

# Memo

**To:** All Department and Purchase of Service Child Welfare staff, managers and supervisors.

**From:** Gailyn Thomas, Deputy Director, Child Protection, Arthur Bishop, Deputy Director, Field Operations, George Vennikandam, Associate Deputy Director, Performance Monitoring And Quality Assurance and Roberta Bell, Acting Deputy Director, Planning and Performance Management

**Re:** Completing Subsequent Integrated Assessments in SACWIS

The following information is intended to help Child Welfare Workers complete subsequent integrated assessments in SACWIS. Please read the document carefully. Please direct questions to **SACWIS Field Support** in Outlook.

# **SACWIS Practice Guide**

## **“Subsequent Integrated Assessments”**

### **Table of Contents:**

1. [What is the Subsequent Integrated Assessment?](#)
2. [Integrated Assessment Required Milestones](#)
3. [Assessments Completed in Conjunction with the Integrated Assessment](#)
4. [Completing a Subsequent Integrated Assessment in SACWIS](#)
  - A. [Narrative Copied Forward from Previous Assessments](#)
  - B. [Finding the Sections You Want to Update in a Subsequent Assessment](#)
  - C. [What to Address in Subsequent Assessments](#)
5. [Appendix A, Integrated Assessment Document](#)

## **1. What is the Subsequent Integrated Assessment?**

The subsequent Integrated Assessment is part of the ongoing assessment required on ALL cases after the 45-day comprehensive assessment period has been completed. The subsequent Integrated Assessment in SACWIS replaces the former Administrative Procedures #5 (AP #5) version of the Social History Addendum /Update.

## **2. Subsequent Integrated Assessment Required Milestones**

The subsequent Integrated Assessment is required on ALL cases as mentioned above. The subsequent Integrated Assessment is required *minimally* every six months after the 45-day comprehensive assessment period has been completed. A final subsequent Integrated Assessment should be completed in SACWIS at least 30 days prior to case closure. The final subsequent Integrated Assessment should include all relevant closing information as well as documentation as to what aftercare services will be included in the final SACWIS aftercare Service Plan. The final Integrated Assessment in SACWIS should serve as the closing summary formerly completed on a Word template.

## **3. Assessments Completed in Conjunction with the Integrated Assessment**

The SACWIS Risk Assessment should always be completed prior to completing an Integrated Assessment in SACWIS. Within the first 45 days, a SACWIS Risk Assessment is conducted prior to the initial 45-day comprehensive Integrated Assessment. The Risk Assessment completed by the Investigation Specialist as part of the investigation, may satisfy the initial Risk Assessment requirement in SACWIS. However, the Child Welfare Worker should carefully review the Risk Assessment completed by the Investigation Specialist to determine if any additional risk information should be recorded in order to fully address risk in the SACWIS Integrated Assessment and Service Plan. If additional risk information is determined by the Child Welfare Worker, the worker must complete a new Risk Assessment before proceeding with the initial comprehensive Integrated Assessment.

The subsequent Risk Assessment is also required *minimally* every six months after the 45-day comprehensive assessment period has been completed. The subsequent Risk Assessment is required prior to completing a subsequent Integrated Assessment. A final subsequent Risk Assessment should also be completed in SACWIS at least 30 days prior to case closure. The final subsequent Risk Assessment should document that overall risk has been addressed or minimized to the extent that the case may be closed.

**The SACWIS Safety Assessment is only required according to Procedure 300 Appendix G. Child Welfare Workers should carefully review P300 to determine when the Safety Assessment is specifically required.**

**NOTE: The Safety Assessment is NOT required prior to completing a Risk Assessment in SACWIS.**

#### **4. Completing a Subsequent Integrated Assessment in SACWIS**

Since the implementation of the SACWIS system, Child Welfare Workers are expected to use SACWIS to document casework. The assessments conducted in SACWIS are the Safety Assessment, the Risk Assessment and the Integrated Assessment. As mentioned above, the Risk Assessment is required prior to creating an Integrated Assessment. Subsequently, the Integrated Assessment is required prior to creating the Service Plan. Again, the SACWIS Safety Assessment is only required according to P300 and is NOT required in order to complete a Risk Assessment or Integrated Assessment.

It is imperative that Child Welfare Workers carefully assess their cases every six months in order to establish a meaningful and effective Service Plan. The SACWIS assessment process was designed to help guide workers in addressing the relevant issues or needs in a case, in keeping with safety, risk, well-being and the key underlying conditions. When Child Welfare Workers do not adequately assess their cases every six months prior to completing a Service Plan, they lose meaningful assessment information and service plans may lack the information necessary to establish service provision and to move a case toward permanency.

##### **A. Narrative Copied Forward from Previous Assessments**

The Integrated Assessment in SACWIS, as well as other assessments and the Service Plan were designed with “copy forward” functionality. This functionality populates information from previously approved pieces of work. The intention of the copy forward functionality was to create efficiencies for Child Welfare Workers when doing their work in SACWIS. Before SACWIS, Child Welfare Workers needed to review information in the hard copy file. Such file reviews might have taken a great deal of time, which increased the time needed to prepare for assessments and service plans or for an Administrative Case Review (ACR). The copy forward functionality allows Child Welfare Workers to review previous information in assessments and in the Service Plan, while working in the current piece of work. This eliminates the need to go back and review the previous pieces of work, as you can see this information in the assessment currently being developed.

Some workers are unsure of how to use the narrative information that’s been populated, or carried forward from a previous piece of work. **It was never the intention for workers to leave this information in each narrative section and to add to this information every six months.** Doing so increases the size of the documents tremendously, particularly over a long period of time. Additionally, adding to the narrative sections every six months makes the documents very difficult to read, particularly for outside parties, such as court personnel. Readers are essentially viewing the same information over and over again, making it difficult to determine the current situation.

When preparing a subsequent Integrated Assessment, Child Welfare Workers are encouraged to first print a copy of the current assessment before entering new or additional information. The information available on the printed document will be the information that populated, or was carried forward from the previous assessment. Child Welfare Workers should then carefully review the information on the printed document to determine which sections should be updated, which sections may be deleted altogether and those sections that need to be addressed (if not previously addressed). Child Welfare Workers might for example, mark these sections on the printed document with a pen, or make notes as to what updated information should be included in the current assessment. **Child Welfare Workers should NOT leave previously reported information in narrative sections for the reasons noted above.** For example, after the first 45 days, it is not necessary to leave information in a subsequent Integrated Assessment regarding a parent's biographical information. Once this information has been reported, it should not continue to display in subsequent Integrated Assessment reports. This is redundant and confusing to readers of the report. Child Welfare Workers should delete this information in the subsequent Integrated Assessment once it has been included in a previous report. To be clear, information should only be reported once in a subsequent Integrated Assessment.

Another efficiency in the copy forward functionality is the ability to reuse copied forward narratives from previous assessments. The intention here was to allow Child Welfare Workers to save time by updating narrative sections rather than typing similar information over again. This really does not differ from how assessments were done on templates before SACWIS. Many Child Welfare Workers would update or enhance narrative paragraphs in their Word template Social History addendums. The same applies in SACWIS. Child Welfare Workers should carefully review these sections to make sure that all dates are relevant and that nothing has been overlooked. However, this is yet another way SACWIS may assist Child Welfare Workers in completing their work. Again, information should only be reported once. Therefore, narrative sections that are not reused, as mentioned in this paragraph, should be deleted.

## **B. Finding the Sections You Want to Update in a Subsequent Assessment**

The Integrated Assessment Map has been posted on the D-Net previously to help workers visualize where information is captured in the Integrated Assessment in SACWIS. Use this map when creating subsequent Integrated Assessments to find the sections you need to update to complete the subsequent report.

## INTEGRATED ASSESSMENT MAP

Below you'll find a breakdown of the five main sections or tabs in the Integrated Assessment (IA). This serves as a quick reference guide to easily see what narrative fields are captured under each tab.

Please note: The prompts, which should guide your assessment, have not been captured here. For more detail, the prompts can be found throughout the Integrated Assessment in the SACWIS application.

**The tabs are:**

<b>General</b>	<b>Individual/Education</b>	<b>Medical/Mental Health</b>	<b>Family Factors</b>	<b>Analysis</b>
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### General

- **DCFS Involvement/Reason for DCFS Involvement**
- **Integrated Assessment Maltreatment Factors**
- **Integrated Assessment Interview Activity**
- **Contributors to the Assessment**

### Individual/Education Factors

- **Integrated Caretaker Factors (*For Parent/Caretakers*)**
  - **Parent/Guardian Interview**
  - **Parent Personal History**
  - **Education and Cognitive Functioning**
  - **Criminal Behavior and background**
  - **Work History**
  - **Social/Romantic Relationships**
  - **Current Living Situation**
  - **Substance Use**
  - **Interests, Hobbies and Talents**
  - **Support Systems**
  - **Parenting Abilities**
- **Integrated Child Factors (*For Children*)**
  - **Child Personal History**
  - **Child's Interaction with Caretaker/Paramour**

- **Child's Fear of Caretaker**
  - **Behavioral Problems that the child may be exhibiting**
  - **Child's Support System**
  - **Outcome Recommendations to Child and Family Team From the Integrated Assessment Screen**
  - **Child's Adjustment to Placement (*for Children in Substitute Care*)**
  - **Adoption Related Questions (*if applicable*)**
  - **Education**
- **Integrated Child/Caretaker Factors (*For Child/Caretaker*)**
    - **Child Personal History**
    - **Child's Interaction with Caretaker/Paramour**
    - **Child's Fear of Caretaker**
    - **Behavioral Problems that the child may be exhibiting**
    - **Child's Support System**
    - **Outcome Recommendations to Child and Family Team From the Integrated Assessment Screen**
    - **Child's Adjustment to Placement (*for Children in Substitute Care*)**
    - **Adoption Related Questions (*if applicable*)**
    - **Education**
    - **Parent/Guardian Interview**
    - **Parent Personal History**
    - **Education and Cognitive Functioning**
    - **Criminal Behavior and background**
    - **Work History**
    - **Social/Romantic Relationships**
    - **Current Living Situation**
    - **Substance Use**
    - **Interests, Hobbies and Talents**
    - **Support Systems**
    - **Parenting Abilities**

#### Medical/Mental Health Factors

- **Medical/Mental Health History-*for each member***

#### Family Functioning Factors

- **Family Functioning Factors**
  - **History of abuse/neglect or other history of child welfare service needs in the Family**
  - **Family's Financial Stability**
  - **Environmental Conditions of the Home**
  - **Community/Neighborhood Environment**

- Domestic Violence
- Family Dynamics
- Special Treatment Approaches Related to Racial, Ethnic or Cultural Considerations
- Family Strengths/Resources
- Family Prognosis and Recommendations

## Analysis

- **Substitute Caregiver Interview (*For Placement Cases*)**
  - Substitute Caregiver's Perceptions
  - Strengths and/or Areas of Concern
  - Respite Needs
  - Substitute Caregiver Recommendations
- **Integrated Assessment Analysis**
  - What current safety issues, or in CWS intake cases, non-child abuse/neglect issues are present?
  - Which risk factors directly impacted or contributed to the maltreatment or child welfare services intake?
  - Considering the risk factors that directly impacted or contributed to the maltreatment or other child welfare service need, whether the child can be safely maintained in the home with appropriate services and/or a safety plan:
  - How can the family's strengths and/or supports be used to maintain the child in the home or mitigate the risk factors identified in the Assessment?
  - If the child cannot be maintained safely in the home, what level of intervention is needed or has been implemented?
  - Underlying conditions that have been identified
  - Of those risk factors that did not directly impact or contribute to the maltreatment or other child welfare service needed, describe which factors are likely to become significant to the ongoing safety and/or risk to the child. How? How will these factors be addressed?
  - What are the child's well-being needs and do they need to be addressed in the Service Plan?
  - What services are recommended to address the risk factors that directly impacted the incident of maltreatment?
  - What services are recommended to address the risk factors that are likely to become significant to the child's future safety or risk?
  - What services are recommended to meet the child's well-being needs?
  - What services are recommended to address the family's underlying conditions?
  - What services are recommended to address any non-child abuse/neglect issues that may have brought the case to the attention of the Department?



- **Are services available in the community? Identify any barriers to service provision.**

### **C. What to Address in Subsequent Assessments**

Beyond the first 45 days of a case opening, once the comprehensive Integrated Assessment has been completed, the ongoing assessment process continues. As mentioned in section two, the subsequent Integrated Assessment, as well as the Risk Assessment and the Service Plan are required minimally every six months beyond the first 45 days. When preparing a subsequent Integrated Assessment, it is not necessary to document in every section of the Integrated Assessment. Subsequent assessments are much like a Social History Addendum. They are updates to information presented in the comprehensive assessment. Therefore, Child Welfare Workers should only update sections that are relevant to the circumstances of the case.

The “Reason for Involvement” section should always contain the initial reason the family became involved with the Department or agency for the current case opening. This section should also include information regarding previous involvements with the family. The “Reason for Involvement” section should also be *updated* at each milestone period to reflect *why the family remains* involved with the Department or agency. The updated information should always consider the safety, risk, well-being and permanency of the child or children in the family. Additionally, the primary conditions or needs and any underlying conditions must be addressed at every milestone. Further, information pertaining to services being provided and progress made should always be included in subsequent reports.

Child Welfare Workers should consider this information when preparing subsequent Integrated Assessments. This information is intended to guide staff, as well as establish consistency in how the work is done in SACWIS. Questions regarding information contained in this document should be directed via email to **SACWIS Field Support** in Outlook.

### **5. Appendix A, Integrated Assessment Document** *See Below*

**Appendix A-IA Document**

**ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
INTEGRATED ASSESSMENT – SOCIAL HISTORY**

(Check One) Initial: \_\_\_\_\_

With Clinical Screener: (Y/N)

Subsequent:  X

Case Name: \_\_\_\_\_

Case ID: \_\_\_\_\_ Family ID: \_\_\_\_\_

Court County of Jurisdiction: \_\_\_\_\_ Docket: \_\_\_\_\_

Child Welfare Worker:  
\_\_\_\_\_

Worker Supervisor: \_\_\_\_\_

Worker RSF: \_\_\_\_\_ Worker Agency: \_\_\_\_\_

IA Report Prepared By:

Completed IA Report Date:

**Integrated Assessment Interview Activity**

Date	Type	Those Present	Screener(s)

**Children's Identifying Information**

Child's Name	Gender	Date of Birth	SACWIS ID	CYCIS ID

**Children's Identifying Information-Legal**

<b>Legal Status</b>	<b>Date of PC</b>	<b>Date of TC</b>	<b>Living Arrangement</b>

**Parents/Caretakers**

<b>Name</b>	<b>Relationship</b>	<b>Date of Birth</b>	<b>Preferred Language</b>	<b>Household Member Y/N</b>

**I. Describe the Incident of Maltreatment: (Reason for DCFS Involvement):**

**II. Parent/Paramour Interview (Caretaker Factors)**

*(Repeat section II and III (A-K) for additional parent/caretaker(s) or involved paramour)*

**A. Parent Personal history**

**B. Description of all parent's/caretaker's family of origin:**

*(This section applies to the parent/caretaker's family history)*

**C. Education and Cognitive Functioning**

**D. Parent/Paramour Criminal Behavior or Background:**

- E. Work History
- F. Social/Romantic Relationships
- G. Current Living Situation
- H. Substance Use
- I. Interests, Hobbies, Talents
- J. Support Systems
- K. Parenting Abilities

**III. Child Interview: (Integrated Child Factors)**

***(Repeat section III (A-H) for ALL children)***

- A. Child Personal History
- B. Child's Interaction with Caretaker/Paramour
- C. Child's Fear of Caretaker
- D. Behavioral Problems that the Child may be exhibiting
- E. Child's Support System
- F. Child's Adjustment to Placement  
**Placement Cases only**
- G. Education
- H. Outcome Recommendations to the Child and Family Team
- I. Adoption Related Questions-  
**For Child(ren) with Adoption Permanency Goal(s) Only**
  - Child's Attachment to Significant Others
  - Child's Understanding of Adoption
  - Projected Ability for Adoption Assistance
  - Recommendations for Prospective Adoptive Family--if applicable

#### **IV. Family Functioning Factors**

- A. Family's Financial Stability**
- B. Environmental Conditions of the Home**
- C. Community/Neighborhood Environment**
- D. Domestic Violence**
- E. Family Dynamics.**
- F. Special Treatment Approaches Related to Racial, Ethnic or Cultural Considerations**
- G. Family Strengths/Resources**

#### **V. Medical/Mental Health History**

- A. Medical/Developmental Condition – Child**
- B. Mental/Emotional Health – Child**
- C. Medical/Developmental Condition – Caretaker**
- D. Mental/Emotional Health – Caretaker**

#### **VI. Substitute Caregiver Interview**

- A. Substitute Caregiver's Perceptions**
- B. Strengths and/or Areas of Concern**
- C. Respite Needs**

## **VII. Recommendations:**

### **A. Outcome Recommendations to Child and Family Team**

### **B. Substitute Caregiver Recommendations**

### **C. Family Prognosis and Recommendations**

## **VIII. ANALYSIS**

- **What current safety issues, or in CHILD WELFARE WORKER intake cases the non-child abuse/neglect issues are present?**
- **Which risk factors directly impacted or contributed to the maltreatment or child welfare services intake?**
- **Considering the risk factors the directly impacted or contributed to the maltreatment or other child welfare service need, whether the child can be safely maintained in the home with appropriate services and/or a safety plan:**
- **How can the family's strengths and/or supports be used to maintain the child in the home or mitigate the risk factors identified in the Assessment?**
- **If the child cannot be maintained safely in the home, what level of intervention is needed or has been implemented?**
- **Underlying conditions that have been identified**
- **Of those risk factors that did not directly impact or contribute to the maltreatment or other child welfare service needed, describe which factors are likely to become significant to the ongoing safety and/or risk to the child. How? How will these factors be addressed?**
- **What are the child's well-being needs and do they need to be addressed in the Service Plan?**
- **What services are recommended to address the risk factors that directly impacted the incident of maltreatment?**
- **What services are recommended to address the risk factors that are likely to become significant to the child's future safety or risk?**
- **What services are recommended to meet the child's well-being needs?**

- **What services are recommended to address the family's underlying conditions?**
- **What services are recommended to address any non-child abuse/neglect issues that may have brought the case to the attention of the Department?**
- **Are services available in the community? Identify any barriers to service provision.**

**SIGNATURES**

**Child Welfare Specialist:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**CHILD WELFARE WORKER Supervisor:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Clinical Screener:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Clinical Screener Supervisor:**

\_\_\_\_\_ **Date:** \_\_\_\_\_