

**NORTH CAROLINA  
FAMILY ASSESSMENT OF STRENGTHS AND NEEDS**

Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_ Date \_\_\_\_\_  
 County Name: \_\_\_\_\_ Date Report Received: \_\_\_\_\_  
 Social Worker Name: \_\_\_\_\_ Enter Initial or Reassessment #: 1 2 3 4 5: \_\_\_\_\_  
 Children: \_\_\_\_\_  
 Caretaker(s): \_\_\_\_\_

Some items apply to all household members while other items apply to caretakers only. Assess items for the specified household members, selecting one score only under each category. Household members may score differently on each item. When assessing an item for more than one household member, record the score for the household member with the greatest need (highest score).

Caretakers are defined as adults living in the household who have routine responsibility for child care. For those items assessing caretakers only, record the score for the caretaker with the greatest need (highest score) when a household has more than one caretaker.

S-CODE	TITLE	TRAITS	SCORE
<b>S1.</b>	<b>Emotional/Mental Health</b>	a. Demonstrates good coping skills. ....	-3
		b. No known diagnosed mental health problems.....	0
		c. Minor or moderate diagnosed mental health problems .....	.3
		d. Chronic or severe diagnosed mental health problems .....	.5 _____
<b>S2.</b>	<b>Parenting Skills</b>	a. Good parenting skills.....	-3
		b. Minor difficulties in parenting skills .....	0
		c. Moderate difficulties in parenting skills .....	.3
		d. Destructive parenting patterns .....	.5 _____
<b>S3.</b>	<b>Substance Use</b>	a. No/some substance use .....	0
		b. Moderate substance use problems .....	.3
		c. Serious substance use problems .....	.5 _____
<b>S4.</b>	<b>Housing/Environment/ Basic Physical Needs</b>	a. Adequate basic needs .....	-3
		b. Some problems, but correctable .....	0
		c. Serious problems, not corrected .....	.3
		d. Chronic basic needs deficiency .....	.5 _____
<b>S5.</b>	<b>Family Relationships</b>	a. Supportive relationships .....	-2
		b. Occasional problematic relationship (s).....	0
		c. Domestic discord.....	.2
		d. Serious domestic discord/domestic violence.....	.4 _____
<b>S6.</b>	<b>Child Characteristics</b>	a. Age-appropriate, no problem.....	-1
		b. Minor problems.....	0
		c. One child has severe/chronic problems .....	1
		d. Child(ren) have severe/chronic problem(s).....	.3 _____
<b>S7.</b>	<b>Social Support Systems</b>	a. Strong support network .....	-1
		b. Adequate support network .....	0
		c. Limited support network .....	.1
		d. No support or destructive relationships.....	.3 _____

<b>S8. Caretaker(s) Abuse/ Neglect History</b>	a. No evidence of problem .....0 b. Caretaker(s) abused/neglected as a child ..... 1 c. Caretaker(s) in foster care as a child .....2 d. Caretaker(s) perpetrator of abuse/neglect in the last five years.....3_____
<b>S9. Communication/ Interpersonal Skills</b>	a. Strong skills ..... -1 b. Appropriate skills ..... 0 c. Limited or ineffective skills ..... 1 d. Hostile/destructive ..... 2_____
<b>S10. Caretaker(s) Life Skills</b>	a. Good life skills.....-1 b. Adequate life skills .....0 c. Poor life skills .....1 d. Severely deficient life skills .....2_____
<b>S11. Physical Health</b>	a. No adverse health problem .....0 b. Health problem or disability ..... 1 c. Serious health problem or disability ..... 2_____
<b>S12. Employment/Income Management</b>	a. Employed .....-1 b. No need for employment .....0 c. Underemployed .....1 d. Unemployed .....2_____
<b>S13. Community Resource Utilization</b>	a. Seeks out and utilizes resources .....-1 b. Utilizes resources ..... 0 c. Resource utilization problems ..... 1 d. Refusal to utilize resources ..... 2_____

Based on this assessment, identify the primary strengths and needs of the family. Write S code, score, and title.

<u><b>STRENGTHS</b></u>			<u><b>NEEDS</b></u>		
<u>S Code</u>	<u>Score</u>	<u>Title</u>	<u>S Code</u>	<u>Score</u>	<u>Title</u>
1. _____	_____	_____	1. _____	_____	_____
2. _____	_____	_____	2. _____	_____	_____
3. _____	_____	_____	3. _____	_____	_____

**Children/Family Well-Being Needs:**

1. Educational Needs: \_\_\_\_\_
2. Physical Health Needs: \_\_\_\_\_
3. Mental Health Needs: \_\_\_\_\_

Social Worker: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Review/Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**NORTH CAROLINA**

## FAMILY ASSESSMENT OF STRENGTHS AND NEEDS DEFINITIONS

Some items apply to all household members while other items apply to caretakers only. Persons who spend most of their time in the home, (e.g., mother's boyfriend who may have a different address, but stays in the home most evenings) are considered household members. Assess items for the specified household members, selecting one score only under each category. Household members may score differently on each item. When assessing an item for more than one household member, record the score for the household member with the greatest need (highest score). In cases where two households are involved, a separate Family Strengths and Needs Assessment shall be completed on both households.

### **S1. Emotional/Mental Health**

- a. Demonstrates good coping skills.  
Caretaker(s) takes initiative to deal with problems in a constructive manner.
- b. No known diagnosed mental health problems.  
Caretaker(s) has no known diagnosed emotional or mental health problems. May require a mental health evaluation.
- c. Minor or moderate diagnosed mental health problems.  
Caretaker(s) has moderate diagnosed emotional or mental health disorders (such as depression, anxiety, and anger/impulse control) that interfere with ability to problem solve, deal with stress, and effectively care for self and/or child(ren).
- d. Chronic or severe diagnosed mental health problems.  
Caretaker(s) has severe and/or chronic diagnosed emotional or mental health disorders making caretaker(s) incapable of problem solving, dealing with stress, or effectively caring for self and/or child(ren).

### **S2. Parenting Skills**

- a. Good parenting skills.  
Caretaker(s) displays parenting patterns which are age appropriate for child(ren) in the areas of expectations, discipline, communication, protection, and nurturing.
- b. Minor difficulties in parenting skills.  
Caretaker(s) has basic knowledge and skills to parent but may possess some unrealistic expectations and/or may occasionally utilize inappropriate discipline.
- c. Moderate difficulties in parenting skills.  
Caretaker(s) acts in an abusive and/or neglectful manner, such as causing minor injuries (no medical attention required), leaving child(ren) with inadequate supervision, and/or exhibiting verbal/emotional abusive behavior.
- d. Destructive parenting patterns.  
Caretaker(s) has a history and/or currently acts in a manner that results in high risk of serious injury or death of a child, or results in chronic or serious injury (medical attention required), abandonment or death of a child. Caretaker(s) exhibits chronic and severe verbal/emotional abuse.

### **S3. Substance Use**

- a. No/some substance use.  
Household members display no substance use problems or some substance use problems that minimally impact family functioning.
- b. Moderate substance use problems.  
Household members have moderate substance use problems resulting in such things as disruptive behavior and/or family dysfunction which result in a need for treatment.
- c. Serious substance use problems.  
Household members have chronic substance use problems resulting in a chaotic and dysfunctional household/lifestyle, loss of job, and/or criminal behavior.

### **S4. Housing/Environment/Basic Physical Needs**

- a. Adequate basic needs.  
Family has adequate housing, clothing, and food.
- b. Some Problems. but correctable.  
Family has correctable housing, clothing and food problems that affect health and safety needs and family is willing to correct.

- c. Serious problems, not corrected.  
Numerous and/or serious housing, clothing and food problems that have not been corrected or are not easily correctable and family is not willing to correct.
- d. Chronic basic needs deficiency.  
House has been condemned or is uninhabitable, or family is chronically homeless and without clothing and/or food.

### **S5. Family Relationships**

- a. Supportive relationship.  
A supportive relationship exists between household members.
- b. Occasional problematic relationship(s). Relationship(s) is occasionally strained but not disruptive.
- c. Domestic discord.  
Current relationship or domestic discord, including, frequent arguments, degradation, or blaming. Open disagreement on how to handle child problems/discipline. Frequent and/or multiple transient household members. Violent acts that cause minor or no injury to any household member and are not assessed as “domestic violence”.
- d. Serious domestic discord/domestic violence.  
A pattern of relationship discord or domestic violence. Physical, emotional, or sexual abuse, economic oppression, isolation, threats, intimidation, and maltreatment of the children to control the non-offending parent/adult victim. Repeated history of leaving and returning to abusive partner(s). Repeated history of violating court orders by the perpetrator of domestic violence. Repeated history of violating safety plans. Involvement of law enforcement and/or restraining orders. Serious or repeated injuries to any household member.

### **S6. Child Characteristics**

For children under the age of three, any identification of need on this item requires that a referral to Early Intervention be made using the DSS-5229. For assistance in determining whether or not a developmental need is present you may access the North Carolina Infant Toddler Program eligibility conditions of : “Established Conditions” or “Developmental Delay” (definitions can be found at: <http://www.ncei.org>). Additional information on developmental milestones can be found at: <http://www.pedstest.com/>). This site shows a developmental screening that may be used by families or any staff working with the child. At any time that a Social Worker or a parent expresses some concern about how a child is developing, contact your local CDSA for consultation or to make a referral. If a DSS agency needs technical assistance on eligibility for the early intervention program or how to make a referral, please contact the early intervention program state office at 919-707-5520 or your local CDSA (<http://www.ncei.org>).

- a. Age-appropriate, no problems.  
Child(ren) appears to be age appropriate, no problems.
- b. Minor problems.  
Child(ren) has minor physical, emotional, medical, educational, or intellectual difficulties addressed with minimal or routine intervention.
- c. One child has severe/chronic problems.  
One child has severe physical, emotional, medical, educational, or intellectual problems resulting in substantial dysfunction in school, home, or community which strain family finances and/or relations.
- d. Children have severe/chronic problem.  
**More** than one child has severe physical, emotional, medical, or intellectual problems resulting in substantial dysfunction in school, home, or community which strain family finances relationships.

### **S7. Social Support Systems**

- a. Strong support network.  
Household members have a strong, constructive support network. Active extended family (may be blood relations, kin, or close friends) provide material resources, child care, supervision, role modeling for parent and child(ren), and/or parenting and emotional support.
- b. Adequate support network.  
Household members use extended family, friends, and the community to provide adequate support for guidance, access to child care, available transportation, etc.
- c. Limited support network.

Household members have a limited or negative support network, are isolated, and/or reluctant to use available support.

d. No support or destructive relationships.

Household members have no support network and/or have destructive relationships with extended family and the community.

**S8. Caretaker(s) Abuse/Neglect History**

a. No evidence of problem.

No caretaker(s) experienced physical or sexual abuse or neglect as a child.

b. Caretaker(s) abused or neglected as a child.

Caretaker(s) experienced physical or sexual abuse, or neglect as a child.

c. Caretaker(s) in foster care as a child.

Caretaker(s) abused and/or neglected as a child and was in foster care or other out-of-home placement due to abuse/neglect.

d. Caretaker(s) perpetrator of abuse and/or neglect.

Caretaker(s) is a substantiated perpetrator of physical and/or sexual abuse, or neglect.

**S9. Communication/Interpersonal Skills**

a. Strong skills. Communication facilitates family functions, personal boundaries are appropriate, emotional attachments are appropriate.

b. Appropriate skills.

Household members are usually able to communicate individual needs and needs of others and to maintain both social and familial relationships; minor disagreements or lack of communication occasionally interfere with family interactions.

c. Limited or ineffective skills.

Household members have limited or ineffective interpersonal skills which impair the ability to maintain positive familial relationships, make friends, keep a job, communicate individual needs or needs of family members to schools or agencies.

d. Hostile/destructive.

Household members isolate self/others from outside influences or contact, and/or act in a hostile/destructive manner, and/or do not communicate with each other. Negative communication severely interferes with family interactions.

**S10. Caretaker(s) Life Skills**

a. Good life skills.

Caretaker(s) manages the following well: budgeting, cleanliness, food preparation and age appropriate nutrition, housing stability, recognition of medical needs, recognition of educational needs, and problem solving.

b. Adequate life skills.

Minor problems in some life skills do not significantly interfere with family functioning; caretaker(s) seeks appropriate assistance as needed.

c. Poor life skills.

Caretaker(s) has poor life skills which create problems and interfere with family functioning; caretaker(s) does not appropriately utilize available assistance.

d. Severely deficient life skills.

Deficiencies in life skills severely limit or prohibit ability to function independently and to care for child(ren); caretaker(s) is unable to or refuses to utilize available assistance.

**S11. Caretaker's Physical Health**

a. No adverse health problem.

Caretaker(s) does not have health problems that interfere with the ability to care for self or child(ren).

b. Health problem or disability.

Caretaker(s) has a disability, disease or chronic illness that interferes with daily living and/or ability to care for self or child(ren).

c. Serious health problem or disability.

Caretaker(s) has a disability, disease or chronic illness that severely limits or prohibits ability to provide; for self or child(ren).

### **S12. Employment/Income Management**

- a. Employed.  
Caretaker(s) is employed with sufficient income to meet household needs, regardless of source of income.
- b. No need for employment.  
Caretaker(s) may be out of labor force but has sufficient income to meet household needs, regardless of source of income.
- c. Underemployed.  
Caretaker(s) is employed with insufficient income to meet household needs.
- d. Unemployed.  
Caretaker(s) needs employment and lacks income required to meet household needs.

### **S13. Community Resource Utilization**

- a. Seeks out and utilizes resources.  
Household members take initiative to access community resources that are available, or seek out those not immediately available in the community, or have no need for community resources.
- b. Utilizes resources.  
Household members access resources and services available in the community.
- c. Resource utilization problems.  
Household members do not know about and/or do not access community resources.
- d. Refusal to utilize resources.  
Household members refuse to accept available community services when offered.

### **Children/Family Well-Being**

In cases that are substantiated and opened for more than thirty days from the date of substantiation, there shall be documentation in the case record that includes the following items as they are applicable:

#### **Child/Family Education Needs:**

- a. Special education classes, when applicable;
- b. Normal grade placement, if child is school age;
- c. Services to meet the identified educational needs, unless no unusual educational needs are identified;
- d. Early intervention services, unless these services are not needed;
- e. Advocacy efforts with the school, unless the child is not school age or there have been no identified needs that are unmet by the school; and
- f. How the educational needs of the child/family have been included in the case planning, unless the child is not school age or has no identified education needs.

#### **Child/Family Physical Health Needs:**

- a. Whether the child/family has received preventive health care and if not, the efforts the agency will take to ensure that this care is obtained;
- b. Whether the child/family has received preventive dental care and if not, the efforts the agency will take to ensure that this care is obtained;
- c. Whether the child/family has up-to-date immunizations and if not, what efforts the agency will take to obtain them;
- d. Whether the child/family is receiving treatment for identified health needs and if not, what efforts the agency will take to obtain the treatment;
- e. Whether the child/family is receiving treatment for identified dental needs and if not, what efforts the agency will take to obtain the treatment.

#### **Child/Family Mental Health Needs**

Whether the child/family is receiving appropriate treatment for any identified mental health needs and if not, what efforts the agency will take to obtain such treatment.

**This information shall be documented on the Family Strengths and Needs Assessment.**

NORTH CAROLINA  
FAMILY ASSESSMENT OF STRENGTHS AND NEEDS  
POLICY AND PROCEDURES

The Family Assessment of Strengths and Needs (FASN) is a tool designed to evaluate the presenting strengths and needs of the family of a child alleged or confirmed to have been a CA/N victim. The FASN assists the worker in determining areas of family strengths and needs that should be addressed within the In-Home and or Out-of-Home Family Services Agreement.

**Which cases:** All CPS maltreatment reports assigned for an assessment that involve a family caretaker can utilize this tool. Specifically, the FASN shall be completed with all cases where the decision was made to provide CPS In-Home or Out-of-Home Services. This does not apply to reports involving child care facilities, residential facilities such as group homes or DHHS facilities. This does apply to non-licensed living arrangements, the noncustodial parents home or licensed family foster homes.

**Who completes:** Social Worker assigned to complete the assessment.

**When:** The FASN is optional to be completed and documented prior to the time the case decision is made. The Structured Documentation Instrument (DSS-5010) requires the documentation of the social activities, economic situation, environmental issues, mental health needs, activities of daily living, physical health needs, and summary of strengths (SEEMAPS) during the completion of a CPS Assessment.

The FASN shall be completed with all cases where the case decision was made to provide CPS In-Home or Out-of-Home Services prior to completing the Family Services Agreement.

In CPS In-Home Services, the FASN shall be completed at the time of the In-Home Family Services Agreement updates and within 30 days prior to case closure. A FASN should be completed with an involved noncustodial parent. Their identified needs should also be addressed within the In-Home Family Services Agreement whether on the same one or on a separate agreement.

In CPS Out-of-Home Services (whether the agency holds legal custody and the child remains in the home or is placed outside of the home), the FASN shall track with the required scheduled Permanency Planning Action Team meetings. The assessment shall also be completed within 30 days prior to any court hearing or review. A parent that has been described as absent or noncustodial should be engaged to become involved with the planning of their child. Complete a FASN with that parent within the same time frames (If reviews are held frequently, documentation on the FASN form may state that there have been no changes since the last update and that the current information is correct.).

The FASN shall be completed when the agency has legal custody and the child has been placed back in the home for a trial home visit and a Permanency Planning Action Team meeting falls within that trial home visit period.

**Decision:** The FASN identifies the strengths and highest priority needs of caretakers and children that must be addressed in the service agreement. Goals, objectives, and interventions in a service agreement should relate to one or more of the priority needs. If the child(ren) has more than one chronic/severe problem, all should be listed under children's well-being needs.

**Appropriate  
Completion**

Complete all items on the FASN scale for the caretaker(s). As used here, "caretaker" means the person or persons who routinely are responsible for providing care, supervision, and discipline to the children in the household. This may include biological, adoptive or step-parents, other legal guardian, or other adults living in the home who have caretaker responsibilities. If the allegations

involve maltreatment in two households and both have responsibilities for childcare, complete two separate FASN tools.

In situations where an adult relative is entrusted with the care of the child and is the alleged or confirmed perpetrator, the FASN tool is conducted in the home where the child resides.

The identified needs should be addressed within the In-Home and or Out-of-Home Family Services Agreement.

**Scoring Individual Items:**

Select one score only under each item which reflects the highest level of need for any caretaker in the family, and enter in the "Score" column. For example, if the mother has some substance abuse problems and the father has a serious substance abuse problem, item S3 would be scored "5" for serious substance use problems."

The worker will list in order of greatest to least, the strengths and needs identified. These strengths and needs will be utilized in the case planning process.

**Children/Family Well-Being Needs**

In completing a FASN, several factors identify data related to the family and child's well-being. List those factors identified as specific family and child needs (health, mental health, educational needs). See DEFINITIONS section for examples.