
**FAMILY
ASSESSMENT
REQUIREMENTS**

The DHS-145, Family Assessment/Reassessment of Needs and Strengths, is used to evaluate the presenting needs and strengths of each household with a legal right to the child(ren). DHS workers must complete the DHS-145, Family Assessment/Reassessment of Needs and Strengths, in SWSS FAJ. Placement agency foster care providers will continue to use the DHS-145, Family Assessment/Reassessment of Needs and Strengths template.

Foster care workers **must** engage the parents and the child(ren), if age appropriate, in discussion of the family's needs and strengths. By completing the family assessment/reassessment, foster care workers are able to systematically identify critical family needs that are barriers to reunification and design effective service interventions. The family assessment/reassessment of needs and strengths serves several purposes:

- Ensures that all foster care workers consistently consider a common set of need/strength areas for each family.
- Provides an important case planning reference tool for foster care workers and supervisors.
- Serves as a mechanism to evaluate service referrals made to address identified family needs.
- Ensures the family identifies and discusses their needs and strengths.
- When the initial assessment is followed by periodic reassessments, foster care workers and supervisors can easily assess change in family functioning and thus judge the impact of services on the family, while offering the family an opportunity to self-assess their progress.
- In the aggregate, management information on the problems family's face is provided. These profiles can then be used to develop resources to meet family needs.

Which Cases

All cases open for foster care services where parental rights have not been terminated. The DHS-145, Family Assessment/Reassess-

ment of Needs and Strengths is used for any household that has a legal right to the child(ren) at the ISP and each USP.

If the parent is unable to be located or refuses to participate, an assessment does not have to be completed; see FOM 722-08, Initial Service Plan Instructions for a definition of unable to locate and refuses participation.

Decisions

The DHS-145, Family Assessment of Needs and Strengths, is used to identify and prioritize family needs and strengths that must be addressed in the Parent-Agency Treatment Plan and Services Agreement; see FOM 722-08C. **The foster care worker identifies the top three need items which contributed most to the child's maltreatment and/or removal. These are the primary barriers, which must be resolved for the child(ren) to be returned.**

A family may have more or less than three primary barriers contingent on family circumstances. The worker must identify which of the scored needs are primary barriers to reunification in the ISP and/or USP.

The primary barrier items are those with the highest negative point value as scored by the foster care worker for either the primary or secondary caretaker (for a definition of primary and secondary caretaker see FOM 721, Definitions of Terms) and recorded in the most serious column. **All referrals for services are made according to the priority needs/barriers.**

Goals and objectives in the service plan must be designed to resolve the primary barriers. If there are four or more primary barriers to reunification identified for the family in the ISP or/or USP, the worker must indicate when each will be addressed in the service plan and treatment agreement and the reasons why it will not be addressed in the current plan.

Substance Abuse

Recognizing that unaddressed substance abuse needs (regardless of negative point value scored) can negatively impact progress on other items, **any** needs scored in substance abuse **must be addressed** as well in the Parent-Agency Treatment Plan and Services Agreement.

The foster care worker identifies up to three family strengths, as scored on the assessment scale **and** any other strengths identified

through the assessment process. **Strength items must be incorporated in the foster care worker's service plan where appropriate to resolve the primary barriers.**

When

Before completion of the written portion of the ISP and USP or any service referrals other than crisis intervention. The foster care worker collects information to complete the assessment through interviews with the family, collateral contacts, and review of available documentation.

Appropriate Completion

Each household is assessed unless the adult is unable to be located or refuses to participate as defined in FOM 722-08, Initial Service Plan instructions. Complete **all items** on the Family Assessment of Needs and Strengths scale for the primary and secondary caretaker (if present). Each item is scored according to the definitions. **Only one primary caretaker can be identified. If both the primary and secondary caretaker are scored for a need, place the score for the most serious need in the most serious column.**

In cases where biological parents (custodial and non-custodial parents) maintain separate households, complete a separate assessment for each household.

If the parent or caretaker refuses to participate in interviews and credible information from other sources to complete an item is unavailable, the foster care worker may enter "US" (Unable to Score) on the appropriate line in the ISP only. By the time the foster care worker is completing a USP all items should be scored unless a parent refuses contact, then US may be used, with supervisory approval.

The foster care worker must complete the DHS-145, Family Assessment of Needs and Strengths, with incarcerated parents. The parent must be given an opportunity to give input on his or her assessed needs and strengths. For more information, see FOM 722-06 Incarcerated Parents.

At completion of the DHS-145, Family Assessment of Needs and Strengths, the foster care worker lists the primary barriers and strengths items at the bottom of the form and records the item code (S1, S2, etc.). Primary barriers are to be incorporated into the

ISP/USP, parent-agency treatment plan and service agreement, foster parent/relative/unrelated caregiver activities, parent/caretaker activities, and individual child activities, along with any other necessary services, as appropriate. Goals and activities for the caretakers are to address the primary barriers in clear and measurable terms with expected outcomes.

The professional observations and information leading to the identification of each primary barrier must be documented in the ISP and/or USP in the appropriate section. If a need is one of the highest negative scored items but the worker decides not to address it as a primary barrier (for example literacy), the supporting reasons must be included in the ISP and/or USP.

FAMILY ASSESSMENT OF NEEDS AND STRENGTHS DEFINITIONS

S1. Emotional Stability

- A. **Exceptional coping skills** - Caretaker displays the ability to deal with adversity, crises, and long-term problems in a positive manner. Has a positive, hopeful attitude.
- B. **Appropriate responses** - Caretaker displays appropriate emotional responses. No apparent dysfunction.
- C. **Some problems** - Based on available evidence, caretaker's emotional stability appears problematic in that it interferes to a moderate degree with family functioning, parenting, or employment or other aspects of daily living. Indicators of some problems with emotional stability include:
 - Staff has repeatedly observed or been given reliable reports of indicators of low self-esteem, apathy, withdrawal from social contact, flat affect, somatic complaints, changes in sleeping or eating patterns, difficulty in concentrating or making decisions, low frustration tolerance or hostile behavior.
 - Frequent conflicts with coworkers or friends.
 - Few meaningful interpersonal relationships.

- Speech is sometimes illogical or irrelevant.
- Frequent loss of work days due to unsubstantiated somatic complaints.
- Caretaker has been recommended for, or involved in, outpatient therapy within past two years.
- Diagnosis of a mild to moderate disorder.
- Difficulty in coping with crisis situations such as loss of a job, divorce or separation, or an unwanted pregnancy.

D. **Chronic or severe problems** - Caretaker displays chronic depression, apathy, and/or severe loss of self-esteem. Caretaker is hospitalized for emotional problems and/or is dependent upon medication for behavior control.

- Observed, reported, or diagnosed chronic depression, paranoia, excessive mood swings.
- Inability to keep a job or friends.
- Suicide ideation or attempts.
- Recurrent violence.
- Stays in bed all day, completely neglects personal hygiene.
- Grossly impaired communication (for example incoherent).
- Obsessive/compulsive rituals.
- Reports hearing voices or seeing things.
- Diagnosed with severe disorder.
- Repeated referrals for mental health/psychological examinations.
- Recommended or actual hospitalization for emotional problems within past two years.
- Severe impulsive behavior.
- Incapacitated by crisis situations.

S2. Parenting Skills

- A. **Strong Skills** - Caretaker displays knowledge and understanding of parenting skills and is utilizing these skills with child(ren) on a daily basis. Parent shows an ability to identify positive traits in their children (recognize abilities, intelligence, social skills, etc.), encourages cooperation and a positive identification within the family.
- B. **Adequate skills** - Caretaker displays adequate parenting patterns which are age-appropriate for the child in the areas of expectations, discipline, communication, protection, and nurturing. Caretaker has the basic knowledge and skills to parent.
- C. **Improvement needed** - Improvement of basic parenting skills needed by caretaker. Caretaker has some unrealistic expectations, gaps in parenting skills, demonstrates poor knowledge of age-appropriate disciplinary methods, is ambivalent about parenting, and/or lacks knowledge of child development, which interferes with effective parenting. Includes:
- Frequent parent/child conflict over discipline.
 - Children sometimes left unsupervised.
 - Parents sometimes inattentive to child's emotional needs or are rejecting.
 - Any single preponderance of evidence referral for inappropriate discipline, violent behavior towards child(ren), lack of supervision, or failure to thrive (includes current).
 - Parent lacks knowledge/needs assistance in dealing with special needs child(ren).
 - Occasional parent/child role reversal.
- D. **Destructive/abusive parenting** - Caretaker displays destructive/abusive parenting patterns. Based on available evidence, it appears that caretaker(s) uses extreme punishment, or that their actions are tantamount to emotional abuse/neglect or that caretaker has abdicated responsibility for supervision, protection, discipline and/or nurturance. Indicators include:

- Two or more preponderance of evidence referrals for inappropriate discipline, violent behavior towards child(ren), lack of supervision, or failure to thrive (prior and current).
- Caretaker makes it clear that child(ren) are not wanted in home. Discipline routinely involves use of an instrument (belt, board) or unusual deprivation (lock in cellar or closet).
- Routine badgering and belittling of child(ren).
- Caretaker discipline and control completely ineffective or caretaker makes no effort.
- Caretaker unable to prevent abuse by others.
- Caretaker contributes to child's delinquent involvement.
- Prior termination of parental rights for sibling(s).
- Persistent parent-child role reversal.
- Caretaker refuses/unwilling to acknowledge that child has been sexually abused.

S3. Substance Abuse

- A. **No evidence of problems** - No evidence of a substance abuse problem with caretaker. Based on available evidence, it does not appear that the use of substances interferes with the caretaker's or the family's functioning. Use does not affect caretaker's employment, criminal involvement, marital or family relationships, or his/her ability to provide supervision, care, and nurturance for children.
- B. **Caretaker with problem or current treatment issues** - Caretaker displays substance abuse problem resulting in disruptive behavior, causing discord in family. Caretaker is currently receiving treatment or attending support program. Based on available evidence, it appears that caretaker's substance abuse creates problems for the caretaker or the family. Consider problems as the following:

- The caretaker has been arrested once in the past two years for alcohol or drug-related offenses or has refused breathalyzer testing.
- Caretaker has experienced work-related problems in the past year as a result of substance use.
- Staff have observed or received reliable reports that children have, on more than one occasion been left unsupervised, inadequately supervised or left longer than planned by caretaker because of substance abuse (such as, caretaker physically absent due to use, passed out or seeking drugs).
- Staff have observed or received reliable reports that caretaker's substance abuse results in conflict in family over use (for example arguments between spouses or between children and caretaker over use).
- Staff have observed withdrawal symptoms: twitching and tweaking (uneasiness), restlessness, runny nose, flu-like complaints, overly tired, multiple bathroom breaks in short period of time, mood swings.
- House is in disarray, activities of daily living not tended to.
- Caretaker admits that he/she is experiencing some problems due to substance abuse.
- Caretaker is currently in out-patient treatment (including AA/NA).
- Caretaker has received treatment for substance abuse and has been in recovery for less than one year.

C. **Caretaker with serious problem** - Caretaker has serious substance abuse problems resulting in such things as loss of job, problems with the law, family dysfunction. Based on available evidence, it appears that caretaker's substance abuse creates serious problems for the caretaker or the family. Consider the following criteria as indicators of a serious problem:

- Child born positive for drug exposure or fetal alcohol syndrome.
- Caretaker has been fired for substance abuse (and has not subsequently received treatment).

- Caretaker has been arrested two or more times for alcohol or drug-related offenses.
- Reliable reports of, or staff have observed, violence toward family members by caretaker while under the influence.
- Reliable reports of daily intoxication.
- In-patient treatment or recommendation for same within past two years (and not in recovery).
- Self-reported major problem.
- Caretaker has been diagnosed as substance dependent.
- Child or spouse reports observation of caretaker using drugs, or child(ren) have knowledge of whereabouts of drugs in household.
- Multiple positive urine screens.

D. **Problems resulting in chronic dysfunction** - Caretaker has chronic substance abuse problems resulting in a chaotic and dysfunctional household/lifestyle. There has been a pattern of serious, long-term problems related to substance abuse. Other examples may include but are not limited to:

- Multiple job loss.
- Multiple arrests that are related to the caretaker's substance abuse.
- Caretaker has had a serious problem with substance abuse, been in recovery, and recently has relapsed.
- Caretaker has a serious medical problem(s) resulting from substance abuse.
- Caretaker is in a stage of dependency on a substance.
- There has been regular pre-natal exposure of children to substances - this includes exposure in more than one pregnancy, children diagnosed fetal alcohol syndrome (FAS) or fetal alcohol effect (FAE), or children with a positive toxicology screen at birth.

S4. Domestic Relations

- A. **Supportive relationship** - Supportive relationship exists between caretakers and/or adult partners. Caretakers share decision making and responsibilities.
- B. **Single caretaker not involved in domestic relationship** - Single caretaker.
- C. **Domestic discord, lack of cooperation** - Current marital or domestic discord. Lack of cooperation between partners, open disagreement on how to handle child problems/discipline. Frequent and/or multiple partners.
- D. **Serious domestic discord/domestic violence** - Serious marital discord or domestic violence. Repeated history of leaving and returning to abusive spouse or partners. Involvement of law enforcement in domestic violence problems, restraining orders, criminal complaints.

S5. Social Support System

- A. **Strong support system** - Caretaker has a strong, constructive support system. Active extended family (may be blood relations or close friends) who provide material resources, child care, supervision, role modeling for parent and children, and/or parenting and emotional support.
- B. **Adequate support system** - Caretaker uses extended family, friends, community resources to provide a support system for guidance, access to child care, and available transportation, etc.
- C. **Limited support system** - Caretaker has limited support system, is isolated, or reluctant to use available support or support system is negative.
- D. **No support or destructive relationships** - Caretaker has no support system and/or caretaker has destructive relationships with extended family and community resources.

**S6.
Communication/
Interpersonal
Skills**

- A. **Appropriate skills** - Caretaker appears to be able to clearly communicate needs of self and children and to maintain both social and familial relationships.
- B. **Limited or ineffective skills** - Caretaker appears to have limited or ineffective interpersonal skills within the family and community which limit ability to make friends, keep a job, communicate needs of self or children to schools or agencies.
- C. **Isolated/hostile/destructive** - Caretaker isolates self/children from outside influences or contact, and/or has interpersonal skills that are hostile/destructive towards family members or others. Available evidence indicates very chaotic, disrespectful communication or behavior patterns or extreme isolation; very diffuse or extremely rigid personal boundaries; extreme emotional separateness or attachment.

S7. Literacy

- A. **Literate** - Caretaker has functional literacy skills, is able to read and write adequately to obtain employment, and assist children with school work.
- B. **Marginally literate** - Caretaker has marginally functional literacy skills that limit employment possibilities and ability to assist children.
- C. **Illiterate** - Caretaker is functionally illiterate and/or totally dependent upon verbal communication.

**S8. Intellectual
Capacity**

- A. **Average or above functional intelligence** - Caretaker appears to have average or above average functional intelligence.
- B. **Some impairment, difficulty in decision making skills** - Caretaker has limited intellectual and/or cognitive functioning which impairs ability to make sound decisions or to integrate new skills being taught, or to think abstractly. Available evidence indicates that caretaker's intellectual ability impairs their

ability to function independently and to care for child(ren). Indicators include:

- Deficiencies, even after instruction, in everyday living skills such as taking a bus, shopping for food or clothing, or using money.
- Difficulties in performing, even after instruction, such basic child care tasks as preparing formula, changing diapers, taking temperatures, administering medication, preparing meals, or dressing children appropriately for weather conditions.
- Grossly inappropriate social behavior for chronological age.
- Previous school placement in a special education or developmental disabilities program.
- Caretakers' IQ indicates that he/she is mildly mentally impaired (score of 50-55 to approximately 70).

C. **Severe limitation** - Caretaker is limited intellectually and/or cognitively to the point of being marginally able or unable to make decisions and care for self, or to think abstractly. It appears that the caretaker has severely limited intellectual ability and that it seriously limits or prohibits ability to function independently and to care for child(ren). Indicators of a major problem include:

- Caretaker's IQ indicates that he/she is moderately, severely, or profoundly mentally impaired (score below 50-55).
- Caretaker's employment is in a sheltered workshop or is unable to work. Outside assistance is provided or has been recommended for caretaker's daily living.
- Previously placed in, or recommended for a residential treatment facility, or specialized group home because of limited intellectual ability. Inability to recognize and respond appropriately to situations requiring prompt medical attention (for example, diarrhea, fever, vomiting) or emergency medical care (for example, potential broken bones, serious burns) for family members.

- Restricted ability to make judgments to protect the child(ren) from abuse, neglect, or injury.

S9. Employment

- A. **Employed** - One or both caretakers are gainfully employed.
- B. **No need** - One or both caretakers are gainfully employed, or are out of labor force, for example, full-time student, disabled person, or homemaker.
- C. **Unemployed, but looking** - One or both caretakers need employment or are under-employed and engaged in realistic job seeking or job preparation activities.
- D. **Unemployed, but not interested** - One or both caretakers need employment, have no recent connection with the labor market, are not engaged in any job preparation activities nor seeking employment.

S10. Physical Health Issues

- A. **No problem** - Caretaker does not have health problems that negatively affect family functioning.
- B. **Health problem, physical limitation that negatively affects family** - Caretaker has a health problem or physical limitation that negatively affects family functioning. This includes pregnancy of the caretaker.
- C. **Serious health problem, physical limitation** - Caretaker has a serious/chronic health problem or physical limitation that affects ability to provide for and/or protect children.

S11. Resource Availability/Management

- A. **Strong money management skills** - Family has limited means and resources but family's minimum needs are consistently met.
- B. **Sufficient income** - Family has sufficient income to meet basic needs and manages it adequately.

- C. **Income mismanagement** - Family has sufficient income, but does not manage it to provide food, shelter, utilities, clothing, or other basic or medical needs, etc.
- D. **Financial crisis** - Family is in serious financial crisis and/or has little or no income to meet basic family needs.

S12. Housing

- A. **Adequate housing** - Family has adequate housing of sufficient size to meet their basic needs.
- B. **Some housing problems, but correctable** - Family has housing, but it does not meet the health/safety needs of the children due to such things as inadequate plumbing, heating, wiring, housekeeping, or size.
- C. **No housing, eviction notice** - Family has eviction notice, house has been condemned, is uninhabitable, or family has no housing.

S13. Sexual Abuse

- A. **No evidence of problem** - Caretaker is not known to be a perpetrator of child sexual abuse.
- B. **Failed to protect** - Caretaker has failed to protect a child from sexual abuse.
- C. **Evidence of sexual abuse** - Caretaker is known to be a perpetrator of child sexual abuse.

S14. Child Characteristics

- A. **Age appropriate** - Child(ren) appears to be age-appropriate, with no abnormal or unusual characteristics.
- B. **Minor problems** - Child(ren) has minor physical, emotional, or intellectual difficulties. Minor child is pregnant.
- C. **Significant problems** - One child has significant physical, emotional, or intellectual problems resulting in substantial dysfunction in school, home, or community which puts strain on family finances and/or relationships.
- D. **Severe problems** - More than one child has significant physical, emotional, or intellectual problems resulting in substantial

dysfunction in school, home, or community which puts strain on family finances and/or relationships.