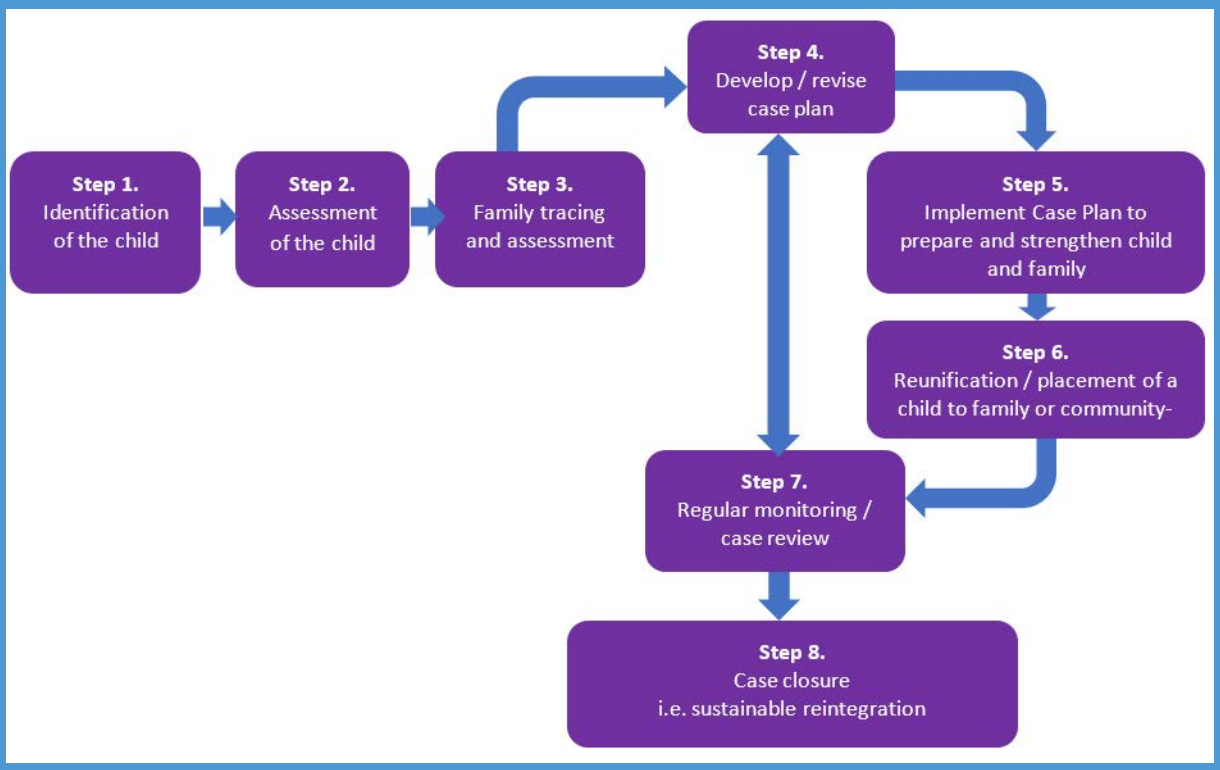
REPUBLIC OF KENYA

Department of Children's Services



Caseworker's Toolkit

Case Management for Reintegration of Children into Family or Community Based Care

August 2019

The development of this Guidebook has been largely informed by the National Child Protection Case Management and Referral Pathway Guidelines in Kenya, the Guidelines for the Alternative Family Care of Children in Kenya, the case management model developed by 4Children [Coordinating Comprehensive Care for Children] Uganda's Keeping Children in Healthy and Protective Families project and the MWENDO [Making Well-Informed Efforts to Nurture Disadvantaged Orphans & Vulnerable Children] case management standard operating procedures for orphans and vulnerable children in Kenya.

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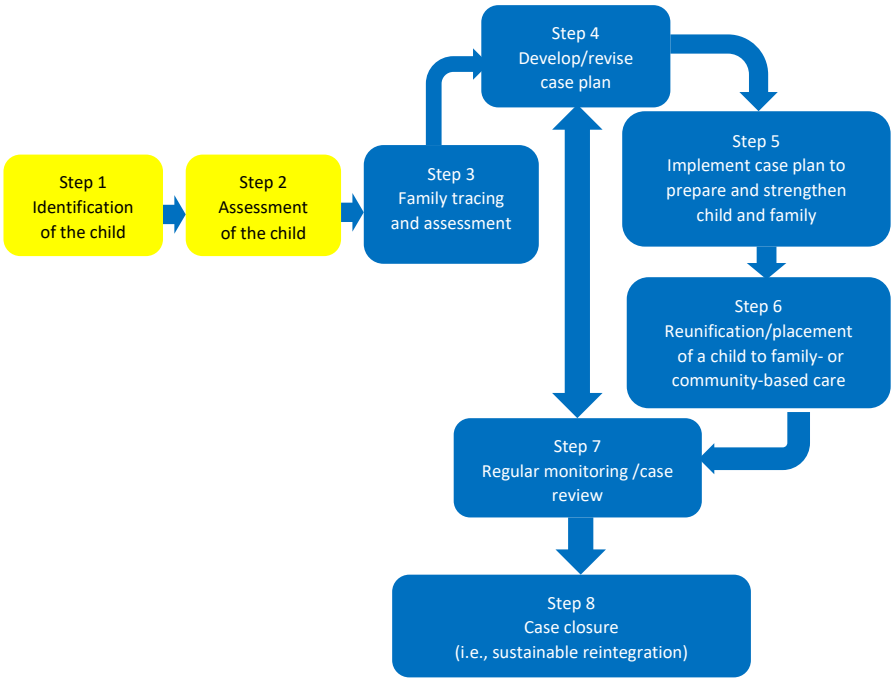
Case File Cover Page

Case file number(s):	
Child/ren name(s) and contact no. (if applicable):	
KEY CONTACTS	
Caseworker's name and contact no.:	
Case Manager's name and contact no.:	
Charitable Children's Institution Primary Caregiver name, title and contact no.:	
Family Primary Caregiver name and contact no.:	
Sub-County Children's Officer name and contact no.:	
Chief's name and contact no.:	
Child Protection Volunteers (i.e., Volunteer Children's Officer) name and contact no.:	

CASE FILE CHECKLIST		
Type of form/report	**Date completed**	**Notes**
Form 1: Child/Young Adult Identification and Assessment Form		
Form 2: Family Assessment Form		
Form 3: Caregiver Consent/Child Assent Forms		
Form 4: Case Plan Form		
Form 12: Government Referral Forms		
Form 5: Placement Approval Forms		
Form 6: Monitoring Form		
Form 7: Child and Caregiver Case Review Tool Form 8: Young Adult Case Review Tool *(completed quarterly)*		
Form 9: Case Closure Form		
Case conference report form if applicable		
Other reports/forms *(list all documents attached to the relevant forms)*		

Child/Young Adult Identification and Assessment

WHAT is a child assessment? *A child assessment* is a two-way interactive conversation with the child that helps determine the feasibility and desirability of reintegrating the child with family, or placing the child into alternative family care in view of the child's best interests.



Child assessments are an opportunity to build rapport and trust with the child, and to better get to know the child and understand his/her experiences, which enables us to support the child throughout the reintegration process. Child assessments are **not** interviews or "tick box" activities. Rather, they are an interactive conversation with the child and his/her supportive adults.

WHEN should a child assessment take place? An assessment should begin only once the caseworker has built rapport and trust with the child and the child shows key signs of willingness to participate (e.g., the child recognizes the caseworker, seems excited to engage or come physically close without prompting). The child's right to cease participation at any time should be respected. The time it takes to trust a new person will vary—anywhere between 3 to 10 visits may be needed to complete an assessment.

It is critical that child assessment starts only after a clear process is in place to report and appropriately respond to any protection issues that the child discloses (e.g., appropriate psychosocial support, referral pathways for legal and medical attention).

WHERE should a child assessment take place? An assessment should occur at a time and location where the child feels most at ease (e.g., where they usually play) and where it is convenient. It is not appropriate to pull a child away from school for an assessment. Schedule according to what works best for the child, not the caseworker. Depending on the child's age and evolving capacities, the child might suggest a time and place.

WHO should conduct a child assessment, and who else should participate? A caseworker trained in case management and who can commit to working with the child (and family) throughout case management process until reintegration is achieved (a minimum of 18 months monitoring) conducts the assessment. Throughout the assessment process, the child should be actively engaged. Include individuals who are close to the child and know him/her well; older sibling(s) also can be included, as can the current primary caregiver, teachers, friends, health service providers. Such inclusion is important to help triangulate information to fill any gaps or to address inconsistencies.

WHY should a child assessment take place? A child assessment is important and reflects good practice. It is the right of the child to participate in the process. Providing a safe space in which the child can share information related to his/her case is a critical piece of the bigger puzzle. Use information shared by the child to inform the case plan and process. Assessment helps the caseworker identify why the child left home or separated with the family (noting if any harm was done to the child at home), identify the child's strengths and needs, and understand the child's thoughts about and wishes for reunification and reintegration.

Form 1: Child/Young Adult Identification and Assessment Form

Instructions: Multiple sessions might be required to complete the assessment. Sessions should first focus on building trust and rapport with the child. Before meeting with the child, the caseworker should **prefill** any information that is available in the child's case file. It is expected that the social worker will engage with the child in a participatory and conversational manner. Therefore, the caseworker should review the information in this form in advance and not carry the form during the assessment. Store the form in the child's case file. The findings from this tool will help inform the development of a case plan or refinement of an existing case plan.

1. CHILD BIOGRAPHICAL INFORMATION

(Attach full-length photo of child on the day of admission to care; also attach an updated photo biennially.)

Child's case number:	Child's current location:
Date assessment started:	
First name:	Middle name:
Surname:	Nickname or likes to be called:
Sex:	Date of birth (DOB): _____DD_____MM_____YYYY Estimate of approximate age if DOB unknown: _____
Current age: _____ Months (if < 1 year) OR _____ Years	Birth registered? ☐ Yes ☐ No If yes, birth registration no.: _____ *(If possible, attach a copy.)*
Place of birth: County: _____ Subcounty: _____ Village: _____ ☐ Not known	
Height:	Weight:

Complexion:	Ethnicity:	Religion: ☐ Christian ☐ Muslim ☐ Hindu
Distinguishing physical features (*e.g., scar or birthmark)*	Languages:	

Does the child *(tick the one response that applies)*:

Have difficulty seeing, even if wearing glasses?

☐ No ☐ Yes, some difficulty ☐ Yes, a lot of difficulty ☐ Cannot do it at all

Have difficulty hearing, even if using a hearing aid?

☐ No ☐ Yes, some difficulty ☐ Yes, a lot of difficulty ☐ Cannot do it at all

Have difficulty walking or climbing steps?

☐ No ☐ Yes, some difficulty ☐ Yes, a lot of difficulty ☐ Cannot do it at all

Have difficulty remembering or concentrating?

☐ No ☐ Yes, some difficulty ☐ Yes, a lot of difficulty ☐ Cannot do it at all

Have difficulty (with self-care, such as) washing all over or dressing?

☐ No ☐ Yes, some difficulty ☐ Yes, a lot of difficulty ☐ Cannot do it at all

Have difficulty communicating, (for example understanding or being understood by others)?

☐ No ☐ Yes, some difficulty ☐ Yes, a lot of difficulty ☐ Cannot do it at all

(If "yes" to any of these questions, please administer the "Disability and Functioning Assessment Tool.")

2. DETAILS OF ADMISSION TO CARE

(Attach admission documents, such as committal order, Children's Officer/Chief/Police letter or hospital referral.)

Date of admission: _____ Age of child at admission: _____

Other forms of admission:
□ Self-referral □ Abandoned at CCI

Was admission order issued? ☐ Yes ☐ No ☐ N/A
If yes: Committal Order #: _____
Date of committal: _____

Who referred the child?
Name: _____
Title: _____
Relationship to the child: _____
Contact phone or other: _____
Location: _____

Name and address of current care provider: _____

Phone no.: _____ Registration status: _____

Current alternative care placement type:

□ Kinship care □ Foster care
□ Temporary shelter □ CCI
□ SCI □ Supported child-headed household
□ Supported independent living (SIL) □ Guardianship
□ Kafaalah □ Other *(specify)* _____

Reasons for admission *(tick all that apply)*:

□ School/education access □ Poverty/family vulnerability
□ Abuse or neglect at home □ Child abandoned
□ Child on the street □ HIV & AIDS or other chronic illness
□ Special needs (disability) □ Child victim of human trafficking
□ Orphan □ Child lost and found
□ Separated/unaccompanied[1] □ Child of imprisoned parent
□ Other *(specify)* _____ *(Confirm reason with the child, if age and stage appropriate)*

Previous history of placements

Type of placement	From (day, month, year)	To (day, month, year)
□ CCI		
□ Kinship		
□ Foster		
□ Kafaalah		
□ Guardianship		
□ Temporary shelter/safe place		
□ Other (e.g. SIL or supported child-headed household) _____		

If the child has been in several types of care (e.g. various CCIs), please indicate the types and/or names of CCIs:

_____

_____

[1] *Separated children* are those who are separated from a previous legal or customary primary caregiver but who may nevertheless be accompanied by another relative. *Unaccompanied children* are those not cared for by another relative or an adult who, by law or custom, is responsible for doing so.

If child is not in any institution, indicate the type of vulnerability:

☐ Street-connected child Location: _____

☐ Child at risk of separation Location: _____

☐ Other: _____

With whom and where was the child living before admission to care?

(Hint: Look for tracing clues.)

Name(s):	Relationship(s) to child:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
Phone no.: _____	*(Specify if this placement was in CCI)*

County: _____ Subcounty: _____ Location: _____

Sub-location: _____ Village/estate: _____

Landmark (e.g., school, church, mosque, market): _____

Are there other sibling(s) living with the child now in this form of care? ☐ Yes ☐ No	Are there other sibling(s) admitted into care elsewhere? ☐ Yes ☐ No	
Name of sibling(s):	Name of sibling(s):	Place of admission:
1. _____	1._____	_____
2. _____	2._____	_____
3. _____	3._____	_____
4. _____	4._____	_____

3. STATUS OF FAMILY

(*Hint: Look for tracing clues.)*

Name	Other names	Last known location	Phone no.	Alive (yes/no/unknown)
Mother:				
Father:				

Are mother and father living together? ☐ Yes ☐ No *If "yes," complete section below.*

Mother's current residence	**Father's current residence**
County: _____	County: _____
Subcounty: _____	Subcounty: _____
Location: _____	Location: _____
Sub-Location: _____	Sub-Location: _____
Village/estate: _____	Village/estate: _____

Name(s) of other siblings currently living with caregiver	Nickname	Last known location	Education/ employment	Class	Age

Name(s) of other relatives:	Relationship to the child:	Last known location:	Phone no.:

Contact with family

Is there any contact with family? ☐ Yes ☐ No *If yes, with whom*: _____

If yes, does the child remember the date (or how long ago) the last visit occurred? _____

Does child go home on school holidays? ☐ Yes ☐ No

Does family visit? ☐ Yes ☐ No *If yes, who, and how often do they visit?* _____

Does the child express a preference for a caregiver? ☐ Yes ☐ No

(Hint: Do not directly ask the child. Use child-friendly methodologies like drawing or storytelling.)

4. CHILD WELL-BEING

(Hint: It is important to attain this information via varied sources: child's feedback, direct observation, current caregivers' perception, teacher's perception, medical service provider's perception, and so forth.)

A. HEALTH AND DEVELOPMENT

Is the child growing appropriately for his/her age? For example, is he/she walking, speaking, developing self-help skills? (*Describe **physical** skills and needs, **intellectual** skills and needs, **social** skills and needs.)* _____

Any history of medical issues/hospitalization? Frequency? *(Explain and attach records.)* _____

Any current health conditions? ☐ Yes ☐ No Specify: _____

Any chronic health conditions[2]? ☐ Yes ☐ No Specify: _____

Currently on any medication? ☐ Yes ☐ No *If yes, specify*: _____

_____

Has the child been fully immunized? ☐ Yes ☐ No *If no, what is the reason?* _____

Any allergy? ☐ Yes ☐ No *If yes, specify*: _____

_____

Feeding routine and special needs: _____

(Attach copy of clinic card, if available.)

B. EDUCATION

[2] A *chronic health condition* is a condition or disease that is persistent or otherwise has long-lasting effects (e.g., diabetes, hypertension, cancer, HIV).

Previously attended any school? ☐ Yes ☐ Public ☐ Private ☐ Day ☐ Boarding ☐ No
If yes, name and location of school: _____

Child currently attending school? ☐ Yes ☐ Public ☐ Private ☐ Day ☐ Boarding ☐ No
If yes, name and location of school: _____

Current education level: ECD/ Class/Form/Vocational/Tertiary: _____

Attendance, performance, extracurricular activity, and behavior *(Hint: Contact school directly.)*: _____
_____

(Attach copy of most recent report card/book.)

C. PSYCHOSOCIAL AND EMOTIONAL WELLBEING

Who are the child's friends? What kinds of things do they do together? How often do they interact?

What are the child's views of these peer friendships?

What is the quality of these friendships (i.e., do they encourage positive or negative behavior)?

Are the perceived friends much older, younger or same age?

Level of attachment between the child and current caregiver: ☐ High ☐ Medium ☐ Low
Describe the relationship: _____
_____

Level of attachment to previous primary caregiver: ☐ High ☐ Medium ☐ Low

Describe the relationship: _____
_____
_____

(Hint: Ask child open-ended questions about his/her relationships; observe who the child spends time with; ask caregivers who they spend time with.)

Does the child exhibit any of the following? *(tick all that apply)*

(Hint: Observe, ask caregivers, ask other children. 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 ☐ Any unexplained recent change in behavior

Daily routine:

Degree of independence (i.e., what can the child do for himself/herself and what help does the child need?):

Likes:

Dislikes:

Fears:

Skills/strengths:

5. CHILD PERSPECTIVE ON REINTEGRATION

This information should be attained later in the process (e.g., at the end of the assessment or during planning). Use caution: Do not to make promises about reunification to the child. The information is gathered via indirect and age-appropriate means (e.g., music, singing, dancing, storytelling, drawing, writing a story/poem). Listen for clues about how the child generally speaks about family members or alternative care placement option.

Does the child express a preference for reunification/placement? Yes ☐ No ☐ Unsure ☐

Does the child express concerns about reunification/placement? Yes ☐ No ☐

If yes, specify: _____

6. ASSESSMENT CONCLUSION AND ACTIONS TO ADDRESS CHILD'S NEEDS

*In this section, provide a summary of the **child's strengths and needs** based on the information gathered above. The desired change should be identified for each need/concern to be addressed.*

Strengths and resources:

Needs or concerns:

Additional observations:

Things to be achieved:

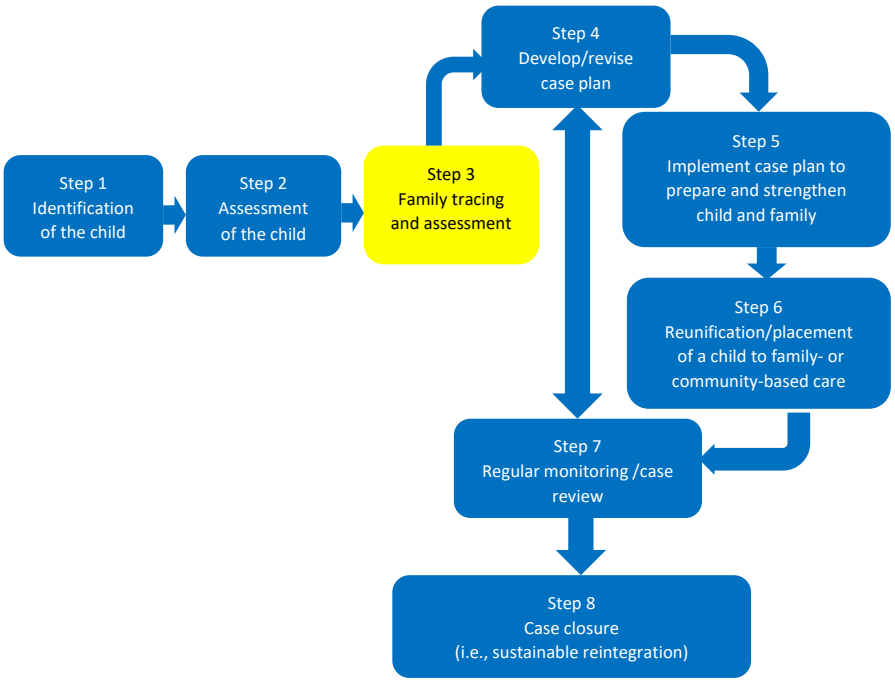
Caseworker's name: _____ Signature: _____ Date: _____

Case Manager's name: _____ Signature: _____ Date: _____

Family Assessment

WHAT is a family assessment? A *family assessment* gathers in-depth information on the family circumstances to determine the family's capacity and willingness to provide care and protection to the child. Family assessments provide an opportunity to build rapport and trust with the family, and to understand how best to support them throughout the reintegration process. A family assessment is **not** and interrogation, interview or "tick box" activity. Instead, it is an interactive engagement with a family and their full, active participation.

WHEN should a 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 (household) can be assessed, to later determine which would be best suited to the child.



WHERE should a family assessment take place? A family assessment should be in the family's primary residence, and community (e.g., church, school)—a place where the family feels comfortable and is able to talk with some privacy.

WHO should conduct the family assessment, and who else should participate? A caseworker trained in case management and who can commit to working with the family throughout the case management process until reintegration of the child is achieved conducts the assessment. The family should be actively engaged throughout the assessment process. Other individuals who are close to the family can be engaged in the process, too (e.g., relatives, neighbors, local council officials, church or mosque, friends, service providers). Such inclusion is important to help triangulate information to fill any gaps or to address inconsistencies.

WHY should a family assessment take place? It is important to understand the strengths, perception and needs of the family members to best support families through the reintegration process. Assessments should identify and build on the family's strengths, and identify areas for development and for addressing the child's needs on both a short- and long-term basis. A comprehensive family assessment should be conducted to ascertain the ability of parents/caregivers to ensure that the child's developmental needs are being appropriately and adequately responded to and adapted to meet the child's changing needs over time.

Form 2: Family Assessment Form

Instructions: The family assessment builds on the basic family tracing information gathered in the child assessment, supplemented and completed as contact is made with family. The assessment can be completed at the same time as the child assessment, if appropriate. The assessment should include information on the family bio data, strengths, needs and acceptance to reintegration. It is expected that the caseworker will engage with the family in a participatory, conversational and nonjudgmental manner. Store the form in the child's case file. The findings from this tool will help inform the development of a case plan or refinement of an existing case plan.

1. FAMILY BIOGRAPHICAL INFORMATION

Child's name: _____ | Child's case number: _____ | Date of assessment: _____

Number in the Household[3]: ___

Name	Relationship to child	Age	Alive? yes/no	Gender: male/ female	Location	Level of education	Occupation	Did child ever live with this person?

Are mother and father *(tick the responses that apply)*: ☐ Married ☐ Living together but not married ☐ Separated ☐ Divorced ☐ Remarried

If family of origin, what is the family's perspective on the reasons for the separation?

How does this family/household feel about potential reunification/placement with the child?

[3] *Use the "Case Notes Form" for additional households to assess, as needed.*

2. FAMILY STRENGTHS AND NEEDS

(This information will help determine the family's willingness and ability to provide care for the child.)

Number in the Household: ___

A. HEALTH AND HOME ENVIRONMENT

Food and nutrition

Number of meals per day: _____ Variety of food (s) consumed: _____

Source of food: _____ Reliability of source: _____

Hygiene and sanitation

Describe the latrine (shared, distance from house, pit/flush/none): _____

_____

Describe access to and source of clean water: _____

Describe the home environment (inside, outside and surrounding— ventilation, cleanliness, size of the house, rooms, roof, walls and floor, including materials used):

_____

Describe the bathing arrangements/habits (including hand-washing): _____

_____

Describe the availability, disposal, knowledge of sanitary items: _____

Basic health

Does the family have access to health services? ☐ Yes ☐ No

Does the family have medical insurance? ☐ Yes ☐ No

Is there any household member with a chronic illness (e.g., diabetes, hypertension)? ☐ Yes ☐ No

If yes, who, and what type? _____

Is there anyone in the family who *(tick one response that applies)*:

Has difficulty seeing, even if wearing glasses?

☐ No ☐ Yes, some difficulty ☐ Yes, a lot of difficulty ☐ Cannot do it at all

Has difficulty hearing, even if using a hearing aid?

☐ No ☐ Yes, some difficulty ☐ Yes, a lot of difficulty ☐ Cannot do it at all

Has difficulty walking or climbing steps?

☐ No ☐ Yes, some difficulty ☐ Yes, a lot of difficulty ☐ Cannot do it at all

Has difficulty remembering or concentrating?

☐ No ☐ Yes, some difficulty ☐ Yes, a lot of difficulty ☐ Cannot do it at all

Has difficulty (with self-care, such as) washing all over or dressing?

☐ No ☐ Yes, some difficulty ☐ Yes, a lot of difficulty ☐ Cannot do it at all

Using their usual language, has difficulty communicating (e.g., understanding or being understood by others)?

☐ No ☐ Yes, some difficulty ☐ Yes, a lot of difficulty ☐ Cannot do it at all

Is the household able to take care of a child with a disability (if child returning home has a disability)?

☐ Yes, without any additional support ☐ Yes, if given additional support ☐ No

What type of additional support does the household need? ☐ Special education ☐ Assistive device ☐ Sign language ☐ Braille ☐ Support group ☐ Accessibility in the house ☐ Accessible transportation ☐ Other *(specify)*: _____

_____

Are there religious/cultural practices that hinder/could hinder children from accessing health services? ☐ Yes ☐ No

If yes, please explain: _____

Are there functional community services *(tick all that apply)*: ☐ Schools ☐ Health facilities ☐ Religious places ☐ Market ☐ Others

Are these community services easily accessible? ☐ Yes ☐ No

B. EDUCATION

Is there access to education facilities? ☐ Yes ☐ No

Distance to school? (Walking: ___minutes/ ___hours OR Driving: ___minutes/ ___hours)

The school is: ☐ Public ☐ Private ☐ Informal

Is the school inclusive and able to meet unique needs of child ☐ Yes ☐ No

If no, describe child's unmet needs: _____

Are children in the household currently attending school? ☐ Yes ☐ No

If yes, is their class appropriate for their age and evolving capacity? ☐ Yes ☐ No

Do caregivers show interest in children's education? ☐ Yes ☐ No

C. ECONOMIC STABILITY

Who in household is involved in economic activity? _____

Type of employment: ☐ Casual ☐ Informal ☐ Formal Estimated income per month: _____

there any financial/material support provided by people living outside of the household? Yes ☐ No ☐

If yes, by whom:_____

Assets owned by family *(list all you can observe, including land)*: _____

_____

D. PROTECTION AND SAFETY

Are there signs of violence (including harsh physical punishment), abuse or neglect in the home? ☐ Yes ☐ No

Please describe: _____

_____

Are there signs/reports of drug / alcohol abuse in the family? ☐ Yes ☐ No

Are there concerns of potential violence or abuse in community or school environment? ☐ Yes ☐ No

Please describe: _____

_____

Is there an accessible local administrative office (e.g., Chief, Assistant Chief, village elder, *nyumba kumi*)? ☐ Yes ☐ No

Describe the condition of the household (i.e. level of safety, roof/wall/floor, ventilation, number of rooms?)

Does the family live in a rented home/living on the land legally? _____

E. CHILD– CAREGIVER/YOUNG ADULT-MENTOR RELATIONSHIP AND ATTACHMENT

Are there signs of tension and/or conflict within family? ☐ Yes ☐ No Describe:

Are there mental health concerns? ☐ Yes ☐ No *(Hint: Use indirect methodologies: Observe, probe neighbors and children, etc.)*

Describe:

Has the family been through a significant life event recently? ☐ Yes ☐ No

Describe both positive and negative events: _____

_____

Describe the relationship between adults in the house. *(Hint: Engage support people.)*

How do the children currently living with the caregiver describe their relationship with caregiver?

Do the children confide in caregiver if having challenges? ☐ Yes ☐ No

Do the children seek comfort from caregiver *(Observe.)*? ☐ Yes ☐ No

How do the children react when separated from caregiver? _____

Does caregiver spend time with their children? ☐ Yes ☐ No

Describe how the caregiver communicates with children: _____

_____

Does caregiver encourage the child positively? Describe: _____

_____

How does the caregiver respond to a child's misbehavior? (including type of discipline)?: _____

_____

Are the children free around the caregiver *(Observe.)*? ☐ Yes ☐ No

Are the children involved in decision on matters concerning them? ☐ Yes ☐ No

F. PSYCHOSOCIAL WELL-BEING AND COMMUNITY BELONGING

Does the family feel connected to the culture of the community? ☐ Yes ☐ No

Does the family feel socially connected? *(Hint: participate in community activities.)* ☐ Yes ☐ No

Provide examples:

Does the family have relatives and/or friends living in close proximity? ☐ Yes ☐ No

Describe the family's relationship with their extended family(ies): _____

_____

Describe the family's relationship with neighbors: _____

_____

Describe the level of acceptance of relatives and the community toward the child: _____

_____

Do local leaders know the family? ☐ Yes ☐ No

3. FAMILY'S PERSPECTIVE ON PLACEMENT/REINTEGRATION

Does the family want reunification/placement with the child? Yes ☐ No ☐ Unsure ☐

Recommendations:

What other information does the family need?

What support does the family need? *(information gathered here should be used to develop the case plan.)*

Other(s):

4. RECOMMENDATION FOR PLACEMENT/REUNIFICATION

(To be determined via supervision or case Conference).

(Circle the response below that applies.)

High	Family expresses strong desire to reunify, visits child regularly; no known history of child abuse, domestic violence or substance abuse. Poverty may be an issue but there is good potential to improve their economic condition. The family is able and motivated to access services necessary to raise the child.
Medium	Family expresses moderate desire to reunify, has visited child occasionally; there may be some concerns with domestic violence, mental health or substance abuse, but the family is amenable to treatment and is able and motivated to access necessary services.
Low	Family's motivation to reunify is difficult to read or very low, has seldom visited the child; there may be significant issues of violence, neglect or substance abuse in the home. The family seems minimally motivated to address its vulnerabilities.

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

Case Manager's name: _____Signature: _____ Date: _____

Job Aid: Obtaining Informed Consent and Assent

The case management approach is built on a strengths-based perspective that seeks to empower children and families to reach their identified goals. As such, before a child and members of a household are identified for reintegration, participate in the case management process or receive services, caseworkers should first obtain their informed consent and assent. In addition, informed consent and assent are central to respecting the principle of confidentiality that requires all actors to protect information gathered about clients and ensure it is accessible only with a client's explicit permission

Consent means that a person who has the capacity to independently make choices voluntarily agrees and gives permission for an action to take place.[4] ***Informed consent*** means that the individual giving permission fully understands the purpose, risks, benefits and limitations of the services that will be provided; the information that will be collected as part of case management, how it will be used and by whom; their right to refuse to participate and/or answer any questions and withdraw consent at any time; and confidentially and its limitations.[5]

To ensure that consent is informed, caseworkers should:

- use clear, understandable, and age-appropriate language to explain case management.
- provide members of the household with an opportunity to ask questions.[6]
- if needed to verify understanding, ask the client to explain the process or service that will be provided using their own words.

Information related to the reintegration process, case management and the services that will be provided may be delivered verbally, and then documented, or may be delivered in written form in the language that is most familiar to the client. In instances in which a client cannot give consent for himself/herself, the caseworker should protect the client's best interests and seek permission from a trusted third party (e.g., a family member). Obtaining consent for a child to participate in or receive a service is an example of when consent may be sought from a trusted third party.

While caregivers give consent for their child, children's views should also be respected and considered when making a decision that affects them.[7] ***Informed assent*** is the expressed willingness to participate in services or provide information. For younger children who are, by definition, too young to give informed consent but are old enough to understand and agree to participate in services or provide information, the child's informed assent is sought. When obtaining assent, caseworkers should ensure that information is delivered using child-friendly language. See "Caregiver Consent/Child Assent Forms."

[4] Global Protection Cluster, European Commission Humanitarian Aid, & USAID. (2014). *Inter-Agency Guidelines for Case Management and Child Protection*. http://www.socialserviceworkforce.org/system/files/resource/files/Interagency%20Guidelines%20for%20Case%20Management%20and%20Child%20Protection.pdf

[5] Ibid.

[6] National Association of Social Workers. (2017). *Code of Ethics* (revised). https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English

[7] UNICEF. (1989). *Convention of the Rights of the Child: Guiding Principles.* https://www.unicef.org/crc/files/Guiding_Principles.pdf

Form 3: Caregiver Consent/Child Assent Forms

CAREGIVER CONSENT FORM

This form should first be read to the child's primary caregiver for the child to be **place or reunified** and then completed. It should be clearly explained to the child's primary caregiver the he/she can choose any or none of the options listed. If the caregiver is hard of hearing or deaf, the form should be made available in writing or provided via interpreter

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

1. I understand that in giving my authorization below, I am giving _____ (caseworker organization) permission to share specific information regarding my background with the relevant service providers so that I can receive services to help me.

2. I understand that, at any point, I have the right to change my mind about sharing information.

3. I understand that in giving my authorization below, I am also giving _____ (caseworker organization) permission to share specific information regarding my background with the service provider(s) I have indicated below so that I can receive help with: reintegration with my family, education, safety and health services, psychosocial, and/or any legal needs.

4. I understand that information will be shared only as necessary to provide the help I request or need and that, at any point, I have the right to change my mind about sharing my information.

Education/school services:	☐ Yes	☐ No
Legal and protective services:	☐ Yes	☐ No
Disability-specific services	☐ Yes	☐ No
Psychosocial services:	☐ Yes	☐ No
Community services:	☐ Yes	☐ No
Health/medical services:	☐ Yes	☐ No
Livelihood services:	☐ Yes	☐ No
Family members:	☐ Yes	☐ No

I have been informed and understand that information may also be shared for purposes of reporting actual or suspected abuse, neglect or exploitation to child protection authorities to protect my safety and well-being or those of other children in my household.

I understand that shared information will be treated with confidentiality and respect.

Signature/thumbprint of caregiver:

Caseworker name:

Date:

CHILD ASSENT FORM

This form should be read to the child and completed. If the child is hard of hearing or deaf, the form should be made available in writing or provided via interpreter. It should be clearly explained to the child in a manner appropriate to his/her his capacity that he/she can choose any or none of the options listed.

(Per Kenyan law. children age 14 years or older must assent, and their assent must be accompanied by parent/guardian consent. Recommended good practice is that all children in household age 14 years or older sign the assent form.)

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

1. I understand that in giving my authorization below, I am giving _____ (caseworker organization) permission to share specific information regarding my background with the relevant service providers so that I can receive services to help me.

2. I understand that, at any point, I have the right to change my mind about sharing information.

3. I understand that in giving my authorization below, I am also giving _____ (caseworker organization) permission to share specific information regarding my background with the service provider(s) I have indicated below so that I can receive help with: reintegration with my family, education, safety and health services, psychosocial, and/or any legal needs.

4. I understand that information will be shared only as necessary to provide the help I request or need and that, at any point, I have the right to change my mind about sharing my information.

Education/school services:	☐ Yes	☐ No
Legal and protective services:	☐ Yes	☐ No
Disability-specific services	☐ Yes	☐ No
Psychosocial services:	☐ Yes	☐ No
Community services:	☐ Yes	☐ No
Health/medical services:	☐ Yes	☐ No
Livelihood services:	☐ Yes	☐ No
Family members:	☐ Yes	☐ No

I have been informed and understand that information may also be shared for purposes of reporting actual or suspected abuse, neglect or exploitation to child protection authorities to protect my safety and well-being or those of other children in my household.

I understand that shared information will be treated with confidentiality and respect.

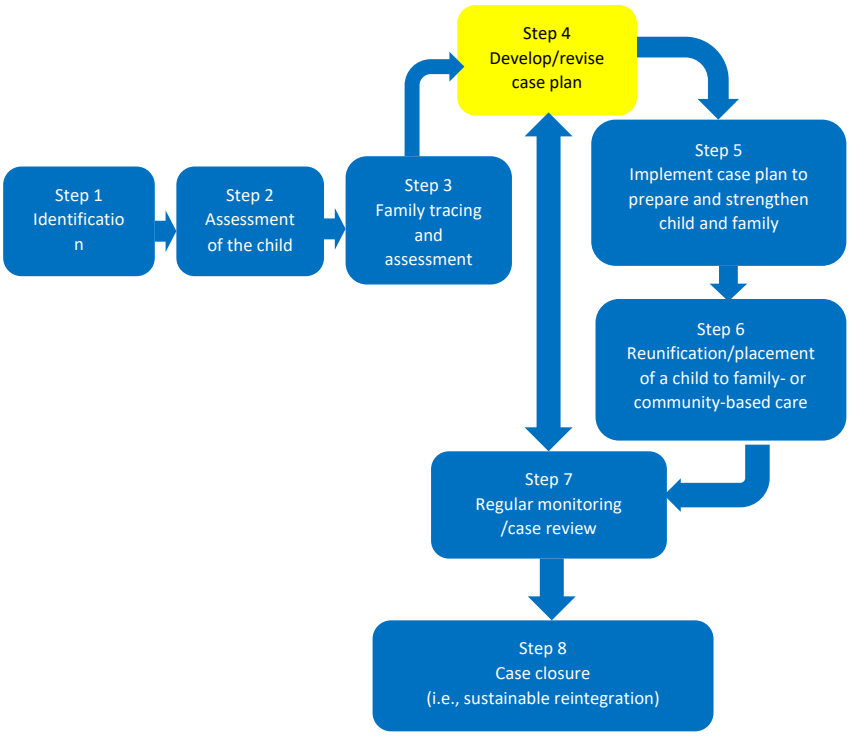
Signature/thumbprint of child:

Caseworker name:

Date:

Development of a Case Plan

WHAT is case planning? Developing a case plan involves collaborating with the child and family to identify key goals that can be worked on together to improve child and family well-being. *Case planning* focuses on preparing the child and family for a safe, healthy and well-planned initial transition into a family placement. Case planning is **not** telling a family what to do but supporting them to identify how they would like to improve their lives.



WHEN should case planning take place?
Once a family assessment has identified a family that is willing to receive the child and is suitable to meet the unique needs of the child, then development of a case plan should be commence. The first goals will be pre-reunification/placement, which prepare the child and family for a smooth placement. Later goals will focus on achieving reintegration. The case plan will be continually updated and developed until case closure.

WHERE should case planning take place? Developing a case plan should happen in a location that is easy and comfortable for the child and family—typically within the family's primary residence and community. The process begins while the child is still living in the institution.

WHO should conduct case planning, and who else should participate? A caseworker trained in case management and who can commit to working with the family throughout the case management process until reintegration of the child is achieved conducts the assessment. The family should be actively engaged throughout the case planning, and the child also should be actively engaged on a developmentally appropriate level. Individuals who are close to the family can also be engaged in the process, too (e.g., extended relatives, neighbors, local council officials, church or mosque) as well as relevant service providers (e.g., case management committees).

WHY should case planning take place? Case planning aims to work toward improving the well-being, safety and resilience of the child, caregivers and other family members. The process instills a culture of goal-setting and enhances a sense of ownership and confidence with the process. It helps to provide clear actions for different people involved in the process and identifies goals that help a family work toward a long-lasting, safe and nurturing environment that will lead to successful reintegration of the child.

Form 4: Case Plan Form

Instructions: Please use the information gathered from the child and family assessment form to complete this form.

Pre-reunification/placement goals should focus on actions that are key to ensuring a safe, smooth transition for the child into the family. These goals should focus on preparing the child to move into the family and preparing the family to ensure that the essential needs of the child will be met. *When pre-reunification/placement goals have been achieved, this is an indicator that the child and family are ready for reunification/placement.*

Reintegration goals should focus on actions that are key to ensuring the child is fully reintegrated into the family and community. *When reintegration goals have been achieved, this is an indicator that the case may be ready for closure.*

Goals for education:	**1.**					
	2.					
Need identified (refer to the assessment forms)	**Proposed actions** (to address the needs identified and prioritized by the child, young adult, family and mentor, including referrals for services)	**Deadline** (interventions time frame projection)	**Person(s) responsible & contact**	**Actions completed (yes or no)**	**If not completed, please explain**	**New action identified**
Goals for protection and safety:	**1.**					
	2.					

Need identified (refer to the assessment forms)	**Proposed actions** (to address the needs identified and prioritized by the child, young adult, family and mentor, including referrals for services)	**Deadline** (interventions time frame projection)	**Person(s) responsible & contact**	**Actions completed (yes or no)**	**If not completed, please explain**	**New action identified**
Goals for psychosocial well-being and community belonging:	**1.**					
	2.					
Need identified (refer to the assessment forms)	**Proposed actions** (to address the needs identified and prioritized by the child, young adult, family and mentor, including referrals for services)	**Deadline** (interventions time frame projection)	**Person(s) responsible & contact**	**Actions completed (yes or no)**	**If not completed, please explain**	**New action identified**

Goals for health and development (basic needs; e.g., food and nutrition, hygiene and sanitation):	**1.**					
	2.					
Need identified (refer to the assessment forms)	**Proposed actions** (to address the needs identified and prioritized by the child, young adult, family and mentor, including referrals for services)	**Deadline** (interventions time frame projection)	**Person(s) responsible & contact**	**Actions completed (yes or no)**	**If not completed, please explain**	**New action identified**
Goals for child–caregiver/ mentor relationship and attachment	**1.**					
	2.					
Need identified (refer to the assessment forms)	**Proposed actions** (to address the needs identified and prioritized by the child, young adult, family and mentor, including referrals for services)	**Deadline** (interventions time frame projection)	**Person(s) responsible & contact**	**Actions completed (yes or no)**	**If not completed, please explain**	**New action identified**

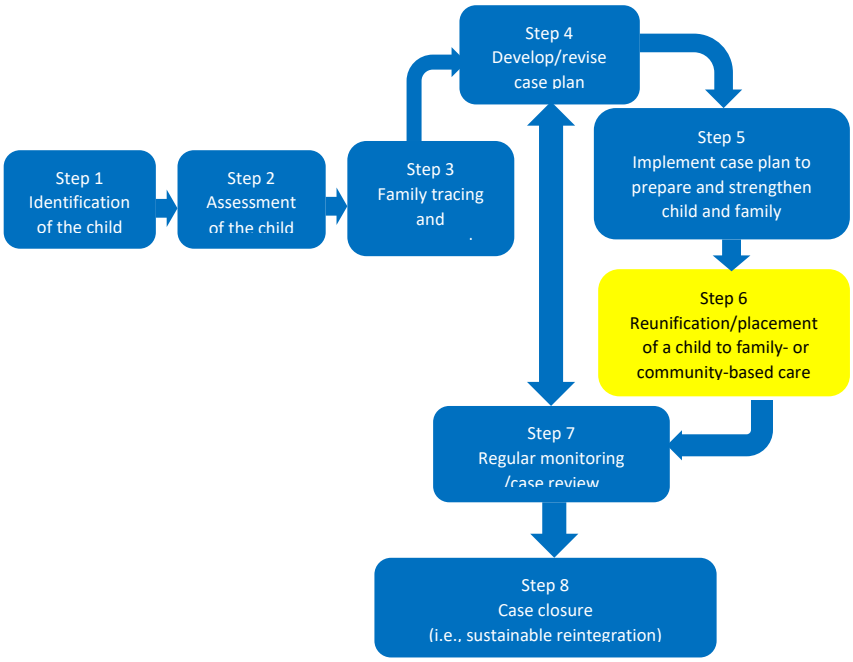
Goals for economic stability:	**1.**					
	2.					
Need identified (refer to the assessment forms)	**Proposed actions** (to address the needs identified and prioritized by the child, young adult, family and mentor, including referrals for services)	**Deadline** (interventions time frame projection)	**Person(s) responsible & contact**	**Actions completed (yes or no)**	**If not completed, please explain**	**New action identified**

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

Case Manager's name: _____ Signature: _____ Date: _____

Placement of Children/Young Adults

WHAT is placement? *Placement* is the arranged out-of-home care provided for a child or young person on a short- or long-term basis. When a child cannot immediately be reunified with his/her biological family, the child can be placed with an alternative family or a mentor.



WHEN should placement take place? Placement should occur after assessment and after it has been decided that it is necessary to place the child with an alternative family or a mentor along with both short- and long-term goals developed for the child and family. However, placement should happen only when the child and family have expressed willingness.

WHERE should placement take place? Placement for the child–family or young adult–mentor should happen in a location that is easy and comfortable for the child–family or young adult–mentor—typically at the place where the child or young adult are currenting living and/or within the family or mentor's primary residence and community. The process begins while the child is still living in the institution.

WHO should conduct placement, and who else should participate? A caseworker who is trained in case management and can commit to working with the family throughout the case management process until reintegration of the child is achieved conducts placement. The family or mentor should be actively engaged throughout the placement process, and the child or young adult also should be actively engaged on a developmentally appropriate level. Individuals who are close to the family can also be engaged in the process, too (e.g., house parents, extended relatives, friends of the child, neighbors, local council officials, church or mosque) as well as relevant service providers (e.g., case management committees).

WHY should placement take place? Placement aims to work toward improving the well-being, safety and resilience of the child, caregivers and other family members. The process enhances a sense of ownership and confidence with the process in the event a biological parent(s) is unavailable to offer care to the child or young adult. This process ensures that appropriate and clear care actions developed during the case plan for the different people involved in the process are achieved in a safe and nurturing environment that will lead to successful reintegration of the child. The process also ensures that, for safety and protection, all the relevant statutory authorities are aware and are involved in the placement.

Form 5: Placement Forms

Kafaalah Placement Form

Kinship Placement Form

Instructions: This form is Step 6 of the case management process and is considered as a placement form when the child is leaving care. This means that this form cannot be used independently. ***Instructions to Kafiil caregiver:*** You commit to receive and care for this child(ren)/young adult until the child/young adult can live independently, or other care arrangement has been agreed upon. ***Instructions to caseworker/case manager:*** You commit to support the Kafiil and the child (ren)/young adult in the process of reintegration until the child/young adult can be reunited with his/her biological parent (s) or can live independently.		
Name of child/young adult:	Gender:	Date of birth:
Other children #1:	Gender:	Date of birth:
#2.	Gender:	Date:
Place *(where the process is being conducted)*:	Authorizing person's name and signature:	
Legal status of current care *(if applicable)*:	Revoked:	Expired:
Placement date:	Review Date:	

Reason why kafaalah is the most appropriate care alternative:	Specify the resources or assistance to be offered to the child/young adult:	Responsible person:

Reasons for placing child(ren)/young adult under kafaalah *(tick all that apply)*:
☐ A parent unable to provide care due to the death of the other parent.
☐ A serious illness or terminal illness of a parent.
☐ The physical or mental condition of the parent or the child such that proper care and supervision of the child cannot be provided by the parent.
☐ The incarceration of a parent.
☐ The loss or uninhabitability of the child's home as the result of a natural disaster.
☐ Unable to locate a parent(s) at this time to notify them of the intended reintegration because *(list reasons)*:
☐ Other reasons:

Child/young adult's name:	Signature/thumbprint:	Date:
Kafiil's name	Signature/thumbprint:	Date:
Imam's name:	Signature/thumbprint:	Date:
Caseworker's name:	Signature:	Date:
Chief's name:	Signature:	Date:
Children's Officer's name:	Signature:	Date:

Instructions: This is a placement form for a child to live with his/her relatives. It should be completed with all relevant parties to ensure expectations are clear and that they agree to the placement following a child assessment, a family assessment and case planning. Keep a copy of the form in the case file, one with the children's office, and one with the family. The caseworker should ensure that an individual form is filled out for each child to receive kinship.

Instruction to kinship carer: By signing this placement form, you accept that the child(ren) or young adult named below will be living in your home, and you will be responsible for his/her needs as his/her primary caregiver until the child or young adult can be reunified with his/her biological family or can live independently.

Name of child/young adult:	Gender:	Date of birth:
Sibling #1:	Gender:	Date of birth:
Sibling #2.	Gender:	Date of birth:
Legal status of current care *(committed)*: ☐ Yes ☐ No	Revoked: ☐ Yes ☐ No	Expired: ☐ Yes ☐ No
Name of parent/former caregiver giving authority of care to kinship carer *(mother)*:	Date:	Signature:
Name of parent or former caregiver *(father)*:	Address of parent(s) or former carer(s):	Signature:
Contact of parent(s) or former carer(s):	County:	Sub-county:
Name of kinship *(father)* receiving the child: ID No.:	Kinship caregiver's date of birth:	Signature:
Name of the kinship *(mother)* receiving the child: ID No.	Date:	Signature:
Contact:	County:	Sub-county: village:
If the child is leaving CCI, please give CCI's name: Location:	Contact person:	Signature:

Reasons for placing child(ren) under kinship *(tick all that apply)*:

☐ A parent unable to provide care due to the death of the other parent.

☐ A serious illness or terminal illness of a parent.

☐ The physical or mental condition of the parent or the child such that proper care and supervision of the child cannot be provided by the parent.

☐ The incarceration of a parent.

☐ The loss or uninhabitability of the child's home as the result of a natural disaster.

☐ Unable to locate a parent(s) currently to notify them of my intended placement because *(list reasons)*:

☐ Other reasons:

Child/young adult's name:	Signature/thumbprint:	Date:
Kinship caregiver's name:	Signature/thumbprint:	Date:
Witness's name:	Signature/thumbprint:	Date:
Caseworker's name:	Signature/thumbprint:	Date:
Chief's name:	Signature/thumbprint:	Date:
Sub-County Children's Officer's name:	Signature:	Date:

Supported Independent Living (SIL) Placement Form

<table>
<tr><td colspan="4">Instructions: This is a placement form for a child/young adult to live independently. It should be completed with all relevant parties to ensure expectations are clear and that they agree to the placement following a child assessment and case planning. Provide each person who signs this forma a copy of this form.
Instructions to mentor: You are agreeing to assist the youth in implementing the development goals of his/her Independent living as per case plan goals and to support the young adult in completing the activities.
Instructions to caseworker/Children’s Officer: You are agreeing to assist the young adult and the mentors in completing this form and implementing the activities reflected in the case plan that will assist the young adult in meeting his/her goals. Document the planned services and delivered services to the young adult as per the case plan.</td></tr>
<tr><td colspan="2">Name of young adult/child:</td><td>Gender:</td><td>Date of birth:</td></tr>
<tr><td colspan="2">Place (of authorizing placement):</td><td colspan="2">Authorizing person:</td></tr>
<tr><td colspan="2">SIL start date:</td><td colspan="2">Review date:</td></tr>
<tr><td colspan="2">Name of CCI reintegrating child/young adult:</td><td colspan="2"></td></tr>
<tr><td colspan="4">If not in CCI, choose the type of current care: ☐ Foster care ☐ Kinship ☐ Guardianship ☐ Adoption ☐ Kafaala</td></tr>
<tr><td colspan="4">Legal status of current care (circle one, if applicable): Revoked Expired</td></tr>
<tr><td colspan="4">Persons responsible in supporting the young adult have reviewed the case plan and agree to their respective roles contained within the case plans? ☐ Yes ☐ No</td></tr>
<tr><td colspan="4">The persons signing hereunder are committing to support the child/young adult through the reintegration process.</td></tr>
<tr><td colspan="2">Child/young adult’s name:</td><td>Signature/ thumbprint:</td><td>Date:</td></tr>
<tr><td rowspan="2">Mentor’s name:</td><td>Contacts:</td><td rowspan="2"></td><td rowspan="2"></td></tr>
<tr><td>Gender:</td></tr>
<tr><td colspan="2">Caseworker’s name:</td><td>Signature/thumbprint:</td><td>Date:</td></tr>
<tr><td colspan="2">Case Manager’s name:</td><td>Signature/thumbprint:</td><td>Date:</td></tr>
<tr><td colspan="2">Authorizing Officer’s signature:</td><td>Signature/thumbprint</td><td>Date:</td></tr>
<tr><td colspan="4">Sub- County Children’s Officer’s name and office stamp:</td></tr>
</table>

Supported Child-Headed Household Placement Form

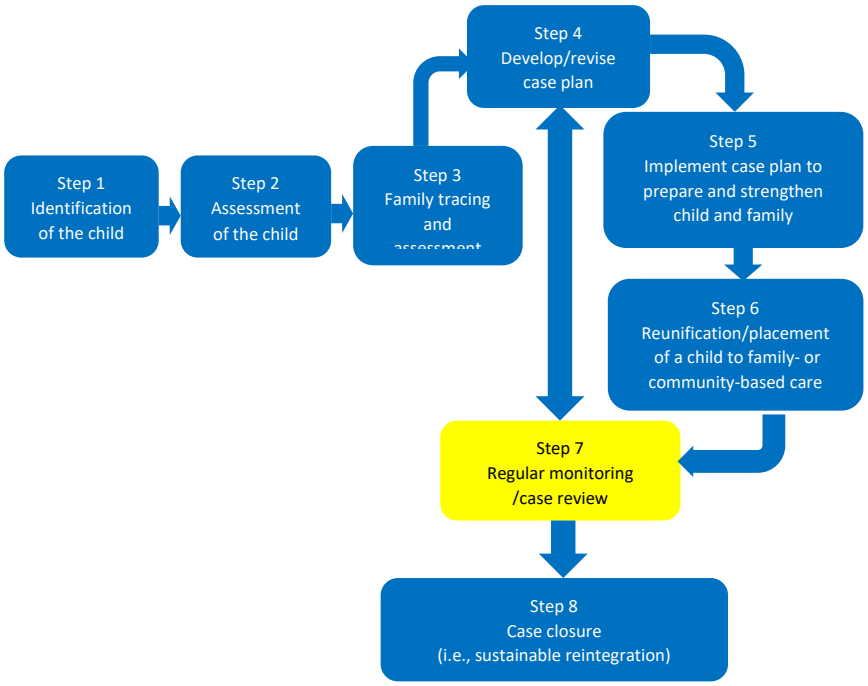
Instructions: This is a placement form for a child to in a child-headed household (usually an older sibling who is still under 18 years of age). It should be completed with all relevant parties to ensure expectations are clear and that they agreement to the placement following a child assessment, a family assessment and case planning. Keep a copy of the form in the case file, one with the children's office, and one with the family. Should there be need to appoint a guardian, this can be undertaken by the Children's Officer.		
Name of child:	Gender:	Date of birth:
Name of the CCI reintegrating the child:	Legal status *(committal)* date:	Revoked: ☐ Yes ☐ No Expired: ☐ Yes ☐ No
If not in CCI, choose the type of current care: ☐ Foster Care ☐ Kinship ☐ Guardianship ☐ Adoption ☐ Kafaalah		
Legal status of current care *(circle one, if applicable)*: Revoked Expired		
Child's household's location:	Authorizing person's name: Signature:	
Placement date:	Review date:	
Name(s) of other child(ren):	Gender of other child(ren):	Date of birth of other child(ren):

Reason why placing the child/youth under child-headed household is most appropriate:	Specify the resources or assistance to be offered to the child/youth:	Person responsible

Head child/young adult's name:	Signature/thumbprint:	Date:
Primary supervisor's name (Person overseeing the children):	Signature/thumbprint:	Date:
Caseworker's name:	Signature/thumbprint	Date:
Chief's Officer's name:	Signature: (Stamp)	Date:
Sub-County Children's Officer's name:	Signature: (Stamp)	Date:

Monitoring of Reintegration

WHAT is monitoring? *Monitoring* is a process that involves meeting with the child, family, community (including service providers to whom the household has been referred) and others who regularly interact with the child and family to determine if and how the case plan is being implemented, how the case is progressing toward reintegration and if the placement is still in the best interests of the child. Monitoring is typically done via regular home visitations.



WHEN should monitoring take place? Monitoring should be done on a regular basis—at least once every 2 weeks for the first 2 months after placement. Thereafter, monitoring should occur at a minimum of once a month and until at least 12 months after the date of placement.

WHY should monitoring take place? Monitoring provides ongoing support and assessment to ensure that the placement is still in the child's best interests, that the child is well cared for and is settled at home and that the family is adjusting to the new situation in a positive manner. Monitoring visits should use the case plan contents as a guide to determine specific areas and actions to monitor. Monitoring is also an opportunity to work with the child and family to identify and address any emergency concerns or new issues that may have arisen since the previous visit.

WHERE should monitoring take place? Monitoring visits should occur within the home and community environment (e.g., at school, at church or mosque).

WHO should conduct monitoring visits, and who participates? A caseworker is the primary person responsible for conducting monitoring visits. The child(ren) and caregiver(s) also take an active role in the visit and should engage in discussions. Extended family and community (e.g., teachers, health workers, other service providers, faith leaders, community leaders) also can participate. The inclusion of these participants helps to ensure that the caseworker has a holistic picture of the child and family's life. A supervisor or community leaders or government officers also may participate in monitoring, although this participation typically would not occur during every monitoring visit. The visits should aim to fully engage the child(ren) and family members in the process of reviewing goals, actions and any necessary revisions to the case plan.

Form 6: Monitoring Form

Instructions: Use this form for postplacement visits to the household. The caseworker should record on this form all observations and discussions about child and family well-being and progress. Please review the case plan and previous monitoring forms before the monitoring visit to guide topics for evaluation. During all monitoring visits, review the progress against the case plan and update the case plan by inputting the information on the "Case Plan Form" (including any newly identified needs, goals and actions). Add to the case plan any action required.

Date of monitoring visit: _____ Number of visit: _____ Case file number(s): _____

A. CHILD'S WELL-BEING AND PROGRESS

(Obtain this information via child-friendly means, such as through storytelling, play, games, music, singing, dancing, drawing, writing a story/poem or one on one discussion (using open-ended questions) and observation. Spend time making the child feel comfortable first. Child engagement can occur one-to-one, but with other children present, or in the presence of a caregiver at home, at school or at another community location, depending on the information being sought.)

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 (Hint: Look for both positive and negative changes.):

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

(Note: Add any action required to the case plan.)

Caseworker comments on the child's overall well-being and progress made toward reintegration

(Consider child health and development, psychosocial health and well-being, protection and safety, caregiver–child attachment, social and community belonging, education):

Health and development:	
Psychosocial health and emotional well-being:	
Education:	
Protection and safety:	
Child–caregiver/ young adult–mentor relationship and attachment:	
Social well-being and community belonging:	

B. FAMILY'S WELL-BEING AND PROGRESS

(Obtain this information via observation and discussions with the family and community. Spend time making the family feel comfortable first. Add to the case plan any action required.)

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 *(Hint: Look for both positive and negative changes.)*:

How have these changes affected your family/life?

(If children have left the household, obtain detailed information about why they left and where they went, and identify how best to follow up on these children either directly or through another organization if beyond the geographical scope of the program.)

Caseworker comments on family overall well-being and progress made toward reintegration

(Consider child health and development and education, child and family psychosocial health and well-being, protection and safety, caregiver-child attachment, social and community belonging.):

Health and development:	
Psychosocial health and emotional well-being:	
Education:	
Protection and safety:	
Child–caregiver/ young adult–mentor relationship and attachment:	
Social well-being and community belonging:	

Caregiver/young adult's name: _____ Signature: _____ Date: _____

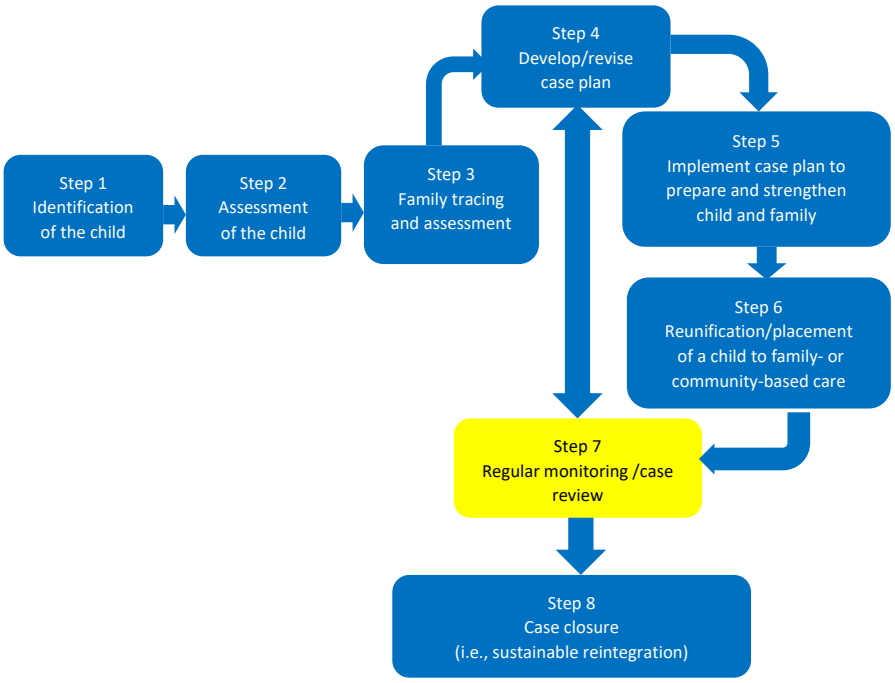
Caseworker's name: _____ Signature: _____ Date: _____

Case Manager's name: _____ Signature: _____ Date: _____

Proposed date of next monitoring visit: _____

Case Review

WHAT is a case review? The purpose of a case review is to do a holistic review of the progress in the case toward reintegration to date. Review progress against the case plan, identify new resources and needs since the original child and family assessments and evaluate all critical elements that contribute to reintegration (refer to the star model). A case review also involves meeting the child(ren) and family to discuss their achievements to date and to evaluate reintegration outcomes and the child and family's readiness for case closure.



WHEN should a case review take place? At a minimum, conduct a case review on a 6-month basis (i.e., at Months 6, 12, 18, and so on) after reunification or placement, and more regularly, if needed.

WHY should a case review take place? This process is important because it helps ensure that the child continues to be in a safe and nurturing environment and that the family is progressing toward achieving the case plan goals within agreed time lines. A case review objectively helps track progress toward the achievement of the goals identified by the child and his/her family and the caseworker as outlined in the case plan. These goals include the overall goals of the reintegration process as well as the family's identified goals. A case review also helps identify additional support needs so the case plan can be realigned to expedite progress toward reintegration. A case review informs when the case may be ready for closure.

WHERE should a case review take place? A case review should be done during an in-person meeting with the family to allow for discussion, interaction and observation. It is also an opportunity to celebrate the child and family's achievements, revise the case plan, if needed, and support the family after the case planning.

WHO should conduct the case review, and who participates? A caseworker trained in case management conducts a case review. Ideally, this should be a caseworker who has a history with the child, or family, or both, and is familiar with the case. The child and the primary family members (i.e., caregivers and siblings) should participate in a case review.

Form 7: Child and Caregiver Case Review Tool

Instructions: The caseworker should complete this form on a **biennial basis at a minimum** (i.e., every 6 months after reunification or placement). The purpose of this tool is to evaluate the status of the reintegration process. The benchmarks can be determined from **information from** the **child/family case file** before an in-person visit as well as from **in-person discussions with the child, caregiver and/or family members, and other community members (e.g., schoolteachers)**.

For each benchmark, a positive response of **"Yes" equals 1 point and "No" equals 0 points**. If the benchmark **does not apply, that counts as 1 point**. Total the points for each domain. Note newly identified strengths or protective factors that are supporting reintegration progress (but were not identified during the child and family assessments). Also, note against each domain newly identified risks or needs that are hindering reintegration progress (and were not identified during the child and family assessments or addressed in the case plan). Space is provided for these notations at the end of this form.

After completing the case review, address all new risks and needs, and add new actions to the case plan.

For each domain, the scores fall within three categories: **Case not ready for closure, Case on path to closure and Case nearly ready for closure.** *Note. Closure doesn't mean that the case is done. For instance, a case might be handed off elsewhere for follow-up.*

Date completed: _____ Case review no.: _____ Case file number(s): _____

In the column at right, indicate Y *(Yes)* **or N** *(No)* **or N/A** *(Not applicable)* **as well as the score (e.g., Y-1, N-0, N/A-1)**	**Y, N, or N/A**
Education: <u>Accessing, attending and progressing.</u> The child of school-going age or young adult is accessing and regularly attending an education program; performing to a level that is similar to, or that is improved, as compared to his/her performance before placement; is progressing appropriately and enjoys education.	
Based on information from the child/ young adult/family care file:	
1.1 The child can move safely to education facility/school. *(Note. If child cannot move safely, then case cannot be closed.)*	
1.2 There is evidence of school enrolment (i.e., receipt).	
1.3 The child's report card confirms regular attendance (i.e., not missing more than 5 days per month) and shows appropriate progression.	
1.4 The child has all required uniform, shoes, books and so on.	
Based on information from the child:	
1.5 The child reports feeling positive about his/her school performance.	
1.6 The child reports enjoying education.	
1.7 The school has hygiene facilities inclusive for adolescent girls. *(Hint: Observe and ask child directly to confirm that menstruation does not present a barrier to attendance. This question is not applicable to boys; therefore, score 1.)*	
Education: <u>Inclusive.</u> All children, including those with a disability or disabilities, are attending an education institution that is inclusive and equipped to meet the unique needs of the child.	
Based on information from the child and caregiver and verified with teachers and/or education facility:	
2.1 The school is physically accessible for the child (including classrooms, washrooms, recreational areas, etc.).	
2.2 The child's teacher is aware of the child's special needs and/or circumstances.	

2.3 The teachers are using inclusive teaching practices to meet the child's specific needs or circumstances. ……	
2.4 Stigma is not a barrier to the child attending school. ……	
Total score for Education domain *(circle one)*: **1–6 points 7–9 points 10–11 points**	
Protection and Safety: <u>Safe.</u> Children and caregivers are not currently experiencing nor are in immediate danger of violence at home, at school or in the community. Children who have experienced violence have received appropriate and beneficial support services (e.g., health, protection, psychosocial, legal).	
Based on information from caregivers:	
3.1 The caregiver is currently free of violence, exploitation or exposure to violence at home, at school, in the community and online. ……	
3.2 The caregiver can articulate appropriate ways to report and respond to violence. ……	
3.3 The caregiver can articulate positive and negative forms of discipline. ……	
3.4 The caregiver can clearly articulate and give examples of how to manage stress in a nonviolent manner. ……	
3.5 When there has been violence, the case plan and referral documentation confirm services have been accessed and met the intended purpose. ……	
Based on information from the child:	
1.8 The child is currently free of violence, exploitation or exposure to violence at home, at school, in the community and online. *(Note: If there is presence of violence, initiate child protection reporting protocol.)* ……	
3.6 If child aged is 5 years or older, the child can articulate appropriate ways to report violence. …… ……	
3.7 The child can report an absence of violent discipline. ……	
Total score for Protection and Safety domain *(circle one)*: **1–4 points 5–6 points 7–8 points**	
Psychosocial Well-Being and Community Belonging: <u>Self-esteem and resilience.</u> Children and caregivers express healthy self-esteem, self-worth and an overall sense of positive identity. They demonstrate confidence in problem solving and use of positive coping strategies, and express hope for the future.	
Based on information from the caregiver:	
4.1 The caregiver can provide examples of how he/she problem solves in constructive ways. ……	
4.2 The caregiver displays an overall positive demeanor. ……	
4.3 The caregiver can express a vision and his/her hopes for his/her family's future life. ……	
Based on information from the child:	
4.4 The child displays an overall positive demeanor, which is confirmed by the caregiver or siblings. ……	
4.5 There is an absence of (a) extreme sadness all the time, (b) no interest in play or enjoyable activities, (c) change of appetite for food. ……	
4.6 If the child is 5 years or older, the child is able to express his/her hopes for his/her future life. ……	
Psychosocial Well-Being and Community Belonging: <u>Accessing social support services.</u> Children and caregivers have access to social protection services. All children have been registered with the Department of Civil Registration.	
Based on information from the caregiver:	
5.1 The caregiver is able to articulate where to access support services for himself/herself and his/her family. ……	

5.2 When services were needed, the caregiver was able to access them. ……	
5.3 The case plan and referral documentation confirm services have been accessed and met for the intended purpose. ……	
5.4 The caregiver has a national identification card (ID). ……	
5.5 The child has a birth certificate. ……	
Psychosocial Well-Being and Community Belonging: <u>Accepted.</u> Children and caregivers participate and are included in daily activities. They regularly engage with caregivers, mentor, other adults and peers within the community. They have a sense of shared identity with their community and a sense of belonging to the community, and can identify individuals or groups recognized as providing social and emotional support.	
Based on information from the caregiver:	
6.1 The caregiver has participated in a community activity in the past 3 months (e.g. fundraising, wedding, funeral, baraza). ……	
6.2 The caregiver is a member of any community group (e.g., church, mosque, caregiver group, savings group). ……	
Based on information from the child:	
6.3 The child can identify and name people in his/her community to whom the child can talk and/or from whom he/she can seek help. ……	
6.4 The child is able to participate in daily activities in the community (e.g., eating, playing, talking with other family members or friends). ……	
6.5 The child has participated in a community activity in the past 3 months (e.g., extended family gatherings, football match, religious services). ……	
Total score for Psychosocial Well-Being and Community Belonging domain *(circle one)*: **1–8 points 9–13 points 14–16 points**	
Health and Development: <u>Nourished.</u> In the past 6 months, family has been able to provide a minimum of two meals per day to all household members, and the meals meet the nutritional needs of all members of the household.	
Based on information from the caregiver and the child:	
7.1 The child eats balanced meals at least twice per day. ……	
7.2 All members of the family eat balanced meals at least twice per day. ……	
Health and Development: <u>Developing.</u> The child is meeting physical and cognitive developmental milestones, or when these milestones are not being met, is accessing appropriate services to support development.	
Based on information from the caregiver:	
8.1 If the child is 5 years or younger, the caregiver confirms the child is walking, talking and showing increasingly independent behaviors at a level similar to that of his/her age mates in the community. *(Hint: Also, directly observe the child's development.)* ……	
8.2 If caregiver notes (and observation confirms) developmental delays, is there evidence of accessing appropriate support services (i.e., a copy of receipt of services received, confirmation from service provider of services delivered)? ……	
8.3 If child is between 6 years and 9 years old, the caregiver confirms the child is physically and mentally developing in a manner similar to his/her age mates in the community. ……	
8.4 If there are concerns about the child's physical or mental development, the child has accessed services. ……	

Health and Development: <u>Accessing-</u> Children and caregivers have access to health information and services, and are able to use services as required and without delay to ensure maintenance of overall good physical health. They have access to health insurance, where available. Children younger than age 5 years are fully immunized per the Kenya Expanded Program for Immunization (KEPI).	
Based on information from the caregiver: 9.1 If the caregiver or any child in the household was referred for treatment, services were accessed and met the intended purpose. *(Hint: Look for evidence of a complete referral, such as returned referral slips, report from child/caregiver/service providers.)* …… 9.2 The child is up to date on immunizations. *(Hint: Look for the immunization card to confirm.)* …… 9.3 If the caregiver, any child or any member of the household has a chronic illness or disability, the caregiver is conversant in the treatment/therapy regimen, as necessary. …… 9.4 All members of the household are free from substance abuse. …… **Based on information from the child:** 9.5 If the child has a chronic illness or disability and is age 10 years or older, the child is conversant in her/his treatment regimen, as necessary. ……	
Total score for Health and Development domain *(circle one)*: **1–6 points 7–9 points 10–11 points**	
Child–Caregiver Relationship and Attachment: <u>Quality time and positive communication.</u> The child spends consistent time with the caregiver whom he/she values and enjoys. Communication between the child and the caregiver or between the young adult and the mentor is frequent and open. Both child and caregiver feel understood and feel satisfied with the communication.	
Based on information from the caregiver: 10.1 The caregiver can describe the child's dislikes, what makes the child happy or sad, school performance, names of friends, and so on. …… 10.2 The caregiver provides examples of how and when he/she spends time with the child in age-appropriate way. …… 10.3 The caregiver speaks of the child with general positive regard in an age-appropriate way. …… **Based on information from the child:** 10.4 If the child is age 5 years or older, the child reports feeling his/her caregiver know his/her likes, dislikes, what makes him/her happy or sad. …… 10.5 If the child is age 5 years or older, the child reports that he/she spends time with his/her caregiver and enjoys this time. *(Hint: Probe into what kind of activities they do together and how frequently, and observe the child's nonverbal cues.)* ……	
Child–Caregiver Relationship and Attachment: <u>Consistency.</u> There is consistency in the relationship between the child and caregiver in terms of level of supervision, responsiveness, boundaries, and discipline that leads to increasing trust.	
Based on information from the caregiver: 11.1 The caregiver applies household rules and consequences for breaking the rules consistently across all children in the household. …… 11.2 The caregiver involves children to an ability and age-appropriate level in decisions that affect them. …… 11.3 The caregiver responds to the child when the caregiver hears the child or the child comes to the caregiver for help or comfort. …… **Based on information from the child:** 11.4 If the child is age 5 years or older and was hurt or sick in the past 3 months, does the child confirm that the caregiver took care of him/her? ……	

11.5 The child seeks support and comfort from the caregiver in response to stressors. ……	
11.6 The child easily articulates the rules of the house and the consequences should the rules be broken. ……	
11.7 If the child is age 5 years or older, he/she feels that the rules and consequences are applied consistently. ……	
Total score for Relationship and Attachment domain *(circle one)*: **1–6 points 7–10 points 11–12 points**	
Economic Stability: <u>Stable.</u> Caregivers have been able to meet the cost of the children's basic needs (e.g., rent expenses, clothes) over the past 6 months. Caregivers have a regular savings and basic financial literacy (e.g., planning, saving, budgeting, responsible spending). Caregivers have been able to anticipate and meet emergency expenses (e.g., medical expenses, drought, flood) in the past 6 months via savings or access to a loan or credit.	
Based on information from the caregiver 12.1 The household has a stable source of income (e.g., business, formal employment, cash transfer), and/or productive assets (e.g., livestock, poultry). ……	
12.2 The household has regular savings (e.g., active participation in a village savings and loan association or Savings and Internal Lending Community). ……	
12.3 The caregiver or other family members can provide examples of how they met regular and planned expenses (e.g., food, clothing, shelter, school) in the past 3 months. ……	
12.4 The caregiver or other family members can provide examples of how they met emergency expenses in the past 3 months. ……	
12.5 The caregiver was able to pay all required medical expenses for family members in the past 3 months. ……	
12.6 The caregiver can articulate plans to meet emergency expenses for the household. ……	
12.7 The caregiver can articulate plans for regular (e.g., food) and periodic (e.g., school fees) expenses. ……	
Total score for Economic Stability domain *(circle one)*: **1–3 points 4–5 points 6–7 points**	
Any "No" response to the Protection and Safety, Relationship and Attachment and Education domains should be a red flag, even if the overall scores show that the child and the family are on the path toward or nearly ready for closure. The case should not be prepared for closure; instead, plan to address the issues.	
Caseworker and case managers to use this section to indicate the domain scores and any newly identified strengths that are supporting reintegration progress (and were not identified at the time of the child and family assessments) and newly identified needs that are hindering reintegration progress (and were not identified at the time of the child and family assessments or in the case plan).	

Domain	**Score** *(tick one box)*	**Strengths**	**Needs**	**Plan of action**
Education	☐ 1–6 Not ready ☐ 7–9 On path ☐ 10–11 Nearly ready			

Protection and Safety	☐ 1–4 Not ready ☐ 5–6 On path ☐ 7–8 Nearly ready			
Psychosocial Well-Being and Community Belonging	☐ 1–8 Not ready ☐ 9–13 On path ☐ 14–16 Nearly ready			
Health and Development	☐ 1–6 Not ready ☐ 7–9 On path ☐ 10–11 Nearly ready			
Child–Caregiver Relationship and Attachment	☐ 1–6 Not ready ☐ 7–10 On path ☐ 11–12 Nearly ready			
Economic Stability	☐ 1–3 Not ready ☐ 4–5 On path ☐ 6–7 Nearly ready			

Caregiver's name: _____ Signature: _____ Date: _____

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

Case Manager's name: _____ Signature: _____ Date: _____

Form 8: Young Adult Case Review Tool

Instructions: The caseworker should complete this form on a **biennial basis at a minimum** (i.e., every 6 months after reunification or placement). The purpose of this tool is to evaluate the status of the reintegration process. The benchmarks can be determined from **information from** the **child/family case file** before an in-person visit as well as from **in-person discussions with the child, caregiver and/or family members, and other community members (e.g., schoolteachers)**.

For each benchmark, a positive response of **"Yes" equals 1 point and "No" equals 0 points**. If the benchmark **does not apply, that counts as 1 point**. Total the points for each domain. Note newly identified strengths or protective factors that are supporting reintegration progress (but were not identified during the child and family assessments). Also, note against each domain newly identified risks or needs that are hindering reintegration progress (and were not identified during the child and family assessments or addressed in the case plan). Space is provided for these notations at the end of this form.

After completing the case review, address all new risks and needs, and add new actions to the case plan.

For each domain, the scores fall within three categories: **Case not ready for closure, Case on path to closure and Case nearly ready for closure.** *Note. Closure doesn't mean that the case is done. For instance, a case might be handed off elsewhere for follow-up. Administer this tool for all cases with young adults ages 15–24 years.*

Date completed: _____ Case review no.: _____ Case file number(s): _____

In the column at right, indicate Y *(Yes)* **or N** *(No)* **or N/A** *(Not applicable)* **as well as the score (e.g., Y-1, N-0, N/A-1)**	**Y, N, or N/Aa**
Education: <u>Accessing, attending and progressing.</u> The young adult is accessing and regularly attending an education program; performing to a level that is similar to, or that is improved, as compared to his/her performance before placement; is progressing appropriately and enjoys education.	
1.1 **The young adult can move safely to education facility/school.** *(Note. If child cannot move safely, then case cannot be closed.)*	
1.2 There is evidence of education program enrolment (i.e., receipt).	
1.3 The young adult's report card confirms regular attendance (i.e., not missing more than 5 days per month) and shows appropriate progression.	
1.4 The young adult has all the required education materials (e.g., uniform, shoes, books, toolkits).	
1.5 The young adult reports feeling positive about his/her school or college performance.	
1.6 The young adult reports enjoying education.	
1.7 The school has hygiene facilities inclusive for adolescent girls. *(Hint: Observe and ask young adult directly to confirm that menstruation does not present a barrier to attendance. This question is not applicable to boys; therefore, score 1.)*	
Education: <u>Inclusive</u>- All young adults, including those with a disability or disabilities, are attending an education institution that is inclusive and equipped to meet the unique needs of the child. *Note. Caseworker is to verify information provided by the young adult with teachers, the education facility, or both*.	
2.1 The school is physically accessible for the child (including classrooms, washrooms, recreational areas, and so forth).	
2.2 The teacher is aware of young adult's special needs and/or circumstances.	
2.3 The teachers are using inclusive teaching practices to meet the young adult's specific needs or circumstances.	
2.4 Stigma is not a barrier to young adult attending school.	
Total score for Education domain *(circle one)*:	**1–6 points 7–9 points 10–11 points**

Protection and Safety: <u>Safe.</u> Young adult is not currently experiencing nor is in immediate danger of violence at home, at school or in the community. A young adult who has experienced violence has received appropriate and beneficial support services (e.g., health, protection, psychosocial, legal).	
3.1 The young adult is currently free of violence, exploitation or exposure to violence at home, at school, in the community, and online. *(Note. If there is presence of violence, initiate child protection reporting protocol.)*	
3.2 The young adult can articulate appropriate ways to report and respond to violence.	
3.3 The young adult can clearly articulate and give examples of how to manage stress in nonviolent manner.	
3.4 The young adult can articulate appropriate ways to keep himself/herself safe.	
3.5 The young adult can report an absence of violent discipline.	
3.6 When there has been violence, the case plan and referral documentation confirm services have been accessed and met the intended purpose.	
Total score for Protection and Safety domain *(circle one)*: **1–2 points 3–4 points 5–6 points**	
Psychosocial Well-Being and Community Belonging: <u>Self-esteem and resilience.</u> Young adult expresses healthy self-esteem, self-worth and an overall sense of positive identity. He/she demonstrates confidence in problem solving and use of positive coping strategies, and expresses hope for the future.	
4.1 The young adult can provide examples of how he/she problem solves in constructive ways.	
4.2 The young adult is able to provide examples of how he/she independently solved challenges in his/her life in the past 3 months.	
4.3 The young adult displays an overall positive demeanor.	
4.4 The young adult expresses a vision and his/her hopes for his/her family's future life.	
4.5 There is an absence of (a) extreme sadness all the time, (b) no interest in enjoyable activities, (c) change of appetite for food.	
Psychosocial Well-Being and Community Belonging: <u>Accessing social support services.</u> Young adult has access to social protection services. All young adults have been registered with the Department of Civil Registration.	
5.1 The young adult is able to articulate where to access support services for himself/herself.	
5.2 Where services were needed, the young adult is able to access them.	
5.3 The case plan and referral documentation confirm services have been accessed and met for the intended purpose.	
5.4 The young adult has a national identification card (ID), where necessary.	
5.5 The young adult has a birth certificate.	
Psychosocial Well-Being and Community Belonging: <u>Accepted.</u> The young adult participates and is included in daily activities. He/she regularly engages with mentor, other adults and peers within the community. He/she has a sense of shared identity with his/her community and a sense of belonging to the community, and can identify individuals or groups recognized as providing social and emotional support.	
6.1 The young adult participated in a community activity in the past 3 months (e.g., extended family, football matches, fundraising, wedding, funeral).	
6.2 The young adult is able to participate in daily activities in the community (e.g., playing or talking with other family members or friends).	
6.3 The young adult is a member of a community group (e.g., church, mosque, peer support group, adolescent club, adolescent savings group).	
6.4 The young adult can identify people in his/her community that he/she can talk to and/or seek help from.	
Total score for Psychosocial Well-Being and Community Belonging domain *(circle one)*: **1–7 points 8–12 points 13–14 points**	

Health and Development: <u>Nourished.</u> In the past 6 months, young adult has been able to get a minimum of two meals per day, and the meals meet the nutritional needs of the all members of the household.	
7.1 The young adult eats a balanced meal (must have proteins, carbohydrates and vitamins) at least twice per day. ……	
Health and Development: <u>Developing,</u> The young adult is meeting physical and cognitive developmental milestones, or when these milestones are not being met, is accessing appropriate services to support development.	
8.1 The young adult is aware of and able to articulate adolescent development changes (e.g., physical, emotional, identity). ……	
8.2 If young adult has a developmental delay, the case plan and referral documentation confirm that services have been accessed and have met the intended purpose. ……	
Health and Development: <u>Accessing.</u> The young adult has access to health information and services, and is able to use services as required and without delay to ensure maintenance of overall good physical health. He/she has access to health insurance, where available.	
9.1 If the young adult was referred for treatment, services were accessed and met the intended purpose. *(Hint: Look for evidence of complete referral, such as returned referral slips, report from caregiver/mentor/service providers.)* ……	
9.2 If the young adult has a chronic illness or disability, he/she is conversant in her/his treatment regimen, as necessary. ……	
Total score for Health and Development domain *(circle one)*:	**1–2 points 3–4 points 5 points**
Young Adult–Caregiver/Mentor Relationship and Attachment: <u>Quality time and positive communication.</u> The young adult spends consistent time with caregiver/mentor whom he/she values and enjoys. Communication between the young adult and caregiver/mentor is frequent and open. Both the young adult and caregiver/mentor feel understood and feel satisfied with the communication.	
10.1 The young adult feels his/her mentor know his/her likes, dislikes and what makes him/her happy or sad. ……	
10.2 The young adult expresses that he/she spends time with his/her caregiver/mentor and enjoys this time. *(Hint: Probe into what kind of activities they do together and how frequently, and observe the young adult's nonverbal cues.)*……	
Young Adult–Caregiver/Mentor Relationship and Attachment: <u>Consistency.</u> There is consistency in the relationship between the young adult and caregiver/mentor in terms of level of supervision, responsiveness, boundaries and discipline that leads to increasing trust.	
11.1 If the young adult was sick in the past 3 months, he/she confirms that his/her caregiver/mentor took care of him/her. ……	
11.2 The young adult seeks support and comfort from the caregiver/mentor in response to stressors. ……	
11.3 The young adult easily articulates the rules of the house and the consequences should the rules be broken. ……	
11.4 The young adult feels that rules and consequences are applied consistently. ……	
Total score for Young Adult–Caregiver/Mentor Relationship and Attachment domain *(circle one)*:	**1–2 points 3–4 points 5–6 points**
Economic Stability: <u>Stable.</u> During the past 6 months, the young adult in **supported independent living (SIL) or supported child-headed household (CHH)** has been able to meet the costs of basic needs (e.g., rent expenses, clothes) over the past 6 months. The young adult has a regular savings and basic financial literacy (e.g., planning, saving, budgeting, responsible spending). The young adult has been able to anticipate and meet emergency expenses (e.g., medical expenses, drought, flood) in the past 6 months via savings or access to loan or credit. ***Note. Not applicable for young adult not in SIL or CHH.***	

12.1 The young adult has a stable source of income (e.g., business, formal employment, cash transfer) and/or productive assets (e.g. livestock, poultry). *(Note. This is not applicable for young adult younger than age 18 years.)* ……	
12.2 The young adult has regular savings (e.g., active participation in a village savings and loan association or Savings and Internal Lending Community) ……	
12.3 The young adult can provide examples of how he/she met regular and planned expenses (e.g., food, clothing, shelter, school) in the past 3 months. ……	
12.4 The young adult can provide examples of how he/she met emergency expenses in the past 3 months. ……	
12.5 The young adult was able to pay all the required medical expenses in the past 3 months. ……	
12.6 The young adult can articulate plans to meet emergency expenses for the household. ……	
12.7 The young adult can articulate plans for regular (e.g., food) and periodic (e.g., school fees) expenses. ……	

Total score for Economic Stability domain *(circle one)*:	**1–3 points**	**4–5 points**	**6–7 points**

Any "NO" response to the Protection and Safety, Relationship and Attachment and Education domains should be a red flag, even if the overall scores show that the young adult is on path or nearly ready for closure. The case should not be prepared for closure; instead, plan to address the issues.

Caseworker and case managers to use this section to indicate the domain scores and any newly identified strengths that are supporting reintegration progress (and were not identified at the time of the child and family assessments) and newly identified needs that are hindering reintegration progress (and were not identified at the time of the child and family assessments or in the case plan).

Domain	Score *(tick one box)*	Strengths	Needs	Plan of action
Education	☐ 1–6 Not ready ☐ 7–9 On path ☐ 10–11 Nearly ready			
Protection and Safety	☐ 1–2 Not ready ☐ 3–4 On path ☐ 5–6 Nearly ready			
Psychosocial Well-Being and Community Belonging	☐ 1–7 Not ready ☐ 8–12 On path ☐ 13–14 Nearly ready			
Health and Development	☐ 1–2 Not ready ☐ 3–4 On path			

	☐ 5 Nearly ready			
Young Adult–Caregiver/Mentor Relationship and Attachment	☐ 1–2 Not ready ☐ 3–4 On path ☐ 5 Nearly ready			
Economic Stability	☐ 1–3 Not ready ☐ 4–5 On path ☐ 6–7 Nearly ready			

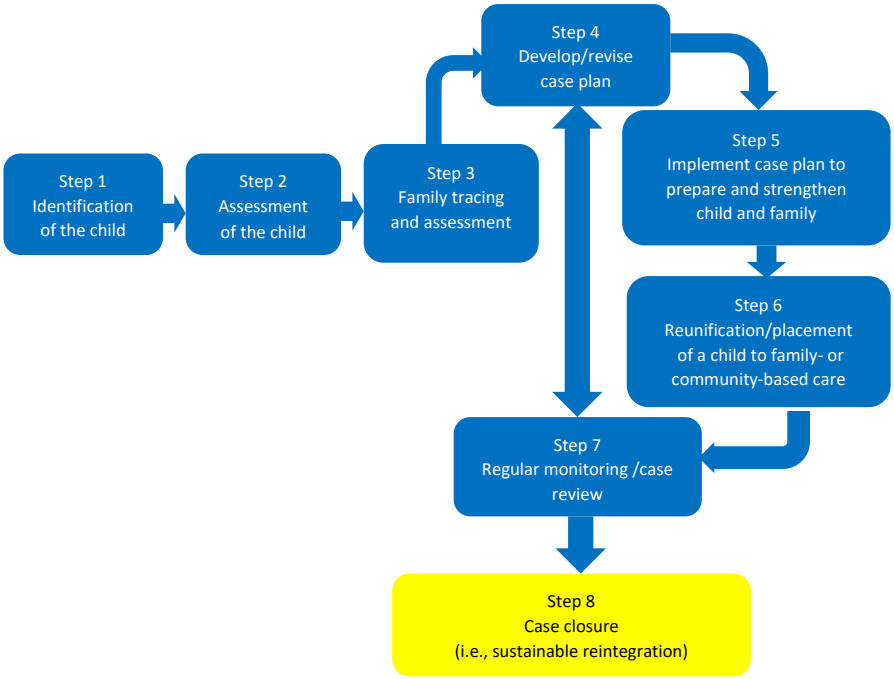
Young adult's name: _____ Signature: _____ Date: _____

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

Case Manager's name: _____ Signature: _____ Date: _____

Case Closure

WHAT is case closure? *Case closure* is a process of reflecting with the child(ren) and family on the experience of working together, celebrating the child's and family's achievements, ending the relationship and establishing future problem-solving tools for if/when issues arise after case management support has ceased. These tools include providing contacts for key support options (e.g., nongovernmental organizations, community-based organizations, government social welfare programs). *Closure* is the point at which is it deemed safe to no longer provide case management because as reintegration is sustainable and the family is able to continue caring and providing for the reintegrated child independently without case management support. However, the case may still be receiving services elsewhere though referrals.



WHEN should case closure take place? Planning for case closure should commence as early as possible, with all goals and actions outlined in the case plan focused on sustainable reintegration that allows for case closure. When the case plan goals and actions are approaching achievement, targeting closure discussions should be conducted with the family (including goals for the final months of case management support). Closure will take place once the child(ren) and family are safe and well, and feel confident that they are able to continue to provide for their needs without the ongoing support provided by the caseworker. It is the last stage of the case management process.

WHY should case closure take place? Case closure recognizes the child(ren) and family's resilience and independence. Closure represents the family's ability to continue caring and providing for the reintegrated child(ren) without ongoing support.

WHERE should case closure take place? Case closure should be done during an in-person meeting with the family to allow for discussion, interaction and observation. It is also an opportunity to celebrate the child and family's achievements, articulate what case closure represents, address any concerns or questions the family might have and articulate next steps.

WHO should conduct case closure, and who participates? A caseworker should conduct the final case review, with active participation from child(ren) and family. Based on case plan achievement, the caseworker will recommend closure and seek approval from his/her supervisor (case manager) in collaboration with the Sub-County Children's Officer. Other stakeholders who were involved in case management (e.g., service providers) should also be informed of closure.

Form 9: Case Closure Form

Instructions: To be used during the final monitoring visits to family.		
Date of closure: _____ Case file number(s): _____		
REASON FOR CLOSURE (*choose one of these four options and tick the box)*		
1. Case review, observations and child/family consultations indicate case plan goals have been achieved, reintegration has progressed to a sustainable level and the family is able to continue caring and providing for the child without ongoing case management support.		
2. Death.		
3. The child and family are no longer willing to participate in the program. Case reported and closed. *(If still in need of support elsewhere, complete the "Case Transfer Form.")*		
4. Other reasons.		
CASE CLOSURE CHECKLIST	**Yes or No**	**DATE**
1. Final visit scheduled with the child and the family.		
2. Recommendation for closure made by caseworker; closure approved by alternative care committee.		
3. Referrals have been completed, and case closure plans have been developed with the child and family. Caseworker has recognized and appreciated the achievements of the child(ren) and family.		
4. The child(ren) and the family have been informed of available, relevant support services in case support is needed in the future, and contact information has been provided.		
5. The Sub-County Children's Officer has reviewed the closure plan and provided final approval		
6. If the child was removed or referred, copies of the relevant paperwork have been attached to the child's case file and provided to statutory authority and new care placement provider.		
Comments:		
Caregiver's (or Care Leaver's) name and signature: _____ Date: _____ Caseworker's name and signature: _____ Date: _____ Case Manager's name and signature: _____ Date: _____ Subcounty Children's Officer name and signature: _____ Date: _____		

Case Transfer

WHAT is a case transfer? *A case transfer* is the process of supporting the movement of a child, family, or both from active participation in a given program to another source of case management support. Transfer is appropriate when a child and family moves outside of the program's catchment area before recommended interventions within the case plan have been implemented. Also, transfer may be appropriate if the child and family are no longer willing to participate in the program or the family is unable to safely meet the needs of the child such that the child is removed from the home.

WHEN should a case transfer take place? Planning for a case transfer should commence as early as possible, with all goals and actions outlined in the case plan focused on sustainable reintegration supporting the case transfer. When the case has been identified for transfer, discussions should be conducted with the family. Transfer will take place once the child(ren) and family are safe and well, and feel comfortable to continue to receive ongoing support from another service provider.

WHY should a case transfer take place? A case transfer should happen so that child(ren) and families that are still in need case management support continue to receive the services, whatever the circumstances.

WHERE should a case transfer take place? A case transfer should be done during an in-person meeting with the family to allow for discussion, interaction and observation. It is also an opportunity to determine whether the child and family is feeling comfortable about receiving services from a different service provider and whether they will accept a new services provider.

WHO should conduct a case transfer, and who participates? A caseworker and case manager should conduct a case transfer, with active participation from child(ren) and the family and new service provider. The caseworker, case manager, or both should explain the transfer process to the family, describe the services that will be provided by the new service provider and describe any final assistance that the current program will provide. In collaboration with the Sub-County Children's Officer, the caseworker and case manager should follow up with and support the new service provider to ensure that the child and family can achieve their goals and become more resilient. Follow-up can take place in the form of regular telephone calls or other means of contact.

Form 10: Case Transfer Form

Instructions: Use this form during the final monitoring visits to the family to prepare them for the transfer.	
Planned date of transfer: _____ Case file number(s): _____	
County: _____ Sub-County: _____ Village: _____ Ward: _____	
REASON FOR TRANSFER *(choose one option and tick the box)*	
1. The child and family are no longer willing to participate in the program. Case reported, and transfer made to: _____ _____	
2. The child and family have moved outside of the operational area. Case transferred to: _____	
3. The family was not able to safely meet the needs of the child, and the child was removed from the home. The case was reported to the Sub-County Children's Officer (i.e., "family was not able to safely meet the needs of the child, the case was reported to the SCCO, and the child was removed from the home"). Statutory authorized person/body who conducted the removal—name and contact: _____ Details of new care placement (i.e., placement type, caregiver, caseworker, contact): _____ _____	
Organization transferring case: _____ Contact information for transferring case manager: _____ Household strengths and assets: _____ _____ _____ Ongoing household needs: _____ _____ _____	

Final assistance to be provided by transferring program:
_____
_____
_____

Organization/body receiving the transfer:
_____
_____
_____

Services that will be provided by the new organization/body:
_____
_____
_____

Signature or thumbprint of the caregiver/young adult:
_____

Signature of Case Manager transferring the case:
_____

Proposed date of next follow-up:
_____

Signature of receiving Case Manager:
_____

Name of witnessing officer_____ Signature: _____

Form 11: Case Notes Form

Instructions: Use this form for any additional notes during case management (e.g., tracing).
Date:
Notes:
Date:
Notes:
Date:
Notes:
Date:
Notes:
Date:
Notes:
Date:
Notes:

Form 12: Referral Form

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

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

COUNTY: _____ **SUB-COUNTY:** _____

Name of referring officer: _____ **Designation:** _____

Referring officer contact: _____ **Date of referral:** _____

FROM: Name of referring organization: _____

TO: Name of receiving organization: _____

I. PARTICULARS OF THE CHILD/CHILDREN

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

II. REASON FOR REFERRAL *(tick one box)*:

☐ 1. By court orders.

☐ 2. Supervision.

☐ 3. Social protection support: such as (i) transportation assistance, (ii) food assistance, (iii) grant preparation, (iv) reintegration.

☐ 4. Education: such as (i) bursary or other financial or material support, (ii) vocational training, (iii) early childhood development, (IV) support to return to school/homework support.

☐ 5. Health support: such as (i) HIV-related care and support, (ii) reproductive health/sexual health services, (iii) nutritional support, (iv) support related to primary care, (v) disability support, (vi) mental health support, (vii) psychiatric services, (viii) substance abuse services, (ix) psychosocial support/counseling, (x) support group.

☐ 6. Legal advice: such as (i) birth registration/civil registration.

☐ 7. Other reason(s) *(specify*: _____

III. DOCUMENTS ATTACHED

1. Case record sheet.
2. Written promise.

3. Social inquiry report.
4. Any other document (e.g., medical report, birth certificate, report book).
5. Court order.
6. Individual treatment plan/case plan.
7. Monthly progress report.

NAME OF REFERRING OFFICER: _____ DESIGNATION: _____

Phone: _____ Date: _____

Signature: _____

****

FEEDBACK FORM

CHILD RECEIVED BY:

NAME OF RECEIVING OFFICER: _____ DESIGNATION: _____

Phone: _____ Date: _____

Signature: _____

SERVICES OFFERED: _____

_____

_____

_____

_____

_____

Instructions: Fill in triplicate: Original (Agency). Copy (Children's Officer). Copy (Family) Return the feedback form to the referring agency. The receiver retains a copy.

Form 13: Family Group Discussion Form

Instructions: Use this form to document what occurred at the family group discussion when the family, child, extended family members and other support structures meet to assist in the reintegration process. Any goals set during the FGD should be incorporated into the case plan, identifying the goal, responsibilities, actions to be taken and time frame as with other goals in the plan. The FGD meeting may not produce any goals to be incorporated. Either way, the caseworker should help the child and family make some plans in addition to the plans made at the FGD so that the entire case planning process is not left up to the FGD.

Name of child:	Date:
Venue:	Facilitator:
Start time:	Finish time:

In attendance *(to be filled out by attendees; if more space is needed, use the reverse side)*:

Person's name and Signature *(signing to commit to keep information confidential)*	**Relationship to child (or organization representing)**	**Reason for attending** *(be specific about ideas, resources or assistance you can offer child/family)*

Goals to be incorporated into the case plan *(copy over to the case plan):*

Specific goal	**Person or organization responsible**	**Gender**	**Action to be taken**	**Time frame**

Caseworker signature:	Date
Primary caregiver where child is moving signature/thumbprint:	Date
Child signature/thumbprint:	Date

Form 14: Disability and Functioning Assessment Tool[8]

Child and Adult

Aim: This tool below is **administered with every child with a disability and those suspected of having a disability who are being targeted for reintegration, and any child with a disability or adult with a disability who lives in a household where a child may be reintegrated**. The tool has been adapted from the World Health Organization's International Classification of Functioning, Disability and Health. It serves as a practical tool to elicit and record information on the functioning of individual children and the adults in their families. The information informs case planning, including the services and supports needed for the well-being and protection of the child and family.

Guidelines: Gather information directly from the child or adult with the disability. Secondary information may come from other informants, health records and through direct observation by the caseworker. Indicate domains of development where there is disability. Complete a separate form for each family member with a disability. Rating is used to indicate the degree of impairment and any limitations in daily functioning.

Child case number: _____ Date of assessment: _____

DEGREE OF DISABILITY	**DEGREE OF FUNCTIONING/LIMITATION**
0 None **1** Mild, lightly present with an intensity that the person can tolerate **2** Moderate intensity that interferes with day-to-day life **3** Severe intensity that disrupts day-to-day life **4** Complete impairment	**0** No difficulty doing things **1** Almost no difficulty doing things **2** Moderate difficulty doing things in the physical and social environment **3** Severe difficulty doing things in the physical and social environment **4** Complete difficulty disrupting day to day life

DEVELOPMENTAL/BODY DOMAIN	**Degree of disability**	**Degree of functioning/limitation**
Cognitive: ○ Intellectual ○ Learning ○ Attention ○ Memory ○ Other		
Mental: ○ Depression ○ Anxiety ○ Autism ○ Other		
Sensory: ○ Vision ○ Hearing ○ Tactile ○ Other		
Language/speech		
Physical/mobility: ○ Involuntary movement ○ Mobility of joints ○ Muscle strength ○ Incontinence/enuresis		

[8] UNICEF. (2006). *Child and youth participation resource guide*. http://www.unicef.org/ceecis/Child_Youth_Resource_Guide.pdf

LIMITATIONS ON DAILY ACTIVITY		
Activity	**Degree of disability**	**Limitation level** **0 *(none)* to 4 *(full limit)***
Learning and applying knowledge: ○ Read ○ Write ○ Listen		
Communication: ○ Speaking ○ Receiving spoken messages ○ Receiving nonverbal messages		
Mobility: ○ Walking ○ Moving around ○ Using public transport ○ Lifting and using hands		
Self-care: ○ Toileting ○ Dressing ○ Eating ○ Drinking ○ Washing self ○ Overall care of self		
Domestic life: ○ Shopping ○ Cooking and preparing meals ○ Cleaning house, dishes, clothes ○ Assisting others		
Social life and relationships: ○ Basic social interactions ○ Relating to strangers ○ Formal relationships ○ Family relationships ○ Peer relationships		
Major life areas: ○ School education ○ Higher education ○ Informal education ○ Vocational education ○ Basic economic transactions ○ Paid employment opportunities ○ Economic self sufficiency		
Community and civic life: ○ Recreation and leisure activities ○ Religion and spiritual life ○ Political and citizenship ○ Claim of human rights		
ENVIRONMENTAL FACTORS *(physical, social and attitudinal environment in which the child/adult lives)*		
Environmental factors	**Degree of barrier** **0 *(no barrier)* to 4 *(full barrier)***	
Support relationships: ○ Immediate family ○ Friends, peers		

○ Neighbors, community	
Support services: ○ Health professionals ○ Special education staff ○ Therapeutic support	
Attitudes: ○ Individual attitudes in family ○ Individual attitudes of care providers ○ Individual attitudes of friends ○ Individual attitudes of community people ○ Social norms and practices	
Systems and other factors: ○ Housing ○ Communication services ○ Transportation services ○ Health services ○ Education and training services ○ Work readiness and employment ○ General support services	
Disability diagnosis (if one):	
Caseworker observations:	
Action required *(circle one)*: Urgent Monitoring No action	
Recommended actions based on the findings of this assessment should be clearly outlined in the case plan (i.e., proposed actions, who is responsible, deadline and so forth). The referral form should be used for any required referrals.	
Caseworker's name: _____ Signature: _____ Date: _____ Case Manager's name: _____ Signature: _____ Date: _____	

Form 15: Caregiver Feedback Form

Instructions: Give this form to the client along with a sealable envelope. After the client fills it out and seals the envelope, give to the caseworker to be opened by the case manager; this completed form becomes a part of the case file. If the caregiver is not literate or has challenges seeing, the caseworker who is not the primary caseworker should read the form aloud and document the caregiver's answers. *Note. The primary caseworker does not conduct the feedback to ensure the caregiver is comfortable giving honest feedback.*

I, _____ *(Client Name)*, have received case management services from _____. I certify that my caseworker has discussed closing the case and has made arrangements for me to continue to be supported by services, if they are necessary, so that I can continue to raise my child _____ *(Child's Name)* in my home.

Client's feedback for case management services:

I am:

_____ Very satisfied with the services I received

_____ Mostly satisfied

_____ About half and half

_____ Mostly unsatisfied

_____ Very unsatisfied

The best part of the case management services was: _____

_____

_____

The services would have been better if: _____

_____

_____

Caregiver/mentor signature or thumbprint: _____ Date: _____

Signature of person administering: _____ Date: _____

Form 16: Child and Young Adult Feedback Form

Instructions: To get objective feedback, someone who is not the caseworker or the caregiver should administer this form orally to each child. If the child has difficulties in hearing, make the form available in writing or provided via interpreter. The caseworker should introduce the person and the form, and explain why the child is being asked to give feedback. Then the form is turned over to the third-party adult to get the child's feedback. When the child has signed, put in a sealable envelope. Give the envelope to the caseworker to be opened by the supervisor; the completed form becomes a part of the case file.

"_____ (Child's given name), as we have talked about, our time to work together has come to an end. During this time, you have gone through many changes, and I am very proud of all that you have done for yourself. You are a special person and deserve to be safe and happy. I am so happy that I was able to be a part of helping you during this time. My hope is that you will continue to get close to your family and friends, and feel comfortable in the community, and reach the goals that you set for yourself.

At this time, there is a chance for you to give your opinion about the services I have provided to you as your caseworker, using this form. It is very important that we know your true feelings, and that is why I will not be the one you will tell your opinions to. [Introduce third party by name] is someone who will get your opinion and make sure it is delivered without telling me what you said. I have a form here that needs to be filled out by [third-party person's name]. I would like you to be very honest and give your true opinion."

Hand the form over to a neutral third party to fill out with child.

I am _____ *(Child's Name)*. During the past 12 months, my caseworker from _____ has visited with me regularly to talk about how well I am doing, and about my needs and wishes. I have been able to talk to them about my honest feelings concerning the things I like and don't like about being in my current home. My caseworker has explained that he/she will not be coming to see me anymore, but if I need more help to be safe and happy, I know someone I can contact to get more help.

Right now, in my home and community, I feel:	**Child's feedback for the case management services:**
___Very safe and happy	___Very satisfied with the services I received
___Quite safe and happy	___Mostly satisfied
___About half and half	___About half and half
___Quite afraid and unhappy	___Mostly unsatisfied
___Very afraid and unhappy	___Very unsatisfied

I liked working with my caseworker because: _____

I wish working with my caseworker was different in this way: _____

Any other comments: _____

Child/young adult's signature or thumbprint: _____ Date: _____

Signature of person administering: _____ Date: _____

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