

VIII. Directions for the Family Update Form

Overview. The Family Update provides information about child and family outcomes. **The home visitor completes a Family Update at six-month intervals at the child's 6, 12, 18, 24, 30, 36, 42, 48, 54 and 60 month birthdays.**

NOTE: Forms are due if the family exits within 30 days prior or 90 days after the baby's birth date. For example, the worker should do the 18-month Family Update if a child exits at their 17 (30 days prior) 18, 19, or 20 (90 days after) birthday.

The Family Update is divided into the following six sections:

- | | |
|--|-------------------------------------|
| I. Service History | IV. Current Issues |
| II. Current Family Status | V. Health |
| III. Basic Services & Resources | VI. Developmental Screenings |

IMPORTANT: Please fill in the bubbles for Family Update type, Child's Age, Worker ID, Child's ID, County of Service, and Child's Date of Birth.

I. Service History

1. Today's Date

2. What level of service does the family currently receive?

Please see the Healthy Start Program Policies and Procedures Manual for criteria for each level.

- Level 1
- Level 1 SS
- Level 2
- Level 3
- Level 4
- Level X

3. Has the family been discharged from service?

- Yes
- No

If yes, please remember to send in an Exit Form on this client.

4. Indicate the number of days this family was on Creative Outreach since the last Family Update/Intake.

See the Healthy Start Policies and Procedures manual for definitions of Creative Outreach.

II. Current Family Status

5. Who is the child's primary caregiver(s)? (Mark only one)

- Mother only
- Mother and second parent figure
- Father only

Other _____

6. Specify second parent figure:

- Biological father
- Step-father
- Mother's live-in partner
- Grandmother
- No second parent figure
- Other _____

7. Is the child living with a new primary caregiver since the last Family Update/Intake?

- No
- Yes, primary caregiver is now the other parent
- Yes, primary caregiver is now another relative
- Yes, primary caregiver is now a foster parent
- Yes, other (explain)_____

8. Mother's employment

Choose the best description of mother's current employment status from one of the following options. Employment is defined as paid employment.

- Employed full-time (35 hours/week or more)
- Employed part-time
- Employed seasonally (e.g., full or part-time worker during summer or holiday season)
- Not employed, actively seeking work
- Not employed, not seeking work
- On maternity leave

9. Second parent figure's employment: (If no second parent figure, go to #10)

Choose the best description of second parent figure's current employment status from one of the following options:

- Employed full-time (35 hours/week or more)
- Employed part-time
- Employed seasonally
- Not employed, actively seeking work
- Not employed, not seeking work
- On maternity leave

10. How has the family income situation changed in the past 6 months?

- Improved Stayed the same Worsened

III. Basic Services and Resources

The purpose of this section is to document the family's service needs and the extent to which Healthy Start is meeting those needs. This section should reflect any service needed or received SINCE THE LAST FAMILY UPDATE or INTAKE.

IMPORTANT: If the family had a need for a service at Intake, you should use the 6-Month Update to show the status of that need by the time of the update. If a family needed a service at Intake, DO NOT indicate that the service is no longer needed at the UPDATE without also indicating whether Healthy Start helped to connect them (or not).

EXAMPLES:

If, at intake, a family needed “Dental Services”, and you provided that family with dental services, indicate “NO” to the first question (Did anyone lack this service), and indicate “YES” for the question of whether Healthy Start connected the family with service.

If Healthy Start had NOT met this need, you would indicate “YES” to whether anyone needed the service and “NO” to whether Healthy Start connected the family with services. For the “NO” response, you would then indicate whether you attempted to connect the family and found services to be unavailable or the family ineligible.

Finally, if you HAD provided the family with dental services, even if the family still needs more assistance in this area, you would mark “YES” to the question of whether the family lacked needed services, and “YES” to whether you connected that family with services.

11. Which services or resources does the family currently use?

Please choose one of the following options for each of the items a-k to indicate which services the family currently lacks. This should be based on your best judgment of the family’s current needs, even if the family does not recognize the need at this time.

Service Needed ("Did anyone in the family lack the needed service since the last Family Update/Intake?") Mark "Yes" next to every service that someone in the family had a need for, and "No," next to the services that no one in the family needed.

Family Connected with Service ("Did you connect any family member to the needed service?"): If you connected any member of the family with a needed service (even if other services are still needed by this or another family member), mark, "Yes" next to each service you connected a family member with, and mark, "No," next to needed services that you did not connect a family member with.

No Service ("Indicate here if the family member is not eligible for service, the service is not available, or family member declines service"): If you did not connect any family member to the needed service (marked "No" on the previous question), and a family member will *not* be connected with service because the person is not eligible for service, the service is not available, or the family member declines, mark here.

a. Dental services

Services related to dental health/hygiene (e.g., a dentist).

b. Drug/alcohol treatment

Needs or uses services for substance abuse issues, including further assessment if a drug/alcohol problem is suspected. Includes AA/NA group attendance.

c. Domestic violence assistance

Needs or utilizes services related to domestic violence issues in the family (e.g., shelter, anger management).

d. Education assistance

Including obtaining GED, attending college, tutoring, literacy, etc.

e. Housing

Assistance in finding, paying for, or maintaining housing.

f. Job training or employment services

Assistance or support maintaining, improving, or finding employment.

g. Mental health counseling

Family needs or uses mental health services, including assessment if mental health issues are suspected.

h. Medicaid/OHP

OHP = Oregon Health Plan (or other publicly funding insurance), assistance obtaining, qualifying, working with, or maintaining Medicaid or OHP.

i. Public health nursing services (Babies First!, CaCoon, MCM)

j. TANF or other cash assistance

TANF was formerly welfare/AFDC. Family needs assistance obtaining, working with, or maintaining cash assistance. Family needs assistance obtaining, working with, or maintaining other forms of cash assistance (e.g., disability payments).

k. Other (specify)

IV. Current Issues

12. Is this family receiving service from DHS Child Welfare?

Please answer *Yes*, *No*, or *Don't Know*. Services may be voluntary or involuntary services for parenting or to support the safety of the child.

13. Since the last Family Update/Intake, did you make a child abuse/neglect report to DHS Child Welfare on this family?

If "No," skip to #15.

Reports are formal reports to the DHS Child Welfare System (e.g., calls to the hotline), but do not have to be founded. Do not include reports made for spousal abuse.

14. What was the reason for the report? (Mark all that apply)

- Child neglect (e.g., unsupervised, unfed, poor living situation)
- Threat of harm (e.g., violence, drugs, illegal activity in the home)
- Physical abuse (of the child)
- Sexual abuse (of the child)
- Emotional/psychological abuse (of the child)
- Other _____

Please fill in the bubble for *Yes*, *No*, or *Don't Know* to questions 15-18:

15. Since the last Family Update/Intake, has there been a DHS Child Welfare investigation?

To the best of your knowledge, was there an investigation into the safety of the child by DHS Child Welfare (an investigation is typically the result of a report, and is to determine whether the report was founded or unfounded). Do not include reports made for spousal abuse.

16. Was a DHS Child Welfare case opened on the family since the last Family Update/Intake?

To the best of your knowledge, was a DHS Child Welfare case opened on any family member?

17. Were any children removed from the home?

To the best of your knowledge, were any children removed, even temporarily, from the family's home by DHS Child Welfare?

18. Since the last Family Update/Intake, do you know of any other DHS Child Welfare reports on this family?

Do you know of any DHS/Child Welfare reports (other than any made by you) on this family? Do not include reports made for spousal abuse.

19. Are any of the following events known to have occurred in the family since the last Family Update/Intake? (Mark all that you are aware of)

- | | |
|---|---|
| <input type="checkbox"/> Marriage | <input type="checkbox"/> Criminal activity (<i>family involved in</i>) |
| <input type="checkbox"/> New partner | <input type="checkbox"/> Divorce, separation, or break-up with partner |
| <input type="checkbox"/> New job | <input type="checkbox"/> Death of a family member |
| <input type="checkbox"/> Obtained GED | <input type="checkbox"/> Medical crisis or major illness of family member |
| <input type="checkbox"/> Graduated from school | <input type="checkbox"/> Unplanned job loss or unstable employment |
| <input type="checkbox"/> Off public assistance (TANF) | <input type="checkbox"/> On public assistance (TANF) |

V. Health

20a. Are the target child's immunizations up-to-date?

Choose the best description for the child's current immunization status, preferably based on review of the immunization record. If you marked "No immunizations, lack of parent follow-through," then mark "Yes" or "No" to the question asking whether you made a referral for immunizations.

20b. Primary source of immunization data

Choose the primary source that you used for determining the status of the child's immunizations:

- Immunization card or other health record:** Completed by doctor's office or parent, maintained by parent, maintained by health clinic or doctor, or copy held by parent.
- Alert System**
- Other** (e.g., parent report). We encourage workers to use reliable sources other than parent report for this information.

21. Has the target child received regular well-child checkups?

Yes, if child is receiving regularly scheduled well-child checkups at this time.

22. Specify the child's health insurance

Please fill in one of the following bubbles:

- Private insurance:** If child has health insurance, through family's HMO or other private company. If coverage is only partial or benefits are limited, fill in this bubble.
- Medicaid/OHP:** If child has health insurance through the Oregon Health Plan.
- No insurance:** If child is uninsured at the present time.
- Other** _____

23. Specify the primary caregiver's health insurance

Please fill in one of the following bubbles:

- Private insurance:** If primary caregiver has health insurance, through family's HMO or other private company. If coverage is only partial or benefits are limited, fill in this bubble.

- Medicaid/OHP:** If primary caregiver has health insurance through the Oregon Health Plan.
- No insurance:** If primary caregiver is uninsured at the present time.
- Other** _____

Please fill in the bubble for *Yes, No, or Don't Know* to questions 23-25:

24. Has the family used emergency services for *routine* health care since the last Family Update/Intake?

Has the family gone to emergency room or emergency clinic for non-urgent illnesses, injuries, or preventative care that could be addressed at a regular health care providers office.

25. Has the child received medical care for an injury since the last Family Update/Intake?

26. Does the child receive passive smoke exposure?

Note any regular passive smoke exposure from sources at home or outside the home such as day-care providers.

27. How would you rate the child's health, overall?

Criteria for categorizing health as Very Good, Good, Fair, or Poor:

Criteria for Assessing the Health of Children (0 - 5 years old) ¹	
Very Good	Weight gain is within normal range; infrequent minor health conditions (e.g., colds, minor ear infections, etc.); child appears to be thriving
Good	Frequent mild health problems or mild chronic conditions without significant consequences (e.g., no long term health concerns or impacts on daily living)
Fair	One or more chronic conditions requiring some ongoing medical care but with effective treatment (e.g., effective management of asthma)
Poor	One or more serious chronic conditions requiring daily care and regular medical intervention, usually involving specialists, usually marginally or poorly compensated (e.g., treatment is of limited effectiveness)

28. How would you rate the child's nutrition, overall?

Use the following criteria for categorizing nutrition as Very Good, Good, Fair, or Poor:

Very Good: Agree with all 4 statements in Infant Criteria, below (if child is under 1year) or in Older Child Criteria, below (if child is 1-5 years)

Good: Agree with 3 statements

Fair: Agree with 1- 2 statements

¹ Adapted from recommendations provided by:
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Poor: None of the statements are true

Criteria for Assessing the Nutrition of Children²	
Infant Criteria	<ol style="list-style-type: none">1. Baby is fed breast milk, iron-fortified formula or a combination of these (no goat, cow, or evaporated milk).2. Parent knows when the baby is hungry or has had enough to eat.3. Baby is offered food that is developmentally appropriate and healthy.4. Parent describes feeding time with the baby as always or usually pleasant.
Older Child (1-5 year) Criteria	<ol style="list-style-type: none">1. Parent describes mealtimes with the child as always or usually pleasant.2. Parent offers the child 3 meals and in-between snacks each day.3. Parent offers developmentally appropriate and healthy foods.4. The child is allowed to determine what and how much they will eat.

Please fill in the bubble for *Yes*, *No*, or *Don't Know* to questions 29-33.

29. Is the child linked to a primary health care provider?

The definition of a primary health care provider according to HFA is "the primary individual, provider, medical group, public and/or private health agency, or a culturally recognized medical professional where participants can go to receive a full array of health, mental health and medical services."

30. Does the primary caregiver(s) have a primary health care provider?

31. Is mother continuing to breast-feed this target child (either totally or part-time)?

32. Is the mother currently pregnant (with a new child)?

If *yes*, also indicate whether:

- a. The pregnancy was planned
- b. The mother received early (1st trimester) and comprehensive (5 or more checkups) prenatal care
- c. You referred the mother to prenatal services.

33. Has mother given birth to a child since the last Family Update/Intake?

If *yes*, fill in the OCCF Family Manager Child ID for the new child.

NOTE: Forms in which the mother has given birth to a new child since the last update or intake must include the new child's ID number in the space provided.

VI. Developmental Screening

Because Healthy Start uses the ASQ and ASQ-SE, it is assumed that screening will be completed using those tools. However, if a different developmental screening was completed by a partner agency (and information from that screen has been provided to you), it is not necessary to complete the ASQ or ASQ-SE. In this situation, please note the developmental status on the most recent screening and include the partner agency and the name of the screening tool under question 38, below.

² Criteria adapted from Bright Futures in Practice: Nutrition; Appendix A: Nutrition Questionnaire for Infants and Appendix B: Nutrition Questionnaire for Children.

Please fill in the bubble for *Yes*, *No*, or *Don't Know* to questions 33-35:

34. Does the child have a diagnosed developmental delay?

Diagnosis typically must be made by Early Intervention services and requires an IFSP/IEP for the child. **If the child has a diagnosed developmental delay, you should indicate whether or not the child is receiving EI services (see item 36). If the child is receiving EI services, it may be the case that EI is doing the developmental screen (rather than HS) for that child. If so, please indicate that on item 35.**

35. Is the child's development being tracked by Early Intervention?

This question indicates if the child is receiving regular developmental screening through Early Intervention services. If “yes” (child’s development is being tracked by EI), then ASQ screening by Healthy Start is optional; programs would be expected to be working closely with EI on developmental supports for the child, but duplicative screening is not required (or recommended).

36. Is the child receiving Early Intervention Services?

If the child is receiving Early Intervention Services, mark yes. It is possible that a child could be receiving EI services but not be having EI do the developmental assessments.

37a. Indicate the child’s most recent developmental screening.

Choose the appropriate developmental screening option. If you have two screenings, such as 8 and 12 months, choose the most recent one. ASQs should be conducted based on the child’s birth date, not on the child’s developmental age. Always indicate the most recent screening completed, for instance, a 4-month ASQ Screening can be reported on the 6-month Family Update. Please note that Social/Emotional subscale should be completed at 6-month intervals.

37b. Indicate the child’s developmental status on the most recent screening.

Choose the appropriate description. If *Delays indicated*, answer #37c. If *Other*, then please list.

- Normal
- Delays indicated
- Other _____

37c. If delays were indicated, please indicate what action has been taken. Mark all that apply. If *Other*, please specify.

- Referred family to early intervention services
- Successfully connected family to early intervention services
- Parent declined early intervention services
- Provided parent with information to support child's development
- Other (specify) _____

38a. Indicate the child’s most recent ASQ-SE developmental screening.

Choose the appropriate socio-emotional developmental screening. If you have two screenings, such as 8 and 12 months, choose the most recent one. Please note that the new Social/Emotional subscale should be completed at approximately the same time as the other ASQ subscales, however the times are not exactly similar.

38b. Indicate the child’s developmental status on the most recent ASQ-SE screening.

Choose the appropriate description. If *Delays indicated*, answer #38c. If *Other*, then please list.

- Normal

- Delays indicated
- Other _____

38c. If delays on the ASQ-SE were indicated, please indicate what action has been taken.

Mark all that apply. If *Other*, please specify.

- Referred family to early intervention services
- Referred family to other mental health services
- Successfully connected family to early intervention services
- Successfully connected family to other mental health services
- Parent declined early intervention services
- Provided parent with information to support child's development
- Other (specify) _____

39. If there is anything else you would like to tell the evaluators about this family, please include that information here.

NOTE: If the family is on Creative Outreach at the time the form is due, fill in as much information as possible. Depending on how many visits you've had with the family since the last intake/update and prior to their going on creative outreach you should be able to provide information about:

- Immunizations (items 20a and 20b)
- Connection to primary care provider (items 29 and 30)
- Prenatal care for subsequent pregnancies (item 32)
- ASQ and related referrals (items 34 – 38c)
- Demographic information (items 5-10)
- Adequacy of basic resources (item 11a-k)