|  |
| --- |
| **Best Interest Assessment – BIA** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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** | | | |  | | | | | | | | |
| **PARENT / CUSTOMARY CAREGIVER INFORMATION** | | | | | | | | | | | | | | | | | | | |
| **Mother** | | | | | | | **Father** | | | | | | | | **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: | | | | |
| **ASSESSMENT** | | | | | | | | | | | | | | | | | | | |
| **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) | | | | | | |
| **Care Arrangements (UASC and children separated from parents for protection)** | | | | | | | | | | | | | | | | | | | |
| Full Name of current caregiver: | | | | |  | | | | | | | Ind. ID (if registered) | | | |  | | | |
| Relationship to child: | | | | | Sex:  Male Female | | | | | | | | | | | | | | |
| Caregiver’s Date of Birth: DD/MM/YYYY | | | | | | | | | | | Age | Contact details of Caregiver: | | | | | | | |
| Number of children in the household: | | | | | | | | | | |  | | | | | | | | |
| Is the care arrangement formalized?  YES  NO | | | | | | | | | | | Type of Care arrangement:  Foster Care  Kinship Care  Institutional Care  Supported Independent Living  Child-headed household  Customary caregiver  Other | | | | | | | | |
| Care Arrangement description: | | | | | | | | | | |
| **Assessment of the Care arrangement (include positive attributes, concerns, risks)** | | | | | | | | | | | | | | | | | | | |
| **Does the child need a family tracing and reunification intervention:**  YES  NO  Details of person to be traced: | | | | | | | | | | | | | | | | | | | |
| **Protection and Safety** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Psychological** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Education** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Legal and Documentation** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Health and Nutrition** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Basic needs (Food, Shelter, NFI, WASH)** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Other Needs** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **INTERVIEW DETAILS** | | | | | | | | | | | | | | | | | | | |
| Persons interviewed for the BIA: | | | | | | | | |  | | | | | | | | | | |
| Interview By | | | |  | | | | | Interview completion date | | | | | DD/MM/YYYY | | | | | |
| Interview organization | | | |  | | | | | Language of the interview | | | | |  | | | | | |
| **Additional information:** | | | | | | | | | | | | | | | | | | | |
| **HOME VISIT** | | | | | | | | | | | | | | | | | | | |
| Home visit conducted:  YES  NO | | | | | | | | | Home visit date | | | | | DD/MM/YYYY | | | | | |
| Child present during the home visit:  YES  NO | | | | | | | | | | | | | | | | | | | |
| **Home visit comments:** | | | | | | | | | | | | | | | | | | | |
| **SUMMARY AND RECOMMENDATIONS** | | | | | | | | | | | | | | | | | | | |
| Child’s views | | | | | | | | | | | | | | | | | | | |
| Caregiver’s views | | | | | | | | | | | | | | | | | | | |
| Has a BIA/ previously been conducted for the child?  YES  NO  Prior BIA date: DD/MM/YYYY  Prior BIA conducted by: Name: Organisation | | | | | | | | | | | | | | | | | | | |
| Has a BID previously been conducted for the child?  YES  NO  Prior BID date: DD/MM/YYYY  Prior BID conducted by: Name: Organisation | | | | | | | | | | | | | | | | | | | |
| **Summary of the Assessment** | | | | | | | | | | | | | | | | | | | |
| BID Referral necessary  YES  NO | | | | | | | | | | | | | | | | | | | |
| **Recommendations** | | | | | | | | | | | | | | | | | | | |
| **REVIEW** | | | | | | | | | | | | | | | | | | | |
| Review Note | | | | | | | | | | | | | | | | | | | |
| Review by | | | |  | | | | | Review date | | | | | DD/MM/YYYY | | | | | |
| **CONSENT** | | | | | | | | | | | | | | | | | | | |
| Does the child (or caregiver if appropriate) give informed assent or consent for the interview?  YES  NO  Does the child (or caregiver if appropriate) give informed assent or consent to receive case management services?  YES  NO  Does the child (or caregiver if appropriate) give informed assent or consent to share information with other organizations for service provision?  YES  NO  Does the child (or caregiver if appropriate) give informed assent or consent for sharing non-identifiable information for statistical purposes?  YES  NO | | | | | | | | | | | | | | | | | | | |
| **Person providing consent name / ID:** | | | | | | | | | | **Relationship to child** (select ‘Child’ if no caregiver): | | | | | | | | | |
| **Restrictions on information sharing:** | | | | | | | | | | | | | | | | | | | |