


DCF	COMMONWEALTH OF MASSACHUSETTS – DEPARTMENT OF CHILDREN AND FAMILIES	
	Policy Name: Family Assessment and Action Planning Policy	
	Policy #: 2017-01 (Replaces 85-011 and 97-003)	Approved by:
	Effective Date: 2/13/1995 (85-011), 6/1997 (97-003), 2/6/2017	
Revision Date(s): 6/1997; 9/6/2000 (85-011); 9/6/2000 (97-003); 2/6/2017; 5/18/2021		

FAMILY ASSESSMENT AND ACTION PLANNING POLICY

NOTE: Throughout this document, the terms “child” and “children” are used as general and inclusive terms to mean child(ren)/youth/young adult(s) from birth up to age 23 years.

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PURPOSE AND OVERVIEW

Family assessment and action planning prioritizes child safety and centers on engaging family members in an integrated and dynamic process of exploring their unique strengths and needs for 2 important and related purposes:

1. determining whether the Department must remain involved with the family to safeguard child safety and well-being; and
2. for families who must stay involved, jointly developing a plan to support the family in strengthening their capacity to meet the safety, permanency and well-being needs of each child.
 - For the **young adult** who has sustained connection or re-engaged with the Department, the focus of the assessment and action planning is on the identification and relationship development of one or more adults who will maintain a consistent, caring and permanent relationship with the young adult and on assessing preparation for successful adulthood, supporting life skills development and providing resources to promote adult independence.

Family Assessment and Action Planning is:

- integrated by identifying and addressing assessed areas of concern for the parent's capacity to meet the safety, permanency and well-being needs of the child; and
- dynamic in that the gathering and analyzing information from multiple sources, and subsequently addressing changing needs, is a process throughout the life of a case, not a one-time event.

Values and Principles

Family Assessment and Action Planning at the Department is conducted in a manner that aligns with the Case Practice Model and furthers the Department's Core Values:

- **Child and Youth-Driven:** A child's right to safety and their experiences and perspectives must be recognized and understood.
- **Family-Centered:** Family members are partners in assessing strengths and needs, and in planning to address child safety.
- **Community-Focused:** Children, youth and their families are best understood and supported within their natural support systems.
- **Strengths-Based:** Families have the ability, with support, to overcome adverse life circumstances.
- **Committed to Cultural Diversity/Cultural Responsiveness:** Families are diverse and have the right to be respected for their cultural practices, norms, attitudes and beliefs.
- **Committed to Continuous Learning:** Changes in the shared, progressive understanding of a family's circumstances, needs and strengths are revealed and recognized over time.

Outcomes

- The Family Assessment and Action Planning process should result in the Department and the family having shared understanding of:
 - Everyone's concerns for the child's safety, permanency and well-being – whether or not they agree with each other's concerns;
 - What is working well that promotes the safety, permanency and well-being of the child; and
 - What actions or changes need to happen to assure the safety, permanency and well-being of the child.
- As a result of this process, and the development of an Action Plan, family members should know:
 - What changes in caregiver behaviors the Department needs to see, and for what period of time, in order to close the case.
 - What services and resources the Department recommends to support changes in caregiver behaviors and to strengthen the safety, permanency and well-being of the child, and how to sustain those changes over time.
 - What assistance and supports the Department and others will provide in order to help the family make any changes needed.

DEFINITIONS

Case Member

Case members are those individuals, adults and children, residing either in or out of the home who are part of the family and/or identified as important to a child's safety and/or to the family's support network [e.g., half/step siblings, adult siblings, grandparents, step-parent(s), family friend, etc.]. Not all case members are Open Consumers.

Collateral Contacts

Contacts made by the Department for the purpose of obtaining, clarifying or verifying information the Department has gathered or received concerning a family or child. A collateral contact can be:

- **A professional** – such as a therapist, teacher, doctor or other mandated reporter.
- **A non-professional** – such as a friend, neighbor, or relative who has been identified as having information about a reported incident of abuse or neglect or about a child(ren), parent/caregiver and/or family who is the subject of a reported incident.
- **Kin collateral** – an adult who is not the child's parent and who acts now, or may act in the future, in a caregiving role (may reside in or outside of the home).

Danger

A condition in which a caregiver's actions or behaviors have resulted in harm to a child or may result in harm to a child in the immediate future.

Family Engagement

Working with the family as a team, which includes enhancement or verification of information provided by the family through collateral contacts and specialized assessments.

Open Consumer

Case members who will be fully assessed as part of the Family Assessment and will have a role in the Action Plan; at a minimum these include:

- each child in the home, including those who were not the subject of a 51A report or other type of intake (voluntary, Child Requiring Assistance or court referral) that led to the case being opened for assessment;
- the parent(s)/guardian(s) residing in the home for each child who was the subject of the intake [may include biological, adoptive, step-parent(s) or other adult(s) acting in a parental role such as a boyfriend or girlfriend]; and
- the parent(s)/guardian(s) living out of the home for each child who was the subject of the intake (may include biological, adoptive and/or step-parents).

Parental Capacities

Skills, knowledge, attributes and abilities of caregivers to provide for the safety, permanency and well-being needs of their child.

Permanency

Ensuring a nurturing family – preferably one that is legally permanent – for every child, within a time frame supportive of their needs.

Risk

The potential for future harm to a child.

Safety

A condition in which caregiver actions or behaviors protect a child from harm

Well-Being

Healthy social, physical and emotional functioning of children and their families. Safe, stable and nurturing relationships between children, their siblings and the adults who care for them are necessary cornerstones of their well-being and healthy development and shape how their physical, emotional, social, behavioral, and cognitive capacities will progress – all of which ultimately affect their health and functioning as adults.

I. POLICY

Family Assessment and Action Planning identifies and engages all family members who have a role to play in the child(ren)'s safety, permanency and well-being, including all parents/guardians, individuals residing in the home (kin and other), children in Department placement, minor siblings residing out of the home and/or others identified by the family as important to them. When the Family Assessment and Action Planning involves a **young adult** who is sustaining connection or re-engaging with the Department after leaving care or custody at age 18, the young adult is the focus, and other family members are involved only when the young adult agrees.

Collaterals such as kin, service providers, educators and other resources are also likely to be involved. Assessment of adults who reside in the home or in the home of any non-resident parent/guardian/parent substitute is important because of the likelihood that they may assume a caregiver role, however briefly or informally, or otherwise be crucial to child safety, well-being or permanency. For the purposes of the Family Assessment and development of the Action Plan, these individuals will be identified as “**kin collaterals**” and will be assessed on a limited basis.

Family Assessment Scope

Family Assessment is the Department's family-focused, participatory process of gathering information about the family's history, functioning, strengths and needs and about how well the safety, permanency and well-being needs are being met for the child. The Family Assessment includes the following sections:

- **Family Profile and Functioning** focuses on understanding how caregiver/family history and current functioning is related to the reason(s) for the current involvement with the Department. Consideration is given to the family's personal history, any past involvement with the Department or another state's child welfare agency, if known, and supports (both formal and informal) that may be in place to address the child's needs for safety, permanency and well-being.
- **Parental Capacities** focuses on understanding the caregiver's capacity to provide for each child's safety, permanency and well-being and is used to identify the focus areas for interventions and supports. The protective factors that will be addressed include:
 - knowledge of parenting and child development;
 - building social and emotional competence of children (nurturing and attachment);
 - parental resilience;
 - social connections; and
 - access to/utilization of concrete support in times of need.
- **Child Safety, Permanency and Well-being** focuses on a brief profile of each child, their role in the family, their unique strength and needs and a summary of their permanency plan. The factors to be assessed include:
 - safety;
 - health and development;
 - cognitive and academic functioning; and
 - social and emotional functioning.
- **Clinical Formulation** succinctly summarizes the Family Profile and Functioning, the Parental Capacities and the Safety, Permanency and Well-being of each child. In the clinical formulation, the Social Worker states whether continued Department involvement is being recommended or not and the reason(s) for this recommendation; and identifies the priority areas of focus for the Action Plan to enable the family to provide for the safety, permanency and well-being of each child.

If a Family Assessment is being completed on a previously opened case (which has a previous Family Assessment), the Social Worker reviews information from the previous Assessment(s) to inform the current Assessment. If the Family Assessment is being completed on a family whose case was open

within the previous 6 months, the Social Worker updates the existing Family Assessment and Action Plan to reflect the reason(s) for current involvement and any changes since the previous involvement that impact child safety, permanency and well-being. In cases where the Response resulted in a support and/or substantiated concern on one or more allegations, the family will be informed in the letter notifying them of the support and/or substantiated concern decision that they may submit information to the Social Worker conducting the Family Assessment regarding the finding which will be reviewed by the Social Worker, Supervisor and Area Director/designee prior to the completion of the Family Assessment to determine if the support and/or the substantiated concern decision should be reversed.

When a new case is being opened for a youth in Department care or custody who is turning age 18 or reopened for a young adult whose case closed at age 18 (i.e., a young adult who will be sustaining or re-engaging with the Department), only the young adult's needs and strengths are assessed. (See [Permanency Planning Policy](#))

When the Family Assessment identifies needs that must be addressed, the Department engages the family in the development (or update) of an **Action Plan**. In addition to identifying the assessed Area(s) of Focus, the Action Plan specifies the permanency plan for each child; identifies the needed behavioral changes; and the actions/tasks/services/resources that will be utilized to support and sustain child safety..

Permanency Plans

The Family Assessment and Action Plan must identify each child's permanency plan. (See [Permanency Planning Policy](#)) The Department first seeks to achieve:

- **Permanency through Stabilization of Family:** The purpose is to strengthen, support and maintain a family's ability to provide a safe and nurturing environment for the child and prevent out-of-home placement of the child. Families with children who have this permanency plan may include those situations in which a child or adolescent requires placement services for 30 calendar days or less, or when longer placement is required due to the child's own developmental, medical or behavioral needs rather than concerns about abuse or neglect by the parents/guardians.
- **Permanency through Reunification of Family:** The purpose is to reunite the child in out-of-home placement with their parents/guardians. Parents/guardians are expected to maintain regular and frequent contact with their child and involvement in their child's educational, physical/mental health and social activities.

The Department establishes one of the following alternative plans for achieving permanency when, despite efforts to stabilize or reunify the family over a period of time, the assessed problems or needs have not been alleviated and have resulted in continued or increased risk of abuse and/or neglect to the child(ren) in the family. The end result of the following permanency plans is to provide the child with the safest, most nurturing long term/permanent living arrangement possible.

- **Permanency through Adoption:** The purpose is to prepare a child to become a permanent member of a lifelong family other than the child's original birth family. Adoption is a process by which a court establishes a legal relationship of parent and child with the same mutual rights and obligations that exist between children and their birth parents. The permanency plan of adoption does not prevent maintaining valued, lifelong connections to birth parents/siblings/kin and other important individuals in the children's lives.
- **Permanency through Guardianship:** The purpose is to obtain the highest level of permanency possible for a child when reunification or adoption is not possible. The Department sponsors an individual to receive custody of a child, pursuant to MGL c. 190B, § 5-206, who assumes authority and responsibility for the care of that child. When guardianship is identified as the permanency plan, the best interest of the child has been considered and guardianship has been identified as the highest level of permanency appropriate for the child. The permanency plan of guardianship does not prevent maintaining valued, lifelong connections to birth parents/siblings/kin.
- **Permanency through Care with Kin:** The purpose is to provide the child with a committed, nurturing and lifelong relationship in a licensed kinship family setting. The Department defines kin as those persons related by either blood, marriage or adoption (i.e., adult sibling, grandparent, aunt, uncle, first cousin) or significant other adult to whom the child and/or parent(s) ascribe the role of

family based on cultural and affectional ties. The kinship family reinforces the child's racial, ethnic, linguistic, cultural and religious heritage and strengthens and promotes continuity of familial relationships and will establish permanency for the child. The Department will continue to provide services to support the child's safety, permanency and well-being, until such time as the kin receives a permanent custody or other final custody order.

- **Permanency through Alternative Planned Permanent Living Arrangement:** The purpose is to establish with the youth who is age 16 years or older a lifelong permanent connection, as well as life skills training and a stable living environment that will support the youth's development into and throughout adulthood. This permanency plan is for youth (or young adults) whose best interests for achieving permanency would not be served through reunification, adoption, guardianship or care with kin. Through this permanency plan, the youth will continue to achieve the highest possible level of family connection, including physical, emotional, and legal permanence. The Department will continue to provide services and support the youth's safety, permanency and well-being.

In all cases, the Department makes reasonable efforts to engage in **concurrent planning** with a family so that the child may achieve permanency through adoption, guardianship or care with kin if stabilization of or reunification with family is determined not to be a viable option.

Action Plan Scope

Based on the information contained in the Family Assessment and the permanency plan for each child, the Action Plan specifies, at a minimum:

- the time period of the plan (usually 6 months);
- area(s) of focus based on the findings of the Department's Family Assessment of parental capacity and child safety, permanency and well-being that indicate why continued Department involvement is needed;
- for each priority area of focus, the observable changes that are needed to maintain child safety and to achieve the jointly identified goals in the Action Plan; and
- the actions/tasks/services/supports identified to address the observable changes for each open consumer and any other identified participant(s) in the Action Plan (e.g., substitute care provider, foster parent, kin collateral, etc.), including the Department.

The Action Plan may also include information and actions/tasks for substitute care and other providers.

When the child is in placement, the Action Plan includes the visitation plan and supplemental placement-related information such as: an explanation of why the child came into placement and the circumstances of the removal; whether siblings are placed together and if not why not, and specifics of the sibling visitation schedule (when relevant); whether the placement is with kin, or if not, and what efforts were made to locate kin, including to whom written notification was sent; the plan for visitation with grandparent(s) and/or other kin (when relevant); whether the school-age child will remain in the school of origin and what options have been considered with the Local Education Agency (LEA) to determine and support the child's educational best interest; specific details regarding the child (ICWA status or tribal affiliation, race/culture, placement history, health and education information). (See [Permanency Planning Policy](#) and [Education Policy for Children Birth through 22](#))

If the Action Plan is for a youth age 14 years or older, the Social Worker may review the Youth Readiness Assessment, when completed, and include tasks/services/supports to promote the youth's life skill development and readiness for transitioning to adulthood. (See [Permanency Planning Policy](#))

Multiple Family Assessments/Action Plans for a Family

In certain cases including, but not limited to, situations involving domestic violence in which the Family Assessment and/or Action Plan includes information which may compromise the safety of a child or parent, or custody situations in which parents have conflicting interests, consideration should be given to developing separate Family Assessments and/or Action Plans. The Social Worker, in consultation with the Supervisor, determines how these situations will be addressed.

Family Assessment and Action Plan for Child with a Plan of Permanency through Adoption

When the permanency plan of adoption is established for a child, a Child Permanency Assessment is completed by the assigned Adoption Social Worker or a contracted agency (see [Permanency Planning Policy](#)). Within 5 working days after the Child Permanency Assessment is completed, the Adoption Social Worker updates child assessment information and revises the Action Plan in the electronic case record, as necessary, based on the information obtained. The revised Plan is approved by the Supervisor and signed by the Adoption Social Worker and the substitute care provider.

Services and Supports

The Department provides support and stabilization services as well as placement services either through contracts with private provider agencies or through its own resources. Contracted services and placements managed by the Department are generally accessed through the electronic case record. In conjunction with the Foster Care Review scheduled every 6 months for a child in placement, providers of appropriate services are requested to provide evaluations of progress toward achievement of what has been identified as needed. The Social Worker or other designated Department employee refers directly to non-contracted service providers for services and requests progress evaluations directly from them.

The Department also refers families to non-contracted resources and supports available in their communities.

It is not necessary for the Family Assessment and Action Plan to be completed to initiate the provision of services. Referrals should be made as soon as service needs are identified.

Approval and Signatures

The Action Plan must be signed and dated by the Social Worker and approved by the Supervisor and presented to at least one parent/parent substitute and any youth age 14 or older, or to the young adult who has sustained connection or re-engaged with the Department, for their review and signature. If the child is in out of home placement, the substitute caregiver also signs the Action Plan. When changes are made to the Action Plan during a meeting with the family, the electronic case record version is changed to conform.

Time Frames and Updating

Completion of the Family Assessment and Action Plan is done ***within 60 working days after the Department assigns the case*** for Family Assessment and Action Planning

Updates: The Action Plan will be ***updated, at a minimum, every 6 months***. The Family Assessment will be reviewed, as part of the update to the Action Plan, and, as needed, updated to reflect progress made by the family since the last assessment/update and/or any significant changes in family circumstances that affect child safety.

The Family Assessment and Action Plan must also be updated when the following significant events occur in a family:

- birth/death of a child;
- new household member/caregiver;
- family becomes homeless; and/or
- loss of a caregiver to death, divorce or incarceration.

The Social Worker, in consultation with the Supervisor, may also determine that it is necessary to update the Family Assessment and/or Action Plan prior to the regularly scheduled 6 month update in response to recommendations from any formal reviews (e.g., 6 Week Placement Review, Foster Care Review, a court permanency hearing, Permanency Planning Conference) or when there are other significant changes that affect child safety.

When updating is necessary, the Social Worker and Supervisor will establish reasonable time frames within which the activities they identify should be completed. Such time frames place priority on maintaining child safety (especially the safety of a newly arriving infant or young child).

Regular Review of Child Risk and Family Progress

The Department has processes in place to convene a formal review with the family to evaluate the family's progress, assess the level of risk to the child(ren), and update or affirm the existing information in the Family Assessment and Action Plan. (See [In-Home Casework Policy](#) and [Foster Care Review Policy](#))

Supporting the Process

The **Area Director/designee**:

- ensures the prompt assignment of all cases opened for Family Assessment and Action Planning;
- takes into account the family's language and cultural background and when possible and arranges for the Family Assessment and Action Planning to be conducted in the family's preferred language using staff and contracted translation services, as available;
- supports Family Assessments and Action Planning to be informed, as needed, by group forums (such as family team meetings, 6 Week Placement Review meetings, family group conferences or clinical reviews) or specialized consultations with Department substance abuse, domestic violence, mental health or health care, housing, legal staff or others; and
- provides supervision and consultation to the Social Worker and Supervisor in determining what reasonable casework activities may be necessary to address Family Assessment and Action Planning when specific family circumstances pose challenges, such as when families decline to participate, non-resident parents or siblings reside outside Massachusetts, a child or parent cannot be located or a parent is incarcerated.

The **Supervisor**, in consultation with the Area Program Manager, when necessary, supports the Social Worker in all aspects of Family Assessment and Action Planning by developing effective approaches for situations including but not limited to: locating missing parents; accessing special assessments; parents/families who decline to participate in Family Assessment and Action Planning, etc.

Please see **Appendices A** and **B** for further guidance on completing the Family Assessment and developing the Action Plan.

II. PROCEDURES: FAMILY ASSESSMENT

1. **Include All Family Members in Family Assessment; Identify Other Case Members.** The Social Worker together with the parent(s)/guardian(s) identifies important case members who will be in the Family Assessment. Important case members may include, but are not limited to:
 - **Open Consumer(s):**
 - each child in the home, including those who were not the subject of a 51A report or other type of intake (voluntary, Child Requiring Assistance or court referral) that led to the case being opened for assessment;
 - parent(s)/guardian(s) residing in the home for each child who was the subject of the intake [may include biological, adoptive, step-parent(s) or other adult(s) acting in a parental role such as a boyfriend or girlfriend]; and
 - parent(s)/guardian(s) out of the home for each child who was the subject of the intake (may include biological, adoptive and/or step-parents).
 - **Kin Collateral(s):**
 - an adult who acts now, or may act in the future, in a caregiving role and is important to the safety, permanency and well-being of the child (may reside in or outside of the home).
 - **Other Case Member(s):**
 - any other person residing out of the home, who is the minor sibling, step-sibling or half sibling of a child who resides in the home (*NOTE: The Social Worker, in consultation with the Supervisor, may determine that this includes a minor sibling who has been adopted or placed with a legal guardian but maintains a relationship with a child who resides in or out of the home.*); and

- any other individual who spends substantial time in the home such as a friend, boarder or relative who has a significant relationship to the family and/or child

The Social Worker reviews information in the Department's case record to ensure that all individuals who are identified during Family Assessment as a **case member** are recorded as such in the electronic case record. In consultation with the Supervisor, the Social Worker determines who will be identified as **open consumers** in the electronic case record, including at a minimum:

- each child in the home, including those who were not the subject of a 51A report or other type of intake (voluntary, Child Requiring Assistance or court referral) that led to the case being opened for assessment;
- the parent(s)/guardian(s) residing in the home for each child who was the subject of the intake [may include biological, adoptive, step-parent(s) or other adult(s) acting in a parental role such as a boyfriend or girlfriend]; and
- the parent(s)/guardian(s) living out of the home for each child who was the subject of the intake (may include biological, adoptive and/or step-parents).

The "Missing Parent/Caregiver Checklist" provides information regarding specific inquiries/information sources which support efforts to identify/locate missing parents. (See [Permanency Planning Policy](#), Appendix C)

2. **Review Existing Department Case Record Information.** The Social Worker and the Supervisor review the case record, starting with the information reviewed and summarized as part of Screening and Response if the case opened as a result of a protective Response.

Previous Cases: If the record indicates that a previous case record exists (in the Area Office, at another area/contracted casework provider office or at the State Records Center), the Social Worker accesses and reviews the previous record(s). The Social Worker confers with the previous worker, when possible. Reviewing previous case record information may help the Social Worker understand experiences the parent/caregiver and/or child has had in the past with the Department and others that may affect the reason(s) for current involvement and indicate how to most effectively meet their needs. Reviewing the case record includes reading sufficient sections for the Supervisor and Social Worker to know: the family composition; the case history and current status; the current legal involvement, if any; an understanding of each child's placement history and types of placements, when applicable; the current services, supports and family needs; at a minimum, all reports of abuse and/or neglect and any responses to those reports; the last family assessment; the past 2 Action (Service) Plans; the past 12 months of dictation, if applicable; any permanency reviews; the last Foster Care Review, when applicable; and Child and Adolescent Needs and Strengths (CANS) assessment, provider treatment plans and progress reviews from the prior year and any Youth Readiness Assessment available.

If there are problems accessing a previous case record, from any location, or discussing the family with any previous worker, the Social Worker advises the Supervisor and documents in the electronic case record the reason(s) why the previous case record was not accessed and reviewed or the family was not discussed with the previous worker during the Family Assessment.

3. **Complete Background Records Checks (Child Welfare History, CORI, SORI), as Needed.**

- **Department History Checks:** The Social Worker completes Department history checks (person search/Central Registry/alleged perpetrator) on any new/additional household members for whom such a check has not been completed since the case opened.
- **Criminal Offense Record Information (CORI), Sexual Offender Registry Information (SORI) Checks:** The Social Worker, in consultation with the Supervisor, may determine that there is a need to request a CORI and/or SORI check of a household or other case member (including a child of any age in Department care or custody) when concerns arise that the individual may have criminal history that should be considered during Action Planning and decision-making.
- **Local Law Enforcement Check:** The Social Worker shall contact local law enforcement and request information that may assist in assessing danger and risk to the child(ren) and/or Social

Worker not already requested or received during Screening and/or Response on a new person in the household and/or a new address (See Protective Intake Policy).

- **Other State Child Welfare History Checks:** If there is information indicating that a family may have been open for child welfare services in another state, either as the result of a report of child abuse or neglect or on a voluntary basis, the Social Worker, in consultation with the Supervisor, determines whether to request information about the family from the other state, if not already requested during Screening and/or Response.

4. **Safely Contact and Meet with All Family Members.** Contacts with individuals during Family Assessment, as well as at all phases of casework practice, are planned with the safety of workers and family members being a primary consideration. Whenever a Social Worker has a concern about her/his personal safety, the Social Worker informs the Supervisor and Area Program Manager so that a plan is developed to address the Social Worker's safety when meeting with family members. (See [Workplace Violence Prevention Policy](#), especially Appendix C – Field Safety and Safety Planning)

The Social Worker documents all client and collateral contacts in the electronic case record by noting the date, contact method, who participated, location (as applicable), purpose, content and outcome.

5. **Consult/Search Internet Sources.** In accordance with Department policy and procedures, searches of the internet may be used to verify or gather information related to the parent(s)/caregiver(s), child(ren) or others involved in a family's life that would be necessary or helpful in: assessing parental capacities; determining child safety or well-being; and/or developing the Action Plan.
6. **Contact Families and Children (Open Consumers).** The Family Assessment and Action Plan are completed within 60 working days following assignment for Family Assessment and Action Planning during contacts that meet the following minimum expectations:
 - The Social Worker has a minimum of 3 face-to-face contacts, the first of which occurs within 5 working days after the assignment of the case to the Social Worker. Each open consumer must be visited during the Assessment.
 - 2 of the 3 face-to-face contacts take place in the home.

The Social Worker visits all children at least monthly during the Family Assessment and Action Planning. The first face-to-face contact occurs in the child's current residence within 5 working days after initiating the process.

If the Social Worker is not able to meet with all open consumers, cannot conduct the expected number of visits, and/or it is not possible or appropriate to conduct a visit in the expected location, the Social Worker discusses this with the Supervisor prior to the completion of Family Assessment and Action Planning. The reason(s) why the visits were not conducted, and/or occurred at a different location and the outcome of the discussion with the Supervisor are documented in the electronic case record. If 30 calendar days have elapsed since the Social Worker has been able to complete a visit with the family, the Social Worker and/or Supervisor consult with the Area Program Manager to develop a plan for seeing the family and all children in the family.

When a young adult is the subject of Family Assessment and Action Planning, the young adult is visited monthly, and at least one visit occurs in the young adult's residence. Any family members the young adult agrees to involve in Family Assessment and Action Planning are contacted (e.g., telephone, in person, etc.) at least one time.

7. **Contact Collaterals.** The Social Worker and family or young adult discuss who should be contacted as sources of information. Sources of information include, but are not limited to: kin, friends, family medical providers, child(ren)'s teachers/child care providers, providers of services (including substance abuse and mental health treatment), professionals and other community resources involved with the family.
 - If the family is willing to sign the required releases permitting the Department to contact these collateral sources, the Social Worker proceeds to contact these collaterals.

If the family is not willing to sign releases, the Social Worker documents this in the electronic case record and proceeds with Family Assessment and development of the Action Plan without the benefit of these collateral contacts.

The Social Worker documents all client and collateral contacts in the electronic case record by noting the date, contact method, who participated, location (as applicable), purpose, content and outcome.

For those adult case members who have been identified as “kin collaterals”, the Social Worker identifies them in the Family Assessment and assesses:

- their relationship to the family;
- their relationship to the child(ren) or young adult;
- how often they care for the child(ren) and whether they have an understanding of child development appropriate to the child's needs; and
- whether there are any concerns related to this caregiver's ability to keep the child(ren) safe.

8. **Access Consultations with Managers, Department Attorneys, Area Clinical Review Teams and Clinical Specialists, When Needed.** The Social Worker, in consultation with the Supervisor, may identify the need for and obtain consultation from resources inside or outside the Department [e.g., Department managers, Department Attorney, Department specialists in substance abuse, domestic violence, healthcare, trauma, mental health, housing, adolescent outreach, or other]; or an Area Clinical Review. (See [Supervision Policy](#))

- Consultations with Department specialists are documented by the specialist in the electronic case record (who participated, date, place and information provided). For families whose child(ren) are or have been in a community-connected residential treatment program or a comprehensive foster care services placement, a Child and Adolescent Needs and Strengths (CANS) assessment and/or a Youth Readiness Assessment may have been conducted and should be reviewed during the Family Assessment and considered when developing the Action Plan.

Please see **Appendix B** for information on assessing and addressing the impact of substance use/misuse, domestic violence and mental/behavioral health challenges.

9. **Initiate Services.** If the Social Worker identifies immediate needs for service(s), she/he initiates referrals to Department-funded resources or to other agencies, if more appropriate. The Social Worker/Supervisor or other Area Office designee ensures that any necessary service referrals are completed within 10 working days after the service needs are identified.

If emergency placement of a child occurs prior to the completion of the Family Assessment and development of the Action Plan, the Social Worker ensures that an Interim Action Plan, including the supplemental information required at placement, is completed at the time of placement.

10. **Address Situations When a Family Cannot be Located or Declines to Participate.** All reasonable casework efforts to locate and/or engage the family in Family Assessment and Action Planning are documented by the Social Worker in the electronic case record. (See Appendix C – Missing Parent/Caregiver Checklist) If, despite reasonable casework efforts, the family (or family member) cannot be located and/or declines or does not make themselves available to participate in Family Assessment and Action Planning, the Social Worker and Supervisor consult with the Area Clinical Manager/designee to consider strategies for locating or improving engagement with the family. The Social Worker, in consultation with the Supervisor and Area Clinical Manager/designee, assesses risk to the child. If they determine there are reasons to pursue legal action, the Social Worker and/or Supervisor contacts a Department Attorney.

If the decision is made not to pursue court action and the family persists in declining to participate in Family Assessment and Action Planning despite reasonable casework efforts, the Social Worker, in consultation with the Supervisor, determines whether the case will be closed. (See [Case Closing Policy](#))

11. **Update Demographic Information.** The family's demographic information is reviewed and any new or changed information is documented in the electronic case record by the Social Worker, in consultation with the Supervisor. **Demographics** include, but are not limited to:

For Child(ren):

- name (and any "also known as" name), address (home and current placement, if different), telephone number(s);
- name, address, telephone number(s) for an emergency contact;
- date of birth, place of birth, race, current immigration status, primary language spoken (if other than English) and religion;
- birth sex, gender identity and sexual orientation;
- Social Security Number (unless parent/caregiver or youth/young adult declines);
- Native American/American Indian tribal affiliation; (See [Indian Child Welfare Act Policy](#))
- medical information and medical condition(s) significant to the child's safety, well-being and care;
- name, address and telephone number for current school and/or child care/early education program;
- legal status;
- a current photo of any child in the Department's care or custody (photo is updated every 6 months); and
- relationship of the child to the parent/caregivers, siblings, etc. (e.g., biological mother, biological father, etc.).

For Parent/Caregiver(s):

- name (and any "also known as" name), address, telephone number(s);
- name, address, telephone number(s) of an emergency contact;
- date of birth, place of birth, race, current immigration status, primary language spoken (if other than English) and religion;
- Social Security Number (unless parent/caregiver declines);
- Native American/American Indian tribal affiliation; (See [Indian Child Welfare Act Policy](#))
- medical information and medical condition(s) significant to the parent/caregivers ability to provide for the child's safety, permanency and well-being;
- any disability-related services, assistance, or accommodations (such as a parent aide or interpreter) that DCF is or should be providing to ensure that the parent can fully and equally participate in DCF's family preservation and reunification services; and
- relationship of the parent/caregiver to the child(ren) (e.g., biological mother, biological father, etc.).

12. **Prepare Family Assessment.** The following 4 sections are completed or reviewed/revised and, if applicable, build from the information gathered, reviewed and documented during intake (e.g., protective, Child Requiring Assistance, voluntary, etc.):

- A. Family Profile and Functioning:** Includes a brief description of each parent/caregiver's childhood (including any concerns related to familial substance use/misuse, mental illness or trauma or domestic violence, as well as past involvement with the Department); education; work experience; military experience; and legal involvement. It also identifies significant life events of the parent/caregiver and/or child that have had or may be having an impact on the ability of the parent/caregiver to meet the needs for safety, permanency and well-being of the child or the young adult's ability to self-care.
- B. Assessing Parental Capacities Using Protective Factors:** Information about parental (or other caregiver) capacity in the following areas is assessed and summarized, including how the information was obtained, what areas need capacity building and what key strengths can be built

upon related to the reason(s) for current involvement. Parents or caregivers with disabilities must be assessed on an individualized basis and determinations regarding their parental capacity must be based on objective facts and not on stereotypes or generalizations about individuals with disabilities. For each protective factor, the age and developmental status of the child and the family's culture must be considered in determining the parental strengths and needs. Areas identified as high need are prioritized in the Action Plan. Areas where the family and the Department are not in agreement are noted. Protective factors to be assessed are:

- knowledge of parenting and child development;
- building social and emotional competence of children (nurturing and attachment);
- parental resilience;
- social connections; and
- access to/utilization of concrete support in times of need.

C. *Child (or Young Adult) Safety, Permanency and Well-Being:* A brief description of the child including their role in the family, relationship to parent(s)/caregiver(s) and overall functioning. This section identifies the permanency plan and summarizes the plan for achieving permanency for each child. Each child will also be assessed across key factors of child safety and well-being to identify strengths and needs. Areas identified as high need are prioritized in the Action Plan. Factors to be assessed are:

- safety;
- health and development;
- cognitive and academic functioning; and
- social and emotional functioning.

D. *Clinical Formulation and Focus for the Action Plan:* This section succinctly identifies what has been learned about family history and functioning, parent/caregiver capacities to meet the specific needs for safety, permanency and well-being of each child or the young adult's ability to self-care. It describes the reason(s) for current involvement and builds on the information gained during intake (i.e., protective, Child Requiring Assistance, voluntary, etc.). It includes a recommendation of whether continued Department involvement is, or is not, warranted and the reason(s) for that recommendation; when continued Department involvement is recommended, it identifies and prioritizes the areas of focus for the Action Plan.

13. Review “Supported” and “Substantiated Concern” Findings, as Applicable. If during the course of a Family Assessment, following the first protective Response that resulted in a support and/or substantiated concern decision, the Social Worker is presented with information from the family and/or learns information that would change the original support and/or substantiated concern decision, the Social Worker informs the Supervisor. If the Supervisor agrees, the Area Director/designee is informed. If the Area Director/designee concurs, the original support and/or substantiated concern decision is changed in the electronic case record. (See [Fair Hearing and Grievance Policy](#))

When it is determined that the support and/or substantiated concern decision will be changed, the Area Director/designee ensures that the following tasks are completed:

- the parent(s) and the mandated reporter who filed the report, if applicable, are informed in writing, using the applicable notice letter;
- any individual who was identified as an alleged perpetrator as a result of the support decision which was referred to the District Attorney is notified, in writing, using the applicable notice letter; and
- the 51A and 51B and related case record materials are filed with other closed record files. (See [Protective Intake Policy](#))

14. Determine Family Assessment Outcome. The Social Worker and Supervisor, after discussion with the family, determine if the case will remain open or be closed. For cases being closed, the Social

Worker follows the procedures outlined in policy. (See [Permanency Planning Policy](#) and [Case Closing Policy](#)) For cases that will remain open, the Department and the family complete the development of the Action Plan.

III. PROCEDURES: COMPLETING AN ACTION PLAN

The Action Plan is developed in partnership with the family and identifies the goals and areas of focus related to what must be accomplished in order to maintain child safety, achieve the child's permanency plan and/or to close the case. Based on the Family Assessment, the Action Plan identifies the needs to be addressed and the actions/tasks/services/supports that the family members and other parties (e.g., placement provider, the Department, etc.) will participate in during the specified time period of the Action Plan (usually 6 months) to accomplish the goals identified with the family for achieving the safety, permanency and well-being of the child.

A. ALL CASES

1. **Develop the Action Plan.** The Action Plan includes/addresses:

- the **Time Period** that the Action Plan will address (in most cases, 6 months);
- the **Permanency Plan** for each child;
- the **Area(s) of Focus**, for each case member who will be a participant in the Action Plan;
- the **Observable Changes Needed** to support achievement of the jointly identified outcomes that promote the safety, permanency and well-being of the child;
- specific **Actions/Tasks/Services/Supports** (contracted and non-contracted) which support the achievement of what is needed (*NOTE: Not every Action Plan participant needs to have identified actions/tasks/services/support, e.g., a very young child.*);
- **Visitation Plans and other placement-required information** for each child in Department care or custody (see below Section III-B. Out-of-Home Placement Cases).

In those situations in which the whereabouts of a child or parent is unknown, tasks related to locating the individual are delineated in the Action Plan for the Social Worker responsible for the case and may be delineated for other participants, such as the contracted provider of community-connected residential treatment or other placement provider. (See [Permanency Planning Policy](#))

In certain cases including, but not limited to, situations involving domestic violence in which the Action Plan includes information which may compromise the safety of a child or parent, or custody situations in which parents have conflicting interests, separate Action Plans may be produced for each parent/caregiver.

2. **Obtain Comments and Signatures of Required Participants.** Following the development of the Action Plan with the family or young adult, the Social Worker signs, and the Supervisor approves, the Action Plan. The family or young adult signs and/or provides comments at the next home visit or within 30 calendar days after the date the Action Plan was approved by the Supervisor, whichever comes first. If any or all of the participants, including youth age 14 years or older or the young adult, are unwilling to sign, the Social Worker engages with them to attempt to resolve the area(s) of disagreement. The Action Plan may be signed electronically or in hard copy.

In situations where a family member or the young adult is in partial agreement or disagreement with the Action Plan, the individual may sign to indicate that they have reviewed it and may note in the comment section area(s) of disagreement and/or the level of intended participation in services.

If any open consumer participant is unwilling or unavailable to sign, the Social Worker documents the reason(s) for the absence of this signature in the comment section and the date the Action Plan was presented. If any required participant disagrees with the Plan, the Social Worker also informs the individual that they may seek a review by using the Department's grievance procedure. [See [Regulation 110 CMR 6.07 \(2\)](#) and [Fair Hearing Office and Grievance Policy](#)]

3. **Provide Family or Young Adult with Copy of Action Plan.** The Social Worker ensures that a copy of the entire signed/approved Action Plan, including the visitation plan(s) for any child in placement

(see below, Section III-B. Out-of-Home Placement Cases, Procedure 6), is provided to the family or young adult, as applicable.

In situations when despite the efforts of the Social Worker to meet with the family or young adult to provide the Action Plan in person, a parent(s)/guardian(s) or the young adult is unwilling or unavailable to meet, the Social Worker sends a copy of it to the family or young adult and documents in the comment section of the Action Plan the reason(s) for the inability to provide the individual a copy of the Action Plan in person. The Social Worker also documents in the electronic case record the efforts made to provide the family or young adult with the signed/approved Action Plan in person and/or the reason(s) for the individual's unavailability and the date the Action Plan was mailed.

B. OUT-OF-HOME PLACEMENT CASES

4. **Emergency/Unanticipated Placement.** When an initial placement occurs in a case *prior* to the completion of the Family Assessment and Action Plan, an *Interim* Action Plan is developed, which outlines the immediate steps needed to ensure child safety and plan for their care. The Family Assessment and Action Plan are then completed/updated to reflect change of the child's permanency plan if the plan changes as a result of the placement, visitation plans and other supplemental information for placement, as needed.

When an emergency/unanticipated placement occurs in a case *having a completed* Family Assessment and Action Plan, the Family Assessment and Action Plan are reviewed and updated to reflect the placement, change of the child's permanency plan if the plan changes as a result of the placement, visitation plan(s), and other supplemental information for placement, as needed.

The Action Plan is approved by the Supervisor and signed by the Social Worker, participants age 14 years or older and substitute care provider(s).

A copy of the Action Plan, including the visitation plan(s), is provided to the parent(s)/guardian(s) and substitute care provider(s) by the Social Worker responsible for the case.

5. **Non-Emergency/Anticipated Placement.** When a planned placement occurs in a case having a completed Action Plan, the Family Assessment and Action Plan are reviewed and updated to reflect the placement, change of permanency plan if it changes as a result of the placement, visitation plan(s), and other supplemental information for placement, as needed.

The Action Plan is approved by the Supervisor and signed by the Social Worker, participants age 14 years or older and substitute care provider(s).

A copy of the Action Plan, including the visitation plan(s), is provided to the parent(s)/guardian(s) and substitute care provider(s) by the Social Worker responsible for the case.

6. **Complete Visitation Plans.** For each child in placement, the Social Worker develops and reviews with the family the specific schedule for visitation and other forms of contact (e.g., phone calls, letters) that will occur between the child, the child's parent(s), any sibling(s) and grandparent(s), or documents in the electronic case record why any such visitation/contact is contrary to the welfare of the child and how that decision was made.

In situations when the child's visitation with the parent(s) or other family members has been suspended or terminated, the visitation plan includes an explanation of the suspension or termination of visits. [See *Regulation, 110 CMR 6.04 (5)* and *Permanency Planning Policy*; parental visitation cannot be terminated without a court authorization/order]

7. **Planning with Youth Age 14 or Older and Young Adults.** Each youth/young adult in Department care or custody may choose 2 individuals, who shall not be either the foster parent or the assigned Social Worker, to consult with regarding the development of their Action Plan. The Department may decline to work with an individual chosen by the youth/young adult at any time if the Department has good cause to believe the individual will not act in the best interest of the youth/young adult. The Action Plan may include the programs and services which will help the youth/young adult prepare for transition from foster care to successful adulthood, including areas of skill development appropriate

for age and interest, as outlined in the Youth Readiness Assessment tool. (See [Permanency Planning Policy](#))

Action Plans for young adults do not have to include their parents, except to the extent that the young adult wants them included. Parents and/or guardians for a young adult who has been determined by a court of law to be an incapacitated person may be identified as Kin Collateral(s) or other Case Member(s).

8. **Revise Action Plan Following 6 Week Placement Review or Other Formal Reviews, When Needed.** Six (6) weeks after **any** initial placement, the Area Program Manager/manager designee convenes a 6 Week Placement Review meeting to assess, with the parent(s)/caregiver(s), how the child is doing in placement, the continued need for placement and to ensure that the Action Plan addresses the reason(s) why the child is in placement and the child's permanency plan. Other formal reviews/meetings/proceedings that may identify changes that need to be reflected in the Action Plan include: Foster Care Review, court permanency hearing or Permanency Planning Conference.

Information discussed during these meetings/proceedings that might result in changes to the Action Plan include, but are not limited to: identification of a new need/strength; change in the child's placement; change in the child's permanency plan; and/or changes to plans for contact/visitation with parents, siblings, grandparents or other important individual to the child. (See [Permanency Planning Policy](#))

9. **Plan to Achieve Permanency through Adoption.** When the Department identifies permanency through **adoption** as the child's permanency plan, the assigned Adoption Social Worker or contracted agency completes a Child Permanency Assessment (see [Permanency Planning Policy](#)). Within 5 working days after the Child Permanency Assessment is completed, the Adoption Social Worker updates child assessment information and revises the Action Plan with specific actions related to the well-being of the child and to achieve their permanency plan of adoption, including the steps the Department will take to identify an adoptive family, any recruitment efforts being utilized, the steps to prepare the adoptive family and child for adoption and steps to finalize the adoption. The Social Worker assigned to the family revises the parent(s)/ guardian(s) section of the Action Plan to address any needed changes to actions/tasks/services/ supports related to the change of permanency plan.

Within 5 working days after the Child Permanency Assessment is completed, the Adoption Social Worker updates child assessment information and revises the Action Plan in the electronic case record, as necessary, based on the information obtained.

10. **Plan to Achieve Permanency through Guardianship, Care with Kin, or Alternative Planned Permanent Living Arrangement.** The Social Worker coordinates revisions to the Action Plan. The Action Plan addresses:

- the needs of the child and specific actions/tasks/services/supports related to achieving their revised permanency plan;
- the steps the Department is taking to identify a permanent family or life-long connection;
- when the plan is to achieve permanency through guardianship, the steps the Department is taking to finalize the guardianship; and
- revisions to the parent(s)/guardian(s) section of the Action Plan to address any needed changes to actions/tasks/services/supports related to the change of permanency plan.

NOTE: Separate plans may be developed when there are concerns about family member safety or family members have conflicting interests (see above Section III-A. All Cases, Procedure 1).

IV. PROCEDURES: UPDATING FAMILY ASSESSMENT AND ACTION PLANS

1. **Review the Family Assessment and Update the Action Plan Regularly.** The Social Worker and family, in consultation with the Supervisor, assess each family member's progress and update the Action Plan at least every 6 months. The Family Assessment and Action plan are updated prior to the 6 month scheduled update when significant changes in a family's circumstances occur, including but not limited to:

- birth/death of a child;
- new household member/caregiver;
- loss of a caregiver to death, divorce or incarceration;
- the family becomes homeless; and/or
- child enters placement.

The Social Worker, in consultation with the Supervisor and/or Area Program Manager, may also determine that it is necessary to update the Family Assessment and/or the Action Plan prior to the 6 month scheduled update in response to recommendations from any formal reviews (e.g., 6 Week Placement Review, Foster Care Review, court permanency hearing, Permanency Planning Conference) or when there are other significant changes that affect the safety of the child.

When updating is necessary, the Social Worker and Supervisor will establish reasonable time frames within which the activities they identify should be completed. Such time frames place priority on maintaining child's safety (especially the safety of a young child or newly arriving infant) but may be set to coincide with the next required formal case review. When a child enters placement, the update must occur within 30 working days of placement. (See [Permanency Planning Policy](#))

2. **Assess Family Progress through Review of Family Assessment and Action Plan.**

For families whose children are living at home, the Social Worker, in consultation with the Supervisor convenes a meeting with the open consumer family members at the time of the first formal update to the Family Assessment and Action Plan and every 6 months thereafter to assess the family progress and risk to the child(ren). (See [In-Home Casework Policy](#))

For families who have at least one child in placement, the Department's Foster Care Review Unit convenes a meeting with the open consumer family members, the assigned Social Worker and Supervisor and the placement resource, within 6 months of placement and every 6 months thereafter, to review the family progress, the safety, permanency and well-being of child(ren) and the participation of the Department and the placement in the Action Plan. (See [Foster Care Review Policy](#))

3. **Access Consultations with Managers, Department Attorneys, Area clinical Review Teams and Clinical Specialists, When Needed.**

During the completion of a regular Family Assessment and Action Plan update, the Social Worker and Supervisor determine whether they must and/or may seek consultation, review or input from their manager, a Department Attorney, an Area Clinical Review or from a clinical specialist as specified in the [Supervision Policy](#). In addition to the circumstances specified in that policy, **consultation with a manager is REQUIRED** when:

- A child or parent/caregiver has not been seen by the Social Worker in 60 calendar days;
- A case has remained open for 2 or more years with the child(ren) in the home without a 51A report being filed and no service referral is in place;
- Services are not available that will meet the unique needs of a family or child with regard to language, learning style or a disabling condition; and
- Insufficient progress being made towards the goals of the parent(s)/caregiver(s) or the child(ren)'s permanency plan(s) as established in the Action Plan.

The Supervisor or Social Worker may contact their APM to schedule the consultation. The electronic case record must be updated, by the Supervisor, to indicate that the consultation occurred, when it was held, who participated and a brief summary of the recommendations and next steps.

When the consultation with the manager determines that an **Area Clinical Review** is required or advisable, the Area Clinical Manager or Area Program Manager over the case is responsible for convening the Review. At a minimum, the Social Worker, the Supervisor, the Area Program Manager and/or the Area Clinical Manager will participate, either in person or remotely. Collateral resources and members of the family's support network may also be included. The APM and/or the Area Clinical

Manager will document the outcome of the review, including issues discussed, recommendations made, and follow up needed and by whom.

4. **Update When Child Returns Home from Placement.** Within 30 working days after the child is discharged from placement to the home, or sooner if due for a 6 month review and update, the Social Worker works jointly with the family to update the Family Assessment and Action Plan as needed for achieving Permanency through Stabilization of Family. This Plan will address those tasks/actions necessary to maintain the safety, well-being and permanency of the child at home and to assess progress towards ending Department involvement. (See [Permanency Planning Policy](#))
5. **Involve Young Adult Who is Sustaining Department Connection.** When a youth who has been in the Department's care or custody sustains connection with the Department at age 18 or seeks to re-engage with the Department after leaving Department care or custody at age 18, the Department involves the youth/young adult in creating an Action Plan based on the applicable sections of the Family Assessment and Action Plan updated prior to the youth's 18th birthday. The Social Worker and youth/young adult will review and update, as needed, any Assessment that was not reviewed/updated within the past 6 months.
6. **Consider When to Terminate Service Provision to Parents.** In situations where a Termination of Parental Rights (TPR) decree has been entered and the parent(s) has filed an appeal, the Area Director/designee convenes a case conference which includes the Area Director/designee, Area Program Manager, Supervisor, Social Worker, Deputy or Regional Counsel or Department trial attorney for the case. The purpose of the case conference will be to determine whether the Department will continue providing services to the parent(s) and/or include the parent(s) in Family Assessment and Action Planning. If the outcome of the case conference is that the Department will no longer continue to provide services to the parent(s) or include them in Family Assessment and Action Planning, the parent(s) may be closed as a consumer. (See [Permanency Planning Policy](#) and [Case Closing Policy](#))

Appendix A

Guidance for Developing Family Assessments and Action Plans

Family Assessment and Action Planning is an integrated and dynamic process of gathering and analyzing information over time, and developing and refining action plans WITH the family to address identified concerns regarding child safety, permanency and well-being. The Family Assessment is comprised of 4 separate, but related sections: Family Profile and Functioning; Parental Capacities; Child Safety, Permanency and Well-being; and the Clinical Formulation. As the Social Worker and family jointly gather the assessment information, they use it to identify the areas of need that will become the focus in the Action Plan. This guidance includes questions and points for discussion. **Appendix B** includes specific guidance related to assessing the impact of Substance Use/Misuse, Mental/Behavioral Health Challenges and Domestic Violence. These are not intended to be a “template,” but as suggested questions and approaches that may be used to engage family members in conversation that will culminate in an assessment of each protective factor.

The *Family Profile and Functioning* section of the Family Assessment focuses on understanding how the family’s history is related to the reason for the current involvement with the Department. Consideration is given to the family’s personal history, any past involvement with the Department and supports (both formal and informal) that may be in place to address the child’s needs for safety, permanency and well-being.

The *Parental Capacities* section of the Family Assessment focuses on understanding the parent/caregiver’s current capacities to provide for the child’s safety, permanency and well-being and is used to identify the priority areas for interventions and support.

The *Child Safety, Permanency and Well-being* section of the Family Assessment focuses on understanding the specific needs and strengths of the child, e.g., Are parents/caregivers, their extended family, their schools and their community meeting their needs? Are they experiencing events and circumstances that are traumatic? Do they have qualities and attributes that demonstrate resilience?

The *Clinical Formulation* section of the Family Assessment succinctly identifies what has been learned about parent/caregiver capacities to meet the child’s specific needs for safety, permanency and well-being. It states whether continued Department involvement is, or is not, being recommended; the reason(s) for that recommendation; and any actions, services and/or supports needed to enable the family to provide the child with safety, permanency and well-being.

Throughout the casework with a family, the Social Worker is committed to working with the family in a manner that is trauma informed, culturally competent and strength based.

The following definitions are used to support consistent assessment across factors:

Safety: A condition in which caregiver actions or behaviors protect a child from harm.

Danger: A condition in which a caregiver’s actions or behaviors have resulted in harm to a child or may result in harm to a child in the immediate future.

Risk is the potential for future harm to a child.

Parental capacities: Skills, knowledge, attributes and abilities of parents/caregivers to provide for the safety, well-being and permanency of their children.

Well-being: The social, emotional and physical health of children and their families. Safe, stable and nurturing relationships between children and the adults who care for them are necessary cornerstones for the development of their physical, emotional, social, behavioral and intellectual development. Ultimately, this will affect their health as adults.

A. Family Profile and Functioning

The way families function is often determined by the personal experiences of the parent/caregiver and child separately or as a family. The **Family Profile and Functioning** section of the Family Assessment is used to build an understanding of how these personal experiences, including any past involvement with

the Department, are or are not related to the parent/caregiver's ability to meet the child's needs for safety, permanency and well-being and the current reason for the Department's involvement. For children under age 3, their well-being is assessed in the context of their caregiver – these young children are dependent upon their parent/caregiver relationship to have their basic needs for safety and well-being met, to learn how to form close and secure interpersonal relationships, to explore the environment and to learn how to regulate their emotions. An understanding of the parent/caregiver's abilities and impact, if any, of any disabilities (e.g., intellectual, physical and/or developmental) on parental functioning, capacities and needs for supports and services is an important component of this section of the Family Assessment and must be considered when providing supports and services to the family.

This section should include brief descriptions of each parent/caregiver's childhood (including any concerns related to familial substance abuse, mental illness or trauma, or domestic violence, as well as past involvement with the Department); education; work experience; military experience; and legal involvement. It also identifies significant life events of the parent/caregiver and/or child that have had or may be having an impact on how the child's needs for safety, permanency and well-being are being met.

B. Assessing Parental Capacities Using Protective Factors

The **Parental Capacities** section of the Family Assessment is used to document the assessment of the 5 protective factors, i.e., conditions within families that, when present, increase the safety, permanency and well-being of children. These factors are parent/caregiver behaviors, knowledge, skills and attributes that help them find or develop resources, supports or coping strategies that can allow them to parent effectively and keep their children safe – even under stress. Parents/caregivers with disabilities (e.g., intellectual, physical and/or developmental) must be assessed on an individualized basis and determinations regarding their parental capacity must be based on objective facts and not on stereotypes or generalizations about individuals with disabilities. Such determinations must also take into account a parent's existing support system, as well as any services, training, or modifications to policies, practices, and procedures that DCF could provide to accommodate the parent's disability-related needs and to help ensure that the parent can fully and equally participate in DCF's family preservation and reunification services (such as changes in frequency, duration, or location of parent-child visitation; hands-on training during a child's medical and early intervention services appointments; plain language training materials at appropriate literacy levels; adaptations in the manner in which specific training is conducted; more frequent support from a social worker; modified service planning and parental capacity evaluation; assessment by an expert on working with parents with disabilities; and other modified family preservation and reunification services).

The Department requires the assessment of parental capacities to be completed only for the parents/caregivers of the child and have been identified as open consumers within the family's case. Other caregivers and/or important adult supports in the child's life are identified in the electronic case record as "kin collaterals"; documentation of their parental capacities is not required to be included in the Family Assessment.

For each indicator within protective factors 1 through 5 below, the assessment should focus on whether this is an area that is *not applicable at this time*, a *strength*, a *need*, or a *high need* for each of the parent/caregivers. Those indicators designated as areas of "high need" will be prioritized in the Action Plan as "Areas of Focus."

1. Knowledge of Parenting and Child Development: Parent/caregiver understands how to keep their child safe and responds to the unique development of their child during different ages and stages.

Indicators to be assessed within this protective factor – Parent/caregiver:

- **Provides for the child's safety**
 - *Does the parent/caregiver demonstrate knowledge of and the ability to meet their child's basic needs and keep their child safe, including ensuring safe sleep environments for infants and helping an older child plan for safety in the community?*
- **Has expectations and sets limits that match their child's age and developmental needs**
 - *Does the parent/caregiver have knowledge and awareness of their child's age-appropriate growth and development?*

- *Does the parent/caregiver know what to expect at their child's next stage in development? How has the parent/caregiver prepared for this?*
- **Provides age- and developmentally-appropriate supervision**
 - *Does the parent/caregiver supervise their child in ways that align with the child's age and developmental needs (e.g., ensures consistent oversight of a young child or a child at high risk)?*
- **Provides opportunities for their child to grow and learn**
 - *Does the parent/caregiver allow the child to explore, play and experience opportunities to safely grow their independence skills?*
- **Uses positive discipline methods that are consistent with the child's age and development**
 - *Does the parent/caregiver use age/developmentally appropriate discipline methods that establish reasonable limits and affirm behavioral success?*
 - *Does the parent/caregiver refrain from using methods that result in physical or emotional harm to the child??*
- **Encourages and supports their child's educational stability and success, including early childhood**
 - *Does the parent/caregiver support their child in attending an age- and developmentally-appropriate early education or school program regularly and on time, including participation in special education planning, when needed?*
 - *Does the parent/caregiver talk with their child young to promote vocabulary, literacy and language development?*
 - *Does the parent/caregiver assist their youth in preparing for their future by supporting education and/or vocational training?*
- **Supports their child's safety in relationships and situations in which they may be vulnerable to exploitation or endangerment**
 - *Does the parent/caregiver help their child participate in social activities and support them to manage their actions in social settings?*
 - *Is the parent/caregiver aware of the adults and children with whom the child socializes?*
 - *Does the parent/caregiver know the warning signs of teen violence, trafficking and exploitation?*
 - *Does the parent/caregiver talk with their child about personal safety in developmentally appropriate ways?*

Examples of questions to ask to help you assess the parent/caregiver's strengths and needs within this protective factor:

- What steps do you take to promote safety for your child at home? In the community?
- How do you learn about their progress and development?
- What parts of being a parent/caregiver feel like they come naturally to you? What parts feel challenging?
- How do you help your child understand what they are allowed and not allowed to do? How do you respond to your child when they are not following your rules?
- How do your childhood experiences impact your parenting/caregiving?
- How do your culture or family traditions influence your parenting?
- How do you feel your child's development compares with other children of the same age?
- How do you help your child understand what they can and cannot do? How do you respond to your child when they are not behaving?
- How is your child doing in school/at their child care program? How do you learn about their progress? How do you learn about their development?
- What social or extra-curricular activities at school and in the community is your child involved in? How are they doing in these activities?
- Does your child have a "special someone" (e.g., boyfriend, girlfriend)? Do you know them? How do you feel about this relationship?

- Has your child ever run away or been missing for a period of time? Do you know why they ran away?
- How do you decide what adults can be around your child? Or, watch your child when you need child care?
- In what ways have you been prevented from taking care of your child in the way that you need to?

2. Building Social and Emotional Competence of Children: Parent/caregiver, through a nurturing and responsive relationship, helps the child develop the ability to form safe and secure adult and peer relationships and to experience, regulate, and express emotions.

Indicators to be assessed within this protective factor – Parent/caregiver:

- **Understands and responds to their child's unique social and emotional needs**
 - *Does the parent/caregiver demonstrate love/affection for their child, directly or indirectly?*
 - *Does the parent/caregiver respond to the child's unique temperament and development in a way that supports their healthy growth and maturation?*
- **Models empathy and creates an environment in which the child feels safe to express their emotions**
 - *Does the parent/caregiver demonstrate regard for others?*
 - *Does the parent/caregiver express emotion in a manner that is considered socially acceptable?*
 - *Does the parent/caregiver communicate with the child in a manner that demonstrates an understanding of what is both age- and developmentally-appropriate in content, thought, and feeling?*
 - *Does the parent/caregiver show acts of love, care and protection towards their child?*
 - *Does the parent respond to the child's expressions of emotion in non-threatening ways that promote emotional competency?*
- **Supports their child's social relationships and opportunities**
 - *Does the parent/caregiver provide opportunities for the child to play or engage in activities with other children?*
 - *Does the parent/caregiver help the child to work through difficulties with peers or other adults?*
- **Engages in activities with the child and demonstrates interest in activities important to the child**
 - *Does the parent/caregiver spend time interacting with their child in activities such as reading, mealtime?*
 - *Does the parent/caregiver know of, or demonstrate an interest in, the child's preferred activities?*

Examples of questions to ask to help you assess the parent/caregiver's strengths and needs within this protective factor:

- When are you able to spend together as a family?
- How does your child get along with other children, adults, peers?
- How do you help your child express their feelings?
- In what situations is it hard for you to deal with your child's emotions? How do you handle those situations?
- What do you like to do with your child?
- What activities/games does your child enjoy?
- Does your child have friends? Where does your child obtain support outside the family?
- How do you show affection in your family, or let your child know you love them? How does your child express their love for you?
- How does your child let you know they are having a hard time?
- How do you comfort/soothe your child, when the child is upset?

- What are some of the positive things your child has done lately? How did you react?

3. Parental Resilience: Parent/caregiver has the ability to make positive changes that sustain child safety and well-being while managing stress and adversity.

Indicators to be assessed within this protective factor – Parent/caregiver:

- **Copes with stressful circumstances in healthy ways**
 - *Does the parent/caregiver have and use healthy strategies for dealing with or managing stressful or challenging situations?*
- **Provides for the needs of the child despite past difficulties or past trauma**
 - *Does the parent/caregiver have and use positive parenting behaviors and strategies (which may include asking others for help) to meet the needs of their child?*
 - *Does the parent/caregiver find ways to mitigate the impact of past difficulties or trauma so they can parent the child effectively?*
- **Is in good health or receives regular medical care for any acute/chronic conditions***
 - *Is the parent/caregiver in good health and/or receiving appropriate medical care for any acute and/or chronic conditions on a regular basis so that health does not negatively affect their ability to parent or create risk for the child?*
- **Manages the impact of family conflict or domestic violence on the child***
 - *Is the parent/caregiver able to manage any domestic violence/relationship issues in the family's life so that any negative impact is mitigated and does not affect their ability to parent effectively or create an unsafe physical or emotional environment?*
- **Manages impact of any mental health issues on parenting***
 - *Is the parent/caregiver able to manage any mental health issues in the family's life so that any negative impact is mitigated and does not affect their ability to parent effectively or create an unsafe physical or emotional environment?*
- **Manages impact of any alcohol/drug use on parenting***
 - *Does the parent/caregiver manage any alcohol/drug use/misuse in the family's life so that any negative impact is mitigated and does not affect their ability to parent their child effectively or create an unsafe physical or emotional environment?*

Examples of questions to ask to help you assess the parent/caregiver's strengths and needs within this protective factor:

- When you experienced stress in the past, how did you handle that and learn from it?
- What kinds of things cause stress or worry in your life? How do you solve these problems when they come up? Or, think about a stressful time in your life. What did you do to cope? How do you feel about how you handled that situation?
- How do the stresses in your life impact your parenting?
- What are your goals for yourself and your family and how will you achieve them?
- What helps you stay strong for yourself and your family? Or, what do you do to take care of yourself when you are stressed?
- How is your health – Physical? Emotional? What are you doing to take care of any concerns?
- What kinds of things do you do, or wish you could do, to keep you and your child more safe?
- Describe your use of alcohol and drugs (including prescription medication). Do you ever use alcohol or drugs to cope with stress? Does your use of alcohol or drugs get in the way of your parenting? How does your alcohol or drug use affect you daily, affect your way of parenting?

*** NOTE: Appendix B provides guidance for how to use an integrated assessment and case planning process to determine the impact that issues of substance use/misuse, mental/behavioral health challenges and trauma, or domestic violence may have on a child's need for safety, permanency and well-being.**

4. Social Connections: Parent/caregiver maintains healthy, safe and supportive relationships with people, institutions and the community that provide a sense of belonging.

Indicators to be assessed within this protective factor – Parent/caregiver:

- **Maintains strong and healthy connections with community and family members outside of the home**
 - *Does the parent/caregiver have friends and/or family with whom they feel connected?*
 - *Does the parent/caregiver have reciprocal relationships with adults and others living outside the home?*
 - *Does the parent/caregiver have friends, family or others who provide emotional and psychological support??*
- **Uses connections to a support community to promote safety and well-being of children and family**
 - *Does the parent/caregiver have a connection with a faith-based and/or community program that they can and do call upon for emotional or other support for themselves and/or their family?*
- **Has informal supports to assist in parenting/caregiving**
 - *Does the parent/caregiver have individuals they can call upon for parenting support, child care and/or material assistance?*
 - *Can and do they access such support as needed?*

Examples of questions to ask to help you assess the parent/caregiver's strengths and needs within this protective factor:

- Who are the people in your family or community that you can count on? Who counts on you?
- If there was an emergency and you were unable to care for your child, who would you want contacted?
- What community activities or supportive groups or organizations do you participate in?
- How do you spend your free time?
- How do your friends, family and/or community support you as a parent/caregiver? How do you support them?
- What, if anything, prevents you from being better connected to your friends, family or community?
- What help would you like from others? Who do you think you could ask to help you?

5. Concrete Support: Parent/caregiver provides for the family's basic needs and knows how to access and advocate for services that promote safety and well-being for their child.

Indicators to be assessed within this protective factor – Parent/caregiver:

- **Provides a living environment that promotes the child's and family's health and well-being**
 - *Does the parent/caregiver ensure the family's and child's living environment is safe, healthy, adequately clean and free of hazards, including ensuring safe sleep environments for infants?*
- **Schedules, attends and follows up with recommended medical and dental treatment**
 - *Does the parent/caregiver ensure that the child has regular medical and dental care and preventative appointments?*
 - *Does the parent/caregiver follow through on medical and dental recommendations or seek alternative treatments for medical and dental conditions?*
- **Provides adequate/healthy nutrition**
 - *Does the parent/caregiver provide food that meets their child's nourishment and dietary needs?*
- **Has adequate, sustainable financial resources to meet the needs of the child and family**
 - *Does the parent/caregiver have sustainable financial and material resources that allow them to provide for the basic needs of the child and family, including transportation?*
- **Has access to, and secures, resources and programs that the family needs**
 - *Does the parent/caregiver have the knowledge and ability to access appropriate resources and programs for their family, when needed?*
- **Effectively asks for help when needed**

- *Has the parent/caregiver demonstrated the ability to ask for help, particularly when required to maintain the child's safety and well-being?*

Examples of questions to ask to help you assess the parent/caregiver's strengths and needs within this protective factor:

- With regard to concrete supports (like food, shelter, money, transportation, services), what is your family's most pressing need(s) at the present time? How are you handling this? Are there barriers that prevent you from accessing resources to address these needs?
- When did you last take your child for medical and dental visits? What were the results?
- Right now, what supports, services, programs are helping promote your and your child's physical, social and emotional well-being? Which ones are more helpful than others? What additional supports are needed? Are you receiving any financial assistance (child support, DTA, SSI, etc.)?
- What kinds of help have you ever asked for in your life? How do you find help when you need it? Or, describe a time when you needed help, what did you do to get it? How did that feel?
- Are you currently working? What is your job and how long have you had it?
- What kinds of help have you asked for in your life? How do you find help when you need it?
- What aspects of your family history, culture or personal history make it difficult or easy to ask for help?
- Has anyone ever kept you from being able to take care of your child's basic needs?

Summary of Parental Capacities Assessment and Action Plan Areas of Focus

The Social Worker works with the family to summarize the findings across the protective factors, describing with brief specificity those factors indicated as areas of "high need" and/or "need". The "high need" areas of focus will be prioritized in the Action Plan. The summary should identify what is working well, what are the concerns and what needs to happen in order for the family to provide adequately for the child's safety, permanency and well-being. Identify any parent/caregiver disability (e.g., intellectual, physical and/or developmental) and what natural supports are in place that impact the parental capacity. The summary should highlight those areas of "high need" or "need" identified by the family, especially if they differ from those identified by the Social Worker.

C. Assessing Child Safety, Permanency and Well-Being

The assessment of ***Child Safety, Permanency and Well-Being*** is intended to be completed in a manner that helps the Department understand the child, while being mindful of using language and expectations that align with the child's age and development. If a child is non-verbal or otherwise unable to engage in conversation, the Social Worker will need to gather information from other sources. These may include: observation of parent/caregiver and child interactions; and speaking with the parent/caregiver, siblings, kin or others.

This section of the Family Assessment describes each child and their role in the family including their relationship to the parent/caregiver, siblings and other kin. This assessment considers the child's functioning in the home and across various settings (e.g., school, child care, community) and the impact of parent/caregiver interactions.

The permanency plan will be identified and the specifics will be summarized. The summary addresses whether the child has a stable and consistent living situation, the connection/relationship to siblings/grandparents and other kin and whether the permanency plan is on track and progressing. The concurrent permanency plan is identified.

For each indicator within the factors 1 through 4 below, the assessment focuses on whether this is an area of *not relevant for this child at this time*, *strength*, *need*, or *high need*. Indicators designated as "high need" will be prioritized in the Action Plan as "Areas of Focus."

1. Safety: Child is determined to be safe when the child's caregivers demonstrate specific actions or behaviors to protect the child from harm.

Indicators to be assessed within this factor – Child:

- **Is and feels physically and emotionally safe and secure in the home**
 - *Does the child feel safe in the home?*
 - *Is the child safe in the home?*
 - *Are there behaviors or dangers that place the child in immediate danger?*
 - *Are there others in the home who help the child to be and feel safe and secure at the present time and help manage risks to the child?*
- **Is and feels safe and secure in child care/school/post-secondary setting**
 - *Does the child feel safe in their child care/school/post-secondary setting?*
 - *Is the child safe in their child care/school/post-secondary setting?*
 - *Are there behaviors or dangers that place the child in immediate danger?*
 - *Are there adults in the educational setting that help the child to be and feel safe and secure at the present time and help manage risks to the child?*
- **Is and feels safe and secure in the community**
 - *Does the child feel safe in the community?*
 - *Is the child safe in the community?*
 - *Are there behaviors or dangers of the child or others place the child in immediate danger?*
 - *Are there concerns that the child is at risk for exploitation and/or trafficking?*
 - *Are there trusted adults or caregivers in the community who help the child to be and feel safe and secure at the present time and help manage risks to the child?*
- **Has the developmental ability to participate in keeping her/himself physically safe in the home, school and community.**
 - *Does the child have the developmental capacity and knowledge to contribute to their own personal physical safety?*
- **Knows how to keep themselves physically and sexually safe in intimate relationships**
 - *Does the child know the difference between healthy and unhealthy relationships, appropriate and inappropriate attention?*
 - *Does the younger child understand concepts of good touch/bad touch?*
 - *Does the older child know about dating violence, consent and practicing safe sex?*
 - *Does the child have an adult to talk to about relationships and the capacity to do so?*
 - *Does the child who identifies as LGBTQ have a community of safe allies in which to explore their identity?*
 - *Does the child have the ability to secure food, shelter, clothing and other resources, without exposure to exploitation?*

Examples of questions to ask to help assess the child's safety:

- In what ways do you feel safe at home? Have you ever worried about your safety at home? Have you ever been worried about violence or the use of drugs or alcohol in the home? What was that like, and what did you do?
- In what ways do you feel safe during the school day? Who would you talk to at school if you had a problem or a worry? Has your parent/caregiver come to your school for meetings or events?
- Do you feel safe in the community? How are you and your family connected to community resources? Do you have a network of support (e.g., extended family, friends, faith-based and community organizations)? Are you able to talk to your parents/caregivers about the safety of your community?
- Did you ever feel pressured to do something that you didn't want to do or felt uncomfortable doing? At home? At school? In the community?

2. Health and Development: Child health and well-being is reflected in their growth and development.

Indicators to be assessed within this factor–Child:

- **Is in good physical health and receives regular medical and dental care**
 - *Are the child's immunizations, health exams and medical/dental screenings up-to-date? If not, why not?*

- *Is the child up-to-date with annual medical/dental visits and recommended procedures? If not, why not?*
 - *Are there any signs of physical abuse?(See Field Guide for Social Workers, Appendix B)*
 - *Are there any signs of neglect? (See Field Guide for Social Workers, Appendix B)*
 - *Have social/emotional screenings been completed to ensure mental/behavioral symptoms are addressed and not related to any physical conditions?*
 - *Is the child receiving treatment consistently to address any acute condition(s)?*
- **Has a chronic health care condition, receives consistent treatment and can self-advocate**
 - *Is the child's care planning team(s) following the recommended treatment plan(s) for any chronic condition(s) consistently?*
 - *Is the child able to participate in or manage (depending on age and development) their own treatment?*
 - *Can the child communicate their needs to individuals who can help, when necessary?*
- **Is meeting developmental milestones**
 - *Are screenings and/or assessments being completed to determine that the child is on track with their age-specific developmental milestones or grade-specific skills?.*
- **Is in good mental/behavioral health***
 - *Does the child demonstrate an understanding of the need to ask for and receive help with developmentally appropriate strategies to maximize their functioning?*
 - *Are there adults who are helping the young child to de-escalate and who seek appropriate mental health care, when needed?*
- **Avoids using/misusing substances (drugs and alcohol) that may be harmful to their health and safety***
 - *Does the child avoid use of drugs and alcohol?*
 - *Have any experiences the child has had with substances been limited to "experimentation" with no detrimental familial, educational or social implications?*
 - *Is any treatment the child receives for issues with substance use/misuse being accessed consistently?*
- **Is aware of and avoids, in developmentally appropriate ways, situations that put them at risk of trafficking or exploitation***
 - *Does the child have no history of running away from home or placement?*
 - *Does the child have the ability to identify inappropriate attention and tell a trusted adult?*
 - *Does the child exhibit no concerning behaviors that suggest trafficking or exploitation (or risk thereof), such as possessing new clothes or expensive items that were not provided by a parent/caregiver?*
 - *Does the young adult have resources to self care without exploitation?*

Examples of questions to ask, to help assess the child's physical health and development:

- Are you healthy?*
- Tell me about what you do to take care of yourself and your body.
- What medicine do you take?
- What is the name of your doctor? Your dentist?
- In school, do any teachers or aides give you extra help?
- What do you do if you are not feeling well – At home? At school (or child care)?
- Tell me about alcohol and drug use in your community? In your school? In your family?*
- Do you think that meeting with your therapist/substance abuse counselor/psychiatrist, etc. is helpful? If not, what do you think would help you?*
- Have you ever run away? If so, where did you go? Who were you with? What happened afterwards?*

*** NOTE: Appendix B provides guidance on integrated assessment and case planning for children for which issues related to substance use/misuse, mental/behavioral health challenges and domestic violence may be a concern.**

3. Cognitive and Academic Functioning: Child/young adult is developing the academic and functional skills needed to meet their potential.

Indicators to be assessed within this factor – Child:

- **Regularly attends early learning program / school / post-secondary setting regularly and is on time**
- **Is making progress academically/supports are in place at school to enable progress**
 - *Is the child enrolled in an education setting that meets their cognitive, physical and social emotional needs (e.g., early childhood program, school, vocational/post-secondary)?*
 - *Is the child functioning at the school readiness or academic level corresponding to their age?*
 - *Has the child been diagnosed with cognitive delays?*
 - *Does the child qualify for special education and are they getting the services they are entitled to receive?*
- **Is making progress academically/supports are in place at home to enable progress**
 - *Is the child enrolled in one or more educational settings that meet their cognitive, physical and social/emotional needs (e.g., early childhood program, school, vocational/post-secondary)?*
 - *Is the child functioning at the school readiness or academic level corresponding to their age, or are any cognitive or developmental delays being addressed?*
 - *Are resources in place at home to support the child's academic progress?*
 - *Are there barriers in the home that prevent the child from being able to complete school work/participate fully in school?*

Examples of questions to ask to help assess cognitive and academic functioning:

- What time does your school day start? End?
- How do you like school? What is your favorite part of school? What is your least favorite part?
- How do you think that you are doing in school? What are areas you think you are doing really well in? What areas do you think you could do better in?
- Are there rules at your school? Tell me about them. Have you ever been in trouble at school? What happened?
- Does anything get in the way of you getting your school work done at home?
- When you need help with your school work, who do you ask?

4. Social and Emotional Functioning: Child has the skills needed to interact with others, develop relationships and respond to feelings of others. Child can effectively express their thoughts and feelings as well as exhibit age-appropriate behavior with others.

Indicators to be assessed within this factor – Child:

- **Has positive, supportive and developmentally appropriate relationships with family and other kin**
 - *Does the child have positive relationships with family members inside and outside of the home (parents/caregivers, siblings, grandparents, other kin)?*
 - *Are there significant others the family considers kin who support enhanced child safety? What actions of protection do they provide?*
- **Has positive, supportive and developmentally appropriate relationships/social connections with peers**
 - *Does the child have positive relationships with others the same age?*
 - *Are there any legal, gang, substance or exploitation worries connected to the child's friendships?*
 - *Does the LGBTQ child have a supportive peer community?*
- **Demonstrates social and emotional competence**

- *Is the child able to self soothe, regulate strong emotions, and use strategies to manage anger, frustration and disappointment?*
 - *Is the child able to negotiate conflict in relationships?*
 - *In what ways does the child demonstrate resilience?*
- **Engages in play and recreational activities; has healthy/positive interests**
 - *Is the child involved in activities outside of school that are positive for their health, safety or well-being?*
 - *Are the child's interests supported by family and/or kin?*
- **Has a vision for their future that is hopeful, and is able to plan to achieve their goals**
 - *Does the child exhibit a positive attitude toward the future and seem hopeful for good outcomes?*
 - *Is the older child developing realistic plans for the future?*

Examples of questions to ask, to help assess the child's social and emotional functioning:

- Tell me about the kinds of things you like to do with your friends. Do you have friends in your neighborhood you play with? Do you have friends at school? Do you have a best friend?
- Are there any kids who give you a hard time? What do you do when that happens? Is there an adult that you can talk to about this?
- Do you play any sports? Participate in any other activities? Who brings you to those activities?
- For the very young child: What toys do you like to play with? Who plays with you? What books do you like to read? Who reads them to you?
- What happens if you and your friends/siblings have a disagreement?
- Have you ever been in a fight? What happened?
- Tell me about a time when things weren't going very well. What did you do? Who did you talk to? Did things get better? How?
- Tell me about a really happy time in your life. What was that like? Who was with you?
- Do you have "someone special" in your life? Are you romantically involved? Are you practicing safe sex?
- Do you think of yourself as straight, bisexual, gay, lesbian, queer or something else? (See LGBTQ– A Guide for Working with Youth and Families)
- What gender pronoun do you prefer? (e.g., he, she, ze, they)
- How do you think your life will be different when you are older?
- Do you think you will go to college? What kind of job do you think you would like to have?

Summary of Safety, Permanency and Well-being and Action Plan Areas of Focus

The Social Worker works with the family to summarize the findings across the factors, describing with brief specificity those factors indicated as areas of "high need" and "need". The "high need" areas of focus will be prioritized in the Action Plan. The summary should identify what is working well, what are the concerns and what needs to happen in order for the family to provide adequately for the child's safety, permanency and well-being. The summary should highlight areas of "high need" or "need" that the child or family has identified, especially if they differ from identified by the Social Worker.

D. Developing the Clinical Formulation and Focus for the Action Plan

The **Clinical Formulation** is a key outcome of the assessment process. Because it expresses the focus of the Department's work with the family, it is included in, and forms the basis of, the Action Plan.

The Clinical Formulation is built by the Social Worker and family working together from the information gathered from case records, collaterals and the family that has been documented in the family profile and functioning section and the assessed protective factors of parental capacities and child safety, permanency and well-being. The result is a shared understanding of the family's current functioning, their

strengths and their needs, through the child and family's story. As such, it uses a holistic approach for developing the most effective interventions, services and supports to meet the child and family's needs.

The Clinical Formulation succinctly identifies what has been learned about parent/caregiver capacities to meet the child's specific needs for safety, permanency and well-being. It states whether continued Department involvement is, or is not, being recommended; the reason(s) for that recommendation; and any actions, services and/or supports needed to enable the family to provide the child with safety, permanency and well-being.

When continued Department involvement is recommended, the Clinical Formulation identifies those Areas of Focus which the Action Plan must address with specifically tailored tasks, services and supports. To keep families from becoming overwhelmed, the Clinical Formulation specifies those areas of change that the family and the Department prioritize as most immediately important to safely stabilizing or reunifying the family.

The Social Worker and family review the Clinical Formulation and the Action Plan routinely during their visits. Over the course of the family's involvement with Department, they update the Clinical Formulation and Action Plan to reflect progress made and/or changes in the family's situation. At a minimum, this is done every 6 months.

Appendix B

Guidance for Developing Family Assessments and Action Plans that Address the Impact of Substance Use/Misuse, Mental/Behavioral Health Challenges and Domestic Violence

The following document is to be used to support the assessment of Parental/Caregiver Capacities and Child Safety, Permanency and Well-Being when specific concerns regarding substance use/misuse; mental/behavioral health challenges and domestic violence have been identified and need further exploration. The guidance below is intended to support staff in obtaining information about these specific areas of concern with a trauma-informed, culturally responsive, integrated and strength-based approach. Assessment involves going beyond the identification of a specific concern/issue to understand the connection between it and the impact on children.

Many Department-involved families experience challenges across these areas of concern. However, the presence of these challenges does not always mean that a parent/caregiver cannot provide for the child's needs for safety, permanency and well-being. Not every family that experiences these challenges requires state child welfare involvement. While practice guidance for each area is discussed in distinct ways below, many of the principles and approaches to understanding their impact on the family and addressing them are applicable to all. Specific factors should be looked at in the context of all information gathered, not in isolation, because one factor may mitigate or elevate risk from another. If after utilizing this guidance, you need further assistance in supporting clinical decision-making within or across areas of concern, you can contact one of the Regional Coordinators/Specialists and/or utilize materials from these Units available on the Clinical Practice Resources section of the Department's Intranet. There are additional resources and guidance documents on each of the Department's Specialty Units' Intranet pages.

There are several common ways in which substance use/misuse, mental/behavioral health challenges and domestic violence can impact a family's ability to provide a nurturing environment and effectively meet the safety, permanency and well-being needs of their children. These challenges include the potential to:

- Interfere with thought and the parenting process
- Lead to neglect of a child's (or young adult's) routine health care or educational needs
- Cause parents/caregivers to be emotionally and physically unavailable
- Lower parent/caregiver/young adult's frustration tolerance and increase impulsivity/aggression
- Interfere with a parent/caregiver's ability to respond consistently and sensitively to a child

Many children and parents/caregivers involved with the Department also have a history of trauma. Untreated traumatic stress can have serious consequences for children, adults and families. Conducting your work with a trauma-informed approach entails an awareness and consideration of the pervasive impact that trauma can have. A history of traumatic experiences may:

- Compromise a parent/caregiver's ability to make appropriate judgments about safety (for themselves and/or their child); the parent/caregiver may be either overprotective or may not recognize dangerous situations
- Make it challenging to form and maintain trusting relationships
- Impair their capacity to regulate emotions
- Make a parent/caregiver vulnerable to other life stressors
- Result in trauma triggers

A thorough assessment can help to inform appropriate service referrals and improve overall case practice. While it is important to understand the factors that are contributing to the family's functioning, the goal of the assessment and subsequent planning with the family is to understand and provide services to address the **impact** that substance use/misuse, trauma, mental/behavioral health challenges

and domestic violence have on the parent/caregiver's ability to provide for the child's safety, permanency and well-being. When assessing and planning with families, consideration of the following factors will help to build your understanding of that impact:

Department history

Does the Department's past involvement with the parent/caregiver (as a parent/caregiver or child) provide any insight into the current functioning of the family?

Areas to assess include:

What did the Department learn about this family from past involvement?

How does the Department's past involvement with this family impede or facilitate the current relationship with the Department?

Does the involvement with the Department result in trauma reminders for the parent/caregiver or child?

Does the Department's involvement with this family create any risk or concerns about safety and well-being?

Does the parent/caregiver's history of traumatic experience make it challenging for them to form and maintain relationships with service providers (for themselves and/or their child)?

Observation of parent/caregiver's physical presentation, mental status and home environment

Does the manner in which the parent/caregiver is presenting themselves and their home raise any concern?

Areas to consider:

What about the parent/caregiver's physical appearance raises concerns about safety and well-being?

What about the condition of the home environment raises concerns about safety and well-being?

In what ways might a disability (e.g., intellectual, physical and/or developmental), trauma, mental illness, substance use or current safety issues (e.g., unsafe contact, community violence and domestic violence) contribute to the presentation?

Is there anything about the parent/caregiver's appearance that may indicate a history of traumatic experience; do they seem disengaged or numb, enraged or out of control?

Safety planning is an active and ongoing process that identifies strategies for increasing safety, identifying supports and resources and promoting health and well-being. A safety plan is not a contract developed by the Social Worker and given to the parent/caregiver, but is a process that engages the parent/caregiver and/or family. The specifics of a safety plan should be unique to the family and meaningful to and actionable by the parent/caregiver and the family.

While the fundamentals of safety planning in any circumstance are similar, there can be distinct differences for developing safety plans when mental/behavioral health challenges, substance use/misuse or domestic violence are present. Children living with parents/caregivers who experience any of these challenges may develop complex trauma and the safety planning must be informed by that, as well as by the age and developmental status of the individuals with whom you are working.

I. Parental/Caregiver Capacities

Assessing impact of substance use/misuse, mental/behavioral health and domestic violence on parental capacity is an ongoing process that is directly related to Action Planning. The Department's purpose is to understand the *impact* these challenges may have on the children. Case planning is intended to address identified areas of concern and build upon the strengths as well as the natural support systems that have been created by the family for the purposes of providing for the needs of their children.

A. Assess Parent/Caregiver about Their Alcohol and Drug Use

Signs of substance misuse are not always easily identifiable. Information must be gathered from a variety of sources including any Departmental history, interview and observations with parents/caregivers,

interviews and observations of children, and contacts with collaterals. Overuse, abuse or unauthorized use of prescription medication should be explored as well as alcohol and non-prescription drugs.

Areas to assess include:

- Information on frequency, type, amount of substance use (past and present)
- Previous treatment attempts, treatment outcomes and recovery time
- Parent/caregiver's acknowledgment of substance use/misuse as a problem
- Parent/caregiver's willingness and ability to access available resources in the community or other sober support systems, such as family or friends

Starting a conversation with general substance use/misuse questions provides an opportunity to engage parents/caregivers and understand their attitudes and beliefs regarding substance use. Keep in mind that parents/caregivers may underreport or deny their use of alcohol or other drugs, so information obtained should be reviewed for inconsistencies and verification from collaterals is essential. Questions about substance use should be asked throughout Department involvement.

Examples of questions to ask all parents/caregivers to help you assess their alcohol and drug use:

- How have you used alcohol and/or drugs in the past?
- Describe your current use of alcohol and/or drugs (including prescription medications).
- Can you describe a time when you used more alcohol or drugs than you intended?
- What kind of treatment have you had for your alcohol or drug use?
- How has alcohol or drug use played a role in the current reason for Department involvement?

Examples of follow-up questions for parents/caregivers when concerns arise:

- Have you ever experienced a period of "no use"? If so, what was that like (including the length of your sobriety)?
- If you accessed treatment for substance use in the past, what worked well? What was not helpful about the treatment? What would have to happen for you to return to treatment?
- How do you think your children view your alcohol or drug use?
- Have your children expressed any concerns about alcohol or drug use in your home, and if so what?
- In what ways do you think the care or well-being of your children may have been affected by alcohol/drug misuse?

B. Assess Parents/Caregivers about Their Mental/Behavioral Health Challenges

Parent/caregiver emotional well-being is essential to overall health. Positive mental health allows individuals to realize their full potential, cope with the stresses of life, work productively and make meaningful contributions to their families and communities. Mental health problems are common and parents/caregivers with mental health problems can get better; many recover completely. Mental health functioning may vacillate between periods when the parent/caregiver is functioning well and other times when they require greater attention and help.

The emotional well-being of parents/caregivers plays a significant role in the health and mental health of their children. Parents/caregivers with positive mental health are better able to foster a healthy parent/child relationship. Adult mental health challenges, such as maternal depression, substance misuse and symptoms of traumatic stress, can disrupt parenting and interfere with the parent/caregiver's ability and availability to nurture a child's social and emotional development. The absence of a healthy, strong emotional bond between parent/caregiver and child poses a great risk to a child's development. Improving the parental/caregiver mental health results in better outcomes for both the child and the parent/caregiver.

Areas to assess include:

- Information on the continuum and severity of symptoms

In collaboration with the mental health and medical providers, assess for emotional complications, including depression and trauma

Examples of questions to ask to help you assess the mental/behavioral health challenges:

Tell me about the type and frequency of your symptoms?
What kinds of things help/don't help?
Are there times when you feel better or worse?
Do you have any self-management/coping plan?
Has your doctor spoken with you about depression?
Are you taking medication? What kind? Why was it prescribed? Who is prescribing it?
Are you smoking, drinking, or using drugs more than usual?
Are you now or have you ever had thoughts of harming yourself or others?
Has your doctor/Ob/Gyn spoken with you about post-partum depression?

C. Assess Parents/Caregivers about Domestic Violence

Domestic violence exists along a continuum that can include verbal abuse, emotional and psychological abuse, physical abuse and/or sexual abuse. Each of these tactics may take different forms and be used at different levels. *Not every domestic violence case requires state child welfare involvement, and not every 51A report identifying domestic violence is accurately defining the situation.* The Department's primary function is to determine level of risk to and impact on children and to provide resources to help the family increase safety and mitigate risk.

Definition of Domestic Violence: Domestic violence is a pattern of coercive controls that one partner exercises over another in an intimate relationship. While relationships involving domestic violence may differ in terms of the severity of abuse, control is the primary goal of offenders. *Domestic violence is not defined by a single incident of violence.*

Make Safe Contact and Safety Plan

When domestic violence is present, attention from outside sources can initially increase risk by challenging the offender's control. Therefore, safe contact with the non-offending parent/caregiver is crucial for the Department to conduct a safe and effective assessment. By prioritizing safe contact, escalation may be limited and more accurate information gathered. Make every effort to have contact with the adult victim prior to contacting the offender. This allows private, safe conversations with the adult victim in order to mitigate risk, safety plan and discuss best approaches for engaging the offender. *Safe contact is crucial at intake and should also be utilized during the assessment process and throughout the Department's involvement.*

Areas to assess include:

Non-Offending Parent

Information on ability to safety plan
Information about specific strengths and natural supports that may be built upon to create more safety
Perspective about systems responses
The extent to which safe contact was made
The level of violence, escalation of abuse and level of isolation/control over partner

Offending Parent

Information about specific behaviors creating danger for an accurate assessment of risk
Information about specific strengths and natural supports to be built upon to increase safety
Information about the attempts to engage this individual and the outcomes
The level of violence, escalation of abuse and level of isolation/control over partner
Information about any pattern of criminal offenses associated with domestic violence

Examples of questions to ask the non-offending parent/caregiver:

What kinds of things do/have you done to feel safer?

Has anyone ever helped you think about what to do if your partner becomes violent? Was it helpful? How?

What happened when (the police, the Department, a community member, your family, a friend) tried to help you? Did it help you and your child(ren) to feel safer? Did it make things feel less safe?

What do the children do if there is violence happening?

Examples of questions to ask the offending parent/caregiver:

Has anyone talked with you about your relationship with your partner?

In thinking about your children, what are you worried about? What do you think your children might be worried about?

What is your role in the relationship with your partner?

In what ways has your relationship with your partner changed?

What do you think are your strengths?

What do the children do when you and your partner argue?

II. Child Safety, Permanency and Well-Being

It is important to be able to tell the difference between typical behavior changes and those associated with more serious problems. Engage children in a manner that is age and developmentally appropriate. When speaking with children, your practice should be trauma-informed and culturally sensitive.

Children who have been impacted by substance use/misuse, mental/behavioral health challenges, trauma and domestic violence may exhibit behaviors that include:

Problems across a variety of settings, such as at school, at home or with peers

Changes in appetite or sleep

Social withdrawal, or fearful behavior toward things he/she normally is not afraid of

Regressing to behaviors more common in younger children, such as bed-wetting, for an extended period of time

Self-destructive and/or self-abusive behaviors, such as head-banging, cutting

Somatic complaints such as headaches or stomachaches

Irritability, easily frustrated and angry outbursts

Feelings of worthlessness, sadness or tearfulness

Socialize less than before, pull away from parent/caregiver, start hanging out with a different group of friends

Repeated thoughts of death and suicide

Children who have experienced prolonged toxic stress may also exhibit symptoms and/or behaviors that include:

Intrusive memories, nightmares, repetitive play or reminders of traumatic event

Avoidance

Numbness

Hypervigilance, difficulty concentrating, irritability, sleep difficulties, irritability or outbursts of anger (these symptoms can often lead to a misdiagnosis of ADHD)

Often times, children do not feel comfortable speaking about a parent/caregiver who is currently or has in the past experienced these challenges. Sometimes families have instructed their children not to speak about the presence of these challenges in the family. The use of The Three Houses Model may help you to engage in conversation that will better enable you to understand the impact of these challenges on a child.

A. Substance Use/Misuse

For children whose parents misuse drugs or alcohol, family life can often be unpredictable and chaotic. They often have feelings of worry, guilt and shame. Adolescents who have experienced parents with a substance use disorder are at a higher risk of misusing alcohol and drugs themselves. Children and youth who have been impacted by parental substance misuse need to be assessed and referred for appropriate services to promote their health and well-being.

Areas to assess include:

Assess all children in age appropriate ways regarding the parent/caregivers/child/young adult's use of alcohol/drugs to understand risk and danger.

- Child's knowledge of alcohol or drug use in the home.

- Child's availability to access supports.

- Child's alcohol and drug use.

Examples of questions to ask (make sure to adapt based on the child's age/development or ask other family members for their perspectives on the children's views):

- Is there ever a time when you worry about your parent/caregiver?

- Do you know what alcohol/drugs are?

- Has your parent/caregiver talked to you about alcohol/drugs?

- Have you ever been worried about the use of alcohol/drugs by your parents/caregivers?

- If someone in your house used alcohol/drugs, what was that like for you? What did you do?

- Have you, or your siblings, ever been scared or gotten hurt when someone in your house was using alcohol/drugs?

- Have you ever been worried about getting into a car with your parent/caregiver?

- Who can you go to if you feel unsafe? How have they been helpful?

Examples of questions to ask youth about their own experiences with substance use (be aware of specific risk factors that increase vulnerability for substance misuse):

- I'm concerned about your use of drugs and alcohol. Are you concerned?

- I'm wondering if you can see how using drugs today will hurt your future.

B. Mental/Behavioral Health and Trauma

Children involved in the child welfare system can be at greater risk for mental health issues than the general population as a result of histories of child abuse and neglect and other adverse childhood experiences, separation from biological parents/caregivers and/or placement instability. Children with untreated mental health problems can be at greater risk for substance abuse, educational failure, juvenile delinquency, imprisonment or homelessness. For children with a parent with a mental illness, developmental impacts and feelings of isolation worry, guilt, shame, grief and loss are common.

Areas to assess include:

- Observation of the child's physical presentation, mental status, relationships with parent/caregiver(s) and sibling(s) and peers.

- Child's relationship with and response to a parent/caregiver with mental illness.

- History and outcomes of mental health treatment/alternative interventions

- History and effectiveness of use of behavioral health medications.

- Understanding of symptoms related to co-existing experiences of violence and/or substance use/misuse and environment (e.g., poverty, community violence, cultural and language barriers, etc.)

- Child's functioning at school/child care and involvement in activities

Examples of questions to ask (make sure to adapt based on the child's age/development or ask other family members for their perspectives on the children's views):

Has the child or young adult participated in further evaluation by a specialist with experience in child behavioral/emotional problems?

Has the child/young adult's primary care provider, mental health specialist or school raised any concerns related to the child/young adult's emotional/mental/behavioral health?

C. Domestic Violence

When children are exposed to domestic violence behavioral, emotional, cognitive, and social impacts are possible. However, not all children are equally harmed or emotionally impacted and not all domestic violence situations are equally dangerous. It is necessary to assess not only the level of domestic violence but how the children have responded, how it is impacting them and what resources and supports are available to them.

Areas to assess include:

- Frequency and proximity to the abuse that has taken place
- The extent to which the child forced or coerced to participate in the abuse of the adult victim
- The extent to which the child was used to control the adult victim
- The severity of violence and abuse they have experienced/witnessed in the home
- The child's perception of the abuse
- The child's resiliency and strengths, strategies for safety, relationships with safe adults
- The availability of supports to the child and family
- Information about specific behaviors or conditions that indicate impact on them

Examples of questions to ask (make sure to adapt based on the child's age/development or ask other family members for their perspectives on the children's views):

- All families have arguments and fights sometimes. What happens in your house when the grown-ups argue or fight?
- Do you ever feel scared when grown-ups/your parents fight? Can you tell me what scares you?
- What have the grown-ups done to try to keep you safe from the fighting? Who else has done something to help you feel safe?

Appendix C

Missing Parent/Caregiver Checklist

The following are actions that the Social Worker or other Department staff designated by the Area Director/designee may complete for the purpose of locating a missing parent or other caregiver. In completing these actions, the confidentiality of family members must be respected. Legal staff and “search” specialists are available to provide consultation and assistance. Information regarding the actions taken to locate missing parents/caregivers, including non-custodial parents, and the associated outcomes are documented in dictation with dates, including refusal by any of the below-listed sources to provide requested information. This dictation also identifies:

- ***Name(s) of missing parent(s)/caregiver(s)***
- ***Last known address***
- ***Date of last contact with the Department***

Action Taken to Locate Missing Parent/Caregiver

- ☐ Visit last known address
- ☐ Search internet
- ☐ Contact known kin, friends, and landlord to determine current address
- ☐ Send letter to last known address
- ☐ Identify forwarding address through the post office
- ☐ Contact service providers/community agencies known to have been involved with family
- ☐ Check local telephone book and contact “Directory Assistance”
- ☐ Contact last known employer
- ☐ Use Area Office contact to search Registry of Motor Vehicles database
- ☐ Contact law enforcement authorities [e.g., local and state police; Department of Corrections (See List, included below, of Contacts/Telephone #s of Massachusetts Correctional Facilities); Parole Board (Main Telephone Number: (617) 727-3271)]
- ☐ Review Criminal Offender Record Information (CORI) conducted during screening and investigation of 51A reports or assessment and provision of case management services in an open protective case
- ☐ Contact local Department of Transitional Assistance
- ☐ Contact Office of Child Support Enforcement within the Department of Revenue
- ☐ Check Board of Elections Voter Registration
- ☐ Check with Department of Public Health, Bureau of Vital Statistics, for death certificate by completing “Application for Vital Records” in the electronic case record
- ☐ Contact Federal Parent Locator Service, if accessible
- ☐ Other actions taken to locate missing parent(s)/caregiver(s)