*This form is to be used to complete a comprehensive assessment for all complex child protection cases, including those involving separated and unaccompanied children. If a rapid assessment has been conducted, attempt to fill in as much information as possible prior to the interview and verify it with the child and family in the course of the interview.*

*Begin by explaining the purpose of your interview and asking for the child and family’s permission to talk about their family and home life. For each section, ask a general question first and allow the child to guide the interview. Fill in as much information as possible from what they tell you before asking clarifying questions.*

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| Case worker ID: | | | | **PRIORITY OF CASE** | | Emergency  High  Medium  Low | | | |
| Organization ID: | | | |
| **GENERAL** | | | | | | | | | |
| **UNHCR Individual Number** |  | | | | **Child Protection Case #** |  | | | |
| **BIA Number** |  | | | | **Date case was opened** |  | | | |
| **BIA Status** | Pending interview  Pending recommendation  Pending review  BIA completed | | | | **BIA status change reason** |  | | | |
| **Main purpose of BIA** | Child at risk  Alternative Care  Family tracing  Family reunification | | Resettlement  Other | | **Main purpose of BIA (details)** |  | | | |
| **BIA by** |  | | | | **Source of referral (when applicable)** | Reception  Registration  Resettlement  RSD  Protection | | Assistance  UNHCR Partner  Government  Person of Concern  Other | |
| **Partner Case ID** |  | | | |
| **Partner Organization** |  | | | |
| **Partner Organization details** |  | | | |
| **BIO DATA** | | | | | | | | | |
| 1. **First Name** | |  | | 1. **Middle Name** |  | 1. **Family Name** | | |  |
| 1. **Date of Birth** | | DD/MM/YYY | | 1. **Age (when case was opened)** |  | 1. **Current age** | | |  |
| **Is age Estimated?** | | YES  NO | |
| 1. **Gender** | | Female  Male  Other | | 1. **Place of Birth** |  | 1. **Country of Origin** | | |  |
| 1. **Ethnicity** | |  | | 1. **Religion** |  | | | | |
| 1. **Marital status** | |  | | 1. **Legal status** |  | | | | |
| 1. **Name of registration group focal point** | |  | | 1. **Relationship to focal point** |  | | | | |
| 1. **Education Level** | |  | | 1. **Languages spoken** |  | 1. **Nationalities** |  | | |
| 1. **Contact details** | |  | | 1. **Phone number** |  | 1. **Email** |  | | |
| 1. **Current address** | |  | | 1. **Date of flight** |  | | | | |
| 1. **Date of entry CoA** | |  | | 1. **Reasons for flight** |  | | | | |
| 1. **Registration country** | |  | | 1. **Country of asylum** |  | | | | |

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| **Parent / Customary Caregiver information***[[1]](#footnote-1)* | | | | |
| **Parent 1** | | **Parent 2** | | **Customary Caregiver** |
| **Name** | | **Name** | | **Name** |
| **DOB** | | **DOB** | | **DOB** |
| **Deceased?**  YES  NO | | **Deceased?**  YES  NO | | **Deceased?**  YES  NO |
| **Currently in contact?**  YES  NO  Phone number:  Current location – Country:  Current location – Address: | | **Currently in contact?**  YES  NO  Phone number:  Current location – Country:  Current location – Address: | | **Currently in contact?**  YES  NO  Phone number:  Current location – Country:  Current location – Address: |
| When did you last see your [*Parent 1*]? | |  | | |
| Where? | |  | | |
| Where do you think your [*Parent 1*] is now? | |  | | |
| When did you last see your [*Parent 2*]? | |  | | |
| Where? | |  | | |
| Where do you think your [*Parent 2*] is now? | |  | | |
| When did you last see your [*Customary Caregiver*]? | |  | | |
| Where? | |  | | |
| Where do you think your [*Customary Caregiver*] is now? | |  | | |
| **OTHER FAMILY MEMBERS** | | | | |
| Name | Age/Sex | | Current whereabouts | |
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| **SECTION 1: History of family separation and tracing needs** |
| How did you become separated from your family? (Indicate time, place of separation, as well as causes of separation.) | |
| Why did you leave your home country? | |
| How did you travel to (name of the country of asylum)? (Indicate mode and route of travel, names of persons who assisted and their relationship to the unaccompanied/separated child) | |
| When did you arrive in (name of the country of asylum)? | |
| Do you have any relatives or friends in (name of the country of asylum)? If so, provide name, relationship. | |
| Is there anything you would like to tell about your flight? | |
| Would you like to receive help to find some of your family members? If so, note whom the child would like to trace and any information the child has about relatives’ location. | |
| Is tracing taking place? If yes, by which agency? Is the child being informed about the tracing results? Are there additional needs? | |

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| **SECTION 2: Care Arrangements and Living Conditions** |
| *Can you tell me about your family (the family you are living with)?* |
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| **2a) Care Arrangements** | | | | | | |
| **Who do you currently live with?** More than one possible (Complete Part F if child is not accompanied by his parents)  Immediate family  Female-headed household  Elderly Caregiver  Alone  Extended family  Host family  Other children  Others: | | | | | | |
| **How is your relationship with your family/ the people you live with? Do you like to stay here?(**If child spouse, ask about treatment from spouse and family)  *Describe the present care arrangement from the child’s point of views, you do not need to quote the child (“the child explained that he is presently living with…”). Be detailed: what is the precise family link between child and caregiver? Since how long do they know each other? How often were they in contact before the child came and live with him/her? how was the relationship before? How is the relationship now? How does the caregiver support the child? Does s/he cook for the child? Do they eat together? Do they play together? Is the caregiver supportive when child is facing problems? Does the child trust the caregiver? Does the child want to live with caregiver on the long term?* | | | | | | |
| **In case of no home visit – Ask the child how they would describe the place where you are staying? Otherwise fill in from your own observations.** | | | | | | |
| **If home visit conducted**  **Date:**  **Interviewer’s observation on housing:**  *Number of rooms:*  *Number and identity of persons sleeping in same room  as the child:* | | **Which type of accommodation:**  Owned house/apartment  Host Family  Renting house/apartment  Collective Shelter/Centre  Tent (ITS or FTS)  Garage or unfinished building  Other (specify) | | | **Housing conditions:**  Overcrowding  Dangerous items in household  Unhygienic  Not suitably equipped for climate  Other (specify) | |
| **Other (Shelter or Wash assistance received etc)** | | | | | | |
| **2b) Family Members living with the child** | | | | | | |
| Full Name | Relationship to child | | Sex  (M/F) | Marital status | Date of Birth / Age | Specific needs |
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| **2c) Consultation with parents/ adult caregivers** | |
| **Name:** | **Date of Birth/Age** |
| **Sex:**  Male  Female | **Nationality**: |
| **Relationship to child:** | **Religion:** |
| **Are you the legal guardian for this child?**  No  Yes if yes, are guardianship documents available?    Not legally, but with permission of the parents | |
| **How would you describe your relationship with the child?** | |
| **How is the child getting along with other children? What daily activities are they engaged in?** | |
| **IF SEPARATED OR UNACCOMPANIED ONLY: What information do you have about the child, his/her life and the family separation?** Include information about status of father or mother, any contact caregiver has with child’s other family members, etc. | |

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| **SECTION 3: Health and Safety** |
| **3a) Safety/Security (Complete Part F if specific concerns arise)** |
| **Do you feel safe here (in your accommodation, in your neighbourhood, etc) ?** If not what are the reasons, list any concerns. |
| **What were you doing before you came to “country of Asylum” (CoA)? How did you make your way to CoA ?** |
| **3b) Psychosocial wellbeing** |
| **Where/to whom do you go to discuss problems or ask for help/assistance?**  Mother  Father  Friends Neighbours  Other family member (specify) grandfather and grandmother       Other (specify)        No One |
| **Do you ever trouble sleeping? Do you have nightmares?** |
| **Interviewer observation: Does the child appear distressed or have such difficulty functioning in their daily life that they should be assessed by a mental health professional? If yes, describe why?** |
| **3c) Health/medical access** |
| **How are you feeling? How is your health?** |
| **Do you have any problems accessing medical care?** (Does the child know where and how to access care)If so, explain why. |
| **Interviewer observations:** Does the child look healthy and/or have any disabilities? |

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| **SECTION 4: Daily life** | | |
| *Can you tell me a bit about what you do each day?* | | |
| **4a) Education** | | |
| **Do you attend school or ever miss school?**  I always attend school  Don’t attend school at all  Once per week  Once per month  Never | **What grade are you in (in CoA)?**    **What other education activities do you attend?** | **Do you attend remedial classes?**  No  Yes (where)  **Did you attend school in your home country?** If yes until which grade and for how long. |
| **Do you have any difficulties or problems at school or going to school?** If so, what are they? | | |
| **4b) Daily activities** | | |
| **Can you tell me a little bit about what you do each day? Do you spend time with friends, other children?** | | |
| **Do you currently work?**  Yes if yes, How many hours per day: How many days per week:  No Type of work: For how many months: | | |
| **Do you earn any money for the work?** Is so, how much and what do you use it for. | | |
| **Does your family depend on the money you earn ?**  No  Yes if yes, specify | | |
| **Interviewer observations:** Does the work constitute Worst Forms of Child Labour (WFCL)(ILO Convention 1999 No. 182 ): slavery or slavery-like practices, recruitment of children into armed forces/groups, prostitution, production of pornography, illicit activities such as drug trafficking, or an immediate risk to the child’s health and safety.  No  Yes  **Please explain:** | | |
| **Other** | | |
| **Is there any other information you would like to share with me today? Is there anything else you would like to talk to me about today?** | | |

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| **SECTION 5: Conclusions** | | | | |
| **Additional observations and comments of the interviewer. Include any observations on the child and family’s resources and strengths.** | | | | |
| **Specific Needs** | | | | |
| **Child at Risk (CR)** | **Unaccompanied or Separated Child (SC)** | | **Legal and Physical (LP)** | **Sexual violence (SV)** |
| Child parent (CP)  Child spouse (CS)  Child carer (CC)  Teenage pregnancy (TP)  Worst forms of child labour (LW)  CAAFAG (AF)  Conflict with law (CL) | Separated child (SC)  Unaccompanied child (UC)  Child-headed household (CH) | | No legal documentation (ND)  Unmet basic needs (BN)  Violence, abuse or neglect (AN)  Marginalised (MS) | Survivor in CoO (VO)  Survivor in CoA (VA)  FGM (GM)  Harmful traditional practices (HP)  Child marriage (forced/early) (FM)  Survival sex (SS) |
| **Family Unity (FU)** | | **Disability (DS)** | **Serious Medical Condition (SM)** |
| Tracing required (TR)  Reunification required (FR) | | Physical disability (PM)  Visual impairment (BD)  Hearing impairment (DF)  Mental/intellectual disability (MM) | Chronic illness (CI)  Critical medical condition (CC)  Other condition (OT) |
| **The child is at imminent risk ?**  No  Yes | | **Risk Assessment**,  24 hours (High Risk)  3 days (Medium Risk)  1 week (Low Risk) | | |
| **5a) Recommendations for additional actions** | | | | |

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| Indicate the available options and analysis. What is recommended for the child’s best interest considering: Views of the child, Safe Environment, Family and close relationships, Development and identity needs |  |

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| **ACTION PLAN** | | | |
| **Narrative**  *Please describe the logic of the action plan for the child. Include the child’s own goals and the steps to be taken to get there.* | | | |
| **Actions for the Child** | | | |
| **Actions for family members / other caregivers** | | | |
| **Next Actions/ Follow Up Needed (including development of case plan and time frame for all actions)** | | | |
| ***Type of Action*** | ***Details*** | ***Timeframe*** | **Type** |
| **Family tracing** |  |  | Intervention  Referral |
| **Protection and Safety** |  |  | Intervention  Referral |
| **Psychosocial** |  |  | Intervention  Referral |
| **Education** |  |  | Intervention  Referral |
| **Legal and Documentation** |  |  | Intervention  Referral |
| **Health and Nutrition** |  |  | Intervention  Referral |
| **Basic Needs** |  |  | Intervention  Referral |
| **Other** |  |  | Intervention  Referral |
| **4b) Review** | | |  |

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| **Name and Signature of Interviewer:** | **Name and Signature of Reviewer:** |
| **Date:** | **Date:** |

1. This information on family members (mother/father/ siblings-their whereabouts, etc) needs to be collected in case of unaccompanied and separated children [↑](#footnote-ref-1)