

## Formulation and Implementation of Care Plans (COMMAN INFORMATIONS)

The development of a care plan is needed for children who are seriously vulnerable. It may be required to have multilateral interventions In order to remove/minimize that risk condition. Also, this plan includes a process that ends within a specific time period according to a proper plan with a proper assigning of responsibilities.

Preparation of Care Plans is not required for each and every problematic situation faced by children.

Ex.

<b>Problem - Intermittently Schooling</b>	<b>Reason</b>	<b>Family status</b>
child -1	Lack of school supplies	Mother has demised and father alive
child – 2	Laziness	Both parents are living
child – 3	Illiteracy	Father has left and mother alive. Economic difficulties.
child - 4	Laziness	Mother is a garment worker. Father has addicted to drugs. He tears children’s books. Do harassments to children. The father’s drug- using friends come to the house.

Here mentions about 4 types of children. Faces the same problem and also the family backgrounds are also different.

The main problem of intermittently schooling will be solved when provide solutions to each of the problem of 1,2 and 3 children. Accordingly,

1 child – provide school supplies

2 child – developing a follow-up methodology of counselling and continuous interventions

3 child - the problem will be solved by the enrollment in a literacy class, providing a support service.

These children only need an Individual Development Plans.

However,

Although the 4<sup>th</sup> child’s problem is also intermittent schooling, under a complex family background, as a result of complex issues, this educational problem of this child’s has arisen. The family’s existing circumstances have set the environment for the child to be at a serious risk. That requires an extensive intervention i.e. a care plan must be developed and implemented.

**Step 1 – identifying/reporting/referral of a seriously vulnerable child**

**Step 2 – Conducting a field observation**

**Step 3** –using the relevant technical tools- engaging in a thorough study (family tree, historical profile, life experiences, environmental mapping, and potential mapping)

**Step 4 - Assessment - Assess** the risk by assessing the child and family

**Step 5** - conducting family group conferences

**Step 6** - Conducting case conferences

**Step 7** – Developing Care Plan

### **Conducting Case Conference**

- Identifying the officers to participate in the case conference, as per the Family group conferences, field observations and facts discovered/revealed regarding the child/family.
- Obtaining a date and time from the Assistant Divisional Secretary
- Inform the relevant officials in advance regarding the date, time and venue where the case conference will be conducted.

All the decisions taken at the case conference should be informed in writing, follow-up and regulate (Although responsibility is assigned to various officers at the case conference, the entire follow-up must be carried out by the Case Manager)

### **Referring the care plans to the department**

1. At least a minimum of 10 care plans must be prepared and implemented by one officer
2. Funding expected/not expected plans are relevant to this 10.
3. Documents to be submitted along with the plans forwarded to the department

- **Registration form** - DPCCS – CAM 1
- **Initial Assessment Sample Form** -DPCCS – CAM 2
- **Care Plan** - DPCCS – CAM 3
- **Care follow-up** - DPCCS – CAM 4
- **(referral is adequate after conducting follow-up)**

4. Documents to be submitted along with the plans forwarded to the department in anticipation of provisions

### **Requests made for self-employments -**

- Confirmation that there is the potential to carry out that self-employment (ex. if a cultivation, a report from the Agricultural Research Product Assistant should be submitted)
- A confirmation on the market condition – (these should be included under the interventions made within the care plan)

- Methodology on Knowledge sharing on Income Expenditure Management (these should be included under the interventions made within the care plan)
- An assessment on maintaining sustainability after providing support (these should be included under the interventions made within the care plan)

**Show the status of increase in income**

Eg: Self employment manufacturing and selling carpets

Item	Quantity	Production quantity	Price	Profit

5. The cover letter with the signature of the Divisional Secretary along with all the documents.

**Requests made for constructions**

- A properly prepared cost estimation (with the recommendation of the officer and the approval from the Divisional Secretary )
- The relevant construction should be identified in the accurate estimation ( Ex. it is unsuitable to supply a door at a high cost for a house with temporary wooden/tin-clad walls )
- If house renovations, whether the land is owned.

Regardless of what work it is referred for, before referring the plans to the department for ensuring care, contributions from the external institutions that carry out the relevant task should be identified. Actions must be taken to obtain it at the same time as the care plan is being prepared. The relevant officers’/institutions’ involvement must be obtained to the case conferences.

(Ex:- Housing renovations – Linking to programs like Diriya Piyasa through Samurdhi Development Officers/Samurdhi Managers).

**Things that should not be done When Developing Care Plans**

Care plans should not be prepared /referred only with the sole objective of fulfilling the given target for an officer.

- Services that can be obtained from the direct contributions from other institutions should not be requested under the departmental provisions unless otherwise they are procured from those entities themselves.
- Circumstances not faced by the child/children should not be highlighted as serious risk factors with the anticipation of obtaining provisions.

## **File management for care plans**

1. Records of signatures should be maintained for each meeting

Ex: - Family Group Conferences (just an example. This can be developed as per requirement)

Register of Signatures

Date -..... time ..... venue.....

#	Name	Kinship to the child	Telephone Number	Signature

Ex:- 2. Case conference (just an example. This can be developed as per requirement)

Register of Signatures

Date -..... Time..... Venue.....

#	Name	Designation	Institution	Telephone Number	Signature

2. Separate files should be maintained for each care plan.

In the left side of this file minute sheets and in the right side all the records relevant to the interventions regarding the child must be attached.

If care plans are developed for several children of the same family, care plans can be named such as 1, 2 and can be maintained in the same file.

3. Numbering the files

Should be used the numbering method introduced by the department

4. Ending the case

The file can be ended up when the child is out of the risk condition. It's your responsibility to protect the confidentiality of the information contained in these files.