



Home Thrive Scale™

To be completed prior to reintegration, upon the child's reintegration, and updated at every follow-up visit by the social worker/case worker post-reintegration (1st month, 3rd month, 6th month, 1st year, 1.5 years, up to 2 years minimum)

Child's Name _____ Age _____ Gender _____

Address _____

Caseworker's Name _____

Date of Assessment _____ In-person Visit/Remote _____ Time since last Assessment _____

Type of Visit: (check what applicable) Pre-Reintegration _____ At-Reintegration _____ Post-Reintegration _____

Number of times this assessment has been conducted: _____

Type of Reintegration Option being Assessed	Mark X in appropriate category
Prevention of Separation	
Reintegration with Parents/Step Parents	
Kinship Care	
Foster Care	
Aftercare	
Semi-independent Living	
Group Living	
Other	Specify:

Household Family Member Name	Primary Caregiver? Yes/No	Relationship to child	Present during visit?

Child's thoughts on reintegration: *How does the child feel about overall reintegration (child wants to move to or continue to stay in the placement, doesn't want to be in placement, happy, upset, etc). Check child's routine and how they interact with others - how does child spend time, any exciting news or sad event which impacts him/her, relationship with family and friends, future aspiration and how the placement supports the same. Can observe or ask about any challenges, concerns, or coping issues they have.*

Family's thoughts on reintegration: *Focus on how they feel that child is going to/is placed as well as any challenges they might have, coping issues, any concerns regarding child's or family safety, any impact of placement of child. (Assessor's role is not just limited to observation but, if required, acknowledging and addressing the concerns and challenges to ensure family feels supported).*

FAMILY AND SOCIAL RELATIONSHIPS

CURRENT STATUS: <i>Consider the impact of important events such as recent death of parent/caregiver, recent separation/divorce, change in caregiver, etc</i>	In Crisis/Needs immediate attention	Vulnerable/Needs attention but not urgent	Safe/Attention Helpful, but not necessary	Thriving/No attention needed
<u>RED FLAG</u> Physical or Emotional Abuse in family – child or another family member is victim of physical/emotional abuse, bullying/cyber bullying, non-accidental injury, or domestic violence. Must rate In-Crisis (1) if child/ family is still victim of abuse & or abuser still has access to the child Rate Vulnerable (2) if there is history of abuse	1	2	3	4
<u>RED FLAG</u> Sexual abuse in family – child or another family member is victim of inappropriate touching, molestation, forced viewing of pornography, child grooming, cyber molestation. Must rate In-Crisis (1) if child/ family is still victim of abuse & or abuser still has access to the child Rate Vulnerable (2) if there is history of abuse	1	2	3	4
<u>RED FLAG</u> Child is victim or is at risk of child marriage	1	2	3	4
Relationships with extended family (can include financial or emotional support, childcare, etc)	1	2	3	4
Relationship with neighbors/community (support network, safety of neighborhood)	1	2	3	4

Parenting skills/parental guidance and support (Positive discipline, attachment behaviors, listening skills, or irresponsible parenting, discipline issues)_____	1	2	3	4
Parent/caregiver(s) capable of providing support to children requiring extra support such as teens, infants, children with behavioral/emotional/physical issues	1	2	3	4
Primary caregiver(s) young person (21 years or less) or elderly person capable of supporting the child/children	1	2	3	4
Child protection training and awareness of child protection risks and reporting procedures	1	2	3	4
Supportive of their children's rights (eg. right to privacy, be heard and participate in decisions that affect them, equal opportunities, lack of child labour/working child resulting in violation of child's rights, etc.)	1	2	3	4
For Foster Care: Contact with birth family (N/A if not assessing foster care placement)	1	2	3	4
Needs	Intervention		Progress	
<input type="checkbox"/> Relationship Counseling <i>May include counseling for marital issues, parenting issues, difficulty in relationships with peers or family members</i>				
<input type="checkbox"/> Counseling for issues such as anger management, anxiety, depression, behavioral issues, etc.				
<input type="checkbox"/> Counseling for abuse/trauma (child abuse, sexual abuse, etc.) <i>May include counseling for abuser and/or abuse</i>				
<input type="checkbox"/> Counseling for domestic violence <i>May include counseling for abuser and/or abused</i>				

<input type="checkbox"/> Support to connect with extended family		
<input type="checkbox"/> Parenting skills training <i>May include individualized training with SW or group classes; identify skills needed</i>		
<input type="checkbox"/> Assist with developing network in community		
<input type="checkbox"/> Need information on child protection risks and reporting procedures		
<input type="checkbox"/> Need education on importance of children's rights		
<input type="checkbox"/> Support for caregivers who are under 21 or very elderly		
<input type="checkbox"/> Other:		

HOUSEHOLD ECONOMY

CURRENT STATUS: <i>Consider the impact of important events such as recent death of parent/caregiver, recent separation/divorce, change in caregiver, etc</i>	In Crisis/Needs immediate attention	Vulnerable/Needs attention but not urgent	Safe/Attention helpful, but not necessary	Thriving/No attention needed
RED FLAG Secure income/employment - Employment can support the family's financial needs (Risk factor: Migratory workers, wage earners, farm laborer etc)	1	2	3	4
Adults have education/skills for employment	1	2	3	4
Ability to purchase supplies/tools for job	1	2	3	4

Access to transportation for job	1	2	3	4
Access to child care during working hours	1	2	3	4
Ability to provide food, clothing and household supplies for family	1	2	3	4
Ability to pay rent and bills regularly	1	2	3	4
Ability to cope with contingency/emergency expenses (illness in family, pandemic situation, natural disaster, lean period, etc.)	1	2	3	4
Claiming all entitled benefits - Accessing support from community, NGOs, government	1	2	3	4
Needs	Intervention		Progress	
<input type="checkbox"/> Assistance with job seeking <i>May include access to job postings, preparing job application, preparation for interviews, transportation to interviews, appropriate attire for interviews</i>				
<input type="checkbox"/> Assistance with obtaining necessary documents				
<input type="checkbox"/> Child care during work hours				
<input type="checkbox"/> Supplies/tools for job				
<input type="checkbox"/> Transportation for job				
<input type="checkbox"/> Budgeting skills training				
<input type="checkbox"/> Assistance in obtaining food, clothing and household supplies				

<input type="checkbox"/> Financial support to reduce debt				
<input type="checkbox"/> Financial assistance to pay rent/bills (one-off)				
<input type="checkbox"/> Assistance to claim benefits <i>May include accessing information, documentation on potential benefits, assistance with applications</i>				
<input type="checkbox"/> Other:				
LIVING CONDITIONS				
CURRENT STATUS: <i>Consider the impact of important events such as recent death of parent/caregiver, recent separation/divorce, change in caregiver, etc</i>	In Crisis/Needs immediate attention	Vulnerable/Needs attention but not urgent	Safe/Attention helpful, but not necessary	Thriving/No attention needed
RED FLAG Living situation safe for children (Risk factors: high crime, alcoholism/substance abuse common in the community, parent or community engages as commercial sex workers, community trauma such as pandemic, flood)	1	2	3	4
Secure, stable housing (Risk factors: displacement of family/child - migration, frequent shifting family, risk of eviction)	1	2	3	4
Basic amenities (safe water, sanitation, cooking facilities, food storage, sleeping arrangements)	1	2	3	4

Adequately furnished specific to cultural context	1	2	3	4
Needs	Intervention		Progress	
<input type="checkbox"/> Permanent accommodations				
<input type="checkbox"/> Improved safety				
<input type="checkbox"/> Refurbishing/repairs				
<input type="checkbox"/> Access to basic amenities				
<input type="checkbox"/> Purchase of furniture, household appliances, etc.				
<input type="checkbox"/> Other:				

EDUCATION				
CURRENT STATUS: Consider the impact of important events such as recent death of parent/caregiver, recent separation/divorce, change in caregiver, etc	In Crisis/Needs immediate attention	Vulnerable/Needs attention but not urgent	Safe/Attention helpful, but not necessary	Thriving/No attention needed
RED FLAG All school age children attend school (remote education where applicable)	1	2	3	4
Children attend higher education or vocational training if desired	1	2	3	4
Children have appropriate school supplies/ educational toys, access to resources for remote education as needed	1	2	3	4
Children have transportation to school	1	2	3	4
Children receive educational support as needed (e.g. coaching teachers, testing and support for learning issues)	1	2	3	4
Children are involved in extracurricular activities (e.g. sports, dance, music, clubs)	1	2	3	4
Needs		Intervention		Progress
<input type="checkbox"/> Access to education for child(ren)				
<input type="checkbox"/> Transportation to school				
<input type="checkbox"/> Assistance with purchase of school supplies/educational toys				
<input type="checkbox"/> Access to extracurricular activities				

<input type="checkbox"/> Support for learning issues (LD, ADHD, physical disabilities, etc.)		
<input type="checkbox"/> Access to adult education/literacy courses		
<input type="checkbox"/> Vocational training for child/adult		
<input type="checkbox"/> Other:		

HEALTH AND MENTAL HEALTH				
CURRENT STATUS: <i>Consider the impact of important events such as recent death of parent/caregiver, recent separation/divorce, change in caregiver, etc</i>	In Crisis/Needs immediate attention	Vulnerable/Needs attention but not urgent	Safe/Attention helpful, but not necessary	Thriving/No attention needed
RED FLAG Alcohol/substance abuse in child or family	1	2	3	4
Access to health care facilities for routine health care and emergencies	1	2	3	4
Recent or chronic health issues of child or family members (eg. high blood pressure, diabetes, anemia, epilepsy, cancer, etc.) and access to health care for the issue.	1	2	3	4
Significant dental or vision issues and access to dental/vision care	1	2	3	4
Depression, anxiety, ADHD of child or family member	1	2	3	4

Diagnosis of mental illness (e.g. psychosis, bipolar disorder, PTSD etc.) of child or family member	1	2	3	4
Access to mental health services (for emotional issues, diagnosed illness, addiction, etc.)	1	2	3	4
Access to medications/medical equipment	1	2	3	4
Diagnosed impairments/disabilities/developmental delays and access to services	1	2	3	4
Personal hygiene, self-care skills	1	2	3	4
Nutritional deficiency (unhealthy weight loss, malnutrition, anemia)	1	2	3	4
Access to nutritious food	1	2	3	4
Health insurance	1	2	3	4
Transportation for medical care/emergencies	1	2	3	4
Needs		Intervention		Progress
<input type="checkbox"/> Access to general health care services				
<input type="checkbox"/> Access to family planning and counseling				
<input type="checkbox"/> Access to dentist/vision care				
<input type="checkbox"/> Access to mental health services				

<input type="checkbox"/> Access to services for impairments/disabilities/developmental delays		
<input type="checkbox"/> Access to medication		
<input type="checkbox"/> Attention to malnutrition/low weight/anaemia		
<input type="checkbox"/> Transportation to health services		
<input type="checkbox"/> Attention to personal hygiene, self-care skills		
<input type="checkbox"/> Health insurance		
<input type="checkbox"/> : Access to de-addiction center/ Alcoholics Anonymous Groups (AA)		
<input type="checkbox"/> Other:		

STATUS SUMMARY

	Initial Score First Visit Date:	Last Visit Date:	Current Date:
Family and Social Relationships	4's: ____ 3's: ____ 2's: ____ 1's: ____ RED FLAGS ____	4's: ____ 3's: ____ 2's: ____ 1's: ____ RED FLAGS ____	4's: ____ 3's: ____ 2's: ____ 1's: ____ RED FLAGS ____
Household Economy	4's: ____ 3's: ____ 2's: ____ 1's: ____ RED FLAGS ____	4's: ____ 3's: ____ 2's: ____ 1's: ____ RED FLAGS ____	4's: ____ 3's: ____ 2's: ____ 1's: ____ RED FLAGS ____
Living Conditions	4's: ____ 3's: ____ 2's: ____ 1's: ____ RED FLAGS ____	4's: ____ 3's: ____ 2's: ____ 1's: ____ RED FLAGS ____	4's: ____ 3's: ____ 2's: ____ 1's: ____ RED FLAGS ____
Education	4's: ____ 3's: ____ 2's: ____ 1's: ____ RED FLAGS ____	4's: ____ 3's: ____ 2's: ____ 1's: ____ RED FLAGS ____	4's: ____ 3's: ____ 2's: ____ 1's: ____ RED FLAGS ____
Health and Mental Health	4's: ____ 3's: ____ 2's: ____ 1's: ____ RED FLAGS ____	4's: ____ 3's: ____ 2's: ____ 1's: ____ RED FLAGS ____	4's: ____ 3's: ____ 2's: ____ 1's: ____ RED FLAGS ____

Note: Red Flags indicate serious concerns about the placement and they should be considered as top priority. It is recommended that placement be postponed until Red Flag concerns are resolved.

Recommendation	Mark with X and specify
Preparing for Reintegration: Focus on planning/implementing support services, and preparation of child and family; resolve Red Flag items	
Permanent Reintegration with birth family, kin, or other FBAC option; continue providing support services and follow ups	
Consider returning child to CCI (eg, due to placement disruption)	
Expedited Case Management with safety concerns: Consider <u>temporary</u> placement with family or elsewhere until risk mitigates, adding more support to family and increasing follow ups	Specify:
Consider other FBAC options: Respite care, Foster Care, Adoption, Group Living, Semi-Independent Living, Independent Living, Aftercare, etc.	Specify:
Other	Specify:
Close case	

Post-Reintegration follow up visits should be completed after the 1st month, 3rd month, 6th month, 1st year, 1.5 years, up to 2 years minimum, and the Home Thrive Scale™ should be completed after each follow up visit.

Please indicate if more frequent follow ups are needed (Home Thrive Scale does not need to be completed after these supplemental calls/visits).

Weekly	
Fortnightly (Bi-weekly)	
Monthly	
Every 2 Months (Bi-monthly)	
More frequent follow ups not needed – stay with regular schedule	