State of Tennessee
Department of Children's Services

Documentation of the Family Functional Assessment Process

May 5, 2005

Introduction to the Family Functional Assessment Process

Family Functional Assessment is a shared information gathering and assessment process for the family and their team. Within the context of the assessment interviews and the team meetings, case workers will be able to assist the family in identifying their own strengths and needs. The case worker and the family begin the process as they listen and understand the family story . All team members contribute with informal and formal information that they share with the family and their team.

As the team progresses in the assessment process, they seek missing information, create a long - term view for the family, receive information from external evaluations and records, prioritize needs, analyze and interpret information, look for underlying needs, find strengths and resources to be used in planning, and draw conclusions from available information.

The first step to the assessment process is gathering information from the family. The information gathering phase also includes information from outside sources such as school, medical, mental health information, etc. As the case worker and family bring information to the team for review and analysis, the team begins to use the information to develop plans and make decisions with the family. The assessment process is intended to assist the family in focusing their energy on family-centered solutions. Through the Family Functional Assessment, DCS staff, family members and children will be seeking to understand risks and concerns as behavioral expression of unmet needs.

The team interprets information. Using the information gathered, the team decides how to utilize the family's strengths to create hope for change and to prioritize needs to develop useful, meaningful plans for ensuring positive outcomes for the famiy in the areas of safety, permanence, and well-being. When the team understands the assessment information, team members can help the family make choices for planning and interventions to create the Child and Family Permanency Plan, Safety Plan, Plan of Action, or Individual Program Plan. By including all family members in the assessment process and jointly identifying goals and outcomes, children and families have ownership of the plan and success is more likely to occur.

The Family Functional Assessment is a continuing process. The case worker and family members continuously assesses progress being made on the plan. This can occur as smaller groups of the larger group meet to evaluate progress. For example, the foster parent and the child might meet with the case manager to work on a specific issue related to the adjustment to the foster home. The ongoing nature of assessment identifies areas where the plan/solution is or is not working . This feedback is reported back to the larger team so that the plan can develop accordingly (within program specific time frames). This ongoing communication is designed to keep the family moving towards permanency.

The Functional Assessment document represents much of the work that the family and their team have done in understanding the family's strengths and needs and the Child and Family Team's vision for the family's change process. This work is captured as it evolves-- using a Family Functional Assessment document.

Sharing the Family Functional Assessment document with the child and family team is a possible step in guiding the team in the planning process. It is important that information is shared with families either in writing or verbally. The open sharing of information allows for greater trust to be built between DCS staff and the families we serve. This partnership creates a more transparent

approach, which leads to shared responsibility and accountability for outcomes.

Purpose of the Family Functional Assessment Document

The Family Functional Assessment document seeks to record the pertinent information obtained about the child, family, and the community in which they live. Due to its continuous nature, it is intended to capture the past, present and future of a family by continuously evaluating the family's strengths and underlying needs, concerns and challenges. The document also serves to provide a balanced picture of the family to assist team members in understanding the family in the context of the family culture, values and traditions of the family. The assessment should also point the team towards using past family successes towards future solutions of the current difficulties. The Family Functional Assessment document will eventually serve a number of important functions:

- As historical documentation for Child and Family Teams to gain a shared understanding of the family story;
- As a document which identifies resources, strengths and abilities to develop plans and strategies to overcome barriers to permanency;
- As an informational document for the CFT to determine appropriate placement options for custodial children;
- As an aide to reviewing progress towards permanency;
- As a non-custodial Report used by the Court to make informed dispositions;
- As an aid in developing an Individual Program Plan for children on probation;
- As an aid in developing the safety and service plans for child protective service (CPS) cases;
- As an aid in developing a Permanency Plan; and
- As an informative tool in termination and adoption cases.

It is important to keep in mind that Family Functional Assessment is more than a document. It is the evidence of the successful engagement of family members in a meaningful, professional social work relationship intended to assist the child and family towards improved functioning. Many times the Family Functional Assessment interview is the first contact that the child and family have with the Department of Children Services. This is an opportunity for staff to establish a good relationship with the child and the family, to hear their story, and to engage the family in identifying ways to achieve outcomes and goals.

Case Worker's Role in Documenting the Family Functional Assessment Process

The first case worker (independent of the program function) who has contact with the family will begin the Family Functional Assessment process and documentation. If the child and family is transferred to another case worker, then the second case worker will continue to input information into the same document. All DCS staff using the Family Functional Assessment document is responsible for gathering information about the child and family using strengths-based, family-centered, solution-focused interviewing; analyzing the information for risk and safety; drawing conclusions and making decisions with the child and family team; and presenting the results in an organized and objective written format. The case worker is responsible for assessing each child and family in a culturally sensitive way, without bias or prejudice and recognizing important values and traditions for the family.

Writing the Family Functional Assessment Document

When documenting the Family Functional Assessment process, information should be obtained from all available sources, e.g., relatives, neighbors, teachers, pastors, mental health professionals, doctors and any agency workers who have served the family or child. Due to the ongoing nature of assessment, the initial assessment will not be completed, but will be comprehensive as it continuously evolves.

At a minimum, the case worker should personally interview the parents, child or children, and immediate family members who have relevant information for the initial Child and Family Team. It is ideal to have an opportunity to interview parties separately and as a family unit. A visit to the home is essential in order to make a first-hand observation of the child's living situation and neighborhood.

Information should be gathered from medical records, mental health records, juvenile court records, police reports, school records, mental health evaluations, and reports from other agencies or departments who have had contact with this child or family. Obviously this information may take time to gather and is not essential for the first Child and Family Team Meeting. Family Functional Assessment is a process and it is not expected that every area of the assessment outline will be completed at the beginning. Depending on the outcome e.g. out of home placement, the case worker may continue to gain better and more accurate information over time. The Family Functional Assessment is not ever "complete" yet at certain interval such as at the Initial Permanency Plan staffing a thorough understanding of the underlying needs which placed the child at risk and any pertinent strengths, resources and is clearly indicated

There is recognition that some of the information gathered is subjective in nature. This is an important facet of an assessment and not to be minimized in its importance. In writing about the child's relationship with his/her parents, for example, it is important to note whether this information was obtained from the child, from his/her parents, or from some other source. The difference in point of view is important in understanding the family functioning and at times indicates an underlying need to be addressed within the team.

In writing the document, use short sentences written in a clear and concise manner, utilizing Standard English. The strength or needs points can be made as bulleted ideas and should be confined to a single topic or thought. Slang words or expressions should be used only as quotes. The writer should avoid repetition, irrelevant statements, or subjective statements.

The detailed description of the interaction with the client should be documented in case recordings. In the Family Functional Assessment document, meaningful interactions with the family should be assessed and documented by the case worker making summary statements regarding the overall interaction. When there is an indication of newly identified strength, an improved ability or coping skill, or solution to a problem or as a new risk, concern or indication of an underlying need documentation should occur in the Family Functional Assessment document Case workers should seek the underlying needs present in surface issues.

When documenting on the Family Functional Assessment the case worker should attempt to use the client language to express ideas. The use of quotation marks will identify use of statements made by the client and demonstrates accurate understanding of the family's point of view. The case worker should use language, which is specific and precise when describing

strengths or needs giving examples when needed to illustrate the point. For example when stating the child and parent have bond, one could say "during the visit the child made eye contact with the parent frequently and sat in her lap most of the visit". Generalized terms frequently fail to define the difference between persons, situations, and circumstances. Ambiguous terms such as "disorderly home" and "heavy drinker" may have different meanings to different people. Such terms should be avoided or further explained by describing frequency of use, quantity of consumption, etc.

Use technical words and phrases only if they have commonly accepted meanings. When diagnostic psychiatric, medical, or psychological terminology is used in the Family Functional Assessment document, include an explanation of the diagnostic statement. The case worker should document in the Family Functional Assessment any information from outside sources relative to strength and needs.

The Family Functional Assessment Field Guide

Before the case worker conducts a Family Functional Assessment interview with any family member the case worker **should prepare** for the interview by using the field guide to identify various questions, which will lead to the identification of strength or underlying needs. The case worker should prepare by having a clear focus for the interview yet being flexible to allow the interview to proceed as the family member would like. The importance of using good interviewing skills is critical to the assessment process. The case worker should be able to explore with the family the current areas of concern, yet always looking for successes, strength and abilities of the child or family despite adversity.

The Field Guide provides:

- an overview of the four key areas of assessment concern (safety, well-being, permanence, and resources),
- listing of assessment tools, and
- sample strength- and risk-based questions.

Case workers may find it beneficial to use the Family Functional Assessment Field Guide as a quick and easy reference in identifying initial questions about specific issues with the members of the Child and Family Team. Case workers should be mindful that the questions in the Field Guide do not necessarily constitute a thorough Family Functional Assessment. Staff should not feel limited to asking only the questions in the Field Guide. Ask any other questions that might provide a more accurate and detailed picture of the family. The word "child" is used in many of the questions presented; however, as Family Functional Assessment is a family-centered process, all the children in the home should be considered in the questions.

Supervisory Review of the Family Functional Assessment Document

All entries in the Family Functional Assessment document will be subject to supervisory review and approval. Periodically, the supervisor, as outlined in policy, will approve the written document. A thorough assessment should be prepared prior to the Child and Family Team meets to develop a plan. Ongoing Family Functional Assessment documentation will be reviewed and approved by the supervisor on a quarterly basis. The Assessment document also serves as a supervisory tool to assess the quality of interactions between and family and case worker. The

document may also be a quick resource for relevant highlights for a case review

Using this Manual

This manual gives examples of types of information to be included in each section of the Family Functional Assessment document. Regardless of which specialty area the family becomes involved with first, that case worker will initiate the documentation of the Family Functional Assessment process. However, it is important that all new information about the child and family be included in the document as the case progresses. Any significant information that may have an impact on the family should be updated in the Family Functional Assessment document when it occurs. Otherwise, the Family Functional Assessment document should be updated at least on a quarterly basis. Family Functional Assessment documents for CPS cases with a risk level of moderate to very high will be initiated and completed prior to case closure, especially those situations when the family case will be transferred to another DCS staff person. If supporting documents are not available (for example, birth certificate or social security card), document the attempts made to obtain them.

THE FAMILY FUNCTIONAL ASSESSMENT DOCUMENT: DESCRIPTION OF CONTENT

I. Demographic Information

This section provides a brief overview of significant identifying and court-related information. This information will be populated by the TNKIDS system once the data has been entered into the relevant TNKIDS icon.

CHILD

Name: Enter the legal name of the client as shown on the birth certificate -- list any aliases
Date of Birth: Self-explanatory
Social Security Number: Enter the nine-digit social security number
Sex: Male or female
Race: Race is to be recorded as White, Black, Native American, Asian, or Other
Current Address: Give the current home address of the child's legal guardian

SIBLINGS

Provide the same information as above (CHILD) for each of the child's siblings. Include any sibling under the age of 18 regardless of DCS involvement.

PARENT/GUARDIAN

Name: Self-explanatory
Date of Birth: Self-explanatory.
Social Security Number: Enter the nine-digit social security number
Sex: Male or female
Race: Race is to be recorded as White, Black, Native American, Asian, or as described by the individual
Current Address: Give the present home address
Phone Numbers: Include home, work, cell, or other phone numbers
Relationship to the Child: Parent, guardian, other relative, etc.
Relationship to the parent/caregivers: Relative, neighbor, etc.

This information should be ascertained for all alleged, biological, and/or legal parents, relative caregivers, and all non-relative guardians.

GENERAL DATA

Initial Assessment Date: Enter the date the child was referred for CPS investigation, placed on probation, placed in custody, etc.
Prosecuting District Attorney: Provide the name of the DA handling the case. If the DA's office is not participating, enter "None".
Judge: Enter the name of the committing/referring judge. Indicate if he/she is a Referee or a Special Judge.
Court: Give the name of the committing or referring court.
***Guardian Ad Litem*:** Provide the name of the *Guardian Ad Litem* representing the child's best interest. If one is not appointed, enter "None".

Identify who the family wants to attend the next Child and Family Team Meeting: List all of the people identified by the family to attend and participate in the Child and Family Team Meeting.

II. Service History

PRESENTING SITUATION

Describe the specific incident, behaviors, or conditions that brought the child and family to the attention of DCS or the child into state custody. Pertinent dates should be included. This information should reflect the "official version" of the problem as presented in referrals, petitions or court orders. Include enough of the circumstances surrounding the offense or situation to give a clear picture of what occurred. Give the court's decision, the dates of court hearings, and the scheduled date of the final disposition hearing. Also note the presence or absence of any unresolved situations, such as other open cases or pending charges.

If the youth appeared in court as the result of a delinquent or unruly petition, address any restitution or public service work ordered by the court. In non-custodial/predisposition assessments, include whether or not the youth can realistically make cash or symbolic (public service) restitution.

Include if Pertinent:

Appeals in progress.

PREVIOUS SITUATIONS

Document any previous dependent/neglect complaints involving the family or child, CPS investigations and final classifications, court dispositions associated with these cases, and past services that the family has received. Indicate if the family felt services received were successful.

If a youth appeared in court as the result of a delinquent or unruly offense, list the youth's prior record in ascending chronological order. Give the date of the offense, location of the court (city and county), date of disposition, and disposition. If disposition was transferred to another county, please note. Include each prior appearance in court, including petitions that were dismissed. Address the presence or absence of any previous institutional record or other out-of-home placements. Indicate any services put into place as a result of past delinquent or unruly acts. Also, indicate if family members felt services received were successful.

DESCRIPTION OF THE CHILDREN

Provide a physical description of each child in the family.

FAMILY STORY

The family's story as described in the Child and Family Team, is important that the case worker attempts to describe the family's understanding of what has transpired and describe this in the family's language. A clear description of the child's point of view should be included if the child is age-appropriate. Identify barriers to child safety (including unruly/delinquent behavior) and actions the family takes to ensure child safety. Use exact statements and quotations by family members to tell the story. Describe how the child and/or family members feel regarding the involvement of DCS and/or the Court in their lives. Does the child feel he/she is being treated fairly? What were the child and/or family member's feelings regarding the current situation?

III. Assessment Tools

Tools Used

The case manager can maintain a copy in the case file for supervision.
Pictorial Tools

Check the box for each tool used and the date completed. All efforts should be made to include a genogram in all cases especially for childen in state custody. This pictorial devise will serve to make sense of the complexity of relationships between children and families as well as provide valuable information for permanency even in CPS cases. A copy of the pictorial tool used should be given to the family member to assist them in understanding their own family circumstances.

Record Check

Check the box for all records that were requested and/or received. Records of any family member or other involved party that would be helpful in identifying strengths and needs or are important to the case should be included.

Referrals Made

Check the box for each type of referral that was made. Include date, person, and provider name. "Other" may include parenting classes, job services, financial services, et.

Interviews

Check the box for each type of interview conducted. Include the date of the interview.

SDM Tools

SDM tools are currently used in CPS cases only. Check appropriate boxes and include dates.

Observation

Check the boxes for the observations that were used to assess the family. Include dates.

Diligent Search

Remembering that permanency begins even with CPS attempts to locate putative parents should begin early. See diligent search policy for further explanantion of the steps to be taken.

IV. Family Functional Assessment

SAFETY

A. Maltreatment Allegations/Delinquent or Unruly Behavior

Identify barriers to child safety (including unruly/delinquent behavior) and actions the family takes to ensure child safety. Indicate any behaviors, which also place the safety of the community at risk. Indicate the results of the Structured Decision Making tools, which identify levels of safety and risk. Scaling questions are important assessment tools and can assist the case worker in gaining the families participation in assessing safety.
Describe strengths and underlying needs. For example, "Father also acknowledges that he over corrects child." (strength) or "Father states he used the belt three times to discipline in order to gain compliance." (need)

B. Domestic Violence

Getting families to talk about domestic violence is one of the greatest challenges in the assessment process. Asking questions that do not directly ask about violence in the home, but identify relationship dynamics that will leave indications of possible domestic violence, is one way to gather the necessary information. Questions like "Who makes the important decisions in your family?" will identify who holds power in the family. Other questions like "What positive things do you get from your relationship?", "Who do you (child) feel 'safe' with?", and "How much time do you spend with family? Friends? Alone?" can lead to answers that may reveal abusive situations.
Family members should be interviewed privately regarding domestic violence. The safety of all family members is a part of family centered practice. The victim of domestic violence is in a better position to know when it is time to leave than others outside of the family. Many women are placed at the greatest risk of death when she leaves. Assisting the partner in developing a safety plan can be a significant intervention of DCS staff to ensure safety for all family members.

C. Substance Abuse

It is important to recognize substance abuse as a potential problem in families. Sometimes the signs can be difficult to recognize.

Address the presence or absence of drug or alcohol use by family members (parents, children, relative caregivers) by using the field guide as a reference. Recognizing that people use drugs and alcohol many times as means of coping with undue stress may help the case worker explore this topic with family members. If the child is involved with drugs or alcohol, discuss the extent of his/her involvement (i.e., recreational, experimental, frequent abuse, or dealing) in terms of strengths and needs.

WELL-BEING

A. Current Functioning

Include the child's perception of self as well as how the child is perceived by others, such as parents, teachers, other authority figures, or peers. Identify the strengths and needs in the child's relationship with peers and with authority figures. Identify the child's special talents (i.e., sports,

art, music, etc.) as a strength.

1. View of the current situation

Describe the child's view of the current family situation. Identify underlying feelings of the child. List any of the child's concerns. Identify the child's desired changes to come from the current situation. (See the Family Functional Assessment Field Guide with regard to using a Miracle Question – What would it take for the child to feel safe? What does the parent think would improve the situation?

2. General mood and affect

Describe the child's mood and affect in terms of strengths and needs. Note any recent changes in personality (i.e. mood changes, withdrawal, depression, or changes in behavior).

B. Family's Parenting Capabilities

Indicate the parents' views on discipline, allowance, earning privileges, etc. Is the parent able to meet the basic needs of the child? Is the parent able to empathize with how the child is responding to the current situation? Describe parents' relationship with child, observations during visits, child's comments about parents/caregiver, past success, challenges with parenting, etc.

C. Education

Give the name of the school most recently attended. Include information with regard to the child's grade in school, academic performance, behavior issues in school, feelings about school, etc. Is the child in need of vocational education or assessment? Note if the child is receiving special education services or if the child should be referred for testing. If the child is receiving special education services, note the dates of the Psycho-educational Evaluation and the last M-Team meeting. Include academic and intellectual strengths and needs. Include parents' feelings with regard to the child's school environment. Identify the child's strengths and needs with regard to special talents and abilities that the child has. Identify family values regarding education. Use scaling questions to identify child's interest, commitment to completing education. This becomes a risk or a strength depending on situation.

Address the education status of the adults in the home. Include whether or not the parents/caregiver would like to continue his/her education or vocational training.

D. Employment

Include the parents' present and past employment and reasons for leaving jobs (better job opportunity, fired, laid off, etc.). Identify the parents' level of job satisfaction. Identify the impact of employment on the family. Note if the parent wants assistance in gaining employment. Once again this can become a risk or strength. Is employment a resource or a source of stress?

If the child has been employed or would like to be employed, state possible resources and/or present employment. Indicate future vocational desires or plans, especially for youth 14 years or older.

E. Physical Health

Assess the children's current health and any on-going concerns, include whether or not any of the children are medically fragile. Document date of EPSD&T (or future appointment date) and results. Include vision and hearing screenings and immunization information. If Failure to Thrive has been diagnosed, address present diet and medical follow-ups. Also include issues such as smoking (child and/or parent), STDs (if child sexually active), developmental delays, physical problems requiring environment adaptations (wheelchair ramp, hospital bed, etc.), past illnesses, accidents, etc. Note if the child/family members are on TennCare or covered by other medical insurance.

Assess the parent/caregiver and other members of the household's health should be addressed – medications, ongoing health problems, physically able to take care of child, etc. Is this a sign of risk or safety?

1. Early Developmental History

Note any complications during pregnancy or birth. Assess any problems during the mother's pregnancy, including emotional trauma, physical abuse, drug or alcohol abuse, illness or accidents. Assess for any early problems such as stuttering, bedwetting, or temperament. Note the child's success in achieving developmental milestones, such as walking, talking, etc. Identify any serious illnesses or accidents the child may have experienced. Assess for any positive or traumatic experiences that may have impacted the child. Note any disclosure of physical abuse or sexual abuse (caution should be exercised in obtaining this information). With children in custody describe the child's birth story including how the family members reacted when the child was born.

F. Mental Health

Document the child's current mental health status in terms of strengths and needs. List all diagnoses, past and present tests, treatment providers (outpatient, inpatient), medications (past and current), etc. List behaviors or issues that suggest the need for additional services (self-mutilation, fire setting, cruelty to animals, enuresis, necrosis, etc.).

Strengths and needs with regard to parent/caregiver mental health issues should be included, noting supporting documentation. Address how the parent handles stress; indicate parent's coping abilities. Exceptions to problems should be documented. Ask parents about sleeping and eating. Disturbed sleeping patterns can be an indication of a mood disorder.

PERMANENCE

A. Relationships and Connections

1. Parent/Child Relationships

Describe the interaction between the parent/caregiver and child, from the child's perspective and the parent/caregiver's perspective. Identify perceived strengths and needs.

2. Sibling Relationships

Describe the interaction between child and siblings in terms of strengths and needs. Include any comments from the child(ren) and/or parent/caregiver.

3. Other Significant Relationships

Describe other significant relationships in the family/child's life. Note how family members each describe these relationships. Report if this significant person is a resource to the family and ways in which this person can serve as a resource.

4. Social Interactions

Describe how the family interacts socially. Note if the family has an extensive or minimal social network. List who the family would describe as significant people in their social network. Identify any groups, organizations, etc. that the family is involved with. Describe what was learned from the Pictorial Tool(s) used. Indicate any church or religious affiliation.

B. Current Placement

List current and past placements, including why child was moved. Address the following in terms of strengths and needs:

- children placed together
- child's adjustment in the placement environment
- child's needs being met by placement resource
- visits with parents/caregiver – describe visitation arrangements
- placement provider (foster parent) relationship with the entire family

C. Stability and Transitions

Describe the family's impression of their overall stability as a family. List the things that the family would say indicates stability. Note criminal history of family members. Note the possibility of parent fleeing or child running away and possible underlying reasons for such behavior. List parent/caregiver's previous marriages and/or relationships and how they impacted the family. Note if a Timeline was used.

D. Long-term View

Include the child's and family members' goals and where they would like to be eight months to a year from the present. Identify parent's goals about what might improve the family's situation. Identify DCS goals. Are the goals similar or different?

E. Transition to Adulthood

For children 14 years and older, identify their goals and dreams for the future. Note if the child completed the Daniel Memorial Assessment. List the independent living skills that the child is learning (how to cook, clean, budget, and make decisions pertaining to independence). Identify people in the child's life who will be a resource to the child after the age of majority (18 years old). Depending on the child's age, identify ways DCS can best assist the child in transitioning to adulthood.

RESOURCES

A. Home Environment

Give the dates when the home visits were made. Describe the home (housekeeping, bugs, trash, obvious hazards, etc.), who lives in the home (adequate space for everyone), length of residency in the home, appropriate furnishings, appropriate toys and books, sleeping arrangements, etc. Note if the child has a separate bedroom or other access to privacy. Document if there are family pictures or significant items such as child's favorite toy, pillow, etc.

1. Financial Assistance:

List any financial support (participation in Families First, SS, SSI, food stamps, child support) the family is currently receiving. Describe briefly -- rent (mortgage), utilities, insurance, balance of income and expenses.

B. Community/Neighborhood

Location of the home – urban, rural, high crime rate, near community resources (bus, parks, community centers, stores, churches, police presence, etc.). Identify the community resources that the family is currently accessing and has accessed in the past in terms of strengths and needs. Describe the family's level of success and frequency in accessing these services. Describe the family's relationships with neighbors. Identify the impact of the community on the family. Note whether an Eco-map was used.

C. Access and Coordination of Team/Services

Include resources (financial, transportation, emotional, etc.) needed for the family and service delivery efforts by the team. Identify services that the family feels will be beneficial to them, as well as services ordered by the court or recommended by child welfare professionals. List any potential barriers to the family in successfully completing designated services.

List ways that informal supports (such as extended family and friends) can serve as resources to the family.

Strengths & Risks, Needs, and Concerns

In the Family Functional Assessment document, under each heading there three spaces for a narrative input. The case worker can place factual information, which is not clearly a strength or a need in the first space. In the Strength space the case worker is to document all identified strengths and in the Needs space the case worker can document all the risks, needs, and concerns within that subheading.

For strengths:

- Identify strengths and signs of safety that exist

Even families who have extensive problems have coping skills, strategies, and exceptions. These strengths can be used to help the family see their past successes and can be used to lead the family toward future successes. It is important that the child or family member rather than just

the case worker identify these abilities. The strength concept must become internalized by the family rather than only by professional staff. Building on strengths creates hope for the family to overcome the problems. Over time, the ongoing Family Functional Assessment should show the family's strengths far outweighing their needs.

For risks, needs and concerns:

- Identify signs of risk, needs, and concerns that exist

It is important to capture both the concerns of the family and those of child welfare professionals. Identify the things that the family wants to work on. Address non-negotiable issues that must be addressed to ensure the safety of the child, family, and/or community. Document the underlying needs of the family. Once again the more agreement among team members regarding what the risks and needs are the more likely the family will "own" the problem and find solutions which they can truly change. The more case worker driven the process is the less likely for real substantial change to occur. Sometimes we must start with the need the family is willing to work on rather than the need we think of as most paramount. Allowing for more child and family control allows for the highest potential for success.

V. Conclusion

Identify the significant strengths in the family (include resources and team members)

Provide the date of the last CFTM. After the Child and Family Team review the significant strengths identified in safety, well-being, permanence, and resources. Be certain to include strengths that will assist the family in addressing their needs and identify how those strengths can be utilized. Include a list of the resources available to the family, including team members who will provide support, guidance, and/or assistance to the family.

Identify the significant risks, needs, and concerns

In this section, after the Child and Family Team include the significant risks, underlying needs, and concerns that emerged in interviews about safety, well-being, permanence, and resources. Identify the risks, needs and concerns that are to be addressed in the Permanency Plan, Safety Plan, Plan of Action, or Individual Learning Plan. *Remember that undesirable behaviors and risks many times are an indication of an underlying need. Treating surface issues often does not help the family to achieve desired outcomes.*

Do not confuse a need with a service. *Most people do not "need" counseling. They may need support, encouragement and guidance, which can be obtained through counseling, but it can also be addressed through other means*

State the Permanency Goal(s) for the children

For children in custody, state the Permanency Goal(s) recommended by the caseworker to be identified at the Child and Family Team Meeting. The Permanency Goal(s) identified should be selected from the list of possible goals on the Permanency Plan.

For children not in custody, mark this section as "Not applicable".

Describe some potential next steps or strategies that were identified during the CFTM:

Identify services that the family has agreed to cooperate with. Share possible solutions suggested by the child, family, or team. List case management strategies that will help the family achieve success.

Identify the appropriate level of services and the services/resources to be provided for the child and family

Identify the level of care services (1, 2, 3, 4, or YDC) that the child will receive while in DCS custody. List specific services or resources that will need to be provided (a) directly for the child, (b) directly for the parent/caregiver or (c) the family as a unit that will address the underlying needs.

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