|  |
| --- |
| **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 [ ]  NOPhone number:Current location – Country:Current location – Address: | **Currently in contact?** [ ]  YES [ ]  NOPhone number:Current location – Country:Current location – Address: | **Currently in contact?** [ ]  YES [ ]  NOPhone 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 [ ]  NODetails 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 [ ]  NOPrior BIA date: DD/MM/YYYYPrior BIA conducted by: Name: Organisation |
| Has a BID previously been conducted for the child? [ ]  YES [ ]  NOPrior BID date: DD/MM/YYYYPrior 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 [ ]  NODoes the child (or caregiver if appropriate) give informed assent or consent to receive case management services? [ ]  YES [ ]  NODoes the child (or caregiver if appropriate) give informed assent or consent to share information with other organizations for service provision? [ ]  YES [ ]  NODoes 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:** |