



Child Protection Specific Risk Assessment and Case Prioritization Tool

Definition of Risk Concept:

Risk is the likelihood that a hazard will happen, its magnitude and its consequences; the probability of external and internal threats (e.g. armed attacks, natural disasters, gender-based violence, child-specific forms of persecution) occurring in combination with individual vulnerabilities (e.g. poverty, disability, membership of a marginalized group)¹. **The risk assessment helps us to determine the nature and extent of risk by considering potential hazards and existing conditions of vulnerability that together could harm children and their families.**² The level of urgency for intervention can range from “Emergency” to “No Risk”.

Resource:

Inter-Agency Case Management and Child Protection Guidelines – Global Protection Cluster (2014)

UNHCR, Best Interests Procedure Guidelines, May 2021

Istanbul Child Protection Sub-Working Group, Child Protection Specific Risk Assessment and Case Prioritization Guide, June 2019

SET Child Protection Sub-Working Group, Child Protection Specific Risk Assessment and Case Prioritization Guide (Draft), December 2019

	Priority Level				
	Emergency	High Priority	Medium Priority	Low Priority	No Risk
Description	<i>Child is seriously harmed, and/or is at serious risk of immediate grave danger.</i>	<i>Child significantly harmed or at serious risk of harm; urgent response and frequent follow up required.</i>	<i>Child harmed or at risk of serious future harm; response and follow up required.</i>	<i>Child at risk of harm; monitoring required. Or child no longer a “Medium Priority” but monitoring required to ensure harm removed and positive wellbeing of the child.</i>	<i>Child no longer at risk; no further monitoring required.</i>
	Note: <i>Immediate</i> action might be needed in cases where there is an				

¹ Inter-Agency Guidelines For Case Management and Child Protection, January 2014, available at: http://www.cpcnetwork.org/wp-content/uploads/2014/08/CM_guidelines_ENG_.pdf and UNHCR, Best Interests Procedure Guidelines, May 2021, available at: <https://www.refworld.org/docid/5c18d7254.html>

² Ibid.



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National Child Protection Sub-Working Group Child Protection Specific Risk Assessment and Case Prioritization Tool

	<p><i>immediate</i> threat to life, physical integrity and health; the injury requires <i>immediate</i> attention, or the issue requires <i>immediate notification and documentation</i> (such as cases of on-going sexual abuse, or be permanently disabled, trafficked, or die if left in his/her present circumstances without protective intervention)</p>				
<p>Response & follow-up time frame</p>	<p><u>Recommended response:</u></p> <ul style="list-style-type: none"> - Immediate and latest within 24 hours - Immediate initiation of protection mechanisms 	<p><u>Recommended response:</u></p> <ul style="list-style-type: none"> - Within 24-48 hours; with twice per week follow-up <p>Assessment and case planning to be conducted within one week</p>	<p><u>Recommended response:</u></p> <ul style="list-style-type: none"> - Within 1 week; with weekly follow-up <p>Assessment to be conducted within 2 weeks and planning within one month</p>	<p><u>Recommended response:</u></p> <ul style="list-style-type: none"> - Monitoring required to ensure positive wellbeing of the child and harm is removed <p>Assessment and planning to be conducted within 1 month.</p>	<p>No action or further monitoring required; case closure recommended.</p>

Notes:

The priority might increase with multiple protection concerns at **Medium** and **Low** Priority combined. The priority might also increase with multiple vulnerability factors present. For cases where multiple protection concerns at different priority levels are present, the higher priority should be selected.

The frequency of follow-up needs to be adapted according to the situation. In Emergency/High Priority cases, the follow-up frequency may even be daily if required to ensure protection of the child. Even if the case is assessed to be at No Risk, a new protection concern may arise in the future which would require the re-assessment of the priority of the case.



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National Child Protection Sub-Working Group
Child Protection Specific Risk Assessment and Case Prioritization Tool

Type of Harm	Emergency	High Priority	Medium Priority	Low Priority	No Risk
Physical Violence Including domestic violence	<p>Child under 5 with corporal punishment or worse</p> <p>Excessive corporal punishment with the potential/has led to serious injury</p> <p>Children are the subject of the threat of killing or injuring</p> <p>Severe injuries including war injuries</p> <p>Child witnessing physical abuse where the caregiver got seriously injured</p> <p>Indicators of gender-based violence and/or physical abuse, (i.e. physical indicators such as lacking limbs, having bruises, wounds, etc. and/or behavioural indicators based on observation)</p>	<p>Infant or toddler injured in domestic violence incident or in gender-based violence incident</p> <p>Child subject to excessive corporal and/or physical punishment</p> <p>Child subject to excessive physical abuse based on constant bullying, including school environment</p>	<p>Threats of violence or injury (requiring simple medical treatment)</p> <p>Dangerous and reckless behavior</p> <p>Sporadic disputes which turn violent (This can also be considered “High Priority” depending on the situation)</p> <p>Child is witnessing physical abuse and/or domestic violence and is strongly affected by it (This can also be considered “High Priority” depending on the situation)</p>	<p>Threats to injury are there, but low (e.g., protective network is active)</p> <p>Non injurious, occasional corporal punishment</p> <p>There has been sporadic disputes and violence, but the child is over 15 and has support networks</p> <p>Non-sporadic disputes</p>	<p>No violence is present or the factors causing the harm have been addressed or removed, such as person causing harm no longer has contact with the child, children are not witnessing domestic violence, child/family/caregiver is no longer in need for support and/or children/family/caregiver know and benefit from complaint mechanisms</p>



National Child Protection Sub-Working Group
Child Protection Specific Risk Assessment and Case Prioritization Tool

<p>Sexual Abuse³ and Exploitation</p>	<p>The child has been sexually abused in the last 72 hours and urgent medical attention is needed to safeguard evidence</p> <p>Any sexual contact between a child and an adult or two children, particularly where the perpetrator is from the family or perpetrator has access to the survivor child and/or the child's family/caregivers or close community has access to/are in touch with the perpetrator with perpetrator posing a significant threat</p> <p>Strong indicator of potential risk (e.g., behaviors based on observation) or serious threats of sexual abuse from family/caregivers/ community</p> <p>Child is engaged/promised to be married with high probability in near future</p> <p>Children sexually abused and/or exploited creating/leading to life threatening circumstances, with a prioritization for</p>	<p>The child has been sexually abused in the past and not received any support or the support was received but there are lingering effects that require further intervention</p> <p>Child is engaged and/or has been informed that s/he would be married in the near future</p> <p>Child is systematically subjected to online sexual abuse</p>	<p>Sexual contact between children that goes beyond what is considered normal exploration</p> <p>Children witness sexual interactions between adults, parents (e.g., persistence, sleeping in the same room)</p> <p>Threats of sexual violence towards the child and/or within the domestic environment</p>	<p>The child has been sexually abused in the past and is receiving adequate support</p>	<p>The child and family/caregiver have received support and there are no sexual harm factors present</p> <p>Person causing harm no longer has contact with the child</p> <p>Child/family/caregivers no longer in need for support (except child marriage cases which requires monitoring until the child reaches the age of maturity)</p>
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³ An unofficial 'marriage' with a child is considered as child sexual abuse under the Turkish Criminal Code. Any marriage with a child conducted unofficially should be considered and must be acted on as child sexual abuse in line with relevant Turkish legislation. See more at Definitions and Explanations of Key Terms at the end of this document.



Inter-Agency
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National Child Protection Sub-Working Group
Child Protection Specific Risk Assessment and Case Prioritization Tool

	<p>toddlers and young children.</p> <p>Sexual exploitation (not necessarily penetration, can also include verbal and other sexual activities)⁴</p>				
<p>Emotional Abuse</p>	<p>Child is persistently and/or severely exposed to threat to life</p>	<p>Child is being persistently and/or severely belittled, isolated, insulted or humiliated by a significant family member, caregiver, teacher, other adult(s) or children within their immediate environment</p> <p>Child is persistently being exposed to conflict-based family atmosphere including any type of physical and emotional abuse</p> <p>Child is persistently and/or severely treated unfairly and exposed to any type of discrimination (from verbal discrimination, including bullying, to behavioral marginalization) by any of the family members/caregivers or any other community members</p>	<p>Child is significantly belittled, insulted, isolated, or humiliated by a significant family member, caregiver or humiliated by a teacher, other adult(s) or children within their immediate environment</p> <p>Child is systematically belittled with regards to her/his attire, the manner they physically express themselves based on gender norms</p> <p>Emotional abuse from community or other children</p> <p>Peer and other bullying</p>	<p>Child is treated differently than other siblings and parent/caregiver or another relevant person is negative towards the child</p>	<p>Factors causing emotional harm have been addressed, the child and parents/caregivers received support and they are no longer in need for support</p>

⁴ Acts of sexual exploitation can include use of children for prostitution or pornography, forcing the child to watch/expose the child to any sexual acts, images or sexual violence, including via digital channels, photographing a child in nude or sexual poses, sharing or threatening to share the pictures of the child, broadcasting of child sexual abuse to viewers and sending the children unwanted nude photos or flashing on webcam.



National Child Protection Sub-Working Group
Child Protection Specific Risk Assessment and Case Prioritization Tool

		due to her/his social identities (sexual orientation, nationality, ethnicity, religious, etc.) or any type of disability (mental, developmental, physical) or any other mental health conditions.			
Neglect⁵	<p>Serious injury or illness due to neglect (e.g., malnutrition with no apparent causal factors or where no response has been undertaken by the parent/caregiver to try to address the situation, particularly malnutrition of children under 5)</p> <p>Children 11 years of age and younger⁶ isolated/regularly left alone at home without adult care with additional vulnerabilities, such as medical issues (This is interchangeable with “High Priority” depending on the additional vulnerabilities)</p> <p>The parent/caregiver is using drugs and/or alcohol</p>	<p>Parent/caregiver emotionally neglecting the child and not providing support (e.g., by locking him or her up, keeping him or her isolated, not issuing IDs, not meeting healthcare needs)</p> <p>The child is often left to look after themselves or others, abandoned, or is undertaking tasks beyond his/her developmental capacity, that risk causing immediate harm or preventing the child to meet developmental milestones</p> <p>Persistent illnesses and frequently hungry without food</p> <p>Out of school children 12</p>	<p>The child is often left to look after themselves or others, or is undertaking tasks beyond his/her developmental capacity</p> <p>Lack of supervision</p> <p>Failure to protect</p> <p>Inadequate basic care</p> <p>Parents/caregivers are emotionally distant and no or little support is present⁷</p> <p>Out of school children above 12</p>	<p>Parents/caregivers are emotionally distant but adequate and sufficient protective factors are activated (e.g., support from other family members)</p> <p>Caregivers choose to keep children out of school if 13 or older</p> <p>Child at risk of not attending school due to neglect from parents/caregivers</p> <p>Failure to vaccinate</p> <p>Support is being received (e.g., parenting courses, individual PSS); however, monitoring is required</p>	<p>The child’s basic needs are being met and the parent/caregiver is emotionally available</p> <p>Child and family/caregivers are no longer in need for support</p>

⁵ Priority level will depend on intention of parent/caregiver and the motivation to address the situation to the benefit of the child. If the parent/caregiver struggles to meet the child’s needs due to e.g., socio-economic factors and refuses support to change the situation, this will higher the priority.

⁶ As children under five may not be able to articulate on this issue, case workers may look for indicators of being left alone when conducting an assessment with young children.

⁷ This would require a comprehensive assessment of the best interest of the child.



National Child Protection Sub-Working Group
Child Protection Specific Risk Assessment and Case Prioritization Tool

	<p>that poses a high-risk threat to the child’s survival and/or development</p> <p>Abused child is hidden by the caregiver, whether the perpetrator is the caregiver or another person</p>	<p>or younger</p>			
<p>Exploitation</p>	<p>Child involved in worst forms of child labor, including sexual exploitation.</p> <p>All forms of slavery or practices similar to slavery, including sale or trafficking of children, forced or compulsory labor, forced or compulsory recruitment of children to serve in armed forces</p> <p>Use of children for illicit activities such as drug trafficking</p> <p>Children involved in organized and forced begging</p> <p>Children involved in hazardous work with priority given to children</p>	<p>Child and young workers engaged in labor prohibited by law⁸</p> <p>Child under 14 forced to work⁹</p> <p>Child is persistently and/or severely exposed to radicalization/radicalism</p> <p>Unaccompanied children working in seasonal labour</p> <p>Children who crossed the borders in groups or on their own and forced to work</p> <p>Children being exploited in return of financial gains</p> <p>Children responsible to meet household income</p> <p>Jobs where children cannot</p>	<p>Child completed 14 forced to work (including forced to do domestic labor)</p> <p>Where doubts prevail regarding the caregiver’s true relationship with the child</p> <p>Exposure to radicalization/radicalism</p>	<p>Child at risk of not attending school as a consequence of exploitation</p> <p>Parents are threatening to send the child to work and/or take out of school</p> <p>Child over 14, and engaged light work permitted by law (e.g., if the child is going to school, employment may not necessarily need to be terminated)</p> <p>Child is over 14 and engaged in apprenticeship programs with few risk factors</p>	<p>The child is no longer working, necessary support is provided to ensure the child does not return to work</p> <p>Child/family/caregiver is no longer in need for support</p>

⁸ Legal framework also defines “child” worker and “young” worker. “Child” worker is a child who has completed the age 14 but not yet 15. Also, those who have completed primary school education. “Young” worker is those who have completed the age of 15, not yet 18. High Priority should therefore include child and young workers engaged in work they are not allowed to as defined by the law.

⁹ Priority level is highly dependent on age and protective factors surrounding the child.



National Child Protection Sub-Working Group
Child Protection Specific Risk Assessment and Case Prioritization Tool

	working on the streets/begging; small-medium scaled enterprises under arduous/hazardous conditions; seasonal/mobile, temporary agricultural work, construction work, metal industry	return to their families at the end of work and/or jobs with no rest time			
Psychosocial distress Parents are not cooperative, or protective and/or other services are unavailable	<p>The child has attempted suicide or is self-harming</p> <p>The child has intense violent behaviors or other very risky behaviors:</p> <ul style="list-style-type: none"> - Severe self-harm - Run-away child (repeated or attempted) - Harmful to others <p>The child is using drugs and/or alcohol that poses a high-risk threat to his/her survival/development</p>	<p>Child has stopped communicating/speaking</p> <p>The child's sense of reality is severely affected¹⁰</p> <p>Parent/caregiver is not able to protect the child, due to own mental health or psychosocial distress issue (This can also be considered "Emergency" depending on the situation)</p> <p>Suicide ideation</p> <p>The child under 14 years has moderate use of drugs and/or alcohol</p>	<p>Displaying emotional distress and difficulties learning and socializing</p> <p>The child's social skills, ability to self-care and retain school attendance is significantly impaired</p> <p>The child becomes frequently absent minded</p> <p>The child has distressing flashbacks</p> <p>Risk of dropping out of school due to the PTSD, etc.</p> <p>Child is demonstrating signs of distress¹¹ (e.g., bed wetting, often crying and/or sad, aggressive behavior, unexpected and</p>	<p>The child is sad and withdrawn</p> <p>The child shows other common signs to distress; however, the family/caregiver is able to support but supervision, mentoring and/or support is still needed</p> <p>The family/caregiver is able to deal with own mental health or psychosocial distress, but situation is not yet stable</p>	<p>The child's psychosocial wellbeing is restored; the child is engaged in a range of activities and is not displaying behaviors of concern. The child and/or family/caregiver is no longer in need for support.</p>

¹⁰ These may include observations such as difficulty telling dreams from reality or ideas that seem real but not based in reality; however, any diagnosis should be undertaken by qualified psychiatrist and other mental health professionals/counselors.

¹¹Please note that many of the signs of distress are common and normal, after a child has experienced traumatic event(s). Most of the signs will go away with adequate care and support from caregivers, families, and other important people in the child's network. Children in age group 0-4 to traumatic events may include showing changes in eating or sleeping patterns, increase in crying and irritability and older children may regress to younger behavior. Children of ages 6-12 may talk about a traumatic event repetitively. Older children may show increased risk taking.



Inter-Agency
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Turkey

National Child Protection Sub-Working Group Child Protection Specific Risk Assessment and Case Prioritization Tool

			<p>intense phobias, sleeping and concentration problems, suddenly behaving much younger than age)</p> <p>The child is self-harming, but protective factors are preventing critical harm</p>		
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Type of Vulnerabilities

Definition of Vulnerability:

Vulnerability is the physical, social, economic and environmental factors that increase the susceptibility of a community or individuals to difficulties and hazards and that put them at risk as a result of loss, damage, insecurity, suffering and death.¹² The more vulnerability factors are combined, the higher priority/urgency.

Type of Vulnerability	Emergency	High Priority	Medium Priority	Low Priority	No Risk
Unaccompanied and separated children (UASC)	<ul style="list-style-type: none"> Unaccompanied child, particularly under 15, without support and/or caregiver and no protective factors UASC under 5 (with or without caregiver) Unaccompanied child who has entered Turkey for medical assistance or has a disability Separated child under suspicious care, experiencing abuse, neglect, or exploitation (e.g., various forms of gender-based violence, including early marriage; adolescent pregnancy; child parent; child labor) 	<ul style="list-style-type: none"> Unaccompanied child, above 15, without support and/or caregiver and no protective factors Unaccompanied child, below 15, with access to some protective factors UASC with Medium Priority harm factors Child unable to remember identity (e.g., infants) UASC who cannot/or do not want to be placed under institutional care and consequently do not have access to basic care Child head of household above 15 	<ul style="list-style-type: none"> UASC in vulnerable care arrangements (e.g., vulnerable caregiver, high number of young children, issues with gender or ethnicity) Unaccompanied child, above 15, with access to some protective factors Separated child, under 15, with known or unknown family Female UASC with unknown family Unaccompanied child with difficulties reintegrating the community Separated child who has entered Turkey for medical assistance 	<ul style="list-style-type: none"> Unaccompanied children with caregivers and no additional protection issues Separated children without protection issues Separated child over 15 with family location known or unknown UASC who have had Best Interest Assessment (BIA) and/or Best Interest Determination (BID) completed, have had adequate action taken and/or who have caregivers, and their needs are being met Separated child with identity documents registered under uncle/aunt 	<ul style="list-style-type: none"> The child is being adequately cared for and the situation has been monitored for several weeks with no issues arising, no risk or vulnerability factors are present The child having a legal guardian and main needs of the child are met

¹² Inter-Agency Guidelines for Case Management and Child Protection, January 2016, available at: http://www.cpcnetwork.org/wp-content/uploads/2014/08/CM_guidelines_ENG_.pdf



Inter-Agency
Coordination
Turkey

National Child Protection Sub-Working Group
Child Protection Specific Risk Assessment and Case Prioritization Tool

	Child head of household (15 or younger) leading to urgent protection situation of the child/children			or other family member	
Children who identify as Lesbian, Gay, Bisexual, Transgender or Intersex (LGBTI+)	<p>Unaccompanied and separated children who identify as LGBTI</p> <p>Children who identify as LGBTI with no support, abused/bullied or at risk of abuse and/or bullying</p> <p>Children who identify as LGBTI with no safe accommodation available</p>	<p>Child being compelled to conceal their sexual orientation and/or gender identity, due to fear of rejection, abuse and/or violence</p> <p>Threats and rejections from the family/caregiver and honor-related violence</p> <p>Risk of forced marriage</p> <p>Harassment, threats and insults in daily life, in the street, in school area and at other service sites such as health care clinics</p> <p>Intersex babies or children forced to undergo medical treatment or procedure without their informed consent and consciousness</p> <p>Child experiencing significant mental and/or physical health distress with difficulty in daily activity coping and no support is available</p>	<p>Community support available through LGBTI or NGO networks (even if the family poses a threat to safety and security)</p> <p>Child experiencing significant mental and/or physical health distress with difficulty in daily activity coping, but with support network of relatives and friends</p>	<p>Community or state support available and/or family provides adequate protection</p> <p>LGBTI children who have had BIA and BID completed, have had adequate action taken and/or who have caregivers, and their needs are being met</p>	<p>The child is being adequately cared for and the situation has been monitored for several weeks with no issues arising</p>
Child survivor of severe traumatic event	Unaccompanied child under 15	Child and/or family/caregiver experiencing significant	Child is receiving limited support	Child is receiving adequate support and has access to specialized mental health	Child/family/caregiver is no longer in need for support.



National Child Protection Sub-Working Group
Child Protection Specific Risk Assessment and Case Prioritization Tool

<p>Including children associated with armed forces and armed groups, victim of torture</p>	<p>Unaccompanied and separated child under suspicious care, experiencing abuse, gender-based violence, or neglect, and children on the move</p>	<p>mental and/or physical health distress and unable to cope with daily activities, such as schooling and parenting – and minimal family or support network</p> <p>Child and/or immediate family member with history of self-harm or violence</p> <p>Child was previously associated with armed groups or armed forced and no support of services provided</p>	<p>Child and/or family/caregiver experiencing significant mental and/or physical health distress with difficulty in daily activity coping, but with support network of relatives and friends</p>	<p>and protection services; however, is in need of continued monitoring</p> <p>Child was previously associated with armed groups and armed forced but accessing support and in a safe family environment; however, is in need of monitoring</p>	<p>Family support/network is available</p> <p>Child/family/caregiver benefit from available social assistance mechanisms</p>
<p>Child Exposed to Marriages¹³ Including those at risk and/or engaged</p>	<p>Child who has not yet completed the age of 15</p> <p>Child forcefully¹⁴ married or engaged</p> <p>Child (including above 15) who has an urgent protection need and/or abuse is identified or under immediate threat to life</p> <p>Child with suicidal tendencies due to forced marriage</p> <p>Child is promised to be</p>	<p>Married child between 16-17, the marriage is not legal, either both are children or there is a significant age gap between the child and the spouse</p> <p>Child is engaged and/or has been informed that s/he would be married in the near future</p> <p>Child has completed age of 16 and officially married with his/her own consent</p>	<p>Married child between 16-17, has not been forced to marry, has access to rights and services, support mechanisms (including within the family) are available¹⁶</p> <p>Officially married in country of origin and there is mutual consent for ongoing sexual intercourse and the child has not been forced to marry¹⁷</p>	<p>Child is officially married in Turkey (child is between 16-17 and has legalized marriage either through Courts or through parental consent) and child has not been forced to marry¹⁸</p>	<p>Child marriage cases will require monitoring until the child reaches the age of maturity</p>

¹³ See footnote 3 under Sexual Abuse and Exploitation section.

¹⁴ Not necessarily only physically compelling the child into marriage, but also depriving them of all developmental and educational opportunities and exposing 'marriage' as the only viable option by parents/caregivers.



National Child Protection Sub-Working Group
Child Protection Specific Risk Assessment and Case Prioritization Tool

	<p>married in the following days or child promised to married and will move out of the area (e.g., to country of origin)</p> <p>Married child who has additional protection needs (e.g., disability, violence, abuse, neglect, exploitation, marital rape) and cannot benefit from/is not aware of protective factors/support mechanisms (including within the family) (This can also be considered “High Priority” depending on the situation)</p>	<p>as governed by relevant legislation¹⁵; however, cannot benefit from support mechanisms (including within the family)</p>			
<p>Adolescent pregnancy/Child parent</p>	<p>Unaccompanied adolescent pregnancy/child parent (with or without caregiver)</p> <p>Child parent or pregnant child at the age of 15 or younger</p> <p>Pregnant child or lactating child parent because of sexual violence and does not have family support</p>	<p>Pregnant child who has not yet undergone medical check-up and/or do not have access to comprehensive services such as health care and legal services</p> <p>Adolescent pregnancy/child parent with “Medium Priority” harm factors</p>	<p>Adolescent pregnancy/child parent with psychosocial distress and difficulties with community and family reactions or low levels of support</p>	<p>Adolescent pregnancy/child parent with family support</p> <p>Pregnant child benefitting from formal health services</p>	<p>Adolescent pregnancy/child parent with significant family support and networks</p>

¹⁶ This can only be determined once a comprehensive assessment of the best interest of the child has been made.

¹⁷ This can only be determined once a comprehensive assessment of the best interest of the child has been made.

¹⁸ This can only be determined once a comprehensive assessment of the best interest of the child has been made.

¹⁵ According to the Article 14 of the Regulation on Marriage, children who completed the age of 17 may marry with the consent of their parents and in their absence with the consent of their legal guardian, and children who complete the age of 16 may only marry if granted permission by a court decision.



National Child Protection Sub-Working Group
Child Protection Specific Risk Assessment and Case Prioritization Tool

		Child parent or pregnant child who has completed age 15, with irregular access to health services and/or who is benefiting from informal health services			
Child disabled or chronically ill	<p>Child with life-threatening medical condition in need of life or limb-saving medical intervention</p> <p>Child with a life-threatening or urgent medical condition in need of treatment or intervention and no access to specialized services and family and community support</p>	<p>Child with new/recent disability (including disability not diagnosed yet)</p> <p>The child with a physical disability or severe chronic illnesses with no access to specialized services, including special education, and/or in need of medical equipment</p> <p>Child with an intellectual disability or neurodevelopmental disorder (limitations in both intellectual functioning and in adaptive behavior) and has no access to specialized services, including special education</p>	<p>Child and family/caregiver are not accessing the support that they need</p> <p>Child disabled or chronically ill (particularly with challenging behaviors)</p> <p>Child with severe mental disability</p> <p>The child with an intellectual disability or neurodevelopmental disorder or and has no access to specialized services, including special education, but has access to family & community support</p>	Child is receiving family/caregiver and specialized support	Child disabled or chronically ill but has significant family/caregiver support and the child and family/caregiver are accessing all the supports that they need
Access to services and legal status Including registration and custody issues	<p>Children with no registration/status and with urgent medical needs, or other urgent protection and legal needs</p> <p>Unaccompanied children</p>	<p>Child in conflict with the law (arrested or detained) or child under probation</p> <p>Child in contact with the law (e.g., child victims of a crime, survivors and</p>	<p>No registration/status facilitating access to protection or no access to services</p> <p>Child with disputed custody issues, such as no clear</p>	<p>No personal identity documents or no birth registration with no protection risk at the moment but with a potential protection risk</p>	<p>Has both personal identity documents and registration/status and no problems exist with access to services</p> <p>Children has no problems</p>



Inter-Agency
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National Child Protection Sub-Working Group
Child Protection Specific Risk Assessment and Case Prioritization Tool

	<p>with no registration/status</p> <p>Child at risk of deportation or in Removal Centers, including those unaccompanied children determined to be over 18 following age assessment</p>	<p>witnesses)</p> <p>Children with no identity documents, no International Protection or Temporary Protection registration/status, no access to services with risk (Medium Priority) factors</p> <p>Children with no access to both formal and non-formal education (irrespective of legal status)</p> <p>Children dropped-out from school due to various challenges such as inappropriate school level, language barrier, quality of education or peer bullying, etc.</p> <p>Children with existing medical needs but have no access to health services due to social insurance de-activation and/or rejection of international protection application</p>	<p>custody arrangements, etc.</p> <p>Children with no access to formal education; however, have access to non-formal education (irrespective of legal status)</p> <p>Children in need of legal aid due to various issues but have difficulty accessing legal services of Bar Associations (The priority area of this category may change depending on the legal issue faced).</p>	<p>Children with access to formal education; however, at risk of dropping-out due to various challenges such as inappropriate school level, language barrier, quality of education or peer bullying, etc.</p> <p>Children with no existing medical needs but have no access to health services due to social insurance de-activation and/or rejection of international protection application</p>	<p>to access formal education</p>
<p>Child-headed, female-headed or elderly headed household</p>	<p>Children 11 years of age and younger isolated at home without adult care with additional vulnerabilities, such as medical issues (This is</p>	<p>The child is often left to look after themselves or others, abandoned, or is undertaking tasks beyond his/her developmental capacity, that risk causing</p>	<p>The caregiver has specific vulnerabilities of his/her own which impact on ability to protect the children</p> <p>UASC in vulnerable care arrangements (e.g.,</p>	<p>Support being received but monitoring is required</p>	<p>Head of household is not a child and primary caregiver receives adequate support to protect children. No risk factors are present.</p>



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National Child Protection Sub-Working Group
Child Protection Specific Risk Assessment and Case Prioritization Tool

	interchangeable with “High Priority” depending on the additional vulnerabilities)	<p>immediate harm or preventing the child to meet developmental milestones</p> <p>The caregiver has significant vulnerabilities (e.g., severe disability, illness) of his/her own which impact on ability to protect the children under 13</p> <p>Children under 15 and engaged in child labor and/or caretaking responsibilities (including to disabled members of household)/exposed to exploitation</p> <p>Children above 15 and engaged in child labor/exposed to exploitation with higher risks</p>	<p>vulnerable caregiver, high number of young children, issues with gender or ethnicity)</p> <p>Children above 15 and engaged in child labor/ exposed to exploitation with lower risk</p>		
Socio-economically vulnerable household/poverty		<p>Household cannot meet their basic needs on daily basis and do not benefit from any economic support mechanisms</p> <p>Child at risk and no access to specialized services due to economic problems</p>	<p>Household cannot frequently meet basic needs and/or benefited economic support mechanism(s) are not sufficient</p> <p>Child at risk and limited access to specialized services due to economic problems</p>	<p>Household cannot occasionally meet their basic needs</p> <p>Child at risk due to economic problems, but mostly have access to specialized services</p>	<p>Household can meet their basic needs and have access to services</p>



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<p>Child/family history of violence, mental health conditions or disorders, addiction¹⁹</p>	<p>There is a current behavioral risk of doing harm to children (child/family members might be in a psychotic relapse²⁰ or showing off any early severe signs of it).</p> <p>There is a current environmental risk of doing harm to children (e.g., high conflict family or inconsistent and unpredictable family environment)</p>	<p>Child/family history is severely impacting on the caregiver's ability to meet the child's needs</p> <p>There is a story of doing harm to children and/or engaging in self-harm such as suicide attempts, physical damage</p> <p>Even though there is not any acute psychological crisis or distress, there are significant forms of neglect²¹ to children's physical, emotional and developmental needs due to the caregiver's mental health situation.</p>	<p>Child/family history is somewhat impacting on the parent/caregiver's ability to meet the child's needs</p> <p>There is a mental health/violence history of family/children. There is neglect to children's need due to mental health issues of caregiver</p>	<p>There is a child/family history present, support is received but monitoring is required</p> <p>Limited engagement of child/family members with suggested social and protection services</p>	<p>There is a child/family history present but not impacting on the caregiver's ability to meet the child's needs. No risk factors are present.</p> <p>Despite the story of mental health issues, the required treatment is received. The caregiver is able to meet children's physical and psychological needs. Besides they are able to provide a consistent parenting and a conflict free family atmosphere. There is no harmful behavior towards children</p>
<p>Child/family history of single/multiple displacement(s)</p>	<p>The child is unaccompanied currently, has gone through multiple displacements, and there is a significant risk for further displacement</p>	<p>Family has gone through multiple displacements, child was UASC in the process and there is a significant risk for further displacement</p>	<p>Family has gone through multiple/single displacement(s), child was UASC, there is low risk for further displacement but there are some protection concerns</p>	<p>Family has gone through displacements but there is no risk for further displacement; however, monitoring is required to ensure sustained protection of the child</p>	<p>There is a history of displacement but not impacting on the family's/caregiver's ability to meet the child's needs. No risk factors are present.</p> <p>Family can cope with discrimination and any</p>

¹⁹ Addiction and mental health related conditions: Including either the conditions or the diagnosis of substance related, depressive, anxiety, mental, personality and schizophrenia and other psychotic disorders

²⁰ Common early signs of psychotic relapse: Hallucinations, suspiciousness, change in sleep, anxiety, cognitive inefficiency, hostility, somatic symptoms, delusions, thought disorder, inappropriate or harmful behaviors, and depression

²¹ Certain signs of child neglect include but not limited to failure to thrive, malnutrition, severe dehydration, ongoing and untreated illnesses, and exposure to harm, maltreatment, inconsistent parenting, low level of language, cognitive and behavioral functioning of the child



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					form of family conflict and has heightened bicultural competencies.
Children deprived from liberty	A child is in any form of detention or imprisonment or the placement in a public or private custodial setting in which the child is not permitted to leave at will by order of any judicial, administrative, or other authority and the child will be at high risk of violence, sexual abuse, including acts of torture and cruel, inhuman or degrading treatment or punishment	The child has detention or imprisonment experience and still at risk of involving in crime and in need of social re-integration A child is at risk of detention or imprisonment or the placement in a public or private custodial setting	A child is in any form of administrative control or in a public or private custodial setting which that person is not permitted to leave at will by order of any judicial, administrative, or other authority	The child has detention or imprisonment experience and has a low risk of involving in a crime and in need of social re-integration	The child has a detention or imprisonment experience in the past, but is currently together with the family/caregivers, and has access to services, and receives adequate support from caregivers