**Initial and Ongoing Assessment of Love Community Child in Family Home**

**Philosophy:**

Light for Living International Ministries (LIFLIM) and Frontier Projects believe that wherever possible a child that has been in care, such as at Love Community Home, should be re-united with their family if at all possible – and supported in their own family environment. We believe that it is critical that a child should not become institutionalised, providing that a loving and caring home environment is possible.

**Preamble:**

This document details the initial assessment and follow-up process to be followed for a child that has already transitioned from Love Community Home back into their family home environment and is used to monitor the child’s progress in the following areas: physical well-being, emotional well-being, mental well-being and educational progress.

**Protections:**

Once a child’s parents or family have been found, certain decisions are be made to assess whether that Home is safe and/or the situation appropriate for the child to live at home. Every effort is made to assist the parents through sponsorship of the child, so that the child can be cared for in their own family home.

In all cases LIFLIM or Frontier Projects staff **always** undertake a risk assessment before the child is transitioned into the home, to ensure that the child will not be at risk of physical, sexual, emotional or psychological harm or neglect.

**The Process:**

1. LIFLIM Social Worker (employed through Frontier Projects Haiti) visits the family home.
2. Social Worker will need to ring to arrange this meeting time with the parent/s and child/children. At least one parent or guardian must be present for the home visit.
3. Home visits are positive and encouraging. Social worker is identifiable (uniform and I.D.) as a representative of LIFLIM and FPH and introduce themselves.
4. Social Worker will also need to speak to all sponsored children in the program. If they are not present, the Social Worker takes note of why/ where they are.
5. Social worker obtains important information on family and child as per the form provided below. Not all questions must be asked if we have the information or know the answers to the questions.
6. Update information as it changes.
7. Social Worker ends home visits with prayer, hugs, and answers to the family’s questions to the best of their ability – always assuring families that they will feedback any answers to questions as soon as possible. Also letting parent/s know that they are available to them via phone or by booked visits, during office hours.
8. All on-going decisions / assistance is made under the direction of LIFLIM / FPH leadership – never without the social worker consulting leadership.
9. On the Last THURSDAY of the MONTH, Social Worker completes form on the family on whether they came to collect their bucket and attend parent / child classes.
10. Social worker keeps all notes and files up-to date and feeds back and makes further recommendations EVERY MONTH via the FPH Monthly Administration Page.

**CHILD DETAILS**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Sponsored Child:** | |  | | | | | | | | **Date:**  **\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_\_** | |
| **SCHOOLING / EDUCATION** | | | | | | | | | | | |
| **What grade / year are you in.** | | **Grade / Year** | | **Do you go to school every day (unless you are sick)?  Yes / No. If No: Why not?** | | | | | | | |
| **Do you like school and your teacher and other teachers? Yes or No. Explain:** | | | | | | | | | | | |
| **Do you feel you are progressing well?** | | | | | | | | | | | |
| **Are you having any problems at school?** | | | | | | | | | | | |
| **Do you have friends at school? Explain who they are:** | | | | | | | | | | | |
| **PHYSICAL and MENTAL HEALTH** | | | | | | | | | | | |
| **How do you feel WELL and HEALTHY most days: Explain:** | | | | | | **How do you FEEL most days: Happy / sad / angry / excited? Explain:** | | | | | |
| **Do you eat a meal EVERY DAY? Explain what you eat most days:** | | | | | | **Do you have any worries or concerns that you think about every day?** | | | | | |
| **Have you had any recent HEALTH problems, pain or accidents?     And did you need to see a MEDICAL DOCTOR or require any MEDICATION?** | | | | | | | | | | | |
| **SOCIAL HOME ENVIRONMENT** | | | | | | | | | | | |
| **How do family and siblings get along? Explain:** | | | | | | | **How do parents / guardians provide for the family? Explain:** | | | | |
| **What do the parent/s guardian / s dream of doing in the future (career-wise)** | | | | | | | **What does the sponsor-child dream of doing in the future (career-wise)?** | | | | |
| **SPIRITUAL SUPPORT** | | | | | | | | | | | |
| **Share your relationship with God? How do you see and talk to God? What do you talk to God about?** | | | | | | | **Share how you pray and if you have anyone to pray with?** | | | | |
| **Do you own a bible? Would you like one?** | | | | | | | **Do you and your parents attend a church? Details:** | | | | |
| **PHYSICAL HOME ENVIRONMENT** | | | | | | | | | | | |
| **Physical Home Environment:What condition is the home in:** | | **No. of Bedrooms:** | **No. of Beds:** | | **Kitchen: (Y / N)**  **Details:** | | **Living Room/s:** | | **Bathroom/s:** | | **Outdoor area:** |
| **Access to safe drinking water:** | | | Circle: **Yes No** | | | | | **Details:** | | | |
| **Parent / Carer / s Assessment  of any hazards or potential risks for the child in family home or environment:** | | |  | | | | | | | | |
| **How can any risks be minimised or eliminated?** | | |  | | | | | | | | |
| **Assessment of Family  Home Safety** (circle) **Excellent**  **Satisfactory**  **Unsatisfactory** | | | | | | **Details or Adjustments needed:** | | | | | |
| **SIGNATURE:** | | | | | | | | | | | |
| **SIGNED:** | **Social Worker:** | | | | | | | | | | |