual response and capacity of timely response and the rules of supervision are clear, and there are boundaries and discipline.	RED	We perceive distrust among family members and disruptive behaviors (breaking behavioral patterns). Explain the importance of reaching agreements and that everyone complies with them for household harmony. Explain that everyone should respect each other and share responsibilities. Explain the importance of honoring agreements to maintain trust. Be clear in the information that is provided and do not generate panic.	
	ORANGE	Provide information on how to talk to the child/adolescent about COVID-19 and the feelings they may be experiencing. Provide age-appropriate information on how they can talk about their feelings with their caregiver.	

Field	Risk Rating	During the phone call	After the call
	GREEN	Discuss any disruptions to regular house rules and the importance of developing house rules adapted to the new context. Support children/adolescents and caregivers to create and accept the new house rules. Ask them to write them down and sign them if possible. Support caregivers with information on positive parenting practices through the WHO parenting guide. Talk with the child/adolescent and caregivers individually about the types of discipline used. Discuss positive discipline techniques with caregivers. Provide examples and opportunities to practice them.	

Number of the child's case file	Name of the family care option	Name of caseworkers	Date of phone call	Family members interviewed (please include all), including family care options and children/adolescents	1.Security	2. Wellbeing	3. Access to health services	4. Resilience	5. Access to social services	6. Household economy	7. Access to education	8. Positive communication	9. Consistency	Overall risk level (Automatic)	Topics/activities discussed with the family and immediate actions	Issues to discuss during the next phone call or actions to be completed	Suggested date for next visit (AUTOMATIC based on risk level)
			03-may-20		Orange	Green	Green	Green	Not discussed	Not discussed	Not discussed	Not discussed	Not discussed				
					Red												

ANNEX C

Guidelines

VIRTUAL MONITORING OF CHILDREN, THEIR FAMILIES, AND RESIDENTIAL CARE FACILITIES DURING THE COVID-19 PANDEMIC

The COVID-19 pandemic requires adapting and/or developing services and programming to continue to best serve children and families throughout the rapidly changing times. Disruptions to families, friendships, daily routines and the wider community can have negative consequences on children's well-being, learning, development and protection. In addition, measures used to prevent and control the spread of the virus can expose children to protection risks. Home-, facility-, community- and zonal-based quarantine and isolation measures, whilst critical to slow the spread of the virus, can negatively impact children and their families. It is important for those working with vulnerable children and families to stay informed about the increased child protection risks that can and do occur during an emergency. See this Interagency Technical Guidance on child protection during the COVID-19 pandemic.[1] Safeguarding procedures should be reviewed to determine responsibilities, reporting and referral pathways in the case of suspected or substantiated child protection violations. At the same time children, families and communities are resilient and can be helped to draw upon their strengths in these times of stress.

SAMPLE MONITORING PLAN

Twice weekly phone calls to PARENTS/ CAREGIVERS

- Attain update on status of all family members
- Track case plan actions
- Provide simple guidance on prevention, signs and symptoms, prevention, and emergency numbers
- Assess for and make needed referrals
- Provide basic psychosocial support

Twice weekly phone calls with CHILDREN and ADOLESCENTS (able to converse via phone)

- Attain update on health and well-being status
- Track case plan actions
- Provide child-friendly guidance on preventative measures, maintaining learning
- Provide basic psychosocial support

Twice weekly phone calls to RESIDENTIAL CARE FACILITIES

- Attain updates on entry and exit of children
- Provide adult and child-friendly guidance on preventive measures
- Check in about regular supplies, especially WASH, and educational / recreational supplies
- Assess for child protection issues

Weekly communication with local to national government partners, child protection and other relevant (health, WASH, education, protection, shelter) humanitarian coordination mechanisms, civil society networks and community leaders

- Attain updated on actions they are taking to protect families and children
- Report / follow up any child protection issues
- Review, update and synchronize key messages
- Identify areas in need of additional support
- Identify possible linkages, collaboration opportunities and coordinate efforts

Case file records should be completed for all phone or virtual meetings with families or children

Version 14 May 2020

[1] The Alliance for Child Protection in Humanitarian Action, Technical Note: Protection of Children during the Coronavirus Pandemic, Version 1, March 2020. https://alliancecpha.org/en/COVD19.

While in-person monitoring visits to family homes, alternative care placements or residential care facilities are not possible during times of quarantine, restricted movement and social distancing, it is critical that programs and case workers maintain regular phone or virtual contact with the children and families they have responsibility for.[2]

- **Conduct COVID-19 awareness-raising** via phone or internet with basic messages on signs and symptoms, hygiene measures and social distancing, health referral pathways and hotline numbers.
- **Support caregivers** around emotional wellbeing of children, talking to children about COVID-19, mitigating childhood stress, parenting, continuing school at home, home activities, and scenario planning for families in the event a caregiver falls ill.
- Ensure that children receive **clear, child-friendly, gender-sensitive messages** about COVID-19, including proper handwashing and social distancing. Examples can be found here and here.
- **Design and deliver simple messages** to reassure children and to help caregivers appropriately respond to the informational and emotional needs of children.
- **Identify strategies for providing psychosocial support** to children, especially to those under quarantine. See here for some examples of psychosocial support to children highlighted in Intervention 3 and here for suggestions for adolescents.
- Before caregivers fall ill, work with them to outline **alternative care solutions** that may be needed if they fall ill, are quarantined, hospitalized or worse.
- Ensure that phone contacts **maintain confidentiality and the families' privacy** by making phone calls away from other adults as much as possible and not using speaker phone.

[2] More on case management at: http://www.socialserviceworkforce.org/system/files/resource/files/Child-Protection-Case-Management-Guidance-Covid19.pdf.

ANNEX 1

Annex 1. Case identification form

CHILD IDENTIFICATION

H.001-TS

CTWWC file number:_____

Date of child identification: _____

This tool is used to identify the child/adolescent in residential care. The information included here can be obtained by reviewing the child's case files provided by the orphanage, the Child & Youth Courts, and PGN and asking questions to the child who will enter the reunification-reintegration process. It is a preliminary investigation of the child and findings will generate the creation of a child's case file in the CTWWC initiative.

Full name of the child/adolescent:_____

Place of birth:_____

Date of birth:_____**Age:**_____

Date of case identification:_____

Do you have a birth certificate?

YES _____ **NO** _____ ***If the answer is no, please indicate the reason*** _____

CUI number:

The case was presented to a judge: YES _____ **NO** _____ **If not, explain why?**

_____

Number of the process:_____

The Court in charge of the case:_____

Date of the child last hearing:_____

Date of the next hearing:_____

Reasons for admission to the Residential Care Institution (RCI) or follow up in case management:____

_____

_____

Children rights infringed: _____

Date of admission to the residential care institution:_____

ADMISSION:_____ **RE-ADMISSION:**_____

Number of re-admissions to the RCI:_____

Residential care institutions where the child-adolescent was admitted in the past:_____

_____

_____

Is the child currently attending school: YES____ **NO**_____ **Name of school?**_____

Current grade:_____

If he/she is not in school, indicate the reason:_____

FATHER'S DATA *(register all the possible information)*

Name:_____**Age:**____**Telephone number:**_____**Address:**_____

Has the child/adolescent ever shared the home with the father? _____

Does the father currently maintain communication with the child/adolescent?_____

MOTHER'S DATA *(register all the possible information)*

Name:_____**Age:**____**Telephone number:**_____**Address:**_____

Has the child/adolescent ever shared the home with the mother? _____

Does the mother currently maintain communication with the child/adolescent?_____

POSSIBLE FAMILY CARE OPTION:

Name:_____**Age:**____**Telephone number:**_____**Address:**_____

Relationship to the child: _____**Has the child shared the home with the possible care option?** _____.

Does the family care option currently maintain communication with the child/adolescent?

.....

CHILD/ADOLESCENT'S OPINION: _____

_____

_____

OBSERVATIONS: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

NAME OF PROFESSIONAL RESPONSIBLE: _____

_____

SIGNATURE OF PROFESSIONAL RESPONSIBLE: _____

ANNEX 2

Annex 2. Preliminary interview with the child/adolescent

Purpose of the tool: *To have the first interaction with the child/adolescent to determine the possibilities of having a planned reunification and to learn about his/her current emotional status.*

We recommend taking into account the following aspects when conducting the initial interview:

- **Building Rapport:** Creating an environment of trust with the child/adolescent is crucial before asking questions.
- **Confidentiality:** It is essential to let the child/adolescent know that he/she is in a trusted environment and that the information exchanged will be confidential. However, this will not apply if the child's life or the life of a person with whom he has a personal relationship is in danger.
- **Adaptation to context**: This interview was designed and adapted to the Guatemalan context so that the child feels comfortable in the conversation. It should not be conducted in a questioning style but as a friendly conversation.
- **Empathy**: Understand that the child may not want to talk during the first interview due to his/her institutionalization status. He/she may also be evasive or indifferent during the conversation.
- **Playing**: If considered appropriate and depending on his/her age, games can be played with the child while engaging in the conversation about the things we need to find out, or the child may bring up the very thing we want to investigate while playing.

References

Di Iorio, J; Bruno, P. (2017) "Instituciones y prácticas: la intervención del psicólogo con la infancia institucionalizada". Argentina.

Di Iorio, J. (2010). "¿Por qué encerrados?: Saberes y prácticas de niños y niñas institucionalizados", VI Jornadas de Sociología de la UNLP. La Plata, Argentina.

FIRST INTERVIEW WITH CHILD/ADOLESCENT

Date:_____ **Place of interview:** _____

GENERAL DATA

Name: _____

Age: _____

Gender: _____

Place and date of birth: _____

Name of the orphanage: _____

Date of admission to the orphanage: _____

Date of exit from the orphanage:_____

Nickname or likes to be called: _____

Distinguishing physical features (e.g., scar or birthmark)_____

_____

CHILD'S AWARENESS OF THE SITUATION

Find out if the child or adolescent knows about his/her situation

Do you know when did you arrive here?_____

Do you know why you're here? _____

Do you know if the judge will see you soon?_____

FAMILY DYNAMICCS

Ask the child about the family dynamics and the person with whom he/she has a stronger attachment.

A drawing of my family:

Evaluate the child's reaction when he/she draws, who does he/she draw first and last, whom he/she omits. Observe if the child is dedicated to drawing his/her family or does it without dedication or just to finish the exercise.

Who do you get along with within your family? And who do you not get along with so much?

What do you think about your family?

Would you like to be with your family? ¿Why?

Who would you like to live with? ¿Why?

ACADEMIC BACKGROUND

Please inquire about the child's school dynamics: If he/she knows the name of his/her school, if he/she has any friends if he/she likes to study, how does he/she get along with his/her teacher. If the child is in school age and has not attended school, find out why.

Where do you study?_____

What grade are you studying?_____

What's the name of your teacher?_____

Do you think your teacher gets angry when he/she teaches?_____

How are you doing in your classes?_____

What is your favorite class? _____

What class do you dislike?_____

Do you have friends in the class or outside the class?_____

SOCIAL DYNAMICS

Inquire about the child's social skills and if he/she has linkages or a trusted support network. Inquire about how easy or how difficult it is for him/her to socialize with others.

A drawing of my best friend

Observe the child's attitude when he/she makes the drawing, ask who is the person he/she drew and what things they do together with his/her best friend.

Is it easy or hard to make new friends? _____

What do you like doing? _____

What do you dislike doing? _____

SLEEPING OR EATING DISORDERS

Inquire about any disorder the child/adolescent may present

Daily routine

Ask the child about his/her daily activities.

When you sleep, do you wake up during the night or sleep until morning? _____

_____

Do you have nightmares? How often? What do you dream of? _____

_____

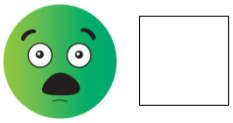
Do you have your own bed to sleep in? With whom do you share the bedroom?_____

_____

Mood:

Evaluate if it is easy or difficult for the child to express his/her emotions.

On a scale from 0 to 10, where 0 = never feel this way and 10 = I feel like this every day, how often do you feel like these faces?

 ☐  ☐  ☐  ☐

What do you do when you feel this way?

What scares you?

What skills do you have?

What are your strengths?

HEALTH HISTORY

Inquire about the medical history of the child (what he or she remembers).

Have you ever been hospitalized?_____

Have you ever been sick lately? Of what? _____

Have you ever had any fractures? _____

FOR THE EXCLUSIVE USE OF THE EVALUATOR

Does the child/adolescent exhibit any of the following?

- ◯ Self-harm
- ◯ Drugs or substance abuse
- ◯ Inappropriate sexual conduct
- ◯ Shows signs of emotional stress
- ◯ Shows symptoms of possible abuse
- ◯ Known history of abuse
- ◯ Exhibits behavioral risks
- ◯ Any inexplicable recent change in behavior

If any of the items above apply, investigate the suspicion and observed elements (this can be explored when conducting the family assessment).

During the interview, the child/adolescent showed the following attitudes:

- ◯ Indifferent
- ◯ Seeks excessive physical contact
- ◯ Shyness
- ◯ Takes the initiative
- ◯ Evasive
- ◯ Makes eye contact
- ◯ Verbal fluency

Psychologist in charge: _____

ANNEX 3

Annex 3. Anamnesis

Implications of the tool:

It is a supportive tool and in no way should be used to formulate a clinical diagnosis solely based on it. The developmental assessment can be complemented with specific evaluations. If deemed appropriate or if caseworkers detect any visible alteration in the child's development, we recommend referring the child to specialized staff (e.g., speech therapists, neurologists, medical doctors, education specialists) for a more comprehensive diagnosis.

The anamnesis during the child assessment allows caseworkers to inquire about the interest and knowledge that biological parents have about the child's development and how they have contributed to the different stages of his/her development. "Stimulation […] should be offered under the premise of respecting the child, his/her maturity, pace, and stage he/she's in". (Ruano, 2018)

The purpose of the information requested in this form is not to judge parenting patterns but to strengthen caregivers to support the development of the child/adolescent once they reunify home.

References:

Aragon Laura & Silva, Arturo (2002) "Evaluación Psicológica en el Área Educativa", México. Edit. Pax México.
Clarizo, Harvey & McCoy George (1981) "Trastornos de la Conducta en el Niño". México. Ed. El Manual Moderno.
Ruano, Beatriz (2018) "Sistema Estimulación Oportuna". Guatemala.

ANAMNESIS

CHILD'S PERSONAL DATA

Name of the child or adolescent:_____

Age:_____ **Name of Orphanage:** _____

Date of admission to the orphanage: _____

Date of exit from the orphanage: _____

BIOLOGICAL PARENTS DATA

Only when the family care option (caregiver) interviewed is not one of the biological parents.

Mother's name: _____

Schooling: _____ **Religion:** _____

Relationship to the caregiver: _____

Father's name: _____

Age: _____ **Occupation:** _____

Relationship to the caregiver: _____

CLINICAL HISTORY

Prenatal and childhood history: *(inquire about the caregiver interest and knowledge about the child's prenatal history, birth, childhood, thumb sucking, fears, enuresis, onychophagia, trichotillomania, emotional factors, fears, etc.)*

_____

_____

_____

_____

_____

Personal pathological information: *(inquire about the child's behaviors shown before institutionalization or when he/she returned: self-harm, gangs, substance use, abstinence periods, visual and auditory hallucinations, suicidal ideation, etc.)*

_____

_____

_____

_____

MEDICAL HISTORY

Investigate the caregiver's interest and knowledge about the child's health: List the diseases, surgeries, most recent medical examination, accidents, weight, height and visible physical problems.

EDUCATIONAL BACKGROUND

Inquire the child's educational background, factors that have limited or enabled his/her access to education, grade repetition, school performance, etc.

CHILD'S INTEGRAL DEVELOPMENT

Inquire about any aspect that needs to be strengthened to be included in the Care Plan.

Psychomotor development: *(identify any history about psychomotor development issues to determine specific assessments needed)*

Cognitive development: *(identify if the child has presented any problems related to his/her cognitive process)*

Language development: *(identify if the child has had any history of language/speech difficulties to identify specific assessments needed).*

Sleeping disorders: *(identify any child's sleeping disorder before or after institutionalization)*

FAMILY HISTORY

Members of the child's family: *(in case the child is reunified to a home different from this biological family)*

Name	Age	Relationship to the child	Do you have communication with the child/adolescent?

Family background: *(Inquire about parenting patterns, violence background, addictions and other risk factors for the child/adolescent, and the people with whom he/she has an attachment)*

What activities do you enjoy doing as a family?

SOCIAL BACKGROUND

Inquire about the child's environment, development and social interactions.

In front of other people, the child appears to be:

Highlights:

Shy, happy, isolated, rebel, obedient, friendly, indifferent, he/she likes to play with other children, affectionate, cold, distant, angry, cries a lot, speaks little, says what he/she thinks, aggressive.

What activities does the child/adolescent enjoy doing? *(Inquire about the activities, skills and strengths of the child: For example, planting, play sports, music, and other activities to have a healthy social interaction)*

What activities does the child dislike doing?

What activities does the child/adolescent perform without help? *(Inquire about the child's degree of independence)*

What activities does the child/adolescent carry out with help?

Describe a typical day in the child's life:

Do you know the child's friends? Mention their names and what activities they do together:

Psychologist in charge: _____

ANNEX 4

Annex 4. Child/adolescent psychological evaluation report

PSYCHOLOGICAL REPORT

To determine the child's emotional status and attachment

Date and place: _____

File No.: _____ **of the Child/Youth Court:** _____

Psychological report number: _____

Date of admission to the orphanage: _____ **Date of exit:** _____

Name of the orphanage: _____

Entry profile according to the Court's file: _____

Description of the profile following the investigation: _____

I. CHILD/ADOLESCENT PERSONAL DATA

Current location:	
First name:	**Middle name:**
Last name:	**Nickname or likes to be called:**
Date of birth: **DD**_____**MM**_____**Year**_____ **Estimate of approximate age, if birthdate is unknown** _____	**Was the birth registered?** **Yes** ◯ **No** ◯ **If yes, indicate birth registration #:** _____ *(If possible, attach a copy of the birth certificate).*

Place of birth: Department: _____ **Municipality:**_____

Community: _____ **Unknown** ◯

Does he or she present any health conditions?	Schooling:
Distinguishing physical features (e.g., scar or birthmark) _____ _____ _____ **Does he/she have any disability? If so, explain what form of disability.** _____ _____ _____	**Languages:** _____ _____ _____ **Ethnic group:** _____ _____ _____

MENTAL STATUS EXAMINATION:

1. General appearance *(physical appearance, personal hygiene, dress, etc.)*

2. Behavior and motor activity

3. Language *(tone, rate, language alterations, e.g., echolalia, etc.)*

4. Perceptive alterations *(hallucinations, depersonalization, etc.)*

5. Cognition and judgment capacity *(perception of a situation using examples)*

6. Thought content *(productivity: abundant or scarce ideas, coherence, fantasies, etc.)*

7. Continuity of thought *(blocking, perseveration, repetitions, etc.)*

8. Orientation *(time, place, person, etc.)*

9. Memory - remote memory *(years)*, recent memory *(days)*, immediate memory *(minutes and seconds)*

10. Impulse control *(aggressive, hostile, affectionate, or sexual impulses, fear, and guilt)*

11. Mood *(shows sadness, fear, angst, anxiety, joy, happiness, etc.)*

If there is evidence of disorientation, language alterations or perceptive alterations provoked by medication or psychotropic substance, try to stabilize the child/adolescent first before resuming the evaluation.

II. PURPOSE OF THE EVALUATION

Describe the purpose of this psychological evaluation.

III. METHODOLOGY

Example: observation, application of projective tests, etc.

IV. CASE BACKGROUND

Describe the situation, referrals, any data or information related to the case.

V. CHILD/ADOLESCENT DEVELOPMENT

The following are some items to evaluate to determine aspects of the physical and emotional development of the child. Explore each one of them.

5.1 Psychomotor development: _____

_____

_____

5.2 Cognitive development: _____

_____

_____

5.3 Language development: _____

_____

_____

5.4 Sleep disorders: _____

_____

_____

Explore in the previous items if there is any language, cognitive or motor disorder.

VI. SOCIAL DEVELOPMENT

Explore this item to assess how the child/adolescent relates to his/her immediate context.

	Yes/No	Specify/Elaborate
Shyness		
Takes the initiative		
Uses eye contact		
Indifferent		
Responds with excessive physical contact		
Understands the difference between what's right and what's wrong		
Expresses his/her wishes and feelings		

VII. CURRENT PSYCHOSOCIAL AND EMOTIONAL WELLBEING

Seek evidence of the relationship between the child/adolescent with significant family members in cases when the child is old enough to respond and to determine the level of attachment with the caregiver.

LEVEL OF ATTACHMENT WITH CAREGIVER

Describe the relationship:_____

_____

_____

_____

Does the child exhibit any of the following? Please tick all that apply. *Hint: observe, describe examples of the child's reactions to situations*

- ◯ Self-harm
- ◯ Known history of abuse
- ◯ Inappropriate sexual behavior
- ◯ Drug and/or substance abuse
- ◯ Displays potential symptoms of abuse
- ◯ Displays signs of emotional distress
- ◯ Exhibits risk in behavior
- ◯ Any unexplained, recent change in behavior

If any of the items above apply, please elaborate.

Daily routine: _____

_____

_____

Degree of independence: *(i.e., what can the children do for themselves, and what help do they need?)* _____

_____

_____

Likes: _____

Dislikes: _____

Fears: _____

Skills/strengths: _____

VIII. EDUCATION

Identify progress on school insertion, academic progress, learning difficulties, etc.

IX. HEALTH

Identify if there are relevant situations or evidence about the current health status of the child/adolescent, for example, eating disorders, bowel control, history of diseases and attendance to health centers, etc.

X. SECURITY AND PROTECTION

Aspects in the child's environment that may put his/her safety at risk. For example, gangs, violence, precarious housing conditions, unhealthy family lifestyle, etc.

10.1 Risk factors: _____

_____

_____

10.2 Protective factors: _____

_____

_____

XI. PSICHOLOGICAL TESTS

Describe the tests administered, the purpose of each test and the printed results, if applicable.

XII. CHILD/ADOLESCENT OPINION ABOUT THE POSSIBLE FAMILY CARE OPTION

XIII. PROFESSIONAL PSYCHOLOGICAL OPINION

Please complete the form and issue your recommendation based on the findings included in this report. Clearly determine the emotional status and attachment of the child with the possible caregiver. Link this report to the Care Plan.

CONCLUSIONS

RECOMMENDATIONS

Signature of Psychologist (a) registered in the College of Psychologists: _____

ANNEX 5

Annex 5. Preliminary Investigation Form

CHECKLIST FOR INVESTIGATING ALLEGED TRANSGRESSION OF CHILDREN AND ADOLESCENT'S RIGHTS

Actions in the preliminary investigation

◯ Has the report/complaint been analyzed?

◯ Has a possible transgression of the child/adolescent's right been identified?

Possible cause: _____

_____

◯ **Describe the probable cause:** _____

◯ **Determine if other actions can be taken before filing a complaint and presenting it to a Court:**

- Parenting training
- Refer to psychological support services
- Refer to health and nutrition support services
- Process a birth registration
- Neglect due to socio-cultural disenfranchisement which can be solved through training and guidance
- Refer to social/financial support services

After considering the above, please render your professional recommendation: _____

_____

_____

If you consider that social risk is a threat to the child's best interest because it is associated with violence within the family, urban violence, addictions, among others, please continue with the investigation.

If after analyzing the cause and the report or complaint, it is necessary to extend the investigation to reach an administrative solution or if deemed appropriate to present the case to the Court, consider the following checklist:

Recommended for investigators or staff on duty

Home visit

- ◯ Explain to the family the reason for your visit
- ◯ During the visit, identify if there are risks to the child or adolescent associated with the complaint or other causes
- ◯ Make sure you see the child or the adolescent during the home visit
- ◯ Determine the identity of the child/adolescent
- ◯ Interview the child or adolescent
- ◯ Try to determine the identity of the adult responsible for the child or adolescent (review personal ID (DPI) and birth certificates)
- ◯ Interview other members of the family if deemed necessary
- ◯ Depending on the case, you should interview the alleged perpetrator
- ◯ Conduct a collateral investigation (with neighbors and potential collateral sources)

Review child's file

- ◯ Review previous reports or complaints and if the process was closed administratively or if it was presented to the Court
- ◯ Review any records about the child or adolescent at PGN or the Child/Youth Court in the locality
- ◯ If there are records of previous reports, verify the cause of entry and if it is the exact cause as before
- ◯ Review specific reports issued by social workers or psychologists

If the case is being presented to a Court, consider the following

Interview the child or adolescent (by a psychologist)

- ◯ Find an adequate place to interview the child or adolescent. It must be a private place, away from the alleged perpetrator
- ◯ Explain to the child or the adolescent the purpose of the interview according to his or her evolving capacity
- ◯ Build trust with the child/adolescent
- ◯ Use play materials appropriate for the child's age
- ◯ Administer a mental status examination
- ◯ Administer projective tests or another type of test

- ◯ Prepare a psychological report with conclusions and recommendations based on the child's best interest and views.

Interview the possible family care option (by a psychologist)

- ◯ Make an appointment with the potential care option for the interview
- ◯ Explain to the person the purpose of the interview
- ◯ Conduct a mental status examination
- ◯ Administer projective tests or another type of test
- ◯ Resolve any questions that the interviewees may have
- ◯ Determine if the possible care option is motivated to care for the child/adolescent
- ◯ Determine if there is an attachment between the child/adolescent and the possible care option
- ◯ Prepare a psychological report with conclusions and recommendations

Interview the possible family care option (by a social worker)

- ◯ Conduct a home visit to the possible family care option
- ◯ Explain the reason for your visit and the purpose of the interview
- ◯ During the social interview and the socioeconomic assessment, identify the following: social characteristics of the family environment, the situation in terms of household economy, health, nutrition, housing, emotional wellbeing, education of everyone who lives in the house, and review suitability of the care option to care for the child/adolescent.

- ◯ Identify the interest and commitment of the care option to receive and care for the child/adolescent
- ◯ Identify support networks available for the possible family care option
- ◯ Identify the family's strengths and their access to social services
- ◯ Identify which social services they can access (schools, health posts or centers, churches, recreational centers, among others)
- ◯ Identify the distance between the home and the school/health facilities.
- ◯ Inquire about the current emotional wellbeing of the possible caregiver (self-concept and self-worth)
- ◯ Inquire about the family dynamics in which the possible caregiver grew up (create a genogram)
- ◯ Prepare social reports

Interview the alleged perpetrator (by social worker and psychologist)

- ◯ Interview the alleged perpetrator (if applicable)
- ◯ Explain to the interviewee the purpose of the interview
- ◯ Administer a mental status examination
- ◯ Identify the cause of the type of human rights violation
- ◯ Conduct a thorough analysis of the discourse of the alleged perpetrator about violating the child's rights
- ◯ Conduct a social assessment and a psychological evaluation using the criteria detailed above
- ◯ Expand your professional opinion about the risk of recurrence

ANNEX 6

Annex 6. Interview with family care option

PSYCHOLOGICAL INTERVIEW TO IDENTIFY FAMILY CARE OPTION

Instructions:

In the investigation of the family care option, caseworkers should investigate the risks and protection aspects that may affect or support the child at the time of the reunification. Although many families may not have all the psychosocial resources to meet the child's physical needs at the time of the interview, their willingness and interest to satisfy relational and emotional needs must be considered. This tool explores the main psychological aspects to determine the emotional status and attachment of the family care option with the child or adolescent.

Below we include some recommendations to interview possible family care options:

- **Building Rapport:** Building rapport and trust with the interviewees before the interview is very important.
- **Confidentiality:** It is essential to let the care option know that he or she is in a reliable environment and that the information provided will be confidential. However, this will not apply if the integrity of a family member is in danger and if it is necessary to alert other institutions such as the National Police.
- **Adaptation to context:** This interview is designed to talk to the possible family option in a friendly manner and is complemented by the social interview. Hence, some data will be collected during the socio-economic interview.
- **Empathy**: it is crucial to understand the possible family option's socio-cultural context and understand that they often fear or act defensively due to possible negative experiences with the Guatemalan child protection system.

References

Guidelines for the Alternative Care of Children, United Nations, 2010

The Paradox of Kinship Care, Child Frontiers, Kenya, 2019

Mardomingo, María (2020) “Tratado de Psiquiatría del Niño y el Adolescente”. Edición Díaz Santos. “Psicología del Desarrollo”. México, 1999, Editorial Ultra

INTERVIEW OF THE FAMILY CARE OPTION

GENERAL DATA

General data of the family care option and his/her parents

Name of the family care option: _____

Place of birth: _____

Date of birth: _____

Address: _____

Age: _____ **Religion:** _____

Schooling: _____

Relationship with the child/adolescent: _____

Name of father: _____

Age: _____ **Occupation:** _____

Schooling: _____ **Religion:** _____

Relation to the family care option: _____

Name of mother: _____

Age: _____ **Occupation:** _____

Schooling: _____ **Religion:** _____

Relation to the family care option: _____

REASON FOR ADMISSION TO AN ORPHANAGE, ACCORDING TO THE FAMILY CARE OPTION

Inquire if the family care option is clear about the transgression of children's rights child's that generated child institutionalization and his/her interest in making amends or strengthening his/her capacities for the return of the child or adolescent.

HISTORY OF THE CURRENT PROBLEM OF THE FAMILY CARE OPTION

Briefly describe the current situation of the possible family care option concerning the child or adolescent.

BACKGROUND OF THE EMOTIONAL STATUS OF THE FAMILY CARE OPTION

Investigate the history of mood swings

How would you describe your childhood? Mention the most important things you remember:

Do you think your childhood was: **Happy:** _____ **Unhappy:**_____

What do you remember from your adolescence and youth? Mention the most important things you remember:

What makes you angry the most? How do you show that you are angry?

Is there a current situation that makes you feel sad, worried or with fear? Explain. *(Inquire about the current emotional status of the possible family care option)*

Personal pathological information: (self-harm, gangs, substance use, abstinence periods, visual and auditory hallucinations, suicidal ideation, sleep disorders, eating disorders)

Investigate if the possible family option shows evidence of risk behaviors for the child or adolescent.

HISTORY OF EMOTIONAL OR MENTAL DISORDERS

Highlight:

Headaches, dizziness, fainting, palpitations, stomach problems, lack of appetite, nightmares, fatigue, insomnia, tension, taking medicine, alcoholism, depression, panic, drugs, unable to relax, ambition, shyness, does not enjoy daily life, feeling of inferiority, unable to make decisions, unable to make friends, memory problems, difficulty to concentrate, poor conditions at home, negativism, self-centeredness.

Provide detail: _____

Self-perception:

Worthless, useless, I am nobody, life is not worth it, inadequate, stupid, incompetent, naive, I can't do anything right, guilty, wicked, horrible thoughts, hostile, hateful, anxious, agitated, cowardly, prone to panic, aggressive, ugly, deformed, unattractive, apathy, indifference, jealous, depressed, lonely, unloved, misunderstood, bored, confused, insecure, conflicting, regretful, valuable, understanding, intelligent, attractive, confident, considerate.

Provide detail: _____

MEDICAL HISTORY OF THE POSSIBLE FAMILY CARE OPTION

List illnesses, surgeries, most recent medical examination, accidents, weight, height, and visible physical problems.

FAMILY DYNAMICS

Investigate about family patterns of the possible family care option, current family dynamics and his/her attachment to the child or adolescent.

FAMILY BACKGROUND OF THE FAMILY CARE OPTION

CURRENT FAMILY DYNAMICS

HOUSEHOLD MEMBERS

Name	Age	Relationship to the child	Occupation

HOUSEHOLD DYNAMICS

OPINION OF THE FAMILY CARE OPTION ABOUT THE INSTITUTIONALIZATION OF THE CHILD OR ADOLESCENT AND HIS/HER WISH THAT HE OR SHE RETURNS HOME:

Investigate if the possible family option expresses and shows interest in caring for the child or adolescent and observe evidence of the attachment between them.

Do you think your child(ren) is better off at the orphanage? Or do you think it's better if they stay here with you? Why?

What do you miss most about your child(ren)?

What actions do you think you could do to make your child(ren) return home?

_____

_____

Psychologist in charge: _____

ANNEX 7

Annex 7. Mental status examination

Purpose of the tool: Investigate the level of consciousness, orientation, thought process, mood, etc., to determine if the person is emotionally and cognitively stable to care for the child or adolescent (when examining the family care option) or to be reunified and ultimately reintegrated to a family (when examining the child/adolescent). The individual's socio-cultural context and schooling level will be crucial elements for this examination.

The main components to be used to evaluate the child/adolescent and family care option:

1. **Appearance-Behavior:** Observe posture, personal hygiene, dress, body build, and behavior during the exam. The physical condition and behavior are linked to the individual's emotional status. His/her grooming, hygiene, motor activity, and willingness can also be observed.

2. **Attentiveness, concentration, and memory:** cognitive processes can be evaluated without asking specific questions, only by analyzing the person's behavior and responses during the session. Considerations about the cultural and educational background of the patient should also be made. Attention is the ability to receive, choose and respond to stimuli. (Ruano, 2018, pág. 38). Memory is the ability to recall (recent or past events) and retain new information where attention plays a key role.

3. **Orientation:** This component refers to the level of consciousness or alertness, awareness of surroundings including self, others, time, and place.

4. **Speech and language:** Observe if the individual can understand verbal language, respond to questions adequately, understand and explain an idea, and have any difficulties. Evaluate the rate of speech, volume, clear articulation of words, coherence, and spontaneity.

5. **Motor activity:** Emphasis on posture, facial gestures, tics, abnormal movements (shaking or automatisms) and general movement of the body. Observe if the movements are exaggerated, slow, or stereotyped.

6. **Mood:** It refers to the mood expressed by the patient throughout the interview. **The examiner should make a comparison between what he/she observes and what the patient says.** Body language is critical as it describes today's mood and in the last few days or weeks. It reflects aspects about his/her personality, mood, emotions, feelings, and reactions.

7. **Thought Process:** Describes a patient's form of thinking, how they express their ideas, the rate, and flow of thought. Alterations in this component could represent thought disorders that lead to qualitative alterations of consciousness, such as confused mental states, delirium, and psychosis.

8. **Thought Content: The presence of delusional or obsessive thinking.** Recurrent thoughts or thought blocking may also appear.

9. **Perceptive alterations:** alterations in the perception of the external world that seem unreal, such as smells, sensations or voices that nobody else perceives. Some hallucinations may be associated with the consumption of psychotropic substances.

10. **Suicidal and/or homicidal ideation:** If, during the interview, the patient somehow mentions that he/she plans to commit suicide or kill someone, shift the focus of the conversation immediately. This element becomes an urgent issue.

11. **Judgment capacity:** Find out if the person is aware of his/her situation. You can ask **questions about how he/she would react to specific situations** with a high chance of happening and which are related to his/her everyday life.

References

Ruano, Beatriz (2020) "Sistema Estimulación Oportuna". Guatemala.

empendium.com/Evaluación del examen mental

https://psicologiaymente.com/clinica/examen-mental-ter

www.medfinis.cl › img › manuales › examen-mental-uft

MENTAL STATUS EXAMINATION

Name: _____ **Date:** _____ **Place:** _____

Age: _____ **Date of birth:** _____

1. BEHAVIOR AND APPEARNCE

1.1 Appearance:

_____ Weight
_____ Height
_____ Grooming
_____ Hygiene
_____ Eye Contact
_____ Posture

1.2 Behavior towards the examiner:

_____ Cooperative
_____ Open
_____ Distracted
_____ Evasive
_____ Focused
_____ Attentive
_____ Relaxed
_____ Insecure
_____ Challenging
_____ Anxious

1.3 Motor behavior:

_____ Stereotyped movement
_____ Slow Movement
_____ Quick Movement
_____ Increased motor activity
_____ Decreased motor activity

2. SENSORIUM AND COGNITION

____ Orientation to person
____ Orientation to place
____ Orientation to time

_____ Attention
_____ Concentration

____ Short-term memory
____ Mid-term memory
____ Long-term memory

3. EXPRESSION/SPEECH

_____ Doesn't speak much
_____ Spontaneous speech
_____ Fluent
_____ Blunt
_____ Rapid rate
_____ Slow rate
_____ Faltering
_____ Explosive speech
_____ Accurate
_____ Impulsive
_____ Uses meaningless words
_____ Succinct
_____ Has thought blocking
_____ Disassociation
_____ Incoherent
_____ Incongruencies
_____ Stutters
_____ Gets lost in interruptions
_____ Uses appropriate words
_____ Vague

4. THOUGHT CONTENT (neurotic content-not out of touch with the reality)

_____ Anxiety _____ Fears _____ Morbid thought

Obsessive ideas: _____

Suicidal ideas: _____

Plans for the future: _____

What is your biggest concern right now? _____

Do worries interfere with your attention, concentration, **sleep**, and/or appetite? ____YES ____NO

1. Abnormal beliefs and experience

_____Illusions
_____Inadequate interpretations
_____Awareness of illness
_____Thought blocking
_____Delirium
_____Pain
_____Disassociation
_____Forced thinking
_____Ideas of reference
_____Somatization
_____Depersonalization
_____Hallucinations

2. Emotional Status

Happy ____ Sad ____ Worried ____ Anxious ____ Flat affect ____ Fear____

How do I express my emotions? _____

_____

ANNEX 8

Annex 8. Socio-Economic Form

SOCIO-ECONOMIC INTERVIEW FORM
FAMILY CARE OPTION

INTRODUCTION: Below is a series of 14 sections with questions. This form aims to get a glimpse of the socio-economic situation of the family care option identified for the child/adolescent in the case management process towards achieving a healthy and sustained reintegration into a family environment.

Place and date of the interview: _____

1. PERSONAL DATA OF FAMILY OPTION/RELATIONSHIP TO CHILD OR ADOLESCENT

Full Name						Marital status	Single		Living together	
Age							Married		Divorced	
Date of birth	/ /						Separated		Widow/ Widower	
Sex	M		W		LGBTIQ		Place of Residence	Street, avenue, house/lot number		
Do you have a DPI?	Yes				No			Municipality		
# of Personal ID								Department		
Cell phone number		Reference phone number					Based on your origin and history, how do you consider yourself:	Mayan		Mixed	
								Garífuna		Other	
								Xinca			

EXACT CURRENT ADDRESS

Place of birth	Street, Avenue, Number of house or lot		Type of populated area	City		Community	
				Villa		Paraje	
	Village			Town		Farmhouse	
	Municipality			Residential area		Agricultural parcel	
	Department			Residential gated community		Small Village	
Beliefs	Religion			Settlement		Other?	
	Which parish or church do you go to?			Village		Specify	

Highest grade (or level of education) completed	None		Name of the populated area selected		
	Pre-school		Type of the school you attended or are currently attending	Public	
	Primary (1st-6th grade)			Private	
	Secondary (7th-9th)				
	High School			Municipal	
	Bachelor's Degree				
	Masters			Cooperative	
	PhD				

EMPLOYMENT STATUS OR OCCUPATION							
Unemployed		Public Employee		Private Employee		Domestic worker	
Independent (formal)		Independent (informal)		Laborer		Peddler	
Informal Vendor (Hawker)		Formal Vendor (with a physical store)		Retired/pensioner		Other:	
Occasional Job		Farmer		Notes and/or comments			
Monthly Income	Q.						

FINANCIAL SUPPORT OR SUBSIDY RECEIVED						
Financial support	Yes		No		Indicate Amount, Frequency and Sender	
In-Kind	Yes		No		Indicate Amount, Frequency and Sender	
Notes and/or comments:						

2. BIOLOGICAL PARENTS DATA

Full name					**Marital status**	**Single**		**Living together**	
Age						**Married**		**Divorced**	
Date of birth	/ /					**Separated**		**Widow/ Widower**	
Sex	**M**		**W**		**LGB TIQ**		**Residence**	**Street, avenue, house/lot number**	
Do you have a DPI?	**Yes**				**No**			**Municipality**	
# of Personal ID								**Department**	
Cell phone number		**Reference phone number**					**Based on your origin and history, how do you consider yourself:**	**Mayan**		**Mixed**	
								Garífuna		**Other**	
								Xinca			

EXACT CURRENT ADDRESS

Place of birth	**Street, Avenue, Number of house or lot**		**Type of populated area**	**City**		**Community**	
	Village			**Villa**		**Paraje**	
	Municipality			**Town**		**Farmhouse**	
	Department			**Residential area**		**Agricultural parcel**	
				Residential gated community		**Small Village**	

Beliefs	Religion			Settlement		Other?	
	Which parish or church do you go to?			Village		Specify	
Highest grade (or level of education) completed	None		Name of the populated area selected				
	Preschool		Type of the school you attended or are currently attending		Public		
	Primary (1st-6th grade)				Private		
	Secondary (7th-9th)						
	High School				Municipal		
	Bachelor's Degree						
	Masters				Cooperative		
	PhD						

EMPLOYMENT STATUS OR OCCUPATION

Unemployed		Public Employee		Private employee		Domestic worker	
Independent (formal)		Independent (informal)		Laborer		Peddler	
Informal Vendor (Hawker)		Formal Vendor (with a physical store)		Retired/pensioner		Other:	
Occasional Job		Farmer		Notes and/or comments:			
Monthly income	Q.						

3. PERSONAL DATA OF THE CHILDREN AND ADOLESCENTS CURRENTLY IN THE PROTECTION AND SHELTER PROCESS

N°	FULL NAME	DATE OF BIRTH	PLACE OF BIRTH	RELATIONSHIP TO THE FAMILY OPTION VISITED	Number of CUI	SCHOOLING	SCHOOL	HEALTH STATUS	Has the child/adolescent been in the protection and shelter process?	CURRENT ADDRESS OF THE CHILD OR ADOLESCENT
1										
2										
3										
4										
5										
6										
7										
8										

CHILD/ADOLESCENT OPINION ABOUT THE FAMILY OPTION PROPOSED:

4. PERSONAL DATA OF THE PEOPLE WHO LIVE IN THE HOUSE AND RELATIONSHIP TO THE CARE OPTION VISITED OR PROPOSED

FAMILY COMPOSITION

#	FULL NAME	DATE OF BIRTH	PLACE OF BIRTH	RELATIONSHIP TO THE CARE OPTION	MARITAL STATUS	SCHOOLING	ANY DISSABILITIES?	OCCUPATION	PLACE WHERE HE/SHE WORKS OR STUDIES	INCOME	HEALTH	TELEPHONE NUMBER
1												
2												
3												
4												
5												
6												

NUCLEAR FAMILY:	EXTENDED FAMILY:	OTHER: Explain

AVERAGE HOUSEHOLD INCOME:

5. HOUSING CHARACTERISTICS

Community or zone			
Rural		Urban	

Type of house:			
Formal house		Apartment	
A room in somebody else's house		Ranch	
Improvised household		Other:	

The house is:			
Own (already paid for)		Own (currently paying for it)	
Rented		Transferred or borrowed	
Familiar		Community property	
Other:			

Roof predominantly made of:			
Cement		Metal sheeting	
Asbestos cement		Tile	
Straw or similar		Waste material	
Other:			

Electricity			
Electricity network		Wind-solar panel	
Regular gas		Candles	
Other:			

Notes:

Exterior walls predominantly made of:			
Brick		Block	
Adobe		Concrete	
Wood		Metal sheeting	
Wattles		Sticks and sugar cane	
Waste material		Other:	

Floor predominantly made of:			
Ceramic tile		Concrete tile	
Mudbrick		Cement	
Parquet/vinyl		Wood	
Dirt		Other:	

Type of sanitation infrastructure			
Flush toilet		Washable latrine	
Pit latrine		None	

Energy source for cooking			
Propane gas		Firewood	
Electricity		Charcoal	
Regular gas		Doesn't cook	
Wood-fired chimney stove		Other:	

Where do you get the water for the household?			
Carry from well		Carry from river or stream	
Communal faucet		Domiciliary connection	
Faucet outside the home		Other:	

Internal characteristics of the home		
Number of rooms available in the household (Do not include the areas used for the kitchen, bathroom, hallways, and business locals)		
Of the rooms available, how many are used as bedrooms?		
Is there a specific room for cooking?	**Yes**	**No**
Is there a bedroom to be used exclusively by the child or adolescent?	**Yes**	**No**
Does the household have a bed to be used exclusively by the child or adolescent?	**Yes**	**No**

Does the household have this equipment?						Basic Services					
Description	**Yes**	**No**	**Description**	**Yes**	**No**	**Description**	**Yes**	**No**	**Description**	**Yes**	**No**
Radio			**Stove**			**Potable water**			**Hot water system**		
TV			**Refrigerator**								
Washing machine			**Computer**			**Water storage tank**			**Internet**		
Microwave oven			**Blender**			**Cable TV**			**Inland telephone service**		
Iron			**DVD**			**Garbage collection**			**Well**		
Car			**Motorcycle**								

6. HEALTH STATUS

When someone in the house gets sick, where does he/she go?

○ Hospital ○ Health Center ○ Health post ○ Does not receive medical attention

Why? _____

○ Other. Please indicate._____

Name and location of the health center or health post for immunization:

_____

Does anyone in the household have a disease such as:

Respiratory infection, gastrointestinal, dermatological or neurological disease, cancer, high blood pressure, obesity, diabetes, etc.

○ Yes ○ No

If the answer is yes, what is the disease or diseases?

_____

Does anyone in the household have a disability?

○ Yes ○ No

If so, please indicate what form of disability.

_____

Partial: _____

Total: _____

Notes: _____

_____

_____

_____

7. FOOD CONSUMPTION

¿What type of meat and/or vegetables do you eat and how often?

○ Chicken ○ Beef ○ Pork ○ Fish ○ Other:_____

How often do you eat them?_____

○ Milk ○ Vegetables ○ Eggs ○ Fruit ○ Cereal ○ Other_____

How often do you eat them?_____

Breakfast: _____

_____

Lunch: _____

_____

Dinner: _____

_____

8. HOUSEHOLD INCOME AND EXPENDITURE

INCOME		EXPENDITURE			
Salaries	Q.	Food	Q.	Medical expenses	Q.
Money from rentals	Q.	Gas/firewood	Q.	Education expenses	Q.
Pension	Q.	Rent	Q.	Clothing	Q.
Remittances	Q.	Utilities (water and electricity)	Q.	Recreation	Q.
Other	Q.	Phone, cable TV and internet	Q.	Transportation	Q.
				Alimony payments, debts or other expenses	Q.
Total income					**Q.**
Total expenditures					**Q.**
Variance *(income minus expenditure)*					**Q.**
Notes:					

9. PSYCHOSOCIAL PROBLEMS:

- ○ Domestic violence
- ○ Crime
- ○ Street situation
- ○ Mendicancy
- ○ Alcoholism
- ○ Discrimination
- ○ Addictions
- ○ Illiteracy
- ○ Corruption
- ○ Injustice
- ○ Poverty
- ○ Unemployment
- ○ None

○ Other, please indicate _____

How long have you been living in your current home? _____

How do you feel about living in your current home? _____

_____

_____

_____

10. SOCIAL RISKS WITHIN THE HOUSEHOLD

Protection and safety factors: _____

_____

Health and development: _____

_____

Child/Adolescent attachment with the primary caregiver: _____

_____

_____

Psychosocial wellbeing and community belonging: _____

_____

Education: _____

_____

Household economy: _____

_____

Risks for the child or adolescent if he or she is reunified: _____

_____

Institutions that can provide support to the family: _____

_____

_____

11. RELATIONAL NETWORK/RECREATION AND FAMILY LEISURE TIME

What do you do during the weekend?

○ Watch TV ○ Go to the river ○ Go to church ○ Go to the park

○ Other, specify: _____

Who do you hang out with?

○ Friends ○ Relatives ○ Neighbors

○ Others, ¿Who? _____

Who visits you? _____

What activities do you like doing?

○ Physical ○ Tourism ○ Crafts ○ Recreational

○ Others, Specify: _____

Is there any activity that you like doing but cannot do it? ○ Yes ○ No

If so, what is that activity?_____

And why can't you do it or haven't been able to do it?_____

Services close to the family: _____

_____

12. BACKGROUND (history) OF THE CASE

Can you tell me how did the process with the child/adolescent start?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

13. COLLATERAL SOURCES

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

14. IDENTIFICATION OF FAMILY's STRENGTHS

The psychosocial professional can determine the strengthens based on the information collected in the interview. If possible, also ask the interviewee to state his/her strengths:

STRENGTHS

_____

_____

_____

OPPORTUNITIES

_____

_____

_____

WEAKNESSES

_____

_____

_____

Name of the interviewee. Signature or finger print. Name of interviewer:

F._____ F._____

ANNEX 9

Annex 9. Family Social Report

SOCIO-ECONOMIC REPORT

to determine the socio-economic status of the family care option and relationship & attachment with the child

Place and date: _____

File number:_____**according to (write the name of) Court:**_____

Number of the social report linked to CTWWC/SBS: _____

CHILD/ADOLESCENT DATA

Full name: _____

Age: _____Date of birth.: _____**Was the birth registered?** Yes ○ No ○

CUI number: _____ Sex: _____

Address: _____ Phone number: _____

Schooling: _____ Nationality: _____ Language: _____

Ethnic group: _____ Are you from the LGTBI+ community? _____

Presents any form of disability: Yes ○ No ○ Type of disability: _____

Health condition: _____

Date of admission to the orphanage: _____

Date of the last hearing: _____

Date of the next hearing: _____

GENERAL DATA (family care option)

Full name: _____

Date of birth: _____# of DPI: _____ Sex: _____

Age: _____ Relationship to the child: _____ Phone number:_____

Current address: _____

Schooling: _____

Does he/she have any disability or medical conditions: _____

Occupation: _____ Nationality: _____

PURPOSE OF THIS ASSESSMENT

Explain why are you conducting this assessment

BACKGROUND INFORMATION ABOUT THE CASE

Elaborate on the data, references, and information relevant to the case and linked to this assessment.

FAMILY STRUCTURE

Describe the composition of the family care option in the table below

Name	Relationship to the possible caregiver	Age	Schooling	Occupation	Place where he/she works or studies	Income	Contribution given to the household	Any chronic disease?	Any disability? Explain

RELEVANT INFORMATION ABOUT THE BIOLOGICAL FAMILY (Fill out the table below when the family care option proposed is NOT a biological family to learn about the whereabouts of the parents and/or siblings)

Parents' names	Exact current address	Last known location	Phone number	Is he/she alive? (Yes/No/unknown)	
MOTHER (only if available)					
FATHER (only if available)					
Name(s) of sibling(s) (if available)	**Exact current address**	**Last known location**	**Place where he/she studies / works**	**Grade**	**Age**
1.					
2.					
3.					

Name(s) of other relatives in the nuclear family	Relationship to the child or adolescent	Last known location / exact address	Phone number
1.			
2.			
3.			

FAMILY OBSERVATIONS NEEDED

Briefly describe the history of family caregivers, parenting practices, beliefs and customs according to their social environment, substance use and abuse, and violent background. If possible, include a genogram with the members of the family.

EDUCATION

Level of schooling, educational or vocational activities

HEALTH

Current health status, attendance to health services in the community, access to services, etc.

Health center where he/she attends: _____

RELATION WITH COMMUNITY AND SOCIAL CONTEXT

Attendance to social activities in the community, church, sports events, community risk factors, child's decontextualization, etc.

RECREATIONAL ACTIVITIES

Activities where the family participates to promote integration and emotional wellbeing, for example, physical activities.

SAFETY AND PROTECTION

Evidence of severe physical punishments, abuse, neglect, violence. We suggest asking the possible caregiver about their forms of discipline and a history of aggression or violence within the nuclear family.

RELIGION *(practices and beliefs)*

INFORMATION FROM COLLATERAL SOURCES

During the investigation, consider the opinion of other people outside the immediate family or other close relatives.

SOCIO-ECONOMIC STUDY

Based on the economic form, describe any significant findings and elaborate if needed.

MONTHLY INCOME		**MONTHLY EXPENSES**			
Steady Financial Income		**Fixed Expenses**		**Other Costs**	
Salary		Food		Medical expenses	
Entrepreneurship/ housekeeping jobs		Gas		School & education	
Money from rent		Rent		Clothing	
Remittances		Water		Recreation	
Pension		Electricity		Pay debts	
Financial support from relative		Telephone, cable TV and internet		Bank loans	
A subsidy, scholarship or bonus		Transportation or gas		Other:	
Total Income		**Total Expenses**			
Variance (Income – Expenses) =		(Surplus)			

HOUSEHOLD CONDITIONS

Based on the economic form, elaborate on the conditions of the household observed.

OBSERVATIONS ABOUT THE HOUSEHOLD CONDITIONS

Do you identify any risks in terms of safety, etc.?

STRENGTHS IDENTIFIED IN THE POSSIBLE FAMILY CARE OPTION

Observe and list the favorable conditions for the child's development within the family and the strengths to include in the Plan of Economic Opportunities.

SOCIAL RISKS IDENTIFIED

During the investigation, identify the potential risks for the healthy development of the child or adolescent. These can be related to the family structure, health, education, parenting practices, etc.

Criteria for a healthy reintegration	Risk identified	Description
Protection and safety		
Health and development		
Child/primary caregiver relationship and attachment		
Psychosocial wellbeing and community belonging		
Education		
Household economy		

CONTINGENCY ACTIONS BASED ON IDENTIFIED RISKS

Identify immediate actions after identifying potential risks for child reintegration and his/her healthy development. Please include these in the Care Plan.

ORGANIZATIONS THAT MAY SUPPORT THE FAMILY

Describe the nearby organizations and determine what type of support they may offer based on the risks identified and the proposed contingency actions.

PROFESSIONAL OPINION AND OBSERVATIONS

Write down your main observations based on the collected information and include your arguments in this report.

CONCLUSIONS

Write your specific conclusion of this report.

RECOMMENDATIONS

Based on your conclusions, consider whether it is appropriate to provide the financial subsidy, whether the person is a family care option or not, and how should be the follow-up and Care Plan for the child/adolescent.

Social Worker registered in the corresponding College_____

ANNEX 10

Annex 10. Psychological report - family care option

PSYCHOLOGICAL REPORT
to determine family care option and attachment with the child/adolescent

Place and date: _____

File number: _____ **according to (write the name of) Court:**_____

Psychological report number:_____

I. GENERAL DATA OF THE POSSIBLE FAMILY CARE OPTION

Name of the family care option identified	Relationship to the child or adolescent	Address	Education/employment	Age	Telephone number

Name of other relatives/possible care options	Relationship to the child or adolescent	Last known location/exact address	Telephone number

Before determining possible family options, take into account the opinion of the child or adolescent included in the preliminary assessment.

PURPOSE OF THE EVALUATION

Describe the purpose of the psychological evaluation. Specify.

METHODOLOGY

Example: observation, application of projective tests, etc.

BACKGROUND INFORMATION

Describe the situation, referrals, any data or information about the case related to the purpose of the psychological evaluation.

CURRENT PROBLEM

Briefly describe the current situation of the possible family care option related to the child/adolescent.

SOCIAL AND FAMILY DYNAMICS

Building on the history of the case, identify the family dynamics, relationships, difficulties, conflicts, and interests of the child/adolescent assessed. Include a genogram with the family members.

EXPLORATION

Explore the following:

- History of mood disorders
- Current emotional status of the possible care option
- The possible care option expresses and shows interest in caring for the child or adolescent
- Relationship and attachment with the child/adolescent showed by the possible care option
- The possible care option shows risk behaviors for the child/adolescent

Elaborate on the items above through exploration

APPLY PSYCHOLOGICAL TESTS

List the psychological tests applied and incorporated into the case management methodology and include the purpose for each one of them.

INTERPRETATION OF RESULTS

OPINION OF PROFESSIONAL PSYCHOLOGIST

We suggest identifying evidence of the attachment of the possible caregiver with the child/adolescent during the psychological evaluation.

Elaborate according to the following items

- ***Identify positive and negative attachments or detachment***
- ***Current emotional status of the possible care option***
- ***Actions to strengthen relationships and attachment***

CONCLUSIONS

RECOMMENDATIONS

Signature of Psychologist (a) registered in the College of Psychologists: _____

ANNEX 11

Annex 11. Care Plan or Case Plan

Objective: Develop a Care Plan that includes pre-reunification and reintegration goals based on the reintegration criteria.

Date of creation and frequency of revisions: Write the date when the plan was developed and the frequency of revisions/modifications.

Name of the child or adolescent: Write the name of the child or adolescent involved in the Care Plan.

CARE PLAN
Instructions: Please use the information gathered from the child and family social assessments and psychological evaluations. The plan should be developed using social work and psychology criteria. It should also be shared and validated in conjunction with the child/adolescent and the family. Pre-reunification goals should focus on actions that are key to ensuring a safe and smooth transition for the child into the family. These goals should focus on preparing the child to move into the family and prepare the family to meet the child's essential needs. When pre-reunification goals have been achieved, this is an indicator that the child and family are ready for reunification/placement. Remember that there will be some cases where pre-reunification goals will not be achieved, for example, due to scheduled hearings. Caseworkers could add these hearings as part of the reintegration goals. Reintegration goals should focus on key actions to ensuring the child is fully reintegrated into the family and community. When reintegration goals have been achieved and infringed rights have been restored, this indicates that the case may be ready for closure.

	1. (Pre-reunification)

Goal for Formal or Non/Formal Education:	2. (Reintegration)					
Need identified	Proposed actions (to meet the needs identified and prioritized by the family, including referrals to services)	Deadline (planned timeframe for interventions)	Person (s) responsible & contact	Actions completed Y/N	If not completed, please explain	New action identified

Goal for Protection and to ensure their	1. (Pre-reunification)

human rights are respected	2. (Reintegration)					
Need identified	**Proposed actions (to meet the needs identified and prioritized by the family, including referrals to services)**	**Deadline (planned timeframe for interventions)**	**Person (s) responsible & contact**	**Actions completed Y/N**	**If not completed, please explain**	**New action identified**

Goal for Psychosocial Wellbeing and Cultural and Gender Belonging	1. (Pre-reunification) 2. (Reintegration)					
Need identified	**Proposed actions (to meet the needs identified and prioritized by the family, including referrals to services)**	**Deadline (planned timeframe for interventions)**	**Person (s) responsible & contact**	**Actions completed Y/N**	**If not completed, please explain**	**New action identified**

Goal for Health and Development (Basic needs e.g., food and nutrition, hygiene and sanitation):	1. (Pre-reunification)					
	2. (Reintegration)					
Need identified	Proposed actions (to meet the needs identified and prioritized by the family, including referrals to services)	Deadline (planned timeframe for interventions)	Person (s) responsible & contact	Actions completed Y/N	If not completed, please explain	New action identified

Goal for Child – Caregiver / Mentor Relationship and Attachment	1. (Pre-reunification) 2. (Reintegration)					
Need identified	**Proposed actions (to meet the needs identified and prioritized by the family, including referrals to services)**	**Deadline (planned timeframe for interventions)**	**Person (s) responsible & contact**	**Actions completed Y/N**	**If not completed, please explain**	**New action identified**

Goal for Household Economy:	1. (Pre-reunification) 2. (Reintegration)					
Need identified	**Proposed actions (to meet the needs identified and prioritized by the family, including referrals to services)**	**Deadline (planned timeframe for interventions)**	**Person (s) responsible & contact**	**Actions completed Y/N**	**If not completed, please explain**	**New action identified**

Caseworker's name: _____ **Signature:**_____ **Date:** _____

Caseworker Supervisor's name: _____ **Signature:**_____ **Date:** _____

ANNEX 12

Annex 12. Case follow-up form

Instructions: This form will be used during the home visits after reunification. Caseworkers should use it to register all the observations and discussions about the wellbeing of the child/adolescent and the family as well as the progress made. Review the Care Plan and the follow-up forms before the visit to guide the areas that will be evaluated. Progress against the Care Plan should be reviewed during all follow-up visits. Any update must be entered into the Care Plan form, including any need, goals or actions recently identified.

Date of the monitoring visit: _____

Number of CTWWC case file: _____

Number of child's file in the Court: _____

Name of the child or adolescent: _____

A. CHILD's WELLBEING & PROGRESS MADE

This information should be attained via age-appropriate means – for example, storytelling, games, music, singing, drawing, writing a story/poem, or one-on-one conversation (using open questions), and observation. Spend time making the child feel comfortable first. Child engagement can occur one-to-one, with other children present, in the caregiver's presence at home, at school, or other community locations, depending on the information needed (this information will be provided by the psychologist responsible for the therapeutic process).

- **Since our last visit, is there anything that you would like to share with me? Please describe below:**

- **Any significant positive changes in your life? Please describe below:**

- **Any significant adverse changes in your life? Please describe below**

- **How have these changes affected you?** (e.g., how is the child currently coping)?

- **Risks identified:**

- **Contingency Plan:**

- **Caseworkers' general observations on the reintegration criteria** (by a psychologist):

- **Protection and security:**

_____

_____

_____

- **Health and development:**

_____

_____

_____

- **Child-family/primary caregiver healthy relationship and attachment:**

_____

_____

_____

- **Psychosocial wellbeing and community belonging:**

_____

_____

_____

- **Education:**

_____

_____

_____

- **Household economy:**

_____

_____

_____

- **Notes:**

_____

_____

_____

B. FAMILY´s WELLBEING & PROGRESS MADE

This information should be obtained via observation and discussions with the family and community. Spend time making the family feel comfortable first. (The social work professional will manage this section, and the psychologist will facilitate the therapeutic follow-up.

- **Since our last visit, is there anything that you would like to share with me? Please describe below:**

- **Any major changes in your life? Please describe below:**

- **Risks identified:**

- **Contingency Plan:**

- **How have these changes affected your family/life?**

- **Caseworkers general observations about the family's situation, their overall wellbeing, and progress made** (by a social worker):

  - **Protection and security:**

- **Health and development:**

- **Child-family/primary caregiver healthy relationship and attachment:**

- **Psychosocial wellbeing and community belonging:**

- **Education:**

_____

_____

_____

- **Household economy:**

_____

_____

_____

Proposed date of next follow-up visit: _____

Name of the social worker: _____

Signature: _____ **Date:** _____

Name of psychologist: _____

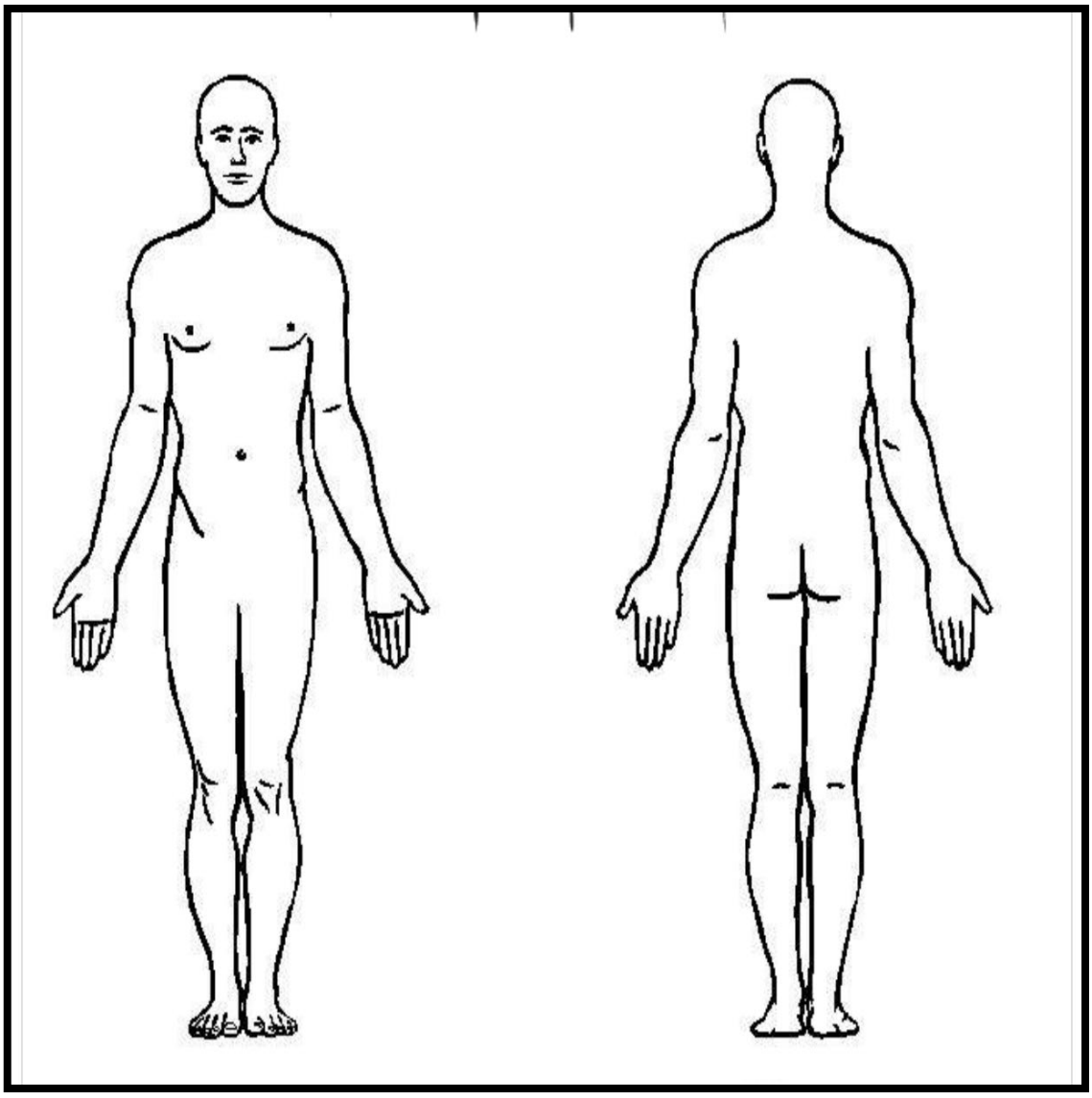
Signature: _____ **Date:** _____

Name of caseworkers supervisor: _____

Signature: _____ **Date:** _____

***Note**: Any action required should be added to the Care Plan.*

BODY CHART MAPPING



FINDINGS

#	Bruises
X	Tattoos
=	Injury or cut wound
*	Scars
/	Hickeys

ANNEX 13

Annex 13. Plan of economic opportunities

PLAN OF ECONOMIC OPPORTUNITIES
Name of Social Worker in charge: _____ Creation date: _____ Update date: _____

FAMILY GROUP DATA

Names of the current caregiver	Current exact address	Education/ employment	Phone number	DPI number
Mother:				
Father:				
Other care option: and relationship to the child/adolescent				

Name(s) of the child/adolescent	Education/employment	Grade	Age

Name of other people living in the household	Relationship to the child or adolescent	Relationship with the family option (if it is not the biological family)	Education/employment	Age	Phone number

IDENTIFICATION OF CURRENT PROBLEM

Identify and describe the current family problems associated with the household economy. Link this to the findings of the socio-economic assessment.

ANALISIS OF FAMILY'S STRENGTHS AND OPPORTUNITIES

Identify the family's strengths, economic and educational opportunities, barriers and solutions. Link this to the findings of the socio-economic assessment.

ASSESSMENT OF THE SOCIAL SERVICES

Identify and analyze the existing services in the community and accessible to the family to support the current Care Plan.

DESCRIPTION OF THE PROPOSAL

Describe the proposed solution to the problem identified.

RATIONALE OF THE PROPOSAL

Explain why a Plan of Economic Opportunities is needed for the family and what is your proposal

OBJECTIVES OF THE PROPOSAL

List the main objectives of the proposal

DIRECT BENEFICIARIES

Identify the direct beneficiaries of the proposal. Although the family is also a beneficiary, remember that the primary beneficiary is the child or adolescent reunified.

COSTS/BUDGET OF THE PROPOSAL

Identify the human, material, and financial resources needed to implement the proposal.

Human Resources		Material Resources		
Description	**Cost**	**Description**	**Cost**	**Total Cost**

IMPLEMENTATION STRATEGY

Identify the activities to be conducted, how they will be carried out, the dates, the location, and the responsible party for each activity.

What?	How?	When?	Where?	Who?
Activities or actions needed	*Determine how the actions will be conducted*	*Date or possible date of implementation*	*Place of implementation*	*Individual Responsible*

ANEXES

Means of verification: *(example: Photos, lists, receipts, invoices, etc.)*

ANNEX 14

Annex 14. Outline of independent living plan

ADOLESCENT PERSONAL DATA

Name	Exact current address	Education/Employment	Telephone number	Age/Grade/DPI
Adolescent:				**Age/Grade:**
Mother:				**DPI:**
Father:				**DPI:**

Other relative or adult currently responsible for the child	Exact current address	Education/employment	Telephone number	DPI

Other relative or adult currently responsible for the child	Relationship to the adolescent	Address	Education/employment	Relationship to the adolescent and age	DPI and Phone number

CASE HISTORY

Please describe how the adolescent was admitted into the residential care facility, record of the orphanages where he or she has lived, length of stay in the orphanage, legal status of the case—link to factors of why you are proposing independent living. Add timeline if possible.

ANALYSIS OF THE CURRENT SITUATION

Describe elements of the current situation and the possibility of starting an independent life; what does he/she think or feel about it?

ANALYSIS OF THE ADOLESCENT'S STRENGTHS AND OPPORTUNITIES

Identify strengths, educational opportunities, economic opportunities, community support networks, barriers, and solutions for the adolescent. Link the findings with the analysis of the current situation of the adolescent.

RATIONALE OF THE PLAN

Describe why is it necessary to develop an Independent Living Plan for the adolescent and a proposal

OBJECTIVES AND GOALS BASED ON PRIORITY AREAS

List the main objectives and goals for each area

IMPLEMENTATION STRATEGY

Identify the activities that will be carried out, how they will be implemented, dates, places and individuals responsible for each activity.

AREAS	VISION	MISSION	OBJECTIVES
Education			
Finances and/or employment			
Familiar			
Spiritual			

What?	How?	When?	Where?	Who?
Activities/actions needed	*Determine how the actions will be implemented*	*Date or the possible date when the activities will be implemented*	*Place of implementation*	*Individual Responsible*

DESCRIPTION OF THE INDEPENDENT LIVING PLAN

Write the vision, mission, and objectives to achieve competencies in the priority areas, including education, finances or employment, familiar and spiritual.

ESTIMATED COSTS/BUDGET

Determine the human, material, and financial resources needed to reach the goals and objectives of the priority areas).

Human		Material		
Description	Cost	Description	Cost	Total Cost

OTHER SOURCES OF POSSIBLE SUPPORT

Human		Material		
Description	Cost	Description	Cost	Total Cost

MONITORING OBJECTIVES AND GOALS

Identify progress towards achieving the goals and objectives within agreed timelines and reformulate actions related to case follow-up, if necessary.

Major Actions Implemented	Short-term Goals	Mid-term Goals	Long-term Goals	Strategy

ANNEXES

Means of verification:

Example: certificates of grades passed, degree, employment contract, photos.

For more information about *Changing the Way We Care,* contact us at: info@ctwwc.org