



HOW TO USE CANS (CHILD ADOLESCENT NEEDS AND STRENGTHS) FOR
EFFECTIVE CASE MANAGEMENT AND PERMANENCY PLANNING
運用 CANS (兒童及青少年需要與優勢使用手冊) 推行個案管理以及促進孩子永久計劃

母親的抉擇 兒童服務個案管理 黃慧冰女士
LEA WONG, DIRECTOR, SERVICES & CASE MANAGEMENT, MOTHER'S CHOICE

RUNDOWN

1. Introduction of Mother's Choice and Permanency
2. What is CANS? Why CANS?
3. How does CANS contribute to the Case Management process?
4. Case Study
 - How CANS informs our level of care and complexity?
 - How CANS drives our decision making process?
5. Q&A





WHAT WE BELIEVE IN

OUR VISION

Every child in a loving family.

OUR MISSION

Joining hands with our community to give hope and change life stories.





WHO WE ARE

CHILDREN

We are a champion for children in the residential care system.

YOUTH

We are a safe, loving and non-judgmental place for girls facing a crisis pregnancy.

FAMILY

We strengthen and build birth, foster and adoptive families.

COMMUNITY

We engage volunteers and share our learnings with community partners.



Mother's Choice has eight front line services



Baby Care Services



Wee Care Services



Early Intervention Services



Pregnant Girls Services



Foster Care Services



Safe Families for Children



Adoption Services



Comprehensive Sexuality Education

Human Resources / Volunteer Engagement / Facilities / IT
Finance / Fundraising / Communications



Mother's Choice approach to facilitating TIMELY permanency

OUR THREE-PRONGED APPROACH



CASE MANAGEMENT

- Systematic approach
- Centered on the needs of the child individualized and taking an and data driven approach on planning.



FOCUS ON PERMANENCY

- Our social workers are voice of the child; work collaboratively with the SWD at all levels to facilitate their permanency.



EARLY INTERVENTION

- Our social workers promote early decision-making and permanent outcomes for children. Where needed we provide Early intervention services.

TIMELY permanency

WHAT IS CANS?

CHILD ADOLESCENT NEEDS AND STRENGTHS

- The CANS is an output of an assessment process.
- It is designed to organize and synthesize information from an assessment process.
- It is a communimetric tool based on communication theory rather than psychometric theories.
- Designed to facilitate effective communication of a shared vision at all levels of the system
- Enables information sharing about key needs of the child to different providers using a common language
- Services can be organized around what is most required for the child
- Ensures continuity and consistency of follow-up and monitoring of clients



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Screening

Collaborative
Assessment

Care Planning

Care
Monitoring

Transitions



CANS HK 0-6

4 Domains, 5 Optional Domains

Child Needs &
Functioning (16)

Caregiver Resources &
Needs (20)

Child Risk Factors
(8)

Child Strengths (4)

Foster
Care/Adoption
(Optional) (5)

Child Medical Health
(Optional) (3)

Trauma Module
(Optional) (9)

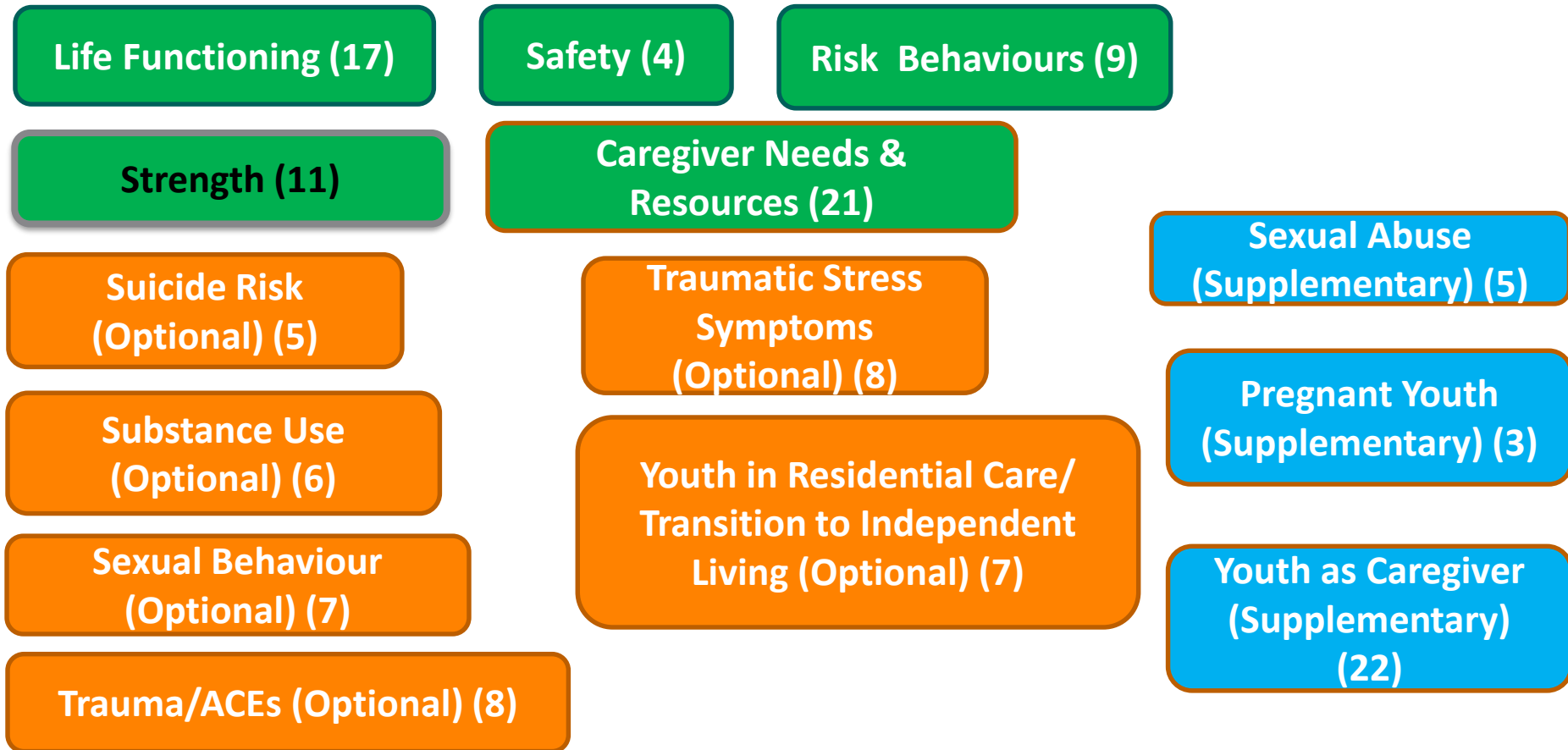
Autism
(Optional) (8)

Child Development
(Optional) (15)



CANS HK 7-25

5 Core Domains, 6 Optional Domains
3 Supplementary Domains



母親的抉擇

Mother's Choice

Changing the Stories Conference: Breaking the Vicious
Intergenerational Cycle of Teen Pregnancy

Slide 10



CANS 的基本結構

香港版兒童與青少年需要與強項的基本核心項目如下。如果斜體並帶有星號(*)的項目獲評級為第「1」「2」、或「3」級，則須填寫指定延伸單元。

核心項目

生活能力範疇

1. 家庭功能
2. 居住狀況
3. 自理能力
4. 社交能力
5. 學習能力
6. 發展 / 智力
7. 決策
8. 法律
9. 醫療
10. 生理健康
11. 精神健康
12. 行為功能
13. 溝通/創傷*
14. 性發展
15. 經驗
16. 表達自我的自信
17. 長遠福利計劃

強項範疇

18. 家庭強項
19. 人際技巧
20. 樂觀
21. 學習環境
22. 工作環境
23. 才能與興趣
24. 社區生活
25. 恆久關係
26. 復原力
27. 運用資源
28. 正面改變的動力

安全範疇

29. 保護兒童*
30. 家庭暴力
31. 親密伴侶暴力
32. 無家可歸

風險行為範疇

33. 自殺風險*
34. 非自發性的自我傷害行為
35. 其他自我傷害行為 (魯莽行為)
36. 對他人構成危險
37. 藥物使用*
38. 性暴力
39. 離家出走
40. 蓄意不當行為
41. 性騷擾*

家庭 / 照顧者的需要與資源

42. 確定照顧者
43. 看管
44. 投入照顧
45. 兒童與照顧者的聯繫
46. 對兒童 / 青少年的同理心
47. 照顧者的醫療 / 身體問題
48. 照顧者的精神健康
49. 照顧者的藥物使用
50. 照顧者的發展需要
51. 照顧者的知識
52. 照顧者的組織能力
53. 照顧者的社區資源
54. 照顧者的居所穩定性
55. 照顧者的居所安全性
56. 照顧者的工作能力
57. 照顧者所涉的法律問題
58. 照顧者的財政資源
59. 家庭壓力
60. 託管服務的可購及性
61. 照顧者的日常生活
62. 照顧者的創傷後反應

* 如果此項目的評級為第「1」、「2」或「3」級，則需填寫指定的個別評估單元。*

1. 生活能力範疇

生活範疇是兒童、青少年及其家庭在生活中進行社交互動的不同場景。此範疇評估他們在個人、家庭、朋輩、學校及社區方面的能力表現。此部分使用需求量表進行評級，因此能強調個別人士及家庭所面對的挑戰。

您應就此範疇考慮的問題：個別人士在個人、家庭、朋輩、學校及社區方面的能力表現如何？

就生活能力範疇而言，應採用以下分類及行動等級：

- 0 沒有證據顯示有任何需要，毋須採取行動。
- 1 已確定的需要，並根據過往紀錄、懷疑或爭議點進行監察、注意或採取預防措施。
- 2 需採取行動，以確保可應付已確定的需要，有關需要已影響其能力。
- 3 有關需要已達危險或失能程度，需採取即時及 / 或深入行動。

1. 家庭功能

此項目評估兒童 / 青少年與其家庭成員的關係。我們建議家庭的定義應由兒童 / 青少年決定 (即兒童 / 青少年將誰人描述為其家人)。如果不清楚這方面的資訊，可考慮將家人定義為原生 / 寄養親屬及其他仍與兒童保持聯繫的重要他人。如要將寄養家庭定義為家庭，那麼他們必須對兒童 / 青少年作出重要的承擔。對涉及兒童福利的兒童 / 青少年而言，家庭指實踐長遠福利計劃的人士。如果兒童 / 青少年正接受院舍照顧，而在其長遠福利計劃內又未有已確定的照顧者，則不用填寫此部分。在為此項目評級時，應考慮兒童 / 青少年與其家庭的關係，並應將其家庭關係作整體考慮。

級別及說明

- 0 沒有證據顯示有任何需要，毋須採取行動。
沒有證據顯示家庭成員與兒童 / 青少年的關係出現問題，及 / 或兒童 / 青少年與家庭成員的關係良好。
- 1 已確定的需要，並根據過往紀錄、懷疑或爭議點進行監察、注意或採取預防措施。
有過往紀錄或懷疑出現問題。雖然偶有爭執，但兒童 / 青少年與家人依然保持恰當關係。例如部分家庭成



WHY CANS?

It helps social workers put **all of the information** in one place and allows them to share it easily with child/youth, family, and other providers to best help the child/youth and family.

It **guides** the social worker in making decisions about what to focus on, how to prioritize service needs, and the strengths a child/youth has, as well as which ones to help develop.



WHY CANS?

It can be used to **track child/youth and family progress** over time. It helps monitor changes over time and whether the treatment is working.

The information collected across child/youth and families will be used **to inform and improve** services and activities.

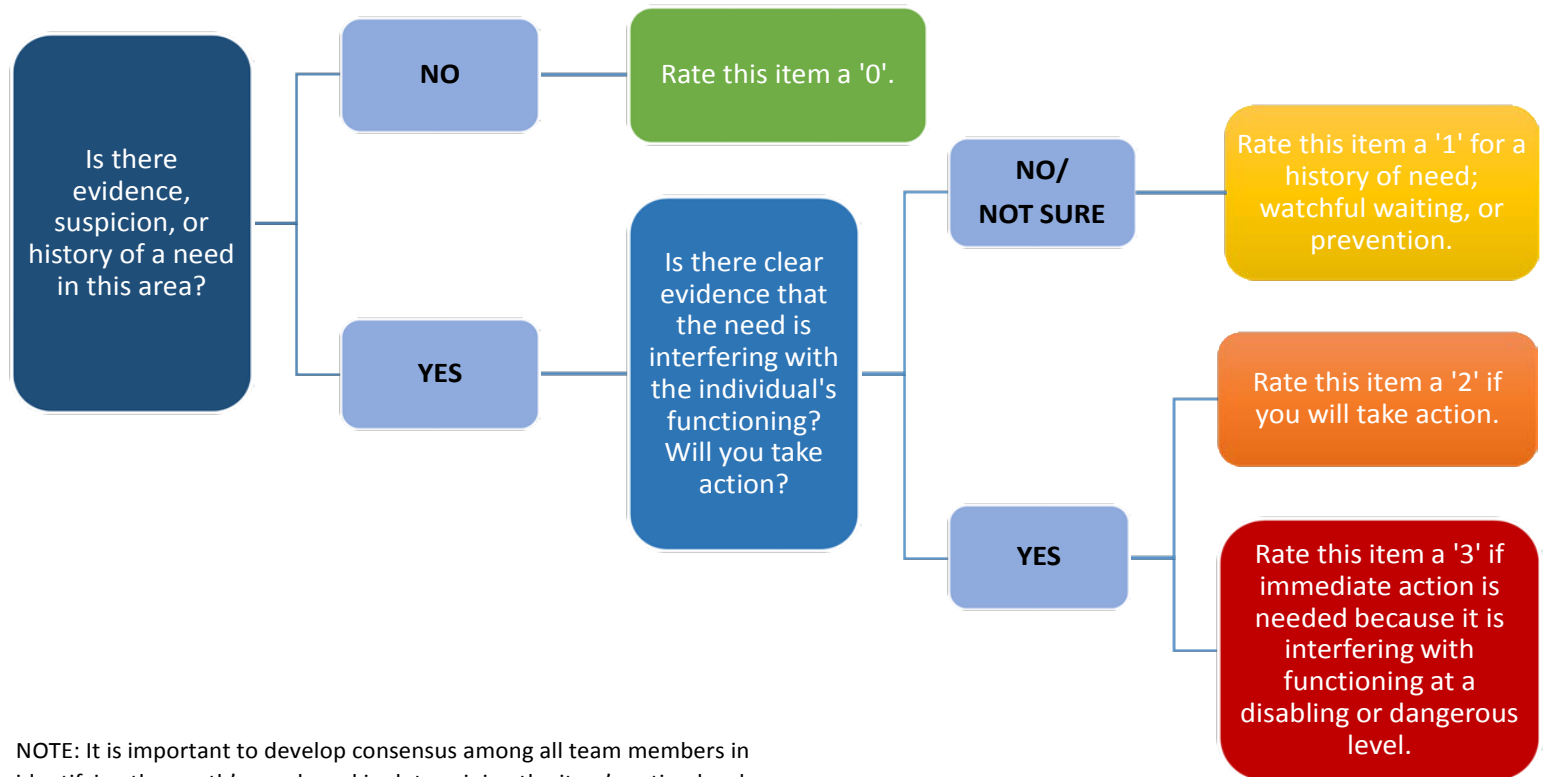


Metrics in Action: Needs Action Levels



ASSESSING FOR NEEDS

Decision of whether or not information represents a NEED



NOTE: It is important to develop consensus among all team members in identifying the youth's needs and in determining the item's action level.

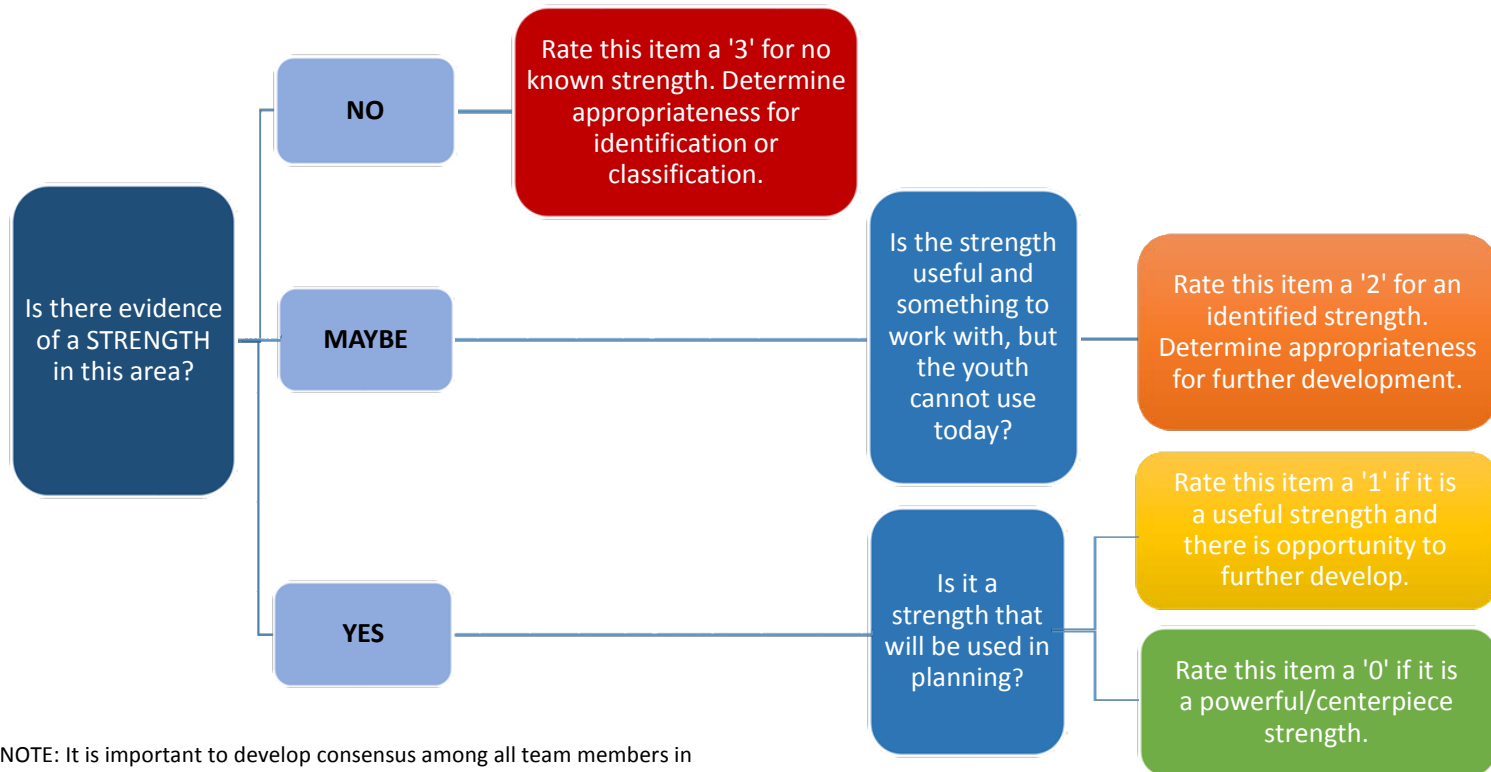


Metrics in Action: Strength Action Levels



ASSESSING FOR STRENGTHS

Decision of whether or not information represents a STRENGTH



NOTE: It is important to develop consensus among all team members in identifying the youth's strengths and in determining the item's action level.



HOW CAN WE INFORM LEVEL OF COMPLEXITY?



STORY OF LING LING



NEEDS OF LING LING

Enter Case Number Here:		Escalation Level	2
Child's Name	Ling Ling	Urgency	Green
Child's Age (Years and Mont)	5 year(s) 5 month(s)	Complexity	Red
Child's DOB		Medical	1
Permanency Plan	MC: Family Reunion	Developmental	1

Child's Needs and Functioning	Latest	Baseline
1. Family Relationship	1	2
2. Living Situation	0	0
3. Social Functioning/Relationship	0	0
4. Recreation and Play	0	0
5A. Adoption		
5B. Family Reunion	2	2
6. Child Protection	2	2
7. Attachment	0	0
8. Sleep	0	N/A
9. Child Care/Pre-School	N/A	N/A
10. Eating Routine and Pattern	0	1
11. Medical Health	1	0
12. Physical Health	0	0
13. Developmental/Intellectual Needs	0	0
14. Adjustment to Trauma	0	0
15. Behavioral Needs	0	0
16. Emotional Needs	0	0
Presenting Needs	2	3
Identified Need (since Baseline)	0	NA

Continuous Need (Since Baseline)	3	NA
Needs Improved (Since Baseline)	0	NA
Needs Worsened (Since Baseline)	0	NA
Need Resolved (Since) Baseline	2	NA



LING LING'S MOTHER

Care Giver Needs	Latest	Baseline
18. Supervision	2	2
19. Child's Bond with Caregiver	2	3
20. Empathy for Child	1	2
21. Involvement with Care	1	2
22. Caregiver Physical Health	0	0
23. Caregiver Mental Health	2	2
24. Caregiver Substance Use	2	2
25. Caregiver Developmental Needs	0	0
26. Caregiver Knowledge	2	3
27. Caregiver Organization	2	2
28. Caregiver Social Resources	3	2
29. Housing Stability	0	1
30. Household Environment Safety	0	0
31. Caregiver Employment	0	1
32. Legal	0	1
33. Financial Resources	1	2
34. Family Stress	0	0
35. Accessibility to Child Care/Respite	2	2
36. Basic Care/Daily Living	0	0
Presenting Needs	8	11
Identified Need (since Baseline)	0	NA
Continuous Need (since Baseline)	5	NA
Needs Improved (Since Baseline)	2	NA
Needs Worsened (Since Baseline)	1	NA
Need Resolved (Since Baseline)	3	NA

母親的選擇











RISK FACTORS

Risk Factors	Latest	Worst	Baseline
37. Birth Weight	1		1
38. Pre-natal Care	2		2
39. Length of Gestation	1		1
40. Substance Exposure	2		2
41. Labor and Delivery	0		0
42. PICA	0		0
43. Parental Availability	2		2
44. Frustration Tolerance	0		0
Presenting Actionable Needs	3	0	3
Identified Need (since Baseline)	0	0	NA
Continuous Need (since Baseline)	3	0	NA
Needs Improved Since Baseline	0	NA	NA
Needs Worsened Since Baseline	0	0	NA
Need Resolved Since Baseline	0	NA	NA



STRENGTHS

Strengths	Latest	Worst	Baseline
45. Family	 2		 2
46. Adaptability	 1		 1
47. Curiosity	 0		 0
48. Relationship Permanence	 2		 3
Presenting Actionnable Strength	2	0	2
Identified Usable Strength (since	0	0	NA
Strength Improved (Since Baselin	0	NA	NA

優勢範疇

- 18. 家庭優勢
- 19. 人際技巧
- 20. 樂觀
- 21. 學習環境
- 22. 工作環境
- 23. 才能與興趣
- 24. 社群生活
- 25. 恆久關係
- 26. 抗逆力
- 27. 運用資源
- 28. 正面改變的動力



HOW CAN SDRIVES OUR DECISION MAKING PROCESS?



MONITOR PROGRESS ON CASE LEVEL

Enter Case Number Here:		Escalation Level	2
Child's Name	Ling Ling	Urgency	Green
Child's Age (Years and Mont)	5 year(s) 5 month(s)	Complexity	Red
Child's DOB		Medical	1
Permanency Plan	MC: Family Reunion	Developmental	1

Child's Needs and Functioning	Latest	Baseline
1. Family Relationship	1	2
2. Living Situation	0	0
3. Social Functioning/Relationship	0	0
4. Recreation and Play	0	0
5A. Adoption		
5B. Family Reunion	2	2
6. Child Protection	2	2
7. Attachment	0	0
8. Sleep	0	N/A
9. Child Care/Pre-School	N/A	N/A
10. Eating Routine and Pattern	0	1
11. Medical Health	1	0
12. Physical Health	0	0
13. Developmental/Intellectual Needs	0	0
14. Adjustment to Trauma	0	0
15. Behavioral Needs	0	0
16. Emotional Needs	0	0
Presenting Needs	2	3
Identified Need (since Baseline)	0	NA

Continuous Need (Since Baseline)	3	NA
Needs Improved (Since Baseline)	0	NA
Needs Worsened (Since Baseline)	0	NA
Need Resolved (Since) Baseline	2	NA



MONITOR PROGRESS ON CASE LEVEL

Care Giver Needs	Latest	Baseline
18. Supervision	2	2
19. Child's Bond with Caregiver	2	3
20. Empathy for Child	1	2
21. Involvement with Care	1	2
22. Caregiver Physical Health	0	0
23. Caregiver Mental Health	2	2
24. Caregiver Substance Use	2	2
25. Caregiver Developmental Needs	0	0
26. Caregiver Knowledge	2	3
27. Caregiver Organization	2	2
28. Caregiver Social Resources	3	2
29. Housing Stability	0	1
30. Household Environment Safety	0	0
31. Caregiver Employment	0	1
32. Legal	0	1
33. Financial Resources	1	2
34. Family Stress	0	0
35. Accessibility to Child Care/Respite	2	2
36. Basic Care/Daily Living	0	0
Presenting Needs	8	11
Identified Need (since Baseline)	0	NA

Continuous Need (since Baseline)	5	NA
Needs Improved (Since Baseline)	2	NA
Needs Worsened (Since Baseline)	1	NA
Need Resolved (Since Baseline)	3	NA

母親的選擇

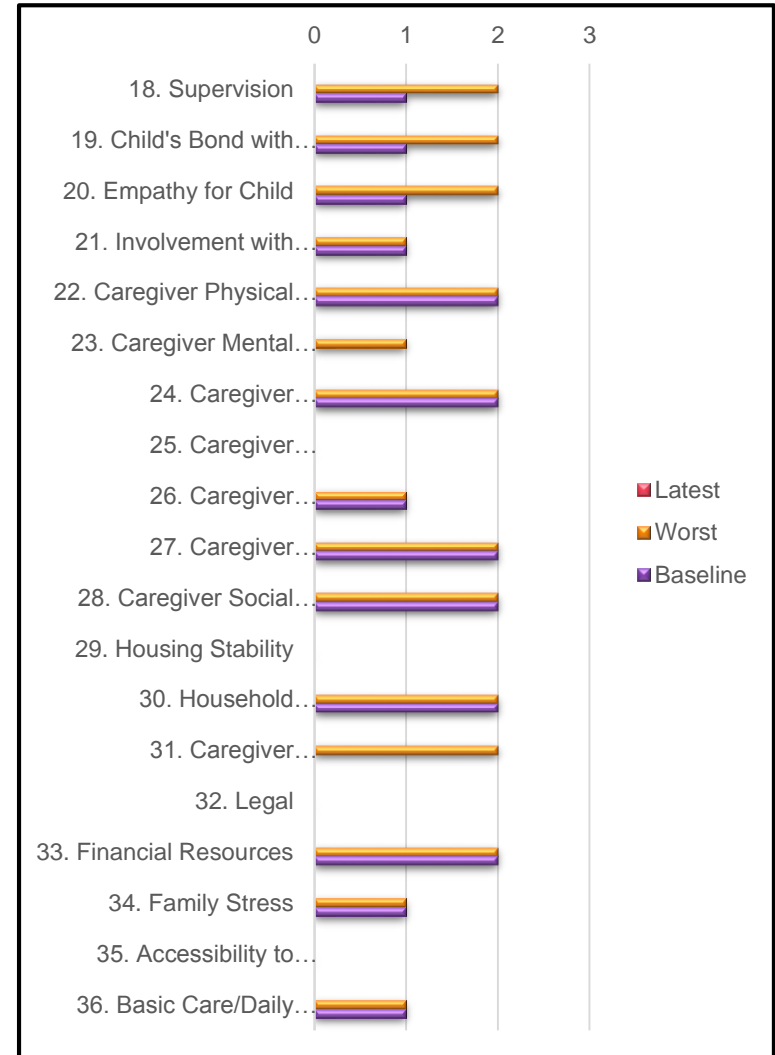


MONITOR PROGRESS ON CASE LEVEL

Care Giver Needs	Latest	Worst	Baseline
18. Supervision	0	2	1
19. Child's Bond with Caregiver	0	2	1
20. Empathy for Child	0	2	1
21. Involvement with Care	0	1	1
22. Caregiver Physical Health	0	2	2
23. Caregiver Mental Health	0	1	0
24. Caregiver Substance Use	0	2	2
25. Caregiver Developmental Needs	0	0	0
26. Caregiver Knowledge	0	1	1
27. Caregiver Organization	0	2	2
28. Caregiver Social Resources	0	2	2
29. Housing Stability	0	0	0
30. Household Environment Safety	0	2	2
31. Caregiver Employment	0	2	0
32. Legal	0	0	0
33. Financial Resources	0	2	2
34. Family Stress	0	1	1
35. Accessibility to Child Care/Respite	0	0	0
36. Basic Care/Daily Living	0	1	1
Presenting Needs	0	10	6
Identified Need (since Baseline)	0	4	NA

Continuous Need (since Baseline)	0	6	NA
Needs Improved (Since Baseline)	0	NA	NA
Needs Worsened (Since Baseline)	0	0	NA
Need Resolved (Since Baseline)	6	NA	NA

Continuous Need (Since Worst)	0	NA	NA
Needs Improved (Since Worst)	0	NA	NA
Needs Worsened (Since Worst)	0	NA	NA
Needs Resolved (Since Worst)	10	NA	NA



SHARED VISION STATEMENT

Mary's mother will achieve a drug free life so that she can make herself available to improve her relationship with Mary and enhance her parenting capacity in order to progress towards family reunion.

Background Needs	Target Needs	Activities	Anticipated Outcomes	Goals
Substance exposure	CG Substance Use (2) CG Mental Health (2)	<ul style="list-style-type: none"> • Drug Rehab Program • Community Support Group • Psychiatric Follow up 	CG Involvement in Care (2) Empathy for Child (2) Child's Bond with Caregiver (2)	If BM can remain drug free lifestyle, then she would be able to improve on her engagement and level of involvement, which gradually increase the visitation to the child and build up the bonding and connections.



LEVEL OF COMPLEXITY AND CASE ESCALATION

Level	Risk Factors	Child Needs and Functioning	Caregiver Needs and Resources
3 Red	Children with a highest level of unmet or complex needs due to their range, depth or significance with foreseeable delay in permanency planning which require the highest level of intensive case management process. Children who are in need of protection and crisis intervention for example parents' capacity to due to mental health problems or substance misuse, child protection concerns etc.		
2 - Orange	Children/Caregivers who have multiple and complex needs Cases have increasing levels of unmet needs that are more significant and multiple. The range, depth and significance of the problems faced by the children and carers at level 2 may begin by preventing children from achieving permanency if appropriate services are not provided.		
1 - Yellow	Children or Caregiver identified with additional needs. May require additional casework effort. The support required may only be short term, but if ignored, these issues could lead to need escalating.		
0 - Green	Case are generally making good progress in all areas. No evidence of concerns re. the safety and permanency planning of the child		



IN CLOSING...

CANS IS USEFUL IN NAVIGATING COMPLEXITIES BECAUSE

Permanency planning should start once the child enters into care

You cannot manage what you cannot measure

We need to use that **information to make good decisions** about having an impact.

This information must be used simultaneously at **all levels of the system** to ensure that we are all working towards the same goals.





Q & A





Thank you for joining hands with us
to give hope and change life stories.