# 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)

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

**Explain:**

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**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.
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: __________