

Incident ID:

Survivor Code:

Child Needs Assessment and Case Action Plan

A. CHILD SAFETY ASSESSMENT

Main Assessment Point: The child's current safety status.

☐ Yes, the child is safe.

☐ No, the child is not safe.

Please explain in the box.

The following safety risks have been identified:

- ☐ Child's caregivers cannot or will not protect the child from further abuse.
- ☐ The perpetrator lives with the child/can easily access the child at home.
- ☐ The child is fearful of family members and does not want to return home.
- ☐ Other reason (please identify) _____

SAFETY ACTION PLAN

Child Safety Plan Describe safety plan here.

Safety Referral Made? ☐ Yes ☐ No

If YES

Child client is referred to:

Child will be accompanied by (describe by relationship e.g., Mother)

IF NO

Why not?

B. CHILD HEALTH NEEDS ASSESSMENT

Main Assessment Point: Does the child require a health referral?

☐ Yes, a health referral is needed because:

- ☐ Last incident was within the past 120 hours
- ☐ Child complains of physical pain and injury
- ☐ Other reason indicated
(e.g. bleeding or discharge or is requested by survivor)

☐ No, a referral is not needed because:

- ☐ Services already received from another agency
- ☐ Service not applicable
(e.g. abuse did not involve contact)
- ☐ Other reason:

HEALTH ACTION PLAN

Health Referral Made?

☐ Yes ☐ No

If YES

Child client is referred to:

Child will be accompanied by

HEALTH REFERRAL NEEDED, BUT NOT MADE BECAUSE:

- ☐ Referral declined by survivor
- ☐ Referral refused by caregiver
- ☐ Service Unavailable
- ☐ Non-urgent referral made

Explain:

Note: In cases of medical emergency, it is in the child's best interest to receive life-saving care. If a caregiver or child refuses the referral, a supervisor must be contacted immediately and/or a referral made if the child's life is at risk.

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C. CHILD PSYCHOSOCIAL NEEDS ASSESSMENT

Main Assessment Point: The child's current emotional state and level of functioning.

The child's behavior has changed significantly since the abuse in the following ways:

- ☐ Stopped going to school
- ☐ Stopped leaving the house
- ☐ Stopped playing with friends
- ☐ Feels sad most of the time
- ☐ Exhibits sleeping or eating changes
- ☐ Other major changes or difficulties reported:

Describe the child's emotional state (describe expressed or observed emotional state of the child)

What is the caregiver's understanding of their child's current functioning? Explain, if possible

List the child/family strong points: (list the positive things that the child/family has to help with healing)

PSYCHOSOCIAL ACTION PLAN

- ☐ Provide emotional support.
- ☐ Provide education and counseling about sexual abuse to help children and families understand and manage reactions.
- ☐ Assist the child with any problems identified in the assessment above (going back to school, etc)

- ☐ Provide counseling with caregiver and/or other family members.

Describe why this is needed and how it will be done here:

D. CHILD LEGAL NEEDS ASSESSMENT AND ACTION PLAN

Legal Referral Made? ☐ Yes ☐ No

If NO, why not?

If YES

Child client is referred to:

Child will be accompanied by

E. CASE ACTION PLAN REVIEW AND FOLLOW- UP MEETING

This Assessment and Case Action Plan has been developed and agreed by:

☐ Child Client

☐ Caregiver/Other

☐ Social Worker

Relation: _____

Code: _____

All relevant consent forms for referral signed: ☐ Yes ☐ No

If not, explain why here:

Follow up meeting is scheduled for: Date:

Location: