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MINISTRY OF GENDER, CHILDREN AND SOCIAL PROTECTION

Case Management Standard Operating Procedures for Children in Need of Care and Protection

Care Reform Initiative (CRI) Ghana

#FamilyBestPlaceForChildren

Case Management Standard Operating Procedures for Children in Need of Care and Protection

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Contents

ACRONYMS

BIA	Best Interest Assessment
BID	Best Interest Determination
CFWS	Child and family welfare system
CRI	Care Reform Initiative
DSWCD	Department of Social Welfare and Community Development
DSW	Department of Social Welfare
MoGCSP	Ministry of Gender, Children and Social Protection
NGO	Non-governmental organisation
RHC	Residential Home for Children
SER	Social Enquiry Report
SOP	Standard Operating Procedure
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UASC	Unaccompanied and Separated Child

TERMINOLOGY

Alternative Care:

Care for children who are not under the custody of their biological parents. Alternative care can be formal and informal. It includes family-based care (kinship care, foster care and adoption) and residential care.

Case Management:

A collaborative, multidisciplinary process promoting quality and effective outcomes through communication and the provision of appropriate resources to meet an individual's needs.[1] These processes include identification, assessment, planning, implementation, review and closure. Coordination between multiple service providers cuts across all the case management stages.

Case Worker:

An individual social worker who has the primarily responsibility for a case that has been assigned to him by a case manager.

Case Manager: [2]

The key worker in a case who maintains responsibility for the client from identification to case closure and supervises the case worker. In certain cases, the case manager may also play the role of the case worker.

Case Conference: [3]

A formal multi-sector / inter-agency case planning or review meetings for very complex cases, including cases where a child needs to be removed from his/her family and placed in alternative care.

Case Management Meetings: [4]

Internal agency meetings held at regular intervals and involving case managers/supervisors (as appropriate) to review caseloads. They provide an opportunity to review all open cases, to compare how different cases are progressing, to discuss various types of response, to share lessons learned, to prioritize certain cases for immediate response, and to take joint decisions for complex cases. At these meetings, information shared on cases should be anonymous, discussing situations without reference to identifying information, and should be held in confidential locations. Clients do not take part in these meetings.

Child:

A person below the age of 18 years.

Child Protection:

It is a broad term to describe philosophies , policies, standards, guidelines and procedures to protect children from both intentional and unintentional harm.

1 GBV Emergency Response and Preparedness. Participant Handbook. IRC
2 Inter-agency Guidelines for Case Management and Child Protection. Child Protection Working Group, 2013
3 Ibid
4 Ibid

Family-based care:

Family-based care is the alternative care of children in a family environment. Family-based care includes:

- Kinship care (living with relatives); and
- Foster care (living in a home with a foster parent, who provides round-the-clock care – in the same capacity as a biological parent).
- Adoption: legal responsibilities as parent of a child who is not one's biological child.

Formal care:

All alternative care in which placement has been ordered by a competent administrative body or judicial authority. Placements in residential care without the necessary authorisation are illegal.

Informal care:

Any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by a competent administrative body or judicial authority.

Foster care:

Foster care is a way of providing a temporary family based care for children who cannot live with their own parents.

Kinship care:

Family-based care within the child's extended family.

Reintegration:

"The process of a separated child making what is anticipated to be a permanent transition back to his or her family and community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life."[5]

Reunification:

Reunification refers only to the physical return of the child to the family.

Residential Care:

Residential Care is care provided for children in any non-family-based group setting, such as shelters for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes.[6]

5 GUIDELINES ONCHILDREN'S REINTEGRATION, 2016.
6 UN Guidelines for the Alternative Care of Children, 2009

FOREWORD

It is the desire of the Government of Ghana that Ghanaian children live in dignity, enjoy their rights and live a life free from violence, neglect, abuse and exploitation. Unfortunately, many children in our country continue to experience tremendous amount of violence in both public and private settings. The various types and degree of violence tend to follow these children into adolescence, adulthood, and even into their marriage lives, and could invariably become transgenerational. More upsetting and regrettable is the fact that those perpetuating these harms include parents, relatives, or persons in a position of authority.

Violence is preventable not inevitable and it is possible to break the cycle of violence being perpetrated against children; and it is everybody's moral obligation to act. The child protection system in addressing child protection concerns in Ghana is beginning to gather much momentum, however a lot still remains to be done. Every society, no matter what its cultural, economic or social background, can and must endeavour to stop violence against children. Now is the time to build and roll out a more robust, effective and sustained prevention and response mechanism.

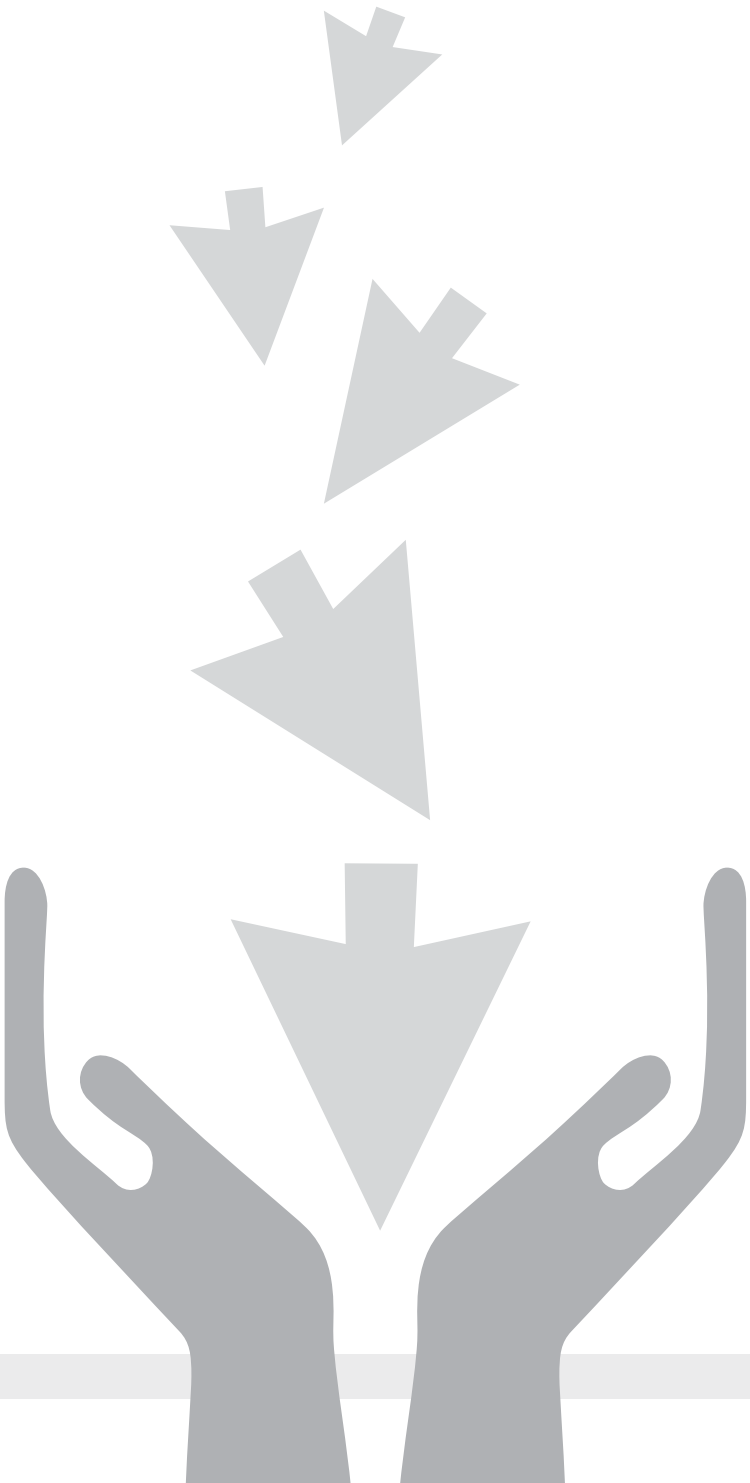
The Ministry of Gender, Children and Social Protection and its development and social partners have made significant investments over the years in the prevention of violence by putting in place a number of enabling legislative and policy framework. The Ministry has also initiated programmmes to change negative cultural norms and behaviours through media campaigns and community engagement through the use of community-based child protection toolkit.

Supporting children who are victims of violence, abuse and exploitation, requires a robust Case Management Standard Operating Procedures for Children in Need of Care and Protection; this was found to be a missing piece in our ongoing national efforts. The present document has come to fill this gap and aims to equip social workers and other child protection practitioners across the country with the needed practice guidelines on how to professionally handle protection cases and to ensure essential quality services are provided to the most vulnerable children.

The success of implementing this framework in Ghana largely depends on strong collaboration, commitment and an effective coordination mechanism between the Department of Social Welfare and service providers at all levels.

This document has been developed through collaboration between the Ministry of Gender, Children and Social Protection, UNICEF under the USAID support of Accelerating the Care Reform in Ghana program and a number of Non-governmental organizations. The Ministry of Gender, Children and Social Protection is profoundly grateful for the support and partnership with its Development Partners.

Gifty Twum-Ampofo, MP
Hon. Deputy Minister
Ministry of Gender, Children and Social Protection.



INTRODUCTION

The role of the Case Management Standard Operating Procedures (SOPs) for Children in Need of Care and Protection cannot be overemphasized. These SOPs describe guiding principles, procedures, roles and responsibilities in the prevention of and response to child protection for children residing within Ghana. The SOPs build on national and Ghana based practices, protocols and legal frameworks as well as international minimum standards. They are designed to be used together with existing resources related to prevention and response to child protection.

This Standard Operating Procedures (SOPs) is intended as a guide for social workers in handling case of children in need of care and protection. This document focuses on direct assistance, case plan, case implementation and reintegration. The SOPs aims at building the capacity of all social workers in Ghana, especially those of the Department of Social Welfare. By applying the operating procedures outlined in this document, social workers will be better equipped to provide comprehensive and holistic assistance to children in need of care and protection.

The document provides some background information, the case management processes in the Ghana context and sample standardized case management forms to help in documenting the process.

The Case Management Standard Operating Procedures for Children in Need of Care and Protection was developed by the Department of Social Welfare under the Care Reform Initiative umbrella with funding from USAID. This document is the result of extensive consultations with stakeholders at all decentralized levels. Additionally, the document is informed by international guidelines and minimum standards, including but not limited to the 2012 Minimum Standards for Child Protection in Humanitarian Action, the 2014 Inter-agency Guidelines for Case management and Child Protection as well as SOPs for Child Protection of other countries.

WHAT IS CASE MANAGEMENT?

1.1 Defining Case Management

Case management is an approach to structuring and planning how to provide appropriate and effective social service support to vulnerable children and families. It begins when a person or family is identified as having vulnerability or is in a difficult situation requiring support or assistance. The child and family are assigned a case worker who provides individualised support and documents the process.

Case work enables children and families to develop relationships of trust and to receive support based on a well-developed understanding of their particular needs. The documentation of the process ensures that, the case can, if necessary, be referred to another agency or case worker for proper intervention according to the assessment and case plan (e.g. if reintegration is across borders or vast distance or if staff leave). Case workers often do not deliver all of the services/support to children and families themselves, but are able to provide information about and referral to other providers.

Effective case management practices can empower families to understand and access services through creating a child and family-centered case plan, with the end goal of helping families gain coping skills, resilience, autonomy and wellbeing. It builds in regular checks to see if the plan is having the intended effect and if necessary revise the case plan. [7]

Key points to note on case management:

- Case management is a smaller system nested within the larger child and family welfare system (see Diagram below).
- It is part of the process of care component of the larger child protection system, as a primary service delivery method.
- Case management is also described as a core service delivery mechanism that is activated through the deliberate coordination of all of the components of the child protection system.
- The case management system can function only when it is connected to, and supported by, the larger Child Protection System.
- An information management system and accountability is a key for a broader case management and child and family welfare system.

7 Definition from: Global Social Service Workforce Alliance (2017). Guide to Case Management Core Concepts & Principles. Draft 10th May 2017; Department of Social Welfare, Foster Care Manual, Draft, November 2017

1.2 Stages of the Child Protection Case Management[8]

Case management involves a series of stages or 'steps'.

1. Identification.

The starting point is when a client comes to the attention of the social service provider, police, community volunteer or anyone with responsibility for providing support to vulnerable families. Identification can happen in many ways. For example, a potential client may be identified during outreach work in communities, or by a school teacher, health professional or the client may ask for help directly.

2. Assessment.

The assessment is composed of an initial screening to ensure the client is safe and a comprehensive assessment on the strengths and needs of the client.

2.1 Initial screening. At the time of registration, there is an initial assessment or screening to decide if the client can usefully be assisted by the service. This screening process will use a standard tool to find out if the client meets the eligibility criteria. In the child protection sector, this initial screening is used to determine whether the child is safe or unsafe and in need of care and protection services. At this stage, the case worker begins to build a trusting relationship with the client. This is done by listening carefully and considering what they are saying.

At this stage, it may be decided that no action needs to be taken. For example, the child is safe and no further intervention is needed. The case can be closed at this stage.

In a case where the child is at risk of immediate violence or abuse (i.e. unsafe) an emergency place of safety may be needed. This is somewhere the child can stay and be taken care of away from risk of harm while a more complete assessment is done.

2.2. Comprehensive assessment. If the client or client unit needs assistance, a more complete assessment of their strengths and needs is done. Assessment means collecting information and then analyzing it to decide the help and support needed. The person doing the assessment works with the client and all the people in the client unit, listens carefully to understand and respect the situation and opinion of the client.

3. Planning.

Based on the comprehensive assessment, the social worker together with the family and the client will develop a case plan. The case plan outlines the set of actions that the social worker (or other service provider) will undertake to assist an individual child and/or family in response to concerns raised about their physical, emotional, social or economic well-being (vulnerabilities).

The plan indicates what action will be taken, by whom and when to make sure the appropriate help and support is provided. It includes a description of what all the members of the client unit want to change so that the case can be closed. The plan will include immediate, short-term and longer-term changes or goals.

When it comes to children in alternative care placements, a distinction can be made between a case plan and a care plan. The case plan is for the overall case, while the care plan focuses on meeting the specific care needs of the child while s/he is in care, so as to meet the overall case plan goal which may be reunification, foster care or adoption as a last resort.

8 Developed based on the Koforidua and Kumasi consultative meetings in 2017.

4. Implementation of the case plan.

During the implementation of the case plan (and care plan) the case manager follows up to make sure that the child and/or family is getting the planned help, support services. The case worker can provide direct support or referred the client to other service providers.

5. Follow up and review.

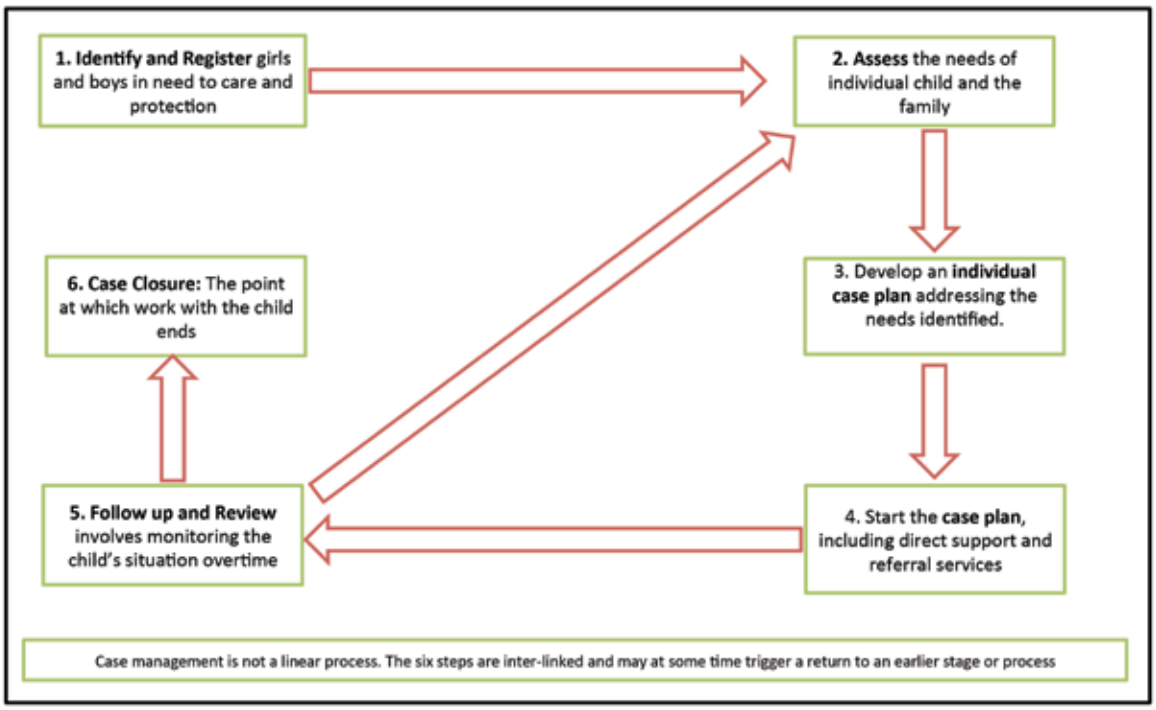
At regular and planned intervals, the case plan (and care plan) is monitored and evaluated to ensure it is having the intended effect (to see if the goals are being met) and if necessary to make some changes. If circumstances arise and the goals of the case plan cannot be achieved, a new assessment might be necessary before updating the case plan.

6. Closure.

The case plan should include a statement of what needs to change so that the case can be closed. A case is closed when all the goals have been met. A closed case can be re-opened in the future if the child and/or family requires more help and support.

At each stage, the case can be referred to other services. It is important to think about who needs to be involved beyond the obvious engagement of the members of the client unit. It may also include other agencies and organizations e.g. the police, doctors and nurses, teachers, church, as well as coordination mechanisms e.g. child protection committees. **Case conferences** are one way of involving key stakeholders in the case management, from the initial screening stage to closure.

Figure 1. The stages of case management



1.3 Roles and Responsibilities[9]

Social worker

According to the 1998 Children's Act 560 (Section 22), some of the roles of a social worker are to: 1) counsel and help the child and his or her family; 2) take reasonable steps to ensure that the child is not subjected to harm; and 3) hold regular reviews to plan for the future of the child. A social worker, therefore, is responsible for protecting the rights of children and acting in their best interest. Social workers will be in contact and engage with children throughout the identification and screening process, all stages of implementation of the case plan, reintegration and follow-up.

Social workers provide transitional assistance to children. While children are in alternative care, social workers provide and monitor psychosocial support that includes counselling and medical assistance for the child. They conduct family tracing and assess the children and their families to determine reintegration options. Social workers further ensure the smooth return of children and monitor progress in the community until they ascertain the child's proper integration. All such assistance is achieved by collaborating with other stakeholders or service providers.

Experts in social work recommend an approach that empowers the client, viewing the client as "persons with assets and potentialities, as resources rather than carriers and/or sources of pathology".[10] This is based on the belief that the client is best able to understand and solve his/her problems. From this perspective, the long-term duty of the social worker is focused on helping the child to rebuild his/her self-esteem and self-confidence, build on his/her own personal resources, and help the person to see that s/he is in control of his/her life and capable of making his/her own decisions. The social worker also has a role in crisis intervention, guiding the child through immediate options and, if necessary, initiating the referral process.

Law enforcement officers

From the moment, a child in contact with the law is identified, law enforcement must provide safety and protection, in collaboration with social workers. Law enforcement officers must refer the children for immediate health assistance, if necessary, and coordinate further transitional assistance like shelter, medical and psychosocial support. Children should be separated from the suspects. During the course of an investigation, law enforcement may also provide physical protection to children victims or witnesses.

Health practitioners

Health practitioners conduct medical visits with children who may be asked to undertake medical examinations or procedures for diagnostic purposes. They may undertake medical interventions where necessary.

Officials from Civil Society Organizations/NGOs

The Government is responsible for providing direct assistance to children, but CSOs/NGOs play a supplementary role to government efforts by conducting outreach in communities, raising awareness, and providing psychosocial assistance, medical support, life skills training, legal assistance, rescue and other emergency assistance. Some CSOs/NGOs conduct family tracing and home visits, provide transitional shelter, and facilitate reintegration and follow-up thereafter. Some NGOs can provide alternative care services when granted a care order. As such, NGO can play the role of case worker while the district social worker play the role of the case manager.

9 IOM, The IOM Handbook on Direct Assistance for Victims of Trafficking (Geneva, 2007).

1.4 Guiding Principles for Case Management[11]

The United Nations Convention on the Rights of the Child (CRC), the Child Protection Minimum Standards (CPMS) and the Children's Act of 1998, articulate the basic principles that guide protection actors in their work with children.

Best interests of the child

The best interests of the child is a child rights principle, which derives from the Children's Act, 1998 (Section 2) which says that "(1) *The best interest of the child shall be paramount in any matter concerning a child. (2) The best interest of the child shall be the primary consideration by any court, person, institution or other body in any matter concerned with a child*". It also derives from Article 3 of the UNCRC, which says that "*in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration*". Assessing the best interests of a child means to evaluate and balance "*all the elements necessary to make a decision in a specific situation for a specific individual child or group of children*". In order to determine the best interests of the child, it is critical that adults consult, understand and consider children's perspectives in decisions affecting them.

Preference for child to be kept with parent, guardian or relative

A child in need of care and protection should be maintained within his/her family as much as possible and removal from his/her home should only be considered as a measure of last resort. Financial and material poverty of a family shall not be a justification for placing, or receiving a child in alternative care, but shall be seen as a signal to provide appropriate support to the family. Where adoption is not an immediate option, kinship care or foster care should be the preferred choice of alternative care for the child.

Non-discrimination

Every child should be treated fairly and equally regardless of abilities, health status, religion or ethnic background.

Collaboration and partnership

Everyone involved in case management should work in collaboration with the child (the client) and his/her parents/family. The case worker must make sure that the client understands what is happening by giving good information. He should also listen to the child, and all members of the family and consider their wishes when undertaking the assessment and developing the case plan and care plan. A case worker should also work with other organisations and individuals to make sure children and families get the best help by collaborating and coordinating with statutory (government) and other providers.

11 Sources: Global Social Service Workforce Alliance (2017). Guide to Case Management Core Concepts & Principles. Draft 10th May 2017; Department of Social Welfare, Foster Care Manual, Draft, November 2017.

Respect for diversity, culture and tradition.

Everyone involved in case management should know about and respect the local cultures and traditions that apply in the area in which they are working. It also means making sure that women and girls are treated equally with boys and men. In cases where these may be harmful, the human rights framework will guide the worker. For example, child marriage may be a local tradition but it is also a child rights violation. Respect for diversity, culture and tradition also means looking for local solutions and using community resources where possible, when setting goals and case planning.

Confidentiality

A case manager does not share information about a client or family unless it is very necessary to do so, for example, at a case conference. It is important not to discuss cases at home, with friends and neighbours, or in places where other people may overhear. Written records should also be kept safe in a place where they can only be accessed by the case manager and his/her supervisor. In case interpreters are needed, they are expected to uphold confidentiality and sign an agreement to that effect (in the Annex).

Quality assurance in case management

Case workers should be supported to do their jobs well through continuing supervision. This will involve regular meetings between case workers and case managers to agree work plans, for on-the-job training, for individual case review, and support to cope with stress. Supervision may also include group sessions, during which groups of case workers review cases together and provide peer support.

The form #14 "case files checklist" aims to equip case managers to monitor the completeness and quality of individual case files done by the case workers. It is a feedback mechanism to identify the gaps in documentation and therefore improve the quality of services provided to the clients.

2. CASE MANAGEMENT PROCEDURES FOR CHILDREN IN NEED OF CARE AND PROTECTION

The detailed procedures for each stage/step for responding to children in need of care and protection in Ghana are described in this section.

2.1 Identification and Register

The case management cycle begins when someone alerts the Department that there is a potential concern about a child within the community.

Any suspected case of abuse or neglect or abandonment must be reported to and investigated by a social worker.[12] The Children's Act, 1998 (Act 560) Section 17 stipulates that **any person with information on child abuse, or a child in need of care and protection shall report the matter to the Department of Social Welfare**.

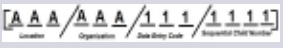
It could also be a SWCDO who identifies a child protection issue in a community or household. A child can also report him/herself to the department when s/he perceives his/her survival or development is in danger.

When the social worker identifies any protection concerns and/or determines that the child is vulnerable/at risk, s/he should complete the following actions:

- Register the case in the registration book;
- Provide a case reference number to the newly opened case (see below);
- Open a case file and collect basic information on the child, the responsible adults in the household and other significant caregivers, and a statement of the problem or reason for referral. (Form #1: Registration form);
- Decide if this is a case that needs the involvement of the police or health services - these are cases that are statutory or life or health threatening.

Finally, the District Head (Case Manager) decides which case worker to allocate the case to. This decision should be guided by the current caseload of individual case worker.

Notes

At this stage it is recommended to assign a case reference number to the file opened. The child protection code can be the first two or three letters of the regions, two or three letters of the district, three letters representing the organization who registered the child, the case worker or data entry code, and then the sequential number of the child. 

12 The Children's Act 1998 560 (Section 18) defines a child in need of care and protection.

Case reference number on Files:

Organization Codes	
Organization	**Code**
DSW	DSW
NGO	NGO

Location Codes			
Location / Regions	**Code**	**Location**	**Code**
Greater Accra	GA	Wester Region	WR
Eastern Region	ER	Brong Ahafo	BAR
Upper East Region	UER	Ashanti	AR
Upper West Region	UWR	Volta Region	VR
Northern Region	NR	Central Region	CR

2.2 Assessment

The assessment is composed of an initial screening, usually at the time of registration, to ensure the client is safe and a comprehensive assessment, undertaken later, on the strengths and needs of the client which will be used to write the social enquiry report.

2.2.1. Initial Screening

The focus of the initial screening is essentially a **safety assessment** which is the process used to determine the level of immediate danger to the child.[13] It considers the immediate threat of harm and the seriousness of the harm or danger given the current information and circumstances. Where imminent danger of harm to a child is present, the process then considers which interventions are needed to mitigate the threat to the child. After considering the immediate safety and interventions, the process leads to a **safety decision**.

At the point of the first face-to-face contact with the child and family or at any subsequent point in the life of a case when child safety is of concern, the case worker should:

- Assess the present conditions and the danger resulting from those conditions using the Initial Screening Form #2:[14]
- Identify and implement the safety interventions listed in Form #2 currently needed to protect the child.

If the child is in immediate need of care and protection,

- Remove the child, either together with the police or with the knowledge of the police[15] if s/he is in immediate danger;
- Place the child with a "fit person" who, in terms of the Act, can be the manager of a licenced Residential Home for Children (RHC), a licenced foster parent or any other person approved by the court idem.
- Prepare the Social Enquiry Report (SER) (Form #4) for submission to the Family Tribunal for the issuing of a care order which places the child under Section 20 (1) of Act 560;
- Obtain a care order within seven (7) days authorising the placement of the child in the alternative care arrangement.

13 Source of information on the safety assessment: Department of Social Development (2012) RSAT Manual Module 6: Safety and Risk Assessment Tools. Department of Social Development, South Africa.

14 The form was adapted from Department of Social Development (2012) RSAT Manual Module 6: Safety and Risk Assessment Tools. Department of Social Development, South Africa; and Sample of Assessment Form for Child Survivors of Sexual Abuse in Interagency Guidelines for Case Management and Child Protection, 2014.

15 The 1998 Children's Act 1998 560 (Section 19) stipulates that if the Department has reasonable grounds to suspect child abuse or a need for care and protection, it "shall direct a probation officer or social welfare officer accompanied by the police to enter and search the premises where the child is kept to investigate".

If the child is not in immediate danger, but there is concern about his/her safety, the child can remain at home. The case worker should in this case:

- Prepare the Social Enquiry Report (SER) (Form #4) for submission to the Family Tribunal for the issuing of a supervision order which places the child under Section 21 (1) of Act 560;
- Obtain the supervision order.

In both case, the case worker should

- Provide immediate psychosocial support to the child and his/her family and facilitate referrals to services where needed (See Form #10 : Referral forms);
- Ensure that the case is followed up and that the child receives the services he/she has been referred to.

The initial screening of the child and caregiver should be completed **within 24 hours** as part of Registration (Stage 1). If this is not possible, the initial screening should be completed within no longer than 48 hours, to prevent the child from being left at risk.

Notes

Safety assessment tends to cluster around three fundamental questions:

- Has the child being recently maltreated, is the child currently being maltreated or is the child at risk of imminent harm?
- What additional family and environmental factors may increase the likelihood of harm in the short term?
- Are there strengths and protective factors in the family that can mitigate maltreatment and assure the child's safety?

In the context of safety assessment, the concept "safe", and "unsafe" mean the following:

- **Safe:** a child can be considered safe when there are no present or imminent threats of danger to a child within the family/home or when the caregiver's protective capacities with in the home can manage or control the threats of danger.
- **Unsafe:** a child is unsafe when he or she is vulnerable to a present or imminent threat of danger within a family/home and the caregiver's protective capacities within the home are insufficient to manage the threat, thus requiring outside intervention.

Cases are considered urgent when the protection risks pose a serious threat to life and health. Cases are also urgent when they are time critical, e.g., when the opportunity to document the circumstances of separation for an infant or very young child (and thereby to increase the chances of reuniting them with their family) may be very limited. Cases may also be prioritized through category of risk, e.g. abandoned child, sexual assault or rape; early marriage, etc. All cases need to be followed-up and prioritization should be done on a case-by-case basis. At the same time, prioritization also includes actions concerning each particular case.

Table 1: Classification of Cases by Level of Urgency For Children

Type of Risk/Harm	Level 1 Significantly harmed. Urgent response & frequent follow-up required (Recommended response within 24 hours & bi-weekly follow-up)	Level 2 Harmed. Response and follow-up required (Recommended response within 3 days & weekly follow-up)	Level 3 At-risk of harm. Monitoring required (Recommended response within 7 days & fortnightly to monthly follow-up)	Level 4 No longer at-risk; no further action required; case closure
Physical Abuse	▪ Serious injury of infant or toddler in domestic violence incident. ▪ Child attempted suicide	▪ Excessive corporal punishment. ▪ Threats to injury. ▪ Dangerous & reckless behaviour. ▪ Child is self-harming.	▪ Threats to injury. ▪ Non-injurious corporal punishment.	▪ No violence present (factors causing the harm have been addressed or removed). ▪ Person causing harm no longer has contact with the child.
Sexual & Emotional Abuse	▪ Any sexual contact between a child and an adult (where person causing harm has access to the child) ▪ Child is being persistently belittled, isolated, or humiliated by a significant caregiver.	▪ Child is promised to be married ▪ The child has been sexually violated in the past and not received any support ▪ Significant caregivers approach to the child is harmful (occasional belittling, isolation or humiliation)	▪ Child is treated differently than other siblings and parent is negative towards the child	▪ The child and family have received support and there are no sexual harm factors present ▪ Factors causing the emotional harm have been addressed (parent received support).
Neglect	▪ Serious injury or illness due to neglect (malnutrition with no apparent causal factors)	▪ Lack of supervision ▪ Inadequate basic care ▪ Failure to protect ▪ The child is often left to look after themselves, or is undertaking tasks beyond his/her developmental capacity	▪ Caregivers are emotionally distant	▪ The child's basic needs are being met.

Type of Risk/Harm	Level 1 Significantly harmed. Urgent response & frequent follow-up required (Recommended response within 24 hours & bi-weekly follow-up)	Level 2 Harmed. Response and follow-up required (Recommended response within 3 days & weekly follow-up)	Level 3 At-risk of harm. Monitoring required (Recommended response within 7 days & fortnightly to monthly follow-up)	Level 4 No longer at-risk; no further action required; case closure
Exploitation	▪ Child involved in worst forms of child labour, trafficking	▪ Child underage forced to work	▪ Parents are threatening to send the child to work	▪ The child is no longer working
Highly Vulnerable Children	▪ Abandoned child under 5 ▪ Unaccompanied child under 5 ▪ Separated child under 5 with unknown family	▪ Unaccompanied child under 12 ▪ Separated child under 12 with unknown family ▪ Child headed household ▪ Unaccompanied and Separated Child (UASC) (female) with unknown family	▪ UASC who have had BIA and BID completed, who have carers, and their needs are being met.	▪ The child is being adequately cared for and the situation has been monitored for several weeks with no issues arising

The case may be closed after the Initial Screening/Safety Assessment has been finalised and the information collected confirm that maltreatment has clearly not occurred. The case worker can only arrive at such a decision after the following criteria have been met:

- No safety threats to the child could be identified, and
- The family possesses sufficient strengths in terms of individual and family functioning within the family system, and
- There are no signs, conditions or factors that indicate risks of maltreatment, and
- There is no reasonable grounds that the child is considered as a child in need of protection.

2.2.2 Comprehensive Assessment

The comprehensive assessment is similar to the initial screening, but aims to gather a greater depth of information about the child's/family's situation in order to guide the caseworker in creating an effective case plan. The comprehensive assessment is to be conducted after the initial screening/safety assessment for cases where a child has been found to be unsafe and has been removed from parental care AND in cases that require a safety plan for the child to remain at home.

After being assigned the case, the social worker should

- Conduct interviews with family and other relevant stakeholders to gather further information.
- Complete a comprehensive assessment of the child and family using Form #3.[16]

2.3 Planning

Case planning is informed by the initial screening and the comprehensive assessment. As with the initial screening, the case plan can include a range of interventions depending on the child protection concerns.

For every problem identified during the assessment, there should be a plan to address it. The plan should be specific and should say WHO should do WHAT by WHEN. In best practice, the case plan should be developed within seven (7) days of the child's registration and after the comprehensive assessment.

To develop a case plan, the case worker should:

- Organise a case a conference with the participation of the child, family and other relevant stakeholders if possible;[17]
- Determine the overall goal of the case e.g. family strengthening, reintegration, long-term foster care or adoption using Form #5.
- Set specific, measurable, time-bound objectives, which can be used as a tool for checking monitoring progress, including prior to case closure (SMART Objectives);
- Determine the interventions to be taken to achieve this case goal;
- Identify resources that the family can draw on, such as services or support in the community, to achieve the objectives;
- Develop a contingency plan/ information about who children and family members should contact if the plan goes wrong and relationships breakdown;
- Share if applicable the case plan with all family members and acknowledged by signature or a similar sign.

When a decision is made to place a child in alternative care (RHC or foster care), as a temporary or long-term measure, a care plan needs to be developed in addition to the case plan. See Form #6: Care Plan.

A Care Plan outlines the set of actions that will be undertaken by the social worker and RHC/foster parent to assist an individual child and/or family in response to concerns raised about their physical, emotional, social or economic well-being, based on a comprehensive assessment.

16 The form was adapted from Generic Sample of Assessment Form in Child Protection Working Group Inter-Agency Guidelines for Case Management and Child Protection, January 2014; and Assessment form for reintegrated children, Department of Social Welfare, Ghana, 2017.

17 Where it is not possible or wise to bring everyone together, a series of individual meetings may be necessary. These meetings should be in person, though in some extreme cases where very long distances or security are an issue, discussions over the phone may be necessary. All actors should recognise that plans are fluid, and should be revisited at key points (e.g. when a date for reunification is decided, when reunification occurs, when there has been a crisis in the family or amongst service providers). Global guidance on case management suggests plans should be reviewed at least every three months.

Notes

Having a clearly articulated plan can be vital for managing expectations. For example, children may have high hopes of return to a family of love and prosperity or, conversely, a belief that nothing really can change; whereas parents/caregivers may expect material or financial assistance, and become reliant on agencies if appropriate steps are not taken. Helping the family to develop the plan themselves and take more ownership of their future is valuable (e.g. by providing 'partial support', where the family pays a proportion of a particular expense and the organisation pays the remainder). Case planning should include a consideration of the legal guardianship of the child and the point at which this will need to be handed back to the family (and to whom within the family).

Social workers are encouraged to use a team approach in developing a plan, as it enhances creativity and high quality decision making; however, it does require openness and honesty amongst team members. The team can be composed of family members, social workers, foster parents or residential homes staff, teachers, etc. Where possible, encourage the child to choose some of the support team, and extend invitations beyond the immediate family and main agency.

2.4 Case Implementation

The case manager is responsible for ensuring that the case is implemented as per the case plan. Where s/he is unlikely to carry on all the actions in the case plan, s/he needs to ensure that whoever is responsible, is doing so within the agreed timeframes.

To implement the case plan, the case worker should:

- Identify service providers to refer cases. These referrals can take place at any point in the case management process, but ideally they should be based on the child's Care Plan so that they are relevant to the needs of the child, family or individual and be made with their knowledge and consent;
- Follow-up to provide on-going support for the child. These follow-ups include phone-calls to service providers, home visits, and any other activity/communication related to the case. The frequency of follow-up varies depending on the nature of the case and the distance to the child's home;
- Keep case management notes throughout the case management process. See Form #8 for a template for recording case notes.

2.5 Case Review and Follow-up

The child's Case/Care Plan needs to be reviewed every three months. This review should be done together with the child, his/her family, the residential home for children staff or foster parent and other stakeholders. Each follow-up session should be documented by the social worker through the Care Plan Review form (Form #7) and the Case Management Notes (Form #8), with the purpose of recording and identifying key indicators for each child. Case or Care review should occur every 3 months or 6 months maximum.

The case worker needs to

- Monitor the implementation of the case/care plan;
- Monitor the well-being the child;
- Maintain regular contact with the child for both security and monitoring purposes;
- Provide direct assistance to children and families.

Notes

In order to monitor the well-being of the child, it is important to establish relationships with the individuals from the community who will help monitor the case (e.g after reunification): another worker (e.g. teacher, community organization, NGO), community volunteer, religious leader, etc. There are advantages to working with individuals from the community, such as their proximity to the child and family (especially if distances are great), and their ability to offer insight into the strengths of various relationships. However, owing to discrimination, community monitoring systems may not be appropriate for some children, and it is important to ask the child and family for their preferences. It may also be too much to expect nonprofessionals to monitor more complex cases. In general, it is recommended to the case worker to make periodic visits that decrease in frequency over time, and for others actually living or working in the community of origin to act as closer observers, with a clear point of contact in case problems arise.

Case Coordination and Case Conferences

Case coordination and case conferences are cross-cutting activity throughout the case management process. To achieve the changes required to make an improvement in the lives of the child and his/her family, other stakeholders' involvement will be needed in a coordinated manner.

This can be done through ***case conference*** where the case manager holds a meeting with stakeholders and services providers to share and present information about cases recorded, action taken, progress, feedback and recommendations.[18] The purpose of the case conference is to explore multi-sector/ inter-agency service options, and to make formal decisions in the best interest of the child. [19] Case conferences should be documented using the Case Conference Form (Form #9).

The case conference involves extensive preparations where the case manager meets with all family members and service providers. The goal is to prepare prospective participants by providing them with information about the conferencing process, as well as the strengths and concerns identified by the case workers.

18 The Bantwana Initiative of World Education (2016) Community Case Management (CCM) Training Manual. Developed by the Bantwana Initiative of World Education with support from the Ministry of Gender, Labor and Social Development (MGLSD) in Uganda. First Edition, June 2016

19 Inter-agency Guidelines for Case Management and Child Protection. Child Protection Working Group, 2013

2.6 Case Closure

The golden rule of case management is that no case can be closed by a case worker without consultation and authorization by his/her supervisor the case manager.[20] In this way, the case worker and case manager can be sure that a case that still needs assistance is not closed prematurely.

Even though closing a case can be emotionally tasking for the child, the family and the case worker, it is important for closure to occur. Based on the recommendations of the case worker, the case manager can close the case when s/he is confident that the child's safety and well-being are secure.

Here are some suggested conditions for a case to be closed:

- The child has been placed in long-term care and this has been formalised.
- A consultation with other service providers, such as health workers and teachers, has been made to ensure that review aligns with their perspective of the child's and the family's progress.
- The case plan goal has been achieved.
- The child has turned 18 whilst in alternative care and has received services for a minimum of 12 months to support their independent living.
- The child has died, and all necessary investigations in to cause of death have been conducted and concluded.
- The child has been reunified and reintegrated in her or his family after successful tracing (see Form #13: Reunification Certificate).

When a case is closed, the decision needs to be formally recorded and placed on the child's case file (see Form #12: Case Closure).

Notes

The closure period spans a time frame so that the child does not feel abruptly abandoned. The child and the family are informed and prepared for the closure in a sensitive manner.

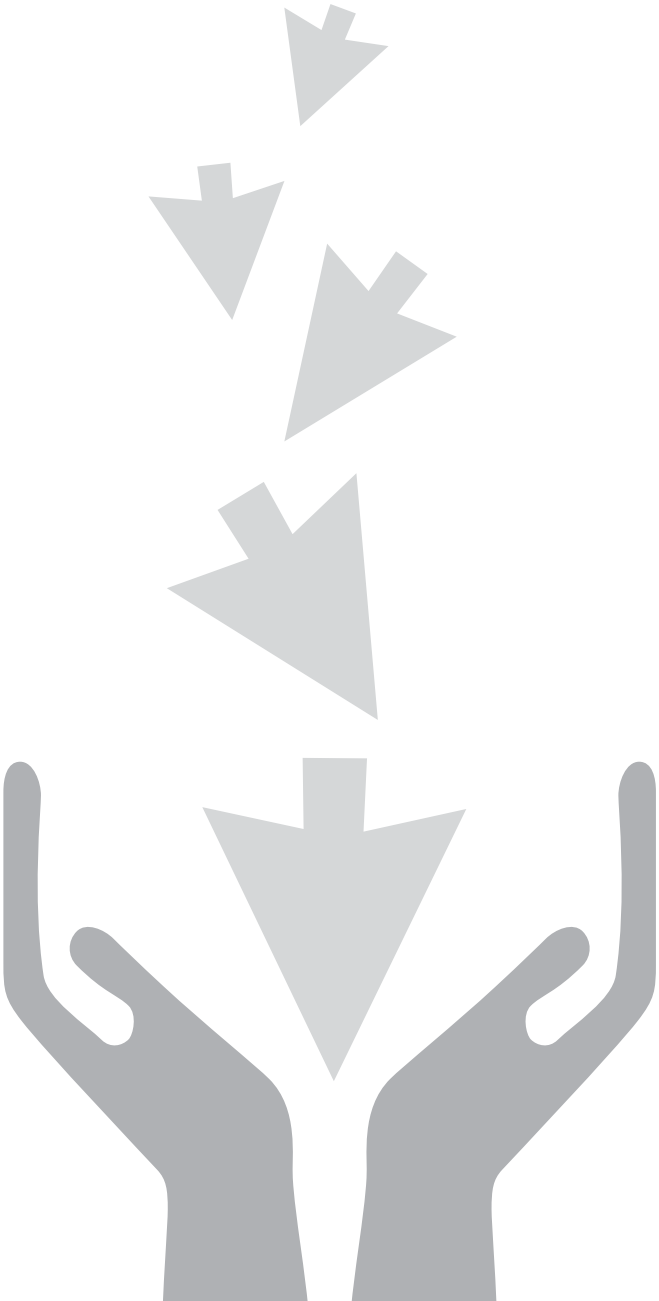
All documentation on the case is retained by the case worker in the event the case needs to be reopened. Appropriate measures should be taken to ensure that all case information are protected and confidentially stored. For example, paper files should be stored in a locked file cabinet and electronic files must be password protected.

20 The Bantwana Initiative of World Education (2016) Community Case Management (CCM) Training Manual. Developed by the Bantwana Initiative of World Education with support from the Ministry of Gender, Labor and Social Development (MGLSD) in Uganda. First Edition, June 2016

REPUBLIC OF GHANA

MINISTRY OF GENDER, CHILDREN AND SOCIAL PROTECTION

Child Protection Case Management Forms



Department of Social Welfare
(Confidential)
Case Registration Form [Form #1]

Registration Details		
Date/Time		
Details of Complainant or Person who made the referral:		
Name:		
Designation:		
District:		
Region:		
Contact Number:		
Source	☐ Police ☐ Relative ☐ District Officer:_____	☐ Child's parent/caregiver ☐ NGO:_____ ☐ Other:_____
Method	☐ Telephone ☐ Referral letter	☐ In-person ☐ Other (provide details)

Child and Family Details				
Child's Surname				
Child's Name (first and middle)				
Other Name/Child's Nickname (where applicable)				
Sex	Male ☐		Female ☐	
Date of Birth			Age:	
Religion				
Address/location (street/landmark, district, region,)				
Who does the child currently live with?				
Mother Name/Surname		DOB/Age		Status[21]:
Address (include District & Region)				
Father Name/Surname		DOB/Age		Status:
Address (include District & Region)				
Caregiver Name/Surname		DOB/Age		Status:
Address (include District & Region)				

[21] Alive, deceased, unknown

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Case Registration Form [Form #1] CASE REF #_____

Child and Family Details	
Names, sex and birthdates (and ages) of other children in the family	

Protection concerns *(tick all boxes that apply)*

- ☐ Physical abuse
- ☐ Sexual abuse
- ☐ Child custody
- ☐ Child neglect
- ☐ Exploitation
- ☐ Abandonment
- ☐ Orphanhood – double or single
- ☐ Child maintenance
- ☐ Other, specify: _____

Provide additional details on the reasons for referring the case:

Follow-up action to be taken

- ☐ Further investigation needed
- ☐ Referral of case to :_____
- ☐ Other, specify:

Action to be taken:

Details of officer who register the case and received the referral

Name _____

_____ _____

Designation Signature:

REPUBLIC OF GHANA

Department of Social Welfare
(Confidential)
Initial Screening (Safety Assessment) [Form 2]

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

Assessment Details	
Date Assessment Started	
Date Assessment Completed	
Child's SURNAME/Names	
Details of Case Manager/worker who conducted the assessment:	
Name:	
Designation:	
District:	
Region:	
Contact Number:	

Protection concerns	
Primary protection concern	
Secondary protection concern, if any	

*What **evidence** was found to support the suspected child protection concern/s? Includes observations, talking to the child, parents and other parties.*

REPUBLIC OF GHANA

Child Safety Assessment

Main assessment point: The child's current safety status

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

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

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

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

Please explain your decision in the box:

Safety Interventions

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

☐	(1) **Direct service intervention by Case worker** *Immediate actions taken or planned by the investigating worker that specifically address one or more safety threats. Examples include: providing information about non-violent disciplinary methods, child development needs, or parenting skills; providing emergency material aid such as food; assistance to obtain restraining orders; planning return visits to the home to check on progress; providing information regarding child abuse laws and the consequences of violating these laws.*
☐	**(2) Use of extended family, neighbours, or other individuals in the community as safety resources.** *Examples include: engaging a grandparent to assist with child care, forming an agreement with a neighbour to serve as safety net for older children, or making an arrangement that the child can spend a night or a few days with a friend or relative.*
☐	**(3) Use of community agencies or services as safety resources** *Interventions include the use of community based organisations or services to address the immediate safety concerns, e.g. food parcels, soup kitchens, medical clinics, etc.. It does not include long-term therapy or treatment or being put on a waiting list for services.*
☐	**(4) Caregiver appropriately protects victim from the alleged perpetrator (in cases of abuse)** *The non-offending caregiver is willing and able to protect the child from the alleged perpetrator and agrees to take immediate action to ensure the child's safety.*
☐	**(5) Alleged perpetrator leaves the home, either voluntary or in response to the consideration of legal action.** *The alleged perpetrator is temporary or permanently removed from the home. He or she either agrees to leave the home, is forced to leave the home by the non-offending caregiver, or is removed from the home because of legal action.*
☐	**(6) Non-offending caregiver moves to a safe environment with the child.** *The non-offending caregiver moves with the child to a safe environment where there will be no access by the alleged perpetrator. Examples include domestic violence shelters or the home of a friend or relative.*
☐	**(7) Legal intervention planned or initiated - child remains in the home.** *Legal action is planned or has already commenced that will effectively mitigate identified safety threats, with the effect that the child remains in the home. The legal action can be initiated by the family (such as restraining orders, change in custody/visitation/guardianship) or initiated by DSW.*
☐	**(8) Caregiver voluntarily enters an agreement to place the child outside the home e.g. with relatives.** *The worker or the family initiates an intervention other than those described in categories 1 – 7 above, that will allow the child to remain in the home.*
☐	**(9) Child placed with "fit person" because interventions 1-8 do not adequately ensure the child's safety** (e.g. hospital, residential home for children, foster parent, or another court approved person). *The child is placed in the temporary care of a fit person when interventions 1 – 8 do not adequately protect the safety of the child.*

REPUBLIC OF GHANA

Safety Plan

A plan needs to be put in place to implement each of the safety interventions identified earlier. If there are urgent/ serious unmet health or medical needs these must also be included in the safety plan.

Safety Intervention	Actions & tasks	Responsibility	Time frame

Please provide more information on safety intervention and safety plan:

_____ _____

Name and signature of Case worker Date

_____ _____

Name and signature of Supervisor Date

Department of Social Welfare
(Confidential)
Comprehensive Assessment Form [Form #3]

This comprehensive assessment is to be conducted after the initial screening/safety assessment for cases where a child has been found to be unsafe and has been removed from parental care AND in cases that require a safety plan for the child to remain at home. *The findings form part of the Social Enquiry Investigation. If, following this assessment, it is determined that the child needs to (a) remain in alternative care or (b) be removed and placed in alternative care then the information from this assessment can be used to prepare the Social Enquiry Report (SER) for submission to the Family Tribunal to request a court order for the placement of a child in an alternative care arrangement. The information in this assessment should also be used to inform the development of the child's Case Plan while s/he is in alternative care. See Case Plan Template Form #6.*

A. Assessment Details	
Date Assessment Started	
Date Assessment Completed	
Child's SURNAME/Names	
Details of Case Manager/worker who conducted the assessment:	
Name:	
Designation:	
District:	
Region:	
Contact Number:	
Person (s) consulted/contributed to this assessment (e.g. caregiver, teacher, RHC social worker/staff where child is currently in alternative care, other important people in the child's life)	Provide name, relationship to child, organisation/position (where applicable):

B. Assessment of the child's development and family situation

1 Health and physical development		
For child under-6, are immunizations up to date?	Yes	No
	Explain:	
How does the child's physical development compare with the expected level of development for children at a similar age?	*Explain:*	
Does the child have a chronic illness, if yes, what is the illness, what treatment is being provided and is the child aware?	Yes	No
	Explain:	

Does the child have a disability? If yes, what is the nature of this disability? What kind of support the child and his/her caregiver receiving?	Yes	No
	Explain:	
How many meals a day does the child have? Does the child feel she/ he is getting enough food?		
Are there any observable signs of sexual or physical abuse and/ or indicators of deliberate neglect?	Yes	No
	Explain:	
Note key risks and strengths:		

2. Child's psycho-social development		
What is the child's general emotional state e.g. positive, unhappy, fearful, engaging? If there are obvious psychological difficulties, how has the caregiver responded to these?		
Does the child experience any sleep disturbances e.g. nightmares or bed-wetting? How does the caregiver respond?	Yes	No
	Explain:	
Has the child been diagnosed with any childhood psychiatric disorders? If yes, is the child on any medication?	Yes	No
	Explain:	
Does the child feel safe where s/ he lives (including alternative care placement where applicable), at school, community? Are there places where the child feels unsafe?		
Note key risks and strengths:		

3. Educational and life skills development		
Is the child in school or training?	Yes	No
	Name of school/institution:	Current level of education:
If the child is in school, does s/he attend regularly? If NO, why not?	Yes	No
	Explain:	
If the child is in school, how is s/he progressing? What are the child's strengths? Are there any challenges s/he is facing? How does the caregiver help to address these challenges?		
What are the child's educational goals/plans for the future? What needs to happen for these goals to be realised?		
Is the child expected to do chores around the home? What chores? Are these expectations reasonable for the child's age/abilities?	Yes	No
	Explain:	
Is the child expected to assist with household livelihood or income generating activities? Are these expectations reasonable for the child's age/abilities?	Yes	No
	Explain:	
Note key risks and strengths:		

4. Child's integration into the family		
How does the child feel about living with this particular caregiver and family, including alternative care arrangement and/or RHC? What is positive and what difficulties, if any, does s/he experience?		
How does the caregiver feel about having the child in the family? What is positive and what difficulties, if any, does s/he experience with the child?		
Does the child have any behavioural difficulties and how does the caregiver respond?	Yes	No
	Explain:	
Does the caregiver monitor and supervise the child's whereabouts and is this supervision adequate?	Yes	No
	Explain:	
To what extent does the child receive personal time, physical care and encouragement from the caregiver? Is this a nurturing, positive relationship for the child?		
Note key risks and strengths:		

5. Child's integration into the community		
Who are the child's friends? What kinds of things do they do together? What are the caregivers' views of these peer relationships		
Does the child participate in community activities and events?	Yes	No
	Explain:	
Does the child feel like s/he belongs to this community?	Yes	No
	Explain:	
Note key risks and strengths:		

6. Household living conditions and socio-economic situation		
What are the main sources of livelihood/income for the household? Are there sufficient resources to meet the family's needs?		
What is the general condition of the home? Is it structurally sound? In need of urgent repairs?		
Is there sufficient space in the home for all the household occupants?	Yes	No
	Explain:	

Does the household have access to adequate sanitation and clean water?	Yes	No
	Explain:	
Do any household members have chronic illnesses or disabilities? How do these issues affect the well-being of the child?	Yes	No
	Explain:	
Are there any other social problems in the home e.g. domestic violence, substance abuse, and mental illness? How do these issues affect the well-being of the child?	Yes	No
	Explain:	
Note key risks and strengths:		

C. Protection concerns

Abandonment: child living on the streets; child is in the worst form of labor; urgent/serious unmet medical/health needs; physical abuse; sexual abuse; child substance abuse; child sex worker; not attending school; in conflict with the law; teenage pregnancy; other forms of abuse

Any protection concerns?	☐ Yes	☐ No	Immediate Action required? ☐ Yes	☐ No
If YES, category/ies of concern				

What actions have already been taken to address these protection concerns through the Rapid Assessment and Safety Plan?

CASE REF #_____

Department of Social Welfare
(This report is confidential and is meant for the purpose of the Family Tribunal Proceeding)
Social Enquiry Report [Form #4]

Date:

Child and Family Details				
Child's SURNAME				
Child's NAME (first and middle)				
Other name/Child's Nickname (where applicable)				
Sex	Male		Female	
Date of Birth			Age:	
Religion				
Address (street, landmark district, region)				
Who does the child currently live with?				
MOTHER name/surname		DOB/Age		Status[22]:
Address (include District & Region)				
Mother's occupation				
FATHER name/surname		DOB/Age		Status:
Address (include District & Region)				
Father's occupation				
CAREGIVER name/surname		DOB/Age		Status:
Address (include District & Region)				
Names, sex and birthdates (and ages) of other children in the family				

3. Case referral and investigation
Who referred the case and why.
Who was consulted, home visits, time spent conducting the investigation

4. Background of child

Brief family history

What are the circumstances that led the child to be found in need of care and protection?

5. Home circumstances

What are the physical conditions of the home?

Family relations – parents, children, other adults in the home

Family strengths

5. Findings

Summary of key findings on whether child is in need of care and protection or not.

Capacity of parents or extended family to care for the child in the immediate and longer term

6. Social worker recommendations

What are the recommended actions for this case? If it is recommended to place the child in formal alternative care what steps have been taken to identify other options e.g. family strengthening services and/or placement with relatives in informal kinship care.

_____ _____

Name & Position of person who compiled the SER Date

District Office: Region:

_____ _____

Supervisor' name and signature: Date

[22] Alive, deceased, unknown

CASE REF #_____

Department of Social Welfare
Case Plan [Form #5]

See end of Case Plan for Notes and description of each of the domains.

A. Child Details			
Child's Surname			
Child's Name (first and middle)			
Child's Nickname (where applicable)			
Sex	Male	Female	
Date of Birth (dd/mm/yy)		Age (at date of case plan development)	

B. Date Case Plan Developed and Participants Involved			
Date Case Plan developed (dd/mm/yy)			Target Review Date (dd/mm/yy)
Was the child involved in developing the Case Plan?	Yes No If No, explain why not:	Child understands and agrees to this plan	Yes No If No, explain why not:
Persons involved in developing the Case Plan	Name		Relationship to Child

C. Case Plan

Case Plan Goal: Note - There must be only one goal, e.g. reunification with parents or family, long-term foster care where reintegration with parents/family is not an option or adoption.

What needs to change for this goal to be met?

Time-frame for achieving the goal:

What interventions need to be taken to achieve this case goal? Some of the interventions may already have been identified through the rapid assessment and safety plan.

☐	**(1) Direct service intervention by SWCDO** *Direct service interventions are intended to strengthen family functioning and address protection concerns so that the child remains in the home or is able to be reintegrated with family once concerns have been addressed.*
☐	**(2) Referrals to community agencies or services to support family strengthening/address protection concerns** *Interventions include the use of community based organisations or services to address family strengthening needs and protection concerns, e.g. counselling, economic opportunities, substance abuse or psychiatric treatment for parent/caregiver*
☐	**(3) Child placed in foster care until issues have been addressed in the home and reintegration with parents or relatives is possible.** *This requires matching the child with a licenced foster parent. The child could be placed in foster care from the RHC (if already in temporary custody) or from their home.*
☐	**(4) Adoption procedures to be followed.**

Please explain in the box:

D. Action Plan to implement the Case Plan

A case plan needs to be put in place to implement each of the interventions identified in Section I. If there are urgent/ serious unmet health or medical needs these must also be included in the safety plan.

Case Intervention	*Actions & tasks:*	*Responsibility:*	*Time frame:*

_____ _____

Name of Case worker/Officer Date

_____ _____

Name of Supervisor Date

Department of Social Welfare
Confidential
Care Plan Template - Alternative Care [Form #6]

See end of Care Plan for Notes and description of each of the domains.

A. Child Details			
Child's Surname			
Child's Name (first and middle)			
Child's Nickname (where applicable)			
Sex	Male	Female	
Date of Birth (dd/mm/yy)		Age (at date of care plan development)	

B. Date Care Plan Developed and Participants Involved			
Date Care Plan developed (dd/mm/yy)			Target Review Date (dd/mm/yy)
Was the child involved in developing the Care Plan?	Yes No If No, explain why not:	Child understands and agrees to this plan	Yes No If No, explain why not:

Persons involved in developing the Care Plan	Name	Relationship to Child

C. Care Plan

Complete all the domains in the Care Plan. Enter up to five issues per domain, with up to four objectives per goal. The Care Plan should be informed by the full assessment of the child and should be focused on achieving the Care Plan goal which should be directly linked to the overall Case Plan goal as identified in the Comprehensive Assessment of the Child and Family (Form #3).

Care Plan Goal:

Time-frame for achieving the goal:

C. 1. Placement and permanency (objectives should be consistent with Care Plan goal) ☐ No action planned (1)			
Issue or concern about the child or young person (2):		Strength (3):	
Objectives (4):	Actions & tasks (5):	Responsibility (6):	Time frame (7):

C. 2. Health and physical development[23] (include dental, hearing, eyesight and general physical and mental health ☐ No action planned			
Issue or concern about the child or young person:	Strength:		
Objectives:	Actions & tasks:	Responsibility:	Time frame:

C. 3. Educational and life skills development (include activities outside schooling, such as tutoring, evening class ☐ No action planned, self care[24])			
Issue or concern about the child or young person:	Strength:		
Objectives:	Actions & tasks:	Responsibility:	Time frame:

C. 4. Psycho-social development (include impact of any abuse/neglect) ☐ No action planned			
Issue or concern about the child or young person:	Strength:		
Objectives:	Actions & tasks:	Responsibility:	Time frame:

C. 5. Child's integration into the family (include siblings, extended family and other significant relationships) ☐ No action planned			
Issue or concern about the child or young person:	Strength:		
Objectives:	Actions & tasks:	Responsibility:	Time frame:

C. 6. Child's integration into the community (include level of active participation in social/community life, not just with peers) ☐ No action planned			
Issue or concern about the child or young person:	Strength:		
Objectives:	Actions & tasks:	Responsibility:	Time frame:

[23] Note that for children entering alternative care, a complete health assessment is a compulsory part of the care plan.

[24] This domain must be completed for a child who is 16 years or older and/or two years before leaving care to live independently (or semi-independently).

Name & Position of person who compiled the Care Plan	
Date:	

Notes:

(1) Tick box if no objectives, actions or tasks are noted for this domain on this plan. Issues or concerns and strengths can still be noted, as well as measures already in place, even if no current action is planned.

(2) Issue or concern related to this domain for the child or young person named on the plan, e.g. child has several unplanned placement changes and needs stability (placement and permanency) or young person has not attended school this year (education or vocation).

(3) Strength related to this domain for the child or young person named on the plan, e.g. child is in good health (health and medical) or young person has a good relationship with maternal aunt (family relationships).

(4) There is no minimum number of objectives, but there should be no more than five for each domain.

(5) Clearly stated actions and tasks required to meet the objective.

(6) Name the person or organisation responsible for doing the action or task.

(7) For the placement and permanency domain, the time frames for reintegration or another permanency arrangement must be within the shortest time possible. For other domains, the time frame section should give the due date by which this action is expected to be done, the estimated time frame, such as 'end of Term 3' or write 'on-going' if there is no foreseeable end date at the time of planning

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Department of Social Welfare
Confidential
Care Plan Review Template [Form #7]

For use when the Care Plan is reviewed. It shows the outcomes/progress of agreed goals and planned actions. Care Plans should be reviewed at least once every six months.

A. Care Plan Review Details

Child's NAME /SURNAME	
Date of Care Plan review	
Protection concern	.
Location of the child (Region/Districts/ community);	
Cause of separation;	
Current care arrangement (institution, foster care, kinship care, adoption etc	
Reunification status	

B. Care Plan Review

List any significant changes/developments in the child and family circumstances since the assessment or previous monitoring contact. Have any of these changes impacted negatively on the child? Explain.

Where required, new goals and actions to be taken can be added to each domain.

1. Placement and Permanency

Objectives	Action Taken/ Progress	Next Steps to be Taken (where applicable)	Whose Task	Time Frame

C. Participants Involved in Review

Was the child involved in the Care Plan review?	☐ Yes ☐ No If No, explain why not:	
Persons involved in the Care Plan review	Name	Relationship to Child

Next target review date (dd/mm/yy)	

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Department of Social Welfare
Confidential
Case Management Notes (Form #8]

Name of Child:		
Date	Brief notes about action taken and purpose (e.g. phone-call, referral, follow-up)	Responsible

Department of Social Welfare
Confidential
Case Conference Form [Form#9]

A. Details of Child

Child's NAME /SURNAME	

B. Case Conference Details

Case Conference Date:	

	Name	Organisation/Position
Case Conference Participants		

C. Purpose of the Case Conference

D. Key Decisions Made

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E. Follow-up plan/actions

Action	Person Responsible	Due Date

Report prepared by:

_____ _____

Name/Designation/Organisation Date

CASE REF #_____

Department of Social Welfare
Referral Form [Form#10]

Date:_____

Referral from:

Department (District/Region) _____

Referral to:

Name of organisation _____

Address of organisation _____

Dear _____

We are referring (name of client)_____ to you to receive relevant services. The reason for the referral and the services required is as follows:

_____

_____

_____

_____

Thank you in advance for your help with this referral. We look forward to your prompt feedback to assist with the management of this case. Please complete and return the attached form [Referral Response Form#11].

Sincerely,

_____

Case Manager/SWCDO

Telephone: _____

Email: _____

Address: _____

_____

_____

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Department of Social Welfare
Referral Response Form [Form#11]

Date:_____

Dear _____ (case manager/SWCDO)

We have received your referral to assist your client whose name is _____

_____

We understand that you would like us to provide the following services:

_____

_____

_____

_____

_____

At this time we are (please tick one):

_____ Able to provide the service/s

_____ Unable to provide the service/s

_____ Willing to put your client on a waiting list

We understand you will call to check on the progress of your client.

_____

(Name of person filling out the form and title)

Telephone: _____

Email: _____

CASE REF #_____

Department of Social Welfare
Case Closure Form [Form#12]

A. Details of child

Child's NAME /SURNAME	

B. Case summary (including the goal of the case)

C. Reason for closing the case (tick appropriate box)

- ☐ Case goal achieved
- ☐ Child/family moved to another District/Region, case transferred
- ☐ Child deceased
- ☐ Child tuned 18, no longer needs/wants child protection services
- ☐ Other (provide reasons)

D. Persons involved in/consulted on decision to close the case

Name	Position/Relationship to child

Was the child consulted about closing the case?	☐ Yes ☐ No If No, explain why not:

Report prepared by:

_____
Name/Designation/Organisation

Date: _____

CASE REF #_____

Department of Social Welfare
Reunification Certificate [Form#13]

1. Name/Surname of Child: _____

2. DOB & Age _____ 3. Sex _____

The above-named child has been handed over by:

4. _____ of _____
(Name of DSW Social Welfare Officer) (DSW District and Region)

And: _____ of _____
(Name of RHC/Foster Care Agency Social Worker) (Organisation, District and Region)

To:

5. Name(s) a_____ b. _____
Age _____ Sex _____ Age _____ Sex _____

6. Relationship to Child: _____ _____ Relationship to Child _____ _____

7. Contact: _____ _____ _____ _____

8. Address: _____ _____ _____ _____

9. Town/Village _____ _____ _____ _____

10. Region/District: _____ _____ _____ _____

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CASE REF #_____

Department of Social Welfare
Case files checklist [Form #14]

The present checklist aims to equip case manager to monitor the completeness and quality of individual case files done by the case worker. Each child should have an individual case file that includes the forms in the Case Management Standard Operating Procedures for Children in Need of Care and Protection.

Instruction on scoring:

- **Full compliance** = 2 — The form or document is present and well documented.
- **Partial compliance** = 1 — The form is present but not well documented or incomplete.
- **No compliance** = 0 — The form is absent. It should be there but it is not in the file.
- **Not applicable** = NA — Form is not applicable for this case (e.g. there is no case closure form because the case has not been closed; there is no care plan form because the child is still living with his/her parents; etc.)

Name of the Child:_____ _ Case Reference #:_____

#	Items	Score	Max score	Comments
1	The child has an individual case file			
2	Police extract			
3	Case Registration form (#1)			
4	Initial Screening form (#2)			
5	Comprehensive Assessment form (#3)			
6	Social Enquiry Report (#4)			
7	Valid Court Order			
8	Copy of birth certificate			
9	Case Plan form (#5)			
10	Care Plan (#6)			
11	Care Plan Review (#7)			
12	Case Management Notes (#8)			
13	Case Conference form (#9)			
14	Referral form (#10)			
15	Referral Response form (#11)			
16	Case Closure form (#12)			
17	Reunification Certificate (#13)			
18	Confidential Agreement (#14)			
19	National Health Insurance Cards			
20	Logbooks with records on significant events			
21	Progress reports from schools			
22	Medical records and important health information on the child			
23	Child's case file is safely (e.g. stored in a weather proof cabinet, safely stored under lock and key or electronically with password)			
	Total			

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Conclusions:

a). Key strengths and good practices

b). Key gaps and actions to be taken

_____ _____

Name and signature of Case Worker Date

_____ _____

Name and signature of Case Manager Date

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CASE REF #_____

WELCOME OF THE CHILD TO THE FAMILY

I/We welcome the above child into our home. I/We will do all to respect his/her rights, and will endeavour that he/she will not be discriminated against in any way. If for any reason, major problems of settling into the family do arise, I/we shall consult with the local authorities to ensure that problems are resolved in the best interest of the child.

Date and Place of Reunification: _____

Signature/ Thumbprint of person receiving: _____

Name and Contact of witness: _____

Signature/Thumbprint of witness _____

Designation/Status of Witness: _____

Signature of Social Worker: _____

Name of DSW Agency: _____

Address and Contact of DSW Agency: _____

Distribution: Original copies to family and District Office: Other copies to Regional Office and RHC.

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CASE REF #_____

CONFIDENTIALITY AGREEMENT

1. I understand that I will have access to confidential personal data relating to children of abuse.
2. I understand that I am bound by a duty of confidentiality in relation to the personal data I receive from data subjects. The personal data shall always remain confidential, and shall not be disclosed to third parties without the prior consent of the data subject.
3. I shall comply with the established data protection principles in the event of the collection, receipt, use, transfer, or storage or destruction of any personal data in the performance of this confidentiality agreement.
4. I hereby agree to treat all personal data to which I have access with the utmost care and confidentiality.
5. Under this agreement:
   (a) I understand and agree to maintain the anonymity of children and the confidentiality of the personal data disclosed to me;
   (b) I understand and agree that I shall not disclose any confidential data relating to children, other than for the specific purpose required by my duties, without the express permission;
   (c) I understand and agree that during or after my current employment I shall not disclose any confidential personal data relating to children to any person or entity;
   (d) I understand and agree that I cannot discuss case-specific details with the media unless I request and receive permission regarding the nature, purpose, and limits of any communication with the media;
   (e) I agree to notify the appropriate authority of any breach of my obligations or conflict of interest under this confidentiality agreement;
   (f) I understand that a willful violation of this confidentiality agreement will result in appropriate action being taken against me by appropriate authorities;
   (g) I understand and agree that my obligation to comply with this confidentiality agreement shall survive the termination of my current employment.
6. By signing and returning a copy of this confidentiality agreement, I confirm my understanding and acceptance of the above-mentioned clauses and declare that I will comply with the contents of the agreement.

_____	_____	_____
Name	Signature	Date)

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unicef
for every child