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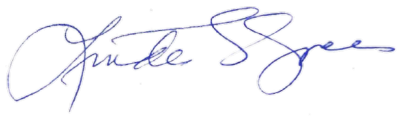
	Policy #: 2017-01 (Replaces 85-011 and 97-003)	
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FAMILY ASSESSMENT AND ACTION PLAN POLICY

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I. POLICY

The Family Assessment and Action Plan (FAAP) is the Department of Children and Families' (DCF) family-focused, collaborative process of engaging families, collaterals and family supports in providing 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 racial, ethnic and cultural background, 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, as well as any barriers or challenges to accessing support based on culture, race or ethnicity.

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 assessment of parental capacities is based on the five protective factors for strengthening families, a standardized, research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs, and communities in building five key protective factors:

- Knowledge of Parenting and Child Development,
- Building Social and Emotional Competence of Children,
- Parental Resilience,
- Social Connections, and
- Access to/Utilization of Concrete Support in Times of Need.

Parents or caregivers with disabilities must be assessed based 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.

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.

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. Collaterals such as kin, service providers, educators and other resources are also likely to be involved. Family assessment and action planning prioritizes child safety and centers on engaging family members and collaterals in an integrated and dynamic process of exploring their unique strengths and needs for two 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.

The Family Assessment and Action Planning process should result in the Department, collaterals, 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;
- what actions or changes in caregiver behavior need to happen to assure the safety, permanency, and well-being unique to each child;
- what services and resources the Department recommends to support changes in caregiver behaviors and parenting knowledge, and to strengthen the safety, permanency and well-being of the child;
- what assistance and supports the Department and others will provide to help the family make any changes needed; and
- what racial, ethnic, or cultural systemic biases/barriers are impacting the family and what can be done to mitigate these biases in order to support the family in making changes needed and to achieve the safety, permanency and well-being of the child(ren).

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 and well-being. 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.

II. PROCEDURES

***NOTE**: Throughout this document, the terms "child" and "children" are used as general and inclusive terms to mean child(ren)/youth from birth up to age 23 years. Young adult refers to adults age 18 up to 23 years.*

A. 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 Case Participants.

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. (See Appendix D)
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 (resides 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
Family engagement is a family-centered and strengths-based approach to making decisions, setting goals, and achieving desired outcomes for children and families. Family engagement encourages and empowers families to be their own champions, working toward case goals that they have helped to develop based on their specific family strengths, resources, and needs.

Household Member
Any individual, regardless of age, who resides in the home or who moves into the home with the intent to make it their residence. In addition, any individual who is temporarily visiting for more than 30 calendar days shall be considered a household member.

Case Participants
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.

Permanency Plans: (See Permanency Planning Policy)

- ***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.
- ***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.

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.

B. ROLES AND RESPONSIBILITIES

1. Ongoing Social Worker is responsible for**:**

- Regularly meeting with families to jointly complete, and update, the Family Assessment and Action Plan;
- Arranging for services when needed for the case participants;
- Regularly contacting collaterals to gather information and updates on family progress;
- Utilizing structured decision making tools when required or applicable;

2. **Supervisor** is responsible for supporting the Ongoing Social Worker in family assessment and action planning activities and decision making and:

- Meeting regularly with the Social Worker to review all cases each month;
- Reviewing initial and updated Family Assessments and Action Plans;
- Discussing and assisting in revisions to the clinical formulation in each assigned case;
- Assisting in elevating cases for to a Manager when required or needed for case direction;
- Assisting in consultations with specialists;

3. **Area Program Manager (APM)/designee** over ongoing units is responsible for

- supporting the Units in case practice activities and decision-making, including the initial and updated family assessments and action plans;
- Providing supervision and consultation to the Social Worker and Supervisor with case direction when needed or required by this policy;
- Attending, and/or Facilitating Area Clinical Reviews when needed or required; and
- Reviewing the family assessments prior recommending case closure;

4. **Area Clinical Manager (ACM)/designee** is responsible for:

- Arranging and Facilitating Area Clinical Reviews on case when needed or required by this policy;

5. **Area Director** is responsible for supporting the Ongoing Units by:

- ensuring the prompt assignment of all cases opened for Family Assessment and Action Planning; taking into account the family's language and cultural background and when possible, 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; and
- supporting 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;

C. PROCEDURES: COMPLETING THE INITIAL FAMILY ASSESSMENT

The Family Assessment and Action Plan are completed within 60 working days following assignment. The Social Worker has a minimum of three face-to-face contacts with all case participants, two of which must take place in the family home. The Social Worker must visit the children in their home within five working days of assignment. The Social Worker must see and interview each household member during the assessment. If the Social Worker is not able to see the children in the home within five working days, the Social Worker and/or Supervisor consult with their manager to develop a plan for seeing the children immediately.

When a young adult is the subject of Family Assessment and Action Planning, 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.

The Social Worker, in consultation with the Supervisor, may identify the need for consultation from resources inside or outside the Department [e.g., Department managers, Department Attorney, Clinical Specialists] or an Area Clinical Review at any time during Family Assessment. Supervisors or Social Workers must seek out consultation from Clinical Specialists when a case is determined to be high risk

through discussions in supervision, the use of a structured decision-making tool (e.g. risk assessment) AND presents with multiple risk factors. (See Supervision Policy)

Review Existing Department Information about the Family

1. The Social Worker reviews information gathered during Intake, either Screening and Response if the case opened as a result of a protective response or the Intake form if the case opened as a result of a CRA, Voluntary Request for Services, or Court Referral. The Social Worker contacts the Response Worker as needed for further information.

   The Social Worker reviews all other information gathered about the family in the Department's record, including previous 51A/B, FAAPs and other assessments, and meetings where case direction was discussed like foster care reviews and permanency reviews. The Social Worker confers with the worker(s) assigned to previously open cases when possible.

   Reviewing the case record includes reading sufficient sections for the Social Worker to understand family composition, the racial, ethnic and cultural identity of the family and individual family members, case history, current and past legal involvement, and current services, supports, and family needs. The Social Worker uses this information to understand the experiences that the family has had in the past with the Department, the reason(s) for current involvement, and how to meet the family's needs most effectively.

   If a new assessment is being completed on a family or young adult whose case was open within the previous six months, the Social Worker updates the previous 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.

Identify and Assess Household Members

2. The Social Worker works with the parent(s)/guardian(s) to identify important case members who will be part of the Family Assessment. The Social Worker works with the parent(s)/guardian(s) to identify all household members. The Social Worker completes criminal and child welfare history checks for new/additional case members and household members as needed. (See BRC Policy)

3. The Social Worker must interview all household members at least once during Family Assessment. The Social Worker must gather information from and about household members to assess whether these individuals elevate danger/risk of future harm to a child(ren) or provide support for the caregivers.

   Interviews with household members cover the following:
   - their relationship to the child
   - their relationship to the family
   - insight into their ability to elevate or decrease the danger or risk in the household, for instance their current functioning including any mental/behavioral/substance use/domestic violence/physical violence issues
   - their willingness and/or availability to provide support to the child/family

   The Social Worker uses this assessment of household members in conversations with the parent(s) to help the parent(s) understand how the presence of household members effects risk and/or safety in the home. Together, they discuss and develop a plan to mitigate any negative impact a household member has on risk in the home. Parts of this plan may be included in the Action Plan for the parent.

   When a household member refuses to cooperate with an interview or does not want to disclose their BRC findings to the parent/caregiver, the Social Worker consults with their Supervisor to discuss how this impacts our understanding of safety and risk, any underlying factors that contributed to the household

member's refusal unique to the individual or family, and whether further action is needed to obtain this information. The Supervisor may make a determination to not interview a household member. This decision is documented in the electronic record by the Supervisor.

Adapting to Unique Needs of Individual Household Members

4. There are various factors that impact our ability to engage with a family, including individual household members. In gathering information from household members, the Social Worker must take into account factors that influence the composition of the household, including but not limited to a family or individual's:
    - racial, ethnic, or cultural identity
    - linguistic needs
    - sexual orientation, gender identity and/or gender expression
    - disability-related service needs including assistance, or accommodations
    - personal history
    - past involvement with the Department or another state child welfare agency

    The Social Worker adapts and adjusts their work and communication with the family to encourage greater participation and address any underlying factors that contributed to the household members refusal unique to the individual or family.

Complete Background Record Checks, as Needed

5. ***Department History Checks:*** The Social Worker completes Department history checks (person search/Central Registry/alleged perpetrator) on any new/additional household members if a check has not been completed since the case opened.

6. ***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.

7. ***Local Law Enforcement Check:*** The Social Worker may contact local law enforcement to request information that may assist in assessing danger and risk to the child(ren) and/or the Social Worker, if 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)

8. ***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, requests information about the family from the other state, if not already requested during Screening and/or Response. If requested during Screening and/or Response, the Social Worker follows up with the request to ensure this information is obtained and documents if the information is still pending.

Safely Contact and Meet with All Family Members

9. Contacts with individuals during Family Assessment, as well as at all phases of casework practice, are planned with the safety of Social Workers and family members being a primary consideration. Whenever a Social Worker has a concern about their 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)

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.

Consult/Search Internet Sources

10. 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.

Update Demographics

11. The Social Worker together with the parent(s)/guardian(s) reviews the family's demographic information, The Social Worker encourages the family to self-identify their race, ethnicity, cultural identity, linguistic needs, sexual orientation, gender identity, and gender expression and updates the electronic record accordingly. (See: Appendix E). The Social Worker records any disability-related services, assistance, or accommodations (such as a parent aide or interpreter) that should be provided to ensure that the child or parent can fully and equally participate in family assessment and action planning. The Social Worker ensures that the demographics are kept up to date as changes occur.

Initiate Services for the Family

12. The Social Worker uses information from Intake, other Department records, standardized assessment tools, and conversations with the family to identify what services and supports the family needs in order to address immediate safety and risk factors. The Social Worker initiates service referrals and follows up during subsequent visits/contact with the family to ensure that services and supports have begun. The Social Worker initiates new referrals as needed if services and supports are not available.

Identify and Contact Collaterals

13. The Social Worker and family or young adult discuss who should be contacted as sources of information. Sources of information may 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. The Social Worker obtains releases of information to contact collaterals and contacts collaterals prior to completing the initial Family Assessment.

    The Social Worker consults with their Supervisor to determine which collaterals to contact monthly on an ongoing basis and which to contact prior to the 6-month FAAP update. Collaterals who require monthly contact include any collateral providing professional services to a family member and any kin collateral who provides regular support to the family or regular childcare. Any other collateral who sees the family regularly and who has information linked to the reason(s) for the Department involvement or immediate safety issues is also contacted monthly (e.g. daycare provider, school, pediatrician, etc). (See Appendix D for guidance on contacting collaterals)

14. When the family refuses to sign a release of information, the Social Worker consults with their Supervisor to discuss how this impacts our understanding of safety and risk, any underlying factors that contributed to the family's refusal unique to the individual or family and whether further action is needed to obtain this information. The Social Worker can complete the FAAP without the benefit of collateral contacts if necessary.

Identify and Assess Kin Collaterals

15. For those adult case members who have been identified as kin collaterals, the Social Worker conducts a criminal and child welfare history check and an interview that 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 any concerns related to this caregiver's ability to keep the child(ren) safe.

Identify and Assess Case Participants

16. The Social Worker in consultation with the Supervisor determines who from the case members will be identified as case participants of the FAAP, 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 Social Worker uses information gathered from existing Department records, interviews and observations during visits, and collateral contacts to assess case participants. The following four sections are completed:

    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. It also includes relevant racial, ethnic, cultural or other demographic information that may influence the assessment of child safety, permanency, and well-being, access to services or needed resources, or service provision.

    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 directly impact the safety and risk factors identified in the family and are prioritized in the Action Plan. Areas where the family and the Department are not in agreement are noted.

    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.

Clinical Formulation and Focus for the Action Plan:
The Clinical Formulation is our picture of a family. We analyze and interpret the information we gathered and make reasoned, well thought out judgements to develop a stated "hypothesis" or explanation for what's going on in a family that poses danger/risk to a child. Clinical formulations should include:

- Our evaluation of current issues of abuse or neglect in the context of the history of the family,
- Our assessment of consistent and recurring characteristics, traits, or behaviors that elevate danger or risk of future harm to a child.
- Our evaluation of each child's capacity for self-protection by identifying vulnerabilities such as age, developmental level and mental disability, physical disability and illness, visibility, ability to communicate, etc. Our evaluation should include considerations on what the child needs to be successfully cared for.
- Any considerations related to the child's vulnerabilities that require specialized knowledge or expertise to address, and whether consultation with a specialist is needed.
- Our evaluation of the caregiver's understanding of each risk factor present, their situation and current functioning as a family that necessitated DCF involvement.
- Our evaluation of caregiver actions or inactions in mitigating risk and danger and the strengths or supports the family has that enhances child safety.
- Our evaluation information gathered from and about household members and whether these individuals elevate danger/risk of future harm to a child(ren) or provide support for the caregivers.
- Any racial, ethnic, or cultural systemic biases/barriers impacting the family and child(ren) and what can be done to mitigate these biases in order to support the family in making changes needed and to achieve the safety, permanency and well-being of the child(ren).
- A critical attitude in assessing the accuracies and credibility of the information that we have gathered from collateral contacts, family members, household members, and other sources and identifying discrepancies and conflicting pieces of information for exploration as to why those inconsistencies exist.
- Our rationale for why the case should be opened or closed.

For more information on completing the Family Assessment, please refer to **Appendix B** and ***Appendix C*** for information on assessing and addressing the impact of substance use/misuse, domestic violence and mental/behavioral health challenges.

Determine Family Assessment Outcome

17. The Supervisor reviews and approves the Family Assessment. The Social Worker and Supervisor determine if the case will remain open or be closed. For cases that will remain open, the Department and the family complete the development of the Action Plan. (See: Completing the Initial Action Plan) For

cases being closed, the Social Worker follows the procedures outlined in policy. (See Permanency Planning Policy and Case Closing Policy)

18. If during the course of a Family Assessment following the first protective response, the Social Worker is presented with information from the family or learns information that would change the original support 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 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)

Missing Household Member or Missing Visit

19. If the Social Worker is not able to see the children in the home within five working days of assignment, the Social Worker and/or Supervisor consult with their manager to develop a plan for seeing the children immediately.
20. If the Social Worker is not able to complete the 2nd or 3rd visit with a family, the Social Worker and Supervisor elevate the case to manager if 7 calendar days have elapsed since the scheduled visit.
21. If the Social Worker is not able to meet with all household members, cannot conduct the expected number of visits, or cannot visit the family in their home, the Social Worker immediately contacts their Supervisor to discuss how this development impacts our understanding of safety and risk and to determine further action. If the issue remains unresolved, the Social Worker and Supervisor elevate the case to a manager within 7 calendar days of the assessment due date. The manager assists the Social Worker and/or Supervisor to develop a plan for seeing the children and family. If they determine there are reasons to pursue legal action, the Social Worker and/or Supervisor contacts a Department Attorney.

When a Family Declines to Participate or Cannot be Located

22. 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 E – 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 the 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)

D. PROCEDURES: COMPLETING THE INTITIAL 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 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.

The first permanency plan for every child is either Permanency through Stabilization of Family or Permanency through Reunification of Family. 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, Permanency through Guardianship, Permanency through Care with Kin, Permanency through Alternative Planned Permanent Living Arrangement. 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.

Develop the Action Plan

1. 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** for case members and service providers 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.); and*
   - the **Frequency of Visits and Collateral Contacts** between the Social Worker, family, and collateral contacts as determined necessary by the risk level using the risk assessment/re-assessment tool and the clinical formulation. *(NOTE: The minimum frequency of visits and collateral contacts is monthly. Higher risk cases will require more frequent contact.)*

   If 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)

2. The Clinical Formulation serves as the foundation for effective action planning. Stated Focus for the Action Plan should be linked to:
   - the areas of high need for the parents/caregivers to build their parental capacities to reduce the risk and danger to the child;
   - the specific, observable behavioral changes that parents/caregivers need to make to ensure their child's safety; and

- what changes need to be made/demonstrated in order to address the abuse/neglect, increase safety for the child(ren), improve functioning as a family unit and close the case. This includes addressing any plans put in place to mitigate the risk/danger of a parent/caregiver or household member.

Consultations with specialists can be useful in developing the action plan, particularly when a child's vulnerabilities have been identified that require specialized knowledge or expertise to address.

3. Each youth age 14 and older/young adult in Department care or custody may choose two 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. 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).

   The Action Plan includes 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)

Develop Separate Action Plans

4. 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. The social Worker, in consultation with the Supervisor, determines how these situations will be addressed.

Obtain Comments and Signatures

5. 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 parents and youth age 14 and older 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. Participants may request that their attorney review the Action Plan before they sign. The Social Worker and Supervisor can consult with the DCF attorney when this occurs. 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 family member or young adult 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 family member or young adult 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 Fair Hearing Office and Grievance Policy)

6. The Social Worker ensures that a copy of the entire signed/approved Action Plan 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.

E. PROCEDURES: UPDATING THE FAAP

Families are not static. Their dynamics change over time, and the FAAP needs to reflect this. The FAAP is intended to be a living document. It is updated periodically to reflect the Department and family's evolving understanding of family functioning, needs, safety, risk, and well-being. The Social Worker and their Supervisor develop a shared understanding with collaterals and the family about family progress based on observations, information from the family, information from collaterals, and standardized assessment tools. The Social Worker must obtain new signatures and must provide a new copy when the Action Plan is updated.

The Social Worker, in consultation with the Supervisor, may identify the need for consultation from resources inside or outside the Department [e.g., Department managers, Department Attorney, Clinical Specialists] or an Area Clinical Review at any time during FAAP update. Supervisors and Social Workers must seek out consultation from Clinical Specialists when a case is determined to be high risk through discussions in supervision, the use of a structured decision making tool (e.g. risk assessment) AND presents with multiple risk factors. (See Supervision Policy)

Update the Clinical Formulation

1. The Social Worker continuously gathers and learns information about the family from various sources like monthly contacts with collaterals, observations during home visits and/or Family Time, conversations with the parent or child, and consultation with other DCF employees.

   The Social Worker can also complete a risk re-assessment or safety assessment at any time to give them additional information about the family and their current condition. The Social Worker discusses information gathered/learned during Supervision. The Supervisor helps the Social Worker synthesize information and they develop a shared understanding of family functioning, current needs and how they impact safety, risk, and well-being.

   Together they discuss:

   - Have worries about the family changed?
   - Are there specific observable behaviors that raise concerns about the child or caregiver's functioning or the safety of the children?
   - What are the factors contributing to risk and danger?
   - What are the areas of strength for the child/parents/caregivers?
   - What are the areas of high need for the parents/caregivers to build their parental capacities?
   - Are there specific, observable behavioral changes that parents/caregivers need to make?
   - Are there any barriers the family is experiencing in making observable behavioral changes?
   - What do we need to see in order to safely close the case?

The Social Worker and the Supervisor also review how the Social Worker's need for support with the case has changed based on developments in the case over time. The Supervisor ensures that the Social Worker has access to the resources they need to successfully work with the family and has access to the tools they need to develop their clinical formulation.

The Social Worker and Supervisor should ensure that any changes to the clinical formulation of the family are documented in the electronic record to reflect this synthesis of information. The Clinical Formulation integrates the following: the history of the family; the vulnerabilities of the children; the caregiver's actions or inactions in mitigating risk and danger and promoting safety; immediate safety issues; and the factors that elevate the risk of future harm.

2. Cases must be elevated for Manager Review when:
   - a monthly visit has been delayed by more than 7 calendar days;
   - there is disagreement between a social worker, supervisor, or a collateral on case direction. If it relates to whether a child can safely remain in the home or placement, the consult should also include a Department Attorney;
   - disagreement occurs between the Social Worker, Supervisor and youth/young adult on case direction;
   - conflicting or absent information comes from collaterals, professionals, and/or family members, especially as it relates to child safety or well-being;
   - a situation in which increased danger or risk to a child has been identified, including inability to have access to the child(ren);
   - there are special considerations related to the child's vulnerabilities that require specialized knowledge or expertise to address; and/or
   - the Social Worker or Supervisor has a concern about worker safety.

Update the FAAP Every 6 Months

3. In preparation for updating the FAAP, the Social Worker:
   - reviews information gathered about the family including notes from any meeting where the family was discussed;
   - contacts all collaterals to discuss family progress towards Action Plan goals and any other concerns the collateral may have about the parent(s)'s ability to mitigate risk and danger and/or promote safety (See Appendix D for guidance on contacting collaterals);
   - update the household members who are not case participants; and
   - performs a new risk-reassessment and may perform a safety assessment as needed.
   - updates any demographic information that has changed since the last update.
4. In preparation for updating the FAAP, the Social Worker and the family discuss:
   - the family's, collaterals', and Department's understanding of the family's progress towards Action Plan goals and if those goals are still relevant for the family;
   - progress towards the child(ren)'s permanency plan(s);
   - progress towards resolving the reason(s) for Department involving and case closing; and
   - the list of collaterals, which is updated as needed with new signed releases of information.

5. In preparation for updating the FAAP, the Social Worker and Supervisor discuss:
   - whether the list of case participants needs to be changed;
   - the previous action plan and what needs to be changed, including but not limited to permanency plan(s), areas of focus, observable changes, actions/tasks, and frequency of contact with family/collaterals; and
   - the Social Worker's ongoing need for support with the case and their access to supports.
6. Consultation with a manager is required prior to an update when:
   - 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; or
   - insufficient progress is 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 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.
7. 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.
8. 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)

Update the FAAP Following Out-of-Home Placement

9. When an initial placement occurs in a case prior to the completion of the initial Family Assessment and Action Plan, the Social Worker develops an Interim Action Plan within 5 working days, which outlines the immediate steps needed to ensure child safety, the Family Time plan including efforts to see siblings if not placed together, the plan to meet the child's immediate health and education needs and the Placement Supplement, which outlines efforts to locate kin. The full FAAP must be completed in 45 calendar days of the child entering placement.
10. When a 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. When a child enters placement, the update must occur within 45 calendar days of placement.

11. 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, including any special education services; 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)
12. 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 or is contrary to the welfare of the child, the visitation plan includes an explanation of the suspension or termination of visits, how that decision was made, and any notifications needed (e.g. school). (See Permanency Planning Policy)
13. 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.

Update the FAAP Following Reviews/Other Meetings and/or Change in Permanency Plan

14. Following a review/other meeting (such as Initial Placement Review, Foster Care Review, court permanency hearing or Permanency Planning Conference), the Social Worker updates the FAAP as needed, within 10 working days, to reflect information discussed during the meeting. Information discussed during the meeting that might result in changes to the FAAP 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, or changes to Family Time plan for contact/visitation with parents, siblings, grandparents or other important individual to the child. (See Permanency Planning Policy)

    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.

When the Department identifies Permanency through Guardianship, Care with Kin, or Alternative Planned Living Arrangement (APLA) as the child's permanency plan, 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.

Update the FAAP Prior to Child Return Home

15. Within 30 calendar days before the child is discharged from placement to the home, the Social Worker works jointly with the family to update the FAAP 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)

Update the FAAP Due to Other Circumstances

16. The FAAP is also updated within a reasonable time frame as determined by the SW and Supervisor due to other significant changes in a family's circumstances including but not limited to:

    - birth/death of a child including when a youth or young adult in the case gives birth to a child,
    - new household member/caregiver,
    - loss of a caregiver to death, divorce or incarceration, and/or
    - the family becomes homeless.

    The updated FAAP needs to reflect the changed circumstances and their impact on family functioning, current needs, safety, risk, and well-being.

Appendix A

Demographic Information

As part of FAAP, the family's demographic information is recorded, including any new or changed information. 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, ethnicity, cultural identity, current immigration status, preferred language spoken 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 including any disability related services;
- 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, ethnicity, cultural identity, current immigration status, preferred language spoken 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.).

Appendix B

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 C** 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. It should also include relevant racial, ethnic, cultural information and other demographics that may influence the assessment of child safety, permanency, and well-being, access to services or needed resources, or service provision.

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 for the parents/caregivers of the child and an assessment of household members for all adult's identified in the home to determine if they increase or decrease danger, risk or safety to the children in the home or can provide support to the caregivers..

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."

The Social Worker utilizes a variety of sources of information to assess protective factors including but not limited to:

- conversations with the parents/caregivers, children, and kin collaterals;
- observations of the parents/caregivers, children, and kin collaterals;
- conversations with service providers and other formal and informal supports about family functioning, strengths, and needs;
- the results of risk assessment and other standardized assessment tools;
- discussion of information learned and updating clinical formulation, as needed in supervision; and
- consultation with Managers and specialists when needed.

The Social Worker uses behavioral questions in interviews with parents/caregivers, children, kin collaterals, service providers, and others to assess protective factors. The following is a list of suggested questions. This list is not comprehensive. Social Workers will need to adjust their questions based on their audience and based on the family's unique situation.

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 C 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.

Children need to be assessed in the context of their caregiver, their culture, racial, and ethnic background. 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. This is especially important for young children but also needs to be assessed for older children as well, especially those whose development is impacted by disability or other diagnosis.

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."

The Social Worker utilizes a variety of sources of information to assess these indicators including but not limited to:

- conversations with the parents/caregivers, children, and kin collaterals;
- observations of the parents/caregivers, children, and kin collaterals;
- conversations with service providers and other formal and informal supports about family functioning, strengths, and needs;
- the results of risk assessment and other standardized assessment tools;

- discussion of information learned and updating clinical formulation, as needed, in Supervision; and
- consultation with Managers and specialists when needed.

The Social Worker uses behavioral questions in interviews with parents/caregivers, children, kin collaterals, service providers, and others to assess these indicators. The following is a list of suggested questions. This list is not comprehensive. Social Workers will need to adjust their questions based on their audience and based on the family's unique situation.

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-secondarysetting?*
  - *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 is 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 C 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 Supervisor review the Clinical Formulation and the Action Plan routinely during Supervision. 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.

Appendix C

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 they normally are 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 D

Guidance for Collateral Contacts

Collaterals have important information that needs to be integrated into the Social Worker's clinical understanding of the family. The Social Worker is responsible for checking in with collaterals monthly to assess the family's progress towards Action Plan goals. The Social Worker incorporates this information into their monthly update of the clinical formulation with the help of their Supervisor. Collaterals include:

- **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 (reside outside of the home).

The Social Worker gathers clear information from families and collaterals about how often they're working with each other and how (in person, at their office, virtually). It may be appropriate to arrange for different collaterals to be on a call together. Individual concerns can feel somewhat insignificant, but when people come together and share concerns, a pattern can become apparent that indicates higher risk or danger for the family. When speaking with collaterals, clearly state the Department's worries and concerns. Be specific so that collaterals know our concerns and can add their specific observations to our assessment of safety and danger/risk.

When talking to collaterals, the Social Worker must ask about the following:

- who in the family they have seen - if they have seen or had contact with the children: their physical appearance, any injuries, their affect, etc.;
- their observations of the children and family interacting with each other, if applicable;
- the condition of the home, if applicable; and
- how the service is going, progress towards goals, and any concerns they might have

The Social Worker carefully considers how information from collaterals changes their understanding of family functioning, current needs, safety, risk, and well-being. The Social Worker should use information from collaterals to inform their conversations with the family during their monthly visit. They should share general feedback from collaterals and develop a shared understanding with the family about the Social Worker's current clinical assessment of the family. They should follow up on any concerning information they learned from collaterals to understand the family's viewpoint on the matter. The Social Worker may need to contact collaterals again following their monthly visit with the family to confirm information from the family or discuss any discrepancies between the family's understanding and the collaterals' understanding of family progress.

The Social Worker includes their Supervisor in their assessment of information learned from collaterals. Most of the time, this occurs as part of Supervision when the case is discussed. However, the Social Worker immediately confers with their Supervisor if they learn from a collateral that the family is no longer engaging in necessary services or supports, that a child is no longer attending school/daycare, or if a collateral expresses concerns about the safety or well-being of any child(ren). They discuss how this new information impacts their understanding of safety and risk and together they determine further action. They include their Manager and others in this discussion as needed.

Collateral input is also a key piece of information that is considered during meetings where case direction is determined (such as Initial Placement Review, Foster Care Review, court permanency hearing or Permanency Planning Conference). Department-contracted services and supports provide evaluations of progress every six months. The Social Worker requests a formal evaluation of progress every six months from non-contracted services and supports. If a collateral disagrees with the Department about case direction, the Department should consider convening an Area Clinical Review to discuss case direction with collaterals present.

Some questions to consider when assessing information from collaterals include but are not limited to:

- Does the collateral and the social worker have a shared understanding of the child(ren) and family's situation and their strengths and needs?
- What services or supports does the collateral think the family need?
- What is the collateral's understanding of the underlying issues that must be resolved in order for the Department to close the family's case?
- What interventions does the collateral think are leading to positive results for the child and family?
- In what ways does the collateral think the risk of harm is being reduced? In what ways does the collateral think safety, well-being, and family functioning are improving?
- In what ways does the collateral think that the parents apply their learned skills and how do the parents apply them in new situations?

These questions and others help the Social Worker and Supervisor assess information from collaterals, incorporate the information into their clinical assessment of the family, and use the information to refine their strategies and case direction as needed.

Additional Suggested Questions for Collaterals Based on the Five Protective Factors:

Knowledge of Parenting and Child Development

- Does the parent show affection in the family, or let the child know they are loved? How does the child express their love for the parent?
- How does the family deal with conflict?
- Does the parent help the child express their feelings?
- How does the child let the parent know they are having a hard time?
- Does the parent comfort/soothe the child when they are upset?
- Are there situations in which it is hard for the parent to deal with the child's emotions? How does the parent handle those situations?
- What activities does the child enjoy? What activities do the parent and child do together?
- Does the child have friends? Who does the child feel connected to?

Building Social and Emotional Competence of Children

- Does the parent show affection in the family, or let the child know they are loved? How does the child express their love for the parent?
- How does the family deal with conflict?
- Does the parent help the child express their feelings?
- How does the child let the parent know they are having a hard time?
- Does the parent comfort/soothe the child when they are upset?
- Are there situations in which it is hard for the parent to deal with the child's emotions? How does the parent handle those situations?
- What activities does the child enjoy? What activities do the parent and child do together?
- Does the child have friends? Who does the child feel connected to?

Parental Resilience

- How has the parent handled and learned from past stressors?

- What is causing stress or worry in the family's life?
- How do the stresses impact parenting?
- Is the parent healthy physically? Emotionally?
- What kinds of things can the parent do to keep themselves and the child safer?
- Describe the parent's use of alcohol and drugs (including prescription medications). Does the parent ever use alcohol or drugs to cope with stress?
- Does the parent have goals for the family and a plan to achieve them?

Social Connections

- Are there people in the community that the family can count on?
- If the parent is unable to care for the child, is it known who the parent would like to be contacted?
- What community activities or supportive groups does the family participate in?
- How do friends, family, or other in the community support the parent/caregiver?
- What help could the family benefit from? Who can they ask for help?

Concrete Supports in Times of Need

- With regard to concrete supports (like food, shelter, money, transportation, services) what is the family's most pressing need?
- Are there barriers preventing the family from addressing these needs?
- Is either parent currently employed? For how long?
- When was the child last seen for routine medical and dental visits?
- What supports are most helpful to the family?
- Have the parents asked for help in the past? Do they know how to find help?
- What about the family's history or culture impacts their ability to seek help?

Appendix E

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)