



Expedited Case Management Process for Urgent Child Reintegration

Purpose:

To determine feasibility of permanent reintegration and expedite family based care in families in which children are placed quickly and without proper preparation during urgent circumstances such as natural disaster, civil unrest, COVID-19, official immediate orders, etc.

The goal is for children to remain in their family home after the urgent circumstances end, if possible, or move to other family-based option such as kinship or foster care as appropriate. That means completing the paperwork/procedures for reintegration, and avoiding readmission to the CCI after the urgent situation clears.

Key Points in Remote Assessment:

While in-person assessment and follow up is preferred, remote contact often becomes a necessity during an immediate situation. These distant connections can be effective in assessing family needs and planning for intervention strategies if you keep the following points in mind:

- Schedule a time for the call with the family so they are prepared and all appropriate family members are available. You want to get feedback from all significant individuals.
- It is recommended that two social workers/community workers participate in the phone conversation/visit to allow for ease of gathering information and additional perspective. If this is not possible, plan for spot checks from another person occasionally.
- In general, people find it more difficult to focus for long periods of time on the phone – keep your calls to a maximum of one hour at a time. Recognize that it may take you several calls to complete the entire assessment tool.
- Be sure to speak with the child as well as relevant family members, and ensure that the child has a private place to talk, especially if there are concerns about potential abuse.
- Approach the family with a tone of voice that is warm, friendly, and caring. Use positive language, and convey the message that you are approachable and there to support them.
- Visual cues will be limited, even when utilizing video. Since you lack non-verbal cues, be sure to listen carefully, and listen beyond the words that are spoken. Clarify any mixed messages you receive where the words stated don't match the way they were expressed.
- Listen for tone of voice, attitude, hesitation in response, uncomfortable laughter.
- Gather information through conversation - don't ask a series of direct questions. For example, don't ask if the family has nutritious food - ask what dishes they prepared for breakfast and lunch that day. Don't ask if the parents get along with their children - ask how they have been spending their free time together, and take it forward from there.

- Look to the family as a source of creative solutions to issues they are facing - they know their situation best!
- Reach out to the neighbors and community volunteers as well to gather more accurate and neutral information about the status of the families and children.
- If you are having difficulty reaching families, engage the government officials charged with serving these families. You may also involve community volunteers, neighbors, extended family to support the family in a form of group safety net. CCI staff are likely to be aware of these community resources.
 - In India, this includes the Child Welfare Committee (CWC) and District Child Protection Unit (DCPU), ANMs, ASHA workers, and Aanganwadi workers.
- Be mindful that follow up visits/calls and monitoring may draw unwanted attention to the family. In order to minimize concerns and raise confidence in the process of following up on children in care or at risk, effort should be put into helping the family and community understand and accept the need for monitoring. Inform families what will happen to any information gathered, and possible actions. There may be less resistance if monitoring is carried out by a community-based organization, and by the same person each time.

Case Management Process:

Continue to follow the [Standard Case Management Process](#) consisting of Assessment, Planning, Implementation, and Follow-Up – the steps will just be expedited at this time. Interventions activated during this time will be carried forward long term, and will uphold child rights long after the urgent situation ends.

Step One: Prioritizing Children for Permanent Reintegration

If you feel overwhelmed by the number of children you need to assess, start by prioritizing children based upon 1) those with known cases of critical safety issues (eg. abuse) and 2) children who have the greatest opportunity for permanent reintegration (high, medium, low) based on prior assessments and interactions. If desired, you may gather children’s data on the [Case Management Tracking Sheet](#) to assist with prioritization.

Then begin reaching out to children and families in these two categories. Once you’ve made progress with this group, you can add a few more children to the list to assess.

Key items to consider include:

- Safety of child and lack of neglect/abuse
- Desire of child and family to live together and a positive family and social relationship
- Sufficient resources in terms of food, safe water, stable housing
- Access to health and mental health care
- Availability of educational services

Step Two: Assess Safety of Family Environment and Plan for Permanent Reintegration using the Home Thrive Scale™

Complete the [Home Thrive Scale™](#) with the child, family, and professionals who play a role in their lives within the **first 15 days** of moving back home to determine the ability of the family to care for the child in a safe manner. Consider their family relationships, home economic and living conditions, availability of education facilities, and access to health/mental health care. Look for safety of the family environment as well as feasibility of permanent reintegration.

If the family environment has significant risk factors, the child will likely be placed in an alternative family setting or return to the CCI after the urgent situation resolves, until/if the risk factors can be addressed. In this case, report any abuse to the proper authorities, connect family to support services, and track continued follow up via the Case Management Tracking Sheet. Continue to develop intervention plans to address the risk factors, with the goal of permanent reintegration when the issues are resolved.

In all cases, utilize the Home Thrive Scale™ while collaborating with the child and family to identify areas of strength and concerns that need intervention, highlighting actions required to lead to permanent reintegration. Refer to the child's completed care plan and family assessment, if available, to identify needs and challenges to address on the Home Thrive Scale™.

Consult the guidelines for remote interactions listed above, and be sure to consult the wishes of the child and family. Collect data from the Home Thrive Scale™ through your phone, [tablet or web browser](#) (English) or use the [Microsoft Word Version](#) (English).

***Note:** During the urgent situation, it may appear that some items do not apply, such as transportation to education, since children may not be in school at this time. Please rate these items thinking ahead to permanent reintegration. In other words, will there be a need for transportation to school when the situation clears and children return to school?*

While many interventions cannot occur during the immediate situation, planning should begin for areas needing attention once the circumstances clear. During the limitations due to the emergency, efforts can focus on researching and locating resources that will allow for permanent family reintegration as identified by the family's Home Thrive Scale™. Of course, if any action is able to be taken during the emergency, do not hesitate to implement it – link to government resources and other services available.

After addressing the needs of children with critical safety issues, turn your attention to your work with the children with stable family circumstances; however, you don't want to exclude the possibility of reintegration for the child with higher risk, if interventions could address the concerns and reduce the risk level. Keep in mind that these assessments are not absolute -- there is no guarantee that children with safe family situations will have a successful reintegration due to other factors, and we should not dismiss those with potential for risk, as this could change with appropriate intervention.

Gather the data from each child/family's Home Thrive Scale™ on the Case Management Tracking Sheet so that information for all children is in one place. Add updates from continued follow up assessments.

Frequency of Follow Up and Home Thrive Scale™ – **follow up every 7-10 days for the first month (minimum)**, and decrease frequency as the family becomes more stable, keeping the best interest of the child in mind. Complete the Home Thrive Scale™ after the first call/visit, and then **monthly** thereafter. Once the family becomes more stable, frequency of the Home Thrive Scale™ can be reduced to quarterly.

Step Three: Minimum Standards for Permanent Reintegration

In order to determine if permanent reintegration should be recommended, refer to the following minimum standards based on the Home Thrive Scale™:

- **Child Safety** must be priority. If safety is a concern, there must be plans to address all noteworthy issues. Though permanent reintegration will not likely occur if the risk is high, plans for intervention to reduce the risk factors should move forward during this time with the goal of permanency.
- **Red Flag** items on the Home Thrive Scale™ indicate serious concerns about the safety of the placement. It is recommended that permanent reintegration be postponed until Red Flag elements with a rating of “1” (In-Crisis/Needs Immediate Attention) are resolved.

The final decision of reintegration will be taken in joint consultation with the appropriate agency (In India - DCPU, CWC, and CCI CFO). When making reintegration recommendations, in addition to the Home Thrive Scale™ ensure the CCI makes any other required updated assessments available as well (India: Social Investigation Report - SIR and Individual Care Plan - ICP).