

Iowa CASA Program

Child Assessment Tool

Assessing the needs of children and advocating for their
safety, permanency and overall well-being



Child Advocacy Match System (CAMS)

Supplemental Training Resource

Updated 2019

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Introduction

One of the most exciting features about CAMS from a program and advocacy perspective is the collection of data relating to outcomes for the children served by the CASA Program. We collect this data through a series of assessments that must be completed regularly for each child.

For the purposes of your CASA work, we define **outcomes** as those conclusions that our program can make to correlate the relationship between Advocates' efforts and the child's circumstances.

- ★ Imagine viewing a child's assessments over the life of the case, recognizing how much has improved for the child and knowing exactly how the Advocate's effort has paid off. In addition, the data collected about issues such as safety, health and permanency will be information the Iowa Child Advocacy Board can provide to our lawmakers, funders and the public.

Assessments will be completed according to the Iowa CASA Policy which reads as follows: [Advocates will] complete the five (six if the child is age 14 or above) Child Assessments in CAMS for each child on the case.

Timing of Assessments

Assessment	Timing of Assessment
Initial Assessment	Within the first 60 days of assignment
Subsequent Assessments	A minimum of every 6 months *

(*) Best practice is to complete a subsequent assessment within 30 days of when the CASA Court Report is due to the Coach/Coordinator. Some jurisdictions may hold hearings every three months. Consult with the Coordinator to determine frequency of completing subsequent assessments. The assessment information will provide Advocates with current data that may prompt identification of strengths, concerns and recommendations for the court report.

Importance of the Child Assessment Information

Child assessments are designed to address many of the needs a child might have because of the abuse and/or neglect they experienced that led to an open Child In Need of Assistance (CINA) case with the court system. Completing the assessments is a formal way to think through the concept of child well-being in terms of physical, behavioral, social and cognitive areas. An initial assessment provides a baseline of information. It also provides reminders for information Advocates should collect during the investigation stage to “fill in the gaps” of their case knowledge.

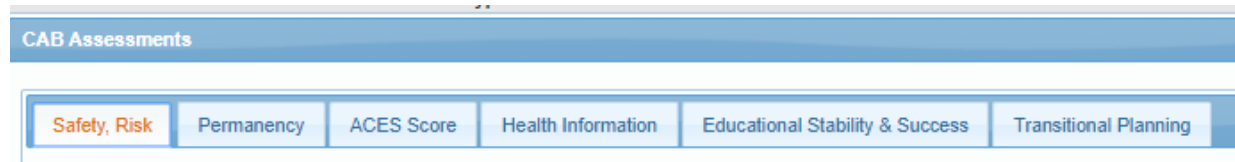
- ★ Ultimately, knowing the answers to the questions asked in the various assessments will provide Advocates with well-rounded information to complete court report narratives, identify fact-based strengths and concerns that lead to stronger recommendations to the court.

On a program and systemic level, the information from the child assessments helps the Iowa Child Advocacy Board (ICAB) perform one of our most basic functions - to report on the welfare and well-being of Iowa’s abused and neglected children to the Iowa Legislature, Department of Human Services, the Judiciary and the general public. In addition, aggregated information obtained from the assessments will be used by both ICAB and Friends of Iowa CASA as we apply for additional grant funding. Finally, the National CASA Association is moving toward collecting data that measures local CASA Program performance and case-level outcomes.



- ★ Not only is it in the best interest of the children we serve to pay attention to their overall outcomes, but future CASA program sustainability may depend on our ability to collect data and demonstrate “the good” we do.

The Basics of the Child Assessments



1. There are a total of six assessments per child in CAMS, but the last assessment on Transitional Planning will only be completed for youth ages 14 and over.
2. The assessments are series of Yes, No, Unknown or N/A answers and date fields.
3. It is anticipated that the assessments will take no more than 45 minutes per child to complete the first time.
 - a. The completion time of each subsequent assessment will be shorter as you will be updating the information populated from your previous assessment.
4. It is likely that an Advocate will NOT know all the answers the first time an assessment is completed.
 - a. Questions that an Advocate does not know the answer to will become part of the investigation and information gathering as the Advocate makes contacts on the case.
 - b. Again, the questions are intended as prompts to help Advocates collect information needed to make informed recommendations to the court and to help judges make informed decisions.



Using Assessments to Guide Advocacy Work

Each child is unique. Abilities, protective factors, risk factors, access to resources and opportunities differ from one child to the next which is why individual child assessments are needed.

The Questions

There are a significant number of questions and issues included in the CAMS Assessment Tool. All of the questions pertain to important facets of the child's overall safety, permanency and well-being. As noted throughout this material, it is important for Advocates to **Take Action** by integrating the assessment questions into routine contacts and information gathering related to the case. Look for the **Take Action** icons throughout this resource document.



There are reference sheets for each section of the CAMS Assessment Tool at the end of this training resource on pages 44-53. Advocates can print the reference sheets off as needed to help them remember the questions they want to gather information about in order to complete the CAMS Child Assessments throughout the life of the case.

The “Unknowns”

As Advocates complete the assessment, it is natural that there will be questions that they do not know the answer to. As noted throughout this resource material, there are many ways for Advocates to gather case information to be best informed about the child and his/her overall situation. Being armed with as much information as possible will help Advocates better understand progress, as well as barriers, that remain for the child to achieve legal and relational permanency, safety and overall well-being. This knowledge will translate to the Court Report in the form of strengths, concerns and/or recommendations.



The questions that are Unknown are the questions Advocates need to incorporate into their case action plan for who to contact to gather the information. Things to consider:

- Where can I best get the answer to this question?
- How will the answer increase my awareness about the child or the child's situation?
- What follow-up or additional information may be needed to be assess this issue?
- If no one knows the answer to this question, what recommendation might I make to address the issue?

CAMS Child Assessment Tool

1. Open the Case Management navigation button
2. Open your case
3. Go to Children in Case and open the Child's Face sheet by clicking on the Child's Name (blue hyperlink)
4. On the Child's Face sheet, click on New Assessment



Advocates have access to case file information. Advocates will gather additional information through communication with the child(ren) and interested parties involved in the case. The information gathered will be used to complete the CAMS Child Assessment Tool.

When you complete subsequent assessments, CAMS will auto-fill your previous answers to save you time in updating the assessment with any changes or new information you gathered since the last one.

Child's Face sheet

Showing 1 to 5 of 5 entries

Previous Next ▶

Court Information	Child Assessments
Removal Date: [Update] Next Court Date: No Future Court Date Judge: Initial Permanency Hearing Date: Date of Permanency Order by the Court: Permanency Date Achieved: Permanency Outcome:	Latest Assessment Completed: <div style="border: 2px solid red; border-radius: 50%; padding: 5px; display: inline-block;"> [History] [New Assessment] </div>

Note: Pages 44-53 in this training resource contain reference sheets for each of the sections included in the CAMS Assessment Tool Training Resource. Advocates can print the reference sheets and use them as they review the case file and gather information from the file documents and interested party contacts. The assessment questions are also outlined in the first year trainings, *Investigating a Case* and *Monitoring a Case*.

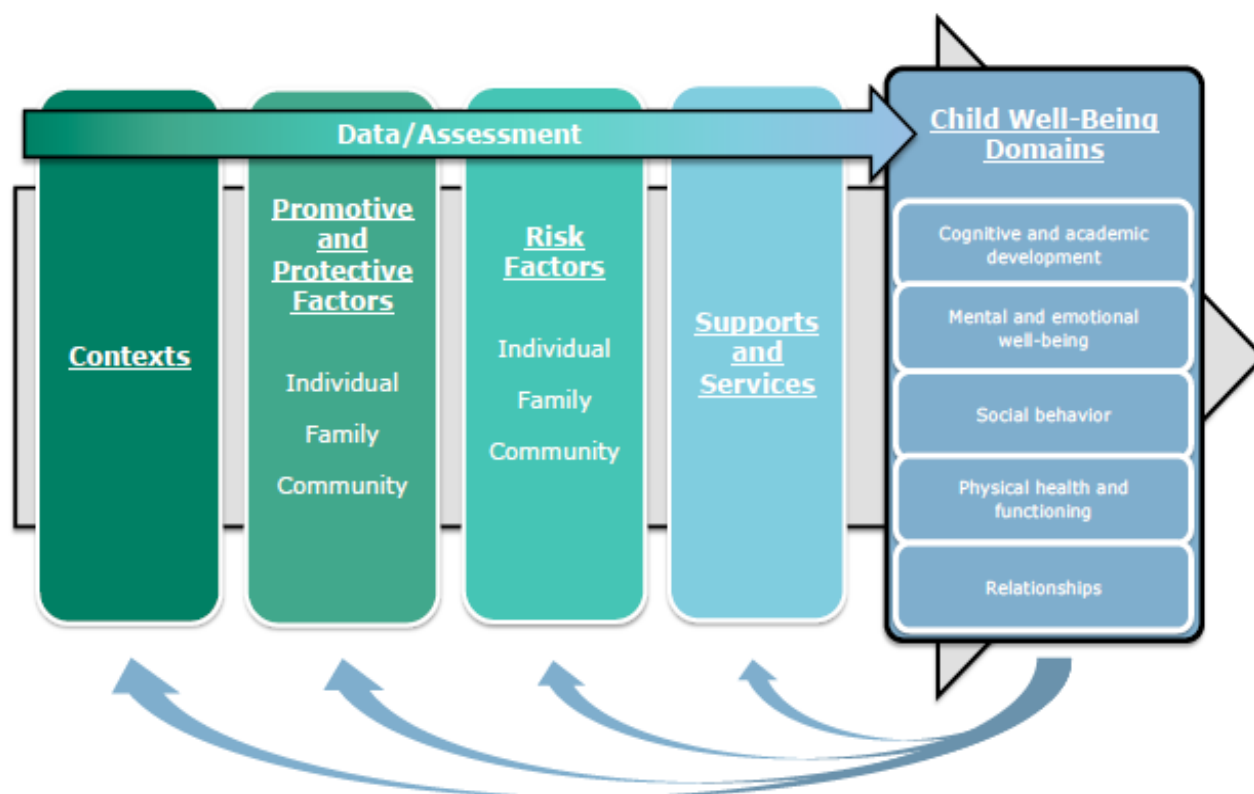
Safety and Risk

The conceptual model guiding the work of Child Trends is shown below in Figure 1. It illustrates, in broad strokes, how child well-being is defined and achieved. On the far right, they highlight five domains of well-being. By Child Trend's definition, flourishing, or "thriving," encompasses positive development across all five of these domains:

- Physical health and functioning
- Mental and emotional well-being
- Social behavior
- Cognitive and academic development
- Relationships

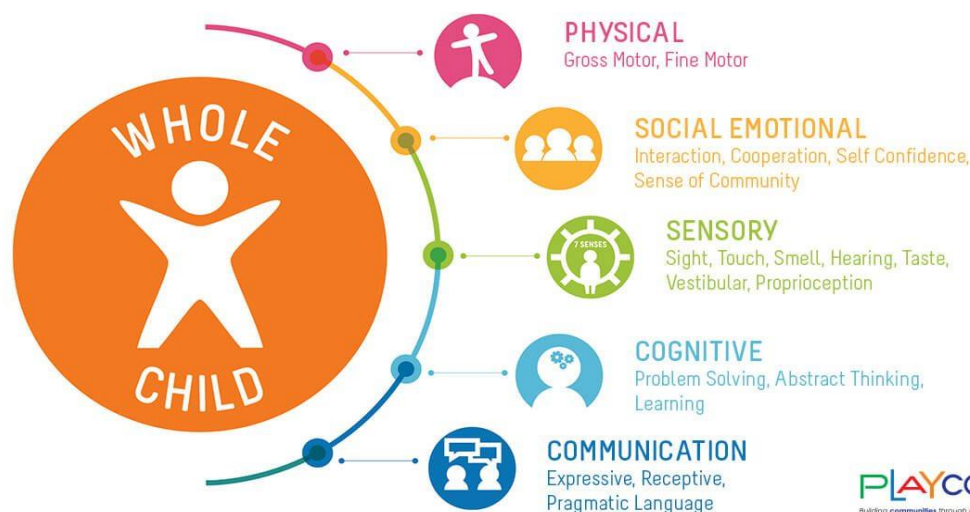
Research has made it clear that well-being is dynamic and in-progress and sensitive to children's social and emotional experiences. As illustrated by the arrows at the bottom of Figure 1, children's outcomes can affect their contexts, as well as the risk and promotive/protective factors and supports they receive. For example, a family with a child who develops a chronic health condition may be more likely to move or change child care providers. Early success helps protect against later risk, but even children exposed to adverse circumstances can recover, given sufficient positive relationships and supports at a later stage.

Figure 1: Conceptual model for child well-being



To assess a child's progress and ability to thrive and flourish, we need to consider the following factors:

- **Self-regulation:** A child's ability to recognize and control impulses, manage stress and emotions, and exert self-control
- **Attachment:** A child's positive relationship to, feelings of safety with, and trust in a parent or caregiver; co-regulation
- **Engagement/approaches to learning:** Cognitive, emotional, and behavioral engagement; interest, curiosity
- **Communication:** The child's ability to verbally and non-verbally express needs, preferences, and emotions, and to listen and respond to the communications of others
- **Positive relationships with siblings and peers:** Empathic, open, warm, giving, and supportive interactions with other children
- **Executive functioning:** Cognitive processes that underlie planning, goal-directed activity, and problem-solving, including attention, working memory, and inhibitory control
- **Positive self-concept and orientation to life:** Compassion for self, optimism, meaning, and hope for life
- **Age-appropriate self-care:** The child's ability and motivation to do things for him/herself that are within his/her capacity



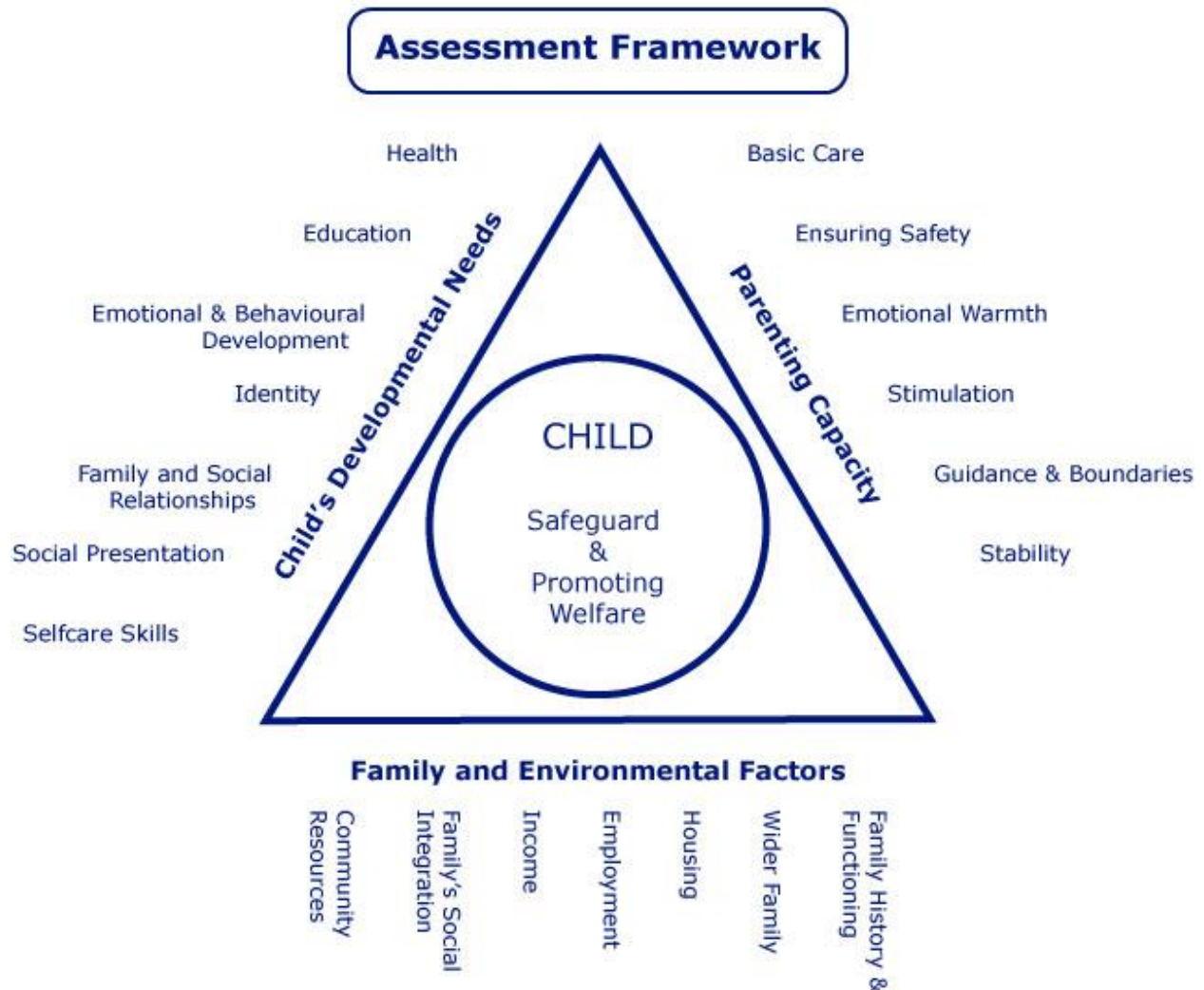
In addition, we identify the following high-priority measures of risk and protective factors:

- **Positive parenting skills:** Authoritative parenting
- **Conflict-resolution skills within families:** Non-violent strategies to recognize and resolve differences
- **Social support for parents:** Parents' abilities to form relationships with other adults
- **Community cohesion:** Helps parents meet basic needs and form social bonds
- **Family routines:** Routines and rituals that foster family health, flourishing, and resilience
- **Community safety:** Physically safe, as well as nurturing and supportive, communities
- **Availability of high-quality early care and education:** Safe, nurturing, and affordable programs that foster children's school readiness [By early care and education we mean the care and education of children in their early years, from their first months to the compulsory school starting-age of 6 years old.]
- **Relevant, high-quality, culturally appropriate, and available local services, including transportation**
- **Jobs that pay a living wage:** Supportive skills training for employment in fields with benefits and opportunities for advancement



Source: *Flourishing From the Start: What Is It and How Can It Be Measured?* Copyright 2017 by Child Trends, Inc.

The following framework illustrates the various components included in the Safety and Risk portion of the CAMS child assessment tool.





Measuring safety and risk helps Advocates identify delays in a child's development and the absence of some parenting capacities, as well as assess the impact of family and environmental factors on case progression or barriers.

The CASA pre-service curriculum and subsequent first year training information provide an introduction to key concepts that help us understand the Safety and Risk assessment questions.

Here is a refresher of the key concepts when assessing safety and risk factors:

Protective and Promotive Factors (Safety) - conditions in families and communities that, when present, increase the health and well-being of children and families. They are attributes that serve as buffers, helping parents who might otherwise be at risk of abusing their children to find resources, supports, or coping strategies that allow them to parent effectively, even under stress. Protective and promotive factors for parents and children, such as health, employment, mental ability, cultural heritage and informal support systems are often reflected in the strengths identified in the CASA Report.

Risk Factors - conditions that when present, decrease the health and well-being of children and families. These factors generally include the reason why a family is involved in Juvenile Court. Multiple risk factors can affect the family culture, the children, case planning and the family's ability to progress towards reunification. Major risk factors such as poverty, substance abuse and other addictions, mental health issues, domestic violence and stress are typically the issues that are found in the concerns section of the CASA Report or compound the issues of other concerns.

RISK FACTORS	PROTECTIVE FACTORS
<ul style="list-style-type: none"> ■ Chaotic home environment ■ Ineffective parenting ■ Little mutual attachment and nurturing ■ Inappropriate, shy, or aggressive classroom behavior ■ Academic failure ■ Low academic aspirations ■ Poor social coping skills ■ Affiliations with deviant peers ■ Perceived external approval of drug use (peer, family, community) ■ Parental substance abuse or mental illness 	<ul style="list-style-type: none"> ■ Strong family bonds ■ Parental engagement in child's life ■ Clear parental expectations and consequences ■ Academic success ■ Strong bonds with pro-social institutions (school, community, church) ■ Conventional norms about drugs and alcohol 

SOURCE: US Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse, (1997) Preventing drug use among children and adolescents: A research-based guide. NIH Publication No. 97 - 4212.

The CAMS Safety & Risk assessment begins with identifying any risk factors the child has displayed or experienced during the reporting period. See page 44 as a reference sheet to use when gathering data for this part of the Child Assessment.

Child Safety & Risk

- **Initial Assessment** – answer the questions with “yes” if the child has experienced or displayed any of these circumstances in his/her lifetime.
- **Subsequent Assessment** – answer the questions with “yes” **only if** the child has displayed or experienced the circumstance **since the last assessment** was completed. Enter a case note about the increase or decrease in the score, noting the specific change. The case note serves as a reminder when writing the court report.

CAB Assessments

Safety, Risk | Permanency | ACES Score | Health Information | Educational Stability & Success | Transitional Planning

Safety, Risk & Permanency

Child Safety & Risk

If yes, enter 1. If no, enter 0. If unknown, enter U, if not applicable, enter NA.

During the reporting period, has the child displayed or experienced any of the following:

1	Sexual Abuse	<input type="text"/>
2	Physical Abuse	<input type="text"/>
3	Neglect	<input type="text"/>
4	Physically assaultive behavior	<input type="text"/>
5	Property destruction	<input type="text"/>
6	Animal cruelty	<input type="text"/>
7	Runaway	<input type="text"/>
8	Fire-setting	<input type="text"/>
9	Abuse of illegal substances	<input type="text"/>
10	Sexually Offended	<input type="text"/>

Total the number '1' answers **0**. This is the child's overall safety and risk score.

(Note: We want to see the score decrease over time. The lower the score, the more the child's safety needs are being met. If there are items marked as 'U', then this is an indicator for skill development training with the advocate on how to gather the needed information.)

Assessing these 10 areas periodically throughout the life of the case will help identify if the child's risk factors increase or decrease over time. This information is helpful as we strive to better understand the life experiences the child has had and how those experiences may impact their behaviors and ability to adapt to life changes.



If any answer is “Unknown” to any of the questions, review the case file and gather any missing information from the case contacts. **Potential sources include: parents, youth (if age appropriate), caregiver, DHS, FSRP provider, teacher, therapist.**

Child Protective Factors

This section of the Safety & Risk Assessment is only completed for children 3 years of age or older.

Child Protective Factors

Complete this section for any child 3 years of age and older. For children 0-2 years old, enter NA. If yes, enter 1. If no, enter 0. If unknown, enter U.

1	Does the child demonstrate the ability to self-regulate such as recognizing and controlling impulses, managing stress and emotions, and exerting self-control?	<input type="text"/>
2	Does the child have a positive relationship to, feelings of safety with, and trust in a parent or caregiver?	<input type="text"/>
3	Does the child demonstrate cognitive, emotional and behavioral engagement in learning?	<input type="text"/>
4	Does the child demonstrate the ability to verbally and non-verbally express needs and emotions, as well as listen and respond to the communication of others?	<input type="text"/>
5	Does the child have positive relationships with siblings and peers?	<input type="text"/>
6	Does the child demonstrate executive functioning (cognitive processes for goal-directed activity, problem-solving, working memory, etc)?	<input type="text"/>
7	Does the child have a positive self-concept and orientation to life?	<input type="text"/>
8	Does the child exhibit age-appropriate self-care?	<input type="text"/>

Total the number '1' answers . This is the child's overall protective factors score.

(Note: We want to see the score increase over time. The higher the score, the greater presence of critical constructs for child well-being and flourishing among children. If there are items marked as 'U', then this is an indicator for skill development training with the advocate on how to gather the needed information.)

- Enter NA for Questions 1-8 if the child is under age 3.
- **These answers are based on your observations and information received about the child.**
- **These are good questions to ask the child's parent(s) and/or primary caregivers as well as the FSRP provider.**
- If any of the questions are answered as "No" or "Unk" during the initial assessment, these are questions to ask again the next time the Advocate completes a subsequent assessment prior to the next court report.
- Update the previous assessment scores to reflect any changes.
- There may be protective factors that the child develops over time thereby increasing the child's protective factors.



We want to see this score increase over time. The higher the score, the greater presence of critical constructs for child well-being and flourishing among children.

Assessing Parental Safety & Risk Factors

The Safety & Risk assessment also focuses on the child's mother and father. Advocates will gather information from interested parties to answer the questions in the CAMS Assessment Tool.

If the child's mother or father is deceased, answer NA. If the mother or father is not actively involved in the case, the Advocate should still assess risk factors, as well as the promotive and protective factors. Many of the answers may be unknown if the parent has not engaged in any services. These assessment scores will help indicate progress or areas of concern related to the child's mother and/or father.

- ★ Advocates are not expected to include actual scores in their court reports; however, information from the assessments may be utilized when making recommendations.

Assessing Parental Promotive & Protective Factors

Assessing each parent's promotive and protective factors will provide Advocates with a better understanding of the strengths present in the parent's life. The more protective factors that a parent has in place, the more likely risk factors are reduced or minimized.

It is important to remember the key concept of Minimum Sufficient Level of Care (MSLC) that was introduced in Module 1 of pre-service training. The minimum sufficient level of care is determined by a number of factors, each of which must be looked at specifically in relation to the case at hand. Factors to consider:

- Child's Needs: is the parent providing for the child's physical, emotional and development needs at basic level?
- Social Standards: is the parent's behavior within or outside commonly accepted child-rearing practices in our society?
- Community Standards: does the parent's behavior fall within reasonable limits, given the specific community in which the family resides?

Advocates will gather information from interested parties to assess nine areas related to promotive and protective factors for each parent.

1. Does the parent demonstrate positive parenting skills?

- Positive parenting is focused on developing a strong, deeply committed relationship between parent and child based on communication and mutual respect; teaching children not just what but also why; and training children toward self-control. There are three major components to positive parenting:
 - Rules and consequences are laid out, discussed often, and followed through.
 - Parents focus on helping children internalize discipline, rather than obey orders based on fear of punishment, in order to develop self-discipline.
 - Parents use active listening to understand children's thoughts. This allows parents to correct misunderstandings or mistaken links of logic.

Positive Parenting definition from: <https://www.kars4kids.org/blog/positive-parenting-defined/>

2. Does the parent demonstrate conflict-resolution skills within the family?

- The ability to successfully resolve conflict depends on a person's ability to: manage stress quickly while remaining alert and calm, control emotions and behavior, pay attention to the *feelings* being expressed, and be aware of and respect differences.

<https://www.helpguide.org/articles/relationships-communication/conflict-resolution-skills.htm/>

3. Does the parent have social supports?

- This refers to healthy, positive social supports to be a protective factor. Supports may include spouse, family members, friends, co-workers, etc. Unhealthy social supports can be a risk factor for the parent.

4. Is the parent engaged in any community organizations?

- Several research studies have demonstrated that—for both mothers and fathers—high levels of emotional, informational, instrumental or spiritual support is associated with positive parental mood; positive perceptions of and responsiveness to one's children; parental satisfaction, well-being and sense of competence; and lower levels of anger, anxiety and depression.

5. Does the parent demonstrate routines that foster family health, flourishing and resilience?

- Parents are more likely to achieve healthy, favorable outcomes if they are resilient. Resilience is the process of managing stress and functioning well even when faced with challenges, adversity and trauma.

6. Does the parent have a job that pays a living wage?

- Living wages enable people to become self-sufficient and less dependent on welfare services.

7. Is the parent's residence within a physically safe community?

- Community safety is important for individuals to achieve a positive state of well-being and provide a safe living environment for the family. A residence in a community that is not physically safe may increase risk factors for the family.

8. Does the family have access to high-quality early care and education for children?

- A growing body of research has demonstrated the strong link between young children's social-emotional competence and their cognitive development, language skills, mental health and school success.
- By early care and education we mean the care and education of children in their early years, from their first months to the compulsory school starting-age of 6 years old which includes all settings where the care and education of young children takes place.

Definition of early care and *education* from: <http://www.startstrong.ie/what-is-early-care-and-education>

9. Does the family have access to relevant, high-quality, culturally appropriate and available local services including transportation?

- Assisting parents to identify, find and receive concrete support in times of need helps to ensure they and their family receive the basic necessities everyone deserves in order to grow (e.g., healthy food, a safe environment), as well as specialized medical, mental health, social, educational or legal services.



As noted with the Child Safety and Risk segments, it is best practice to enter a case note regarding any increase or decrease in the overall assessment scores.



- The note should include specific information about progress or regression for key areas.
- Use this information to identify strengths and/or concerns for the CASA report.
- This information may also help the Advocate formulate recommendations to address unmet needs or areas of concern.

Why is this information important?

As cases progress for children who have been removed from parental custody, there will come a point when an Advocate needs to make a determination on whether or not the child can be safely returned to the custody of a parent(s). Assessing the parents' promotive and protective factors, as well risk factors, throughout the life of the case will provide Advocates with a clearer picture of a parent's strengths and areas of concern.

- Parents who show improvement in any areas of developing or enhancing promotive and protective factors should be noted in the CASA report. It is important to recognize and acknowledge parents' successes, no matter how great or small, as a part of their process to achieve the overall goal of providing a safe and nurturing environment for their child(ren).
- Areas of concern that are not satisfactorily addressed may impact the overall safety and well-being of the child depending on the issues and severity and weigh into your recommendations.

The Score Indicators

	<p>There are many aspects that contribute to a parent's ability to increase his/her promotive and protective factors. As promotive and protective factors increase, we should expect to see risk factors decrease because parents have developed healthier coping skills, resources and social supports to help them become more resilient in times of adversity. Individuals with greater promotive and protective factors are less likely to make decisions or display actions that lead to child abuse and neglect.</p>
	<p>Lack of sustained progress can be noted by the number of risk factors present throughout the various stages of a case. If a parent's risk factors increase or fluctuate over time, this is an indicator of probable concern. Objective observations should be included in the Narrative section to provide the basis for the noted concern. The identified risk factors should be incorporated in your CASA report under the Concerns section and considered when assessing Recommendations for reunification.</p>

Mother's Safety & Risk

The next section of the CAMS assessment tool focuses on the mother. See page 45 as a reference sheet to use when gathering data for this part of the Child Assessment.

- **Initial Assessment** – answer the questions with “yes” if the mother has experienced or displayed any of these circumstances in her lifetime.
- **Subsequent Assessment** – answer the questions with “yes” **only if** the mother has displayed or experienced the circumstance **since the last assessment** was completed. Answer “NA” if parental rights have been terminated. Enter a case note about the increase or decrease in the score, noting the specific change. The case note serves as a reminder when writing the court report.

Mother's Safety & Risk

If yes, enter 1. If no, enter 0. If unknown, enter U, if not applicable, enter NA.

During the reporting period, has the child's mother displayed or experienced any of the following:

1	Substance abuse or relapse	<input type="text"/>
2	Assaultive behavior	<input type="text"/>
3	Mental health committal	<input type="text"/>
4	Founded abuse	<input type="text"/>
5	Victim of domestic abuse	<input type="text"/>
6	Been in jail / prison / correctional facility	<input type="text"/>
7	Eviction from residence	<input type="text"/>
8	Loss of employment	<input type="text"/>
9	Missed interactions with child(ren)	<input type="text"/>
10	Missed appointments for services	<input type="text"/>

Total the number '1' answers . This is the mother's overall safety and risk score.

(Note: We want to see the score decrease over time. The lower the score, the lesser risk the mother's behaviors/experiences pose to the child. If there are items marked as 'U', then this is an indicator for skill development training with the advocate on how to gather the needed information.)

Assessing these 10 areas periodically throughout the life of the case will help identify if the mother's risk factors increase or decrease over time. Ideally, we want the score to decrease over time which is an indicator of progress by the mother.



If any answer is “Unknown”, review the case file and gather any missing information from case contacts.
Potential sources include: mother, DHS, FSRP provider, BHIS provider or therapist.

Mother's Promotive & Protective Factors

Mother's Promotive & Protective Factors

If yes, enter 1. If no, enter 0. If unknown, enter U, if not applicable, enter NA.

During the reporting period, has the child's mother displayed or experienced any of the following:

- 1 Does the mother demonstrate positive parenting skills?
- 2 Does the mother demonstrate conflict-resolution skills within the family?
- 3 Does the mother have social supports?
- 4 Is the mother engaged in any community organizations?
- 5 Does the mother demonstrate routines that foster family health, flourishing and resilience?
- 6 Does the mother have a job that pays a living wage?
- 7 Is the mother's residence within a physically safe community?
- 8 Does the family have access to high-quality early care and education for children?
- 9 Does the family have access to relevant, high-quality, culturally appropriate and available local services, including transportation?

Total the number '1' answers . This is the mother's overall promotive and protective score.

(Note: We want to see the score increase over time. The higher the score, the greater presence of parental promotive and protective factors that reduce risk factors. If there are items marked as 'U', then this is an indicator for skill development training with the advocate on how to gather the needed information.)

- **Initial Assessment** – use case file information and facts gathered from case contacts to answer these questions.
- **Subsequent Assessment** – answers from the initial assessment will auto-fill; update any responses that may have changed **since the initial assessment** was completed. Positive and negative changes may occur depending on the mother's lifestyle and choices. Examples may include:
 - If the mother did not have a job during the initial assessment but then secures employment, update the answer from "No" to "Yes".
 - If she had positive social supports during the initial assessment but then disengages with them during the life of the case, update the answer from "Yes" to "No".



If any answer is "Unknown" to any of the questions, review the case file and gather any missing information from case contacts. **Potential sources include: mother, DHS, FSRP provider and your own observations of the mother.**

Father's Safety & Risk

The next section of the CAMS assessment tool focuses on the father. See page 46 as a reference sheet to use when gathering data for this part of the Child Assessment.

- **Initial Assessment** – answer the questions with “yes” if the father has experienced or displayed any of these circumstances in his lifetime.
- **Subsequent Assessment** – answer the questions with “yes” **only if** the father has displayed or experienced the circumstance **since the last assessment** was completed. Answer “NA” if the father’s rights have been terminated.

CAMS Assessments

Total the number '1' answers **0**. This is the mother's overall promotive and protective score.

(Note: We want to see the score increase over time. The higher the score, the greater presence of parental promotive and protective factors that reduce risk factors. If there are items marked as 'U', then this is an indicator for skill development training with the advocate on how to gather the needed information.)

Father's Safety & Risk

If yes, enter 1. If no, enter 0. If unknown, enter U, if not applicable, enter NA.

During the reporting period, has the child's father displayed or experienced any of the following:

- 1 Substance abuse or relapse
- 2 Assaultive behavior
- 3 Mental health committal
- 4 Founded abuse
- 5 Victim of domestic abuse
- 6 Been in jail / prison / correctional facility
- 7 Eviction from residence
- 8 Loss of employment
- 9 Missed interactions with child(ren)
- 10 Missed appointments for services

Total the number '1' answers **0**. This is the father's overall safety and risk score.

(Note: We want to see the score decrease over time. The lower the score, the lesser risk the father's behaviors/experiences pose to the child. If there are items marked as 'U', then this is an indicator for skill development training with the advocate on how to gather the needed information.)

Assessing these 10 areas periodically throughout the life of the case will help identify if the father’s risk factors increase or decrease over time. Ideally, we want the score to decrease over time which is an indicator of progress by the father.



If any answer is “Unknown” to any of the questions, review the case file and gather any missing information from case contacts. **Potential sources include: father, DHS, FSRP provider, BHIS provider and therapist.**

Father's Promotive & Protective Factors

Father's Promotive & Protective Factors

If yes, enter 1. If no, enter 0. If unknown, enter U, if not applicable, enter NA.

1	Does the father demonstrate positive parenting skills?	▼
2	Does the father demonstrate conflict-resolution skills within the family?	▼
3	Does the father have social supports?	▼
4	Is the father engaged in any community organizations?	▼
5	Does the father demonstrate routines that foster family health, flourishing and resilience?	▼
6	Does the father have a job that pays a living wage?	▼
7	Is the father's residence within a physically safe community?	▼
8	Does the family have access to high-quality early care and education for children?	▼
9	Does the family have access to relevant, high-quality, culturally appropriate and available local services, including transportation?	▼

Total the number '1' answers 0. This is the father's overall promotive and protective score.

(Note: We want to see the score increase over time. The higher the score, the greater presence of parental promotive and protective factors that reduce risk factors. If there are items marked as 'U', then this is an indicator for skill development training with the advocate on how to gather the needed information.)

- **Initial Assessment** – use case file information and facts gathered from case contacts to answer these questions.
- **Subsequent Assessment** – answers from the initial assessment will auto-fill; update any responses that may have changed *since the initial assessment* was completed. Positive and negative changes may occur depending on the father's lifestyle and choices. Examples may include:
 - If the father did not have a residence in a safe community during the initial assessment but then secures a residence within a safe community, update the answer from “No” to “Yes”.
 - If he had a job during the initial assessment but then becomes unemployed, update the answer from “Yes” to “No”.



If any answer is “Unknown” to any of the questions, review the case file and gather any missing information from case contacts. Potential sources include: father, DHS, FSRP provider and your own observations of the father.

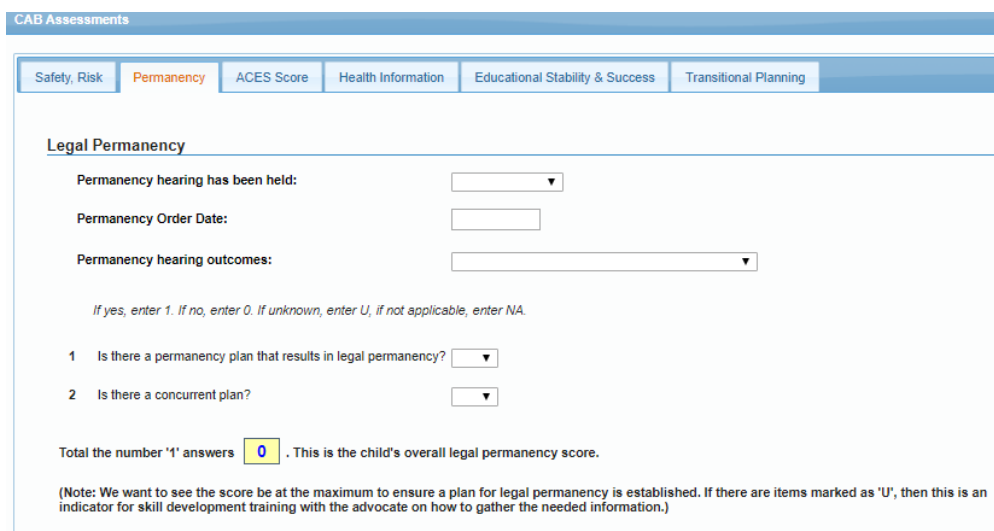
Permanency

This assessment looks at legal and relational permanency for children. See page 47 as a reference sheet to use when gathering data for this part of the Child Assessment.

Legal Permanency

Legal Permanency defines who will have physical custody of the child and where they will live. For children who have been removed from parental custody, a permanency hearing must be held once a child has been removed from the home for 12 months (In Iowa, a court may hold a permanency hearing at 6 months post removal for children ages 3 or younger).

- Enter *Not Applicable* for **Permanency hearing has been held** until the child has been removed from the home for 6 or 12 months, depending on the child's age.
- Enter *No* for **Permanency hearing has been held** if the hearing has not been held and the permanency timeline has elapsed.



Source of information: review court orders in the EDMS file.

If a child has been removed from the parental home for 12 months (or a total of 15 months out of the last 22 consecutive months), a permanency hearing must be held.



**If a permanency hearing is not held timely,
this is a risk factor for the child and
an indicator to recommend that
a permanency hearing be scheduled.**

Once a permanency hearing is held,

- enter the order date and
- use the drop-down list to enter the permanency hearing outcome.

This data can provide ICAB with information about the number of children who achieve legal permanency and what the legal permanency goals are.

Permanency Order Date:

Permanency hearing outcomes:

If yes, enter 1. If no, enter 0. If unknown, enter U, if not applicable, enter N/A.

1 Is there a permanency plan that results in legal permanency?

2 Is there a concurrent plan?

Total the number '1' answers . This is the child's overall score.

(Note: We want to see the score be at the maximum to ensure a high score is an indicator for skill development training with the advocate on how to achieve permanency.)

Relational Permanency

For each category, please identify the number of meaningful relationships for the youth. This would include adults who have some on-going contact with the youth.

Strength of Youth Connections: Indicate the strength of the relationship between the youth and adult right now. In categories with more than one person, choose the most meaningful relationship and answer about that person. You can list up to two additional adults in the comments field.

Another Planned Permanent Living Arrangement

Custody Returned to Parent

Custody Transferred to Other Parent

Custody Transferred to Relative

Custody Transferred to Suitable Other Person

Extension Granted

Guardianship

Termination of Parental Rights

- Question 1: Answer “yes” if there is a case permanency plan that outlines the goals and action steps to achieve legal permanency (reunification, guardianship, TPR/adoption, APPLA [for 16+ year olds]). Advocate for inclusion of goals or action steps to address unmet needs.
- Question 2: Answer “yes” if DHS established a concurrent plan for the child in the event that reunification cannot occur. DHS best practice indicates that concurrent planning should be established for any child removed from parental custody.



A maximum score indicates that DHS has established a case plan with the family to outline the steps needed in order to achieve permanency, as well as a concurrent plan, for the child.

Relational Permanency

Relational Permanency is equally important. Children with relational permanence have developed a relationship with at least one stable, committed adult, caregiver or parent. Relational permanence is the single biggest factor in the development of resilience in children and predictor of positive outcomes for children. See pages 47-49 for reference sheets to use when gathering data for this part of the Child Assessment.

Relational Permanency

For each category, please identify the number of meaningful relationships that apply for the youth at this time. 'Meaningful relationships' are defined by the youth. This would include adults who have some on-going contact with the youth and who can be counted on for some type of support.

Strength of Youth Connections: indicate the strength of the relationship between the youth and adult right now. In categories where there is more than one person, choose the most meaningful relationship and answer about that person. You can list up to two additional adults in the last two rows.

0 - Very Weak: No Contact.

1 - Weak: Infrequent contact; youth can't count on this adult for support.

2 - Moderate: Some contact with this adult but may not be consistent; youth feels a connection but can't count on this adult all the time.

3 - Strong: Contact at least once per month; youth feels a connection of the heart, mind or spirit with this person; youth can usually count on this person.

4 - Very Strong: Contact at least once per week; youth feels a long-term connection of the heart, mind or spirit with this person; youth can count on this person to be there for them when needed.

N/A - N/A: Not applicable because adult is deceased or youth has no siblings.

Relationship to Youth	Total # of Adult Relationships	Strengths of Youth Connections
1 Biological Father	<input type="text"/>	<input type="text"/>
2 Stepfather	<input type="text"/>	<input type="text"/>
3 Biological Mother	<input type="text"/>	<input type="text"/>
4 Stepmother	<input type="text"/>	<input type="text"/>
5 Adult Siblings	<input type="text"/>	<input type="text"/>
6 Other adult relatives	<input type="text"/>	<input type="text"/>
7 Current foster parent	<input type="text"/>	<input type="text"/>
8 Former foster parents	<input type="text"/>	<input type="text"/>
9 Current or former social worker	<input type="text"/>	<input type="text"/>
10 Current or former teacher	<input type="text"/>	<input type="text"/>
11 Current or former therapist, counselor or psychologist	<input type="text"/>	<input type="text"/>
12 Pastor, rabbi or other spiritual leader	<input type="text"/>	<input type="text"/>
13 An adult friend, mentor or sponsor	<input type="text"/>	<input type="text"/>
14 Other adult 1: (Please list relationships)	<input type="text"/>	<input type="text"/>

Continue Save Cancel

To assess the meaningful connections that a child has,

1. Identify the number of current adult relationships the child has for each category listed 1-14. Some categories may be left blank.
 - A child may have former foster parents who are no longer actively involved with the child. In that case, you do not identify them as being a current adult connection.
 - Other adults may include: a coach, scout leader, parent of a friend, etc.

- Next, assess the strength of the connection using the 0-4 scale indicated on the assessment page in the CAMS program. 0-Very Weak; 1-Weak; 2-Moderate; 3-Strong; and 4-Very Strong.

The score for relational permanency is the sum of multiplying each connection strength (0-4) by the number of adult relationships.

	Adult Relationships	Strength
1 Biological Father	1	2 - Moderate
2 Stepfather		
3 Biological Mother	1	3 - Strong
4 Stepmother		
5 Adult Siblings		
6 Other adult relatives	1	2 - Moderate
7 Current foster parent	2	3 - Strong
8 Former foster parents		
9 Current or former social worker	1	2 - Moderate
10 Current or former teacher	1	2 - Moderate
11 Current or former therapist, counselor or psychologist	1	2 - Moderate
12 Pastor, rabbi or other spiritual leader		
13 An adult friend, mentor or sponsor		
14 Other adult 1: (Please list relationships)		
15 Other adult 2: (Please list relationships)		
16 Other adult 3: (Please list relationships)		
17 Other adult 4: (Please list relationships)		
18 Other adult 5: (Please list relationships)		

16 . This is the child's overall relational permanency score.

(Note: We want to see the score increase over time. The higher the score, the more likely relational permanency will be achieved with the youth. If there is no data in the table, then this is an indicator for skill development training with the advocate on how to gather the needed information to assess the youth's connections.)

Continue Save Cancel

Sources to gather this information: case file documents, observations, child/youth, parents, primary caregivers, teachers, FSRP or BHIS providers, DHS case manager.



If a child does not have at least one caring adult he/she has a strong connection with, advocate for the exploration of possible adult supports present in the child's life.

Why is this important? As noted in the definition for relational permanence, it is the single biggest factor in the development of youth resilience. Research findings indicate that the benefits for youth of being connected to supportive adults include positive long-term effects on youths' social, psychological, and financial outcomes, including improved self-esteem, educational achievement, and social skill development (Geenen & Powers, 2007; Perry, 2006).



The more adult connections the child has, the more this score increases. This increases the likelihood that the child will achieve relational permanence, increased self-esteem and have opportunities for continued social development.

ACES Score

Adverse Childhood Experiences Study (ACES) are those serious childhood traumas that result in brain-changing, toxic stress. The more ACES an individual has experienced, the higher likelihood that they will experience traumatic, ongoing stress as a child and long-term health issues into adulthood. To learn more about ACES, complete ICAB's Trauma Informed Advocacy continuous training.



In the CAMS assessment, Advocates will score each child for their ACES. This is the only assessment that does not have the option of getting “better” over time as we cannot eliminate the experiences a child has suffered. As part of monitoring cases, Advocates will examine the ACES Score to assess whether or not children experience any further ACES while involved in the child welfare system.

Answer the questions from the child's viewpoint. If a definitive answer to a question is unknown, leave it blank until the answer is known. **It is important to update the first assessment ACES score with any answers that were initially unknown. This will help establish the baseline.** Remember, while this score will never decrease, the hope is that the child does not experience any additional adverse experiences.

See page 50 as a reference sheet to use when gathering data for the ACES score.

Case Information [View 1]

CAB Assessments

Safety, Risk Permanency **ACES Score** Health Information Educational Stability & Success Transitional Planning

ACES Score

if yes, enter 1; if no, enter 0.

During your first 18 years of life, has the child experienced:

- 1 Did a parent or other adult in the household **often...**
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
- 2 Did a parent or other adult in the household **often...**
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
- 3 Did an adult or person at least 5 years older than you **ever...**
Touch or fondle you or have you touch their body in a sexual way?
or
Try to or actually have oral, anal, or vaginal sex with you?
- 4 Did you **often** feel that...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
- 5 Did you **often** feel that...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
- 6 Were your parents ever separated or divorced?
- 7 Was your mother or stepmother...
Often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
- 8 Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
- 9 Was a household member depressed or mentally ill or did a household member attempt suicide?
- 10 Did a household member go to prison?

Number of 'Yes' answers . This is the youth's ACE score.

(Note: ACEs score will never decrease as we can't erase the experiences. As advocates review the assessment and update it prior to court, there will either be 'no change' or 'higher score' if any of the responses go from 0 to 1.)

Continue Save Cancel

Use case file materials to assess whether or not the child has had any of these experiences. If the answer is unknown at the time of the initial assessment, contact the DHS case manager or parent (if appropriate) to gather the information.

Update the *initial* ACES assessment with newly gathered answers that were unknown at the time of the initial assessment.

Refer to instructions on page 30.



Why is this important? The CDC’s Adverse Childhood Experiences Study (ACE Study) uncovered a stunning link between childhood trauma and the chronic diseases people develop as adults, as well as social and emotional problems. This includes heart disease, lung cancer, diabetes and many autoimmune diseases, as well as depression, violence, being a victim of violence, and suicide. As the score increases, so does the person’s risk for disease, social and emotional problems. Understanding a child’s ACEs score will help you frame your advocacy work from a trauma informed lens and consider what happened to the child as you assess the other aspects of the child’s life (social connections, behaviors, etc.) and consider recommendations for the child. A score of 4 or more is very concerning.



The lower the score, the less traumatic events the child has experienced and the more likely the child will be able to build resiliency.

Updating the ACES Score in the Initial Assessment

Again, Advocates will only update the initial assessment for any questions that they did not have at the time of completing the assessment for the first time.

Child Assessments
[History]
[New Assessment]

Latest Assessment Completed: 08/09/2018

To update the assessment, follow these steps:

1. Open the Child’s Face sheet
2. Go to Child Assessments and click on [History]
3. Select [View] on the **first assessment** from the pop-up table
4. This opens the assessment, click on the ACES Score tab and update as needed

Action	Date	Child Safety & Risk	Child Protective Factors	Mother's Safety & Risk	Mother's Promotive & Protective Factors	Father's Safety & Risk	Father's Promotive & Protective Factors	Legal Permanency	Relationship Permanency	ACES Score	Health Score	Educational Stability & Success	Transitional Planning Assessment
[View]	07/30/2018	0	8	3	4	3	7	0	26	3	0	0	0
[View]	07/30/2018	0	0	0	0	0	0	0	32	0	0	0	0
[View]	08/04/2018	0	0	0	0	0	0	0	0	0	5	0	0
[View]	08/06/2018	0	0	0	0	0	0	0	0	0	0	3	0
[View]	08/06/2018	0	0	0	0	0	0	0	0	0	0	0	4
[View]	08/09/2018	0	0	0	0	0	0	0	0	0	1	0	0

Showing 1 to 6 of 6 entries

Previous Next

Close

Health Information



Physical and mental health and well-being are important for children to be successful in school and later in life. See page 51 as a reference sheet to use when gathering data for this part of the Child Assessment.

A child's physical well-being can affect the ability to actively engage, physically and mentally, in the intended and unintended learning opportunities during the most formative years. Researchers and health professionals define physical well-being as the ability to be fully engaged, on a regular basis, in all developmentally appropriate activities. Activities of preschool-age children that are critical to school readiness require energy, stamina, visual and auditory acuity, and large and fine motor skills.

(© 2006—Indiana University. All Rights Reserved. The Early Childhood Briefing Paper Series: All Children Ready for School is a publication of the Indiana Institute on Disability and Community, Early Childhood Center. www.iidc.indiana.edu/ecc.)

Physical Health

Iowa Department of Human Services' policy regarding health assessments for children in out-of-home placements is as follows:

- The child's medical, psychiatric, and psychological needs shall be assessed before placement is recommended.
- A child shall have a physical examination by a physician before entering foster care or within 14 days of placement into foster care.
- The child's case permanency plan must contain the most recent information available about the child's health records.

Possible sources to obtain this information include: Case Permanency Plan (Part C), Social History, parent(s), primary caregivers, DHS case manager, or the FSRP provider.

The screenshot shows a software window titled "CAB Assessments" with several tabs: Safety, Risk; Permanency; ACES Score; **Health Information**; Educational Stability & Success; and Transitional Planning. The "Health Information" tab is active, displaying a "Physical Health" section with the following fields:

- Most Recent Physical:
- Child has physical health diagnoses:
- Vision Screening:
- List diagnoses:
- Hearing Screening:
- Most Recent dental check-up:
- Notes:

Mental Health

Individualized mental health counseling and/or Behavioral Health Intervention Services (BHIS) are possible services to address child mental health issues.

From the IDHS Out-Of-Home Placement Policy and Procedures Manual:

“Behavioral health intervention” means skill-building services that focus on:

- Addressing the mental and functional disabilities that negatively affect a member’s integration and stability in the community and quality of life;
- Improving a member’s health and well-being related to the member’s Axis I disorder by reducing or managing the symptoms or behaviors that prevent the member from functioning at the member’s best possible functional level; and
- Promoting a member’s mental health recovery and resilience through increasing the member’s ability to manage symptoms.

A licensed practitioner of the healing arts (LPHA) must approve services based on a behavioral health intervention services implementation plan.”

CAB Assessments

Mental Health

Child has been referred for therapy:

Frequency of therapy sessions:

Child has been prescribed medication:

Child has been referred for a mental health evaluation:

Child has mental health diagnoses:

List Diagnoses:

Notes:

If yes, enter 1. If no, enter 0. If unknown, enter U, if not applicable, enter NA.

1 Is the child eligible for health insurance coverage?

2 Does the child have health insurance coverage?

3 Did the child have a physical within the last 12 months?

4 Did the child have a well-child check-up this reporting period?

5 Is the child up-to-date with immunizations? [\[View Document \]](#)

6 Is the child receiving medical care/treatment for physical health diagnoses?

7 Has the child (age 3+) been seen by a dentist in the last six months?



8 Did the child complete a mental health evaluation after a referral?

9 Is the child receiving therapy services after a referral?

Total the number '1' answers . This is the child's overall health score.

(Note: We want to see the score increase over time. The higher the score, the more the child's needs are being met. If there are items marked as 'U', then this is an indicator for skill development training with the advocate on how to gather the needed information.)

Possible sources to obtain information include: youth (if age appropriate), parent(s), primary caregivers, DHS case manager, FSRP or BHIS provider, child’s therapist, social history, Case Plan Permanency (CPP), psychological evaluations.

	<p>This is another assessment where we want to see the overall score increase overtime. An increased score means the child’s mental health needs are being met.</p>
	<p>A decreased score means that there is likely a gap in services or resistance to services and the child’s needs are no longer being met. If that happens, it is important to address these concerns in the CASA Report.</p>

Educational Stability & Success

Typically, judges and child welfare professionals view educational progress or regression as an indicator of child well-being. CASA Advocates have a unique responsibility to report on a child’s educational issues in an effort to affect as much positive educational change as possible for the child. To advocate effectively for educational needs, it’s important to know the players involved (teachers, aides, AEA Specialists, etc.) and know their thoughts on what the child needs to advance in their education. Educational Advocacy occurs when Advocates report these needs to the court and make recommendations relating to the child’s educational needs. Educational Advocacy can also take place in the school setting, an IEP meeting or when advocating for fewer placement changes, resulting in fewer academic disruptions. For a more in-depth look at Educational Advocacy, refer to the Educational Advocacy Toolkit provided as one of the first year trainings for Advocates.



Educational Stability Policy of IDHS: The Department shall assure the educational stability of children who enter out-of-home placement. The child shall remain in the educational setting the child attended before placement unless it is not in the child’s best interest to do so.

See page 52 as a reference sheet to use when gathering data for this part of the Child Assessment.

CAB Assessments

Safety, Risk | Permanency | ACES Score | Health Information | **Educational Stability & Success** | Transitional Planning

Educational Stability & Success

For children in school:

- How many school transfers have occurred since the court assumed jurisdiction?
- How many days elapsed between attendance at previous school and new school? (number of days)
- Length of time from referral for special education services to assessment (Number of days)
- Length of time from special education assessment to delivery of services (number of days)
- Has child age 0-3 been evaluated for early intervention programs while under court jurisdiction?

If yes, enter 1. If no, enter 0. If unknown, enter U, if not applicable, enter NA.

- Did the child remain in the same school when the placement changed?
- Is the child's educational stability and success addressed in the case permanency plan?
- Was the child's education addressed in the most recent court hearing?
- Is the child performing at or above grade level?
- Is the child receiving special education services as recommended?
- Was the child absent five or less days since the last court hearing?
- Has the child avoided school disciplinary action?
- Does the child have a post-secondary education plan?
- For 0-3, is the child enrolled in an early intervention program if recommended?
- For 3-5, is the child enrolled in an early education childhood program?

Total the number '1' answers . This is the child's overall educational stability and success score.

(Note: We want to see the score increase over time. The higher the score, the more the child's educational needs are being met. If there are items marked as 'U', then this is an indicator for skill development training with the advocate on how to gather the needed information.)

Continue Save Cancel

- This majority of this assessment is only completed for school-aged children.
- **Note: Question 5 must be answered for children aged 0-3 years.**



If the answer is “Unknown” to any of the questions, review the case file and gather any missing information from the case contacts. **Potential sources include: Case Permanency Plan (Part C), teachers, guidance counselor, Area Education Agency (AEA), parent, primary caregiver, DHS case manager, FSRP.**



The more this score increases, the greater the child's achievement of educational stability and success by having their needs met in the academic setting.

Transitional Planning

Federal and state laws mandate the need for youth ages 14+ to be fully aware and informed of everything that is available to them as foster/adoptive youth. Transition planning provides professional assistance while the youth is still involved in the system to help foster youth line up everything they will need to be a successful adult, from housing and income, to education and identification/driver's license.



See page 53 as a reference sheet to use when gathering data for this part of the Child Assessment.

Key concepts related to the Transitional Planning Assessment include:

- **Rights of Youth in Out-of-Home Placements:** The child's DHS case manager must review the form, Rights of Youth in Out-of-Home Placement, with all youth in foster care who are 14 years of age and older on their caseload and as often as needed. The form describes the rights of the child with respect to:
 - Education;
 - Health;
 - Visitation;
 - Court participation;
 - Receiving any consumer credit report that exists for the child every year while they are in foster care and assistance in understanding the credit report and resolving any inaccuracies;
 - Receiving the child's certified birth certificate, social security card, and driver's license or state identification card if they leave foster care at age 18 or older; and
 - Staying safe and free from abuse or exploitation.

- **Casey Life Skills Assessment:** A life skills assessment shall be administered to all children in foster care who are aged 14 or older. The assessment is designed to evaluate the child's strengths and needs in areas including, but not limited to:
 - Education;
 - Physical and mental health;
 - Employment;
 - Housing and money management; and
 - Supportive relationships

- **Transition Information Packet (TIP):** TIP is a compilation of various transition resources that DHS has found from many sources, and believe are useful tools for youth who are transitioning to adulthood. TIP can assist youth with organizing important papers, giving them a place to record important facts, and providing information on things they might need to know as they transition from foster care to the adult world.
- **Youth Transition Decision-Making Team (YTDM):** YTDM provides a positive and action-oriented response by caring adults and professionals to address the needs and desires of the youth. The YTDM planning process will help the worker complete case plans through a youth-adult partnership approach. Planning for education, employment, health, support networks, and housing will all be addressed throughout the process.
- **Aftercare Services:** Voluntary, individualized support can help youth transition successfully to adulthood. Aftercare participants meet at least twice monthly with an IASN Self-Sufficiency Advocate (SSA). The SSA will help the youth set goals, develop important life skills, connect them with community resources, and strengthen personal relationships.

IDHS Transition Planning Policy: For a child in foster care who is 14 years of age or older, the case plan must include a written plan of services, supports, activities, and referrals to programs which will assist the child in preparing for the transition from foster care to adulthood, based upon an assessment of the child's needs. To learn more about transition planning, request a continuous ICAB training related to adolescent specific advocacy needs and issues.



When assigned to the case of an older youth, transition planning becomes a critical focus in addition to relational permanence. Advocate for timely transition planning for the youth.

Use the questions from the CAMS Assessment Tool to ensure effective planning occurs!



Possible sources to obtain this information include Case Permanency Plan (Part C), Transition Planning Meeting Notes, youth, parents, primary caregivers, DHS case manager and the FSRP provider.

CAB Assessments

Safety, Risk Permanency ACES Score Health Information Educational Stability & Success **Transitional Planning**

Transitional Planning Assessment

This assessment is only completed for youth who are 14 years or older.
Enter 1 for yes; Enter 0 for no; Enter U for unknown; Enter NA if not applicable at the time of the assessment.

- 1 Has the youth been advised of Rights of Youth in Out-of-Home Placement?
- 2 Has the youth completed the Casey Life Skills Assessment?
Date completed upon turning 14:
Date completed upon turning 16:
Date completed upon turning 17:
- 3 Is the youth receiving Independent Living Skill Development services?
- 4 Does the youth have a Transition Information Packet book?
- 5 Does the Case Permanency Plan, Part C include the youth's Educational Plan?
- 6 Does the Case Permanency Plan, Part C include the youth's Employment and Workforce Plan?
- 7 Does the Case Permanency Plan, Part C include the youth's Health and Health Care Insurance Plan?
- 8 Does the Case Permanency Plan, Part C include the youth's Housing/Placement Plan?
- 9 Does the Case Permanency Plan, Part C include the youth's Relationships and Support System?
- 10 Is the youth on track to graduate from high school?
If no, is the youth pursuing a High School Equivalency Test (HiSET)?
- 11 Has a Youth Transition Decision-Making Team meeting been held for the youth?
If yes, date completed:
- 12 Does the youth have a driver's permit or license?
- 13 Has DHS secured the youth's birth certificate?
- 14 Has DHS secured the youth's social security card?
- 15 Has the youth been advised of Aftercare Services?
- 16 Has the youth started Pre-Aftercare Services with the Aftercare Coordinator?

Continue Save Cancel



The more this score increases, the greater the youth's transition planning needs are being met. It is important to have these items in place to best assist the youth in making the transition from foster care to adulthood.

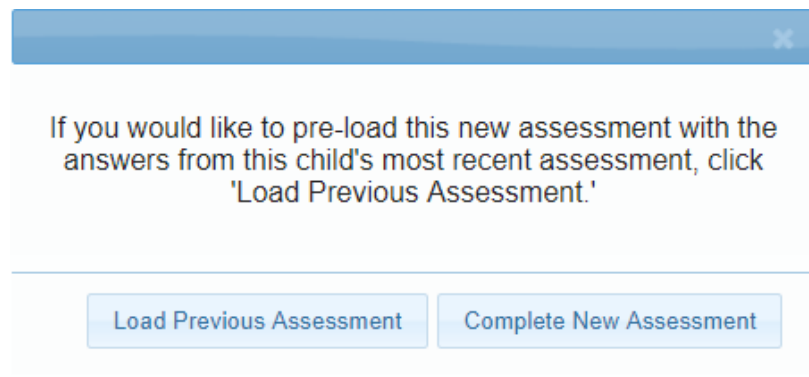
Using Subsequent Assessments to Monitor Cases

Subsequent Assessments

As noted in the Introduction, it is important to conduct subsequent assessments throughout the life of the case. Completing a new assessment at least 30 days prior to the due date of a court report will provide Advocates with updated information on the various sections included in the CAMS Assessment Tool. It is an opportunity to update any information that was unknown during the prior assessment and it also identifies areas that remain unknown. The unknown answers are indicators of questions that should be part of the ongoing Advocate's casework and monitoring of the case.

To conduct a subsequent assessment, complete the following steps:

1. Open the Child's Face sheet
2. Go to the Child Assessments section
3. Click on [New Assessment]
4. You will be prompted with the following; select Load Previous Assessment to have the prior assessment answers auto-populate to the New Assessment Tool.



If the Advocate chooses to have the Previous Assessment answers loaded, then they only need to update any answers that may have changed since the prior assessment. Remember, the ACEs Score will not change *unless* the child has experienced a *new trauma previously marked as "no"*.

Save your work when you've updated the entire assessment.

The Scores

Pay attention to the 12 overall scores in the various pieces of the CAMS Assessment Tool.

1. Child Risk Factors
2. Child Protective Factors
3. Mother's Risk Factors
4. Mother's Promotive & Protective Factors
5. Father's Risk Factors
6. Father's Promotive & Protective Factors
7. Legal Permanency
8. Relational Permanency
9. ACES Score
10. Health Score
11. Educational Stability & Success
12. Transitional Planning

The scores may increase, decrease or remain status quo during the life of the case. They are indicators of the range of progress made by a child or parent. In a best case scenario, we will see:

- Increased scores for protective factors, legal and relational permanency, health score, educational stability and success, as well as transition planning.
- Decreased scores for risk factors
- Status quo for the ACEs score



To compare the initial assessment scores to the subsequent assessment scores, follow these steps:

1. Open the Child's Face sheet
2. Go to the Child Assessments section
3. Click on [History] and the Assessment History will open

Assessment History													
Action	Date	Child Safety & Risk	Child Protective Factors	Mother's Safety & Risk	Mother's Promotive & Protective Factors	Father's Safety & Risk	Father's Promotive & Protective Factors	Legal Permanency	Relationship Permanency	ACES Score	Health Score	Educational Stability & Success	Transitional Planning Assessment
[View]	02/08/2019	2	2	5	3	3	3	2	2	6	5	6	0
[View]	02/08/2019	4	2	5	3	3	3	2	2	6	5	6	0
[View]	02/08/2019	0	6	5	5	6	2	2	18	6	7	4	0

Showing 1 to 3 of 3 entries

Previous Next

Close

A series of assessments were completed on the same day in the above example to provide a picture of the Assessment History for this training resource. Please note that multiple assessments should not be completed on the same day. Advocates can edit the assessment that was started but should not start an entire New Assessment until 30 days prior to the due date of the next report to court.

What does the Assessment History mean?

Each segment of the CAMS Assessment Tool that has an overall score is captured in the Assessment History. This allows Advocates to compare progress or regression over time.

As noted earlier, these scores can guide advocacy efforts as Advocates formulate the CASA report in terms of narrative information, and the identification of strengths and concerns for the child(ren), parent(s) and family unit.

- Areas that increase in a positive direction should be included as Strengths in the CASA Report. Examples might include:
 - The child's relational permanency is stronger as evidenced by the number of meaningful and supportive adult relationships he/she has developed.
 - The child's overall physical health needs are being met.
 - The child is achieving educational success as he/she is performing at grade level and has decreased the number of negative peer interactions in the school setting.
 - The mother is increasing protective factors by consistently engaging in services, securing employment, attending NA meetings and maintaining her sobriety.

- Areas that increase or decrease with a negative impact should be included as Concerns in the CASA Report. Examples might include:
 - The child has been in out-of-home placement for a total of 15 out of the last 22 months and a permanency hearing has not yet been scheduled.
 - The youth is 15 years old and has not been given the Casey Life Skills Assessment to initiate Transition Planning.
 - Family risk factors include: incarcerated father, ongoing substance abuse issues of parents as evidenced by positive drug testing since the last court hearing and lack of a stable residence.

The information from the CAMS Assessment Tool provide Advocates with more detailed information to convey to the court. The more details that a judge has, the better informed he/she is as they make decisions that impact the child and family.

Using Assessments to Enhance Recommendations

The culmination of a CASA Advocate's casework is presented to the Court via the CASA Report. As indicated throughout this resource material, the assessment data and information should be considered when determining the recommendations Advocates will incorporate into the CASA Report.



Recommendations should be supported by the narrative content, as well as the strengths and concerns in the CASA Report. This adds validity and the rationale for the recommendations. As Advocates prepare their recommendations, they will review the following areas and make recommendations to address any unmet needs or service intervention:

- Child's risk factors
- Mother's risk factors
- Father's risk factors
- Timeliness of establishing legal permanence
- Relational permanence
- Health needs
 - Physical health (medical and dental)
 - Mental health
- Educational needs
 - Stability (maintaining in school, attendance, etc.)
 - Success (grade level performance, IEP, etc.)
- Transitional Planning services

As much as possible, recommendations should be specific and measurable. They should define **who** is recommended to do **what**.



Conduct a subsequent assessment 30 days prior to working on the court report.

Incorporate pertinent information in the report and make solid recommendations based on information gathered, concerns noted in the report and the CAMS assessments you completed.

Sources

The following sources were used to create this training resource.

- *Flourishing From the Start: What Is It and How Can It Be Measured?* Copyright 2017 by Child Trends, Inc.
- (© 2006—Indiana University. All Rights Reserved. The Early Childhood Briefing Paper Series: All Children Ready for School is a publication of the Indiana Institute on Disability and Community, Early Childhood Center. www.iidc.indiana.edu/ecc.)
- Iowa Department of Human Services Policy Manuals
- Positive Parenting definition from <https://www.kars4kids.org/blog/positive-parenting-defined/>
- Definition of early care and education from <http://www.startstrong.ie/what-is-early-care-and-education>
- Conflict-resolution from <https://www.helpguide.org/articles/relationships-communication/conflict-resolution-skills.htm/>

CAMS Assessment Tool Reference Sheets

Child Safety, Risk and Protective Factors

During the reporting period, has the child displayed or experienced any of the following:

	Yes	No	NA	UNK
1. Sexual abuse				
2. Physical abuse				
3. Neglect				
4. Physically assaultive behavior				
5. Property destruction				
6. Animal cruelty				
7. Runaway				
8. Fire-setting				
9. Abuse of illegal substances				
10. Sexually offended				

Questions for any case assignment where the child is aged 3 or older:

1. Does the child demonstrate an ability to self-regulate such as recognizing and controlling impulses, managing stress and emotions, and exerting self-control?
2. Does the child have a positive relationship to, feelings of safety with, and trust in a parent or caregiver?
3. Does the child demonstrate cognitive, emotional and behavioral engagement in learning?
4. Does the child demonstrate the ability to verbally and non-verbally express needs and emotions, as well as listen and respond to the communication of others?
5. Does the child have positive relationships with siblings and peers?
6. Does the child demonstrate executive functioning (cognitive processes for goal-directed activity, problem-solving, working memory, etc.)?
7. Does the child have a positive self-concept and orientation to life?
8. Does the child exhibit age-appropriate self-care?

Mother's Safety, Risk and Promotive & Protective Factors

During the reporting period, has the child's mother displayed or experienced any of the following:

	Yes	No	NA	UNK
1. Substance abuse or relapse				
2. Assaultive behavior				
3. Mental health committal				
4. Founded abuse				
5. Victim of domestic abuse				
6. Been in jail / prison / correctional facility				
7. Eviction from residence				
8. Loss of employment				
9. Missed interactions with child(ren)				
10. Missed appointments for services				

Assessment questions regarding mother's promotive and protective factors:

1. Does the mother demonstrate positive parenting skills?
2. Does the mother demonstrate conflict-resolution skills within the family?
3. Does the mother have social supports?
4. Is the mother engaged in any community organizations?
5. Does the mother demonstrate routines that foster family health, flourishing and resilience?
6. Does the mother have a job that pays a living wage?
7. Is the mother's residence within a physically safe community?
8. Does the family have access to high-quality early care and education for children?
9. Does the family have access to relevant, high-quality, culturally appropriate and available local services, including transportation?

Father's Safety, Risk and Promotive & Protective Factors

During the reporting period, has the child's father displayed or experienced any of the following:

	Yes	No	NA	UNK
1. Substance abuse or relapse				
2. Assaultive behavior				
3. Mental health committal				
4. Founded abuse				
5. Victim of domestic abuse				
6. Been in jail / prison / correctional facility				
7. Eviction from residence				
8. Loss of employment				
9. Missed interactions with child(ren)				
10. Missed appointments for services				

Assessment questions regarding father's promotive and protective factors:

1. Does the father demonstrate positive parenting skills?
2. Does the father demonstrate conflict-resolution skills within the family?
3. Does the father have social supports?
4. Is the father engaged in any community organizations?
5. Does the father demonstrate routines that foster family health, flourishing and resilience?
6. Does the father have a job that pays a living wage?
7. Is the father's residence within a physically safe community?
8. Does the family have access to high-quality early care and education for children?
9. Does the family have access to relevant, high-quality, culturally appropriate and available local services, including transportation?

Permanency

Legal Permanence Assessment Info and Questions

Permanency hearing has been held	(Yes / No / Not Applicable / Unknown)
Permanency order date	
Permanency hearing outcome	

1. Is there a permanency plan that results in legal permanency?
2. Is there a concurrent plan?

Relational Permanency Info and Assessing Meaningful Adult Connections for Youth

For each category, please identify the number of meaningful relationships that apply for the youth at this time. 'Meaningful relationships' are defined by the youth. This would include adults who have some on-going contact with the youth and who can be counted on for some type of support.

Strength of Youth Connections: Indicate the strength of the relationship between the youth and adult right now. In categories where there is more than one person, choose the most meaningful relationship and answer about that person. You can list up to two additional adults in the last two rows.

0 - Very Weak: *No Contact.*

1 - Weak: *Infrequent contact; youth can't count on this adult for support.*

2 - Moderate: *Some contact with this adult but may not be consistent; youth feels a connection but can't count on this adult all the time.*

3 - Strong: *Contact at least once per month; youth feels a connection of the heart, mind or spirit with this person; youth can usually count on this person.*

4 - Very Strong: *Contact at least once per week; youth feels a long-term connection of the heart, mind or spirit with this person; youth can count on this person to be there for them when needed.*

N/A - N/A: *Not applicable because adult is deceased or youth has no siblings.*

Relationship to Youth	Total # of Adult Relationships	Strengths of Youth Connections
1 Biological Father	<input type="text"/>	<input type="text"/>
2 Stepfather	<input type="text"/>	<input type="text"/>
3 Biological Mother	<input type="text"/>	<input type="text"/>
4 Stepmother	<input type="text"/>	<input type="text"/>
5 Adult Siblings	<input type="text"/>	<input type="text"/>
6 Other adult relatives	<input type="text"/>	<input type="text"/>
7 Current foster parent	<input type="text"/>	<input type="text"/>
8 Former foster parents	<input type="text"/>	<input type="text"/>
9 Current or former social worker	<input type="text"/>	<input type="text"/>
10 Current or former teacher	<input type="text"/>	<input type="text"/>
11 Current or former therapist, counselor or psychologist	<input type="text"/>	<input type="text"/>
12 Pastor, rabbi or other spiritual leader	<input type="text"/>	<input type="text"/>
13 An adult friend, mentor or sponsor	<input type="text"/>	<input type="text"/>
14 Other adult 1: (Please list relationships)	<input type="text"/>	<input type="text"/>

15 Other adult 2: (Please list relationships)

15 Other adult 3: (Please list relationships)

17 Other adult 4: (Please list relationships)

18 Other adult 5: (Please list relationships)

ACES Score

These are “yes” or “no” questions; if the answer is unknown at the time of the initial assessment, leave it blank. Gather the answer to the unknown questions and update the initial assessment so there is a true baseline.

During the first 18 years of life, has the child experienced:

	Yes	No
1. Did a parent or other adult in the household often ... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?		
2. Did a parent or other adult in the household often ... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?		
3. Did an adult or person at least 5 years older than you ever ... Touch or fondle you or have you touch their body in a sexual way? or Try to or actually have oral, anal, or vaginal sex with you?		
4. Did you often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?		
5. Did you often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?		
6. Were your parents ever separated or divorced?		
7. Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at her? or Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?		
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?		
9. Was a household member depressed or mentally ill or did a household member attempt suicide?		
10. Did a household member go to prison?		

Health Information

Physical Health

Most Recent Physical		Child has physical health diagnoses	Yes / No / Unknown
Vision Screening		List diagnoses	
Hearing Screening		Most recent dental check-up	

Mental Health

Child has been referred for therapy	Yes / No / Not Applicable / Unknown
Frequency of therapy sessions	List of Values: weekly, bi-weekly, monthly, as needed, unknown
Child has been prescribed medication	Yes / No / Not Applicable / Unknown
Child has been referred for a mental health evaluation	Yes / No / Not Applicable / Unknown
Child has mental health diagnoses	Yes / No / Not Applicable / Unknown
List diagnoses	(enter text)

Assessment questions to ask regarding the child’s overall health and access to services.

1. Is the child eligible for health insurance coverage?
2. Does the child have health insurance coverage?
3. Did the child have a physical within the last 12 months?
4. Did the child have a well-child check-up this reporting period?
5. Is the child up-to-date with immunizations?
6. Is the child receiving medical care/treatment for physical health diagnoses?
7. Has the child (age 3+) been seen by a dentist in the last six months?
8. Did the child complete a mental health evaluation after a referral?
9. Is the child receiving therapy services after a referral?

Educational Stability & Success

For children in school:

1. How many school transfers have occurred since the court assumed jurisdiction?
(number)
2. How many days elapsed between attendance at previous school and new school? (number of days)
3. Length of time from referral for special education services to assessment
(Number of days)
4. Length of time from special education assessment to delivery of services
(number of days)
5. Has child age 0-3 been evaluated for early intervention programs while under court jurisdiction? (Y/N/NA)

Assessment questions to ask regarding the child's education and access to services to meet educational needs.

1. Did the child remain in the same school when the placement changed?
2. Is the child's educational stability and success addressed in the case permanency plan?
3. Was the child's education addressed in the most recent court hearing?
4. Is the child performing at or above grade level?
5. Is the child receiving special education services as recommended?
6. Was the child absent five or less days since the last court hearing?
7. Has the child avoided school disciplinary action?
8. Does the child have a post-secondary education plan?
9. For 0-3, is the child enrolled in an early intervention program if recommended?
10. For 3-5, is the child enrolled in an early education childhood program?

Transitional Planning

This assessment is only completed for youth who are 14 years or older.

1. Has the youth been advised of Rights of Youth in Out-of-Home Placement?
2. Has the youth completed the Casey Life Skills Assessment?
 - Date completed upon turning 14: (enter date)
 - Date completed upon turning 16: (enter date)
 - Date completed upon turning 17: (enter date)
3. Is the youth receiving Independent Living Skill Development services?
4. Does the youth have a Transition Information Packet (TIP) book?
5. Does the Case Permanency Plan, Part C include the youth's Educational Plan?
6. Does the Case Permanency Plan, Part C include the youth's Employment and Workforce Plan?
7. Does the Case Permanency Plan, Part C include the youth's Health and Health Care Insurance Plan?
8. Does the Case Permanency Plan, Part C include the youth's Housing/Placement Plan?
9. Does the Case Permanency Plan, Part C include the youth's Relationships and Support System?
10. Is the youth on track to graduate from high school?
 - If no, is the youth pursuing a High School Equivalency Test (HiSET)?
11. Has a Youth Transition Decision-Making meeting been held for the youth?
 - If yes, date completed:
12. Does the youth have a driver's permit or license?
13. Has DHS secured the youth's birth certificate?
14. Has DHS secured the youth's social security card?
15. Has the youth been advised of Aftercare Services?
16. Has the youth started Pre-Aftercare Services with the Aftercare Coordinator?