

State of Oregon
Department of Human Services
Child Welfare

Pathways to Strengthening and Supporting Families: Family Assessment

Date: _____

Family Name: _____

Address: _____

Home Phone: _____ Cell: _____

Members of Household(Name)	Relation to Children	Age/DOB

Child Welfare Caseworker: _____

Provider: _____

Provider Agency: _____

Family Assessment:

What do you believe caused DHS involvement in your family's life?

Family's Identified Strengths:

Family's Desired Outcome(s):

Family's Suggested Intervention(s):

Caregiver Assessment:

Protective Factors/CANS Definition

I. Knowledge of Parenting and Child Development: understanding of role of parent, child development and parenting skills.

Knowledge of Child's Needs (100)

This item is perhaps the one most sensitive to issues of cultural competence. It is natural to think that what you know, someone else should know and if they do not, then it is a knowledge problem. In order to minimize cultural issues, we recommend that you think of this item in terms of whether there is information that could be made available to the parent/caregivers that would allow them to be more effective in working with their child.

Nutrition Management(101)

This item relates to the parent/caregiver's ability to provide the child with a healthy diet that meets the particular child's needs.

Discipline (102)

Parent/caregiver must demonstrate age-appropriate discipline with children. Discipline is defined in the broadest sense as all of the things that parents/caregivers can do to promote positive behavior with their children. If the caregiver consistently sets limits that are in line with that child's age and development, it would be rated a "0."

Learning Environment (103)

Parent/caregiver who creates a good learning environment, i.e. reads to children, assists with homework or finds others who can help children would be rated a '0'.

If the child is not encouraged to learn or is prevented from learning, this item would be rated a “3.”

Demonstrates Effective Parenting Approaches (104)

This item relates to a parent/caregiver’s knowledge of parenting strategies and implementation of those strategies. A parent who is taking a parenting skills class who demonstrates those skills successfully in visitation may be rated a “0.” For example, does the parent/caregiver uses timeouts as a parenting strategy when their child is acting out? Does the parent/caregiver consider whether the child should sit, how long they should sit there, and how to handle a child who won’t stay seated or is throwing a tantrum during the timeout?

II. Ability to Nurture Social and Emotional Competence of Children: parent/caregiver’s ability to communicate with and relate to child and to thereby foster child’s healthy social and emotional life.

Parent/Caregiver’s ability to listen as parent (117)

This item refers to the ability to listen to children and to listen to others as they give feedback on parenting. A “0” would be a parent who can understand both what he/she does well and areas in which their parenting needs to improve.

Parent/Caregiver’s understanding of impact of their own behavior on children (118)

This item describes the degree to which a parent/caregiver understands how their past and current behavior impacts the child. A “3” is a parent who denies any impact of their behavior on a child. For example, a parent/caregiver who is a drug user/dealer who states, “What I do on my own time does not impact my children.”

Empathy with Children (119)

Empathy is the ability to identify with and understand somebody else’s feelings or difficulties. This item rates the ability of the parent/caregiver to demonstrate empathy with the child. For example, a parent/caregiver who responds to a child’s tears following the conclusion of a visit with anger or annoyance would be rated a “2” or “3.”

III. Identification and Use of Concrete Supports in Times of Need: promotes a safe and healthy environment for their child, and has ability to identify and access resources as needed.

Involvement in Care (105)

A “0” on this item is reserved for parents/caregivers who are able to advocate for their child. This requires both knowledge of their child’s needs, their rights, options and opportunities. A “1” is used to indicate parents/caregivers who are willing participants with service provision, but may not yet be able to serve as advocates for their child. A “2” is used to indicate parents/caregivers willing to get their child help but does not want any help themselves. A “3” is a parent/caregiver who is unwilling to continue to parent this child.

Organization (108)

This item is used to rate the parent/caregiver's ability to organize and manage their household within the context of intensive community services. Parents who need help organizing themselves and/or their family would be rated a "2" or "3."

Knowledge of Social Service Options (110)

This item refers to the parent/caregiver's knowledge of choices that they may have for receiving services, i.e. treatment options, services for children with special needs, etc.

IV. Positive Family, Community, Social Connections: parent/caregiver's support network.

Partner Relations (113)

This item refers to a parent/caregiver's relationship with another adult and the functioning of that relationship. Does the parent/caregiver have a partner to help them?

Relations with Extended Family (114)

Extended family members can play supportive roles to parents/caregivers. Indicate the extent to which there is support from extended family members. This item takes the Resources item further by asking specifically about extended family that may or may not be part of the parent/caregivers network of support.

Community Involvement (115)

This item refers to the institutions in the neighborhood – community centers, churches, park districts, etc. and asks if the parent/caregiver is connected. A parent/caregiver who is actively involved in the community would be rated '0'. Again, this item builds off the Resources item and asks specifically is the parent/caregiver connected to members/organizations in their community?

Natural Supports (116)

This item refers to the family's support system, including church, community, family, friends, jobs, and teams that support interests, etc. These concrete resources can be called upon to support the permanency goal. This item does not include financial resources.

V. Parental Resilience

Physical Health (121)

This item refers to medical and/or physical problems that the parent/caregivers may be experiencing that limit or prevents their ability to parent the child. For example, a single parent who has recently had a stroke and has mobility or communication limitations might be rated a "2" or even a "3." If the parent has recently recovered from a serious illness or injury or if there are some concerns of problems in the immediate future they might be rated a "1."

Mental Health (122)

This item allows for the identification of serious mental illness among parent/caregivers that might limit capacity to parent the child. A parent with a serious mental illness would likely be rated a “2” or even a “3” depending on the impact of the illness. However, a parent whose mental illness is currently well controlled by medication might be rated a “1.”

Substance Use (123)

This item describes the impact of any notable substance use on parent/caregivers. If substance use interferes with parenting, a rating of “2” is indicated. If it prevents caring for the child, a “3” would be used. A “1” indicates a parent/caregiver currently in recovery, or a situation where problems of substance use are suspected but not confirmed.

Developmental (124)

This item describes the presence of developmental disabilities among parents/caregivers. A parent with limited cognitive capacity that challenges their ability to provide parenting would be rated here. Ratings are based on the level to which developmental disabilities interfere with parenting the child.

Parent/Caregiver Post-Traumatic Reactions (125)

Symptoms of Post-Traumatic Stress Disorder (PTSD) include nightmares, flashbacks, hyper vigilance and avoidance. These symptoms could be based on the parent’s own history of trauma and/or their child’s trauma. Ratings are based on the level to which PTSD interferes with parenting the child.

Hygiene and Self-Care (126)

This item describes the current ability of the parent/caregiver to take care of their own basic personal needs – dressing, bathing, eating, etc. This may be limited by short or long-term concerns with a person’s well being. For example, a parent with a severe illness or disability requiring 24-hour care would be rated a “3.”

Independent Living Skills (127)

This item focuses on the parent/caregiver’s ability to live independently with skills to manage finances, housekeeping and transportation. The current status of their ability would be rated.

Recreation (128)

This item refers to the hobbies and interests that the parent/caregiver pursues in non-scheduled time. Only legal interests should be considered.

VI. Healthy Parent-Child Relations: parents/caregiver’s ability to communicate with and relate to child and to thereby foster child’s healthy social and emotional life.

Parent/Caregiver’s Ability to Listen as Parent (117)

This item refers to the ability to listen to children and to listen to others as they give feedback on parenting. A “0” would be a parent who can understand both what they do well and areas where their parenting needs to improve.

Parent/Caregiver’s Understanding of Impact of Own Behavior on Children (118)

This item describes the degree to which a parent/caregiver understands how their past and current behavior impacts the child. A “3” is a parent who denies any impact of their behavior on a child. For example, a parent/caregiver who is a drug user/dealer and says, “What I do on my own time doesn’t impact my children.”

Ability to Communicate (120)

This item refers to the parent/caregiver’s ability to express their thoughts and feelings regarding their parenting and their child’s needs and strengths. Some parents/caregivers struggle to get past the anger or sadness they feel when their child enters care. If a parent/caregiver cannot express these feelings, he/she may need therapeutic intervention to help him/her focus on getting their child returned home.

Ratings:

0 = *no evidence* – This rating indicates that there is no reason to believe that a particular need exists.

1 = *watchful waiting/prevention* – This level of rating indicates that you need to be observant in this area and/or consider preventive actions.

2 = *action needed* – This level of rating indicates that something must be done to address the identified need. The need is sufficiently problematic that it is interfering in the child or family’s life in a notable way.

3 = *immediate/intensive action* – This level rating indicates a need that require immediate or intensive effort to address. Dangerous or disabling levels of needs are rated with this level.

	Family Evaluation:
I. Knowledge of Parenting and Child Development	
1. Knowledge of Child's Needs (100)	
2. Nutrition Management (101)	
3. Discipline (102)	
4. Learning Environment (103)	
5. Demonstrates Effective Parenting Approaches (104)	
II. Ability to Nurture Social & Emotional Competence of Children:	
1. Parent/Caregiver's ability to listen as parent (117)	
2. Parent/Caregiver's understanding of impact of own behavior on children (118)	
3. Empathy with Children (119)	
4. Ability to nurture child's relationship w/ extended family/natural supports	
III. Identification and Use of Concrete Supports in Times of Need:	
1. Involvement of Care (105)	
2. Organization (108)	

Family Resilience & Strengths

Specify efforts by the parents to preserve and strengthen the family related to the reason for referral:

Identify supports provided by service providers to strengthen and support family:

Family Service Plan

Service Referral Information:

Services	To be provided by Strengthening and Supporting Family Worker	Referral made to outside agency?	Referral Information			Did family successfully connect with agency? (check and confirm within 3 days)
			Agency Name	Family Name	Date	
Accompanied to other linkage services	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
Anger management	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
Cash assistance / utilities / clothing / food	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
Computer literacy training	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
Child Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
Counseling services	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
Domestic violence services	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
Education / GED	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
Effective parenting classes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
Employment / Job Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
Family support group sessions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
Financial literacy training	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
Housing services	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
Job readiness training	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
Life skills training	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical / dental services	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>

Mental health services	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
Mentoring group	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent café	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
Shelter services	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual abuse treatment	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
Substance abuse treatment	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
Teen parenting services	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
Violence prevention services	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
Paternal Involvement Center	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>

Initial Plan Developed by Family:

Provider Case Summary/Additional Notes:

Parent(s)/Guardian(s) Signature: _____

Parent(s)/Guardian(s) Signature: _____

Provider Signature: _____

Child Welfare Case Worker Signature: _____

Date: _____