



TEXAS
Department of Family
and Protective Services

Family Strengths and
Needs Assessment
Resource Guide

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ASSESSMENTS OVERVIEW GOALS, OBJECTIVES, AND CHARACTERISTICS

Assessments include the safety assessment, risk assessment, family strengths and needs assessment, reunification assessment, and risk reassessment.

Goals

1. Reduce subsequent child maltreatment.
 - A. Reduce subsequent investigations.
 - B. Reduce subsequent validated investigations.
 - C. Reduce subsequent injuries.
 - D. Reduce subsequent foster placements.
2. Expedite permanency for children.

Objectives

1. Identify **critical decision points**.
2. Increase **reliability** of decisions.
3. Increase **validity** of decisions.
4. **Target resources** to families at **highest risk**.
5. **Use case-level data** to inform decisions throughout the agency.

Critical Characteristics

Reliability: The assessments and protocols systematically focus on the critical decision points in the life of a case, increasing caseworker consistency in assessment and case planning. Families are assessed more objectively, and decision making is guided by facts of the case, rather than by individual judgment.

Validity: Research repeatedly demonstrates the model's effectiveness at reducing subsequent abuse/neglect, as evidenced by reduced rates of subsequent referrals, substantiations, injuries to children, and placements in foster care. The cornerstone of the model is the actuarial research-based risk assessment, which accurately classifies families according to the likelihood of subsequent maltreatment, enabling agencies to target services to families at highest risk.

Equity: Assessments ensure that critical case characteristics, safety factors, and domains of family functioning are assessed for every family, every time, regardless of social differences. Detailed definitions for assessment items increase the likelihood that caseworkers assess all families using a similar framework. Research demonstrates racial equity of the risk assessment in classifying families across risk levels.

Utility: The model and its assessments are easy to use and understand. Assessments are designed to focus on critical characteristics that are necessary and relevant to a specific decision point in the life of a case. Assessment use provides caseworkers with a means to focus the information-gathering and assessment process. By focusing on critical characteristics, caseworkers are able to organize case narratives in a meaningful way. Additionally, the assessments facilitate communication between caseworker and supervisor, and unit to unit, about each family and the status of the case. Aggregate data facilitate communication among community partners and stakeholders.

CULTURAL CONSIDERATIONS-GENERAL

Throughout the use of all the assessments, the caseworker will be asked questions concerning characteristics of families, including environmental, parenting, and mental health issues. The ways in which families function within their family of origin and their values, cultural backgrounds, and community standards are incorporated into the assessment. It is important that caseworkers do not judge families against their own cultural background and values, or against a predefined cultural norm. The caseworker must consider the family's own values and the community in which the family is functioning.

While respecting cultural differences and working to be culturally responsive, it is important to consider the issues from the viewpoint of the family and to focus on conditions that may represent dangers and risks to children. Remaining responsive to a family's culture is likely to assist us in identifying true risk issues and increasing the respect the family feels from the caseworker.

Developing Cultural Responsiveness

These recommendations will help caseworkers to work with families in a culturally responsive manner.

- Become aware of your own cultural background, values, and biases.
- Become aware of the history of child welfare, its foundation in Eurocentric ideas and principles, and its struggle to meet the needs of diverse populations, especially when there is distrust based on past actions of child welfare agencies.
- Become aware of the effects of institutionalized racism and disproportionality during your interaction with the family.
- Recognize that while others' customs and beliefs may be different from yours, there are no right or wrong cultural beliefs, and we must assess cultural practices within the context of child safety.
- Establish personalized contact with individuals and their families.
- Learn about the people you serve, including their cultural beliefs and personal values.
- Call upon the child safety network for assistance in understanding how to work with families.
- Be aware of stereotypes, and avoid making decisions or assessments based on those stereotypes rather than what you learn from the person with whom you are working. Stereotypes may be developed based on individuals' language, race, sexual preference, body size, or any other characteristic.
- Assist families with issues that are important to them as is reasonable, even if they are not directly related to child abuse or neglect.
- Be sensitive to others' cultural perceptions of issues.
- If you are not proficient in someone's native language, be sure to use an interpreter.
- Try to discover some commonalities of experience.

**TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES
GLOSSARY**

The following definitions apply when completing the assessments. *The assessments are not intended to assess the households of out-of-home parent/caregivers such as foster parents and facility and shelter staff.* Conservatorship (CVS) uses the term “parent,” while Alternative Response, Investigations, and Family Based Safety Services uses the term “parent/caregiver.”

1. Parent/Caregiver: A person who is responsible for a child’s care, custody, or welfare, such as:

- A. A parent, guardian, or managing or possessory conservator;
- B. Another adult member of the child’s family or household; or
- C. A person with whom the child’s parent cohabits.

Use the table below to distinguish between the primary and secondary parent/caregiver.

Circumstance	Primary Parent/Caregiver	Secondary Parent/Caregiver
Two parents/caregivers (including minor parents) with legal responsibility for the child living together	Provides the most child care. May be 51% of care. If precisely 50/50, select alleged perpetrator. If both are alleged perpetrators, select the parent/caregiver contributing the most to abuse/neglect. If there is no alleged perpetrator or both contributed equally, pick either.	The other legal parent/caregiver
Single parent/caregiver (including minor parent) with legal responsibility for the child, any other adult in household	The only legal parent/caregiver	Other adult who provides care to the child
Single parent/caregiver (including minor parent) with legal responsibility for the child, no other adult in household	The only legal parent/caregiver	None
No legal parent, one parent/caregiver (e.g., alleged victim resides with relative without a legal parent/caregiver in the home)	The only parent/caregiver	None
No legal parent, two or more parents/caregivers (e.g., alleged victim resides with relatives without a legal parent/caregiver in the home)	Provides the most child care. May be 51% of care. If precisely 50/50, select alleged perpetrator. If both are alleged perpetrators, select the parent/caregiver contributing the most to abuse/neglect. If there is no alleged perpetrator or both contributed equally, pick either.	Other adult who provides care to the child

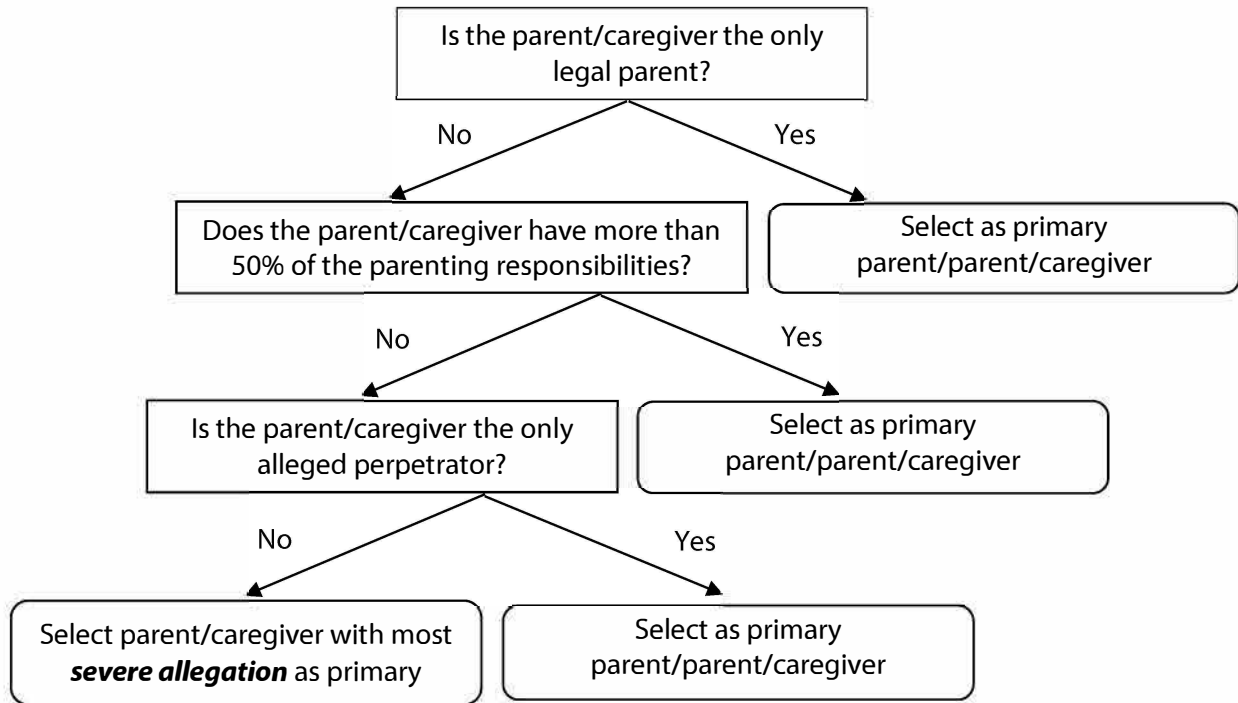
Additional Considerations

A minor may be the primary or secondary parent/caregiver if he/she is the biological parent of the alleged child victim. A minor is a child under the age of 18. This does not include a child who has been legally emancipated and lives separately from his/her parents.

A minor may never be considered the primary or secondary parent/caregiver of his/her sibling.

Parent/Caregiver Identification Chart

For each household in which a child is a member, distinguish between primary and secondary parents/caregivers according to the following criteria.



For the safety assessment: Assess all household members AND everyone who has access to the child. This may include non-household members.

For the risk assessment and the family strengths and needs assessment: When answering items, consider ONLY household members. Answer items with careful attention to whether the question refers to the primary or secondary parent/caregiver. If the household changes, identify additional primary and secondary parents/caregivers.

2. **Family:** Two or more people, related by blood, law, or significant relationship with the child or child's parents/caregivers.
3. **Household:** Assessments are completed on households. A household includes all persons who have significant in-home contact with the child and may include persons who do not live full time in the residence. For example, a household could include a parent's paramour or other family member who visits the home routinely. When a child's parents do not live together, the child may be a member of two households.

Note: Be mindful that household composition can change during the life of a case. Take into consideration changes in household composition when completing assessments.

Continue to assess parental child safety placement (PCSP) households under current policy (reference current policy). The assessment tools are not applied to PCSP households.

- 4. CPS:** Child protective services. Throughout this manual, CPS is used to refer to any child protection agency, generically. This may refer to the Texas Department of Family and Protective Services or any child protection agency in any other jurisdiction. When a definition references "CPS," the reader should be aware that this includes other states.
- 5. DFPS:** Department of Family and Protective Services. Throughout this manual, DFPS is used to refer to the Texas Department of Family and Protective Services specifically, rather than to any CPS agency.

TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES
FAMILY STRENGTHS AND NEEDS ASSESSMENT
CHILD IN HOME OR PCSP

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Instructions: The caseworker must complete a family strengths and needs assessment (FSNA) for each household, as defined and outlined in the Procedure and Reference Manual for the FSNA, that includes EACH child residing in the home or in a parental child safety placement (PCSP).

Case Name: Case ID :

County: Caseworker:

Date of Assessment: Stage of Service: Initial or Reassess #: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

1. Child Name: PID: Age:

2. Child Name: PID: Age:

3. Child Name: PID: Age:

4. Child Name: PID: Age:

5. Child Name: PID: Age:

6. Child Name: PID: Age:

Household Name:

Primary Parent/Caregiver: Secondary Parent/Caregiver:

DANGER/WORRY AND GOAL STATEMENTS

<p>Danger/Worry Statements:</p>	<p>Goal Statements:</p>
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SECTION 1: INFORMATION GATHERING

The following items should be considered for each family/household member. The caseworker should base the score on his/her assessment of each item, taking into account the family's perspective, child's perspective where appropriate, caseworker observations, collateral contacts, and available records. Refer to accompanying definitions to determine the most appropriate response. Enter the score for each item.

A. PARENT/CAREGIVER—Rate each parent/caregiver according to the current level of functioning.

PARENTING ROLE

	No Secondary Parent/Caregiver	Strengths/No Needs Identified	Needs Identified
1. Resource Management/Basic Needs			
Primary parent/caregiver		<input type="radio"/>	<input type="radio"/>
Secondary parent/caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe:

- Struggles the parent/caregiver is having with meeting basic needs or managing financial resources and the impact that is having on the child; and
- Ways in which parent/caregiver is able to successfully meet family's and child's basic needs.

2. Parenting Skills			
Primary parent/caregiver		<input type="radio"/>	<input type="radio"/>
Secondary parent/caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe:

- Struggles the parent/caregiver is having with parenting knowledge and/or skill and the impact this is having on the child; and
- Ways in which the parent/caregiver's behaviors and routines are a good match for the child's needs and/or help support the child's learning, growth, and development.

PARENT/CAREGIVER RELATIONSHIPS

	No Secondary Parent/Caregiver	Strengths/No Needs Identified	Needs Identified
3. Social Support System: Non-Household			
Primary parent/caregiver		<input type="radio"/>	<input type="radio"/>
Secondary parent/caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe:

- Ways in which the parent/caregiver's social support system is adversely impacting the child and/or limitations to that social support network that adversely impact the child; and
- Ways in which social supports contribute positively for the parent/caregiver and/or the child.

4. Intimate Partner Violence			
Primary parent/caregiver		<input type="radio"/>	<input type="radio"/>
Secondary parent/caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe:

- Patterns of violence or coercive control in the parent/caregiver's intimate relationships and the impact this is having on the child; and
- Ways in which the parent/caregiver has responded to violence or coercive control that have helped to protect the child.

5. Other Adult Household Relationships			
Primary parent/caregiver		<input type="radio"/>	<input type="radio"/>
Secondary parent/caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe:

- Conflicts in the home or family relationships and the impact those conflicts are having on the child; and
- Ways in which family members are supportive of each other and/or supportive of the child.

PERSONAL FUNCTIONING

	No Secondary Parent/Caregiver	Strengths/No Needs Identified	Needs Identified
6. Physical Health			
Primary parent/caregiver		<input type="radio"/>	<input type="radio"/>
Secondary parent/caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe:

- Struggles parent/caregiver is having with his/her physical health and the impact that is having on the child; and
- Ways parent/caregiver has responded successfully to health problems in the past.

7. Cognitive Abilities			
Primary parent/caregiver		<input type="radio"/>	<input type="radio"/>
Secondary parent/caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe:

- Struggles parent/caregiver is having with his/her cognitive and developmental abilities and the impact that is having on the child; and
- Ways the parent's/caregiver's cognitive abilities help support the child, or ways the parent/caregiver has addressed or compensated for challenges in his/her developmental or cognitive capacity. Include any use of formal providers.

8. Coping Skills/Mental Health			
Primary parent/caregiver		<input type="radio"/>	<input type="radio"/>
Secondary parent/caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe:

- Struggles parent/caregiver is having with mental health and the impact that is having on the child; and
- Ways the parent/caregiver has responded successfully to mental health problems in the past and the ways those actions have positively impacted the child.

		No Secondary Parent/Caregiver	Strengths/No Needs Identified	Needs Identified
9.	Substance Abuse/Use			
	Primary parent/caregiver		<input type="radio"/>	<input type="radio"/>
	Secondary parent/caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe:

- Struggles the parent/caregiver is having with substance use and the impact that is having on the child; and
- Ways the parent/caregiver has avoided substance use OR responded successfully to substance use problems in the past OR ways the parent/caregiver is coping with substance use problems currently. Include any use of support groups or formal substance abuse programs or providers.

OTHER

10.	Identified Parent/Caregiver Strength/Need (Not Covered in Items 1–9)			
	Primary parent/caregiver		<input type="radio"/>	<input type="radio"/>
	Secondary parent/caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe the strength or need not covered in items 1–9.

B. CHILD/YOUTH—Rate each child according to the current level of functioning.

INDIVIDUAL CHARACTERISTICS

	No Such Child	Strengths/No Needs Identified	Needs Identified
1. Physical Health/Physical Disability			
Child 1		<input type="radio"/>	<input type="radio"/>
Child 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe for each child:

- The health condition of the child; and
- If routine interventions are needed, describe the interventions.

2. Child Development			
Child 1		<input type="radio"/>	<input type="radio"/>
Child 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe for each child:

- Physical and cognitive development; and
- If interventions are needed, describe the interventions.

			No Such Child	Strengths/No Needs Identified	Needs Identified
3. Education					
	Child has an educational plan	Describe:			
Child 1	<input type="checkbox"/>			<input type="radio"/>	<input type="radio"/>
Child 2	<input type="checkbox"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3	<input type="checkbox"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4	<input type="checkbox"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 5	<input type="checkbox"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 6	<input type="checkbox"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 7	<input type="checkbox"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 8	<input type="checkbox"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 9	<input type="checkbox"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 10	<input type="checkbox"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe for each child (if applicable):

- Academic achievement and attendance; and
- If interventions are needed, describe the interventions.

4. Emotional/Behavioral Health					
Child 1				<input type="radio"/>	<input type="radio"/>
Child 2			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 5			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 6			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 7			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 8			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 9			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 10			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe for each child:

- Emotional and behavioral health; and
- If interventions are needed, describe the interventions.

RELATIONSHIPS

	No Such Child	Strengths/No Needs Identified	Needs Identified
5. Family Relationships			
Child 1		<input type="radio"/>	<input type="radio"/>
Child 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe for each child:

- The child's relationships and individual experience as a member of the family; and
- If interventions are needed, describe the interventions.

5P. Placement or Staff Family Relationships			
Child 1		<input type="radio"/>	<input type="radio"/>
Child 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe for each child:

- The child's relationships and experiences as a member of the placement family or relationships with placement staff; and
- If any interventions are needed, describe the interventions.

	No Such Child	Strengths/No Needs Identified	Needs Identified
6. Peer Relationships			
Child 1		<input type="radio"/>	<input type="radio"/>
Child 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe for each child:

- Peer relationships; and
- If interventions are needed, describe the interventions.

7. Substance Use/Abuse			
Child 1		<input type="radio"/>	<input type="radio"/>
Child 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe for each child:

- Substance use or abuse status; and
- If interventions are needed, describe the interventions.

	No Such Child	Strengths/No Needs Identified	Needs Identified
8. Delinquent/Criminal Behavior			
Child 1		<input type="radio"/>	<input type="radio"/>
Child 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe for each child:

- Delinquent or criminal behavior; and
- If interventions are needed, describe the interventions.

YOUTH AGE 14 AND OLDER

9. Preparation for Adulthood			
Child 1		<input type="radio"/>	<input type="radio"/>
Child 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe for each child:

- Preparation for adulthood as age-appropriate; and
- If interventions are needed, describe the interventions.

OTHER

		No Such Child	Strengths/No Needs Identified	Needs Identified
10.	Identified Child Strength/Need (Not Covered in Items 1–9)			
	Child 1		<input type="radio"/>	<input type="radio"/>
	Child 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Child 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Child 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Child 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Child 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Child 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Child 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Child 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Child 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe the strength or need not covered in items 1–9.

SECTION 2A: PARENT/CAREGIVER PRIORITY STRENGTHS AND NEEDS

(NOTE: IN IMPACT, SCORING AND DOMAIN NAME WILL BE PRE-FILLED USING BUSINESS RULES.)

INSTRUCTIONS: Based on item scores, review the following areas with the family and decide on the most important areas for change in order to keep the child safe. Safety is defined as protective actions by the parent/caregiver that address the danger and are demonstrated over time. Sustainable safety is when the parent/caregiver and network are able to maintain the child's safety long after CPS involvement ends. The resource material in Appendix A provides ideas for asking these essential questions. Refer to the prioritization decision trees in the Appropriate Completion section of the manual.

PARENT/CAREGIVER STRENGTHS

Scored Strengths	Domain Name	Parent/Caregiver	Address in Initial Plan	Address in FPOS Evaluation	Community Resources
		<input type="checkbox"/> P <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> P <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> P <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> P <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> P <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> P <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARENT/CAREGIVER NEEDS

Scored Needs	Domain Name	Parent/Caregiver	Address in Initial Plan	Address in FPOS Evaluation	Community Resources
		<input type="checkbox"/> P <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> P <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> P <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> P <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> P <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> P <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2B: CHILD PRIORITY STRENGTHS AND NEEDS

Instructions: Complete this section for EACH child residing in the home or in a PCSP. Based on item scores, review this section with the family and decide on the most important areas for change in order to address the child's safety, permanency, and well-being. Safety is defined as protective actions by the parent/caregiver that address the danger and are demonstrated over time. Sustainable safety is when the parent/caregiver and network are able to maintain the child's safety long after CPS involvement ends. The resource material in Appendix A provides ideas for asking these essential questions. Refer to the prioritization decision trees in the Appropriate Completion section of the manual.

Child #: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Case Name: _____

Child's First Name: _____

CHILD STRENGTHS

Scored Strengths	Domain Name (Address ALL CHILD STRENGTHS in initial plan.)	Address in FPOS Evaluation	Community Resources
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

CHILD NEEDS

Scored Needs	Domain Name (Address ALL CHILD NEEDS in initial plan.)	Address in FPOS Evaluation	Community Resources
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES
FAMILY STRENGTHS AND NEEDS ASSESSMENT
CONSERVATORSHIP**

r: 09/16

Instructions: The family strengths and needs assessment (FSNA) is used to assess present family functioning and should include adults in the household who have a parenting role, such as a parent's significant other. Assess this adult as the *secondary parent*.

Case Name: Case ID:

County: Caseworker:

Date of Assessment:

Initial or Reassess #: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

1. Child Name: PID: Age:

2. Child Name: PID: Age:

3. Child Name: PID: Age:

4. Child Name: PID: Age:

5. Child Name: PID: Age:

6. Child Name: PID: Age:

7. Child Name: PID: Age:

8. Child Name: PID: Age:

9. Child Name: PID: Age:

10. Child Name: PID: Age:

Household Name:

Primary Parent: Secondary Parent:

DANGER/WORRY AND GOAL STATEMENTS

Danger/Worry Statements:	Goal Statements:
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SECTION 1: INFORMATION GATHERING

The following items should be considered for each family/household member. The caseworker should base the score on his/her assessment of each item, taking into account the family's perspective, the child's perspective where appropriate, the caseworker's own observations, collateral contacts, and available records. Refer to accompanying definitions to determine the most appropriate response. Enter the score for each item.

A. CVS PARENT—Rate each parent according to the current level of functioning.

PARENTING ROLE

	No Secondary Parent	Strengths/No Needs Identified	Needs Identified
1. Resource Management/Basic Needs			
Primary parent		<input type="radio"/>	<input type="radio"/>
Secondary parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe:

- Struggles the parent is having with meeting basic needs or managing financial resources and the impact that is having on the child; and
- Ways in which the parent is able to successfully meet the family's and child's basic needs.

2. Parenting Skills			
Primary parent		<input type="radio"/>	<input type="radio"/>
Secondary parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe:

- Struggles the parent is having with parenting knowledge and/or skill and the impact this is having on the child; and
- Ways in which the parent's behaviors and routines are a good match for the child's needs and/or help to support the child's learning, growth, and development.

PARENT RELATIONSHIPS

	No Secondary Parent	Strengths/No Needs Identified	Needs Identified
3. Social Support System: Non-Household			
Primary parent		<input type="radio"/>	<input type="radio"/>
Secondary parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe:

- Ways in which the parent's social support system is adversely impacting the child and/or limitations to that social support network that adversely impact the child; and
- Ways in which the parent's social supports contribute positively for the parent and/or the child.

4. Intimate Partner Violence			
Primary parent		<input type="radio"/>	<input type="radio"/>
Secondary parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe:

- Patterns of violence or coercive control in the parent's intimate relationships and the impact this is having on the child; and
- Ways in which the parent has responded to violence or coercive control that have helped to protect the child.

5. Other Adult Household Relationships			
Primary parent		<input type="radio"/>	<input type="radio"/>
Secondary parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe:

- Conflicts in the home or family relationships and the impact those conflicts are having on the child; and
- Ways in which family members are supportive of each other and/or supportive of the child.

PERSONAL FUNCTIONING

		No Secondary Parent	Strengths/No Needs Identified	Needs Identified
6. Physical Health				
Primary parent			<input type="radio"/>	<input type="radio"/>
Secondary parent		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe:

- Struggles the parent is having with his/her physical health and the impact that is having on the child; and
- Ways the parent successfully manages or has managed health problems.

7. Cognitive Abilities				
Primary parent			<input type="radio"/>	<input type="radio"/>
Secondary parent		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe:

- Struggles the parent is having with his/her cognitive and developmental abilities and how those struggles impact the child; and
- Ways the parent's cognitive abilities help support the child, or ways the parent has addressed or compensated for challenges in his/her developmental or cognitive capacity. Include any use of formal providers.

8. Coping Skills/Mental Health				
Primary parent			<input type="radio"/>	<input type="radio"/>
Secondary parent		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe:

- Struggles the parent is having with mental health and how those struggles impact the child; and
- Ways the parent has responded successfully to mental health problems in the past and the ways those actions have positively impacted the child.

		No Secondary Parent	Strengths/No Needs Identified	Needs Identified
9.	Substance Abuse/Use			
	Primary parent		<input type="radio"/>	<input type="radio"/>
	Secondary parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe:

- Struggles the parent is having with substance use and how those struggles impact the child; and
- Ways the parent demonstrates appropriate use of substances OR responded successfully to substance use problems in the past OR ways the parent is coping with substance use problems currently. Include any use of support groups or formal substance abuse programs or providers.

OTHER

10.	Identified Parent Strength/Need (Not Covered in Items 1–9)			
	Primary parent		<input type="radio"/>	<input type="radio"/>
	Secondary parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe the strength or need not covered in items 1–9.

B. CVS CHILD/YOUTH—Rate each child according to the current level of functioning. **THE CASEWORKER SHOULD COMPLETE THIS SECTION FOR ALL CHILDREN IN THE CVS CASE (CHILDREN IN OUT-OF-HOME PLACEMENT, CHILDREN RESIDING IN THE HOME, AND CHILDREN IN PCSPs).**

INDIVIDUAL CHARACTERISTICS

	No Such Child	Strengths/No Needs Identified	Needs Identified
1. Physical Health/Physical Disability			
Child 1		<input type="radio"/>	<input type="radio"/>
Child 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe for each child:

- The health condition of the child, and
- If routine interventions are needed, describe the interventions.

2. Child Development			
Child 1		<input type="radio"/>	<input type="radio"/>
Child 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe for each child:

- Physical and cognitive development; and
- If interventions are needed, describe the interventions.

			No Such Child	Strengths/No Needs Identified	Needs Identified
3. Education					
	Child has an educational plan	Describe:			
Child 1	<input type="checkbox"/>			<input type="radio"/>	<input type="radio"/>
Child 2	<input type="checkbox"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3	<input type="checkbox"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4	<input type="checkbox"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 5	<input type="checkbox"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 6	<input type="checkbox"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 7	<input type="checkbox"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 8	<input type="checkbox"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 9	<input type="checkbox"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 10	<input type="checkbox"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe for each child (if applicable):

- Academic achievement and attendance; and
- If interventions are needed, describe the interventions.

4. Emotional/Behavioral Health					
Child 1				<input type="radio"/>	<input type="radio"/>
Child 2			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 5			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 6			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 7			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 8			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 9			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 10			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe for each child:

- Emotional and behavioral health; and
- If interventions are needed, describe the interventions.

RELATIONSHIPS

	No Such Child	Strengths/No Needs Identified	Needs Identified
5a. Family Relationships			
Child 1		<input type="radio"/>	<input type="radio"/>
Child 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe for each child:

- The child's relationships and individual experience as a member of the family; and
- If interventions are needed, describe the interventions.

5b. Placement or Staff Family Relationships			
Child 1		<input type="radio"/>	<input type="radio"/>
Child 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe for each child:

- The child's relationships and experiences as a member of the placement family or relationships with placement staff; and
- If any interventions are needed, describe the interventions.

		No Such Child	Strengths/No Needs Identified	Needs Identified
6.	Peer Relationships			
	Child 1		<input type="radio"/>	<input type="radio"/>
	Child 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Child 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Child 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Child 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Child 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Child 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Child 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Child 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Child 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe for each child:

- Peer relationships; and
- If interventions are needed, describe the interventions.

7.	Substance Use/Abuse			
	Child 1		<input type="radio"/>	<input type="radio"/>
	Child 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Child 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Child 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Child 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Child 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Child 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Child 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Child 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Child 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe for each child:

- Substance use or abuse status; and
- If interventions are needed, describe the interventions.

	No Such Child	Strengths/No Needs Identified	Needs Identified
8. Delinquent/Criminal Behavior			
Child 1		<input type="radio"/>	<input type="radio"/>
Child 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe for each child:

- Delinquent or criminal behavior; and
- If interventions are needed, describe the interventions.

YOUTH AGE 14 AND OLDER

9. Preparation for Adulthood			
Child 1		<input type="radio"/>	<input type="radio"/>
Child 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe for each child:

- Preparation for adulthood as age-appropriate; and
- If interventions are needed, describe the interventions.

OTHER

	No Such Child	Strengths/No Needs Identified	Needs Identified
10. Identified Child Strength/Need (Not Covered in Items 1–9)			
Child 1		<input type="radio"/>	<input type="radio"/>
Child 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe the strength or need not covered in items 1–9.

SECTION 2A: PARENT PRIORITY STRENGTHS AND NEEDS

(NOTE: IN IMPACT, SCORING AND DOMAIN NAME WILL BE PRE-FILLED USING BUSINESS RULES.)

Based on item scores, review the following areas with the family and decide on the most important areas for change in order to keep the child safe. Safety is defined as protective actions by the parent that address the danger and are demonstrated over time. Sustainable safety is when the parent and network are able to maintain the child's safety long after CPS involvement ends. The resource material in Appendix A provides ideas for asking these essential questions. Refer to the prioritization decision trees in the Appropriate Completion section of the manual.

PARENT STRENGTHS

Domain Name	Parent	Address in Initial Plan	Address in FPOS Evaluation	Community Resources
	<input type="checkbox"/> P <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> P <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> P <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> P <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> P <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> P <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> P <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> P <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> P <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> P <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARENT NEEDS

Domain Name	Parent	Address in Initial Plan	Address in FPOS Evaluation	Community Resources
	<input type="checkbox"/> P <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> P <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> P <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> P <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> P <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> P <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> P <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2B: CVS CHILD PRIORITY STRENGTHS AND NEEDS

THE CASEWORKER SHOULD COMPLETE THIS SECTION FOR ALL CHILDREN IN THE CVS CASE (CHILDREN IN OUT-OF-HOME PLACEMENT, CHILDREN RESIDING IN THE HOME, AND CHILDREN IN PCSPs).

Child #: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Case Name: _____

Child's First Name: _____

CHILD STRENGTHS

Domain Name (All strengths must be noted on the child's plan of service if in conservatorship.)	Address in Initial Family Plan/FPOS	Address in Initial CPOS	Address in FPOS Evaluation	Address in CPOS Review	Community Resources
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

CHILD NEEDS

Domain Name (All needs must be noted on the child's plan of service if in conservatorship.)	Address in Initial Family Plan/FPOS	Address in FPOS Evaluation	Community Resources
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES
FAMILY STRENGTHS AND NEEDS ASSESSMENT
DEFINITIONS**

PARENT/CAREGIVER

Parenting Role

1. Resource Management/Basic Needs

- i. Strengths/no needs identified. Mark if the following apply.

Resources are sufficient to meet basic needs and are successfully managed. The parent/caregiver is proactive in managing available resources to meet basic care needs of the child and to plan for the future.

OR

Resources may be limited but are adequately managed. The parent/caregiver adequately manages available resources to meet basic care needs related to health and safety.

- ii. Needs identified. Mark if the following apply.

Resources are insufficient or not well managed. The parent/caregiver does not adequately manage available resources, which results in difficulty providing for basic care needs for the child.

OR

No resources, or resources are severely limited and/or mismanaged. The parent/caregiver severely mismanages available resources, which results in unmet basic care needs of housing, food, and clothing for the child. Conditions exist in the household that have caused illness or injury to family members, such as inadequate plumbing, heating, wiring, housekeeping; there is no food, food is spoiled, or family members are malnourished. Child chronically presents with clothing that is unclean, not appropriate for weather conditions, or is in poor repair. The family is homeless, which results in harm or threat of harm to the child.

2. Parenting Skills

Note: Domestic violence concerns should be marked under item 4, Intimate Partner Violence.

i. Strengths/no needs identified. Mark if the following apply.

Advanced parenting skills. The parent/caregiver displays advanced parenting skills that are developmentally appropriate for the child in the areas of expectations, discipline, communication, etc. The parent/caregiver recognizes the child's abilities and strengths and effectively adapts parenting skills according to the child's developmental and behavioral needs over time.

OR

Adequate parenting skills. The parent/caregiver displays adequate parenting skills that are developmentally appropriate for the child in the areas of expectations, discipline, communication, etc. The parent/caregiver has the basic knowledge/skills to parent.

ii. Needs identified. Mark if the following apply.

Inadequate parenting skills. The parent/caregiver needs improvement of basic parenting skills. The parent/caregiver has some unrealistic expectations and gaps in parenting skills, demonstrates a lack of knowledge of developmentally appropriate disciplinary methods, and/or lacks knowledge of child development and this interferes with effective parenting.

OR

Severely deficient parenting skills. The parent/caregiver displays chronic gaps in parenting knowledge/skills in the areas of expectations, discipline, communication, etc. The parent/caregiver displays destructive, abusive, or extremely neglectful parenting patterns.

Parent/Caregiver Relationships

3. Social Support System: Non-Household

A social support system is a network of individuals (who are not members of the household or intimate partners) or organizations that provide and share concrete support (such as transportation, babysitting, and resource support) or emotional support (listening, advice). Support may be provided both in person and by telephone or social media. Include non-intimate relationships the parent/caregiver has with others.

i. Strengths/no needs identified. Mark if the following apply.

Strong support system. The parent/caregiver regularly engages with a strong, constructive mutual support system. The parent/caregiver interacts with extended family, friends, and cultural, religious, and/or community support or services that provide a wide range of resources.

OR

Adequate support system. As needs arise, the parent/caregiver uses extended family, friends, cultural, religious, and/or community resources to provide support or services such as child care, transportation, supervision, role modeling for self and child, parenting and emotional support, guidance, etc.

- ii. Needs identified. Mark if the following apply.

Limited support system. The parent/caregiver has a limited support system, is isolated, or is reluctant to use available support.

OR

No or harmful support system. The parent/caregiver has no support system and does not use extended family and community resources, or the support system is harmful to the child.

4. **Intimate Partner Violence**

Only one person in the relationship can be the perpetrator of domestic violence against another. Include the parent/caregiver being rated and his/her relationships with current intimate partners and past intimate partners with whom there are ongoing interactions.

Note: Violence/conflict between a parent/caregiver and another adult in the household who is not an intimate partner should be scored under item 5, Other Adult Household Relationships.

Also include parent/caregivers who are victims of domestic violence if the behavior of their abuser meets the definition above. Scoring a victim of intimate partner violence as a need does not indicate that the parent/caregiver is responsible for his/her partner's behavior but rather that the parent/caregiver will require assistance to ensure his/her safety and/or the child's safety.

- i. Strengths/no needs identified. Mark if the following apply.

Not applicable. There is no current or relevant past relationship.

OR

Nurturing and supportive. The relationship is characterized by positive interactions (e.g., mutual affection, respect, open communication, empathy). Both partners share mutually agreed-upon responsibilities. Partners mediate disputes and promote nonviolence in the home. Individuals are safe from threats, intimidation, and assaults by their partner.

OR

Adequate: Minor or occasional discord. The relationship is safe and mutual, despite some disruption of positive interactions. Conflicts may be resolved through less adaptive strategies such as avoidance; however, one parent/caregiver does not control the other or threaten physical or sexual assault, and there is no violence.

ii. Needs identified. Mark if the following apply.

Strained: Some power and control or violence. The relationship is characterized by increased disruption of positive interactions, coupled with lack of cooperation and/or emotional or verbal abuse. Diminished child and family functioning examples include, but are not limited to the following.

- Occasional physical outbursts by the perpetrator that may result in minor injuries to the non-offending parent/caregiver.
- Controlling behavior of the non-offending parent/caregiver by the perpetrator that results in isolation or restriction of child and family activities.
- Custody and visitation issues are characterized by frequent conflicts initiated by the parent/caregiver with coercive control over the non-offending parent/caregiver.

OR

Harmful: Extreme power and control or violence. The relationship is characterized by one partner exercising coercive control over the other to the extent that one partner has inflicted physical or emotional harm on the other. Child and family functioning is completely disrupted. Examples include but are not limited to the following.

- The perpetrator's pattern of behavior is disrupting child and family functioning, including undermining the other parent/caregiver's parenting or efforts to protect the child.
- The child has witnessed or heard the violence and expresses fear of the parent/caregiver causing the harm.
- Custody and visitation issues are characterized by harassment and/or severe conflict, such as multiple reports to law enforcement and/or CPS against the non-offending parent/caregiver by the parent/caregiver causing the harm.
- Physically assaultive behaviors of the non-offending parent/caregiver by the perpetrator, including sexual assault or the use of weapons, which has or may result in injury.
- Complete control over the partner's choices, communication, finances, etc.
- Threats by the perpetrator to kill self or others, including pets.

5. **Other Adult Household Relationships**

Other adult household relationships are interpersonal relationships between the parent/caregiver and other adults included in the household by SDM standards (not including intimate partners). Assess how these household members interact (communicate, mutual respect, resolve conflict, and negotiate household responsibilities) and how this impacts the parent/caregiver's role. Do not assess the presence or absence of physical violence or intimidating or controlling behaviors between intimate partners in this item.

- i. Strengths/no needs identified. Mark if the following apply.

Not applicable. There is no additional adult in the household.

OR

Nurturing and supportive. The parent/caregiver has positive interactions (e.g., mutual affection, respect, open communication, empathy) and shares responsibilities that are mutually agreed upon by the other adult household members. Household members mediate disputes and promote nonviolence in the home. Individuals are safe from threats, intimidation, and assaults by other household members.

OR

Adequate: Minor or occasional discord. Relationships with adult household members are characterized by coping, despite some disruption of positive interactions. Conflicts may be resolved through less adaptive strategies, such as avoidance; however, household members do not control each other or threaten physical or sexual assault, and there is no current violence.

- ii. Needs identified. Mark if the following apply.

Strained: Frequent discord or some violence. Relationships among adult household members are characterized by increased disruption of positive interactions, coupled with lack of cooperation and/or emotional or verbal abuse. Examples include, but are not limited to the following.

- The parent/caregiver's pattern of relationships with adult household members creates significant stress for the child.
- Occasional physical outbursts that may result in minor injuries.
- Controlling behavior that results in isolation or restriction of activities.

OR

Harmful: Chronic discord or severe violence. Relationships among adult household members are extremely disruptive or violent. Examples include, but are not limited to the following.

- The parent/caregiver's pattern of relationships with adult household members places the child at risk for maltreatment and/or contributes to severe emotional distress.
- One or more household members engage in regular and/or severe physical violence, including physically assaultive behaviors toward other household members. The individual's violent or controlling behavior has or may result in injury.

Personal Functioning

6. Physical Health

- i. Strengths/no needs identified. Mark if the following apply.

Preventive physical health care is practiced. The parent/caregiver promotes and models good health and accesses health resources for self on a regular basis.

OR

Physical health issues do not affect family functioning. The parent/caregiver's physical health status does not affect family functioning. The parent/caregiver accesses necessary health resources for self (e.g., medical/dental).

- ii. Needs identified. Mark if the following apply.

Minor physical health concerns/physical disabilities affect family functioning. The parent/caregiver has health concerns or conditions that affect family functioning and/or family resources.

OR

Serious physical health concerns/physical disabilities result in inability to care for child. The parent/caregiver has serious/chronic health problem(s) or condition(s) that affect his/her ability to care for and/or protect the child.

7. Cognitive Abilities

Include diagnosed or suspected cognitive conditions, including developmental disabilities, traumatic brain injury, and/or dementia/Alzheimer's disease. When assessing, consider both the diagnosed or suspected condition AND the impact that such conditions have on the parent/caregiver's ability to adequately parent and protect the child/youth/young adult. The condition itself does not necessitate the selection of "needs identified."

- i. Strengths/no needs identified. Mark if the following apply.

Consistently demonstrates an understanding of complex information and applies information to solve difficult problems. The parent/caregiver demonstrates broad knowledge and the capacity to understand complex information, and uses the information to develop effective (and often creative) solutions to difficult problems related to care of the child, with or without support.

OR

Understands essential information and applies information to problems. The parent/caregiver demonstrates sufficient capacity to understand complex information, navigate daily challenges, and make decisions on behalf of self, family, and children that support ongoing safety, with or without support.

- ii. Needs identified. Mark if the following apply.

Some difficulty understanding or applying essential information. The parent/caregiver is occasionally unable to understand or apply information that is necessary for the family's daily functioning and caregiving, even with support. For example, the parent/caregiver requires instructions to be broken down into small steps in order to successfully follow them.

OR

Substantial inability to understand or apply essential information. The parent/caregiver is unable to understand or apply information that is necessary for the child's safety, even with support. For example, despite multiple opportunities for instruction, parent/caregiver is unable to learn how to feed an infant.

8. Coping Skills/Mental Health

- i. Strengths/no needs identified. Mark if the following apply.

Strong coping skills. The parent/caregiver demonstrates the ability to deal with adversity, crises, and long-term problems in a constructive manner. The parent/caregiver also demonstrates realistic and logical judgment; resiliency; and a positive, hopeful attitude.

OR

Adequate coping skills. The parent/caregiver demonstrates emotional responses that are consistent with circumstances and displays no apparent inability to cope with adversity, crises, or long-term problems.

- ii. Needs identified. Mark if the following apply.

Mild to moderate symptoms. The parent/caregiver displays periodic mental health symptoms, including but not limited to symptoms of depression, low self-esteem, or apathy. The parent/caregiver has occasional difficulty coping with situational stress, crises, or problems.

OR

Chronic/severe symptoms. The parent/caregiver displays chronic, severe mental health symptoms, including but not limited to depression, apathy, or severe low self-esteem. These symptoms impair the parent/caregiver's ability to perform in one or more areas of parental functioning, employment, education, or provision of food and shelter.

9. Substance Abuse/Use

- i. Strengths/no needs identified. Mark if the following apply.

Models and demonstrates a healthy understanding of alcohol and drugs. The parent/caregiver may use alcohol or prescribed drugs; however, use does not negatively affect parenting skills and functioning. In addition, the parent/caregiver models and demonstrates an understanding of the choices made about use or abstinence and the effects of alcohol and drugs on behavior and society.

OR

Substance use/no use. The parent/caregiver may have a history of substance abuse or may currently use alcohol or drugs; however, it does not negatively affect parenting skills and functioning. Include abstinence.

- ii. Needs identified. Mark if the following apply.

Substance abuse. The parent/caregiver continues to use or be involved with substances despite negative consequences in some areas, e.g., family, social, health, legal, or financial. The parent/caregiver needs help to achieve and/or maintain healthy or moderate use of or abstinence from alcohol or drugs.

OR

Chronic substance abuse. The parent/caregiver's use of or involvement with substances results in behaviors that impede his/her ability to meet his/her own and/or the child's basic needs. He/she experiences some degree of impairment in most areas.

Other

10. Identified Parent/Caregiver Strength/Need (Not Covered in Items 1–9)

- i. Strengths/no needs identified. Mark if the following apply.

Significant strength. A parent/caregiver has an exceptional strength and/or skill that has a positive impact on family functioning. The family perceives this strength as something they can build on to achieve progress in identified need areas.

OR

Not applicable. The parent/caregiver's behavior is neutral relative to family functioning. All parent/caregiver strengths/needs have been identified in items 1–9.

- ii. Needs identified. Mark if the following apply.

Minor need. A parent/caregiver has a need that has a moderate impact on family functioning. The family perceives that they would benefit from services and support that address the need.

OR

Significant need. A parent/caregiver has a serious need that has a significant impact on family functioning. The family perceives that they would benefit from services and support that address the need.

CHILD/YOUTH

Individual Characteristics

Note: A child's history of traumatic events and how that trauma history affects his/her functioning must be considered in relation to the child domains that follow.

1. Physical Health/Physical Disability

- i. Strengths/no needs identified. Mark if the following apply.

Excellent physical health. The child appears to be in good health and to have good hygiene. The child has no known health care needs. The child receives routine preventive and medical/dental/vision care and immunizations.

OR

Adequate physical health. The child has minor health problems or a physical disability that can be addressed with minimal intervention that typically requires no formal training (e.g., oral medications). Immunizations are current.

- ii. Needs identified. Mark if the following apply.

Moderate health/physical disability needs. The child has moderate health care or physical disability needs that require routine interventions, which are typically provided by laypersons after minimal instruction (e.g., glucose testing and insulin, nebulizer usage, cast care).

OR

Serious health/physical disability needs. The child has serious health problems or a physical disability that requires interventions that are typically provided by professionals or parents/caregivers who have received substantial instruction (e.g., central line feeding, paraplegic care, or wound dressing changes).

2. **Child Development**

For this item, base assessment on [developmental milestones](#) beginning on page 54.

- i. Strengths/no needs identified. Mark if the following apply.

Advanced development. The child's physical and cognitive skills are above his/her chronological age.

OR

Age-appropriate development. The child's physical and cognitive skills are consistent with his/her chronological age.

- ii. Needs identified. Mark if the following apply.

Limited development. The child does not exhibit some physical and/or cognitive skills expected for his/her chronological age.

OR

Severely limited development. The majority of the child's physical and/or cognitive skills are two or more age levels behind his/her chronological age.

3. **Education**

Educational plans include an Individual Education Plan (IEP), Transition IEP, Functional Behavioral Assessment (FBA), Behavioral Intervention Plan (BIP), and Individualized Family Service Plan (IFSP).

- i. Strengths/no needs identified. Mark if the following apply.

Outstanding academic achievement. The child is working above grade level and/or is exceeding expectations of the educational plan (if applicable).

OR

Satisfactory academic achievement or child not of school age. The child is working at grade level and/or is meeting the expectations of the specific educational plan, or the child is not of school age and does not have an educational plan.

- ii. Needs identified. Mark if the following apply.

Academic difficulty. The child is working below grade level in at least one, but not more than half, of academic subject areas, and/or child is struggling to meet the goals of the existing educational plan. The existing educational plan may need modification.

OR

Severe academic difficulty. The child is working below grade level in more than half of academic subject areas, and/or child is not meeting the goals of the existing educational plan. The existing educational plan needs modification. Also mark "needs identified" for a child who is required by law to attend school but is not attending (truancy).

4. **Emotional/Behavioral Health**

Regardless of the child's age, if there are no worries related to emotional/behavioral health, score "strengths/no needs identified."

- i. Strengths/no needs identified. Mark if the following apply.

Consistently manages emotions and behaviors. The child displays strong coping skills in dealing with crises and trauma, disappointment, and daily challenges. The child is able to develop and maintain trusting relationships. The child also is able to identify the need for, seeks, and accepts guidance.

OR

Manages emotions and behavior effectively. The child displays developmentally appropriate emotional/coping responses that do not interfere with school, family, or community functioning. The child may demonstrate some situation-related depression, anxiety, or withdrawal symptoms but maintains situationally appropriate emotional control.

- ii. Needs identified. Mark if the following apply.

Occasional troubling emotions or disruptive behaviors. The child has occasional difficulty dealing with situational stress, crises, or problems, which impairs functioning. The child displays periodic mental health symptoms, including but not limited to depression, running away, somatic complaints, hostile behavior, or apathy.

OR

Severely disruptive emotions or behaviors. The child's ability to perform in one or more areas of functioning is severely impaired due to chronic/severe mental health symptoms, such as fire setting, suicidal ideation/self-harming behavior, sexually inappropriate/aggressive behavior, or violent behavior toward people and/or animals.

Relationships

S. Family Relationships

This item relates to the child's family regardless of where the child is living.

- i. Strengths/no needs identified. Mark if the following apply.

Supportive relationships. The child experiences positive interactions with all family members and has a sense of belonging within the family. The family demonstrates defined roles, has clear boundaries, and supports the child's growth and development. The child expresses a sense of safety and security within the family.

OR

Adequate relationships. The child experiences positive interactions with all family members and feels safe and secure in the family, despite some unresolved family conflicts.

- ii. Needs identified. Mark if the following apply.

Strained relationships. The child experiences stressful interactions with family members and it interferes with the child's sense of safety and security. The child and/or family has difficulty identifying and resolving conflict and/or obtaining support and assistance on their own.

OR

Harmful relationships. The child experiences chronic family stress, conflict, or violence and it severely impedes the child's sense of safety and security. The child and/or family is unable to resolve stress, conflict, or violence on their own and is not able or willing to obtain outside assistance.

SP. Placement or Staff Family Relationships

If the child resides in his/her own home, mark "strengths/no needs identified." If the child is in foster or kinship care, score this item based on the child's relationship with the foster, kinship, or PCSP family. If the child is in a congregate care setting, score this item based on the child's relationship with staff.

- i. Strengths/no needs identified. Mark if the following apply.

Not applicable. The child resides in his/her own home.

OR

Nurturing/supportive relationships. The child experiences positive interactions with placement family/staff members and has a sense of belonging within the family, while maintaining ties with the family of origin (if applicable). The placement family demonstrates defined roles, has clear boundaries, and supports the child's growth and development. The child expresses a sense of safety and security within the family.

OR

Adequate relationships. The child experiences positive interactions with placement family/staff members and feels safe and secure in the family or placement setting, despite some conflicts.

- ii. Needs identified. Mark if the following apply.

Strained relationships. Stress/discord within the placement family or placement setting interferes with the child's sense of safety and security. The placement family/staff has difficulty identifying and resolving conflict and/or obtaining support and assistance on their own. Include conflict created by placement family member conversation and characterization of child's family that creates confusion for child.

OR

Harmful relationships. Chronic placement stress, conflict, or violence severely impedes the child's sense of safety and security. The placement family/staff is unable to resolve stress, conflict, or violence on their own and is not able or willing to obtain outside assistance. Include harm created by placement family member conversation and characterization of child's family that severely disrupts child's relationship with their own family.

6. **Peer Relationships**

Consider the child's age and development level.

- i. Strengths/no needs identified. Mark if the following apply.

Strong peer relationships. The child enjoys and participates in a variety of constructive, age- and developmentally appropriate social activities. The child enjoys reciprocal, positive relationships with peers.

OR

Adequate peer relationships. The child demonstrates adequate social skills. The child maintains stable relationships with peers; occasional conflicts are minor and easily resolved.

- ii. Needs identified. Mark if the following apply.

Limited peer relationships. The child demonstrates inconsistent social skills and has limited positive interactions with peers. Conflicts are more frequent and serious, and the child may be unable to resolve them.

OR

Poor peer relationships. The child has poor social skills, as demonstrated by frequent conflictual relationships or exclusive interactions with negative or exploitive peers, or the child is isolated and lacks a support system.

7. **Substance Use/Abuse**

- i. Strengths/no needs identified. Mark if the following apply.

Chooses substance-free lifestyle. The child has never used substances and is aware of the potential consequences of use. The child avoids peer relations/social activities involving alcohol and other drugs, and/or chooses not to use substances despite peer pressure/opportunities to do so.

OR

Some experimentation or use. The child may have experimented with substances, have a history of use, or currently use, and this does not result in disruptive behavior and discord in school/community/family/work relationships.

- ii. Needs identified. Mark if the following apply.

Significant substance use. The child's substance use results in disruptive behavior and discord in school/community/family/work relationships. Use may have broadened to include multiple drugs.

OR

Chronic substance abuse. The child's chronic substance abuse results in severe disruption of functioning, such as loss of relationships, job, school suspension/expulsion/drop-out, problems with the law, and/or physical harm to self or others. The child may require medical intervention to detoxify.

8. Delinquent/Criminal Behavior

Note: Score truancy under item 3, Education.

- i. Strengths/no needs identified. Mark if the following apply.

Preventive activities. The child may be involved in the community and/or crime prevention programs and takes a stance against crime. The child has no arrest history, and there is no other indication of delinquent/criminal behavior.

OR

No current delinquent/criminal behavior. The child has no arrest history, and there is no other indication of delinquent/criminal behavior, or the child has successfully completed probation, and there has been no delinquent/criminal behavior in the past two years.

- ii. Needs identified. Mark if the following apply.

Occasional delinquent/criminal behavior. The child is engaging or has engaged in occasional, nonviolent delinquent/criminal behavior and may or may not have been ticketed, arrested, or placed on probation within the past two years.

OR

Significant and/or frequent delinquent/criminal behavior. The child is or has been involved in any violent or repeated nonviolent delinquent/criminal behavior that may or may not have resulted in consequences such as tickets, arrests, incarcerations, or probation.

Youth Age 14 and Older

9. Preparation for Adulthood

Life skills refer to the child's practical skills for functioning on a day-to-day basis in areas such as finances, work skills, time management, and planning and completing daily activities.

- i. Strengths/no needs identified. Mark if the following apply.

Not applicable. The child is younger than 14.

OR

Advanced life skills. The youth has demonstrated advanced life skills normally acquired at a later age.

OR

Age-appropriate life skills. The youth demonstrates life skills appropriate for his/her age.

- ii. Needs identified. Mark if the following apply.

Limited life skills. The youth does not routinely demonstrate life skills that would be expected for his/her age.

OR

Significantly limited life skills. The youth does not demonstrate any age-appropriate life skills, which severely impacts his/her ability to function independently.

Other

10. Identified Child Strength/Need (Not Covered in Items 1–9)

- i. Strengths/no needs identified. Mark if the following apply.

Significant strength. Child has an exceptional strength and/or skill that has a positive impact on family functioning. The family perceives this strength as something they can build on to achieve progress in identified need areas.

OR

Not applicable. Child behavior is neutral relative to family functioning. All child strengths/needs have been identified in items 1–9.

- ii. Needs identified. Mark if the following apply.

Minor need. Child has a need that has a moderate impact on family functioning. The family perceives they would benefit from services and support that address the need.

OR

Significant need. Child has a serious need that has a significant impact on family functioning. The family perceives they would benefit from services and support that address the need.

**TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES
FAMILY STRENGTH AND NEEDS ASSESSMENT
POLICY AND PROCEDURES**

OVERVIEW

The assessments are used to evaluate the presenting strengths and needs that parents/caregivers encounter when trying to provide safety, permanency, and well-being for their children. The series consists of the safety assessment, risk assessment, FSNA, reunification assessment, and risk reassessment. There is also practice guidance in Appendix A. The Family Plan/FPOS worksheets are also used with the assessments. The FSNA is used with parents/caregivers to collaboratively identify critical family needs that should be addressed in the Family Plan/FPOS. This assessment systematically identifies critical family needs that affect the family's safety and risk of subsequent harm, and it helps plan effective interventions with the family. The FSNA serves several purposes.

- It ensures that all caseworkers consistently consider each family's strengths and needs in an objective format when assessing the need for interventions that improve child/youth outcomes.
- It guides a systematic prioritization process to focus the current Family Plan/FPOS on their most critical needs.
- The initial FSNA, when followed by periodic reassessments, permits family members, providers, caseworkers, and supervisors to assess changes in family functioning together and thus assess the effects of their work together over time during the Family Plan/FPOS service period.
- In the aggregate, FSNA data provide management with information on the problems that families face. These profiles can then be used to develop resources to meet gaps in service needs.

RECOMMENDED CONTACT GUIDELINES

Using the initial household risk classification for the initial assessment, Texas DFPS's recommended contact guidelines were developed to prompt increased frequency of family engagement for those at higher risk levels. There are two sets of guidelines: one for in-home care and one for out-of-home care (Appendix C).

Other than the mandated minimum contact requirements set by DFPS, some of the contacts can be made by other members of the family's service team rather than the caseworkers. These are guidelines, not requirements, and can be used in developing effective teaming strategies while serving families in Family-Based Safety Services (FBSS) and Conservatorship (CVS).

REQUIREMENTS

- Which Cases:** All Alternative Response (AR), FBSS, and CVS cases where services are being offered to parents/caregivers.
- Which Household(s):** Each household that is receiving AR, FBSS, or CVS services. If more than one household is receiving services, each household is reviewed separately.
- Who:** The caseworker responsible for developing the AR Family Plan or Family Plan of Service (FPOS).
- When:** The FSNA and associated guides must be completed prior to the development of the Family Plan/FPOS, FPOS evaluation, and the initial child plan of service (when applicable). Comply with all timeframes for Family Plan/FPOS development for each stage of service.
- Decisions:** The focus of the Family Plan/FPOS.

APPROPRIATE COMPLETION

Step 1: Building Good Working Relationships

The best way for caseworkers to ensure that they are gathering the critical information needed to help families keep their children safe is to start by building a good working relationship. These relationships should be made with the parent/caregiver, extended family network, child, and any other providers. Child welfare research repeatedly shows that the best outcomes for families are achieved when there is a good relationship between the caseworker and the family—one characterized by respect; honesty; directness; judicious use of power; and full transparency about the agency, its role, and any “bottom lines” it has about parent/caregiver actions necessary to keep the child safe.

One strategy that helps caseworkers create these relationships and gather the necessary information is rigorous and balanced conversations. The conversation is *rigorous* because it is detailed and focused on parent/caregiver actions that impact the child. It is *balanced* because it focuses equally on the family’s strengths and their needs.

Start With the Three Questions: What is working well? What are the worries? What needs to happen next according to everyone who cares about the child?

Genograms and Family Tree: Caseworkers can continue their relationship building with the family by creating a genogram and/or building the family tree. These questions provide important context for future work and help identify extended family, potential safety network members, and potential permanency resources that can assist in completing the Family Plan/FPOS.

Solution-Focused Interviewing (SFI): Applying SFI questions elicits more detail.¹ SFI is a questioning approach or interviewing practice based on strategies that child welfare professionals can use to ask families about their strengths as rigorously as about their needs. Types of SFI questions include exception, relationship, preferred future or miracle, scaling, and coping questions. SFI helps families critically think through their own solutions to their own problems.

Multicultural Lens: A multicultural lens should support all questions and interviews, which helps caseworkers consider how the family’s culture, cultural identity, norms, and past/current experiences of discrimination/oppression may influence or shape his/her parenting. In particular, when interviewing families, caseworkers should consider:

- How the parent/caregiver self-identifies;
- Any historical experiences of oppression/discrimination that are important or relevant to the parent/caregiver;
- Any current experiences of oppression/discrimination the parent/caregiver might be experiencing;
- Any coping skills, strengths, or survival skills the parent/caregiver has developed or demonstrated in facing oppression/discrimination; and

¹ De Shazer, S. (1985). *Keys to solution in brief therapy*. New York, NY: Norton; Berg, I. K. (1994). *Family based services: A solution-focused approach*. New York, NY: Norton; Berg, I. K., & Kelly, S. (2000). *Building solutions in child protective services*. New York, NY: Norton

- How all of the above influence or shape the parent/caregiver's parenting beliefs and influence or shape the parent/caregiver's actions toward the child.

This context is intended to assist caseworkers in better understanding the family, developing working relationships with them, and selecting activities and services to include on the Family Plan/FPOS.

Domestic Violence: Domestic violence perpetrators, in the context of the child welfare system, are parents/caregivers who engage in a pattern of coercive control against one or more intimate partners. This pattern of behavior may continue after the end of a relationship or when the couple no longer lives together. The perpetrator's actions often directly involve, target, and affect any children in the family. The perpetrator's behavior is the source of the harm to the child, not the victim's failure to protect.

Successful outcomes for these families can be increased when CPS focuses on the following.

1. Keeping the child safe and together with the non-offending parent/caregiver.
2. Partnering with the non-offending parent/caregiver and the family's safety network as the default position, giving credit for all the things he/she has done to keep the child as safe as he/she has been so far.
3. Intervening with the perpetrator to reduce risk and harm to the child.

Note: For any situations where serious needs are identified, caseworkers should make a concerted effort to partner with the non-offending parent/caregiver to create a safety plan to prevent child removal, hold the perpetrator accountable through his/her network in addition to formal resources, and then build actions into the Family Plan/FPOS to support the safety plan and increase the perpetrator's accountability over time.

The FSNA Domains: Finally, caseworkers should be aware of the domains on this assessment before meeting with the family. Caseworkers likely are already assessing these areas, but keeping this list in mind ensures that all caseworkers consider similar areas of family functioning when creating a Family Plan/FPOS. It can be helpful to strategize a question or two that will help elicit information from the parent/caregiver about each domain prior to interviewing them.

Step 2: Assessing Family Strengths and Needs

Conduct a separate FSNA for each household. Identify the current primary parent/caregiver and the current secondary parent/caregiver, if applicable, for each household.

An FSNA is not required for:

- A parent/caregiver who cannot be located after reasonable efforts to locate and engage this parent/caregiver; or
- A parent/caregiver who has refused to participate in the assessment.

For CVS, the FPOS is required whether an FSNA has been completed or not.

For each of the domains that every caseworker must consider when using this assessment, there are two possible responses. Indicate for each domain whether there are:

- i. *Strengths/no needs identified:* The domain is a strength and is actively helping to create child safety, permanency, or wellbeing; or the domain is neither a significant strength nor a significant need for the child; or
- ii. *Needs identified:* The domain is a barrier to the child's long-term safety, permanency, or wellbeing; or the domain contributes to imminent danger of serious physical or emotional harm to the child.

When scoring, consider the entire scope of available information, including the child's and family's perspective, information from collateral sources, existing records and documents, and caseworker observations. Often, different sources will suggest different responses (see Step 2a). Caseworkers should make a final scoring determination based on their critical thinking and clinical skills, taking into account the merits of each perspective.

The final domain is "Other," where behaviors not considered in any other domain may be assessed. Select "strengths/no needs identified" if no additional needs are identified.

Note: Any item identified as a need that relates directly to a danger indicator should lead to an immediate consultation with a supervisor, and a determination should be made regarding whether a new safety assessment, safety plan, or placement change is needed.

Step 2a: Sharing Initial Results With Families and Seeking Their Views

As caseworkers complete the assessment, they should work with families to elicit their view about the same domains. The Family Plan/FPOS worksheets in Appendix B are designed to help with this conversation. Caseworkers can make transparent the purpose and process of this assessment and elicit the parent/caregiver's perspectives before finalizing their scoring.

The strengths identified by this assessment can be a powerful resource for helping families respond to the needs they are facing. In particular, domains such as social support may suggest that members of the family's network or community are available to help them respond to identified needs. Families often feel more fully understood when caseworkers acknowledge what is working well for the family. This can help build a better working relationship and provide a platform for some of the harder conversations that need to occur.

Parents/caregivers often have different perspectives than caseworkers or collateral sources (e.g., the father says he has no alcohol problem, but he has had two DUIs in the last year). Caseworkers can use this to make their concerns transparent as they begin to create the Family Plan/FPOS. Agreement may not be possible, but agency bottom lines and expectations can be shared clearly through this conversation.

Step 2b: Prioritization and Danger and Goal Statements

Prioritization: After discussing assessment findings with the family and finalizing the scoring, caseworkers should begin prioritizing the needs and strengths identified in this process using the prioritization decision trees below to create the Family Plan/FPOS. Caseworkers should start by prioritizing all domains that receive a “needs identified” score and use their critical thinking and clinical skills to prioritize within those needs using the prioritization tree. There is no expectation that all parent/caregiver needs will be addressed at once, although any items identified as a need related to a danger indicator must be addressed at some point in the Family Plan/FPOS. If a child is in CVS, all domains that receive a “needs identified” score **MUST** be included in the child plan of service (current or future); if a child is in AR or FBSS, all domains that receive a “needs identified” score **MUST** be included in the Family Plan/FPOS.

In identifying areas of strength, consider how domains marked “strengths/no needs identified” can be accessed by the family to increase safety and/or built upon to mitigate identified needs and contribute to safety, permanency, and well-being goals in the Family Plan/FPOS.

Remember that the best plans are ones that are ultimately created *with* the family. Objectives, tasks, and use of services should be selected with the parent/caregiver in collaborative conversations.

Danger Statements: Danger statements help ensure that the agency is formulating and articulating its bottom lines based on accurate and detailed information, the use of effective questions, and engagement of multiple views through a multicultural lens. Danger statements help communicate those concerns in clear terms to those who are involved with and/or care about the child.

A danger statement answers the question: What is DFPS or the family worried will happen if nothing changes? And how is this specific parent/caregiver action an obstacle to the family’s achievement of safety, permanency, and well-being for the child?

Danger Statement Example

DFPS and Roberta are worried that if Manuel continues drinking while Ana and Julian are home, he may pass out again, and the children may become hurt or hungry, wander into the street, or die without a parent/caregiver to look after them.

A danger statement should be created in the Family Plan/FPOS for any domains that are scored “needs identified” that will be addressed in that Family Plan/FPOS. This statement should be co-created with or shared with the family and any relevant providers and can be used when discussing potential objectives, tasks, and services on the Family Plan/FPOS.

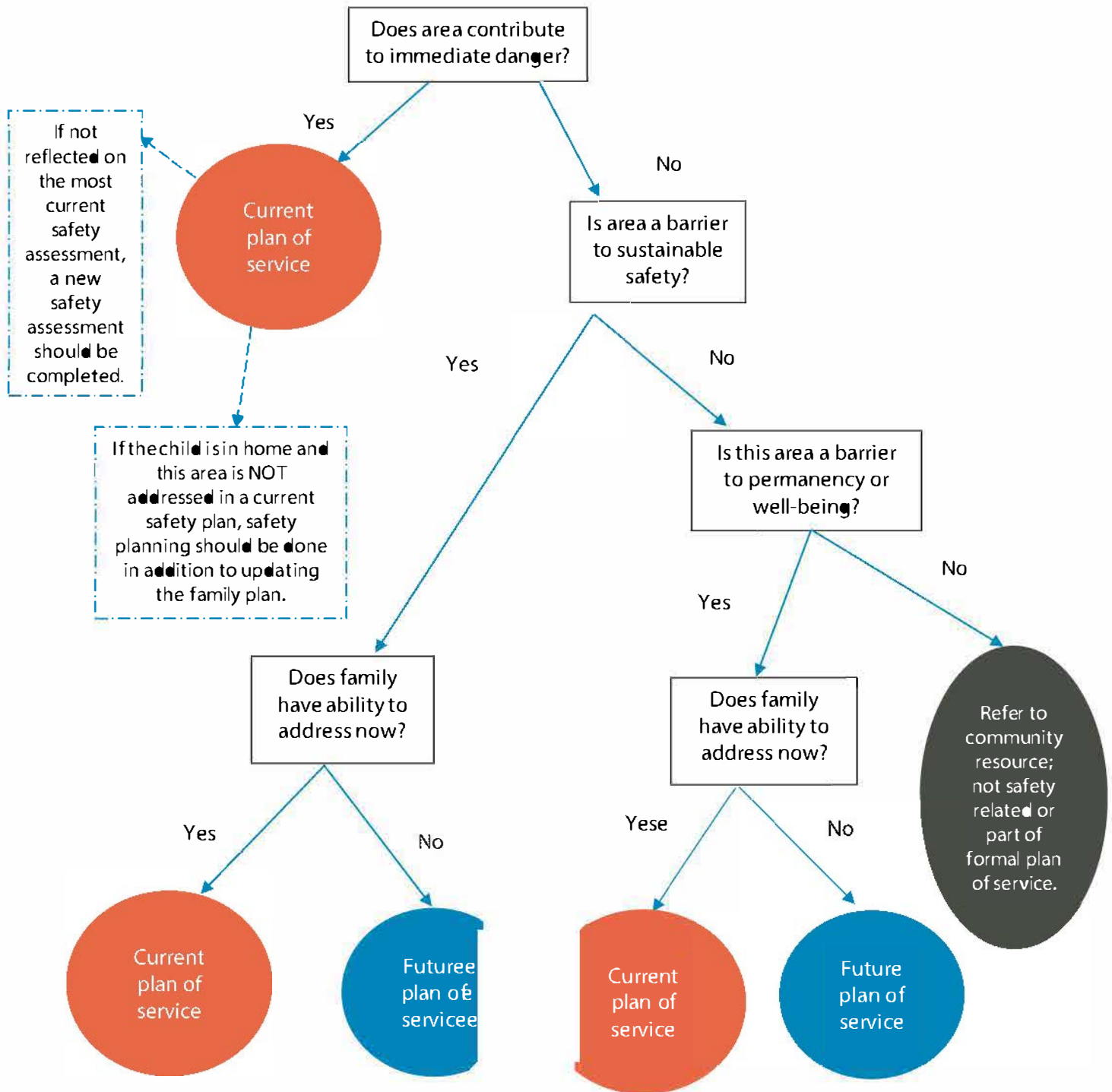
Goal Statement: Goal statements reflect what the department and the family would need to see happening in order to feel comfortable reunifying the child and family or closing the case.

A goal statement answers the question: What would the parents/caregivers have to do in order for everyone to feel that the danger statement has been mitigated?

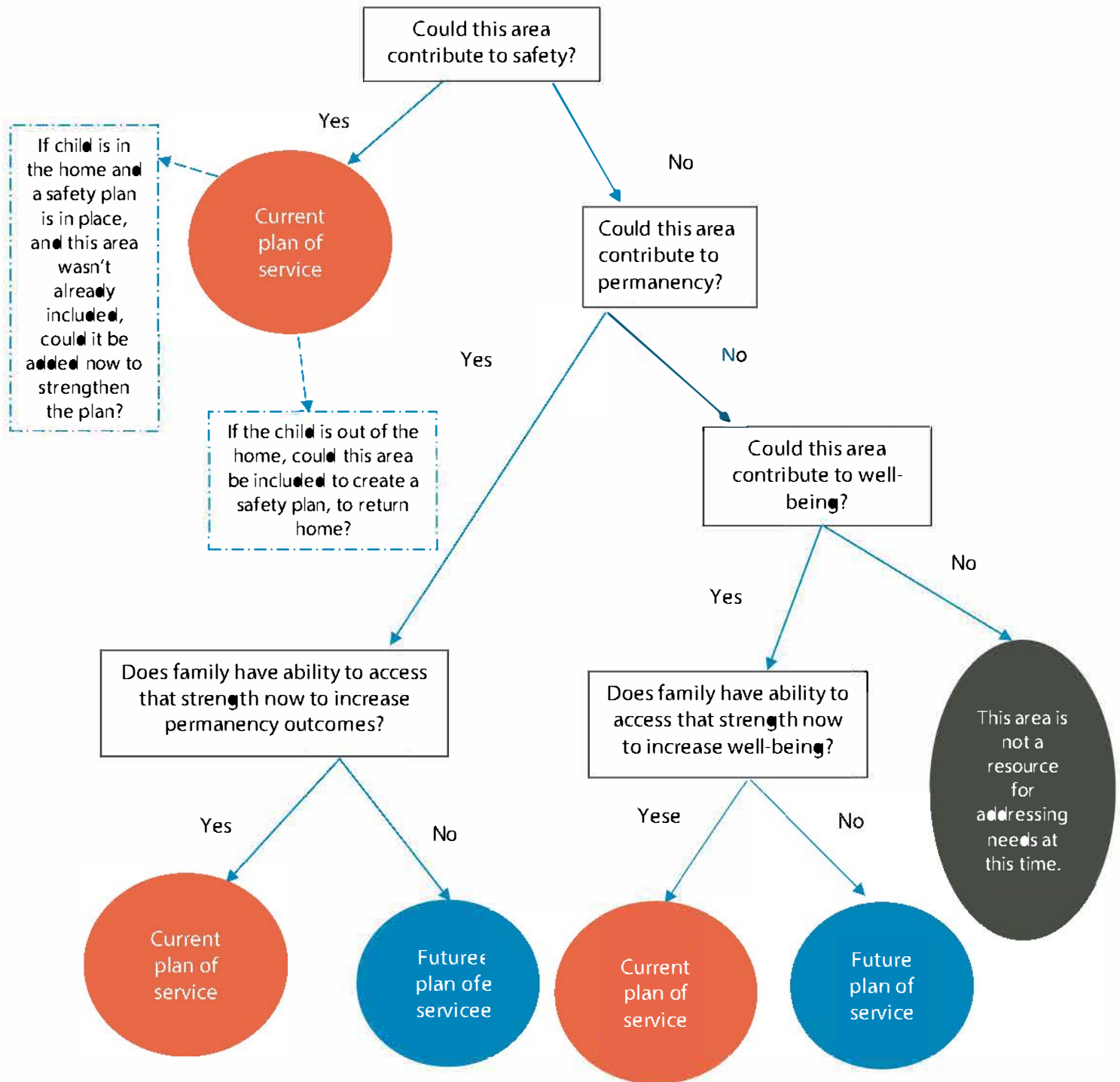
Goal Statement Example

Manuel will work with a safety network of family, friends, and providers to create a plan to ensure that Ana and Julian are always cared for by a safe and sober parent/caregiver. DFPS will need to see this plan working continuously for six months for DFPS and the network to feel confident the plan will continue after the case is closed.

NEEDS PRIORITIZATION DECISION TREE



STRENGTHS PRIORITIZATION DECISION TREE



Step 3: Connecting to the Family Plan/FPOS

Domains where needs have been identified should be arranged on the Family Plan/FPOS in the order in which they will be addressed. At the time of the assessment, all needs will be discussed with the family and shared with the court. It is recommended that each Family Plan/FPOS should address up to three identified FSNA parent/caregiver needs at any one time. Addressing only three FSNA needs at a time helps the family focus their efforts and prevents them from feeling overwhelmed. All child needs should be noted and addressed on the Family Plan/FPOS and the child plan of service, if applicable.

For example, the assessment may indicate that a family has four parent/caregiver needs and three parent/caregiver strengths. Caseworkers should indicate the three most important FSNA parent/caregiver needs to be addressed in the first Family Plan/FPOS and indicate strengths that may be accessed by the family to help mitigate the needs. At the plan evaluation, the family will be reassessed. If the family successfully addressed two of the initial needs but did not address the third, the third need would be included (along with the fourth) in the next Family Plan/FPOS. Following is an example.

Initial FSNA	Domains to Be Addressed in the Initial Family Plan/FPOS	Second FSNA	Domains to Be Addressed in the Evaluation FPOS
<u>Needs Indicated</u> Domain 1 Domain 2 Domain 3 Domain 4	<u>Included in Plan</u> Domain 1 Domain 2 Domain 3	<u>Resolved Needs</u> Domain 1 Domain 2	<u>Included in Plan</u> Domain 3 Domain 4
<u>Strengths Indicated</u> Domain 5 Domain 6 Domain 7	<u>Included in Plan</u> Domain 5 Domain 6	<u>Remaining Needs</u> Domain 3 Domain 4	<u>Included in Plan</u> Domain 5 Domain 6 Domain 7
		<u>Remaining Strengths</u> Domain 7, but family could not access those strengths to mitigate needs	

Physical and Cognitive Developmental Milestones		
Age Level	Physical Skills	Cognitive Skills
0 to 1 Year		
0 to 4 weeks	Lifts head when on abdomen. Head momentarily to midline when on back. Equal extremity movements. Sucking reflex. Grasp reflex (no reaching, and hand usually closed). Increasing body tone and stabilization of basic body functions, growing capacity to stay awake.	Looks at face transiently. By three to four weeks, smiles selectively to mother's voice and human voice leads to quieting of cries. Cries if uncomfortable or in state of tension; undifferentiated initially, but gradually varies with cause (e.g., hungry, tired, in pain).
1 to 3 months	Head to 45 degrees when on abdomen, erect when sitting. Bears fraction of weight when held in standing position. Uses vocalizations. By 2 to 3 months, grasps rattle briefly. Puts hands together. By 3 to 4 months, may reach for objects, suck hand/fingers. Head is more frequently to midline and comes to 90 degrees when on abdomen. Rolls side to back.	Increased babbles and coos. Most laugh out loud, squeal, and giggle. Smiles responsively to human face. Increases attention span.
3 to 6 months	Rolls from abdomen to back, then from back to abdomen. Bears increasing weight when held upright. No head lag when pulled to sitting. Head, eyes, and hands work well together to reach for toys or human face. Inspects objects with hands, eyes, and mouth. Takes solid food well.	Spontaneously vocalizes vowels, consonants, a few syllables. Responds to tone and inflection of voice. Smiles at image in mirror.
6 to 9 months	Sits without support. Increasingly mobile. Stands while holding on. Pushes self to sitting. Grasps objects, transfers objects. Feeds self finger foods, puts feet to mouth, may hold own bottle. Approaching 9 months, pulls self to standing.	Says mama/dada randomly. Begins to imitate speech sounds. Many syllable sounds (ma, ba, da). Responds to own name, beginning responsiveness to "no, no."
9 to 12 months	Crawls with left-right alternation. Walks with support, stands momentarily, and takes a few uneasy steps. Most have neat pincer grasp. Bangs together objects held in each hand. Plays pat-a-cake. Fifty percent drink from cup by themselves.	Imitates speech sounds. Correctly uses mama/dada. Understands simple command ("give it to me"). Beginning sense of humor.

Physical and Cognitive Developmental Milestones		
Age Level	Physical Skills	Cognitive Skills
1 to 2 Years		
12 to 15 months	Stands well alone, walks well, stoops, and recovers. Neat pincer grasp. Can put a ball in a box and a raisin in a bottle. Can build a tower of two cubes. Spontaneous scribbling with palmer grasp of crayon. Fifty percent use spoon with minimal spilling. Most drink from cup unassisted.	Three- to five-word vocabulary. Uses gestures to communicate. Vocalizing replaces crying for attention. Understands "no." Shakes head for no. Sense of "me" and "mine." Fifty percent imitate household tasks.
15 to 18 months	Runs stiffly. Walks backwards. Attempts to kick. Climbs on furniture. Crude page turning. Most use spoon well. Fifty percent can help in little household tasks. Most can take off pieces of clothing.	Vocabulary of about 10 words. Uses words with gestures. Fifty percent begin to point to body parts. Vocalizes "no." Points to pictures of common objects (e.g., dog). Knows when something is complete, such as waving bye-bye. Knows where things are or belong. More claiming of "mine." Beginning distinction of "you" and "me," but does not perceive others as individuals like self. Resistant to change in routine. Autonomy expressed as defiance. Words are not important discipline techniques.
18 to 24 months	While holding on, walks up stairs, then walks down stairs. Turns single pages. Builds tower of four to six cubes. Most copy vertical line. Strings beads or places rings on spindles. Helps dress and undress self. Can wash and dry hands. Most can do simple household tasks.	Markedly increased vocabulary (mostly nouns). Consistently points to body parts. Combines two to three words. Names pictures of common objects. Follows simple directions. Matches colors frequently, but uses color names randomly. Uses number words randomly. May indicate wet or soiled diapers. Asks for food or drink. Understands and asks for "another." Mimics real-life situations during play. Self-centered, but distinguishes between self and others. Conscious of family group.
2 Years	Jumps in place with both feet. Most throw ball overhead. Can put on clothing; most can dress self with supervision. Can use zippers, buckles, and buttons. Most are toilet trained. Good steering on push toys. Can carry a breakable object. Can pour from one container to another. By 30 months, alternates feet on stair climbing, pedals tricycle, briefly stands on one foot; builds eight-cube tower, proper pencil grasp, imitates horizontal line.	Learns to avoid simple hazards (stairs, stoves, etc.). By 30 months, vocabulary reaches 300 words. Identity in terms of names, gender, and place in family are well established. Uses "I," but often refers to self by first name. Phrases and three- to four-word sentences. By 36 months, vocabulary reaches 1,000 words, including more verbs and some adjectives. Understands big versus little. Interest in learning, often asking, "What's that?"

Physical and Cognitive Developmental Milestones		
Age Level	Physical Skills	Cognitive Skills
3 Years	Most stand on one foot for five seconds. Most hop on one foot. Most broad-jump. Toilets self during daytime. By 38 months, draws picture and names it. Draws two-part person.	Counts to three. Tells age by holding up fingers. Tells first and last name (foster children may not know last name). Most answer simple questions. Repeats three or four digits or nonsense syllables. Readiness to conform to spoken word. Understands turn-taking. Uses language to resist. Can bargain with peers. Understands long versus short. By end of third year, vocabulary is 1,500 words.
4 to 5 Years	Most hop on one foot, skip alternating feet, balance on one foot for 10 seconds, catch bounced ball, do forward heel-toe walk. Draws three-part person. Copies triangles, linear figures (may have continued difficulty with diagonals, and may have rare reversals). Most dress independently, other than back buttons and shoe tying. Washes face and brushes teeth. Laces shoes.	By end of fifth year, vocabulary is more than 2,000 words including adverbs and prepositions. Understands opposites (day/night). Understands consecutive concepts (big, bigger, biggest). Lots of why and how questions. Correctly counts five to 10 objects. Correctly identifies colors. Dogmatic and dramatic. May argue about parental requests. Good imagination. Likes silly rhymes, sounds, names, etc. Beginning sense of time in terms of yesterday, tomorrow, sense of how long an hour is, etc. Increasingly elaborate answers to questions.
6 to 11 Years	Practices, refines, and masters complex gross and fine motor and perceptual skills.	Concrete operational thinking replaces egocentric cognition. Thinking becomes more logical and rational. Develops ability to understand others' perspectives.
12 to 17 Years	Physiological changes at puberty promote rapid growth, maturity of sexual organs, and development of secondary sex characteristics.	In early adolescence, precursors to formal operational thinking appear, including limited ability to think hypothetically and to take multiple perspectives.
		During middle and late adolescence, formal operational thinking becomes well developed and integrated in a significant percentage of adolescents.

Note: Adapted from *Developmental Milestones Summary*, Institute for Human Services, Columbus, OH (1990); developmental charts provided by Jeffery Lusko, Orchard's Children's Service, Southfield, MI; and *Early Childhood Development From Two to Six Years of Age*, Cassie Landers, UNICEF House, New York, NY.

Appendix A

Family Plan/Family Plan of Service Practice Guidance

FAMILY PLAN OF SERVICE PRACTICE GUIDANCE

This material provides examples for the three steps of the planning process that must be taken for each parent/caregiver and child domain.

1. **Information gathering.** Use the sample questions to gather information in order to inform the item response.
2. **Prioritization.** Use the sample questions to help determine the extent of the impact this domain is having on safety, permanency, and well-being of the children.
3. **Planning.** See the examples of desired outcomes, actions, and optional formal or informal services to consider for the family plan of service.

Using This Resource

1. During the information-gathering step, first determine whether any information is lacking. Then, for each assessment item in need of additional information, review the sample information-gathering questions. It is unlikely that the information you need and the sample questions will match exactly. However, the sample questions can inspire better questions to ask the family and safety network in order to finalize the rating for each item.
2. Once all items are rated, identify all items scored as “needs identified.” Work through the prioritization decision tree for each domain. Locate the item in this resource and refer to the prioritization questions for ideas on ways to ask specific prioritization questions. Continue until each “needs identified” domain is prioritized.
3. Once all “needs identified” domains are prioritized, review the domains selected for inclusion in the current family plan of service. For each item, locate the item in this resource. In partnership with the family and family’s safety network, complete the following actions.
 - A. Select a desired outcome for each item. The examples are unlikely to adequately reflect each family’s unique situation, but can serve as conversation starters. State an outcome that is clear enough and represents a condition that, if present, would make everyone feel comfortable about the child’s ongoing safety.
 - B. Given the desired outcome, consider what specific actions the parent/caregiver needs to take in order to reach the goal. The examples are unlikely to perfectly reflect actions needed in each family, but can serve as ideas if the family and safety network are having difficulty generating their own ideas.
 - C. Given the actions the parent/caregiver needs to take, consider whether any external resources could help the parent/caregiver be successful. These resources may be formal services or informal supports. The examples are unlikely to precisely match both the supports needed AND the supports that are locally available. However, the examples may stimulate thinking of options.

When using this guide, please keep the following statements in mind.

- This guide provides examples of questions to help guide conversations with families regarding the FSNA. The questions are not required, nor are they exhaustive. Use your professional judgment to decide whether or not each question is appropriate for each parent/caregiver or child.
- For each scaling question (i.e., on a scale of 0 to 10) directed at the parent/caregiver, consider reframing the question with respect to parent/caregiver willingness, ability, and confidence to address family and child needs.
- Incorporate observations of parent/caregiver and child behavior when scoring the FSNA domains.
- While the questions in this guide are directed toward children, parents/caregivers, and placement parent/caregivers, you also may choose to use the questions to collect information from relevant collateral individuals (e.g., medical care providers, teachers, daycare providers). Information from all sources should be considered when scoring the FSNA.
- Regardless of the information collected, use ONLY the FSNA definitions to score the FSNA items. Additional information may help the caseworker develop an appropriate family plan of service and/or child plan of service.

Text boxes are provided following each domain for workers to document their conversations with household family members.

PARENT/CAREGIVER ITEMS

Parenting Role

1. Resource Management/Basic Needs

Information Gathering		<ul style="list-style-type: none"> On a scale of 0 to 10 where 10 is that you have all the money and resources you need to pay your bills and keep food on the table, and you never have large worries about money, and 0 is where you constantly worry about paying for basic needs such as food, where are you? It is difficult to care for a family when there are more needs than money coming in. How have you managed to make things work so far? Was there ever a time in the past when you were struggling financially and found a way to make ends meet? How did you do that? Do you or someone else in the home ever go hungry? Was there a time when you thought about spending money in one particular way (e.g., gambling, alcohol) but instead decided to use the money for basic family needs? What made it possible for you to make that decision? If your (child, mother, trusted friend) were here, what would he/she say about how you manage your finances? What needs to happen so that you have the resources to support your family? Have you thought about other/different kinds of employment? What would need to happen for you to pursue that?
Prioritization		<ul style="list-style-type: none"> Did financial pressure have anything to do with: <ul style="list-style-type: none"> » Parent's/caregiver's physical outburst? » Dependency on child's perpetrator? » Vulnerability to domestic violence? » Not providing <ul style="list-style-type: none"> ▪ Safe shelter? ▪ Medical care? ▪ Food? ▪ Other kinds of supervision? Will the family have the resources they need to ensure basic needs?
Planning	Desired Outcomes	<ul style="list-style-type: none"> Parent/caregiver provides the resources needed by the family to ... Parent/caregiver partners with safety network in order to ensure family and children have basic needs met.
	Actions	<ul style="list-style-type: none"> When parent/caregiver worries about money, parent/caregiver will ... When stress is high, parent/caregiver will ... In order to meet basic needs, parent/caregiver will budget for ... In order to ensure basic needs are met, parent/caregiver will reach out to ...
	Resources	<ul style="list-style-type: none"> Nonprofit debt consolidation assistance Food banks Job Financial help from church Financial help from safety network Social services

Resource Management/Basic Needs
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2. Parenting Skills

Information Gathering		<ul style="list-style-type: none"> • When you think of your parenting abilities, what makes you most proud? What do you do best as a parent? • What works best when you are trying to teach [child] right from wrong? • Many parents struggle when their children are [infants, toddlers, teenagers]. How do you manage? • What does your [child] need most from you at this time? • What are the lessons you took away from your parents as they raised you? • Every parent reaches the end of their rope. What do you do then?
Prioritization		<ul style="list-style-type: none"> • Is there something important the parent/caregiver does not know about parenting or a skill the parent/caregiver does not have that has contributed to a dangerous situation? • Is it the case that unless parent/caregiver [gains specific parenting knowledge] or [develops a particular parenting skill], it is unlikely that the child can remain safe? • With the current level of parenting knowledge and skill, is it possible for child to feel safe, secure, and a sense of belonging, and to develop to the best of his/her potential?
Planning	Desired Outcomes	<ul style="list-style-type: none"> • Parent/caregiver knows and demonstrates what [child] needs from him/her and provides what child needs. • Parent/caregiver knows when tensions are mounting and creates safe alternatives in plenty of time so that everyone stays safe. • Parent/caregiver knows and practices at least three safe ways to handle situations in which child cries inconsolably.
	Actions	<ul style="list-style-type: none"> • Parent/caregiver reads provided material about child development and parenting tips. • Parent/caregiver seeks advice from trusted parenting mentors/safety network members. • Parent/caregiver identifies three actions to take when situations arise that have been difficult for them in the past. <ul style="list-style-type: none"> » Role-play practice with safety network member » Demonstrate during contact with child » Keep a journal describing practice opportunities
	Resources	<ul style="list-style-type: none"> • Selected, preapproved parenting web sites • Parents Anonymous® • Triple P • Parent-Child Interaction Therapy • Trusted relative or spiritual leader • Foster parent • Parenting classes (CAREFUL: Must be culturally and age relevant and focused on target issues.) • Parent coaching

Parenting Skills

Parent/Caregiver Relationships

3. Social Support System

Information Gathering		<p>NOTE: If you have not done a genogram or family tree, it would be helpful prior to rating this item.</p> <ul style="list-style-type: none"> On a scale of 0 to 10 where 10 is that you have all the people you need to help you out when you are in trouble, and 0 is where absolutely no one would help you out, where are you? Tell me about times in the last several months when people helped you out when you needed it. Who was it? Who are the three people you trust most? Where are they? When did you last speak with them? Who has surprised you by coming through for you? Who has surprised you by not being there for you? If I asked these people on whom you count, would they say they also count on you? What stories would they tell me to show how you came through for them?
Prioritization		<ul style="list-style-type: none"> Did parent/caregiver's lack of social support contribute to the dangerous event or pattern? Without more support, will it be possible for parent/caregiver to make the changes needed to create safety? Given the level of isolation, will the parent/caregiver be able to meet the [child's] needs?
Planning	Desired Outcomes	<ul style="list-style-type: none"> Parent/caregiver feels supported and connected to be at his/her best as a parent. Parent/caregiver reaches out to ask for and accept help when responsibilities start to feel overwhelming.
	Actions	<ul style="list-style-type: none"> Parent/caregiver will add two people to his/her safety network and have a conversation with them about the danger and the kind of support he/she needs. Parent/caregiver will call someone from safety network daily to talk about relevant topics. Parent/caregiver will attend a support group/get a sponsor. Parent/caregiver will join one activity at church/synagogue/mosque or another community organization and get to know three people. Parent/caregiver will invite [person] to a family team meeting.
	Resources	<ul style="list-style-type: none"> Therapy to address social skills, social anxiety Group treatment Social support groups

Social Support System

4. Intimate Partner Violence

Information Gathering	<p>[NOTE: You may want to divide these questions/planning examples into offending and non-offending parents/caregivers]</p> <ul style="list-style-type: none"> • How do you and [partner] get along? • How do you and [partner] make decisions about money/how to spend your time? • When your partner does not do what you expect, how do you manage? • Do the two of you plan to continue to be a couple? Is that important to you? • What are you willing to do in order to make your relationship successful and keep the children safe? • Was there a time you wanted to hit your partner but chose not to? What did you do? How was that possible? • On a scale of 0 to 10 where 10 is that you feel completely safe physically, and 0 is where you are terrified every day that [partner] will seriously hurt you, where are you? • If [partner] were here, how would he/she describe you? • In the past year, have you been injured by [partner]? • How does your best friend feel about your relationship with [partner]? • Many parents in similar situations find it hard to be the best parent they can be when they feel scared. How have you managed? • What have you learned are the best ways to protect [child] when you are aware that your partner might soon be violent? • What have you tried in the past to keep yourself and your children safe? • Have your partner's actions ever made it difficult for you to take care of the kids the way you want to? • Do you ever regret how you have treated your partner? • Is your partner ever afraid of you? • Are your children ever afraid of you? • How do your partner's actions support your parenting? How do your actions affect your partner's parenting?
Prioritization	<ul style="list-style-type: none"> • Did domestic violence (DV) between intimate partners create physical danger for [child]? • Did controlling behavior prevent one parent/caregiver from providing basic needs for [child]? • Is living with DV between intimate partners creating trauma for [child] to the extent that he/she is suicidal, self-harming, or violent to others? • Can parent/caregiver make the changes needed to create safety if DV between intimate partners is not resolved first? • If [child] continues to experience this level of violence, power, or control, can he/she perform at his/her best in school or develop healthy relationships?
Planning	Desired Outcomes <ul style="list-style-type: none"> • Parent/caregiver creates a safe and supportive household for the children. • Parent/caregiver ensures children are never exposed to one partner hurting the other. • Parents/caregivers will behave in ways that allow each to successfully nurture the children. • Parent/caregiver will refrain from physically hurting his/her partner. • Parent/caregiver will refrain from attempting to control finances of his/her partner. • Parent/caregiver will refrain from attempting to control social contacts of his/her partner. • Parent/caregiver will ensure that any new partner will meet the safety network prior to meeting the children.
	Actions <ul style="list-style-type: none"> • Both parents/caregivers will create a safety plan including financial safeguards, legal safeguards, and escape plans. • Parent/caregiver and/or worker will share safety plan with children, if age appropriate, so children know what to do in the event of DV. • [Offending parent/caregiver] will identify and practice things to do when he/she is becoming violent. • When [offending parent/caregiver] feels angry and about to lose it, she/he will tell family she/he needs 10 minutes and will go for a walk. • [Offending parent/caregiver] lives someplace else until he/she is able to demonstrate non-violent ways to manage disagreements [NOTE: A plan for likely contact between the parents/caregivers should always exist, even if one parent/caregiver chooses to move away]. • Parents/caregivers decide whether to seek divorce.
	Resources <ul style="list-style-type: none"> • Shelter (formal or with friends; mindful of security) • Batterer groups/training • Legal services for restraining orders or divorce, if selected • Informal networks for both parents/caregivers • Survivor groups

Intimate Partner Violence

5. Other Adult Household Relationships

Information Gathering		<ul style="list-style-type: none"> • How did [other adult household members] end up living with you? How long have you been sharing a residence? How long do you expect to share a residence? • What working agreements do you have with each other regarding financial responsibilities? Chores? Access to living space? • On a scale of 0 to 10 where 10 is that you are grateful for [person] living with you and making life better for you and your child, and 0 is that you are completely miserable sharing living space with [person] and cannot wait to be on your own, where are you? • What is the best thing about having [person] live here with you? • It can be hard for [relatives, unrelated adults] to share a place to live. How have you and [person] managed to make this work?
Prioritization		<ul style="list-style-type: none"> • Does [person] create danger for child? • With [person] in the household, will it be difficult for parent/caregiver to make the changes needed to create safety? • Does [person]'s presence get in the way of parent/caregiver providing the parenting needed by the child to be emotionally and physically healthy?
Planning	Desired Outcomes	<ul style="list-style-type: none"> • All of the adults in the household work together to create a safe place for [child]. • If the parent/caregiver feels that relationships with other adults in the household are putting the child at risk of harm, the parent/caregiver will make alternative living arrangements to increase child's safety.
	Actions	<ul style="list-style-type: none"> • Adults write up agreements about [issues that create conflict] and follow them. • Parent/caregiver participates in a family meeting to identify what needs to happen to create effective relationships with [person]. • Parent/caregiver secures living quarters independently if needed. • Parent/caregiver and/or worker will share safety plan with children, if age appropriate, so children know what to do in the event of DV.
	Resources	<ul style="list-style-type: none"> • Counseling to address unresolved issues between adult relatives • Family meeting to work on living arrangements • Housing resources to help secure independent housing

Other Adult Household Relationships

Personal Functioning

6. Physical Health

Information Gathering		<ul style="list-style-type: none"> • Tell me about your physical health. • How do you keep yourself healthy? • Do any aspects of your physical health make it harder for you to be at your best as a parent? • You mentioned you have [chronic condition], and I would like to get a sense of how that impacts your life. On a scale of 0 to 10 where 10 is that you barely even know you have it, and you can manage it in less than a minute a day; and 0 is where not a minute goes by that you don't think about it, and almost every daily task is harder because of it, where are you? • What is it like having to parent a child of [child age] when you have [condition]? • How long have you had [condition]? How long is it expected to last? • What is important for me to know about [condition]? • Having [condition] can be really hard on people. How have you managed as well as you have?
Prioritization		<ul style="list-style-type: none"> • If parent/caregiver did not have [condition], would danger have happened anyway? • Will [condition] make it hard for parent/caregiver to make the changes needed to create safety? • Will growing up with a parent/caregiver with [condition], given this parent/caregiver's current management of [condition], get in the way of child's school, social, emotional, or physical opportunities?
Planning	Desired Outcomes	<ul style="list-style-type: none"> • Parent/caregiver is healthy and physically able to provide everything the child needs. • Parent/caregiver manages [condition] so that child's needs can be met. • Parent/caregiver and safety network work together so that someone from the safety network is there to do whatever parent/caregiver cannot do.
	Actions	<ul style="list-style-type: none"> • Parent/caregiver and medical provider create a workable plan of care. • Parent/caregiver agrees to share information from the medical plan of care with caseworker as needed. • Parent/caregiver follows plan of care. • When parent/caregiver is tempted to skip part of plan of care, parent/caregiver calls safety network member who will help. • Parent/caregiver and safety network create a plan that will be followed each week so that someone is always available to drive child when needed, i.e., if parent/caregiver cannot drive a car for health reasons. • Parent/caregiver and safety network create a plan so that someone comes to fix meals every day for the next three weeks (i.e., for acute illness). • Safety network member will help parent/caregiver set up a medication plan so parent/caregiver has reminders to take medication.
	Resources	<ul style="list-style-type: none"> • Medical consultation/evaluation • Condition-specific support groups • Public health nurse

Physical Health

7. Cognitive Abilities

Information Gathering		<p>NOTE: Observations are vital for assessing cognitive ability. Listen for comprehension, simple math skills. Observe literacy (which may or may not be related to disability). Collateral sources, especially the parent's/caregiver's family, are important. The parent's/caregiver's family and the parent/caregiver may be asked about any issues relating to birth, head injuries, special education, etc.</p> <ul style="list-style-type: none"> • Tell me what the [doctor][teacher][eligibility worker] asked you to do. Was there anything that you didn't understand? • What is your highest level of education? • Tell me how you did in school. • Tell me about your daily routine. • Have you ever worried that you didn't understand how to care for your child? Or feel unable to care for your child?
Prioritization		<ul style="list-style-type: none"> • If parent/caregiver fully understood the information previously provided, would the danger have happened? • Given parent/caregiver's cognitive level, can safety be created? • If parent/caregiver's cognitive ability is too limited to create safety, can network members fill the gaps to ensure safety? • Given parent/caregiver's cognitive level, can child reach his/her potential? What supplements can be in place for success?
Planning	Desired Outcomes	<ul style="list-style-type: none"> • Everyone in the safety network works together to be sure the parent/caregiver gets the information needed in ways the parent/caregiver can use to keep child safe. • Parent/caregiver is able to ask safety network for help if the parent/caregiver is worried he/she cannot attend to the child's needs properly. • Safety network members check in on parent/caregiver and child regularly to support parent/caregiver's parenting.
	Actions	<ul style="list-style-type: none"> • A safety network member goes to all medical appointments to help reinforce the instructions in ways parent/caregiver can understand and medical staff endorse as accurate. • A safety network member works with parent/caregiver to create "tip sheets" with diagrams to show each step of [specific activities that were not being done before]. • While child is living [with relative] [in foster care], parent/caregiver attends each medical appointment and school meetings. • During visits with child, parent/caregiver demonstrates new skills he/she is learning [feeding child] [changing diapers] [bathing child]. • Parent/caregiver agrees to share the results of his/her own psychological/cognitive diagnostic testing as needed.
	Resources	<ul style="list-style-type: none"> • Cognitive consultation/evaluation • Condition specific support group

Cognitive Abilities

Coping Skills/Mental Health

8. Coping Skills/Mental Health

Information Gathering		<ul style="list-style-type: none"> • What stresses you out? What do you do when that happens? • What do you do when you are angry? • You have so much on your plate—many people in your situation would not be able to cope. What helps get you through? How do you manage? • Have you noticed any change in how you are eating or sleeping? • What do you enjoy doing? Are there things you used to enjoy that you don't anymore? • Can you tell me about your childhood? What was it like for you? • How much of the time do you feel sad? Anxious? Afraid? Happy? • If someone who is close to you talked to me, what would he/she say is worrisome about you? • Have you ever received professional support for how you were feeling? (When, how long, with whom, how did that work for you?) • Have you ever felt like giving up? (When, what changed?) • You said you feel sad all the time. Has there ever been a time, no matter how brief, when the sadness was not there or was not as strong as usual? What was going on then? • Have you ever experienced upsetting events? What happened? • Do memories/thoughts of upsetting events come into your head even when you do not want them? • On a scale of 0 to 10 where 10 is you feel completely confident that you can handle the level of stress you have now; and 0 is that you worry you cannot hang on another minute with all the stress, where are you? • Do you hear or see things that others do not?
Prioritization		<ul style="list-style-type: none"> • Did parent's/caregiver's behaviors related to coping skills, mental health, and/or trauma create danger? • If parent/caregiver remains [depressed][anxious][out of touch with reality], will parent/caregiver be able to make the changes necessary to create safety? • If nothing changes, will a child living with this parent/caregiver be able to feel safe and secure enough to function in school and social settings and develop his/her own emotional health?
Planning	Desired Outcomes	<ul style="list-style-type: none"> • When parent/caregiver is overwhelmed with feelings of [depression][anxiety], he/she always will take action to ensure child is safe and secure. • Parent/caregiver will take actions to reduce the impact of [depression][anxiety][schizophrenia][traumatic stress] on his/her own life; when [it] does impact his/her ability to meet child needs, he/she will take action to ensure child safety.
	Actions	<ul style="list-style-type: none"> • Parent/caregiver will take medication as prescribed and ask for support if struggling to do so. • Safety network member [name] will agree to provide support with medication and treatment plan compliance. • Parent/caregiver will agree to share information on the treatment plan with the caseworker. • Parent/caregiver will make time every week to practice self-care, such as walking, cooking, knitting, reading, meditating, etc., based on activities he/she enjoys. • Parent/caregiver will work with therapist to change patterns of thinking that keep him/her stuck. • Parent/caregiver will keep a journal with a minimum entry being a 0 to 10 scale for each day where 10 is the best he/she has ever felt and 0 is the most [depressed][anxious] he/she has ever felt. • Parent/caregiver will participate in family meetings to build safety network for support. • Safety network will check in with parent/caregiver X times per week to offer support. • Parent/caregiver will give permission to the safety network to contact the worker if they are worried the plan is no longer working. • Parent/caregiver, therapist, and/or worker will share safety plan with children, if age appropriate, so children know what to do if the parent/caregiver's coping skills or mental health become a concern.
	Resources	<ul style="list-style-type: none"> • Individual therapy such as cognitive behavioral therapy (CBT), trauma-focused CBT • Support group • Mental health hotlines • Local mental health authority • Mental health consult

Coping Skills/Mental Health

9. Substance Abuse/Use

Information Gathering		<ul style="list-style-type: none"> • Most parents use substances to some extent. What role do they play in your family? What specific substances are used and how often? • Does someone in your life worry about your substance use? • How would you describe the difference between how you are when you have had a drink or more compared to how you are when you are not drinking at all? • Have you ever wanted to use badly but didn't? What made that possible? • What has substance use cost you in terms of your work, your finances, your relationships, or legal implications? How has substance use impacted your life? • How has your use of substances affected your ability to care for your child(ren)? If your child was here, what would he/she say? • During the past 10 years, how much of the time have you been using and how much have you been clean/sober? Can we make a timeline? What happened right before you got clean and sober here? What happened right before you started using here? • On a scale of 0 to 10 where 10 is that alcohol and drugs have no role in your life at all—you never drink or use and have no desire to; and 0 is you barely have a moment that you are not high or drunk, where are you? • Have you heard from other people about things you did while using that you do not remember? • Have you received help for drinking or using? (When, where, how did that work?)
Prioritization		<ul style="list-style-type: none"> • Was parent/caregiver under the influence when the danger occurred? • Can parent/caregiver follow a change plan given his/her current substance use? • If nothing changes, will child be able to succeed in school, have healthy social relationships, develop emotional health, and develop a healthy relationship with alcohol and drugs as an adolescent and adult?
Planning	Desired Outcomes	<ul style="list-style-type: none"> • Parent/caregiver will always be clean and sober when responsible for child's care. • Parent/caregiver will pursue a life free from substance abuse and will have and follow a relapse plan.
	Actions	<ul style="list-style-type: none"> • When parent/caregiver thinks about using, parent/caregiver will reach out to safety network for support to prevent relapse and/or to secure child care. • Parent/caregiver will work with counselor, safety network, and/or worker to develop a treatment plan as well as a relapse prevention plan as needed. • Parent/caregiver, counselor, and/or worker will share safety plan with children, if age appropriate, so children know what to do in the event of substance use relapse. • Safety network member [name] will agree to provide support with treatment plan compliance and relapse prevention plan. • Parent/caregiver will agree to have his/her substance abuse treatment and progress verified by the caseworker.
	Resources	<ul style="list-style-type: none"> • Professional evidence-based substance abuse intervention • Support groups • Sponsor • Faith-based groups, tribal groups • Random drug testing if necessary

Substance Abuse/Use

CHILD ITEMS

Individual Characteristics

1. Physical Health/Physical Disability

Information Gathering		Parent/Caregiver Questions <ul style="list-style-type: none"> • How is your child's health? • Is child seeing a doctor? • When was your child's last doctor visit? What did the doctor say? • If your child has any special health care needs, what do you need to do every day to help child live with [condition]? • Did you have to get special training to know how to do that? • Does child require some equipment or supplies for [condition]? • On a scale of 0 to 10 where 10 is that you are confident your child is healthy, active, and growing strong; and 0 is that you are very worried about your child's health all the time, where are you? • Is your child on any medicine? If so, what and how often? • Does anything ever get in the way of meeting your child's medical needs (e.g., medication as prescribed, medical equipment, medical care.) • Does child receive any speech, occupational, physical therapy? If so, who does your child see and for what? How often? • Do you immunize your child? If so, is your child current? If not, tell me more about that. • Tell me what your child eats. • Does your child go to the dentist regularly? What did the dentist say last time? • Do you ever worry you won't be able to meet your child's health needs?
Prioritization		<p>MUST be on child's plan of service if identified as a need and the child is in conservatorship (CVS).</p> <ul style="list-style-type: none"> • Consider whether parent/caregiver can remain responsible for any or all aspects of child's physical health/disability. <p>Include in family plan of service:</p> <ul style="list-style-type: none"> • Child's health/disability issues are part of the context for danger • Child's health/disability issues will make it difficult for child to remain/return home • Parent/caregiver will be unable to focus on other necessary changes because of the demands of child's health/disability issues
Planning	Desired Outcomes	<ul style="list-style-type: none"> • Parent/caregiver ensures child is as healthy and active as possible.
	Actions	<ul style="list-style-type: none"> • Parent/caregiver will work with [medical team] to learn everything a parent/caregiver needs to know about [condition] so the parent/caregiver can care for [child]. • Parent/caregiver will work with safety network to create a plan to be sure that all of the child's medical needs are being met. • Parent/caregiver will work with placement parent/caregiver to schedule medical visits and will participate in the child's medical visits. Parent/caregiver is responsible to inform placement parent/caregiver of any requirements for care.
	Resources	<ul style="list-style-type: none"> • Safety network • Medicaid or other insurance • Support groups for parents/caregivers of child with [condition] • Medical transportation service • Medical education • In-home nursing (if needed) • Physical health and diet education

Physical Health/Physical Disability

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2. Child Development

Information Gathering		<p>NOTE: Observations of the child should be made during conversations with the child. Review the cognitive and physical milestones chart that begins on page 37 of this manual.</p> <p>Parent/Caregiver Questions</p> <ul style="list-style-type: none"> • Tell me about the things [child] is doing, like crawling, walking, turning over. • What things does [child] say a lot? • Does your child go to daycare, pre-K, Head Start, or receive Early Childhood Intervention (ECI) services? • Has anyone ever said they are worried about whether [child] is talking or walking? • Children develop at different times, and differences usually are nothing to worry about. I've noticed [child] has not done [age-expected behavior] when I have been around. Have you seen [child] do this? When did it start? How often does it happen? • Has your child started puberty? If so, when? • Tell me a few things your child does independently. <p>NOTE: If there is concern about development, consult with professionals and consider obtaining a developmental assessment.</p>
Prioritization		<p>MUST be on child's plan of service if identified as a need and the child is in conservatorship (CVS).</p> <ul style="list-style-type: none"> • Consider whether parent/caregiver can participate in services, transport the child to appointments, participate in care plans, visit the child at school or preschool, provide transportation to therapies, etc. <p>Also include in the family plan of service. Consider whether any of the following exist.</p> <ul style="list-style-type: none"> • A misunderstanding of child's developmental capabilities contributed to the danger. • Stress of coming to terms with the developmental delays contributed to the danger. • Lack of stimulation from the parent/caregiver contributed to non-organic delays. • Possibility exists that the parent/caregiver will not be able to make other necessary changes for safety, permanency, or well-being. • A child's developmental need will make it difficult for child to remain/return home. • Risk exists that the child will not meet his/her maximum potential if additional interventions are not implemented.
Planning	Desired Outcomes	<ul style="list-style-type: none"> • Parent/caregiver provides child with stimulation for growth and development so that child develops to the best of his/her potential. • Parent/caregiver organizes formal supports to assist child with [condition] so that [child] can reach his/her maximum potential. • Parent/caregiver manages the stress and grief of coming to terms with diagnosed developmental disability and finds new ways to cope.
	Actions	<ul style="list-style-type: none"> • Parent/caregiver learns specific activities that can be done daily with [child] to help support development. • Parent/caregiver spends [amount of time and frequency] doing activities with child and keeps a notebook of progress. • Parent/caregiver participates in support group with parents/caregivers of children with [condition]. • Parent/caregiver enrolls [child] in [program] and ensures child has transportation to attend the program every day. • Parent/caregiver will take the child to reading groups or other community social activities.
	Resources	<ul style="list-style-type: none"> • ECI services • Preschool Program for Children with Disabilities (PPCD) • Head Start • Pre-K or daycare • Local public library or other community resource • Transportation services

Child Development

3. Education

Information Gathering		<ul style="list-style-type: none"> • Tell me about [child]'s school. (Name of school; public, private, or homeschool; grade; how child is doing; how child likes it.) How is the curriculum meeting your child's educational needs? • Is your child receiving any additional services at school? (Individualized Education Plan [IEP], resources classes, 504 services) • If your child is receiving special education services, when was the last Admission, Review, and Dismissal meeting? • What does [child] like best about school? Least? • What does [child] do well in school? Where does [child] struggle? • What is homework like for [child]? Who helps [child] with homework? • Is your child on grade level? • Is your child receiving tutoring? • On a scale of 0 to 10 with 10 being highly satisfied and 0 being unsatisfied, how would you rate your satisfaction regarding communication with the school? Why did you select that rating, and what would it take to improve communication? • Does your child attend school regularly? If no, why not? • Has your child ever had to change schools? Can we make a timeline? What events led to your child changing schools? What was the impact on your child socially and academically of changing schools? • If your child had to change schools, what would that mean for him or her?
Prioritization		<ul style="list-style-type: none"> • For children in conservatorship, the child's plan of service MUST address education. In particular, if the child is leaving the school he/she attended at the time of removal, explain why it was not in the child's best interest to stay. If child misses any school days, explain why. Consider contacting the regional education specialist for assistance. <ul style="list-style-type: none"> » Consider whether parent/caregiver can remain responsible for some or all of child's education plan while in care. Items in plan may include transportation, participation in teacher conferences, participation in IEP meetings, and possibly assisting with homework. » Consider if the parent/caregiver can remain responsible for keeping the child in school. • Also include in the family plan of service if: <ul style="list-style-type: none"> » Issues related to education contributed to context for danger; » Parent/caregiver's responsibilities for [child]'s education will make it difficult for parent/caregiver to make other changes needed for safety; and/or » Without <i>additional</i> intervention, [child]'s educational success will be jeopardized.
Planning	Desired Outcomes	<ul style="list-style-type: none"> • Parent/caregiver supports [child]'s educational needs to the extent that [child] is engaged in education and working to the best of his/her ability. • [Child] is engaged in education and is working to the best of his/her ability.
	Actions	<ul style="list-style-type: none"> • Parent/caregiver advocates for new or modified education plan for [child]. • Parent/caregiver meets regularly with school staff and collaborates with school staff to create the best learning environment for [child]. • Parent/caregiver makes sure [child] is awake every morning in plenty of time to get to school on time. The parent/caregiver will access the safety network for assistance, if necessary. • Parent/caregiver makes sure the child has access to a healthy breakfast before school. • Parent/caregiver spends [amount of time and frequency] supporting child to complete homework and/or reading a book together. • Parent/caregiver supports the child's interests and extracurricular activities.
	Resources	<ul style="list-style-type: none"> • Onsite school resources • School district and staff • Regional educational specialist • McKinney-Vento homeless liaison • School district foster care liaison • Disability Rights Texas • Mentoring • Communities In Schools • ECI services • Surrogate parent

Education

4. Emotional/Behavioral Health

Information Gathering		<ul style="list-style-type: none"> • Describe your child for me. Tell me about [child]. • How is your child sleeping, eating, toilet training? Is anything unusual going on? • When things get frustrating, how does [child] deal with that? • Have you noticed any change in [child]'s behavior? • On a scale from 0 to 10 with 10 being you are very confident in your ability to manage your child's behavior and 0 being you have no confidence, how would you rate your ability to manage your child's behavior? What would need to happen for you to feel more confident? In terms of willingness to manage your child's behavior, how would you rate yourself? In terms of ability to manage your child's behavior?
Prioritization		<p>If child is in CVS any identified needs MUST be on the child's plan of service: Consider whether parent/caregiver can be responsible for all or some requirements to address [child]'s emotional/behavioral health.</p> <p>Also include in the family plan of service if:</p> <ul style="list-style-type: none"> • [Child]'s behavior is seen as provoking by the parent/caregiver and created the context for the danger; • Parent/caregiver's responsibilities for, or reaction to, child's emotional/behavioral concerns will require so much that parent/caregiver will be unable to address other changes needed for safety; and/or • Without <i>additional</i> intervention, child's emotional/behavioral health will be a barrier to child's ability to remain or return home or to his/her long-term well-being.
Planning	Desired Outcomes	<ul style="list-style-type: none"> • Parent/caregiver responds to child's behaviors in a safe and positive manner. • [Child] experiences a range of feelings in response to things that are happening and is not overwhelmed by [depression/ anxiety/ anger]. • [Child] responds to life's disappointments and stresses by using strategies to manage behavior in ways that are safe and productive. • When [child] feels [sad/afraid/anxious] he/she has some coping strategies and more than one safe person to call.
	Actions	<ul style="list-style-type: none"> • Parent/caregiver ensures that [child] arrives at every therapy appointment. • Parent/caregiver works with child to develop communication and coping strategies. • Parent/caregiver will support the child when he/she demonstrates behaviors that indicate frustration. • Parent/caregiver will model healthy reactions to stressful or frustrating situations or events. • Parent/caregiver works with [child] to create a story about [child]'s feelings that shows more than one way to help when the feelings start to hurt.
	Resources	<ul style="list-style-type: none"> • Evidence-based therapy • Safety network • Web-based resources • Communities In Schools • Words and pictures • Local mental health authority • Faith community

Emotional/Behavioral Health

Relationships

5. Family Relationships

Information Gathering		<ul style="list-style-type: none"> How does [child] get along with others in the family? With whom is the child closest? Does the child have a difficult relationship with anyone in the family? How does [child] spend his/her time when at home? <p>Child Questions NOTE: Completing Three Houses or Safety House or Circles of Safety and Support can be particularly helpful for this item.</p> <ul style="list-style-type: none"> On a scale of 0 to 10 where 10 is that you know everyone in your family loves you, and you get along with them better than you can imagine possible, and 0 is the opposite: you feel like an outsider in your family, where are you? Tell me about what you like to do with [parent/caregiver/sibling]? When you feel sad or upset, who do you talk to? If you could change something about your home what would that be?
Prioritization		<ul style="list-style-type: none"> Do conflicts in family relationships form all or part of the context for danger? Do conflicts consume so much time, energy, and resources that parent/caregiver cannot address any other changes needed? If nothing changes, is it likely that [child] will have difficulty forming healthy relationships or experience long-term emotional harm because of family conflict?
Planning	Desired Outcomes	<ul style="list-style-type: none"> [Child] feels loved and protected by everyone in the family and has positive experiences within the family.
	Actions	<ul style="list-style-type: none"> Parent/caregiver and [child] spend at least an hour a week together doing an activity they both enjoy. Parent/caregiver organizes at least two family activities every month. Parent/caregiver and child participate in family counseling or any other group that will provide mutual support for both child and parent/caregiver. Family works out shared agreements for how they will work as a family.
	Resources	<ul style="list-style-type: none"> Family therapy Activities in the community, church, YMCA Family activities and extracurricular activities

Family Relationships

5P. Placement Family Relationships

Information Gathering		<p>Placement Caregiver Questions</p> <ul style="list-style-type: none"> • Describe [child] for me. Tell me about [child]. • What is it like having [child] in your care? What works well? What worries you? • Tell me about how the child has maintained connections with his or her family. How have you supported that? • Have you had a worry that you were able to resolve? Tell me more about that. • Who do you call for support when you are worried? What types of support are available to you as a placement caregiver? • Do you have contact with the child's family? If so, tell me about your interactions with the family. • How is the child getting along with other members in the placement (e.g., other children, foster parents, siblings, adults)? • On a scale of 0 to 10 with 0 being the child does not fit in and 10 being the child is a natural fit, how well does the child fit in the home? <p>Child Questions</p> <p>NOTE: Completing Three Houses or Safety House or Circles of Safety and Support can be particularly helpful for this item.</p> <ul style="list-style-type: none"> • Do you feel safe and secure in your placement? • On a scale of 0 to 10 where 10 is that you know everyone in the placement setting cares about you, and you get along with them better than you can imagine possible, and 0 is the opposite: you feel like an outsider in this family, where are you? • When you feel sad or upset, with whom do you talk? Do you feel like you can go to your current caregiver when you are upset? Do you feel supported by the response you get? • Is there anything you do not like or that worries you about living here? Have you had a worry that you were able to resolve? Tell me more about that. • How would you describe a typical day at your current home? How do you think your current caregiver feels about your [culture, habits, gender identity/sexual preference]? What makes you think that? • Would you like to tell me anything else about your relationship with your placement household? Is there anything you would like to ask me?
Prioritization		If child is in CVS, any identified needs MUST be on the child's plan of service.
Planning	Desired Outcomes	<ul style="list-style-type: none"> • [Child] feels accepted and supported by placement family.
	Actions	<ul style="list-style-type: none"> • Placement family meeting to address concerns. • Placement family and [child] work out agreements for living together. • Placement family learns about child's story, particularly any trauma history, and how to help child when trauma triggers lead to troubling behaviors. • Placement family learns about child's [culture/gender identity, sexual preference] and identifies ways to support child.
	Resources	<ul style="list-style-type: none"> • Trauma-informed parenting training • Written or Internet materials • Cultural organizations • Faith-based, culturally connected organizations or churches • Local mental health authority • Child placing agency • Respite care (formal or informal)

Placement Family Relationships

6. Peer Relationships

Information Gathering		Parent/Caregiver Questions <ul style="list-style-type: none">• How does child get along with peers? Who are his/her friends? What do they do together?• How does child get along with adults? Tell me about your child’s relationships with other adults. Do you have any worries about any of these relationships?• Does your child have a social media account? If so, how many friends does he/she have? How much time does your child spend on social media? Child Questions <p>Note: Safety Circles can be particularly useful for this item.</p> <ul style="list-style-type: none">• Tell me about your friends? What do you like to do with them?• What do you like to do after school and on the weekend?• Do you get along with others your age?• Do you find it easy to make and keep friends?• Who are your favorite grown-ups? What do you enjoy about those people?• When you are with [peers/adults], on a scale of 0 to 10 where 10 is you love spending time with other people and feel most happy when you are with them, and 0 is where you would rather be alone, where are you?• When you feel sad or upset, who do you ask for help?• Are you on social media such as Facebook, Twitter, Instagram, etc.? Tell me more about that.
Prioritization		<p>If child is in CVS, any identified needs MUST be on the child’s plan of service.</p> <p>Also include in family plan of service if:</p> <ul style="list-style-type: none">• [Child’s] isolation makes him/her extremely vulnerable to the danger.• Conflicts over child’s social relationships form all or part of the context for danger. For example: Unless child has greater success forming peer or adult relationships, child is likely to experience increasing social isolation and will form increasingly negative self-image.
Planning	Desired Outcomes	<ul style="list-style-type: none">• [Child] is comfortable in relationships with peers and adults and has healthy relationships that form a safety network for child.
	Actions	<ul style="list-style-type: none">• Parent/caregiver provides opportunities for child to gradually increase social connections.• Parent/caregiver helps child identify safe and supportive peer and adult relationships.
	Resources	<ul style="list-style-type: none">• Social skills groups• Group and community activities• Faith-based activities• Boy and Girl Scouts• Big Brothers Big Sisters programs• YMCA• Family counseling

Peer Relationships

Children Ages 10 and Over

7. Substance Use/Abuse

Information Gathering		<p>Parent/Caregiver Questions</p> <ul style="list-style-type: none"> • What conversations have you had with your child(ren) on the subject of alcohol and drug use? • Do you have any reason to believe that [child] is using or has friends who use substances? If yes, tell me more about that. • When you were growing up, how did your family handle the subject of alcohol and drugs? • What are your expectations of your child(ren) as they get older regarding drug and or alcohol use? <p>Child Questions</p> <ul style="list-style-type: none"> • Have you ever used alcohol or drugs? When was the last time you used? How much did you use? • Have you heard about kids at school or in the neighborhood who try alcohol or drugs? How do you feel about that? Have you ever wanted to use alcohol or drugs? If yes, tell me more about that. • Are you part of any groups where alcohol and or drugs are used? • What have your parents told you about alcohol and drugs? • Has your substance use negatively affected your home life or school or relationships? Follow up with a scaling question. • Is someone in your life worried about your substance use? If so, tell me more about that?
Prioritization		<p>If child is in CVS, any identified needs MUST be on the child's plan of service.</p> <p>Also include in family plan of service if:</p> <ul style="list-style-type: none"> • [Child]'s use creates danger for child. • [Child]'s use contributes all or part of the context for danger in the home. • Addressing [child]'s use will require so much of parent/caregiver's focus and resources that parent/caregiver will be unable to make other changes necessary for safety. • Without <i>additional</i> intervention, [child] is likely to become involved in the justice system, develop a substance abuse problem, or experience other short- or long-term adverse consequences.
Planning	Desired Outcomes	<ul style="list-style-type: none"> • [Child] remains alcohol and drug free.
	Actions	<ul style="list-style-type: none"> • Parent/caregiver arranges house so that [child] does not have access to alcohol or drugs. • Parent/caregiver supports [child] to develop relationships and activities that do not include alcohol or drugs. • Parent/caregiver and [child] develop and maintain a relapse plan. • [Child] asks for support when thinking about using.
	Resources	<ul style="list-style-type: none"> • Evidence-based treatment • Written or Internet resource material • Community support groups such as Al-Anon, Alateen, faith-based programs

Substance Use/Abuse

8. Delinquent/Criminal Behavior

Information Gathering		<p>Parent/Caregiver Questions</p> <ul style="list-style-type: none"> Has your child ever admitted to breaking the law? Has your child ever been ticketed, arrested, detained, or placed on probation? If so, for what? Does your child have any pending legal actions or scheduled appointments (e.g., probation appointments, community service, court hearings)? If so, do you have any paperwork on it? <p>Child Questions:</p> <ul style="list-style-type: none"> Have you ever broken the law? If so, tell me more about that. Have you ever gotten in trouble for [fighting][bullying][skipping class]? How often has it happened? What helps to keep you from getting into trouble? What helps you make good choices?
Prioritization		<p>If child is in CVS, any identified needs MUST be on the child's plan of service.</p> <p>Also include in family plan of service if:</p> <ul style="list-style-type: none"> Reasons [child] is involved in delinquent behavior, or the mere fact of involvement in delinquent behavior, form all or part of the context for danger. Parent/caregiver will be so heavily involved with energy, time, or resources in dealing with results of the delinquent behavior and consequences of the delinquent behavior, he/she will be unable to address other changes needed for safety. Without additional intervention, [child] is likely to follow a path of chronic or increasing delinquent behavior.
Planning	Desired Outcomes	<ul style="list-style-type: none"> Parent/caregiver helps [child] develop ways to make decisions and take actions that do not expose him/her to further delinquent behavior involvement.
	Actions	<ul style="list-style-type: none"> Parent/caregiver helps [child] learn ways to: <ul style="list-style-type: none"> » Manage behavior even when very angry; » Resist pressure from others who want to break the law; » Use resources to work toward desired goals; and » Find constructive, positive outlets to occupy free time (e.g., sports, job, volunteering, clubs). Parent/caregiver agrees to provide any paperwork and/or follow through with pending legal action.
	Resources	<ul style="list-style-type: none"> Cognitive behavior therapy Positive activities such as sports, music, theater, art, recreation Community resources such as Big Brothers Big Sisters programs, Communities In Schools, Scared Straight

Delinquent/Criminal Behavior

Youth Ages 14 and Over

9. Preparation for Adulthood
☐ N/A, child is under age 14

Information Gathering	<p>Parent/Caregiver Questions</p> <ul style="list-style-type: none"> • If [youth] was given permission to live independently today, how would he/she do? • On a scale of 0 to 10 where 10 is you are confident he/she would be safe and could navigate all adult responsibilities like handling money, maintaining a place to live, eating healthy, getting to school or work, etc.; and 0 is where living alone would be an instant disaster, where are you on the scale? What made you choose that number, and what would it take to move it up by one? • Was there a time when you were sure [youth] would make an immature decision, but he/she surprised you and made a good choice? <p>Youth Questions</p> <ul style="list-style-type: none"> • Let's talk about things adults have to do and get a sense of how much you already may know. <ul style="list-style-type: none"> » Ask about budgeting, money, checkbook, credit, paying bills. » Ask about finding a place to live and what it takes to maintain it. » Ask about deciding what to eat and having enough money for food. » Ask how he/she plans to support him/herself. » If you were out on your own and something happened and you needed help, who would you call? » If you needed someone to co-sign for you on a loan, who would you call for help? » On a scale of 0 to 10 where 10 is having all the people you need to help you out when you are in trouble and 0 is where absolutely no one would help you out, where are you?
Prioritization	<p>If youth is in CVS, any identified needs MUST be on the child's plan of service.</p> <p>Also include in family plan of service if parent/caregiver can be a valuable resource for preparing youth.</p>
Planning	<p>Desired Outcomes</p> <ul style="list-style-type: none"> • [Youth] will reach adulthood prepared to live independently.
	<p>Actions</p> <ul style="list-style-type: none"> • Youth and safety network/circles of support create a transition plan. • Youth identifies adults to support him/her through the transition to independence. • Youth learns to: <ul style="list-style-type: none"> » Handle money; » Secure and maintain a residence; » Move around as needed (driving, public transportation); and » Purchase, prepare, and store nutritious food. • Youth acquires employment skills by: <ul style="list-style-type: none"> » Part-time work; and/or » Job skills training. • Youth applies for community college, college/university.
	<p>Resources</p> <ul style="list-style-type: none"> • Preparation for Adult Living program • Safety network • Transitional Living Services • Transitional Living Programs • School guidance counselor • Youth leadership councils, youth advocacy groups • Department of Assistive and Rehabilitative Services • Department of Aging and Disability Services transition program

Preparation for Adulthood

Appendix B

Family Plan/Family Plan of Service Worksheets

Family Plan/Family Plan of Service Worksheet #1

This worksheet may be used by the caseworker, caseworker and supervisor, and/or caseworker and parent/caregiver/safety network to help develop the family plan/family plan of service (FPOS).

Danger Statement: Using information from the Safety and risk assessments, consider the conditions and behaviors that are creating danger or that are barriers to safety. Also consider the conditions that led to this case and that have led to other child protective services cases in the past for this household (if applicable). Work with the family to write a brief statement of your worries: what harm do you fear the children will experience in the future if no action is taken?

Who is worried:

About what parent/caregiver action or inaction:

And its potential immediate impact on the child:

Goal Statement: Using the danger statement, work with the family to write a brief statement of what the parent/caregiver and safety network members will do differently to prevent the harm/danger described in the danger statement.

The parent/caregiver and the safety network (name all participants):

What will the parent/caregiver do differently?

For how long?

For each need identified as a priority for closure, have a conversation with the family about what they will do to make that happen. Complete the questions below for each priority domain.

Domain:

What will it look like when the parent's/caregiver's behavior supports safety, permanency, and well-being?

What will the parent/caregiver do to change?

What will the family's safety network do to support change?

What will the agency do to support change? (Include community resources and services.)

Family Plan of Service Worksheet #2

This worksheet may be used by the caseworker, caseworker and supervisor, and/or caseworker and parent/caregiver/safety network to help develop the family plan/family plan of service (FPOS).

FSNA Domains Assessed/Family Functioning

Section	Questions to be Answered	Example	Application
Danger Statement(s)	How is this problem an obstacle to the achieving safety, permanency, and well-being for the child?	On numerous occasions, Matt has hit Adam hard enough to leave bruises and require medical care. On one occasion, Matt sprained Adam's wrist. Adam reports being scared of his father and feeling nervous to go home because he is worried his father will become angry and punish him physically again.	
Goal Statement/Vision of Success	How will things be different in the family when the problem is no longer an obstacle to creating safety, permanency, and well-being for the child?	Adam will be safe from physical harm and report feeling safe at home. Matt will use clear and consistent rules and consequences with Adam. These consequences will be made up of nonviolent discipline techniques.	
Action Components	What specific actions will the family take to address the barriers and achieve the vision of success?	<ol style="list-style-type: none"> 1. Matt will develop a consequence chart that Adam can understand. The chart will detail specific behaviors that will be punished and rewarded. 2. Punishments listed on the consequence chart will not include any physical discipline. 3. Matt will follow the consequence chart when Adam needs to be punished. 4. If Matt becomes angry or overwhelmed with Adam, he will take a walk around the block to "cool off" or call a member of his safety network. 	

FSNA Domains Assessed/Family Functioning			
Section	Questions to be Answered	Example	Application
Interventions	What formal services/informal supports are needed to help the family take those actions?	<ol style="list-style-type: none"> 1. Matt will complete a "parenting teenagers" course through the agency. 2. Matt is going to meet with his pastor weekly to discuss and process being a single father. 3. Matt agrees to invite his support network to a family meeting and work with them to create a plan regarding how he will discipline Adam in the future. 	

Appendix C

Recommended Contact Guidelines

**TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES
RECOMMENDED CONTACT GUIDELINES**

ONGOING WORKER MINIMUM CONTACT GUIDELINES FOR CPS (RECOMMENDED PRACTICE)		
Risk Level	Parent/Caregiver/PSCP Caregiver and Child Contacts	Location
Low	One face-to-face per month with parent/caregiver/PCSP caregiver and child One collateral contact	Parent/caregiver's residence
Moderate	Two face-to-face per month with parent/caregiver/PCSP caregiver and child Two collateral contacts	One should be in parent/caregiver's residence and at least One should be outside of the home
High	Three face-to-face per month with parent/caregiver/PCSP caregiver and child Three collateral contacts	One should be in parent/caregiver's residence and at least One should be outside of the home.
Very High	Four face-to-face per month with parent/caregiver/PCSP caregiver and child Four collateral contacts	Two should be in parent/caregiver's residence and Two should be outside of the home.
Additional Considerations		
Contact Definition	<p>Each required contact must include at least one parent/caregiver and one child. During the course of a month, each parent/caregiver and each child in the household must be contacted at least once. Contact with the child should be separate from the parent/caregiver and/or PSCP caregiver.</p> <p>Collateral contacts are defined as contacts with people who have information about the family and/or are providing interventions for the family/children. This includes police, attorneys, teachers, neighbors, relatives, and treatment providers, among others. Collaterals do not include the principals in the case, such as the child, parent/caregiver, or PSCP caregiver or foster parent.</p>	
Designated Contacts	<p>The ongoing worker/supervisor/service team may delegate face-to-face contacts to providers with a contractual relationship to the agency and/or to other agency staff, such as social work aides, other service providers, or child safety network members outlined in the case plan. However, the ongoing worker must always maintain at least one face-to-face contact with the parent/caregiver/PCSP caregiver and child per month, as well as monthly contact with the service provider/safety network member designated to replace the ongoing worker's face-to-face contacts.</p>	
Child Placed Out of Home (Including PCSP)	<p>If a child in an ongoing CPS case is placed out of the home, the ongoing worker should use the foster care contact guidelines on the following page for as long as the child remains out of the home.</p>	

ONGOING WORKER MINIMUM CONTACT GUIDELINES FOR CONSERVATORSHIP CASES WITH GOAL OF RETURN HOME (RECOMMENDED PRACTICE)	
Risk Level	Documented Contacts With Parent/Caregiver
Low	One face-to-face per month with parent/caregiver One collateral contact
Moderate	Two face-to-face per month with parent/caregiver Two collateral contacts
High	Three face-to-face per month with parent/caregiver Three collateral contacts
Very High	Three face-to-face per month with parent/caregiver Three collateral contacts
Documented Contacts With Children	
At least one face-to-face per month with each child in the out-of-home residence.	
Additional Considerations	
Contact Definition	During the course of a month, each parent/caregiver and each child must be contacted at least once.
Designated Contacts With Parent/Caregiver	The ongoing worker must always maintain at least one face-to-face contact per month with the parent/caregiver. However, the ongoing worker may delegate remaining contacts to service providers outlined in the service plan or to other agency staff.
Designated Contacts With Child	The ongoing worker may delegate some of the contacts to service providers and child safety network members, as outlined in the service plan, or other agency staff. However, the ongoing worker must always maintain at least one face-to-face contact per quarter with the child in the out-of-home residence.
Overrides	
A discretionary override to these contact guidelines is permitted based on unique case circumstances that are documented by the ongoing worker and approved by the supervisor.	