

Thrive Scale Guidelines™

To be completed in case of **possible family separation** to identify family strengthening services needed to prevent family breakdown.

To be completed **prior to the child's reintegration** as a tool to identify family strengthening services needed to support the child.

To be completed **upon the child's reintegration and updated at every follow-up visit(1st month, 3rd month, 6th month, 1st year, 1.5 years, up to 2 years minimum)** by the social worker/caseworker to ensure interventions are taking place and are successful in addressing the need.

Note: Data for the Thrive Scale can be collected through your phone, tablet or web browser.

** Additional guidelines for completing this form remotely amidst the COVID-19 pandemic are available on page 7 of this document.

GENERAL GUIDELINES FOR COMPLETING FORM

For the safety of the children and families being assessed, data submitted will only be available to associated parties who need the information to protect and make decisions regarding the child and family. Data and personal information will not be disclosed to any other third party who is not directly involved.

As you fill out the form, consider the impact of important events such as recent death of parent/caregiver, recent separation/ divorce, change in caregiver, etc.

1. Fill in your name, email (for automated version), and date information on the first page. The email will be used to send the completed form back to you.

- Date format: MM/DD/YYYY

2. Fill in the biographical data of the child

- For automated version only: Fill in the Child ID #. This information will be used to track the family's progress over time.

- The ID number can be the same one as the one generated from the Child Tracking web portal or another existing ID system if one exists. If not, generate an ID # that is a unique combination of letters and numbers for each child.

- Indicate the type of Reintegration being assessed
 - Fill out information for all caregivers and family members residing in the home.
 - Indicate their relationship to the child and if they were present during the visit
 - It is essential that the child and family have a voice in how they view the reintegration. Be sure to ask them specifically about their thoughts. You may need to speak to each party separately to get honest feedback. Remember the following guidelines for listening to the children and families:
 - Your role is that of facilitator and team member. You are there to support, not judge.
 - Approach the child/family in a warm, non-threatening way. All communications with children need to be age-appropriate.
 - Use open-ended questions to gather accurate information. Never use leading questions such as “things are going well, right?”
 - Write their responses in the proper spaces.
2. For each domain (eg, Family and Social Relationships, Household Economy, etc.), mark the appropriate statement for each concern.
- **In-crisis (1):** Needs immediate attention - Concern is not addressed at all and requires urgent attention and intervention before child can be placed in the home
 - **Vulnerable (2):** Needs attention, but not urgent - Concern requires attention; resources have been identified but may be insufficient to fulfill concern
 - **Safe (3):** Attention helpful, but not necessary - Concern is fully addressed but family may require occasional support to fulfill this concern
 - **Thriving (4):** No attention needed - Concern is fully addressed and family is completely self-sufficient in fulfilling this concern without support
- Be sure to consider the impact of any important events that occurred since your last visit such as recent death of parent/caregiver, change in caregiver, etc.
 - If you are unsure about the family situation at this time, rate the item as “vulnerable” so that it is not overlooked in future calls/visits.
 - Some milestones are marked as “Red Flag” milestones. These milestones are essential to the safety and wellbeing of the child. If any of these milestones are marked as “in-crisis”, it is highly recommended that reintegration not take place until the issues have been resolved.

Paper Version:

- For any item that is scored 1 or 2, note the intervention plans in the Intervention Plans section of the domain. Provide the specific intervention plans (dates, outside agencies involved, etc.).
- Note progress achieved after future visits, and update the intervention section as needed. State also if intervention has been discontinued and the reason.
- Information from the Individual Child Care Plan (ICP) regarding the child’s needs can easily be transferred to the Home Thrive Scale according to the following:

ICP Section	Thrive Scale Domain
#1 Child’s expectation from care and protection	<ul style="list-style-type: none"> • Child’s thoughts on reintegration (page 1)
#2 Health and Nutrition Needs	<ul style="list-style-type: none"> • Household Economy (ability to provide food) • Health/Mental Health
#3 Emotional and Psychological support needs	<ul style="list-style-type: none"> • Health/Mental Health • Family and Social Relationships
#4 Educational and Training needs	<ul style="list-style-type: none"> • Education
#5 Leisure, Creativity, Play	<ul style="list-style-type: none"> • Family and Social Relationships
#6 Attachments and interpersonal relationships	<ul style="list-style-type: none"> • Family and Social Relationships
#7 Religious Beliefs	<ul style="list-style-type: none"> • Family and Social Relationships (Other)
#8 Self- Care and Life Skill Training for protection from all kinds of abuse, neglect, and maltreatment	<ul style="list-style-type: none"> • Family and Social Relationships (Counseling for abuse) • Health/Mental Health (Access to mental health services)
#9 Independent Living Skills	<ul style="list-style-type: none"> • Education (Access to vocational training/Other)
#10 Trafficking, domestic violence, parental neglect, bullying, etc.	<ul style="list-style-type: none"> • Family and Social Relationships • Health/Mental Health

Information regarding the family will need to be assessed during home visits and will be indicated on the domains along with the score from 1-4 and the intervention plan.

INFORMATION REGARDING REMOTE ASSESSMENT (DUE TO COVID-19)

While in-person assessment and follow-up is preferred, remote contact has become a necessity during the COVID-19 lockdown. These distant connections can be very effective in assessing family needs and planning for intervention strategies if you keep the following points in mind:

- In general, people find it more difficult to focus for long periods of time on the phone – keep your calls to a maximum of one hour at a time.
- Be sure to speak with the child as well as relevant family members. You want to get feedback from all significant individuals.
- Be sure to approach the family with a tone of voice that is warm, friendly, and caring. Use positive language, and convey the message that you are helpful and approachable.
- Visual cues will be limited, even when utilizing video. Since you lack non-verbal cues, be sure to listen carefully, and listen beyond the words that are spoken. Clarify any mixed messages you receive where the words stated don't match the way they were expressed.
- Listen for tone of voice, attitude, hesitation in response, uncomfortable laughter.
- Gather information through conversation - don't ask a series of direct questions. For example, don't ask if the family has nutritious food, ask what dishes they prepared for breakfast and lunch that day. Don't ask if the parents get along with their children, ask how they have been spending their free time together, and take it forward from there.
- If you are having difficulty reaching families, engage the government officials charged with serving these families (For India it's outlined in the Supreme Court Judgement regarding COVID-19 and Children in CCIs including CWC and DCPU.) You may also involve community volunteers, neighbors, extended family to support the family in the form of group monitoring. CCI Staff is likely to be aware of these community resources.