

# **The Family Assessment Response (FAR) Practice Guide**

Corresponds to Policy 22-2-1: Family Assessment Response  
January 2019

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## Family Assessment Response Practice Guide

### Definitions

**Community Partner Agency** - Contracted agencies throughout the state who will engage families referred by DCF and connect them to concrete, traditional and non-traditional resources and services in the community. The name of the contracted service is the Community Support for Families Program.

**Family Assessment Response Protocol** - A LINK-generated form used to document all information gathered during the Family Assessment Response.

**Family Team Meeting** - A family- and community-centered approach designed to help families have a voice and direct input into plans that are developed to ensure the safety, permanence and well-being of children, meet family needs, and strengthen the family unit. It is the preferred forum for the family and their support systems to come together and develop a plan to address concerns and provide assistance and support on an on-going basis or in times of need.

**Formal and Informal Community Supports** - Formal Supports are typically contracted community providers who provide services and supports to families. Informal supports are individuals in the community who provide support to the family (neighbor, coach, spiritual leader etc.) or individuals who have a personal relationship with the family. This may include extended family, fictive kin, friends etc.

**Protective Factors** - Conditions in families and communities that, when present, increase the health and well-being of children and families. Working with families to increase their protective factors helps families build and draw upon their natural support networks within their family and community, promoting long term success.

**SDM® Safety Assessment** - This SDM Assessment Tool is used by Social Workers to help assess whether children are in immediate danger of serious harm. It assesses families on twelve specified conditions that potentially represent a threat to child safety and identify the interventions needed to control or remediate unsafe conditions.

**SDM® Risk Assessment** - This SDM Assessment Tool is used by Social Workers to help guide the decision to open or close a case and classifies families into risk levels based on their likelihood of future maltreatment.

**Safety Plan** - Strategies and interventions identified by the family and their community partners which, when implemented immediately, safeguard the children in the home.

**Service Plan** - The Service Plan is a family driven, dynamic document intended to guide the activities of the family, their informal and formal community supports, and DCF to

increase the health, safety and well-being of children and families. It is intended to maximize family engagement and overall family satisfaction.

**Trauma-Informed Care** - Trauma-informed care is an approach to engaging parents and children with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma plays in their lives. The intent of trauma-informed care is to provide more supportive, trauma-specific interventions in order to avoid re-traumatization and promote healing.

**Traumatic Life Experiences** – Traumatic events are common in the lives of individuals and may include physical abuse; sexual abuse; emotional or psychological abuse; neglect; experiencing or witnessing violence in neighborhoods, schools and homes; sudden loss of a loved one; serious accidental injury or accident; medical trauma; or events such as natural disasters, displacement and terrorism.

### **Introduction to Differential Response**

The Differential Response System affords DCF the opportunity to customize its response by using one of two response tracks. This approach is embedded in DCF's evolving Strengthening Families Practice Model. This practice model defines and supports a purposeful, intentional, respectful and supportive engagement with families who enter the DCF system of services.

The implementation of a Differential Response System is a core part of DCF's move to more family-centered practice, exemplified most clearly in the new DCF Strengthening Families Practice Model. It is also tied to three other key cross-cutting themes. These other themes are: implementation of trauma-informed practice; application of the evolving body of early childhood and adolescent neuroscience; and improvements in agency leadership, management, supervision and accountability processes.

All of this change is designed to advance the single agency goal of promoting the holistic well-being of children. For all children in DCF care and custody, as well as those who are enrolled in DCF-funded programs, DCF seeks improvements in their health, safety and learning, success in and out of school, the advancement of their special talents and the provision of opportunities for them to contribute to their communities.

Differential response shares many of the same principles of a traditional investigation as follows:

- focuses on the safety and well-being of the child;
- promotes permanency within the family whenever possible;
- recognizes the authority of DCF to make decisions about removal, out-of-home placement, and court involvement; and

- acknowledges that other community services may be more appropriate and beneficial to families in some cases rather than receiving services from a child protection agency.

### **Family Assessment Response**

DCF shall have two available responses to an accepted CPS report: Investigations and a Family Assessment Response (FAR).

The Family Assessment Response model is a strength-based, family -centered approach to partnering with families and their supports to protect children and enhance parental capacity.

CT's model recognizes the importance of engaging parents to recognize concerns that affect their ability to parent; empowers and helps families and their supports identify solutions to address problems or concerns; focuses more on understanding the conditions that impact child safety and the factors that need to be addressed to strengthen the family; tailors the approach and services to correspond to the family's strengths, needs, and resources; taps into community services and the family's natural supports; and establishes strong community partnerships that can help support the family in times of need. Families can decide whether they wish to participate in services once safety has been established.

Rather than a formal determination of abuse or neglect, the outcome is a determination of whether services are needed to strengthen families and promote child safety and well-being.

### **Family Engagement**

The Family Assessment Response requires an active engagement and collaboration with families and their communities.

Engaging families to identify possible solutions to mitigate safety factors, reduce risk and address family needs will ultimately promote children's safety, well-being and improve family functioning. Children are safer and families are stronger when communities work together.

### **Key Practice Points of our Family Assessment Response**

Once child safety has been established, the key practice points of DCF's Family Assessment Response are as follows:

- continues to assure the physical and psychological safety of children;
- assesses risk and the underlying issues that may be impacting the family;

- promotes the social, emotional, educational and physical well-being of children;
- utilizes a strength-based approach to partner with the family;
- understands the role of trauma in the lives of children and their caregivers;
- engages informal and formal supports, resources and services to address identified needs;
- provides linkages to supportive community networks (including the Community Support for Families Program) that offer assistance; and
- collaborates with the community regarding available services and supports.

### **Track Determination**

Following completion of the SDM Screening and Response Priority Tools, the Careline will review all accepted CPS reports designated with a 72 hour response time and determine which track the report will be assigned to: investigations or a Family Assessment Response based on "rule out" criteria.

The following rule outs have been identified and will require an investigations assignment (See Careline description for further information):

- a new CPS report on an active ongoing services case (excluding Voluntary Services) or a new report on an active investigation;  
(Note: Includes any report on an open protective services case in Connecticut or another state excluding cases open for FAR, Probate or Voluntary Services and cases in which a household member has an open protective services case)
- congregate care, foster care (excluding allegations involving biological or adoptive children of the foster parent), persons entrusted;(Note: Day care providers are persons entrusted.)
- sexual abuse by parent, guardian or person given access by the parent or guardian;  
(Note: If the allegation is child sexualized behaviors with no sexual abuse disclosure, this may be coded as physical neglect and not sexual abuse. It is a case-by-case decision.
- prior child fatality due to abuse or neglect; or
- previous adjudication of abuse or neglect in Superior Court for Juvenile Matters or comparable out-of-state court, including prior terminations of parental rights within the last five years.  
(Note: Social Work screeners need to open the legal icons and read carefully. Please remember that the adjudication follows the parent and it does not matter if the report is being made on either parent. If there was a prior removal or OTC but no adjudication as a petition was not filed or was subsequently withdrawn, it would not be considered a rule out.)

Reports accepted for a Family Assessment Response shall be forwarded to the Area Office for assignment.

Prior to case assignment, the Area Office Program Supervisor may modify the type of response from FAR to an investigations response under the following conditions:

- when new information becomes available that makes the case ineligible for a Family Assessment Response (e.g., a Rule Out has been identified); or
- when a new CPS report is accepted and designated as an investigation by the Careline.

**Note:** CPS reports designated by the Careline as requiring an investigations response cannot be changed to a Family Assessment Response.

For the remaining 72 hour reports, the track will be determined based on an assessment of the family, following face-to-face contact.

**Note:** If the ISWS believes that the response time, as designated by the SDM Response Priority Tool completed by Careline, should be changed based on additional information available in the Area Office, the ISWS shall obtain the approval of a Program Supervisor prior to downgrading the response time. The rationale for the change in response time shall be documented in the computer system.

### **Participants in a Family Assessment Response**

The following participants may be involved in the Family Assessment Response:

- Careline Social Worker;
- Careline Social Work Supervisor;
- Careline Program Supervisor;
- Area Office Social Worker;
- Area Office Social Work Supervisor;
- Area Office Program Supervisor;
- Regional Resource Group;
- the child and family;
- family-identified supports;
- community providers; and
- community teams, liaisons and advocates.

### **Social Work Supervisor Responsibilities**

Following face-to-face contact with the family, the Social Work Supervisor will consult with the Program Supervisor on cases in which a track change is recommended.

Throughout the family assessment process, the following areas shall be discussed in supervision:

- the family and Social Worker's perceptions and understanding of issues and concerns;
- the family's preferred course of action or approach;
- review of safety factors or concerns;
- a discussion of risk factors;
- the family's support network including family and community supports and services; and
- the family's protective capacities, needs and strengths.

### **Social Work Preparation**

The Social Worker shall take the following steps to prepare for the Family Assessment Response prior to initiating contact with the family:

- review the CPS report;
- call the reporter to discuss additional report information;
- review current and prior DCF encounters with family or case participants that may present risk or currently impact child safety, noting potential trends or patterns in the CPS history;
- when applicable, consult with the Regional Resource Group (RRG);
- determine if there is open DCF involvement with any identified household member and, if so, consult with the currently assigned Social Worker;
- at the commencement of the Family Assessment Response, begin recording all case activity in the Family Assessment Protocol and update it throughout the 45-day family assessment period.

### **Initial Contact with the Family**

Whenever possible the preferred method for initial contact with the family is by telephone.

The Social Worker shall attempt an initial phone call with the family to schedule a face-to-face meeting.

During this initial contact, the Social Worker shall:

- inform the parent or guardian of the receipt of the CPS report, including the details of the allegations;
- schedule a face-to-face meeting within 72 hours of the CPS report; and
- inquire about any supports or providers the family would like included in the face-to-face meeting.



## **Response Guidelines**

Because the allegation(s) in the CPS report must meet the statutory definition of abuse or neglect in order to be accepted by Careline, a thorough assessment of child safety and risk is required. Additionally, the Social Worker shall collaborate with the family and its partners to identify the strengths and needs of the family and to help identify resources and supports to address identified needs. Broader family and community participation elicits support and promotes child well-being.

During the first face-to-face meeting the Social Worker shall:

- inform the family of DCF's protective services mandate and the need to assess the safety of the children and identify potential risk factors that may impact their safety;
- share and discuss the contents of the report;
- address concerns with the family and gain their feedback;
- define Family Assessment Response services and how it can help the family;
- provide the family with a Family Assessment Brochure;
- assess for potential risk factors within the family including domestic violence, substance abuse and mental health concerns;
- observe and conduct interviews with the following:
  - parent(s), including non-custodial parent;
  - the legal guardian of the child, if not the parent;
  - the child(ren) identified in the report;
  - siblings and other children in the home;
  - all household members;
  - family resources and supports; and
  - other persons responsible for the care of the child.
- obtain all demographic information necessary to conduct mandatory background checks for parents, guardian and household members over the age of 16;
- discuss the importance of identifying formal and informal supports and resources;
- discuss the purpose of a Family Team Meeting;
- schedule a follow-up visit to discuss the family's strengths, needs and supports; and
- obtain necessary releases of information.

\* The non-custodial parent may be included in case planning even if the child is living with the other parent and even if the other parent does not agree. Protective, restraining and other court orders regarding contact with a non- custodial parent or a third party must be honored.

## **Interviews with the Children**

The Social Worker shall:

- inform the parent(s) that the preferred approach is to interview the child(ren) alone;
- if the parent declines a private interview, interview the child in the presence of a mutually agreed upon person who is a support to the family; and
- document interviews in the Family Assessment Response Protocol.

**Note:** Efforts will be made to conduct interviews with all the children who are not subject to the report in the home within five business days of the CPS report in order to assess child's safety in the home and to address risk factors. The Social Worker shall inform the Social Work Supervisor of any delays in interviewing the children.

Following the initial contact with the family and the fulfillment of all required case contacts as described above, efforts shall continue to be made to see the primary caregiver and identified victim(s) in the referred household throughout the assessment period.

## **Collateral Contacts**

In order to enhance our assessment of the family, the Social Worker shall request the family sign releases of information for the following collateral contacts:

- school, substitute caretaker, or daycare provider;
- pediatrician; and
- service providers involved with the family or adult caregiver.

Additional releases may be necessary based on concerns or the nature of the CPS report, or concerns and issues that may arise during the assessment process.

If the information to be obtained from a collateral contact is critical to the assessment, the Social Worker or Supervisor may consult with the Program Supervisor, Area Office legal staff, or Regional Resource Group to determine next steps.

The Social Worker will document information gathered from the collateral contacts in the Family Assessment Protocol. If the family refuses to sign releases, the Social Worker will document this in the Family Assessment Protocol.

## **Case Consultation**

The Social Worker shall consult with the following when applicable:

- Regional Resource Group (RRG) for substance abuse, behavioral health issues, medical concerns, domestic violence, and other special needs;
- education consultant; and
- Area Office legal staff.

## **Assessment**

Ongoing assessment of the child's well-being is required throughout the Family Assessment Response. Consideration of safety factors shall be incorporated into each contact with the family.

The Social Worker shall engage the family to gather sufficient information to assess potential safety factors.

The assessment includes but is not limited to the following information:

- nature, type, duration and intensity of any type of maltreatment;
- parents' explanations and responses;
- living conditions;
- alcohol or substance abuse;
- parents' behaviors toward child;
- parents' physical and mental health;
- child's functioning (relationships, school status, social connections, community activities, etc.);
- child's physical and mental health including behavioral and psychological safety;
- parent and child relationship;
- trauma history and symptoms; and
- parents' capacity to care for the child.

If the conditions or behaviors do not meet the threshold of a safety factor, as indicated by the SDM® Safety Assessment and the worker's professional judgment, the child shall be considered "safe." A Service Agreement may be established in partnership with the family and community resources to address issues or concerns relative to the report, to minimize risk factors, or to address the needs of the family.

The Social Worker shall be responsible for assessing child safety during the initial face-to-face contact with the child and family, utilizing the Safety Assessment.

The assessment results shall be documented in LINK within five days of the initial face-to-face contact with the family. The Social Work Supervisor shall approve the Safety Assessment no later than 15 days from its completion.

### **Protective Factors**

The Social Worker shall discuss the protective factors with the family to help identify their strengths and needs to inform service delivery.

Protective factors are conditions in families and communities that, when present, increase the health and well-being of children and families.

Working with families to increase their protective factors helps families build and draw upon their natural support networks within their families and communities. These networks are critical to families' long-term success.

The five protective factors are:

- **Nurturing and Attachment:** Building a close bond helps parents better understand, respond to and communicate with their children.
- **Knowledge of Parenting - Child and Youth Development:** Parents learn what to look out for at each age and how to help their children reach their full potential.
- **Parental Resilience:** Recognizing the signs of stress and enhancing problem-solving skills can help parents build their capacity to cope.
- **Social Connections:** Parents with an extensive network of family, friends and neighbors have better support in times of need.
- **Concrete Supports:** Parents with access to financial, housing and other concrete resources and services that help them meet their basic needs can better attend to their roles as parents.

During the course of the Social Worker's initial visit, the **Family Protective Factors Worksheet, DCF-3011 WS** shall be completed jointly with the family.

Utilizing the Protective Factors Worksheet, the Social Worker will gather information from the family to assess their strengths and needs.

The Social Worker shall review each protective factor with the family and document the discussion from both the perspective of the family and the Social Worker's assessment of the family's strengths and needs based on observations and information collected through interviews and collateral contacts.

## **Family Team Meetings**

The Social Worker shall offer a family meeting once a need has been identified from any source.

Family Team Meetings are family-driven and can be requested by the family at any time. Following DCF's initial face-to-face meeting with the family, the Social Worker will provide the family with information about the purpose, benefits and value of teaming and the family's key role in the teaming process, such as identifying team members, setting the team's agenda, and determining the time, place and frequency of the meetings.

It is a preferred forum for the family and its support systems to come together and develop a plan to address concerns, family needs and provide assistance and support to families on an ongoing basis or in times of need.

A Family Team Meeting is designed to:

- empower families to take charge of their support system and services;
- identify, organize and plan in collaboration with family, family-identified supports and community supports and services;
- help families formulate agreements and a plan of action which can resolve crises and reduce the likelihood of future DCF involvement; and
- build a team that can provide support and resources to the family following the Family Assessment Response process.

The goals of the meeting are to:

- ensure that the family's basic needs are met; and
- equip the family with the skills and support necessary to respond in times of need or crisis.

The objectives of the meeting are to:

- identify family strengths, supports and needs;
- specify how relatives and supportive non-relatives can help to meet these needs;
- build on family strengths; and
- develop a family-driven plan to resolve concerns reported to DCF.

The discussion and outcome of these meetings will help inform the Service Plan.

## **Service Plan**

The Service Plan is a family-driven, dynamic document that focuses on the key elements of the Family Assessment Response. The plan utilizes the protective factors to assess the strengths of a family and empowers them to develop and employ strategies to accomplish their identified goals.

The service plan has the following five components:

1. identify the family needs;
2. identify the family strengths, resources and supports;
3. identify the goals or desired outcome;
4. identify concrete steps the family, DCF and the Community Providers will take to achieve the goal; and
5. identify the benefit of achieving the goal.

Through the development of the Service Plan, the family will benefit by enhancing both their problem-solving skills and their ability to connect to community services.

The Family Assessment Response Service Plan will be developed following the discussion of the protective factors or the outcome of the Family Team Meeting. The resulting plan will guide the activities of the family, their community supports and DCF.

If additional case management services are required, the Service Plan will follow the family to the Community Partner Agency or to DCF Ongoing Services.

## **Supervisory Review**

Prior to making a Family Assessment Response disposition, the Social Worker shall meet with the Social Work Supervisor to ensure that:

- efforts were made to commence and deliver Family Assessment Response services within the established time frames;
- sufficient information was collected during the course of the assessment process to address safety and risk concerns, including information gathered from collateral contacts;
- the SDM<sup>®</sup> Safety and Risk Assessments were completed;
- a Safety Plan was created to address safety factors where appropriate;
- efforts were made to effectively engage and collaborate with the family to:
  - determine the family's strengths, needs and resources;
  - identify family and community support systems;
  - ensure the family is linked to appropriate services; and
  - ensure a support network has been developed;

- mandatory background checks have been completed and assessed;
- efforts were made to interview and engage the required case contacts, documenting barriers (if appropriate); and
- all case-related activities, including the decision and rationale, have been documented in the Family Assessment Response protocol.

**Note:** A Program Supervisor shall approve all Family Assessment Response case transfers to Ongoing Services and to the Community Partner Agency.

### **Case Disposition**

A Family Assessment Response disposition shall be made within 45 days of the acceptance of the Careline report.

Prior to making a Family Assessment Response disposition, the Social Work Supervisor shall discuss the case with the Social Worker, taking into consideration all facts and information collected during the Family Assessment process.

As part of the determination, the following shall be considered:

- results of the Safety and Risk Assessments;
- the family's strengths and level of need;
- connection to and engagement with family and community supports;
- case consultation recommendations; and
- family perception or preferred approach regarding continued DCF involvement or service provision.

### **Outcomes**

Throughout the Family Assessment Response, SDM® Assessment tools shall be utilized to support decision-making. At the conclusion, several outcomes are possible in LINK. These outcomes include:

- assessment closed, new CPS report received;
- assessment closed, transferred to investigation;
- unable to complete assessment;
- voluntary services program recommended;
- report linked to incorrect family;
- referred to other state agency;
- no further agency involvement is necessary;
- services declined and no safety factors are present;
- referral to community services without further DCF case management;

- referred to the Community Partner Agency for service provision and case management; or
- transfer to DCF Ongoing Services.

**Note:** A referral to the Community Partner Agency shall be initiated prior to the approval of the Family Assessment Response protocol.

### **Community Partner Agency**

The criteria for referral to the Community Partner Agency for community support will be based on the family's willingness to engage with the contracted agency.

Upon referral to the Community Partner Agency, services are coordinated and provided in collaboration with the family, DCF and the family's existing community partners. The content of the Service Plan will inform case management activities and service delivery based on the family's strengths, needs, resources and goals.



**CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES - FAMILY PROTECTIVE FACTORS SOCIAL WORK GUIDE (DCF - 3011-G)**

This guide is designed to engage the family in a discussion around their strengths and needs to help identify the supports, resources and services that may be needed to increase the health and well-being of the family.

Working with families to increase their protective factors will help them utilize and build upon their natural support networks within their own family and community.

**Nurturing and Attachment:** Building a close bond helps parents better understand, respond to, and communicate with their children.

*Here are some additional questions to ask...*

How much time are you able to spend with your child/teen? What do you like to do together? What does your child/teen do when he/she is tired, angry or sad? What happens when your child cries for a long time, has a tantrum, wets the bed or skips school? How do you comfort your child? How do you let your child/teen know you love him/her? What do you do when your child does something great? What are your child's greatest gifts and talents and how do you encourage them? What happens when there is a conflict in your house?

*Here are some things to consider in your assessment:*

Is the parent responsive, involved and sensitive to the emotional and physical needs of their child(ren)? Do the child(ren) interact with parents in a way that indicates a positive relationship exists and the children feel nurtured and safe?

**Knowledge of Parenting - Child and Youth Development:** Knowing what to look out for at each age can help their children reach their full potential.

*Here are some additional questions to ask...*

What does your child do best and what do you like about your child? What do you like about parenting an Infant/toddler/teenager? What do you find challenging about parenting? What kinds of things make your child happy, sad, frustrated or angry and what do they do when they feel this way? How do you respond to these behaviors? How does your child respond? Are there things that worry you about your child? Have other expressed concern about your children? How do you encourage your child to communicate, explore surroundings, try new things, and be more independent?

*Here are some things to consider in your assessment:*

Do parents understand and encourage healthy development and are they able to respond and manage their child(ren's) behavior? Do they understand and demonstrate age-appropriate parenting skills in expectations, discipline, communication, protection, and supervision of their children? Are parents concerned about their child's behavior? Does the child respond positively to parent's approach? Does the child function at appropriate grade level? Are the children's physical and cognitive skills consistent with age? Are there indications of developmental delays for their children? Are parents involved in their children's education? Are parents aware of their children's academic and behavioral performance?

**Parental Resilience:** Recognizing the signs of stress and enhancing problem-solving skills can help build parents' capacity to cope.

*Here are some additional questions to ask...*

What helps you cope with everyday life? Where do you draw your strength? How does this help you in parenting? What are your dreams for yourself and family? What kind of worries and frustrations do you deal with during the day? How do you solve them? How are you able to meet your children's needs when you are stressed? How does your spouse or partner support you? When you are under stress, what is most helpful?

*Here are some things to consider in your assessment:*

Are parents able to cope and manage the stress of everyday life, handle an occasional crisis, and know when to seek help in times of trouble? Multiple life stressors, such as a family history of abuse or neglect, physical and mental health problems (caregivers and children), marital conflict, substance abuse (caregivers and children), domestic violence, community violence, unemployment, limited or insufficient financial resources or difficulty managing resources, and unstable housing may impact parents' capacity to cope effectively with the typical day-to-day stresses of raising their children. How do these stressors impact the family?

**Social Connections:** Developing strong connections to the community can help support the family in times of need.

*Here are some additional questions to ask...*

Do you have friends or family members that help you out once in a while? Are you a member of any group or organization? Who can you call for advice or just to talk? How often do you see them? What kind of support do you need?

*Here are some things to consider in your assessment:*

Do parents have supportive relationships with one or more persons (friends, family, neighbors, community, faith-based organizations, etc) who offer help? Are parents willing and able to accept assistance from others? Are the children connected with supports/activities in the community? Does the child demonstrate positive social skills and able to interact with peers?

**Concrete Supports:** Access to financial, housing, and other concrete resources and services that help meet the basic needs of your family can help you focus more on being a parent.

*Here are some additional questions to ask...*

What do you need to (stay in your house, keep your job, pay your heating bill etc.)? What have you done to handle the problem? Has this worked? Are there community groups or local services that have been or might be able to help you?

*Here are some things to consider in your assessment:*

Do you have the ability and willingness to access and utilize resources necessary to meet your family's needs? Needs include but are not limited to: food, clothing, housing, transportation, childcare, health care, mental health services, substance abuse treatment, and/or domestic violence counseling to address your family-specific needs.

**CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES FAMILY PROTECTIVE FACTORS WORKSHEET (DCF -3011-WS)**

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

Assessment Date: \_\_\_/\_\_\_/\_\_\_

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

We want to help you and your family. You know what makes your family strong and what you need to keep it strong, safe and healthy. We would like to talk with you about how your family is doing now because this will help us help you.

When you think about your family, what are you most proud of?

These areas have been shown to improve the health and well-being of families:

**Nurturing and Attachment: Having a strong bond with your child/children**

How much time are you able to spend with your child/children?

What do you like to do with your child/children?

How do you know what your child/children is feeling?

What do you do when your child/children does something great?

Discussion:

**Knowledge of Parenting - Child and Youth Development: Being knowledgeable about parenting**

We want to hear about your child/children.

Think about:

- What your child/children does best
- What you like about your child/children
- How he/she is doing in school
- How does he/she behave?
- Are there things that worry you about your child/children?

What do you hope for your child/children as he or she grows up?

Discussion:

**Parental Resilience: Knowing how to bounce back and seek help when needed**

What helps you cope with everyday life?

What worries you?

What do you do when...?

- Someone gets sick
- You are stressed
- You run into money problems
- You have a conflict with your partner or child/children

Discussion:

**CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES FAMILY PROTECTIVE  
FACTORS WORKSHEET (DCF -3011-WS)**

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

Assessment Date: \_\_\_/\_\_\_/\_\_\_

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

**Social Connections: Developing a strong connection to the community**

Do you have people who can help you? Who has helped you in the past? Do your children have people besides you who they can turn to for help?

Think about:

- Family
- Neighbors
- Community providers
- People in church, school, or groups

Discussion:

**Concrete Supports: Being able to meet the basic needs of your family**

We will talk about:

- Childcare
- Housing
- Food
- Work or other financial support
- Health care
- Transportation

How have you handled these problems? Has this worked? Are there local services that might be able to help?

Discussion:

**How can we make things better?**

Discussion:

## **FAMILY ASSESSMENT RESPONSE PROTOCOL GUIDE (Computer generated)**

**CASE NAME: CASE NUMBER:**

### **IDENTIFYING INFORMATION (Includes DOB, Race/Ethnicity/ Cultural Background)**

Mother:

Father:

Children:

Preferred Language:

Native American:

### **DESCRIPTION OF THE FAMILY**

(Brief synopsis of the family - include who lives in the home (immediate family members) and anything that would help the reader gain a better understanding of the family)

Other Household Members:

(Include others outside the immediate family and relationship. Assess whether these individuals present any risk to the children).

Significant Others Involved With Family:

(Include relationship with extended family members, kin, informal supports etc).

Presenting Concerns/Issues (Includes report information and context of when concerns are most/least likely to occur and their impact):

(Careline report -may add additional information obtained from reporter - include dates of contact with reporter)

Relevant History (Includes multigenerational history of substance abuse, domestic violence, abuse/neglect history as parent/child, criminal concerns, past CPS concerns, military/combat history):

(Include past DCF involvement - summary of concerns/issues, include whether family received prior treatment and/or voluntary services, etc., history of abuse/neglect of parent as a child, criminal and military history. Information obtained through the use of a Genogram would be included in this section).

### **FAMILY RESPONSE TO PRESENT CPS REPORT CONCERNS**

Parental/Caregiver Interviews (response to concerns and their impact on self and family):

(Include commencement information, dates of contacts with parents (mother and father) and response to concerns in report. This section should also contain dates of home visits, and telephone calls and summary of issues discussed).

If father does not reside in the household, document in this section and respond to the following questions:

1. When was the last time the kids had contact with their father?
2. Does he help provide direct care to the children; does he support mother in her care of the children?
3. Do the kids have contact with paternal relatives?
4. What is father's relationship with the family? Does he present any safety concerns to mother and/or children?
5. Does the father have other children and do the kids have contact with their siblings?

Include father's response to concerns - include dates of contact and nature of contact (phone, face-to-face contact, etc.) Include attempts/efforts to engage father. Document the reasons/rationale for no contact with father.

Include parent's willingness to sign releases to obtain information from collateral contacts.

#### Child Interviews:

(Include dates of contact/interviews and summarize interview -children's response/reaction to concerns etc. If the child is too young to interview, identify how they presented during visits, appear bonded etc. If the child appeared reluctant and/or refused to respond to questions, include this information here).

#### SDM Safety Assessment: (If Conditionally Safe, Specify Planning)

(Results of Safety Assessment. Document the safety plan developed with the family of conditionally safe).

#### Track Change? (If Transferred To Investigations, provide summary here)

(Indicate whether there was a track change and explain reasons the case was transferred to intake).

#### STRENGTHS-BASED COMPREHENSIVE FAMILY ASSESSMENT (Staff's perception of their engagement and relationship with the family):

(Include worker's perception of their engagement and relationship with the family. Were they receptive to DCF intervention? Were they offered and willing to participate in a child and family team meeting? Did the family identify needs and participate in planning/help identify solutions to address their needs?

#### Basic Needs Assessment (Protective factors discussion around concrete supports)

##### A. Housing/Home/Living environment/Community:

(Assessment of the home environment, stability of housing, assessment of their community, safety concerns within the home and their community)

##### B. Food:

(Family's ability to maintain food in the home on a regular basis. Do they receive assistance?)

##### C. Clothing:

- (Family's ability to maintain adequate clothing for their children. Are children dressed appropriately?)
- D. Employment/Work Readiness/Education/Vocational:  
(Parent's employment, educational history (highest grade completed), job skills, ability to secure employment)
  - E. Childcare:  
(Childcare arrangements. Who provides it and are they appropriate caretakers?)
  - F. Transportation:  
(Do they own a car, have access to transportation, or use public transportation?)
  - G. Insurance:  
(Does the family have medical insurance? Does this preclude them from accessing the needed medical/mental health services?).

**CHARACTERISTICS AND VIEWS OF THE HELPING SYSTEM** (Includes information from the family and information obtained from collateral contacts).

Services Utilized by the Family (Past, Present and their view of the family problems/concerns):

(Description of services the family has been involved with in the past and present. Include whether these services benefited the family and were effective. Include perceptions by both provider and family. May also include support received by non-traditional services/supports (faith-based organizations).

Child(ren) Characteristics (Interests, Conflicts, Behaviors, Special Talents, Disabilities):  
(For each child in the family describe their interests, special talents, behavioral health issues, whether the parents struggle with child's behavior in the home, and developmental concerns, emotional/physical disabilities, criminal involvement, substance abuse, medical issues/concerns etc.).

Educational Promise (Attendance, Grades, Parent Involvement, Needs):  
(Educational information for each child - are children functioning at grade level? Any concerns regarding school attendance? Are children receiving special education services? Are parents involved in the child's education - do they attend parent/teacher conferences, are parents/teachers working together to support child?)

Parental Chemical Health (Includes History and Needs Re: Substance Use, Abuse, Treatment and benefits):  
(Include current or past history of substance abuse of parents/guardians, current/past treatment interventions, benefit/effectiveness of prior treatment. If current concerns, assess impact on family functioning/care of children and how these concerns are being addressed? Include dates of contact with providers and summarize information).



Behavioral and Physical Health of the Parents (Includes History and Needs Re: Diagnosis and Treatment), Physical Disabilities, Cognitive Functioning, Suicide - ideation/gestures/attempts):

(Include mental health and medical information in this section for parents/guardians and assess for impact on family. Include use of prescription medication and whether they appear to be addressing concerns. Includes dates of contact with providers and summarize information).

Past Trauma (Include Parent/child - impact on self, others and how they believe others view them):

(Include trauma history for all family members. How did the family cope? Assess impact of trauma on current family functioning.)

Domestic Violence (Includes Past, Present and Safety):

(Include past/current domestic violence history, arrests, restraining/protective orders, current safety concerns for survivor/children, impact of domestic violence on children/family. Identify patterns of coercive control by the perpetrator and safety planning efforts of survivor to address behaviors).

## **CONCLUSION**

SDM Risk Assessment:

(Final Risk Level)

Child and Family Team Meeting Outcomes:

(Document efforts to engage the family in this process and whether meeting(s) occurred. Document supports present and summarize plan to address needs/concerns).

Internal/External Consultations (RRG, Individual or Group Supervision, community):

(Document RRG, Legal, Managerial consults)

Summary, Recommendations and Continuing Service Needs:

(Summarize FAR activity which includes information around safety, risk, and needs of the family, services/supports currently involved with the family, referrals made on behalf of the family, the family's response to DCF intervention, unmet needs, recommendations and case disposition.

Be sure to document all barriers/rationale for decisions made throughout the Family Assessment Response in the protocol.

**FAMILY ASSESSMENT RESPONSE SERVICE PLAN**

Family Name: LINK Case: ##### Plan Approval:  
Worker Name: Office: Worker Phone: ( )

What needs has the family identified?

What are the family strengths, resources and supports?

What do we want to happen (goals)?

What are the steps to make this happen and by when (Family, DCF, Community Provider)?

How will the goals and steps strengthen family well-being?

**SIGNATURES**

By signing, I understand and have helped develop this plan. I have been given a copy.

SIGNATURES	
Parent:	Date:
Parent:	Date:
Child/Youth	Date:
Social Work Supervisor:	Date:
Social Worker:	Date:
Other Interested Party:	Date:
Other Interested Party:	Date: