

OHIO DEPARTMENT OF JOB AND FAMILY SERVICES
COMPREHENSIVE ASSESSMENT PLANNING MODEL- I.S.
FAMILY ASSESSMENT INSTRUCTIONS

GENERAL INFORMATION

A Family Assessment assists workers to assess risk and to identify the strengths and needs present in the family system to determine what level of service the family needs. Included in the Family Assessment are a review of safety issues, child harm, strengths and needs assessment, family perception, risk assessment and service planning.

The Family Assessment tool shall be completed for:

- Intra-familial Child Abuse/Neglect Reports, including those which are Third Party
- Dependency Reports

The Family Assessment tool may be optionally completed for all intakes opened under Family in Need of Services.

If the agency will be transferring a case for ongoing PCSA involvement (except in Deserted Child or Permanent Surrender cases), a family assessment shall be completed prior to completion of the case plan.

The Family Assessment is completed on the family who is the subject of the report. For the purpose of completion of the Family Assessment, family includes the following individuals, as applicable:

- ACV(s)
- Siblings of ACV(s)
- The parent(s) or caretaker(s) of the ACV(s)
- Step/Half siblings of the ACV(s) living within the ACV's home
- Paramour of the parent/caretaker
- Children of the paramour residing in the home
- Other children residing in the home of whom the parent/caretaker has custody/guardianship
- A related or unrelated adult residing in the home who has routine responsibility for care of the ACV(s) and his/her sibling(s) (e.g., provides supervision or assists in meeting basic needs, such as feeding and/or bathing child)

“Others” residing in the home, but not included within the definition of family are other adults residing in the household who have no responsibilities for the care of the ACV(s) and his/her sibling(s) and/or other children residing in the home regardless of their parent/caretaker’s status or involvement in the report. These identified “others” will be interviewed and assessed but will not be listed as members of the family on the Family Assessment. Instead, their presence and impact on the family will be recorded within the rationales in Section 4 of this tool.

FAMILY ASSESSMENT INSTRUCTIONS

CASE NAME Enter the name used by the agency to identify the case.

DATE OF REPORT(S) Enter the date the report was made. If the assessment is a result of multiple reports, enter the dates of all reports.

CASE NUMBER Enter the case number assigned by the agency.

AGENCY Enter the name of the agency.

CASEWORKER NAME Enter the caseworker's name.

Section 1: Identifying Information

Children in the Family

Enter the names of all children in the family, role, dates of birth and ages.

Adults in the Family

Enter the names of all adults in the family and their role and relationship to the child(ren). Identify the Primary and Secondary Caregiver by writing P or S accordingly.

Section 2: Safety Re-Assessment

A. Safety Review

Check and complete whichever case circumstance applies:

- 1. A safety threat is not currently active.**

Check this box if a safety threat is not currently active.

- a. Describe new information obtained regarding protective capacities. Include information concerning any adult not interviewed for the safety assessment.**

Enter the description of new information, including information obtained from those who were not interviewed for the safety assessment, regarding protective capacities.

- b. Describe new information obtained regarding child vulnerability. Include information concerning any child not interviewed for the safety assessment.**

Enter the description of new information, including information obtained from those who were not interviewed for the safety assessment, regarding child vulnerability.

- 2. If a safety threat is not currently active, but had been active at any time since the last assessment of safety was completed:**

Check this box if a safety threat existed at any time during period under the review, but is currently not active. Respond to the following statement:

- a. Describe the safety threat and then summarize the information that demonstrates safety threat resolution, sufficient safety threat reduction and/or adequate protective capacities necessary to protect the child(ren) from serious harm.**

Describe the safety threat. Summarize how the safety threat was resolved, how the safety threat was sufficiently reduced and/or how protective capacities were utilized to protect the child from serious harm.

3. A safety threat is active now:

Check this box if a safety threat is active now and a safety plan (either in-home or out-of-home) is currently in effect and/or child is currently in a legally authorized out-of-home placement, including custody with relative/kin or Agreement for Temporary Custody of Child. Respond to the following statement:

- a. Describe the active safety threat(s), identify which children are affected and which caregivers or other adults are involved. Describe the progress toward alleviating the safety threat(s).**

Describe what safety threats are currently active and the progress toward alleviating the safety threat(s). Also identify the affected children and involved adults.

- b. Describe the present protective capacities of each caregiver and highlight the significant changes that may have occurred since the last assessment of safety was completed.**

For each caregiver, describe his/her protective capacities, including any significant changes, whether positive or negative, that may have occurred since the last assessment of safety.

- c. Describe the present vulnerability of each child and highlight significant changes that may have occurred since the last assessment was completed.**

For each child, describe his/her vulnerability, including any significant changes, whether positive or negative, that may have occurred since the last assessment of safety.

B. Safety Response Review

Based on the information contained in Part A: Safety Review, specify whether the safety response identified in the Safety Assessment should be maintained, created, modified, discontinued, or previously discontinued.

<input type="checkbox"/> Maintain	<input type="checkbox"/> Create	<input type="checkbox"/> Modify	<input type="checkbox"/> Discontinue Date:	<input type="checkbox"/> Previously Discontinued
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Check "Maintain" if, based on this safety review, the safety response(s) has/have not changed since the last assessment of safety. Be certain that safety response expectations are understood by all parties and the activities are still adequate to protect all children. If the case circumstance is that safety threat is not currently active, "Maintain" must be the safety response.

Check "Create" if, based on this safety review, there have been changes identified in protective capacities or child vulnerability that place the child(ren) in immediate danger of serious harm and a safety plan must be created. "Create" may only be selected if the case circumstance is "a safety threat is active now."

Check "Modify" if, based on this safety review, an existing safety response must be modified. Changes have been made in safety threats, protective capacities, and/or child vulnerability and an existing safety plan must be modified. If the modification is for a child in a legally authorized out-of-home placement or out-of-home safety plan to return to the home from which the child(ren) were removed, the Reunification Assessment may be completed.

Check "Discontinue" if, based on this safety review, all threats resulting in the safety response have been controlled and/or resolved or there has been adequate change in protective capacities or child vulnerability to protect a child from serious harm. The safety response is no longer needed. If the child(ren) is in a legally authorized out-of-home placement or out-of-home safety plan and the child(ren)

shall be returned to the home from which he/she were removed, the Reunification Assessment may be completed. Ensure that all involved parties are notified and document notification on the previous safety plan (if applicable) or in the case record (if the child is in a legally authorized out-of-home placement).

Check "Previously Discontinued" if, a safety threat is not currently active but has been active at any time since the last assessment of safety and the safety response was discontinued. This option would only be applicable if Section 2(A) has been selected. Be certain that all former involved parties were notified and these actions have been documented on the previous safety plan (if applicable) or in the case record (if the child was in a court ordered out-of-home placement).

Section 3: Child Harm Description

A. Current Harm

For each child, identify and describe the type, degree and frequency of actual harm or threatened harm that does not reach the threshold of serious harm OR does reach the threshold of serious harm and was not identified in the safety assessment. Include the information obtained regarding the allegations of child abuse, neglect, and/or dependency.

Describe all current actual or threatened harm for each child in the family. Include a description of the type, degree, and frequency of actual or threatened harm that does not reach the threshold of serious harm or does reach the threshold of serious harm and was not identified in the safety assessment.

This description may include the extent of physical injury or emotional maltreatment, adequacy of medical care, securement of basic needs, adequacy of supervision, physical hazards in the home, sexual abuse and dangerous acts.

Discuss whether current maltreatment is an isolated incident or if it may be indicative of a pattern of abuse existing in the family.

B. Historical Harm

For each child, identify and describe all historical reports of abuse and/or neglect. Include identification of ACV(s) and AP(s), date(s), case disposition(s) and case outcome(s) (e.g., closed, transferred for ongoing services, child was placed into substitute care).

Identify and describe all historical reports of abuse and/or neglect for each child in the family. Specify the ACV(s), AP(s), case disposition(s) and case outcome(s).

Discuss whether there is a pattern of abuse existing in the family.

Section 4: Strengths and Needs Assessment

Rate each assessment element:

RC= Risk Contributor

A risk contributor is an assessment standard used to identify conditions existing in the individual or family that creates the likelihood of maltreatment to a child.

NRC= No Risk Contributor

No risk contributor is an assessment standard used to identify the conditions existing in the individual or family that do not increase the likelihood of maltreatment to a child.

Category 1: Child Functioning

Write the name of each child in the columns under the heading, **NAMES OF CHILDREN IN THE FAMILY**. Rate the Child Functioning assessment elements for each child in the family.

Ratings for each child are independent of other conditions existing in the family; e.g., if the child is not able to protect himself, the rating would be Need even if there is a parent who provides protective capacities.

Write a rationale for each child that supports the rating above. Describe the impact other household members not included in this assessment have on each child. Discuss how the individual elements impact one another. Describe any strengths each child may have in relation to the assessment elements.

Provide a rationale for the ratings for each child. If applicable, describe the impact other household members not included in this assessment has on each child. Also, include a discussion of how the individual elements for each child impact one another and any strengths each child may have.

Category 2: Adult Functioning

Write the name of each involved adult in the columns under the heading, **NAMES OF ADULTS IN THE FAMILY**. Rate the Adult Functioning risk elements for each adult in the family and any other involved adult, if any. Ratings are for each adult independent of other conditions existing in the family.

Write a rationale for each adult that supports the ratings above. Describe the impact other household members not included in this assessment have on each adult. Discuss how the individual elements impact one another. Describe any strengths each adult may have in relation to the assessment elements.

Provide a rationale for the ratings for each adult. If applicable, describe the impact other household members not included in this assessment has on each adult. Also, include a discussion of how the individual elements for each adult impact one another and any strengths each adult may have.

Category 3: Family Functioning

Rate the Family Functioning risk elements for the family.

Write a rationale that supports the family ratings above. Describe the impact other household members not included in this assessment have on each child. In that rationale, discuss how the individual elements impact one another.

Provide a rationale for the ratings for each family element. If applicable, describe the impact other household members not included in this assessment has on the family. Also, include a discussion of how the individual family elements impact one another. Identify all strengths the family may have.

Category 4: Historical

Write the name of each involved adult in the columns under the heading, **NAMES OF ADULTS IN THE FAMILY**. Rate the Historical risk elements for each adult in the family. Ratings for each adult are independent of other conditions existing in the family.

Write a rationale for each adult that supports the ratings above. Describe the impact other household members not included in this assessment have on each adult. Discuss how the individual elements impact one another.

Provide a rationale for the ratings of each element for each adult. If applicable, describe the impact other household members not included in this assessment has on each adult. Also, include a discussion of how the individual elements for each adult impact one another and any strengths the adult may have.

Section 5: Family's Perception

Describe how the family views their own strengths and problems.

This description is from the family's point of view and must be written from the family's perspective. It should only include how the family perceives their strengths, problems and areas the family expressed they need support or assistance to be better able to protect their child(ren).

Section 6: Family Risk Assessment of Abuse/Neglect

Check N/A if Non-Abuse or Neglect Case

Complete both the Neglect Scale and the Abuse Scale is completed regardless of the allegations made at the time of the report.

The worker scores all items in each scale and totals the score for each scale.

Actual Risk Level

To determine the actual risk level, the worker uses the highest score from either scale. The worker checks the appropriate box in the Actual Risk Level Section.

Policy Overrides

After completing the risk scales, the worker then determines if any of the policy override reasons exist. Policy overrides have been determined to be case situations that warrant the highest level of service from an agency regardless of the risk scale score. If any policy override reasons exist, the risk level is increased to intensive. Check the appropriate policy override reason.

Describe reasons for any mandatory policy override.

Describe the policy override as indicated.

Overall/Final Risk Level

Indicate the Override/Final Risk Level by checking the appropriate risk level.

Section 7. Case Analysis

A. Case Decision

For Non-Abuse/Neglect Cases, complete Part 3 (a) and (c) only.

1. **Case Disposition**

Record the case disposition and indicate the rationale for this disposition:

Check the appropriate case disposition and check the appropriate rationale for this disposition.

2. **Preliminary Matrix-Indicated Case Decision**

Check the appropriate cell based on the disposition/risk level.

Based upon the Final Risk Level and the Case Disposition, check the appropriate box indicating the level of service intervention.

3. **Final Case Decision**

A. To support the basis for the case decision, evaluate the following assessment variables and their relevance and importance to the case decision: active safety threats; protective capacities; child vulnerability; child harm; risk contributors and the final level of risk; child and family strengths and needs; family history; and family perceptions.

Write an evaluation of all the assessment variables to support the basis for the case decision.

B. Based upon the evaluation above, should the Preliminary Matrix-Indicated Case Decision be overridden? (Skip in Non-Abuse/Neglect Case)

Check Yes or No. If yes, check the reason for the Discretionary Override.

C. The final case decision is:

Transfer for Ongoing PCSA Services **Close, Refer to Community Services**
 Close

Check the appropriate final case decision based upon the Final Risk Level or any discretionary overrides.

B. Service Planning (Complete applicable section):

Complete the applicable section. Check all appropriate boxes that apply under one section only; e.g., a family cannot at the same time be "In Need of Agency Services" and "Not In Need of Agency Services."

Family Not in Need of Agency Services:

Describe the services and/or interventions that were provided, were already in existence during the assessment process or were referred at case closing, if applicable.

List all services and/or interventions that have been provided to the family, including those that were in place prior to CPS involvement, those that were provided during the assessment period, or those that were referred at the time of case closing, if applicable. Discuss how the referred or provided services will address or have addressed identified risk issues and/or underlying conditions in the family.

Family in Need of Agency Services:

Discuss any underlying conditions that have been identified for the family that may contribute to maltreatment of a child (needs of family members, perceptions, beliefs, values, feelings, cultural practices, and/or previous life experiences).

If underlying conditions have not yet been determined for this family, explain what attempts have been made to obtain this information and what the plans are for further assessment.

Describe the services and/or interventions suggested to address active safety threats, strengthen protective capacities and/or reduce risk as identified in this assessment.

Discuss what services or interventions are suggested for the family to address safety, risk and/or child and family needs to be included in the case plan.

Family in Need of PCSA Services- Services not provided for one or more of the following reasons:

Check the appropriate reason and if appropriate, date when Protective Services Alert was issued, the court petition was denied or the case was referred to other PCSA.

Section 8: Signatures

Enter completion date of the JFS 01400 where indicated.

Caseworker, Supervisor and/or any other agency administrator sign and date in the boxes indicated.

Supervisor Comments:

Supervisor may provide comments in the space indicated.