REPUBLIC OF KENYA

GUIDELINES FOR CHILD PROTECTION CASE MANAGEMENT AND REFERRAL IN KENYA

2019

ICS SP Strengthening families Protecting children

FOREWORD

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

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

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

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

Simon K.Chelugui,EGH
Cabinet Secretary
Ministry of Labour and Social Protection

PREAMBLE

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

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

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

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

The guidelines were developed through a participatory process involving partners in child protection. These guidelines are intended to support the collaborative processes among the government and non-governmental agencies in service provision.

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

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

ACKNOWLEDGEMENTS

The preparation and production of the Guidelines for Child Protection Case Management and Referral in Kenya is a result of the collaborative effort of many individuals, government departments and civil society organizations whose dedication and hard work is gratefully acknowledged.

Special thanks go to the Strategic Intervention team under the leadership of Ms. Jacinta Murgor, Deputy Director Children's Services and other staff who worked tirelessly towards the development of this document.

Much appreciation goes to line Ministries; Interior and Coordination of National Government, Education and Health. Key partners UNICEF, Child line Kenya, Investing in Children and their Societies (ICS), CISP and Plan International Kenya for their invaluable contribution in the development of this document.

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

Noah. M.O. Sanganyi, HSC
Director Children's Services

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ABBREVIATIONS

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

After-care services:	These are services provided to children after they have been in institutional care. Such services include supervision and provision of a tool kit or kitty – as appropriate.
Alternative family care:	This is a formal or informal arrangement whereby a child is looked after at least overnight outside the parental home either by decision of a judicial or administrative authority or duly accredited body, or at the initiative of the child, his/her parent(s) or primary caregivers or spontaneously by a care provider in the absence of parents (*Guidelines for Alternative Family Care of Children in Kenya*, 2014).
Best interest of the child	This is the well-being of a child determined by the individual circumstances of age, level of maturity, presence/ absence of parents and the child's environment and experiences (UNCRC 1989).
Burnout:	This is a state of emotional, mental, and physical exhaustion caused by excessive and prolonged stress. It occurs when one feels overwhelmed, emotionally drained, and unable to meet constant demands.
Care plan:	This is a document that outlines the goals, tasks and outcomes that need to be executed by a case worker to address the identified needs of a child during assessment.
Caregiver:	A person or guardian who is charged with a responsibility for a child's welfare (*Guidelines for the Alternative Family Care of Children in Kenya*, 2014).
Case:	A situation or circumstance that negatively affects the child.
Case conference:	A multi-disciplinary meeting consisting of child protection actors where they explore a problem of a particular child or of a group of children affected by the same problem from different perspectives and disciplines. A case conference can be called at the case planning, implementation or follow-up stage. Case conferences can be held at different levels including organization, sub-county and AAC levels.
Case file:	A record kept for every child who is receiving services. The file contains all documents that pertain to the child/case.
Case management:	The process of ensuring that an identified child has his or her needs for care, protection and support met. This is usually the responsibility of an allocated social worker who meets with the child, the family, any other caregivers and professionals involved with the child in order to assess, plan, deliver or refer the child and/or family for services, and monitor and review progress (Source
Case manager:	This is the person who takes the role of coordinating all the efforts and service providers involved in the case management process. In this guideline, the children's officer at the Department of Children's Services is the case manager unless there is an emergency situation where humanitarian agencies can become the case managers.

Case plan:	This is a written document which outlines how, when and who will meet a child's needs. It is developed by case workers or case managers in collaboration with the child and caregiver.
Case worker:	This is a key worker trained in child protection systems who has been authorized to maintain responsibility of the case from identification to closure.
Child:	Means any human being under the age of 18 years.
Child abuse:	Involves acts of commission and/ or omission, which result in harm to the child. The four types of abuse are physical abuse, sexual abuse, emotional abuse and neglect (*National Plan of Action for Children in Kenya* (2015–2022) (Government of Kenya, 2015).
Child participation:	Child participation is a process of child development that provides an opportunity for children to be involved in decision making on matters that affect their lives and to express their views in accordance with their evolving capacities (Child Participation Guidelines, 2006).
Child protection:	These are measures and structures that prevent and respond to abuse, neglect, exploitation and violence affecting children (Save the Children International, 2011).
Child protection framework:	A framework for child protection system defines the key components, the institutions involved and how they are regulated and coordinated, both horizontally and vertically.
Child protection system:	A set of laws, policies, regulations and services, capacities, monitoring, and oversight needed across all social sectors to prevent and respond to child protection related risks.
Children in contact with the law:	This includes all children going through a justice system for whatever reason (victims, witnesses, children in need of care and protective custody and child offenders).
Civil society organizations (CSOs):	These are non-profit making, non-governmental organizations which seek to influence the policy of governments and international organizations and/or to complement government services. Civil society organizations therefore refer to a wide array of organizations: community groups, non-governmental organizations (NGOs), labour unions, indigenous groups, charitable organizations, faith-based organizations, professional associations and foundations.
Concurrent plan:	This identifies other required services that address both economic and social welfare. It seeks to address a child's needs while at the same time establishing an alternative plan that can be implemented to empower the family to provide adequately for the needs of the child; e.g. where the poverty level is high, you link the family to a livelihood/ income- generating programme. In such cases two separate plans are developed. This helps the child to continue receiving care in a stable and safe environment.

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

Data management: The system of storing information that is gathered during case management. It also involves recording, analyzing and retrieval of the data.

Emergency (crisis): A crisis or emergency is broadly defined as a threatening condition that requires urgent action. Emergencies can be man-made, such as conflict or civil unrest; they can result from natural hazards, such as earthquakes and floods; or they can be a combination of both (Child Protection Working Group, Minimum Standards for Child Protection in Humanitarian Action, 2012).

Faith-based organizations (FBOs): Organizations that carry out community and civic work and are funded by a religious organization.

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

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

Psychosocial support: A continuum of love, care and protection that enhances the cognitive, physical, emotional, social and spiritual well-being of a person and strengthens their socio-cultural connectedness and resilience.

Referral: The process of formally requesting services for a child or their family from another agency (e.g. cash assistance, health care, etc.) through an established procedure and/or form.

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

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

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

The *Guidelines for Child Protection Case Management and Referral in Kenya* is a reference material to guide different actors on how to carry out comprehensive case management and referral and defines the role of the government, civil society organizations, the communities, the family and the child to complement each other.

This volume is not to be used in isolation but together with international, regional and national legal frameworks dealing with children. It provides appropriate tools for case management and referral.

CHAPTER ONE:

INTRODUCTION TO CASE MANAGEMENT

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1.1 Scope

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

1.2 Goal of case management

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

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

The overall objective is:
To ensure smooth coordination, flow of resources and application of expertise in ensuring that the child's needs or challenges are addressed holistically, appropriately and on time to restore the child's well-being.

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

To refine the goals and objectives of case management, an organization will find it helpful to complete the following checklist.

Checklist: Ability of an organization to provide quality service as case workers
1. What are you providing? (Define the service)
2. To whom are you providing the service? (Define your target audience)
3. How are you providing it? (Strategy & intervention, timing, cost, follow-up)
4. How did you come to know that what you are providing is what is needed? (Have you done an assessment?)
5. Have you made a measurable difference in the life of the child? (Outcomes/ Impact)

1.3 Guiding principles

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

1. **The best interest of the child** The best interest principle must guide all the case management processes. This is important because often in child protection, there is no one ideal solution possible but rather a series of more or less acceptable choices.
2. **Do no harm** It is the responsibility of child protection practitioners to protect children from harm. When serving children, care should be taken to ensure they are not exposed to harm.
3. **Non- discrimination** Children have a right to non-discrimination. All children should enjoy their right to effective protection and no child should be a victim of any discriminatory acts based on race, skin colour, sex, language, religion, political opinion, ethnic or social origins, economic status, disability or any other status.
4. **Ethical Standards and professionalism** When serving children, practitioners should uphold professionally accepted standards of personal behavior and values.
5. **Quality delivery of services** Services delivered in case management should be aimed at promoting the holistic development of a child.
6. **Confidentiality** This is an ethical obligation for all child protection practitioners and is necessary for service delivery. Child protection practitioners should ensure that any information concerning a child is treated with utmost respect for the privacy of the child and accessible only to those authorized on a 'need-to-know' basis.
7. **Accountability** Refers to the virtue of being transparent and taking responsibility for one's actions, as an agency and as an individual staff member involved in case management. Child protection practitioners should be accountable for their actions, decisions and commitments not only to the child, but also to other stakeholders.
8. **Child participation** Child participation should take place at all levels in the home, community, within organizations and across government. Children should be given an opportunity to air their views, opinions and concerns on matters affecting them. Their views should be considered in accordance with the needs, the resources available, and the child's developmental age.
9. **Informed consent** Is the process for getting permission from a child and the family before providing any intervention It allows the child and family to make informed decisions regarding their own situation.
10. **Informed assent** Is the expressed willingness of a child and the family to participate in the provision of services. Child protection practitioners should gain informed consent and assent from the child and family before providing any case management and referral services. The case worker should make certain that the child and family fully understand all relevant information concerning the case, i.e. the services available to them, needs and resources available, potential risks and benefits of receiving these services, all the information needed and how it will be used. For this to occur, child-friendly communication should be used

and any other necessary considerations taken to support informed consent/assent such as communicating effectively with persons with disabilities.

11. **Building partnerships** Case management is very complex and this calls for a multi-sectoral approach. Several organizations from different sectors try to address children cases individually and with limited resources, therefore forming partnerships is a good approach to not only increase capability, but also the reach of organizations. Partnerships help build a common understanding on how to approach children cases from different perspectives by different actors.
12. **Culturally responsive** Recognize that communities in Kenya are diverse and comprise many different cultures, religions, ethnicities and local traditions.

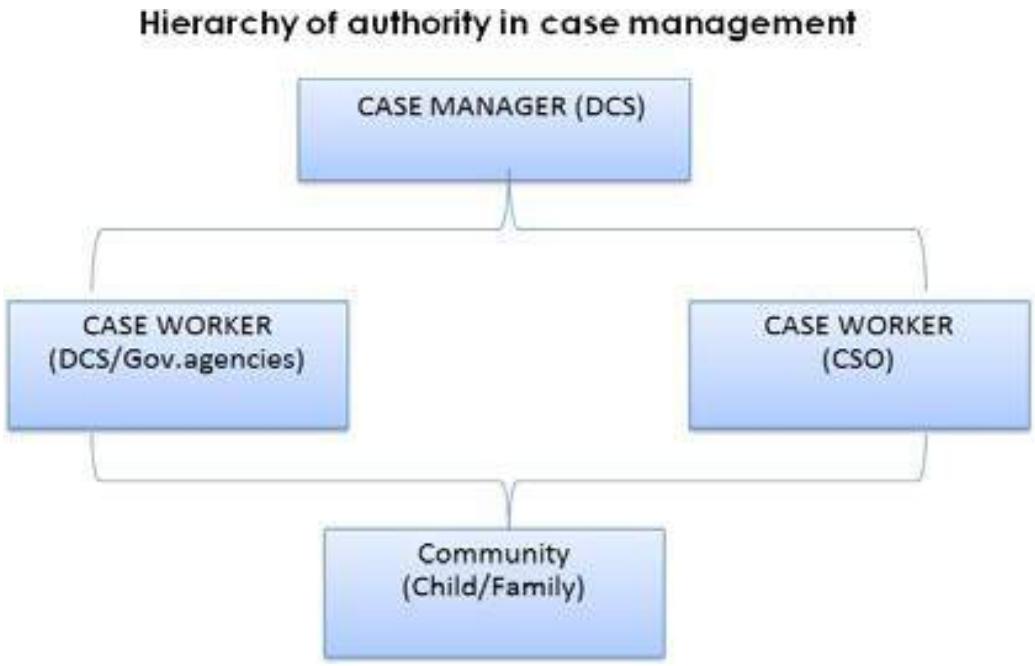
- Ensure services are sensitive and respectful towards all people, their family norms, and their ways of bringing up children.
- Do not excuse or overlook abuse, violence or exploitation of children if cultural or religious practices are harming children's safety or well-being.
- Understand how cultural and historical factors shape and influence community capacity-building.

1.4 Benefits of case management

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

1.5 Users of case management and referral guidelines

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



1.6 Legal framework guiding case management in Kenya

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

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

The rights of children are specifically set out in Article 53. This Article provides every child with the right to a name and nationality from birth; to free and compulsory basic education; to basic nutrition, shelter and health care; to be protected from abuse, neglect, harmful cultural practices, all forms of violence, inhuman treatment and punishment, and hazardous or exploitative labour; to parental care and protection, which includes equal responsibility of the mother and father to provide for the child, whether they are married to each other or not; and not to be detained, except as a measure of last resort, and when detained, to be held for the shortest appropriate period of time; and be separated from adults and in conditions that take account of the child's sex and age. Article 53(2) of the Constitution provides that "[a] child's best interests are of paramount importance in every matter concerning the child".

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

It gives effect to the principles of the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child for connected purposes. Under this Act, a child is "entitled to protection from physical and psychological abuse, neglect and any other form of exploitation including sale, trafficking, or abduction by any person". Part VI of the Act establishes Children's Courts to conduct both civil and criminal proceedings on matters involving the care and protection of children, and Section 127 makes it an offence for "any person who has parental responsibility, custody, charge or care of any child" to (a) "wilfully assault, ill-treat, abandon, or expose, in any manner likely to cause him unnecessary suffering or injury to health (including injury or loss of sight, hearing, limb or organ of the body, or any mental derangement); or (b) by any act or omission, knowingly or wilfully cause that child to become, or contribute to his becoming, in need of care and protection."

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

(4) ***Sexual Offences Act, 2006*** – This is the substantive law dealing with sexual offences. It provides for the prevention and protection of children from harmful and unlawful sexual acts. It further prescribes stringent penalties for defilement of children depending on the age of the victim.

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

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

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

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

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

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

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

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

(13) **The *Prohibition of Female Genital Mutilation Act 2011*** – criminalizes FGM. The law is accompanied by a comprehensive National Policy for the Abandonment of FGM/C (female genital mutilation/cutting), 2009.

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

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

(16) ***The Legal Aid Act 2016*** – A key feature of the Act is that it creates a Legal Aid Service, as a state agency with broad functions. Some of the central functions are research in the field of legal aid with special reference to the needs among indigent persons and marginalized groups. Of particular interest is that the Act defines from the outset who is eligible and what constitutes legal aid. It provides that for the purposes of the Act, legal aid includes legal advice, representation, drafting of relevant documents, giving effect to ADR and out-of-court settlements, awareness raising and recommendations for law reform. Children are one of the targets for legal aid as per the Act.

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

a. Children in need of care and protection (Children's Act section 119)

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

1) who has no parent or guardian, or has been abandoned by the parent or guardian, or is destitute
2) who is found begging or receiving alms
3) who has no parent or the parent has been imprisoned
4) whose parent or guardian finds difficulty in parenting
5) whose parent or guardian does not or is unable or unfit to exercise proper care and guardianship
6) who is truant or is falling into bad associations
7) who is prevented from receiving education

8) who, being a female, is subjected or is likely to be subjected to female circumcision or early marriage or to customs and practices prejudicial to the child's life, education and health
9) who is being kept in premises which, in the opinion of a medical officer, are overcrowded, unsanitary or dangerous
10) who is exposed to domestic violence
11) who is pregnant
12) who is terminally ill or whose parent is terminally ill
13) who is disabled and is being unlawfully confined or ill-treated
14) who has been sexually abused or is likely to be exposed to sexual abuse and exploitation including prostitution and pornography
15) who is engaged in any work likely to harm the health, education, mental or moral development of the child
16) who is displaced as a consequence of war, civil disturbances or natural disasters
17) who is exposed to any circumstances likely to interfere with the physical, mental and social development of the child
18) if any of the offences mentioned in the Third schedule to this Act have been committed against the child or if s/ he is a member of the same household as a child against whom any such offence has been committed, or is a member of the same household as a person who has been convicted of an offence against a child
19) who is engaged in the use of, or trafficking of drugs or any other substances that may be declared harmful by the ministry responsible for health.

The Department of Children's Services has identified 36 case categories and 27 modes of interventions out of section 119 of the Children Act for purpose of inclusion of all cases of children for effective case management. See Appendix 10: Case categories as captured in the CPIMS

CHAPTER TWO:

THE CASE MANAGEMENT PROCESS

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2.1 Introduction

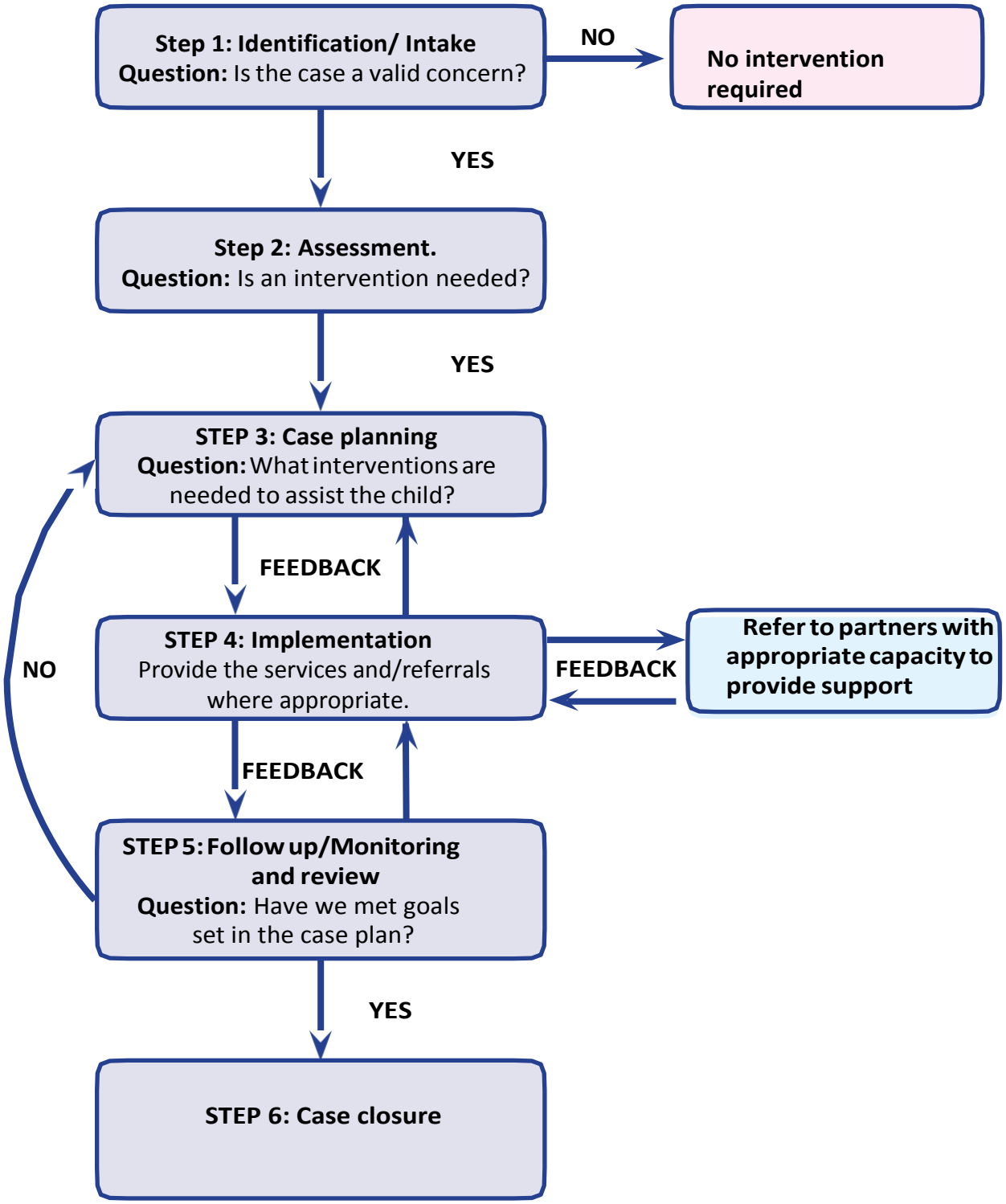
Case management is a structured, interactive and dynamic process that starts from intake and continues to case closure. It ensures comprehensive, quality care in the provision of services to children. It aims at building relationships among the child, family and child protection stakeholders. It includes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

This also includes developing an exit strategy, which entails preparing for and supporting the move of the child out of the case management system. Throughout the case management process, the child and the family should be well informed and actively involved in the exit strategy.

The case manager and case worker are key players in the case management and referral process. Their roles entail: Case manager – The role of case manager is to provide leadership in the coordinating and planning of service delivery. In case management this is the role of children officers as stipulated under Section 38 of the Children Act (2001).
Case worker – The role of the case worker is to handle the case from intake to closure. The case worker develops the case plan, monitors implementation of the plan and submits periodic reports and feedback to the case manager. The case management process entails six steps, namely: identification/intake, assessment, case planning, implementation, follow-up/monitoring and review and case closure.

The stages in case management are explained below

2.2 Case management process/stages: flow chart



2.3 Steps of the case management process

2.3.1 Identification/intake

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

Key guidelines for identification/intake

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

Identification/intake checklist

At identification stage the following key considerations should be examined.

1. What is the concern/issue at hand?
2. What is the condition and behaviour of the child?
3. Can the child, parent or primary caregiver be identified and located via home contact and nearest landmark?
4. Can the motive of the informant be discerned?
5. What are the characteristics, dynamics and level of support of the family?
6. From the assessment, is the child safe?
7. Is the nature of the case established?
8. Is it an emergency case?
9. What level of risk is the child in?
10. Has an individual file been opened?

Note:

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

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

2.3.2 Assessment

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

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

Key guidelines for assessment

The following should be considered when carrying out case assessment:

1. The case worker should gather the required information.
2. The case worker should seek the wishes and opinions of the child and the family that will be considered in decision making.
3. The case worker should then examine the credibility and validity of the information gathered.
4. Apart from the negative factors, the assessment should also evaluate the positive influences on the child, family and environment.
5. Based on the information gathered as evidence, the case manager should make sense of the information gathered to make the final decision on whether the case is viable for execution or not.

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

1. Food and nutrition
2. Shelter and care
3. Education
4. Health
5. Psychosocial well-being
6. Protection

Assessment checklist
The assessment checklist includes:

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

Assessment tool: Use National Child Assessment Form (Appendix 3) and refer to the **Child Status Index (CSI) tool for the dimensions of well-being. (Appendix 9).**

2.3.3 Case planning

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

Case planning is an interactive process involving meaningful participation of the child, his/her family and the case worker in decision making. A case plan must be well documented and those working on the case should identify goals, objectives and tasks with clearly defined responsibilities and time frames for meeting the goals.

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

Key guidelines for case planning

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

Case planning checklist

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

Case Plan tool: (Appendix 4: Case Plan Form)

2.3.4. Implementation

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

Key guidelines for implementation

1. Ensure regular communication with the child and the caregiver to confirm that their needs are being met in a timely manner.
2. The case manager and case worker should organize and coordinate the delivery of the services to the child. The services should be in line with the goals set in the case plan.
3. If services are not readily available or accessible, a contingency plan should be put in place.

4. Where there is a challenge in the implementation of a case plan, a case worker/ manager can incorporate other stakeholders in child protection to make formal decisions with the best interest of the child in mind. To facilitate this, a case conference can be convened.
5. Implementation of a case plan requires strong collaboration between child protection actors for ease of referral.
6. Making referral to other organizations ensures that clients receive high-quality services not available within the case worker's organization. It's important to note that, for referred cases, the primary responsibility of the case remains with the case worker until all actions outlined in the case plan are achieved.

Implementation checklist

1. Are the activities in the case plan being implemented as planned?
2. Are appropriate referrals being done?
3. Is feedback received as expected?
4. Is there a need to review the case plan?
5. Has the family and the child been involved in the safety plan and the placement process?
6. Has contact been provided to the family after rescue and placement either in a safe house as soon as possible – ideally, within the first week, unless providing contact poses a high security risk to the child?
7. Has the child been reassured that there is nothing wrong with him/her and that s/he is not to blame for the removal/rescue from the home?
8. Has the child been provided with information about the reasons for the removal, where s/he is going, and how long s/he may remain there?
9. Was the child allowed to take as many personal favorite items as possible, such as photos of the family or home, toys or clothing?
10. Have you found out as much as possible about the child's likes and dislikes, routines and medical issues and informed the temporary homes care provider?
11. Has the child been encouraged to express his/her feelings and normalize those feelings, possibly through engaging in activities she/he likes?
12. Has the child been given a phone number to contact the children office or the helpline for moral support?

NB: Family members can also be traumatized by the removal of a child. They too could require support.

Appendix 2: Case Referral forms:

2.3.5. Case follow-up and review

This process involves regular monitoring, reviewing of the case plan and obtaining regular feedback from the child, caregivers and service providers to the case worker and vice versa. It determines whether services are addressing the identified needs of the child effectively and whether needs have changed over time. Follow-up to confirm service provision can take place through home visits, phone calls, emails, and visits to the service provider. Case conferences can be convened at this stage to assess whether goals and objectives have been attained.

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

A. Regular review of case plan by case worker

This will include assessing whether the interventions planned have been achieved and/or change(s) to the plan is required. The outcome will also help in the planning of risk reduction. Modifications are made to the case plan when the set goals and objective are not met. **Use Appendix 5: Review of care plan form**

B. Coordination of referral pathways

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

The case manager should ensure the submission of these reports to his/her office and call for case conferences when necessary. Use Appendix 7: Case Conferencing Report Form

C. Getting feedback from the child and the caregivers

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

D. Feedback to the case manager

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

Case follow-up and review checklist

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

1. **What changes have occurred in the factors contributing to the risk?**
   Change is measured by comparing the conditions and behaviors identified during intake and family assessment to the current functioning of the child and individual family members.
2. **What progress has been made toward achieving case goals and outcomes?**
   Assess whether the set goals and outcome are being progressively achieved.

3. **How effective have the service providers been in achieving outcomes and goals in a case?**
   Determine whether the service providers have offered services and provided feedback as per the case plan.

After-care services – This refers to supervision and care exercised over a child after achieving intended goals in the case plan in preparation for closing the case. This includes home visits and occasionally calling the child and caregivers to check on progress on need basis. **Check Appendix 6: After-care form**

After-care support checklist

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

2.3.6. Case closure

This is the process whereby the case worker or case manager, after carefully reviewing the goals, outcome and circumstances of the case decides to terminate it.

A case can be terminated on the following grounds:

1. After the set goals have been achieved
2. Death of a child
3. Relocation of the family to a new place so that they are untraceable
4. Child and the family are unwilling to continue with the case
5. There are no grounds to go against their wishes (in the best interest of the child)
6. Transfer. If an organization is unable to continue offering services, or if the child has moved from one region to another before the case is closed, then the case should be transferred to another service provider. It is advisable that both the current and new case worker hold a session to introduce the new service provider to the child and the family.
7. When a child attains 18 years unless under special circumstances as provided in the law.

NB: The case manager is free to re-open the case if the need arises.
Use Appendix 8: **Case Closure Form**

Case closure checklist

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

2.3.7 Case conference

This is a formal, planned and typically multi-disciplinary meeting consisting of child protection actors where they explore a problem of a particular child or of a group of children affected by the same problem from different perspectives and disciplines.

A case conference can be called at the case planning, implementation or follow-up stage. The objective is to generate potential solutions to challenges/ risks/ bottlenecks that are delaying progress in the case towards successful completion and/or to reach consensus on key decisions. Case conferencing should enhance reflective practice, problem solving and safe decision making.

Case conferences can be held at different levels including organization, sub-county and AAC levels (multi-disciplinary case conference in child protection).

Membership
Participants in the case conference can include: case worker, supervisor, service providers (e.g. teachers, nurses, etc.) who are known to the child/family, and the child and/or family when appropriate. A case conference should have a minimum of 5 and a maximum of 12 members excluding the child and his/her caregiver.

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

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

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

Reports

In addition to any other relevant reports that may be required at the case conference, the case worker must prepare a written report for the case conference covering the following areas:

1. Subject(s) and family details
2. Incident leading to the conference
3. Subsequent investigation
4. Relevant background/family information
5. Current situation
6. Family views
7. Child(ren)s views
8. Assessment of risk
9. Recommendations

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

Structure of the case conference

1. The case worker will meet with the caregiver and child before the review to clarify the conference process.
2. The Chair provides a brief explanation of the purpose of the meeting, introducing all participants.
3. Professionals will be invited to contribute any additional information including any developments since the reports were written.
4. If a decision is made that a child requires a case plan, the Chair should ensure that:
5. They summarize and state the risks to the child, strengths in the family on which safety for the child may be developed and specify what is needed to change.
6. A qualified case worker is identified as a key worker to develop, coordinate and implement the case plan.
7. A core group is identified of family members and professionals.
8. A date is set for the first core group meeting within ten working days of the initial conference and timescales set for subsequent meetings.
9. A date is set for the child protection review conference.
10. A date is set for the next case conferencing meeting.
11. The outline case plan is formulated and clearly understood by all concerned including the caregivers and, where appropriate, the child.
12. If it is a case conference to review an ongoing case, revisions are made on the case plan based on the case conference report action points.
13. The case conference will contain the facility to exclude parents/guardians for a brief period between the main information sharing and the decisions and recommendation section.
14. The case conferencing team should explore the most appropriate ways to engage children in participation in their cases.

See Appendix 7: Case Conferencing Report Form

CHAPTER THREE:

REFERRAL AND FEEDBACK

CHAPTER THREE: REFERRAL AND FEEDBACK

3.1 Introduction

Case referral is the process of directing or redirecting a child and the caregivers to an agency for appropriate services. The case worker should then fill in the referral form, hand over the case and continuously receive feedback until the case is concluded. Referral of a case can be done at any stage depending on the needs of the child. A case worker may refer a child to a professional/institution without the consent of the caregiver. This may occur when:

1) The best interests of the child override the consent of caregiver
2) A child faces significant harm or is at risk of facing significant harm if the referral is not made.

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

3.2 Circumstances of referral

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

3.3 Benefits of an effective referral system

1) It ensures children receive the best possible care closest to home.
2) It enhances cost-effective use of child protection services.
3) It facilitates active collaboration and linkages between different service providers within a referral network.
4) It enhances accountability among service providers.
5) It promotes the establishment of networks in child protection.

3.4 Feedback mechanisms

There should always be a two-way information flow between the caregiver and service provider. The child and the family should also be involved in the referral process by informing them of each step, getting their views and incorporating them in referral decisions.

3.5 Importance of an effective feedback mechanism

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

3.6 Documentation, data protection and information management

Case documentation provides accountability for both the activities and the outcomes of the work. Each reported case for an individual child should be documented in an individual case file for each child. If more than one child in a family is receiving child protection services, there should be separate files including separate documents for each child within the family. Each case should be given a reference number which should be noted on the top cover
of the file. Personal details of the child or family should not appear on the front of case files. As a case progresses, forms and notes should be accurately and thoroughly filled out, updated and stored in the file.

All case management work should be documented following established information management and data protection protocols.

In child protection services, case records must be carefully documented and captured in the Child Protection Information Management System (CPIMS).

All case management documentation should be kept safe, secure and confidential. Files should be kept in a **secure location** with restricted access such as a **locked cabinet**, or **password protected** if electronic case files. Any person accessing documentation should be required to read and sign the child protection policy.

The case file should include:

1. The cover page to have the child's serial number/code number (not their name) The

content in the file should include: filled

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

Data protection and information sharing

Data protection relates to the protection of all personal data collected during case management.
Agencies involved in case management must develop and adhere to data protection protocols based on the principles of confidentiality and"need to know". The ultimate aim of data protection protocols is to safeguard the best interests of the child.

NB: All staff involved in the case management process should be aware of and adhere to the data protection protocol.

Information sharing protocol

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

Information management

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

Documentation checklist

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

CHAPTER FOUR:

COORDINATION OF CASE MANAGEMENT AND REFERRAL OF CHILD PROTECTION

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

4.1 Overview

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

4.2 National level

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

The role of the NCCS in case management is to:

1. Define and formulate policies on children's issues
2. Coordinate and support child rights issues
3. Plan, monitor and evaluate children's activities
4. Source and coordinate resources for child welfare activities
5. Advocate for child rights issues
6. Establish Area Advisory Councils (AACs)
7. Provide general supervision and control over the planning, financing and coordination of child rights and welfare activities and to advise the Government on all aspects thereof.

Department of Children's Services (DCS)

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

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

4.3 County level

The role of the County AAC in case management is as follows:

1) Coordinate, monitor and evaluate case management implementation in the county.
2) Advise the county government on policy issues concerning children.
3) Coordinate capacity-building of front line workers on case management.
4) Update the county-specific directory on children service providers.
5) Mobilize resources.
6) Act as a link between the county and the national government.
7) Act as team leader for capacity-building for stakeholders at the county level.
8) Disseminate information and policies on children.
9) Coordinate child protection services at the county level.
10) Create a Technical Working Group for case management.

4.4 Sub-county level

The core functions of the sub-county AACs in case management are as follows:

1) Coordinate and facilitate overall case management implementation.
2) Facilitate linkages between service providers and community resources.
3) Form strategic partnerships and networks to support children programmes and implement case management.
4) Support the implementation of the Child Protection Information Management System (CPIMS).
5) Mobilize resources and capacity-building.
6) Undertaking regular supportive supervisions to partners for implementation of services.
7) Support and monitor case management activities.
8) Manage data and surveys conducted within the sub-county.
9) Create a Technical Working Group (TWG) for case management in the sub-county.

4.5 Ward level

The core functions of the ward-level AACs in case management are as follows:

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

4.6 Locational level

Case management should be community driven for it to be effective. Communities have the safety net that can be of great support to the child and the family. Key community stakeholders include: community-based organizations, Community Health Volunteers, Nyumba Kumi Initiative, child protection volunteers and FBOs. Key coordinating actors are chiefs, the assistant chiefs and the children's officer.

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

CHAPTER FIVE:

ROLES AND RESPONSIBILITIES OF KEY PLAYERS IN CASE MANAGEMENT

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

To realize its objectives case management requires a multi-sectoral approach. There are various key stakeholders in case management. These include state and non-state actors, community, family and children. All child protection service providers shall give reports on all child protection cases handled to the Department of Children's Services. Where CPIMS is not accessible the case work should use the manual Case Summary sheet **(see Appendix 11)**

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

5.1. The Department of Children's Services

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

1) To establish, promote, coordinate and supervise case management and referral services. Coordination of service provision, preservation of information and follow-up of all child protection cases.
2) To develop and periodically update a directory of all child protection service providers (service mapping) in their jurisdiction. To map all service providers and periodically update the directories in the sub-counties.
3) To maintain updated records, as well as data on children in case management.
4) To ensure implementation of decisions and to hold partners in case management accountable to do their part in providing services to children.
5) To offer technical support to civil society organizations and direct service providers.
6) To coordinate rescues and placements (safe shelter) with emphasis on family-based alternative care arrangements.
7) To prepare social inquiries, reports and case plans for the children including their caregivers.
8) To ensure child participation in decision making, including preparation of the case plan.
9) To delegate case work/ the case plan to other service providers such as CCIs.
10) Convening case management meeting/case conferencing.
11) Resource mobilization for case management.
12) Offering psychosocial support to the children and their families.
13) Offering after-care services during case follow-up and review.
14) Sharing data with partners.

5.2. The health sector

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

They are responsible for the following:

1) Screening physical (suspicious injuries or abuse) or psychological signs of abuse and reporting them to medical social worker/counsellor, the police, children officers or call 116, GBV 1195, Red Cross emergency line 1199 and the police hotline 999.
2) Assessing the medical needs of the child so that emergency medical assistance can be given immediately.
3) Determining what examination is needed for the collection of evidence.
4) Administering timely and appropriate child-friendly services.
5) Preserving forensic evidence and presenting it to police/courts; for example DNA.

6) Filling in the medical forms needed for case management – P3 and Post Rape Care (PRC) forms.
7) Testify in subsequent legal proceedings.
8) Liaise with medical social workers and counsellors to link the child with any other support needed by the child.
9) Uphold teamwork, ethics, privacy and confidentiality in handling children related cases.
10) Provide photographic evidence in accordance with child safeguarding standards.
11) Medical social worker to assess the status of the child (develop a treatment plan/care plan).
12) Fill in incidence form and refer child to DCS for temporary shelter.

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

5.3 The education sector

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

a) Abuse in school:

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

1) Notify the parents/guardians, the police and the Children's officers immediately but not later than 24hrs after an incident.
2) Assess the safety and medical needs of the child and act accordingly.
3) Preserve any evidence that may be needed by the police.
4) Institute a disciplinary action against the teacher (if one is the perpetrator) and refer to relevant authority for legal action.
5) Hand over the child to the next service provider (parent, Police children's officer).
6) Ensure confidentiality to manage stigma.
7) Provide support services to the child/caregiver, e.g. psychosocial support through guidance and counselling, facilitate movement of children to other service providers, linkage with other service providers.
8) Ensure retention of child in school.
9) Establish linkages with the children department and other government agencies.
10) Teachers to testify and provide evidence in court and follow up the matter.

b) Child-to-child abuse in school:

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

1) Assess the gravity of abuse and report to TSC, Ministry of Education, children officer and/or the police.
2) Take the child to hospital if necessary.
3) Inform the caregiver if s/he is not the perpetrator.
4) Offer psychosocial support to children who have been abused.

c) Abuse perpetrated by a child:

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

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

2) Report to the primary caregivers of both the victim and the perpetrator.
3) Report to the police and the children's officer.
4) Refer both the victim and the perpetrators to relevant service providers.

Note:
1) The above applies to all children learning institutions.
2) Case of criminal nature perpetrated by children should be reported to the police and children's officer.

5.4 National Police Service

The Police Service is responsible for the following:
1) Entering the report in the Occurrences Book (OB), issuing of OB number to the person reporting.
2) Providing services to children through gender desks. Providing legal advice to perpetrator and victims. Preparing victims of child abuse and witnesses during and after trial jointly with the ODPP.
3) Providing swift and efficient response to arrest of alleged perpetrators and/ or rescuing children when called upon.
4) Efficient investigation and recording of witness statement.
5) Ensuring thorough/detailed investigation in cases involving children to build a case through the justice system.
6) Referring the child to DCS and other stakeholders to develop a case plan.
7) Collection and preservation of evidence and crime scene for possible court process.
8) Ensuring perpetrator appears in court.
9) Ensuring the child (victim) appears in court.
10) Being available to testify and produce evidence in court.
11) Cooperating with the DCS to prepare the child for court.
12) Ensuring that the best interests of the child are upheld while under their custody.
13) Providing temporary shelter to children in need of care and protection in child-friendly facilities/child protection units (within a police station and away from adult offenders) and/or refer to other service providers.
14) Bond witnesses to appear in court.

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

The duties of the ODPP include:
1) Reviewing of police files and providing advice accordingly.
2) Institute and undertake criminal prosecutions against persons who commit crimes against children or for children in conflict with the law,. as well as directing court proceedings.
3) Ensure that best interests of the child are upheld during the proceedings.
4) Prepare victims of child abuse and witnesses during and after trial jointly with the Police.
5) Advise and direct Investigative Officers on any gaps arising from the evidence.
6) Ensure preparation and filing of victim impact statement in good time.
7) Give feedback to children/parent/caregiver and the Department of Children's Services on the proceedings of the case.
8) Notify children/parents/caregivers and the Department of Children's Services of court appeals by the perpetrators.

5.6 Witness Protection Agency

The Witness Protection Agency is responsible for:

1) Sharing the criteria for admission to and removal from the witness protection programme.
2) Determining the type of protection measures to be applied.
3) Advising any government ministry, department agency or any other person on the adoption of strategies and measures on witness protection.
4) Ensuring protection of vulnerable witnesses and victim.

5.7 Judiciary

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

1) Ensure the best interests of children are given precedence in all court proceedings.
2) Ensure the child matters are held in camera.
3) Separate children's courts for all cases involving children.
4) Ensure only authorized persons (parents/ caregivers, etc.) attend proceeding in children's cases.
5) Adjudicate on matters involving children expeditiously.
6) Test competence of to give evidence as a victim or witness in court.
7) In collaboration with the National Legal Aid Service, provide legal aid and guidance for any child involved in a court case.
8) The Judiciary should work closely with children officers to ensure that cases of child abuse are held in a timely and appropriate manner.
9) Issue appropriate orders (warrant of witnesses, witness protection orders) to safeguard the welfare of the child.
10) Ensure provision of legal aid for children in conflict with the law.
11) Issue appropriate orders to safeguard the rights and welfare of the child.
12) Train magistrates on child protection to safeguard the best interest of the child.

5.8 The probation and after-care services

These services are responsible for the following:

1) Preparing probation social inquiry reports.
2) Protection of all children and families in probation and community service orders.
3) Ensuring protection of children in after-care services.
4) Developing and implementing a care plan and a treatment plan.
5) Providing, and/or referring children and/or their families for psychosocial support.
6) Ensuring compliance in accordance with the care plan.
7) Reconciling the parties (perpetrator, child, family and community).
8) Facilitating reparation (the action of making amends for a wrong one has done by providing payments or any assistance to those who have been wronged).
9) Victim support and making necessary recommendations.
10) Rehabilitation of child offenders.

5.9 Civil society organizations (CSOs)

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

1) Mobilize resources and provide needed services to children. This should be done in collaboration with the Department of Children's Services.
2) Advocacy and lobbying for child protection issues.
3) Support the government to build the capacity of service providers and the communities.
4) Provide child-friendly services to children and their families as stipulated in the case plan – e.g. temporary shelter, psychosocial support, economic and social support, legal services, etc.
5) Give feedback on the case to case worker and other relevant stakeholders.
6) Share data with the Department of Children's Services and other stakeholders on case management.
7) Provide capacity-building on child protection at the community level.
8) Link children, parents/ caregivers to child protection services.
9) Create awareness on children's issues.
10) Monitor and report abuse cases to relevant authorities.
11) Facilitate building and strengthening of networks among stakeholders.

5.10 Ministry of Interior and Coordination of National Government

The responsibilities of this Ministry include the following:

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

5.11 The community

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

1) Reporting of abuse within the community to relevant authority.
2) Assisting in investigations.
3) Providing psychosocial support to children and families.
4) Creating awareness about child protection issues at the community level.
5) Mobilization of community members for desired action.

6) Coming up with/adapting alternative positive-traditional methods to deter and shun retrogressive cultural practices that encourage would-be offenders, such as songs and taboos, and shun retrogressive cultural practices that infringe on the rights of the children.
7) Identify and support safe spaces/ playgrounds for children.
8) Support monitoring parent/caregiver in the implementation of concurrent case plan.

5.12 The family/caregivers

Parents/caregivers and families are the closest to a child and are in the best situation to assess the well-being of the child or the risks that they face. Families include nuclear family, single-parent families, child-headed families, kinship care families, foster families, stepfamilies, extended family, etc.
The role and responsibilities of families and caregivers include:
1) Ensure safety of children.
2) Be the first to notice any change in behaviour or well-being of the child and act on it.
3) Identify the medical and safety needs and report to the police, children's officer, call 116 or other child protection actors for support.
4) Cooperate with authorities in investigation.
5) Make sure the child is present for appointments with the police, doctors or in court when needed.
6) Maintain confidentiality to avoid stigma.
7) Ensure meaningful participation of children in decision making during case management.
8) Introduce concepts of child rights and abuse to children at an early age.

5.13 The child

The roles of the child in case management are:
1) Depending on age and maturity, be aware of child rights and abuse issues.
2) Report any cases of abuse or attempted abuse to a responsible person or call 116.
3) Provide accurate information during the case management process.
4) Raise awareness on child issues to fellow children.
5) Participate actively in all decisions affecting them.
6) To strive to be safe from all kinds of harm and abuse.

5.14 Intergovernmental organizations

These include global and regional organizations such as the UN and its specialized agencies such as UNHCR, UNICEF; regional bodies such as the African Union and financial agencies such as the IMF and World Bank. Their roles in case management will be to:
1) Provide technical and financial support.
2) Support advocacy policy formulation and strategic partnership.

CHAPTER SIX:

CASE WORKER SUPPORT

CHAPTER SIX: CASE WORKER SUPPORT

Overview
This chapter looks at case workers' competence, welfare and safety.

6.1. Case workers' competences

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

This should be through:

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

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

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

Some of the training modules for case workers include:

1) Understanding Case Management
2) Working and communicating with children and families
3) Psychosocial support for children and families
4) Self-care
5) Child protection skills

6.2 Burnout in case workers

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

Signs & symptoms of burnout
The majority of case workers might not be aware that they are experiencing burnout. Signs that can indicate the presence of burnout include:

1) Exhaustion; always feeling tired
2) Lack of focus (one is forgetful and unable to pay attention to details)
3) Case workers feeling inadequate and incompetent; poor work morale
4) Reduced job satisfaction
5) Communication breakdown
6) Irritability
7) Absenteeism

8) Frustration
9) Quick to anger
10) Detached

Causes of burnout

1) **Unrealistic expectations**. An increased caseload and responsibilities piles a lot of unreasonable pressure on case workers. If case workers have a disproportionate increase in the number of clients to handle within a specific timeframe, this can be a recipe for burnout. E.g. A case worker who was handling ten clients in five days might still be expected to handle 20 clients in the same period when client numbers shoot up.

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

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

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

Management of burnout

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

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

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

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

6.3 Safety of case worker

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

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

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

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

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

Checklist of preventive measures for case worker safety

1) Always be sure that the office or other stakeholders/case management team is aware of the planned home visit
2) Be accompanied by police when necessary
3) Observe each person in and around the area closely and watch for signs that may indicate any personal safety concerns
4) Learn the layout of the immediate area around the home and the usual types of activities that occur there to provide a baseline from which to judge potential danger
5) Avoid dangerous or unfamiliar areas at night
6) Learn the safest route to the family's home. Be sure the car is in good working order, and park in a way for quick escape, if necessary
7) Have a cell phone
8) Assess whether it is safe to accept refreshments. Learn how to decline offers of food or other refreshments tactfully
9) Have job identification card
10) A case worker should have life insurance

Case worker safety checklist

1) Is the rescue/home/community environment hostile?
2) Does the situation involve physical or sexual abuse or a death?
3) Are the family members exhibiting behaviors that indicate mental illness?
4) Are the family members abusing or selling substances of abuse, e.g. illicit drugs?
5) Are the parents or caregivers involved in ritualistic abuse or cult practices?
6) Does the situation present life-threatening/danger or the possibility of serious injuries to the child?
7) Is the family's geographic location potentially dangerous?
8) Does anyone in the home have a previous history of violence or multiple referrals?
9) Have there been previous involuntary removals of family members?

CHAPTER SEVEN:

STANDARDS OF OPERATION IN CASE MANAGEMENT

CHAPTER SEVEN: STANDARDS OF OPERATION IN CASE MANAGEMENT

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

Standard 1: Ethics and Values
The case worker shall adhere to and promote the ethics and values borrowed from the social work profession as guide to ethical decision making in case management practice. Example of values include: service, social justice, human dignity and worth, importance of human relationship, integrity, confidentiality and competence.

Standard 2: Knowledge
The case worker should be conversant with international and local laws, policies, regulations, rules, procedures and minimum standards in child protection. They should also have knowledge on evidence-informed practice, evaluation methods, and research relevant to case management and the population served and shall use such information to ensure the quality of case management practice.

Standard 3: Qualifications and recruitment
Minimum levels of qualification will be established for professionals in contact with children including children's officers, social workers, medical officers and legal officers. For positions involving direct contact with children, officers must have relevant childcare, psychological or social qualifications and shall possess the skills and professional experience necessary to practice case management, such as counselling, interviewing, communication skills.

Thorough recruitment process which use careful interviewing, criminal disclosure, reference qualification and identity checking must be in place. Informal actors such as paralegals, parent educators, Child Protection Volunteers (CPVs), Nyumba Kumi, and community health workers shall also undergo minimum prescribed trainings before engagement.

Standard 4: Organizational child protection policies
Organizations providing services to children shall prove their commitment to upholding child protection standards by developing child protection policies. A child protection policy prescribes the code of conduct and provides a framework for dealing with allegations, suspicions and abuse at institutional and organizational level. Organization staff and their associates, whether in direct or indirect contact with children, shall be issued with a copy of the child protection policy. They shall sign a statement of commitment to the child protection policy. These shall include police officers, teachers, doctors and nurses, all other state and non-state actors (NGOs, CBOs, faith-based organizations) coming into contact with children in the line of their duty.

Standard 5: Quality service delivery
Quality service delivery by all actors is very important. Therefore, all formal and informal actors shall follow standards/ guidelines and regulations to guide their work and actions. This will ensure that all child protection actors handle cases adequately and in an appropriate manner.

Standard 6: Accountability
The Department of Children's Services shall provide a supervisory structure to ensure that individual actors meet the minimum standards for an effective accountable mechanism within the child protection system.

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

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

Standard 7: Respect for diversity
The case worker shall provide and facilitate access to services without discrimination and with respect to diversity. Such diversity includes, but is not limited to, race, ethnicity, socio-economic class, gender, nationality, religion, age, health and family status.

Standard 8: Case Planning, Implementation and Monitoring
The case worker shall take into consideration the child's ability in the process of planning, implementing, monitoring and reviewing individualized services that promote the child's strengths and well-being. The case worker shall, and considering family ability, depending on a child's age and ability, determine the child's involvement level in case planning, implementation and monitoring. The case worker shall protect the rights of the child and promote the child's access to resources and support services.

Standard 9: Networking and Linkages
The case worker shall promote collaboration among colleagues and organizations to enhance service delivery and facilitate client goal attainment.

Standard 10: Record-Keeping and Management
The case worker shall document all case management activities in the appropriate child's file in a timely manner. Case work documentation shall be recorded on paper or electronically and shall be completed, maintained, secured and shared in accordance with regulatory requirements. A case worker shall provide a duplicate of the child's file to the case manager.

Standard 11: Workload Sustainability
Organizations shall allocate case workers' caseload and scope of work in such a way that permits high-quality planning, provision and evaluation of case management services.

Standard 12: Professional Development and Competence
Organizations should encourage and support case workers' participation in professional development. The case worker shall assume personal responsibility for her or his competence.

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International Conventions and Guidelines

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Non-Kenyan Laws, Policies and Guidelines

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Appendixes

1. Case Record Sheet

To be filled when a case is reported to the Department of Children Services, Children Officers
A copy of the document will remain with the child protection actor who was involved in case intake process

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

CASE RECORD SHEET – *A*

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

County……Sub-county……..

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

PERSONAL DETAILS OF THE CHILD

Name of Child:	***First Name***			***Middle Name***		***Last Name***			**Date of Birth:**	***dd***	***mm***	***yyyy***	**Sex:**	Male [1]		Female [2]	
Child in School:	***Yes***	***No***	**Name of School:**						**Class:**				**Category of the school**	Formal [1]		Informal [2]	
Tribe/ Ethnicity:				**Name(s) of closest friends of the child**[1]					**Religion:**	Protestant [1]		Muslim [2]		Catholic [3]		Other [4]	
Mental Condition	Normal [1]		Challenged [2]		**Physical Condition**	Normal [1]		Challenged [2]	**Other Medical Condition**		Normal [1]			Chronic [2]			
Hobbies:	Sports [1]	Movies [2]	Music [3]	Dancing [4]	Reading [5]				**Child has birth certificate**	Yes [1]		NO [2]		*Refer to CRD*			

SIBLINGS

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

HOME PARTICULARS OF THE CHILD

County:	***E.g. Kisii***	**Sub-County:**	***Gucha***	**Village/Estate**:	***Sameta***			
Ward:		**Nearest Landmark**						
Family Status	Parents living together [1]		Parents not living together [2]	**Household Economic Status**		Low income [1]	Middle Income [2]	High Income [3]

PARENTS' PARTICULARS

Relationship		ID No.	Date of Birth] *dd/mm/yy*	Telephone	Village/ Estate	Occupation	Education[1]	Alive *select as appropriate*	
Father								***Yes/No***	
Mother								***Yes/No***	

CAREGIVER'S PARTICULARS

Relationship:	Name	ID No.	Sex *M/F*	Date of Birth *dd/mm/yy*	Next of Kin	Telephone	Village/ Estate	Occupation	Education[1]		
Foster Parent											

Source of Information relatives/teachers

1) Indicate highest level of education attained

CASE HISTORY OF THE CHILD

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

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

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

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

Date	Follow-up Status	Comment	Officer
			Name:
			Designation:
			Signature:
			Name:
			Designation:
			Signature:
			Name:
			Designation:
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2. Case Referral Form

MINISTRY OF LABOUR 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, CPVs AND OTHER OFFICES

COUNTY……..SUB-COUNTY…….

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

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

FROM: Name of referring organization……

TO: Name of the receiving organization……..

I. PARTICULARS OF THE CHILD/CHILDREN

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

II. REASON FOR REFERRAL (tick appropriately)

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

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

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

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

7. Others (specify)
……
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……
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III. DOCUMENTS ATTACHED

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

NAME OF REFERRING OFFICER: ……………………DESIGNATION……………………

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

……

FEEDBACK FORM CHILD RECEIVED BY:

NAME OF RECEIVING OFFICER………………………...DESIGNATION…………………….

Tel……………………………date……………………………sign…………...........................

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

3. National Child Assessment Form

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

PHOTOS Paste a white and black one photo here
Physical Appearance: Height: Weight: Complexion Colour: Body Makeup: Scars and other Marks: Tattoos:
Attach 1 additional photo here.

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

PART I: SOCIAL HISTORY

A. **CHILD PROFILE**

Child's name	*First*	*Middle*	*Surname*	**Nickname**
Date of Birth	**Age**	**Sex: [ ] M [ ] F others [ ]**		
School Attending				**Class/Form**
Status (please check one):	Double orphan { }	single orphan { }	Abandoned { }	Separated { }
Place of birth: **County**	**Sub-County**	**Location**	**Sub-Location**	**Village**
Nationality:	**Ethnicity:**	**Language(s):**		
Current Location of child:	*Type of place (please check one):* ☐ Living with parents/family ☐ Living with kin ☐ Living with foster family ☐ Child-headed household ☐ Children's home/residential care ☐ Safe home/transit centre ☐ Specialized home ☐ Adoption agency/transition home ☐ Private home ☐ Living on the street ☐ Other			
Person in charge *(parent/ guardian):*			Contact information:	
Location/address:				

Special Caution:
☐ **Suicidal** ☐ **Disobedience** ☐ **Sexual Behaviour** ☐ **Intimidating Others** ☐ **Drug Problem** ☐ **Others**
☐ **Medical condition (**☐ **Mental,** ☐ **Physical)**

B. FAMILY HISTORY (BIOLOGICAL PARENTS)

Biological parents				
Father's name				
Date of birth:		Nationality:		
Place of birth: County:	Sub-County	Location	Sub-Location	Village
Occupation	Level of education:	Religion:	***Status (check one):*** ***{ } Living { } Deceased { } Missing { } Unknown***	
Current or last known location/address:			Contact	
Mother's name				
Date of birth:		Nationality:		
Place of birth: County:	Sub-County	Location	Sub-Location	Village
Occupation	Level of education:	Religion:	***Status (check one):*** ***{ } Living { } Deceased { } Missing { } Unknown***	
Current or last known location/address:			Contact	

SIBLINGS AND OTHER RELATIVES SIBLINGS

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

Are any siblings currently living in the same place as the child? YES/ NO
If yes, please provide the name(s): _____

C) FAMILY HISTORY: OTHER FAMILY MEMBERS

Name	Relation	Address/contact	Occupation	Condition of relationship / comments

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

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

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

Date that the child entered current placement (DD/MM/YYYY): _____
Reason for placement: _____
Who brought the child into care? _____
Relation to the child: _____
Contact number: _____
Address/Location_____
Person currently caring for child (if other than person in charge): _____
How long has the child been in your care? _____
What is the last known location of the child with his/her biological parents?

_____

_____

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

_____

_____

_____

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

What is the reason for conducting the assessment?

_____

_____

_____

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

_____

_____

_____

DIMENSIONS OF CHILD WELL-BEING

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

_____

_____

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

_____

_____

3. EDUCATION AND SKILLSTRAINING

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

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

IMUNIZATION			
TYPE	**RECORD DATES HERE**		
DPT (6, 10, 14 weeks)			
OPT (birth, 6, 10, 14 weeks)			
Measles (9 months, 15 months or older			
Hib (6, 10, 14 weeks)			
Hep A/B (6, 10, 14 weeks			
BCG (birth)			
Yellow fever (9 months or older)			
Other:			
Worm treatment			

QUESTION	**YES**	**NO**	**IF YES EXPLAIN**
Does the child have any serious medical problems?			
Does the child take any medication?			
Does the child have any special needs?			
Does the child have any known allergies?			
Has the child been involved in any serious accidents?			
Has the child contracted any diseases?			
Has the child undergone any serious medical procedures?			
Does the child have any mental health issues?			
Does the child have any physical disabilities/ distinguishing characteristics?			
Has the child been hospitalized?			
Additional medical information:			

DEVELOPMENT

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

5. PSYCHOSOCIAL SUPPORT

SOCIAL HISTORY

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

BEHAVIOUR

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

Does the child have a stable and affectionate relationship with parents or caregivers, good relationships with siblings?	Yes ☐ No ☐ Comments:
Is the child able to care for him/herself?	Yes ☐ No ☐ Comments on child's practical competencies, degree of independence:

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

6. HOUSEHOLD ECONOMIC STRENGTHENING (HES)

Is the household where the child resides in need of increased and sustainable income and other resources to meet their basic needs and ensure the well-being of the child and other siblings

……

7. PROTECTION

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

8. COORDINATION OF CARE

PART III REFERRAL

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

Dates when information was gathered from all contacts

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

Home Particulars	County		Away from home	(Usual residence/sleeping place)
	Sub-county			
	Division			
	Location			
	Sub-location		Others	
	Village			
	Periods residing at the above places before referral			

9. SOCIAL PROTECTION

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

……
……

V. CONCLUSIONS, DECISIONS & ACTION

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

People present at assessment decision-making

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……
……

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

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……
……
……

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

……
……

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

……

……
……
……
……

Child's comments on the assessment:
……
……

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

What course of action do the parents and/or relatives favor?
……
……
……
……
……

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

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

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

to achieve

Action	By who

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

……
……

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

……
……
……
……
……

Signed by Parent/Care giver ……**Date** ……

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

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

Name & Signature of Social Worker ……

Social Worker Date ……

Social Welfare Division

Approved: _____

Social Welfare Supervisor

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

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

4. Case Plan Form

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

SECTION 2: CHILD'S DEVELOPMENTAL NEEDS

FOOD AND NUTRITION

GOAL: Child has sufficient food to eat at all times of the year and is growing well compared to others of his/her age.

IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

SHELTER

GOAL: Child has stable shelter that is adequate, dry and safe.

IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

CARE

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

IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

ABUSE AND EXPLOITATION

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

IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

LEGAL PROTECTION

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

IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	PERSON RESPONSIBLE

WELLNESS

GOAL: Child is physically healthy.

IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	PERSON RESPONSIBLE

HEALTH CARE SERVICES

GOAL: Child can access health care services including preventive care and medical treatment when ill.

IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	PERSON RESPONSIBLE

EMOTIONAL HEALTH

GOAL: Child is happy and content with a generally positive mood and hopeful outlook.

IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	PERSON RESPONSIBLE

SOCIAL BEHAVIOUR

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

IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	PERSON RESPONSIBLE

PERFORMANCE

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

IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	PERSON RESPONSIBLE

EDUCATION AND WORK

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

IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	PERSON RESPONSIBLE

SPIRITUAL DEVELOPMENT

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

IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

SECTION 3: PARENTING CAPACITY

BASIC CARE

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

IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

SAFETY

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

IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

EMOTIONAL WARMTH

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

IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

STIMULATION

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

IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

GUIDANCE AND BOUNDARIES

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

IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

STABILITY

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

IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	PERSON RESPONSIBLE

SECTION 4: FAMILY AND ENVIRONMENTAL FACTORS

Family and environmental factors.

IDENTIFIED NEED	PROPOSED INTERVENTION	TIME FRAME	RESOURCES REQUIRED	P E R S O N RESPONSIBLE

SECTION 5: SUMMARY OF SERVICES TO BE PROVIDED

TYPES OF SUPPORT/SERVICES TO BE PROVIDED:	WHAT NEEDS TO BE PROVIDED?	WHO WILL PROVIDE THIS SERVICE?
Food and nutrition support (food rations, supplemental foods, etc.)		
Shelter and other material support (house repair, clothes, bedding, etc.)		
Care (caregiver has received training, child placed with family, etc.)		
Protection from abuse (Education on abuse provided to child or caregiver, etc.)		
Legal support (birth certificate, legal services, succession plans prepared, etc.)		
Health care services (vaccinations, medicine, ARV, HIV education, etc.)		
Psychosocial support (clubs, group support, individual child and staff counselling, etc.)		
Educational support (fees waived, provision of uniforms, school supplies, etc.)		
Livelihood support (vocational training, microfinance for family, etc.)		
Other		

SECTION 6: PLACEMENT OF CHILD

TYPE OF PLACEMENT	ACTION TO BE TAKEN	WHEN
Reunited with biological parents		
Guardianship		
Foster care		
Kinship foster care		
Adoption		

Notes (can be annexed):

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……

Name of officer completing form……..

Position/title……

Telephone……..

Signature……..

Date……

5. Review of Care Plan Form

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

COUNTY: …… **SUB-COUNTY:** ……

Child's name…….

Case No……

Age…….

Gender……

Admission number……

Caregiver's name……

Relationship to the child……

Date……

SECTION 1

CHILD'S DEVELOPMENTAL NEEDS:

DOMAIN	IDENTIFIED NEED	ACTION TAKEN	COMMENTS ON CHILD'S PROGRESS
1. Food and nutrition			
• Food security			
• Nutrition and growth			
2. Shelter			
3. Care			
4. Child protection			
• Abuse, exploitation, neglect			
5. Health			
• Wellness			
• Health care services			
6. Psychosocial			
• Emotional health			
• Social behaviour			
7. Education and skills training			
• Performance			
• Education and work			
8. Spiritual development			
• Legal protection			

SECTION 2 PARENTING CAPACITY

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

SECTION 3

FAMILY AND ENVIRONMENTAL FACTORS

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

SECTION 4

CHILD'S SITUATION (CARE)

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

SECTION 5

OTHER SERVICES TO BE PROVIDED

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

Name of officer completing form ……

Designation ……

Telephone ……

Signature ……

Date ……

6 After-Care Form

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

Date	**Name of case worker**	**The SCCO addressed**	
Name of child:		**Case No:**	**Age:**
Name of parent/guardian:			**Age:**
Relationship with guardian:			
Occupation of parent/guardian:			
Date of supervision (After-care) :			
Period of supervision:			
Any other remarks:			

7. Case Conferencing Report Form

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

Child's full name …… File Number ……

Date of case conference ……

Type of case conference ……

Location of case conference: Child's home Children's Office Other (specify) ……

Aim of case conference (e.g. during assessment, routine monitoring, support)

……

……

Names & agencies of all non-family participants:

1 ……

2 ……

3 ……

4 ……

5 ……

Names of all family participants and relationship to the child:

1 ……

2 ……

3 ……

4 ……

5 ……

Key Discussion Points

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……

2. Key outcomes of meeting

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……

……

3. Any observations on dynamics of meeting:

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……
……
……
……

Did you have the opportunity to speak with the child whose case it is individually? • If yes, what was the outcome of the discussion?

……
……
……
……
……

If not, note date for follow-up visit to child ……

Next case conference or social worker follow-up: Date: ……

Type, location, purpose, aim:

……
……
……
……
……

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

Signature…… Date…….

Case worker signature…….

Date Reviewed and approved by…….

Official stamp…….. Date…….

8. Case Closure Form

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

Date of completion…… Child's full name……..

File Number……

Child's current address……..

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

Case opening date…….. Case closure date……

Reason for case closure: ……

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

(Tick the reason for case closure/transfer appropriately)

Summary from Case worker of reasons for case closure

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Continued services (mention them if any)

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People involved in final case closure meeting:

1 ……relation to the child ……

2 ……relation to the child ……

3 ……relation to the child ……

4 ……relation to the child ……

5 ……relation to the child ……

Child and/or child's parent/guardian have been involved in decision to close case, or informed of decision if not present: YES / NO (TICKYES OR NO as appropriate)

and/or child's parent/guardian have been informed of where to go in case of further problems and have information about where to go: YES / NO (TICK YES OR NO as appropriate)

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

Signature …… Date ……..

Case worker signature …….. Date ……

Case Manager Signature …… Official Stamp ……..

Date ……

9. Child Status IndexTool

DOMAIN	1- FOOD AND NUTRITION		2- SHELTER AND CARE		3- PROTECTION	
	1A. Food Security	1B. Nutrition and Growth	2A. Shelter	2B. Care	3A. Abuse and Exploitation	3B. Legal protection
GOAL	*Child has sufficient food at all times of the year.*	*Child is well grown compared to others of his/ her age in the community.*	*Child has stable shelter that is adequate, dry and safe.*	*Child has at least one adult (age 18 or over) who provides consistent care, attention and support.*	*Child is safe from any abuse, neglect, or exploitation.*	*Child has access to legal protection services as needed.*
Good = 4	Child is well fed, eats regularly.	Child is well grown with good height, weight and energy level for his/her age.	Child lives in a place that is adequate, dry and safe.	Child has primary adult caregiver who is involved in his/ her life and who protects and nurtures him/ her.	Child does not seem to be abused, neglected, do inappropriate work, or be exploited in other ways.	Child has access to legal protection as needed.
Fair = 3	Child has enough to eat some of the time, depending on season or food supply.	Child seems to be growing well but isless active compared to others of same age in community.	Child lives in a place that needs some repairs but is fairly adequate, dry, and safe.	Child has an adult that provides care but who is limited by illness, age, or seems indifferent to this child.	There is some suspicion that child may be neglected, over-worked, not treated well, or otherwise maltreated.	Child has no access to legal protection services, but no protection is needed at this time.
Bad = 2	Child frequently has less food to eat than needed, complains of hunger.	Child has low weight, looks shorter and/or is less energetic compared to others of same age in the community.	Child lives in a place that needs major repairs, is overcrowded, inadequate and/ or does not protect him/her from weather.	Child has no consistent adult in his/her life that provides love, attention and support.	Child is neglected, given inappropriate work for his or her age, or is clearly not treated well in household or institution.	Child has no access to any legal protection services and may be at risk of exploitation .
Very Bad = 1	Child rarely has food to eat and goes to bed hungry most nights.	Child has very low weight (wasted) or is too short (stunted) for his/her age (malnourished).	Child has no stable, adequate, or safe place to live.	Child is completely without the care of an adult and must fend for him or herself or lives in a child-headed household.	Child is abused, sexually or physically, and/ or is being subjected to child labour or otherwise exploited.	Child has no access to legal protection services and is being legally exploited.

DOMAIN	4-HEALTH		5-PSYCHOSOCIAL		6-EDUCATION AND SKILLS TRAINING	
	4A. Wellness	4B. Health Care Services	5A. Emotional Health	5B. Social Behaviour	6A. Performance	6B. Education and Work
GOAL	*Child is physically healthy.*	*Child can access health care services, including medical treatment when ill, and preventive care.*	*Child is happy and content with a generally positive mood and hopeful outlook.*	*Child is cooperative and enjoys participating in activities with adults and other children.*	*Child is progressing well in acquiring knowledge and life skills and home, school job training or an age-appropriate productive activity.*	*Child is enrolled and attends school or skills training or is engaged in age-appropriate play, learning activity, or job.*
Good = 4	In past month, child has been healthy and active, with no fever, diarrhoea, or other illnesses.	Child has received all or almost all necessary health care treatment and preventive services.	Child seems happy, hopeful and content.	Child likes to play with peers and participates in group or family activities.	Child is learning well, developing life skills, and progressing as expected by caregivers, teachers, or other leaders.	Child is enrolled in and attending school/training regularly. Infants or pre-scholars play with caregiver. Older child has appropriate job.
Fair = 3	In past month, child was ill and less active for a few days (1 to 3 days), but he/she participated in some activities.	Child received medical treatment When ill, but some health services (e.g. immunization) are not received.	Child is mostly happy but occasionally he/ she is anxious, or withdrawn. Infant may be crying, irritable, or not sleeping well some of the time.	Child has minor problems getting along with others and argues or gets into fights sometimes.	Child is learning well and developing life skills moderately well, but caregivers, teachers, or other leaders have some concerns about progress.	Child enrolled in school/training but attends irregularly or shows up inconsistently for productive activity/ job. Younger child played with sometimes but not daily.
Bad = 2	In past month, child was often (more than 3 days) too ill for school, work or play.	Child only sometimes or inconsistently receives needed health care services (treatment or preventive).	Child is often withdrawn, irritable, anxious, unhappy, or sad. Infant may cry frequently or often be inactive.	Child is disobedient to adults and frequently does not interact well with peers, guardian, or others at home or school.	Child is learning and gaining skills poorly or falling behind, Infant and pre-school child is gaining skills more slowly than peers.	Child enrolled in school or has a job but he/she rarely attends. Infant of pre-school child is rarely played with.
Very Bad= 1	In past month, child has been ill most of the time (chronically ill).	Child rarely or never receives the necessary health care services.	Child seems hopeless, sad, withdrawn, wishes could die, or wants to be left alone. Infant may refuse to eat, sleep poorly, or cry a lot.	Child has behavioural problems, including stealing, early sexual activity, and/ or other risky or disruptive behaviour.	Child has serious problems with learning and performing in life or developmental skills.	Child is not enrolled, not attending training, or not involved in age-appropriate productive activity or job. Infant or pre-schooler is not played with.

Public Domain: *Developed with support from the US President's Emergency Fund for AIDS Relief through USAID to MEASURE Evaluation and Duke University. O'Donnell K., Nyangara F., Murphy R., & Nyberg B., 2008*

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

No.	Case Category	Definition
1.	Abandonment	A child deserted willingly by a parent, guardian or the person who has actual legal custody without any regard for the child's welfare. *(The Children Act 2001)*
2.	Abduction	Any child who by force, inducement, or by any deceitful means is moved from a place of safety to another where his/her welfare is at risk. Abduction or kidnapping by strangers (from outside the family, natural or legal guardians) who steal a child for criminal purposes which may include extortion, illegal adoption, human trafficking and murder.
3.	Custody	Custody in respect to a child, means much of the parental rights and duties as relate to the possession of the child. *(The Children Act 2001)*
4.	Physical abuse/ Violence	Deliberate trauma, physical injury caused by punching, beating, kicking, burning, biting or otherwise harming a child which results in injuries such as bruises, broken bones, burns, cuts, etc. *(Handbook for Child Protection Practice Report, 2000)*
5.	Birth Registration	Every child shall have a right to a name and nationality and where a child is deprived of his/ her identity the Government shall provide appropriate assistance and protection, with a view to establishing his/her identity. *(The Children Act 2001; Births and Deaths Registration, The Constitution of Kenya, 2010)*
6.	Children on the Streets	**Street Living Children**: children who ran away from their families and live alone on the streets. **Street Working Children**: children who spend most of their time on the streets, fending for themselves, but returning home on a regular basis. **Children from Street Families**: children who live on the streets with their families. *(The State of the World's Children Report, 2006)*
7.	Child labour	Any situation where a child provides labour in exchange for payment and includes— a) when a child provides labour as an assistant to another person and his labour is deemed to be the labour of that other person for the purposes of payment; (b) where a child's labour is used for gain by any individual or institution whether or not the child benefits directly or indirectly; and c) where there is in existence a contract for services where the party providing the services is a child, whether the person using the services does so directly or by an agent. *(The Children Act 2001)*
8.	Child of imprisoned parent(s)	A child whose parent(s) are imprisoned (whether a child is either in prison with the parent(s) or in the community. (*Children of Imprisoned Parents Report, 2011)*
9.	Sexual exploitation and abuse	It is the involvement of a child in acts of sexual exploitation and abuse through prostitution, inducement or coercion to engage in any sexual activity, and exposure to obscene materials (pornography). *(The Children Act 2001, Sexual Offences Act, 2006)*

11. Modes of Intervention, Definition, Source and Indicators

No.	Mode of Intervention	Definition
1.	Adoption	The legal transfer of parental rights and responsibility for a child which is Permanent. *The Adoption Regulations, 2006, Regulations for Charitable Children Institutions Act, 2005); National AFC Standards, 2015; The Children Act, 2001)*
2.	Committed to CCIs	Committing or placement to a home or institution which has been established by a person, corporate or unincorporated, a religious organization or a non-governmental organization and has been granted approval by the National Council of Children's Services (NCCS) to manage a programme for the care, protection, rehabilitation or control of children. *(The Children Act, 2001)*
3.	Committed to statutory Institution	Committing or placement to an institution which has been established by the government to safeguard and advance the welfare of children and their families. They provide care, protection, rehabilitation or control of children. *(The Children Act, 2001)*
4.	Professional counselling	A process of assisting and guiding a child by a trained person on a professional basis to resolve either personal, social or psychological problem or difficulties. *(The Children Act, 2001)*
5.	Family support	Refers to an integrated network of government, community-based resources and services that promotes and protects the health, well-being, rights and development of all children and pays special attention to those who are vulnerable or at risk, strengthening their families and parenting practices. *(NGLI-Investing in Families: Supporting Parents to Improve Outcomes for Children Report, 2013)*
6.	Foster care	The placement of a child with a person who is not the child's parent, relative or guardian and who is willing to undertake the care and maintenance of that child. (*The Children Act, 2001*)
7.	Guardianship	Refers to the legal relationship created when a person or institution appointed by will or deed by a parent of the child or by an order of the court to assume parental responsibility for the child upon the death of the parent of the child either alone or in conjunction with the surviving parent of the child or the father of a child born out of wedlock who has acquired parental responsibility for the child in accordance with the provisions of the Children Act. (*The Children Act, 2001*)
8.	Joint Parental Agreement (JPA)	Refers to an agreement entered into by both parents, guardians and any person who assumes parental responsibility; stipulating parental responsibilities of each party towards a child. This JPA must be in the format provided in the Children Act. *(The Children Act, 2001)*

No.	Mode of Intervention	Definition
9.	Judicial orders	The orders that are issued by the court in any proceedings concerning the well-being and protection of a child (e.g. Exclusion Order). *(The Children Act, 2001)*
10.	Legal aid	Refers to the court granting provision of legal representation to a child who is brought before a court and is unrepresented to access the judicial system. *(The Children Act, 2001)*
11.	Child maintenance	Refers to provision of basic necessities (food, clothing, a home, education, Medical Care) and welfare of children. *(The Children Act, 2001)*
12.	Parents bonded	Refers to bonding of parents by court to exercise proper care and control of children under their care (*Operational*)
13.	Placement in school	Enrolment of children in appropriate educational facilities *(Operational)*
14.	Reunited	Refers to bringing back together a child with the family or guardian or other persons who assumes parental responsibility in respect to a child after they have been separated for some time. *(The Regulations for Charitable Children Institutions Act, 2005; National AFC Standards, 2015; The Children Act, 2001)*
15.	Reconciliation	Refers to mediating of family disputes involving children and their parents, guardians or other persons who have parental responsibility in respect of the children, and promote family reconciliation; accept a decision or action set as condition of reconciliation. *(The Children Act, 2001)*
16.	Referred to Court/ Khadhi	Passing a child's matter/case to the Court/Khadhi, for more expertise or authority for further intervention in the best interest of the child. *(The Children Act, 2001)*
17.	Referred to other Government agencies	Passing a child's matter/case to *Ministry of Education, Ministry of Health, Police, Ministry of Interior & Internal coordination, Probation, Other Sub-county children officers,* which has more expertise or authority for further intervention in the best interest of the child. *(The Children Act, 2001)*
18.	Referred to other non-state agencies	Passing a child's matter/case to other agencies- *INGOs, NGOs, FBOs, CBOs*, who have more expertise or authority for further intervention in the best interest of the child. *(The Children Act, 2001)*

No.	Mode of Intervention	Definition
19.	Re-integrated	Re-integration is the gradual, result oriented and community supervised process of helping a child adjust, settle and adopt the life in his/her family system. Child re-integration is the planned, structured and result oriented rehabilitation programme undertaken by the institution to ensure successful placement and reunification of a child into their family and community or to another family based on alternative care placements. *(Regulations for Charitable Children Institutions Act, 2005; Alternative Family Care Standards, 2015)*
20.	Repatriated	The process of returning a lost, unaccompanied or run-away child back to the place of origin after thorough, in-depth analysis of conditions surrounding the family or home or place. *(Regulations for Charitable Children Institutions Act, 2005; Alternative Family Care Standards, 2015)*
21.	Release to parent(s)	Refers to taking a child to a place of safety by an authorized officer without reference to the court, the parent or guardian or any person who has parental responsibility in respect of the child may applies for the release of the child from the place of safety into his care. *(The Children Act, 2001)*
22.	Rescue and placement	Refers to removal of a child from an abusive environment (place/family) and placing the child in a place of safety awaiting further assistance in the best interest of the child. *(The Children Act, 2001)*
23.	Supervision with Court Orders	Overseeing of a child's rehabilitation by a Children officer or any other authorized officer as ordered by a court. *(The Children Act, 2001)*
24.	Supervision Without Court Orders	Overseeing of a child's rehabilitation by a Children Officer or any other authorized officer in the best interest of the child when the child has not passed through the juvenile justice system). *(The Children Act, 2001) – done to either child or parent*
25.	Written promise	Refers to a commitment by a child to adhere to good morals/behaviour and is supervised by the Children Officer or any authorized officer in the best interest of the child *(Operational)*
26.	Release on revocation of an order/ Early Release	A child released from a holding centre before the expiry of an earlier set period, triggered by another order revoking the earlier order. *(The Children Act, 2001)*
27.	Release on expiry of an Order	A child released at the end of holding or committal period. *(The Children Act, 2001)*
28.	Release on licence	A child released temporarily from an institution (on licence). *(The Children Act, 2001)*

12. Summary Sheet

County		**Period**	
Sub-County			
Organization			

Case Category	**0-5 yrs**		**6-10 yrs**		**11-15 yrs**		**16-18yrs**		**18+**		**Boys**	**Girls**	**Total**
	Male	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**			
Abandoned													
Abducted													
Child affected by HIV/ AIDS													
Child delinquency													
Child-headed household													
Child labour													
Child marriage													
Child of imprisoned parent(s)													
Child offender													
Child pregnancy													
Child radicalization													
Child truancy													
Child with disability													
Children on the streets													
Custody													
Defilement													
Disputed paternity													
Drug and substance abuse													
Emotional abuse													
FGM													
Harmful cultural practice													
Incest													
Inheritance													
Internally displaced child													
Lost and found children													
Neglect													
Orphaned children													
Parental Child abduction													
Physical Abuse/Violence													
Refugee children													
Registration													
Sexual assault													
Sexual Exploitation and abuse													
Sodomy													
Trafficked child													
Unlawful confinement													
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

13. Other Legal Frameworks That Support Case Management and Referral Guidelines

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

14. List of Policies and Guidelines

1) National Standard Operating Procedure for Management of Sexual Violence against Children (2018)
2) County child protection systems guidelines
3) National framework for child protection systems
4) Psychosocial Support Guidelines
5) Safety Standards for Children in Schools in Kenya
6) Child Protection Referral Guidelines – Nairobi County
7) Child Participation Guidelines
8) Standards for Children Charitable Institutions
9) Alternative Family Care Guidelines
10) Through care Guidelines 2013
11) BCN Toolkit).

15. CASE INTERVENTION(S)

	0-5 yrs		6-10 yrs		11-15 yrs		16-18yrs		18+	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Adoption										
Child maintenance										
Committed to CCIs										
Committed to statutory institution										
Family support										
Foster care										
Guardianship										
Joint parental agreement (JPA)										
Judicial orders										
Legal aid										
Parents bonded										
Placement in school										
Professional counselling										
Reconciliation										
Referred to Court / Khadhi										
Referred to other Government agencies										
Referred to other non-state agencies										
Re-integration										
Release on expiry of an order										
Release on licence										
Release on revocation of an order/ earlier release										
Release to Parent(s)										
Repatriation										
Rescue and placement										
Reunited										
Supervision with Court orders										
Supervision without Court orders										
Written promise										
Diversion										
Dropped out										
PENDING										
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

REPUBLIC OF KENYA

GUIDELINES FOR CHILD PROTECTION CASE MANAGEMENT AND REFERRAL IN KENYA