

DOWNLOAD PDF FAMILY ASSESSMENT TOOL: FOR USE WITH A GUIDE TO FAMILY ASSESSMENT

Chapter 1 : Tools for Family Assessment | How To Adult

Family-centered assessment is a process designed to gain a greater understanding of how a family's strengths, needs, and resources affect a child's safety, permanency, and well-being. The assessment should be strengths-based, culturally sensitive, individualized, and developed in partnership with the family.

Explain to your client that talking about their family history and relationships will help the two of you to address past family issues that may be impacting on them and focus on building a positive support network for the future. The following assessment tools and methods are suggested to assist you to implement a family aware practice approach in your work and would normally be used during the course of a number of interviews over the first few weeks of contact. Always clarify your role during the assessment process and be clear about what services you can offer. When completing an assessment it is important to focus on family strengths and coping capacities, in addition to identifying problems and deficits in relationships. Be sensitive to and respectful of the different experiences of culturally and linguistically diverse families. Genograms and ecomaps are useful tools to assist assessment of family relationships and support networks 5. Assessing complex needs can be complicated. Seek a second opinion if necessary. If a young person is at serious risk, take preventative action. Confidentiality and duty of care When meeting with the young person for the first time, it is important to establish the boundaries and limitations of confidentiality and consent as outlined in the Worker sheet: Confidentiality and Duty of Care Issues. This is so both of you are clear about these matters right from the outset. Role Clarification It is also important in the first meeting that you clarify what your role is at your agency and any limitations on your role and on the services that your agency can provide. Young people should leave the first interview with a clear understanding of what services you can realistically offer them. Explain from the outset whether it is within the scope of your role at your agency to work with the families of your clients and why you think that it is sometimes helpful to have contact with family members. In later interviews when you and your client have had an opportunity to discuss whether contact with immediate or extended family members would be helpful, clarify with them the type and level of contact that you are proposing and your skills in family work. Let them know whether you have professional training in family counselling and you feel that you may be able to work with the young person and their family to help them address unresolved relationship issues that may still be impacting on the young person. Family members may not feel they can offer the young person support at the present time or family contact may be inappropriate. Structural factors and other issues that may contribute to family Breakdown Try not to be judgmental when family relationships break down. Families that are experiencing poverty, unemployment and homelessness, are usually under extreme stress. It is important to identify all the factors that may be contributing to a breakdown in family relationships. Identify family strengths and capacities Do not just focus on family problems and deficits. It is important to recognize that all families have strengths and capacities and to try and identify these in your assessment. Cultural and religious issues and family traditions Explore with your clients the impact of their cultural or religious background on their family life and on them as individuals. Explore with the young person their family values and traditions. Acknowledge the complexities migrant and refugee families face settling into a new country and different cultural environment. Young people in culturally and linguistically diverse families often struggle with strong expectations from family members to maintain their cultural values, whilst trying to fit into mainstream Australian culture see Centre for Multicultural Youth website. In completing your assessment consider asking the young person: Did your family have any cultural or religious traditions? What cultural influences or religious traditions enhanced your family life? Were there any cultural or religious differences that made it difficult for you or your family? Assessing complex needs can be complicated Caring for a young person with complex needs is demanding and stressful - young people and their families need information, advice and support to find better ways to cope and to explore their potential. A young person with a personality disorder or a dual diagnosis can be

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challenging to diagnose and treat. For example, if you are unsure whether a young person has a personality disorder, a borderline intellectual disability or bipolar disorder, consult with a psychologist or psychiatrist who has expertise in working with adolescents. If necessary discuss with the young person, the benefit of having another professional undertake an assessment with them to provide you both with further information that will help you to set in place a realistic case management plan.

Dual diagnosis Young people with a dual diagnosis of mental illness and substance abuse are frequently turned away from services where staff do not feel they are adequately trained to deal with both issues. It is important to support the family by acknowledging their frustrations and the complexity of the situation they are experiencing. Try not to exacerbate the situation by turning them away from your service as well. At the very minimum provide appropriate referrals and follow up on the outcome.

What to do if a young person is at risk If in the course of your assessment you feel that the young person you are interviewing may be at serious risk, it is imperative that you take preventative action. Nonetheless you have a duty of care to respond to risk situations. Remember it is better to be cautious, than sorry. For concerns that are life-threatening call the police. For concerns about the immediate safety of a child ring the Child Protection service in your state. For contact details of your local regional child protection service in Victoria see the following website: [If a young person is suicidal call the Crisis Assessment Team at the nearest hospital for advice or intervention.](#)

Who is important to you in your life? Why are these particular people important? Who provides the most support in your life? How have members of your family reacted to the problems that you are currently experiencing? Are members of your extended family aware of what you have been experiencing? What was it like growing up in your family? Perhaps you could talk about some of the memories, both good and not so good. What is it like for you right now - living in your family? How do you think your family might describe you? What qualities or strengths might they say you have? Are there members of your extended family that you feel close to or feel that you have something in common with? Did you feel safe in your family? How does your family handle disagreements? Is it okay to express your emotions in your family? To feel happy, sad, frustrated, angry, content etc? Tell me about your different family members and the ways in which they express their emotions. Were there times when you were worried about any of your family members? Why were you worried? How were these concerns handled? What qualities do you bring to your family that are special or unique? Were there any special activities that you did together? Did your family mix with other families? What other information would you like me to know about your family that will be helpful during our time together?

Useful assessment tools The genogram is a useful tool that is used widely in family therapy but it can be adapted for use with individual young people. The genogram provides a visual representation of three to four generations. Clients are encouraged to identify whether relationships in the family have been close, conflictual or distant. The genogram can help young people to identify patterns or themes within their families that may be influencing their behaviour see: [Simple Guide to Genograms](#). An eco-map is another assessment tool that is particularly useful in work with young people with complex needs. It is a visual representation of current family relationships and also community and social networks. Clients are encouraged to identify whether their relationships with their peers, school, social clubs, professionals are strong, weak or stressful see: [Queensland Government Interview Resource - Ecomap](#).

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Chapter 2 : Comprehensive Family Assessment Guidelines for Child Welfare | Children's Bureau | ACF

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Questions to Ask and Answer: Who is affected and how? What resources do we have? What resources do we need? Assess both needs and assets resources in your community. Work together as a coalition to set priorities. What do community members and key stakeholders see as the most important issues? Consider feasibility, effectiveness, and measurability as you determine your priorities. Start collecting state and local data to paint a realistic picture of community needs. The data you collect during the assessment phase will serve as baseline data. Baseline data provide information before you start a program or intervention. They allow you to track your progress. Getting at the Roots of the Issue Social Determinants of Health Start a dialogue about the underlying causes of poor health or quality of life in your community. How do the 5 social determinants of health discussed in Healthy People relate to your issue s? How does the physical environment affect the health of your community for example: How does access to health services affect the health of your community? How do biology and genetics affect the health issue you are trying to address? How does the social environment affect the health of your community for example: How does individual behavior affect the health issue you are trying to address? Kansas Kansas determined priority health issues through its Healthy Kansas Steering Committee, which evaluated health data, sought expert opinions, invited public comments, and conducted an opinion survey of residents. Kansas used a consensus method to limit the scope of its objectives to 7 priority health areas and 4 disease risk factors. The 7 priority health areas were alcohol and drug abuse, cancer, heart disease, HIV and other sexually transmitted diseases, infectious diseases and immunizations, injuries and violence, and maternal and infant health. The 4 risk factors were lack of access to preventive care, tobacco use, poor nutrition, and lack of physical activity.

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Chapter 3 : CEBC Â» Assessment Tool â€™ North Carolina Family Assessment Scale

Assessment Guidelines presented in this document: If the child welfare agency is responsible for serving the family, a comprehensive family assessment is usually the best means to obtain.

In addition, this publication can be ordered from the Child Welfare Information Gateway at SAFERR is a collaborative model to help child welfare, substance abuse treatment, and family court professionals make better informed decisions when determining outcomes for children and families affected by substance use disorders. The guidebook provides strategies to help improve the connections, communications, and collaborative capacities across systems. The problems of child maltreatment and substance use disorders demand urgent attention and the highest possible standards of practice from everyone working in systems charged with promoting child safety and family well-being. Success is possible and feasible. Professionals from child welfare, substance abuse treatment, and family courts have the desire and potential to change individual lives and create responsible public policies. Family members are active partners and participants in addressing these urgent problems While SAFERR suggests standards of practice within each of the three systems, its focus is on the connections, communications, and collaborative capacities across them. These standards apply to the child welfare, substance abuse treatment, and family court professionals. Because families involved with these systems are also likely to be known to other systems such as welfare, criminal justice, and mental health, the strategies suggested are relevant for coordinating services across a wide range of systems. How will the model help my work? Introduction Although there are a variety of tools for screening and assessing children and families and a range of substance abuse treatment and other services, it is only through collaboration and communication across the systems responsible for helping families that workers will get the information they need and that families will feel they have a chance at changing their lives. It also describes two essential elements of successful collaboration: Collaboration Within and Across Systems Lays out elements that people in each system should know about their own system and about the other two systemsâ€™things they can do internally in preparation for working with other agencies. It then presents elements that require communication with the other two systems. Working Together on the Frontline Presents activities that compose the daily work of substance abuse counselors and child welfare workers and offers guidance on how they can collaborate in these tasks. Activities include screening for substance abuse disorders and for child maltreatment, conducting initial and ongoing assessments, and developing techniques for engaging families and monitoring their progress. It concludes with suggestions regarding how the Steering Committee should guide these frontline practice changes. It includes samples of Action Plans, instruments to help Steering Committee members assess their values and their capacity to collaborate, and other forms to make it easier for the Steering Committee to accomplish its goals. This appendix is a companion to Section I of the guidebook. Fact Sheets PDF KB Provides a series of fact sheets on topics such as the number of people involved with child welfare, substance abuse, and the court systems, the number of children born prenatally exposed to substances, and research findings on the extent of substance abuse problems in child welfare. These fact sheets may be useful in educating legislators and policymakers or heightening awareness among frontline staff. They are intended to complement and not replace more in-depth training activities that should take place. Understanding the Needs of Children in Families Involved in the Child Welfare System Who Are Affected by Substance Use Disorders PDF KB Provides information about prenatal and postnatal substance exposure and the consequences of exposure on children, issues related to substance use among youth, and a description of resources for children who have been identified as affected by parental substance use disorders. Child welfare and substance abuse staff should jointly select the tools that best meet their needs. The purpose of these examples is to provide general information to substance abuse counselors regarding the issues addressed in child welfare safety and risk assessments. It includes information that can be incorporated into consent forms for use by multiple agencies and links to Federal resources for sharing information in ways that

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comply with HIPAA and other confidentiality regulations.

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Chapter 4 : Effective Assessment of Family Information Intake - Strong Bonds - Building Family Connection

Comprehensive family assessment is the ongoing practice of informing decision-making by identifying, considering, and weighing factors that impact children, youth, and their families. Assessment occurs from the time children and families come to the attention of the child welfare system-or before-and continues to case closure.

Treatment plans developed without input from the patient and family are often doomed to failure. As a result, the health care team spends valuable additional time going back to assess the family and often learn about strengths and barriers that were present all along. Both the patient and family members need to tell their story about the illness and the impact it is having on their lives. Try to give them time to share their perceptions about the problems the illness is causing. By taking time to listen to the patient and his family, you are building the trusting relationship that is the basis of patient and family teaching. A good family assessment requires astute observation skills and the ability to be an active listener. Assessment data can be obtained anytime health care professionals interact with patients and families. Gathering information about family structure, function, and needs does not have to be restricted to structured interviews. Informal conversations with the patient and family while you are passing medications, adjusting an intravenous rate, or giving a tube feeding can yield data that will help you complete the family picture. Table 9 shows areas of family assessment that are important to know. Learning the answers to these questions will help you immensely in developing an effective teaching-learning partnership with the patient and his or her family. Table 9 What is the family like? Who is considered part of the family? Who has most influence on the patient? What are the ages and sex of the family members? What are their occupations? What is the health status of family members? What resources are available to the family? Does it provide sufficient safety and comfort features? What are the health insurance resources? What neighborhood or community resources are available? What connections does the family have with friends, neighbors, church, community organizations? What is the level of education of the family members and their attitudes toward learning? Do all family members have basic literacy skills? Are there language barriers to verbal communication? Does the family have any folk medicine beliefs? Are there potential conflicts between cultural beliefs and the recommendations of health professionals? Does the family seem to be able to take in new information easily and apply what was taught? Does the family seem overwhelmed as a result of the need to learn new skills? How does the family seem to function? Do family members seem to be sensitive to the patient and to each other? Do family members appear to be able to communicate effectively with each other? Does the family indicate that they have the ability to accept help from others when it is needed? How open does the family seem to teaching? Do key family members have the ability to make effective decisions? What experience does the family have in handling crisis situations? How did the family react to crises in the past and what resources did they use to help them? What do they think has caused the health care problem? Why do they think the problem occurred now? What do they think the illness does to the patient? How severe do they believe the illness is? What kind of treatment do they think the patient should receive? What are the most important results they think the patient should obtain from the treatment? What are the major problems the illness has caused for the family? What do they fear most about the situation? What do the patient and family think are the most important things they need to know? Do the patient and family know others with the same health care problem? Do the patient and family understand and agree with the treatment plan? Are there any physical or cognitive limitations that will be barriers to learning? Are the patient and family willing to negotiate goals with the health care team? Issues, Principles, Practices, 3rd ed.

Chapter 5 : Comprehensive Family Assessment - Child Welfare Information Gateway

This guide addresses the components of comprehensive family assessment, shows the linkages to service planning and

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service provision, and illustrates how child welfare agencies can support their use.

Chapter 6 : Assess | Healthy People

The use of whole family assessment to identify the needs of families with make an assessment of family need but not developing a new family assessment tool.

Chapter 7 : FAM-III[®] - Family Assessment Measure-III[®] | Multi Health Systems (MHS Inc.)

Family assessment tools identify the strengths and protective qualities of the family unit and are used to evaluate the environment in which children live.

Chapter 8 : Family-Centered Assessment - Child Welfare Information Gateway

Assessment Model (CFAM) is a comprehensive family assessment that can guide examination of structural, developmental and functional dimensions (Wright & Leahey,). The Family.

Chapter 9 : Practice Models for Nursing Practice with Families - International Family Nursing Association

A multi-disciplinary assessment procedure used to evaluate the abilities of a young child who is deaf/hard of hearing as the child interacts with family members. The resulting data are used in several ways to develop the IFSP.