

QUESTIONNAIRE ON CHILDREN'S CASE HISTORY

SOCIAL WORKER INFORMATION PANEL		SWIP
SWIP1. Cluster number: _____	SWIP2. Facility name and number: NAME _____	
SWIP3. Child or adolescent name and sex: NAME _____ MALE.....1 FEMALE.....2	SWIP4. Social worker name: NAME _____	
SWIP5. Interviewer name and number: NAME _____	SWIP6. Supervisor name and number: NAME..... _____	
SWIP7. Day / Month / Year: _____ / _____ / <u>2</u> <u>0</u> <u>2</u> _____	SWIP8. Record the start time:	HOURS : MINUTES _____ : _____

<p>SWIP9. Hello, my name is (<i>your name</i>) and I am one of the interviewers working on an exercise to gather information about residential care facilities in the country. We are from (<i>name of lead implementation agency</i>). I would like to talk to you about (<i>child's name from SWIP3</i>)'s health and well-being. All the information we obtain will remain strictly confidential and the name of this facility will not be identified or disseminated as part of the findings. Similarly, your name and personal information will not be disclosed. The information you provide will not impact your employment or affect the situation of the child in this facility. Also, it will not impact decisions regarding his/her placement outside of this facility. If you do not wish to answer a question or stop the interview at any time, please let me know.</p> <p>May I start now?</p>		
Consent granted?	YES.....1 NO.....2	1 ⇒ CCH 2 ⇒ SWIP15

SWIP15. Result of questionnaire on children's case history Discuss any result not completed with Supervisor	COMPLETED.....01 PARTLY COMPLETED02 CONSENT BY SOCIAL WORKER NOT GRANTED.....03 OTHER (specify)06
---	--

CHILD AND ADOLESCENT CASE HISTORY		CCH
CCH1. In what month and year did (<i>name</i>) arrive in this facility? <i>Try to record year as a minimum.</i>	MONTH ____ DK MONTH 98 YEAR ____ DK YEAR 9998	<i>If ANSWERED, CONTINUE TO CCH3</i> 9998 ⇒ CCH2
CCH2. How long has (<i>name</i>) been in this facility?	LESS THAN 6 MONTHS 1 BETWEEN 6 MONTHS AND 1 YEAR 2 MORE THAN 1 YEAR 3 DK 8	
CCH3. To your knowledge, what is the primary reason (<i>name</i>) is living in this facility? <i>Choose the option that best represents the <u>primary</u> reason</i>	ABANDONMENT 1 EXPERIENCED ABUSE/VIOLENCE 2 DEATH OF PRIMARY CAREGIVER/GUARDIAN 3 ECONOMIC HARDSHIP OF GUARDIAN/CAREGIVER/FAMILY 4 PRIMARY CAREGIVER/GUARDIAN ALCOHOL OR DRUG ABUSE 5 PRIMARY CAREGIVER/GUARDIAN ILLNESS OR HEALTH CONDITION 6 CHILD'S OWN ILLNESS OR HEALTH CONDITION 7 PRIMARY CAREGIVER/GUARDIAN DISABILITY 8 CHILD'S OWN DISABILITY 9 PRIMARY CAREGIVER/GUARDIAN INCARCERATED 10 ACCESS TO EDUCATION 11 FOR RELIGIOUS/CULTURAL REASONS 12 IN CONFLICT WITH THE LAW 13 BORN OUTSIDE OF WEDLOCK 14 LIVING ON THE STREET 15 RAN AWAY FROM HOME 16 DK 98 OTHER (<i>specify</i>) 96	

CCH4. Was (<i>name</i>) living with a family or in another facility before arriving here?	WITH OWN FAMILY 1 WITH ANOTHER FAMILY 2 IN ANOTHER FACILITY 3 OTHER 4 DK 8	
CCH5. Where was (<i>name</i>) living before arriving here?	SAME REGION/DISTRICT/PROVINCE 1 DIFFERENT REGION/DISTRICT/PROVINCE 2 DIFFERENT COUNTRY 3 DK 8	
CCH6. Is (<i>name's</i>) natural mother and natural father alive?	BOTH ALIVE 1 ONLY MOTHER ALIVE 2 ONLY FATHER ALIVE 3 BOTH DEAD 4 DK 8	
CCH7. Does (<i>name</i>) have contact with any relatives?	YES 1 NO 2 DK 8	
CCH8. Does (<i>name</i>) have any relatives living in the same region/district/province as this facility?	YES 1 NO 2 DK 8	
CCH9. Does (<i>name</i>) have any siblings also living in this facility?	YES 1 NO 2 DK 8	
CCH10. Was (<i>name</i>) placed in this facility as the result of a court order or decision by name of competent authority ?	YES 1 NO 2 DK 8	

CCH11. Does (<i>name</i>) have an assigned case worker from <i>name of competent authority</i> ?	YES..... 1 NO..... 2 DK..... 8	
CCH12. Does (<i>name</i>) have an individual care plan?	YES..... 1 NO..... 2 DK..... 8	2 ⇨ CCH15 8 ⇨ CCH15
CCH13. Has (<i>name's</i>) individual care plan been reviewed by <i>name of competent authority</i> in the last 3 months?	YES..... 1 NO..... 2 DK..... 8	
CCH14. Does (<i>name's</i>) individual care plan include a plan for when (<i>he/she</i>) leave this facility?	YES, FOR REUNIFICATION 1 YES, FOR ADOPTION 2 YES, FOR FOSTER CARE..... 3 YES, LIVE INDEPENDENTLY 4 YES, TO ANOTHER FACILITY 5 THERE ARE NO PLANS FOR HIM/HER TO LEAVE THIS FACILITY 6 NO..... 7 DK..... 8	
CCH15. Does (<i>name</i>) have a birth certificate? <i>If yes, ask:</i> May I see it?	YES, SEEN 1 YES, NOT SEEN..... 2 NO..... 3 DK..... 8	1 ⇨ SWIP10 2 ⇨ SWIP10
CCH16. Has (<i>name</i>)'s birth been registered with <i>the civil authorities</i> ?	YES..... 1 NO..... 2 DK..... 8	

SWIP10. <i>Record the end time.</i>	HOURS AND MINUTES : ..	
SWIP11. <i>Language of the Questionnaire.</i>	ENGLISH1 LANGUAGE 22 LANGUAGE 33	
SWIP12. <i>Language of the Interview.</i>	ENGLISH1 LANGUAGE 22 LANGUAGE 33 OTHER LANGUAGE (specify) 6	
SWIP13. <i>Native language of the Respondent.</i>	ENGLISH1 LANGUAGE 22 LANGUAGE 33 OTHER LANGUAGE (specify) 6	
SWIP14. <i>Was a translator used for any parts of this questionnaire?</i>	YES, THE ENTIRE QUESTIONNAIRE1 YES, PARTS OF THE QUESTIONNAIRE....2 NO, NOT USED3	
<i>Complete SWIP15.</i>		

INTERVIEWER'S NOTES

