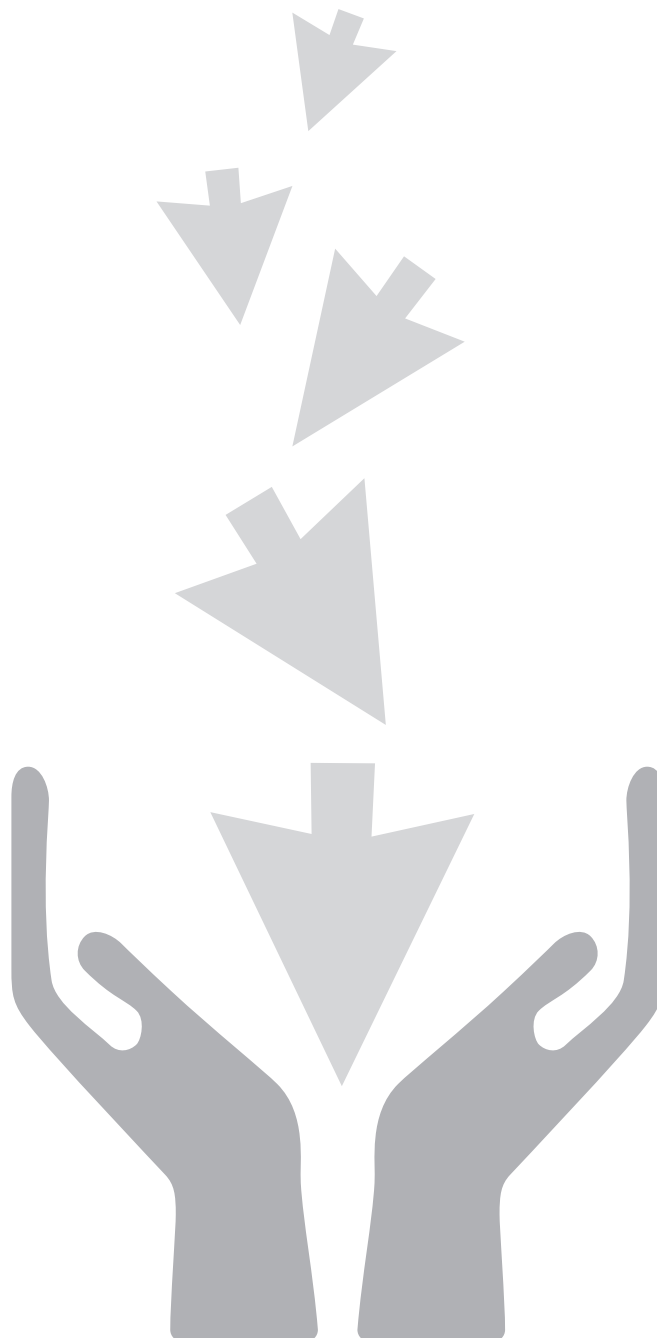




REPUBLIC OF GHANA

MINISTRY OF GENDER,
CHILDREN AND SOCIAL
PROTECTION

Child Protection Case Management Forms





REPUBLIC OF GHANA

Case Registration Form [Form #1]

CASE REF # _____

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

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

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

²¹ Alive, deceased, unknown

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

Protection concerns (tick all boxes that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Child neglect | <input type="checkbox"/> Orphanhood - double or single |
| <input type="checkbox"/> Sexual abuse | <input type="checkbox"/> Exploitation | <input type="checkbox"/> Child maintenance |
| <input type="checkbox"/> Child custody | <input type="checkbox"/> Abandonment | <input type="checkbox"/> Other, specify: _____ |

Provide additional details on the reasons for referring the case:

Follow-up action to be taken

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

Action to be taken:

Details of officer who register the case and received the referral

Name _____

Designation

Signature:



REPUBLIC OF GHANA

Initial Screening (Safety Assessment) [Form 2]

CASE REF # _____

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

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

Assessment Details	
Date Assessment Started	
Date Assessment Completed	
Child's SURNAME/Names	
Details of Case Manager/worker who conducted the assessment:	
Name:	
Designation:	
District:	
Region:	
Contact Number:	
Protection concerns	
Primary protection concern	
Secondary protection concern, if any	
<p><i>What evidence was found to support the suspected child protection concern/s? Includes observations, talking to the child, parents and other parties.</i></p>	

Child Safety Assessment

Main assessment point: The child's current safety status

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

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

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

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

Please explain your decision in the box:

Safety Interventions

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

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

Safety Plan

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

Safety Intervention	Actions & tasks	Responsibility	Time frame

Please provide more information on safety intervention and safety plan:

Name and signature of Case worker

Date

Name and signature of Supervisor

Date



REPUBLIC OF GHANA

Comprehensive Assessment Form [Form #3]

CASE REF # _____

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

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

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

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

1 Health and physical development					
For child under-6, are immunizations up to date?	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td colspan="2"><i>Explain:</i></td> </tr> </table>	Yes	No	<i>Explain:</i>	
Yes	No				
<i>Explain:</i>					
How does the child's physical development compare with the expected level of development for children at a similar age?	<i>Explain:</i>				
Does the child have a chronic illness, if yes, what is the illness, what treatment is being provided and is the child aware?	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td colspan="2"><i>Explain:</i></td> </tr> </table>	Yes	No	<i>Explain:</i>	
Yes	No				
<i>Explain:</i>					

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

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

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

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

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

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

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

C. Protection concerns

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

Any protection concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Immediate Action required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------	--	----------------------------	--

If YES, category/ies of concern

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



REPUBLIC OF GHANA

Social Enquiry Report Form [Form #4]

CASE REF # _____

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

Date:

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

3. Case referral and investigation

Who referred the case and why.

Who was consulted, home visits, time spent conducting the investigation



REPUBLIC OF GHANA

Case Plan Form [Form #5]

CASE REF # _____

**Department of Social Welfare
Case Plan [Form #5]**

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

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

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

C. Case Plan

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

What needs to change for this goal to be met?

Time-frame for achieving the goal:

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

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

Please explain in the box:

D. Action Plan to implement the Case Plan

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

Case Intervention	Actions & tasks:	Responsibility:	Time frame:

Name of Case worker/Officer

Date

Name of Supervisor

Date



REPUBLIC OF GHANA

Care Plan Template - Alternative Care Form [Form #6]

CASE REF # _____

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

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

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

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

Persons involved in developing the Care Plan	Name	Relationship to Child

C. Care Plan

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

Care Plan Goal:

Time-frame for achieving the goal:

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

C. 2. Health and physical development²³			
(include dental, hearing, eyesight and general physical and mental health)			
<input type="checkbox"/> No action planned			
Issue or concern about the child or young person:		Strength:	
Objectives:	Actions & tasks:	Responsibility:	Time frame:

C. 3. Educational and life skills development			
(include activities outside schooling, such as tutoring, evening class		<input type="checkbox"/> No action planned, self care ²⁴)	
Issue or concern about the child or young person:		Strength:	
Objectives:	Actions & tasks:	Responsibility:	Time frame:

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

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

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

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

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

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

Notes:

- (1) Tick box if no objectives, actions or tasks are noted for this domain on this plan. Issues or concerns and strengths can still be noted, as well as measures already in place, even if no current action is planned.
- (2) Issue or concern related to this domain for the child or young person named on the plan, e.g. child has several unplanned placement changes and needs stability (placement and permanency) or young person has not attended school this year (education or vocation).
- (3) Strength related to this domain for the child or young person named on the plan, e.g. child is in good health (health and medical) or young person has a good relationship with maternal aunt (family relationships).
- (4) There is no minimum number of objectives, but there should be no more than five for each domain.
- (5) Clearly stated actions and tasks required to meet the objective.
- (6) Name the person or organisation responsible for doing the action or task.
- (7) For the placement and permanency domain, the time frames for reintegration or another permanency arrangement must be within the shortest time possible. For other domains, the time frame section should give the due date by which this action is expected to be done, the estimated time frame, such as 'end of Term 3' or write 'on-going' if there is no foreseeable end date at the time of planning



REPUBLIC OF GHANA

Care Plan Review Template [Form #7]

CASE REF # _____

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

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

A. Care Plan Review Details

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

B. Care Plan Review

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

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

1. Placement and Permanency

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

C. Participants Involved in Review

Was the child involved in the Care Plan review?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain why not:	
Persons involved in the Care Plan review	Name	Relationship to Child
Next target review date (dd/mm/yy)	_____	



REPUBLIC OF GHANA

Case Management Notes (Form #8]

CASE REF # _____

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

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



REPUBLIC OF GHANA

Case Conference Form [Form#9]

CASE REF # _____

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

A. Details of Child

Child's NAME /SURNAME	
-----------------------	--

B. Case Conference Details

Case Conference Date:	
-----------------------	--

Case Conference Participants	Name	Organisation/Position

C. Purpose of the Case Conference

--

D. Key Decisions Made

--

E. Follow-up plan/actions

Action	Person Responsible	Due Date

Report prepared by:

Name/Designation/Organisation

Date



REPUBLIC OF GHANA

Referral Form [Form#10]

CASE REF # _____

**Department of Social Welfare
Referral Form [Form#10]**

Date: _____

Referral from:

Department (District/Region) _____

Referral to:

Name of organisation _____

Address of organisation _____

Dear _____

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

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

Sincerely,

Case Manager/SWCDO

Telephone: _____

Email: _____

Address: _____



REPUBLIC OF GHANA

Referral Response Form (Form #11)

CASE REF # _____

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

Date: _____

Dear _____ (case manager/SWCDO)

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

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

At this time we are (please tick one):

- _____ Able to provide the service/s
- _____ Unable to provide the service/s
- _____ Willing to put your client on a waiting list

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

(Name of person filling out the form and title)

Telephone: _____

Email: _____



REPUBLIC OF GHANA

Case Closure Form [Form#12]

CASE REF # _____

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

A. Details of child

Child's NAME /SURNAME	
-----------------------	--

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

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

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

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

Name	Position/Relationship to child

Was the child consulted about closing the case?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain why not:
---	---

Report prepared by:

Name/Designation/Organisation

Date: _____



REPUBLIC OF GHANA

Reunification Certificate [Form#13]

CASE REF # _____

**Department of Social Welfare
Reunification Certificate [Form#13]**

1. Name/Surname of Child: _____

2. DOB & Age _____ 3. Sex _____

The above-named child has been handed over by:

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

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

To:

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

6. Relationship to Child: _____ Relationship to Child _____

7. Contact: _____

8. Address: _____

9. Town/Village _____

10. Region/District: _____



REPUBLIC OF GHANA

Case files checklist Form [Form#14]

CASE REF # _____

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

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

Instruction on scoring:

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

Name of the Child: _____ Case Reference #: _____

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



REPUBLIC OF GHANA

Case files checklist Form [Form#14]

CASE REF # _____

Conclusions:

a). Key strengths and good practices

b). Key gaps and actions to be taken

Name and signature of Case Worker

Date

Name and signature of Case Manager

Date



REPUBLIC OF GHANA

CASE REF # _____

WELCOME OF THE CHILD TO THE FAMILY

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

Date and Place of Reunification: _____

Signature/ Thumbprint of person receiving: _____

Name and Contact of witness: _____

Signature/Thumbprint of witness _____

Designation/Status of Witness: _____

Signature of Social Worker: _____

Name of DSW Agency: _____

Address and Contact of DSW Agency: _____

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



REPUBLIC OF GHANA

CASE REF # _____

CONFIDENTIALITY AGREEMENT

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

Name

Signature

Date)

