

Module 7: Strengths, Needs, and Risks

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Introduction and Rationale

This module assists caseworkers in completing the SNR Scales in a manner that supports a thorough, balanced, and family-focused assessment.

Ongoing assessment of family and child functioning, using needs and strengths, is essential to effective case planning and intervention. It forms the foundation for the change effort, and provides a basis for decision making and planning, as well as a means for evaluation of progress. The SNR Scales provide a framework for the gathering and recording of key information about individual and family functioning, and the raw material for development of the Family Assessment Analysis and the Service Plan.

The SNR Scales are designed to help caseworkers identify specific conditions that need to change, and to determine the factors or underlying conditions that cause, contribute to, or sustain problems, as well as those that support needed change. The key to developing change efforts that are likely to succeed is an understanding of why a problematic behavior or condition exists and what might be used to help the condition improve. Thus, an accurate and thorough inventory of strengths, needs, and risks is a critical ingredient to a successful change effort.

SNR Scales Structure and Customization

The SNR Scales are organized into three components: Family, Child, and Parent/Caretaker. Caseworkers capture information that reflects strengths, needs, and risks relating to the family as a whole and to each individual adult and child. The SNR Scales are customized based on the family composition and provide a consistent framework of assessment information across key areas of functioning over time. This provides the ability to compare and contrast family and individual functioning, change, and progress throughout the life of a case.

CONNECTIONS will automatically customize the SNR Scales based upon FASP type, family composition, and certain parameters of each case. This is one part of the FASP where the accuracy of the information on the Stage Composition tab and the Tracked Children Detail window is critical.

Local District Options for Completion of the SNR Scales

Local districts may elect to make completion of certain SNR Scales optional. This is intended to streamline scale completion in cases where it is prudent to do so. It allows local districts and workers to complete those scales that make the most sense for an individual case and an individual worker.

Key elements of the local district option:

- If a district exercises this option, CONNECTIONS will continue to make all scales available for completion. For all cases with a Program Choice of Protective, workers will still be required to complete all the scales that map to the RAP; these scales are marked with an asterisk in CONNECTIONS. Other scales will be optional (i.e., not required by CONNECTIONS in order to submit for approval).
- A Supervisor or FASP Approver may still require completion of certain optional scales to best meet the needs of a case. Supervisors may exercise individual discretion or a district may do so

based on its own internal policies and require workers to complete some or all scales according to the case circumstances or other specified criteria (e.g., an inexperienced worker). Although these internal agency or supervisory policies will not be enforced by CONNECTIONS, they can be enforced by individual supervisors, FASP Approvers, and management oversight.

Policies will vary from district to district, may also vary from program to program within districts (i.e., preventive vs. foster care), and may change over time. Workers and supervisors in each district, as well as those in voluntary/contract agencies, will need to be aware of the specific policies of their district or of the district(s) whose families they serve.

Family Functioning Scales

The Family Scales are not completed in the Initial FASP. This family-related information is captured in the corresponding RAP for CPS-Protective cases and on the Risk Assessment for Non-CPS cases. Family Scales are required for both Comprehensive and Reassessment FASPs; their focus is on a specific household. This includes all adults and children living in the home or for whom this is their primary address. (See “household” criteria in *Module 3*.) One household is created for each primary residence identified on the Stage Composition tab.

At least one set of Family Scales must be completed for the Primary Caretaker’s household in order to submit a FASP for approval. Multiple Family Scales can be completed when the Primary Caretaker and Secondary Caretaker live separately, and for other households containing neither the Primary Caretaker nor the Secondary Caretaker, based on the needs of the case. CONNECTIONS will label these other households as optional. The completion of the Family Scales for these households is not required, but is recommended if any tracked children reside in or frequent that household (e.g., a household where the child frequents, visits, or may return). Decisions as to which optional households should be assessed should be made in concert with the Case Manager and supervisor.

A child, including those in foster care or a residential facility, is not in their own household and a caseworker does not complete the Family Scales for an individual child. If CONNECTIONS presents the Family Scales for a child, his/her primary address has been incorrectly entered on the Stage Composition tab. To correct this, go to the Stage Composition tab and amend the child’s listed address to correspond with that of their Primary Caretaker’s address.

Due to the termination of parental rights, Family Scales are not completed in the CCR.

For a nonfreed child with a goal of Adoption or APPLA, the child still has a legal family, and caseworkers must continue to complete the Family Scales on their Primary Caretaker and Secondary Caretaker. This provides documentation of the family’s current strengths, needs, and risks, thus supporting decisions about which permanency options to pursue.

Child Scales

Child Scales enable a caseworker to record an assessment of strengths, needs, and risks for each individual child in a family. A child is defined as:

- An individual under 18 years of age with a relationship of Child, Step-child, Grandchild, Niece/Nephew, or Ward within the Family Relationship Matrix
- An individual who is 18-21 years of age with an active PPG

A Child Scale is required to be completed for each tracked child. A child is considered tracked when they are receiving child welfare services. They will have a PPG and one or more Program Choices on the Tracked Children Detail window. For nontracked children—those who are not receiving services and do not have a Program Choice or PPG—the completion of the Child Scales are considered optional. However, it is strongly recommended that caseworkers complete the SNR Scales for optional children to provide a thorough, balanced picture of the family situation. (See the *Frequently Asked Questions* in this module for more discussion on this topic.)

In a CPS-Protective case, all children in the family are considered the focus of CPS services and must be tracked.

The individual Child Scales are completed by the Case Planner or by a Case Worker who is associated to an individual child in CONNECTIONS, within the Tracked Children Detail window.

Parent/Caretaker Scales

The Parent/Caretaker Scales are used to evaluate the strengths and needs of individuals identified in CONNECTIONS as the Primary Caretaker and Secondary Caretaker. CONNECTIONS also creates scales for individuals with a relationship of Mother or Father within the Family Relationship Matrix, and individuals who are older than 18 years of age that do not have an active PPG.

CONNECTIONS automatically displays a column labeled with the first name, age, and PC or SC indicator for each adult listed on the Stage Composition tab. These scales must be completed for the identified Primary Caretaker and Secondary Caretaker in order to submit the FASP for approval. The completion of the Parent/Caretaker Scales is optional for all other adults listed on the Stage Composition tab. However, it is strongly recommended that they are completed in order to provide a thorough and balanced picture of the current family situation. (See the *Frequently Asked Questions* in this module for more discussion on this topic.)

The Parent/Caretaker Scales are completed within each FASP. Due to the termination of parent's rights, SNR Scales are not presented in the CCR.

For a nonfreed child with a goal of Adoption or APPLA, the child still has a legal family, and caseworkers must continue to complete the Parent/Caretaker Scales on the Primary Caretaker and Secondary Caretaker. This provides documentation of the family's current strengths, needs, risks, and ability to provide a home for the child, supporting decisions about which permanency options to pursue.

Consistency Check

Before beginning work on the SNR Scales, verify the accuracy of information documented on the Stage Composition tab and the Tracked Children Detail window. Caseworkers should verify the following:

- All the relevant adults and children in the family or household are listed.
- The identified Primary Caretaker and Secondary Caretaker are accurate.
- The child's date of birth is accurate.
- The correct children are being tracked.
- Tracked children have the appropriate Program Choice and PPG.

Caseworkers should make necessary updates before proceeding with the SNR Scales. (For additional help with accuracy of the Stage Composition tab, see *Module 3*.)

Strengths, Needs and Risks Scales Windows

Parent/Caretaker Strengths, Needs and Risks - Collins, Kristy - S:27200095/C:37200038

Print Screen

Scale	Ratings	Create O&A Block for Scale	All	Kristy Age: 32 PC	Thomas Age: 40 SC
1. Caretaker Abused/Neglected as a Child	a. No childhood history of abuse or neglect	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Some childhood history of abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Serious childhood history of neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Serious childhood history of physical and/or sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Physical Health (Mapped to RAP)	a. Good or excellent health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Minor illness or physical disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Moderately serious illness or physical disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Debilitating illness or physical disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Physical Health Care	a. Regular preventive health care is practiced	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Receives appropriate medical care for illness or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Some unmet medical care needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Serious unmet medical care needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Mental Health (Mapped to RAP)	a. No mental health concerns	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Minor mental health concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Moderately serious mental health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Serious mental health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Mental Health Care	a. No mental health concerns or able to self-monitor and take appropriate steps to stabilize emotional well-being	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Receives mental health care; fully complies with treatment recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Receives mental health care; partially complies with treatment recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Receives little or no mental health care or is non-compliant with treatment recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Ability to Cope with Stress	a. Consistently uses effective coping skills to manage stress	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Uses adequate coping skills in most situations to manage stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Coping skills are not consistently used or effective in managing stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Coping skills are very limited or ineffective in managing stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cognitive Skills (Mapped to RAP)	a. Appears to have above average cognitive skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Save & Close Save Reset

! = Sensitive * = Required \$ = AFCARS ✓ = Data Exists (C) = Complete 🔒 = Read-Only Mode 🔄 = Unsaved Changes

Quick Tips for Completing the Parent/Caretaker Strengths, Needs and Risks Window

The SNR Scales focus on the child's primary family and the current situation within that home (i.e., the home of the child's Primary Caretaker or Secondary Caretaker). For children in foster care or other out of home placement, the SNR Scales are not the place to assess the home of the foster parents or relatives with whom the child is currently living. The focus of the assessment is on what needs to change in order to achieve the PPG and the child's need for safety, permanency, and well-being.

Before proceeding with the SNR Scales, caseworkers should review their progress notes and Safety Assessment in an effort to refresh their memory of key issues, needs, concerns, and recent changes for the family.

Assess all family and household members. Rate each scale element based on the most recently available information about that specific family, adult, or child. Caseworkers should use their own observations and interactions with collaterals and with the family to assist in rating the scales and identifying family strengths, needs, and recent changes.

Think of the choices within a continuum, with each scale element as representing:

- High Strengths
- Some Strengths
- Some Needs or Risk
- High Needs or Risk

Select the rating that best fits each individual or family situation. The descriptions associated with each element are there to anchor the ratings along the continuum listed above. Do not be overly preoccupied by specific phrases within these anchors; a caseworker's comments associated with the scales are what will support their rating choices.

The column marked "Create O&A Block for Scale" is used for any SNR elements that are likely to be addressed in the Service Plan. Any SNR Scale elements checked off here will be carried forward into the O&A Index on the Service Plan window. This Index serves as a reminder of the key issues identified in the SNR Scales. Items in the Index will be held in temporary status, and will be available to the caseworker as the basis for the development of appropriate O&A blocks. Caseworkers will be able to select any or all items in the Index for developing O&A Blocks. They will also be able to create an O&A Block for any additional concern by clicking the New button located at the bottom of the Service Plan window. It is essential that caseworkers exercise care in selecting SNR Scale elements to populate the O&A Index, as this aids in focusing the Service Plan.

Caseworkers document comments to support the key ratings within the SNR Scales. Comments should be provided for any elements that are deemed to be important to a current understanding of family or individual functioning. Caseworkers document both positive and negative aspects in an effort to clearly identify strengths, needs, and risks. Comments should reflect how a caseworker obtained information (e.g., caseworker observation, collateral, or self-report). The use of clear, specific, nonjudgmental, and behaviorally focused language supports the selected SNR element. The use of a bulleted list may help caseworkers to write more concisely.

Saving the SNR Scales will enable the Comments button at the bottom of the window. Click the Comments button to open the Strengths, Needs and Risks Comments window, and select the individual who the comments apply to. Comments are written in a narrative form about each person for whom scales are completed.

Use the questions and sample comments in this module to help understand each scale element and the information caseworkers should be documenting on the Strengths, Needs and Risks Comments window.

Frequently Asked Questions

Who is assessed in the SNR Scales?

It is recommended that caseworkers complete SNR Scales for all family and household members currently active on the Person List window, including those who CONNECTIONS has identified as optional. This supports the need to get an accurate and balanced picture of individual and family strengths and needs at this time.

CONNECTIONS will require that caseworkers complete SNR Scales for the Primary Caretaker, Secondary Caretaker, and each tracked child. SNR Scales for other adults and nontracked children on the Stage Composition tab are not required by CONNECTIONS, but completing these provides for a more thorough assessment.

Who completes the SNR Scales?

When there are multiple caseworkers active in a case, completion of the scales is a team effort. Any caseworker with a role of Case Planner or Case Worker can complete the Family and Parent/Caretaker Scales. When those with the role of Case Worker are associated to a child within the Tracked Children Detail window, then only they can complete the scales for that child. Ultimately, it is the Case Planner who is responsible for ensuring completion of the SNR Scales before submitting a FASP for approval.

Multiple Caseworker Coordination Tip

In a case with multiple caseworkers and roles, it is helpful to decide in advance of each FASP who is expected to complete which sections and within what timeframes. This promotes teamwork, enabling all contributors to meet their responsibilities in a timely manner.

Selecting SNR ratings

The elements within each scale category present four rating choices. In the Initial FASP, caseworkers are provided a fifth choice labeled Insufficient Information. This accommodates the possibility that complete assessment information may not be available very early in a case. Use of this option should be supported in the comments box as to why the information was not available.

Think of the responses within each scale element as representing:

- High Strengths
- Some Strengths
- Some Needs or Risk
- High Needs or Risk

Only one response can be selected for each scale element. Select the rating that best fits the SNR Scale being assessed. The descriptions associated with each element are there to anchor the ratings along a continuum, as above. Do not be preoccupied by specific phrases within these anchors. The caseworker's comments associated with the scales support their rating choices. Keeping in mind the original reason

for case opening and present concerns in the family, as well as what might be important to support successful achievement of the PPG, can assist a caseworker when considering and rating each of the scales, and the writing of comments to support them.

For a child in foster care, the SNR Scales are meant to focus on the child's primary family and conditions and relationships within that home, not the foster home or relative's home in which they may be temporarily living. The SNR Scales help to assess what needs to change in order to achieve the PPG.

Consistency Check

Information in the SNR Scales should be consistent with what is documented elsewhere in the case record (e.g., progress notes, Safety Assessment).

What does "Mapped to RAP" in some SNR Scales mean?

In both the Comprehensive FASP and the Reassessment FASP, some SNR Scale elements are labeled Mapped to RAP. Responses a caseworker records for these SNR Scale elements will update corresponding fields in the RAP. This eliminates the need for caseworkers to have to answer similar questions in two places on the FASP. It is important that SNR ratings be accurate, as these items will impact the risk rating calculated by the RAP.

Tips for writing SNR comments

Caseworkers are the ones most familiar with the strengths and needs of the family and the individual. Use the comments box to support key ratings and to share what is known about the family and individual members at this time. Comments are intended to provide information and support the selected SNR Scale rating.

- Write comments for any element that is important to a current understanding of the family.
- Comment on both positive and negative aspects of the family and individual functioning.
- Write comments relevant to the specific scale elements and identify the individual they refer to.
- Where applicable, comments should reflect how a caseworker obtained certain information (e.g., Mother said, Dr. Andrews' most recent evaluation, based on caseworker observation).
- Writing a bulleted list of comments may help a caseworker write concisely and stay focused on specific individuals or scale elements.
- Language in the comments box should be clear, specific, nonjudgmental, and behaviorally focused.

Caseworkers can use the related questions and sample comments found later in this module to help better understand each scale element and the information that should be included in the comments box.

Role of FASP Approvers

FASP Approvers ensure the quality of SNR Scales ratings and comments. With the SNR Scales helping to form the foundation of the Family Assessment Analysis and Service Plan, it is critical that the information within the comments box be an accurate and overall current reflection of the family and individual.

When reviewing the FASP, an approver should consider the following regarding the SNR Scales:

- There is sufficient information recorded in the progress notes or elsewhere in the record to effectively support scale ratings and comments.
- The appropriate adults and households within the family have been assessed, and where appropriate, multiple households or adults have been assessed.
- Each tracked child was assessed individually and supported within the comments box. Where appropriate to case needs, other children within the family have been assessed.
- Documentation reflects that family members have been engaged in the gathering of information and assessment of strengths, needs, and risks.
- Documentation reflects that the caseworker has solicited input from relevant collaterals.
- The response Insufficient Information, within an Initial FASP, is used sparingly and is supported by comments.
- Comments are provided for those scale elements that are relevant to a current understanding of family functioning.
- Comments are clear, specific, and behaviorally focused to provide an understanding of family functioning.
- Caseworker's comments are nonjudgmental and supportive to the associated ratings.
- Comments refer to specific individuals.
- The SNR comments sufficiently convey the most significant individual and family strengths, needs, issues, and case circumstances.