	GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES **CHILD WELFARE POLICY MANUAL**		
	Chapter:	(19) Case Management	**Effective Date:**	December 2021
	Policy Title:	Family Functioning Assessment		
	Policy Number:	19.13	**Previous Policy #:**	N/A

CODES/REFERENCES

N/A

REQUIREMENTS

The Division of Family and Children Services (DFCS) shall:
1. Analyze and organize the information gathered around the following areas of family functioning to understand the significant factors affecting a child's safety, permanency, and well-being, including caregiver protective capacities:
   a. Maltreatment/Presenting Problem
   b. Maltreatment Context and Circumstances
   c. Family Developmental Stages and Tasks
   d. Family's Pattern of Disciplining Their Children
   e. Family Support
   f. Child/Youth Development
   g. Individual Caretaker Patterns of Behavior
2. Use the Family Functioning Assessment (FFA) to inform:
   a. Child safety, permanency, and well-being decisions; and
   b. Develop family level outcomes (FLOs) and individual level outcomes (ILO's).
3. Complete the FFA:
   a. Prior to the conclusion of an Investigation.
      EXCEPTION: The FFA is not applicable during special investigations of residential or non-residential facilities or public or private non-residential schools.
   b. At case evaluation intervals for Family Preservation Services (FPS) cases.
   c. As part of the Comprehensive Child and Family Assessment (CCFA) for children in DFCS custody.
   d. As part of the assessment of the child and family for a Child In Need of Services (CHINS) (No Maltreatment).
4. Obtain Social Services Supervisor (SSS) approval of the FFA to confirm support of the findings in each area of family functioning, including the safety decision upon completion of an investigation or case evaluation.

PROCEDURES

The Social Services Case Manager (SSCM) will:
1. Review and analyze the information gathered to:
   a. Make an investigative decision in accordance with policy 5.3 Investigations: Making an Investigation Determination; or
   b. Conduct a case evaluation in accordance with policy 8.4 Family Preservation Services: Case Evaluation; or

    c. Complete a CCFA in accordance with policy 10.10 Comprehensive Child and Family Assessment (CCFA).

    d. Conduct an assessment of the child and family for a CHINS (No Maltreatment) in accordance with policy 20.3 Special Circumstances: Children in Need of Services (CHINS) (No Maltreatment).

2. Document a summary of the analysis of information in the following sections:

    a. Maltreatment/Presenting Problem (Recognizing Patters in Everyday Life)

    b. Maltreatment Context and Circumstances (Tracking an Interactional Sequence)

    c. Family Developmental Stages and Tasks (How is the Family's Overall Functioning in the Care of Their Children)

    d. Family's Pattern of Disciplining Their Children (How is the Family Functioning in the Specific Area of Discipline)

    e. Family Support (What are the Family's Resources and Social Supports that Could Assist Them in Addressing the Safety Concerns)

    f. Child/Youth Development (Child Vulnerability)

    g. Individual Caretaker Patterns of Behavior (Are There Self-Management Issues That Affect the Family Care Tasks)

    h. Impending Danger questions in accordance with policy 19.11 Case Management: Safety Assessment.

        i. If impending danger does not exist in the applicable area, summarize how caregiver protective capacities ensure the child is safe; or

        ii. When impending danger is identified, summarize how the safety threat identified met the criteria to qualify as an impending danger and the safety plan implemented.

3. Document in the Assessment Summary:

    a. Indicate the outcome of the case evaluation including the recommendation regarding whether the case is ready for closure or further DFCS intervention is warranted.

    b. When considering any of the following, document the evidence to support that the case circumstances meet the established guidelines:

        i. Voluntary kinship arrangement (see policy 22.1 Kinship: Use of Voluntary Kinship Caregivers in Child Protective Services).

        ii. Protective order (see policy 17.3 Legal: Court Orders and Placement Authority).

        iii. Guardianship (see policy 22.11 Kinship: Guardianship in Child Protective Services).

        iv. Temporary custody to third party (see policy 22.12 Kinship: Temporary Custody to a Third party in Child Protective Services).

NOTE: Completion of the Assessment Summary is only required during a case evaluation.

4. Indicate in the Child Safety Determination Summary if the child is determined to be safe or unsafe (see policy 19.11 Case Management: Safety Assessment):

    a. Safe:

        i. The identified caregiver protective capacities meet or exceed the child's vulnerabilities; or

        ii. No present danger situations or impending danger threats were identified.

    b. Unsafe:

        i. Present danger situation identified;

        ii. Impending danger situation identified; or

        iii. In-home safety plan or out-of-home safety plan completed (see policy 19.12

).
5. Indicate in the Reasonable Efforts section actions taken to prevent the unnecessary removal of the child from his/her home (see policy 9.5 Eligibility: Reasonable Efforts).
6. Submit the FFA to the SSS for approval.

The SSS will:
1. Provide guidance to support the SSCM in decision making.
2. Review the FFA and determine if the SSCM's documentation supports the findings in each area of family functioning, including the safety decision.
3. Document in the Supervisory Approval of FFA section comments and justifications indicating approval of the SSCM's analysis of family functioning and safety decisions.

PRACTICE GUIDANCE

Family Functioning Assessment
1. **Maltreatment/Presenting Problem (Recognizing Patterns in Everyday Life)**
   The purpose of this section is to identify the presenting problem and the maltreatment to the child(ren). This area of family functioning will not change during an FPS or foster care case unless a new incident or report of abuse is received. Describe the:
   a. Abuse that was reported at intake - specific allegations of abuse (hit, kicked, sexually abuse, dangerous environment)
   b. Abuse found during the Investigation - severity of the alleged abuse
   c. Facts and evidence that support the presence of, or lack of maltreatment
      i. Current condition of the child (malnourished, lethargic, dirty)
      ii. Witnesses
   d. Maltreating behavior (hitting or injuries)
      i. Date and time of the alleged abuse
      ii. Alleged maltreater
      iii. Injuries (bruises, cuts, patterned injuries)
   e. The impact the abuse had on the child(ren) (physically or emotionally)
2. **Maltreatment Context and Circumstances (Tracking an Interactional Sequence)**
   The purpose of this section is to understand how the alleged maltreatment incident occurred and the seriousness of the situation. Unless there is a new report of abuse during an active FPS or foster care case this area of functioning will not change. Describe the:
   a. Circumstances leading up to during, and after the alleged maltreatment event.
      i. Timeline of events.
      ii. Trigger for the event (premediated, deliberate, intentional, accidental).
      iii. Individuals who intervened to protect the child during the event.
   b. Patterns of behavior (chronicity) exhibited by the caregiver(s) that impacted the situation or led to the alleged maltreatment (i.e. track the problem over time).
      i. Severity of situation (new, progressing, worsening).
   c. Information obtained from the caregiver/alleged maltreater, collateral contacts, alleged victim/non-victim child(ren), and other household members regarding how and why alleged the maltreatment did or did not occur.
   d. Perception, explanation, and attitudes of family members regarding the alleged maltreatment and the seriousness of the situation.

      i.   Plausibility of the alleged maltreaters explanation for the alleged abuse.

      ii.   Remorseful attitudes and honesty versus dishonesty and deflection.

3. **Family Developmental Stages and Tasks (How is the Family's Overall Functioning in the Care of Their Children)**

   The purpose of this section is to identify the developmental stage(s) of the family to understand the normal life events and challenges that are unique to the family and the specific everyday tasks that seem to be difficult for the family to manage. For a description of the family development stages and tasks, see policy 19.2 Case Management: Family Developmental Stages and Tasks for description. Describe the:

   a. Current developmental stage(s) of the family.

   b. Family's interaction around the various tasks associated with the family's developmental stage(s).

         i.   Observations of the family situation, interaction, and dynamics that assist in determining the developmental stage of the family (infant, preschool adolescent, etc.).

   c. Tasks that are challenging for the family and have led or may lead to difficult situations with children in the home and how they may be playing a role in the alleged child maltreatment and safety.

   NOTE: The task(s) or situation(s) may or may not be related to the alleged maltreatment event currently being investigated or related to prior DFCS history. They may, however, be impacting child safety, therefore, this section is critical when determining the existence of an impending danger safety threat. Cultural or health issues that impact the developmental stage and tasks of the family.

   d. Times when the family was able to successfully manage the challenges of everyday life without demonstrating problematic behavior leading to negative outcomes (i.e. exceptions).

   e. Progress made towards achieving FLOs and ILOs, when applicable.

4. **Family's Pattern of Disciplining their Children (How is the Family Functioning in the Specific Area of Disciplining Their Children)**

   The purpose of this section is to identify routines regarding discipline, including strengths (i.e. age appropriate discipline or self-control while disciplining child) and any concerns (i.e. uses violence or threats, discipline is vengeful, physical discipline stems from frustration and/or anger). Describe the:

   a. Primary discipline method.

   b. Caregiver's attitude, reasoning, and purpose behind the method(s) of discipline employed:

         i.   Caregiver's attitude and approach to discipline.

         ii.   How the caregiver was disciplined as a child.

         iii.   Perception of the caregiver of his/her role in parenting and discipline.

         iv.   Threats of violence or vengeful behavior or physical discipline that stems from frustration or anger.

   c. Cultural practices surrounding discipline methods.

   d. Caregiver comprehension of discipline beyond just punishment (i.e. the relationship of discipline to teaching and providing guidance for the child).

         i.   Knowledge, expectations, and skills demonstrated by the caregiver when disciplining the child.

   e. Instances of self-control or restraint that demonstrate caregiver's protective capacities.

f. Condition of the caregiver when discipline is used (i.e. intoxicated, angry, cooled down before disciplining the child, self-control).

g. Progress towards achieving FLOs and ILOs, when applicable.

5. **Family Support (What are the Family's Resources and Social Supports That Could Assist Them in Addressing the Safety Concerns)**

The purpose of this section is to identify the family's strengths and support system to help avert or address child maltreatment and safety concerns. Describe the:

a. Formal and informal supports that the family has identified as helpful or supportive.
    i. Household members and extended family
    ii. Non-family members (good friends or natural helpers)
    iii. Social networks (church or community programs and services)

b. Help provided by the identified support(s) concerning the specific task or situation that the family is struggling with.

c. Type of support provided to help the family protect their children.

d. Appropriateness of formal and/or informal supports identified.

e. Ways the support systems can be a part of the process of helping the family manage their conflicts and help to avoid an unsafe situation.

f. Additional supports available in the community or family that can help.

g. Progress made towards achieving FLOs and ILOs, when applicable.

6. **Child/Youth Development (Child Vulnerability)**

The purpose of this section is to understand the development and functioning of the child/youth to identify child vulnerabilities related to child maltreatment and safety. Describe the:

a. Child's development and functioning:
    i. Child development (on target for their age).
    ii. Appearance (healthy, emaciated, flat affect, fearful, or anxious).
    iii. Developmental (physical and intellectual), education, mental health (behavioral, psychological, cognitive) and social (peer relations and social development) and medical.
    iv. Ability to communicate/express needs.

b. Child's place/role in the family.

c. Medical or mental health treatment (receiving or needs).

d. Child's vulnerabilities (child's capacity to self-protect):
    i. The child's age, physical disability, mental disability, behavioral challenges, feeling of powerlessness, feeling of being defenseless, non-assertive behaviors, illness, feeling of being invisible, or socially isolated.
    ii. Impact of child vulnerabilities on the alleged maltreatment and child safety.

e. Progress made toward achieving FLOs and ILOs, when applicable.

7. **Individual Caretaker Patterns of Behavior (Are there Self-Management Issues that Affect the Family Care Tasks)**

The purpose of this section is to assess caregiver protective capacity by identifying the individual caregiver's functioning and patterns of behavior independent of DFCS involvement based on information obtained from caregiver(s), household members, and collateral contacts. Describe the:

a. Functioning of each caregiver, including:
    i. Parenting practices (parenting knowledge and skills).
    ii. Management of daily life and coping with stress (assertive, calm, problem solver or unrealistic, immature, unmotivated).

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      iii.   Current employment (where, how long).
      iv.   Socially active or isolated.
       v.   Relationships with others both in and out of the home.
      vi.   Physical, medical, behavioral, psychological, cognitive issues and impact on caregiving and protective capacity.
     vii.   Current or previous substance use/abuse and impact on caregiving and protective capacity.
    viii.   Current or previous mental health condition and impact on caregiving and caregiver protective capacity.

  b. Patterns of behaviors, including unwanted or dangerous behavior
       i.   Criminal history or current trouble with law enforcement (chronic issues or one-time problem).
      ii.   Anger and control issues.
     iii.   Sexually abusive behavior (perpetrator or victim).
     iv.   Domestic violence (perpetrator or victim) in past or present relationships.
      v.   Actions taken in the past or could do in the future to lessen the frustration/increase success in the everyday life routines of the family, particularly in the child rearing areas that have been assessed as safety issues.
     vi.   Actions that may have fostered the escalation of the maltreatment or child safety concern.
    vii.   Actions that assisted in helping to avoid or interrupt the cycle of maladaptive or destructive behavior.

  c. Role any diminished protective capacities played in the alleged maltreatment or child safety and their child rearing efforts.
  d. Information gathered that supports or refutes caregiver statements or assessor observations.
  e. Progress made toward achieving FLOs and ILOs, when applicable.

How to Tell When a Family is Functioning Well

Observing and analyzing statements, behaviors, and interactions of family members leads to a better understanding of what is affecting a child's safety, permanency, and well-being. Characteristics and behaviors that demonstrate mutual caring, feeling secure, a sense of belonging, open communication, and making each person in the family feel valued are desired. Some questions to consider when determining whether a family is functioning well include:

1. Does the family have fun together despite their daily demands:
   a. What activities do they do together;
   b. What were they doing the last time they laughed together as a family; or
   c. Does the family sit down to meals together.
2. Are there clear family rules that apply equally to all members:
   a. Are family members' expectations of each other realistic, mutually agreed upon, and usually met; or
   b. Are these rules flexible enough to adapt to a change in the family dynamics/situation
3. How does each caregiver spend individual time with the child(ren):
   a. Do family members achieve their goals, and are their needs being met;
   b. Do all the children in the home have the same opportunities to participate in extracurricular activities.
4. Is there genuine respect between the caregiver and children:

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a. How do they demonstrate love, trust, and concern for one another;
b. Are love, trust, and concern shown the same way when disagreements occur; or
c. How does the family adapt to change (upset, unhappy, unphased).

FORMS AND TOOLS

Family Functioning Assessment Tool