

# 5

## CONDUCTING CHILD AND FAMILY ASSESSMENT

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## CONDUCTING CHILD AND FAMILY ASSESSMENT

### 5.1 Introduction

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A comprehensive child and family assessment is the essential foundation for sound decision making in partnership with the child and family. Assessment involves the continuous process of gathering information from multiple sources over time using a strength-based approach to help evaluate, with the family, the most effective strategies for achieving safety, timely permanence, and well-being for their child.

The process should be driven by the strengths and needs of the child and family, rather than the availability of services. This approach expands the diverse resources available to support the child and family. It allows the strengths and natural supports of the child, family, and extended family, as well as the formal services of the child-serving agencies and community, to be creatively matched with the identified needs and issues. This process lays the foundation for creatively designing strategies, services, and supports during service planning and service delivery to improve outcomes.

### 5.2 Comprehensive assessment process

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The assessment process begins with the family's first contact with the child welfare system and continues until the case is closed.

*The comprehensive assessment is an ongoing process assessing the effectiveness of services provided to the child, birth parent or prior custodian, and foster, adoptive or resource parents.*

*The effectiveness of services provided and the need for additional services shall be assessed every three (3) months if the goal is to return home and at least every six (6) months after placement for as long as the child or youth remains in foster care.*

During a comprehensive family assessment, the service worker should:

- Engage and build relationships with the child, family, extended family, service providers, and other significant people to gather information.
- Observe patterns of child and family interactions over time and the impact on the child.
- Identify child and family strengths, protective factors, and resources that can be mobilized.
- Identify needs of the child and family that impact the child's safety, permanency, and well-being.
- Assess other factors that may have contributed to the child's placement in care such as: domestic violence; alcohol and drug abuse; mental health issues; chronic health problems; physical, intellectual, and cognitive disabilities; and poverty.
- Understand the broader issues impacting the family, such as employment, adequate housing, child care, transportation, needed services, and supports.
- Consider how the information gathered will guide service planning, decision making, and the efficient use of resources.

### **5.3 Engaging the child and family in the assessment process**

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As experts on their own family, the child and family are essential sources for information on what is impacting the safety, permanency, and well-being of the child. Involving the family and other significant individuals increases the effectiveness of decision making, service planning, and implementation. The service worker is more effective in gathering, analyzing, and determining the meaning of information. With better information, plans and decisions are more individualized and relevant to the family, thus increasing the likelihood of implementation and creating opportunities for lasting change.

The service worker should:

- Diligently seek out all extended family members as appropriate in the assessment process, including, but not limited to, the birth mother, birth father (including absent fathers), siblings, maternal and paternal family members, caretakers, and other individuals in the extended networks of the child and family (see [Section 2](#)).
- Strive to understand the family's perspectives, which are often affected by their life experiences and cultural and ethnic heritage.
- Involve the child and family in identifying their own strengths, needs, and motivation for changes.

- Explore the “natural supports” available to the child and family through their interpersonal, social, and community relationships.
- Utilize the Family Partnership Meetings to gather assessment information (see [Section 2.8](#)).

## 5.4 Initial assessment process

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A comprehensive initial assessment increases the likelihood of matching services, resources, and supports to address the critical needs and issues for the child and family, thus increasing the likelihood of safety, timely permanency, and well-being for the child.

In conducting the initial assessment, the service worker should:

- Engage with the child, family members, and other significant individuals to:
  - Discuss the purpose, process, participants’ roles, and any questions and concerns about the assessment process.
  - Identify language needs and any cultural and religious traditions that need to be respected and taken into account in planning and implementing services.
  - Explore strengths, interests, resources, and formal and informal supports.
  - Identify issues and needs they feel need to be addressed.
- Review previous records for existing information related to strengths, needs, services, family history, and potential supports to the family and child.
- Incorporate information gathered from other assessments, including any safety and risk assessments from other programs and agencies.
- Talk with other service providers and key individuals from places where the child spends time, such as school, sports, work, and religious organizations.
- Determine whether other specialized assessments are needed.
- Identify strengths of child and family, including formal and informal supports.
- Identify immediate issues, concerns, and needs.
- Identify broader issues that create challenges and opportunities.

- Consider services that will meet immediate needs of the child and family.
- Begin identifying ways to address the broader needs of the child and family.

#### **5.4.1 Identifying needs and issues prior to services**

The needs of the child and family should be identified before considering service and placement options. Rather than first identifying the service or placement type that is expected to meet most of the child's and family's needs, service workers should first identify the immediate needs and issues for the child and family, and then identify alternative strategies, services, and supports for addressing each one. This approach allows creative brainstorming and leads to more effective and successful strategies for working with families.

Needs are separate from services. Children do not need anger management services or treatment foster care. While these services may become part of the complement of services and strategies to address identified needs, they are not needs. Examples of needs may include:

- Being safe from abuse and neglect.
- Living with a stable and permanent family.
- Managing free time after school before parent comes home.
- Reacting to disappointments without aggressive behavior.
- Doing homework to improve grades at school.
- Learning effective parenting skills.
- Increasing positive social and peer supports.
- Developing specific independent living skills.

Defining needs before identifying services allows more creative solutions to be explored through mobilizing family and community strengths.

#### **5.4.2 Identifying strengths to address needs**

The strengths, resources, and natural supports of the child, extended family, community, and agencies should be explored. Examples may include:

- Child complies with rules at grandmother's home.
- Mother can identify when child is going to explode with anger.

- Aunt is willing to help.
- Neighbor's older child is a positive influence.
- An older sibling is working with a therapist on anger management.
- Child enjoys basketball and has strong relationship with coach.
- Child wants to be a car mechanic like an uncle.

After the strengths are identified, creative strategies should be brainstormed and explored on how to use these strengths to address identified needs. This approach allows the family to improve their capacity to meet their own needs. Continuing the example above: after a safety plan is developed, the child could go to the grandmother's house in the afternoon to do homework since the child complies with her rules, the aunt could drive the child to her house, the completed homework could be celebrated by the child's choice of playing basketball, playing with the neighbor's child, or working on a car with his uncle; the grandmother could mentor the mother on enforcing rules.

## 5.5 Initial assessment requirements

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The initial assessment is the basis for developing a service plan that addresses immediate child and family needs and selecting a specific foster care permanency goal. For agencies that have implemented concurrent permanency planning, the Permanency Planning Indicator may also be used during the initial assessment to support the selection of a concurrent goal.

The initial assessment shall:

- *Incorporate* information contained in the Child Protective Services Safety Assessment and Family Risk Assessment completed when the child was removed from the home.
- Include a comprehensive social history of the child and family.
- *Complete the [Permanency Planning Indicator](#) to assist in determining if a concurrent plan should be selected.*
- *Include a description of how the child, youth, birth parent or prior custodian, and other interested individuals were involved in the decision making process.*
- Be entered into OASIS **within 30 days** of LDSS acceptance of the child for placement, using the assessment screen and completing all the required elements of appropriate screens.

### 5.5.1 Safety factors

The completed Child Protective Services Safety Assessment shall be copied and pasted into the appropriate element of OASIS assessment screen. Identified safety factors shall be taken into consideration in transferring the child's custody or placement to the LDSS such as:

- The child's vulnerability (conditions that result in the child's inability to protect self) including:
  - Whether the child is fearful of the caretaker or other household members.
  - The child's age.
  - The child's developmental and mental health needs.
- Caregiver behaviors such as:
  - Having caused serious harm to the child or threats to cause harm.
  - Previous maltreatment of a child.
  - Failure to protect or provide the necessary supervision to protect the child from serious harm.
  - Explaining any injury inflicted on the child in such a way that is questionable or inconsistent with the nature of the injury.
  - Refusing the LDSS workers access to the child.
  - Failure to meet the child's need for food, clothing, shelter, and/or medical and/or mental health care.
  - Providing physical living conditions are hazardous and threatening to the child.
  - Substance use that is or has seriously affected their ability to supervise, protect, or care for the child.
  - Behavior toward the child that is or has been violent or out-of-control.
  - Descriptions about or acts towards the child that are predominately negative.
  - A history of or suspected child sexual abuse.

- Physical, intellectual, or mental health status that seriously affects their ability to supervise, protect, or care for the child.

### 5.5.2 Comprehensive social history

In addition to basing the initial assessment on the Child Protective Services Safety Assessment, a comprehensive social history is critical for understanding the strengths, needs, and experiences of the child entering care. A social history also allows the service worker to explore the full range of assets the family brings, as well as additional needs to address that may increase the likelihood of a safe and stable reunification.

A comprehensive social history should be based on consideration of at least the following factors

- Background history about the child including but not limited to:
  - Family relationships.
  - Medical/physical functioning and needs.
  - Child development milestones.
  - Emotional/behavioral functioning including delinquent behavior.
  - Cultural/community identity.
  - Substance abuse.
  - Educational achievement and challenges.
  - Peer/adult social relationships including the child's relationship to previous caretakers or other adults with whom the child might live.
- Background history about the child's family and/or previous custodians including but not limited to:
  - Substance use or abuse.
  - Emotional stability.
  - Sexual abuse.
  - Resource management and basic needs.
  - Parenting skills.

- Household relationships/domestic violence.
- Caretaker abuse or neglect history.
- Social or community support system.
- Physical health.
- Communication skills.

## 5.6 Role of Family Assessment and Planning Team

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When a child is referred to the Family Assessment and Planning Team (FAPT), the FAPT assessment should be used to complement and inform the comprehensive assessment process. It may substitute for the initial foster care assessment as long as the requirements for the initial foster care assessment are met. The FAPT assessment information shall be entered into OASIS.

In addition to the above assessment requirements, all children receiving CSA-funded services shall have a standardized assessment using a tool approved by the State Executive Council. See [Section 5.8.1](#) for information on the Child and Adolescent Needs and Strength Assessment (CANS).

## 5.7 Types of assessment tools

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The following types of assessment tools can be helpful in assessing the strengths and needs of the child and/or the family:

- Developmental assessments.
- Risk and safety assessments.
- Reunification assessments.
- Child and family comprehensive assessments.
- Life skills assessments.
- Educational assessments.
- Behavioral health assessments.

The following tools are often used by service workers to gather information from family members and other individuals in order to gather a comprehensive picture of the family. These tools are designed to be helpful in the assessment process but are not the actual

assessment itself. Genograms and ecomaps in particular should be used after discussion with and training from others experienced in their use.

- **Genogram.** The genogram was first developed and popularized in clinical settings by Monica McGoldrick and Randy Gerson. The genogram (pronounced: jen-uh-gram) lets the worker and family members quickly identify and understand patterns in the family history. The genogram is a tool that helps map out relationships and traits in the family. There are many books on this topic as well as many websites. Genograms can vary significantly and are only limited by your imagination. Most genograms include basic information about number of families, number of children of each family, birth order, and deaths. Some genograms also include information on disorders running in the family, such as alcoholism, depression, diseases, alliances, and living situations. Basic [Genogram components](#) can be accessed on the GenoPro website.
- **Ecomaps.** An Ecomap is a pictorial representation of a family's connections to persons and/or systems in their environment. It can illustrate three separate dimensions for each connection:
  - The STRENGTH of the connection (Weak; tenuous/uncertain; Strong).
  - The IMPACT of the connection (none; draining resources or energy; providing resources or energy).
  - The QUALITY of the connection (Stressful; Not stressful).

As with genograms, there are many books that discuss the purpose and use of ecomaps including social work textbooks on assessment. The internet and public library are additional sources for information on ecomaps.

The purpose of an ecomap is to support classification of family needs and decision making about potential interventions. Further, it is to create shared awareness (between a family and their service workers) of the family's significant connections, and the constructive or destructive influences those connections may be having. Ecomaps enable a structured, consistent process for gathering specific, valuable information related to the current state of a family or individual being assessed. They support the engagement of the family in a dialogue that can build rapport and buy-in, while heightening the awareness of the caseworker and family. Ecomaps are used to:

- Identify and illustrate strengths that can be built upon and weaknesses that can be addressed.
- Summarize complex data and information into a visual, easy-to-see-and-understand format to support understanding and planning.

- Illustrate the nature of connectedness and the impact of interactions in predefined “domain” areas, indicating whether those connections and interactions are helping or hurting the family. Part of this value is in supporting the concept of observing “resource and energy flow” to and from a family as a result of its connections and interactions with its environment.
- Provide a consistent base of information to inform and support intervention decisions
- Allow objective evaluation of progress; workers can observe impact of interventions, both on the family and on other elements of their environment.
- Support discussion of spiritual and value-related issues in a constructive way.
- Help support integration of the concept of family assessment as an ongoing process.
- Integrate the values and concepts – and the real power of System Theory – in a practical way.
- Force the building of interviewing and other skills for staff.
- Support effective presentation of families’ issues for court.

Information on ecomaps is available on the [ohiocla.com](http://ohiocla.com) website.

- **Timelines.** Timelines are another assessment tool that depicts the development and history of an individual and or family along a continuum from birth to the present. Similar to genograms and ecomaps, a timeline is a graphic representation of patterns, traits, and the chronology of events in the life of the individual and/or family.

## 5.8 State required and recommended assessments

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The following assessment or screening tools are currently either required or recommended for use in Virginia.

### 5.8.1 Child and Adolescent Needs and Strengths (CANS)

CANS is the mandated assessment tool for CSA. It helps plan and manage services at both an individual and system of care level. It helps guide service planning, track child and family outcomes, promote resource development, and support decision making.

### 5.8.1.1 Who should be assessed with CANS

All children, who receive services and funding through CSA, and their families shall be assessed using the mandatory uniform assessment instrument ([§ 2.2-5212](#)). The CANS shall be used for Title IV-E children and non Title IV-E children who receive CSA-funded services.

- *For children ages 0-18, use of the CANS is mandatory to receive services through CSA.*
- For Title IV-E children who do not receive funding for maintenance or services from CSA, the CANS is not required ([§ 2.2-5209](#)).

### 5.8.1.2 Assessment areas

CANS identifies the strengths and needs of the child in the following areas:

- Life domain functioning.
- Child strengths.
- School.
- Child behavioral/emotional needs.
- Child risk behaviors.

It also identifies the strengths and needs of the family or caregiver:

- Current caregiver.
- Permanency planning caregiver strengths and needs.
- Residential treatment center.

Additional modules are available to assess specific situations, including:

- Developmental needs.
- Trauma.
- Substance use needs.
- Violence needs.
- Sexually aggressive behavior needs.

- Runaway needs.
- Juvenile justice needs.
- Fire setting needs.

### 5.8.1.3 CANS resources

The CSA website provides:

- [Information on CANS, including policy, manuals, fact sheets, score sheets, training, and super users](#)
- [CANS training and certification information](#)
- [CANS user manual and score sheets](#)
- [Frequency of CANS administration](#)
- [CANVaS](#), the web-based system for completing the CANS tool online.

## 5.8.2 Casey Life Skill Assessment (CLSA)

CLSA is the state recommended assessment and planning tool for evaluating the life skills of older youth and young adults. It is youth-centered, strength-based, and expert-focused in evaluating the independent living skills and needs of youth in foster care. (See [Section 14.7](#) on Independent Living Needs Assessment.)

### 5.8.2.1 Frequency of administration

The assessment should initially be administered:

- For youth in foster care, **within 30 days** after the youth's 14<sup>th</sup> birthday.
- For youth entering foster care after the age of 14, **within 30 days** after the youth's entry into the system.

*The assessment should be re-administered every 12 months to youth 14 years and older.*

### 5.8.2.2 Assessment areas

The CLSA identifies the youth's strengths and needs in nine domains:

- Career planning.
- Communication.

- Daily living.
- Home life.
- Housing and money management.
- Self care.
- Social relationships.
- Work life.
- Work and study skills.

Domain scores indicate areas of strength and opportunities for improvement.

### 5.8.2.3 Resources

- The [Casey Life Skills Website](#) provides a free suite of comprehensive online assessments, learning plans, and learning resources to help engage youth in developing life skills that are needed to exit foster care successfully.
- The [CLSA](#) is completed online and automatically scored within seconds. Tools are available in English, Spanish, and French.
- [Project LIFE](#) regional Independent Living Consultants are available to provide training to LDSS on use of the CLSA.

### 5.8.3 Early Periodic Screening, Diagnosis, and Treatment (EPSDT)

EPSDT is a comprehensive and preventive child health program for individuals under age 21. It is a required component of the Medicaid program. EPSDT provides early assessment of children's health care needs through periodic screenings conducted by physicians or certified nurse practitioners. In addition, any caregiver or professional may request an unscheduled check-up or problem focused assessment at anytime because of illness or change in a child's condition.

Virginia's EPSDT program goals are to keep children as healthy as possible by:

- Assuring that health and developmental concerns are diagnosed as early as possible.
- Assuring that treatment is provided before problems become complex.
- Assuring that medically justified services are provided to treat or correct identified problems.

### 5.8.3.1 Periodicity schedule for screenings

A child shall have a medical examination, using EPSDT, no later than 60 days after placement, commitment, or entrustment. EPSDT screenings shall occur at regular intervals according to the EPSDT Periodicity Table. DMAS uses the American Academy of Pediatrics and Bright Futures to develop the schedule.

- [EPSDT Periodicity Table](#).
- [American Academy of Pediatrics \(AAP\) Recommendations for Preventive Pediatric Health Care](#).
- [American Committee on Immunization Practices \(ACIP\) Child & Adolescent Immunization Schedules](#).

### 5.8.3.2 Required components of screenings

Required components of screenings include:

- Comprehensive unclothed physical exam.
- Patient and family medical history including identifying risk factors for health and mental health status.
- Developmental screening.
- Preventive laboratory services, including mandatory lead testing at 12 months and 24 months.
- Age appropriate immunizations.
- Referral to a dentist at age three (3).
- Age appropriate anticipatory guidance/health counseling.
- Referrals for medically necessary health and mental health treatment.

### 5.8.3.3 Health assessment resources

- For information about the [EPSDT Program](#), see the Virginia Department of Medical Assistance Services website.
- Bright Futures is the American Academy of Pediatrics' standard reference book on children's health information for pediatricians. It is a set of principles, strategies and tools that are theory-based, evidence-driven and systems oriented that can be used to improve the health and well-being of children. It provides a comprehensive set of expert

guidelines, as well as a practical developmental approach to providing health supervision for children from birth to age 21 in the context of family and community. The guidelines are designed to present a single standard of care and a common language based on a model of health promotion and disease prevention.

- [American Academy of Pediatrics website on Bright Futures](#).
- For information about Virginia's Bright Futures, see the [Virginia Department of Health website](#).
- The [Healthy Futures website](#) is an online version of Bright Futures. It takes children's health information from Bright Futures and puts it into the hands of parents through videos and text. It provides information on age-specific child health visit topics. It increases families' knowledge, skills, and participation in health promotion and prevention activities.

#### 5.8.4 Best interest determination for school placement

Federal and state law require that the LDSS and local school divisions work together to determine the best interest of children in foster care for school placement and to ensure educational stability for the children. Children in foster care should remain in the same school in which they were enrolled at the time of placement, or if this is not in the children's best interests, immediately enroll them in a new school.

The VDSS and the Virginia Department of Education have developed joint guidance and a joint tool to assist the LDSS service worker and the school representative in determining the child's best interest for school placement. The form provides a series of questions that should be considered during the determination process.

The determination of the child's best interests for school placement by the LDSS and the local school, in consultation with the child and other key partners, should be made as quickly as possible (e.g., **within three (3) business days**) after the service worker has notified the child's current school of the placement decision.

- For more information on determining the child's best interest for school placement, see [Section 6.17](#).

## 5.9 Documenting the assessment

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Documenting the assessment process and findings is important for permanency planning, developing and implementing services, and monitoring and evaluating progress. Documentation provides essential information for sharing with the child and family, the court, and service providers. It also provides an important vehicle for ensuring continuity in implementation, particularly when service workers change over time.

All information gathered during the assessment process shall be documented in the assessment screens in OASIS. Supporting documents (e.g., psychological and other clinical assessments; social work reports) shall be maintained in the paper case file for use throughout the child's involvement with the child welfare system.

## 5.10 Additional resources

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- [“Comprehensive Family Assessment Guidelines for Child Welfare.”](#) United States Health and Human Services, Administration for Children and Families.