

Care Plan DPCCS –CAM 3

Use the Registration Code and the Case Manager's Code exactly the same manner as in the DPCCS – CAM 1 , 2.

Fill in all sections in this form. As this is a plan, it should be able to measure. There should be specific activities, a specific time period to fulfil the activity and a responsible person.

1. Identified problem/problems – Mention all the problems identified by you taking into account the risk factors that affect the child in respect of family, the entire behaviour of the community and other factors.
2. Intervention – note down all the intervention activities carried out relevant to each problem. Mark whether the intervention activity relevant to the intervention has been completed or whether it is a proposed one in the future. All the interventions that you've been carried out so far as well as the interventions to be carried out in the future for the problems identified by you, should be included in this .
3. To whom that intervention is? - If the intervention is directly to the child, mark the × in the relevant box. Sometimes the intervention may be to the parents/other children, to remove the cause that affects the risk condition of the child. If so, mark it in the relevant box.

Ex. If a child shows frequent aggressive behaviour, to control that condition the contribution of the other family members is needed. Accordingly, it may be necessary to provide counselling or such an action to parents/ other children may be required.

4. If referring, to whom? - Sometimes it may be necessary to refer some functions to other institutions/officers/individuals when intervening with the child that you have identified. Mention such references in this section.

Ex. If a mother has frequent unwanted pregnancies she should be referred to the Family Health Service Officer for family planning.

5. Responsibility – there should be an assigned person to take responsibility in this care plan to intervene for the problem that you have been identified.

Ex. . If a mother has frequent unwanted pregnancies for that she should be referred to a Family Health Service Officer for family planning – Responsibility for this could be assigned to the Women Development Officer. Although the task is carried out by the Medical Health Office/ Family Health Service Officer, assigning the relevant intervention and investigation to a person in our unit, will make it easier for the implementation of the plan.

6. Sponsorship – it may not be possible to carry out certain tasks only from resources which we possess. In such situations, sponsorship from the outside will have to be obtained.

Ex. Admitting the child to school – obtaining the contribution of donors to purchase the school supplies.

7. Time/Time period - once the interventions/references are made to the problem that you have identified, the time /time period taken to complete that work, by the relevant responsibility-assigned persons, needs to be mentioned.

Ex.:- If a mother has frequent unwanted pregnancies, she should be referred to a Family Health Service Officer for family planning – for this task, by taking an appointment from the doctor and up to referring the beneficiary lady to him and the time taken to this whole process need to be mentioned.

8. Other: - Note down any special points if any, to be mentioned in connection to all the tasks included in the plan.
9. Note down the dates on which Family Group Conferences, Case Conferences held.

Details on conducting Family Group Conferences/ Case Conferences

Maintain a formal record relevant to the child within the files on conducting Family Group Conferences/ Case Conferences. Attach a list of signatures of the participants who participated in the family group conferences and responsibility assignment note, to the file.

Form:-

Date of conducting the Family Group Conference – Time - Venue –

1. List of Signatures

Name	Kinship to the child	Signature

2. Decisions taken at the Family Group Conference

Identified problem	Decisions taken	Responsible person	Time	Kinship to the child	Signature	Other

Maintain a record of the names, Institution, designation, telephone number of the participants who participated in the Case conferences within the file relevant to the child. Mentioning these details formally will be helpful in the continuous follow-up activities as well as to provide services in cases of the transfers of the officers.

Also, get the confirmation of the responsibility of the decisions taken at the Case Conference by taking the responsible person's signature on the document. If the task was not achieved within the time limit Case Manager should investigate the reason for that.

Form:-

1. Date on which the Case Conference was held; Time; Venue:

Name	Designation	Institution/Organization	Telephone No.	Signature

2. Decisions taken at the Case Conference

Identified problem	Decisions taken	Responsibility assigned person	Time	Designation	Institution	Signature

Follow –up of Care Plan DPCCS –CAM 4

Use the Registration Code and the Case Manager’s Code exactly the same manner as in the DPCCS – CAM 1, 2, 3

Follow –up Methodology – if entries were made under several methods/method mark all of them
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1. Identified problem – this format should be filled with respect to the problems mentioned by you in **DPCCS – CAM 3**
2. The intervention made – this form should be completed with respect to the interventions made by you relevant to the problems mentioned in the **DPCCS –CAM 3**
3. Outcomes of the intervention – accordingly, although you carried out correct interventions, sometimes under certain circumstances the interventions may be unsuccessful, where it is out of your control. Therefore, mention the progress of the outcome that was achieved within the intervention.
4. Reasons if it was a failure - accordingly mention the reasons that affected the failure.
5. Future plans - proposed alternative plans to make the failed task a success /the proposed plans to make the moderately successful works more successful

Ex: - (Filling up a Follow-up form)

Identified problem	Intervention carried out	The outcomes of the intervention successful, unsuccessful or neutral			Reasons if unsuccessful	Future plans
		To the child	To mother/father or caregivers	To other children		
1.child not going to school	1.refer for counselling 2.sending to school 3.providing school supplies	Successful	Successful	-	-	1.Preparation of a development plan for the child 2.continuous follow-up
2.Disarray at home	1.make a consent with the family members to arrange the home	Successful	Successful	Unsuccessful	Leadership is not taken up by the mother	1. assign the tasks to the family by discussing once again the dates that can be

	2.Raise awareness on house management					completed the task 2. To make the follow-up on the due date get the help of a Development Officer.
3 Insecurity at home e (No door to child's room)	1.refer to the Department of Probation and Child Care Services. 2. Get the assistance of a carpenter of the village	successful	-	-	-	1. Training to manage the money earned by the father. 2.Enrollment of children to Children's Club

1. Outcomes of the intervention:-

If you have done the right interventions, sometimes the interventions may fail under circumstances beyond your control. So record the progress achieved in the intervention here.

2.Reasons if failed – Accordingly note down the reasons that contributed to the failure. If the intervention you have made is successful, record the indicators that show the success, for example the child's intermittent schooling is identified as one of the problems related to the child you have identified, if the child goes to the school intermittently during your intervention ,that is the indicators that shows the success of the intervention.

3.Plans Suggested alternative plans to succeed the failed task /Moderately successful.