

**NORTH CAROLINA
FAMILY REUNIFICATION ASSESSMENT**

Case Name: _____ Case #: _____ Date: ___/___/___
 County Name: _____ Social Worker Name: _____
 Date Report Received: ___/___/___ Date Custody Received: ___/___/___
 Children: _____
 Parent/caregiver: _____

SECTION A. RISK REASSESSMENT FOR OUT-OF-HOME CASES

Code	Title	Score
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- | | | |
|---------------|---|----|
| 1. R1. | Risk Level at the point that the child entered DSS custody | |
| | a. Low..... | 0 |
| | b. Moderate..... | 3 |
| | c. High | 4 |
| | d. Intensive..... | 5 |
|
 | | |
| R2. | Household's Progress Toward Goals | |
| | a. Successfully met all service agreement objectives and/or significant progress in ongoing programs | -2 |
| | a. Actively participating in programs; pursuing objectives detailed in service agreement; significant progress | -1 |
| | b. Partial participation in pursuing objectives in service agreement; . some progress..... | 0 |
| | d. Refuses involvement in programs or has exhibited a minimal level of participation with service agreement /made little or no progress toward ameliorating needs | 4 |
|
 | | |
| R3. | Has There Been a New Substantiation Since the Last Reunification Assessment? | |
| | a. No..... | 0 |
| | b. Yes..... | 6 |

Total Score _____

- 2. RISK LEVEL**
 Assign the family's risk level based on the following chart.

<u>Score</u>	<u>Risk Level</u>
-2 to 1	_____ Low
2 to 3	_____ Moderate
4 to 5	_____ High
6 and above	_____ Intensive

3. OVERRIDES

Policy Overrides: (Override to Intensive. Check appropriate reason.)

- _____ 1. Prior sexual abuse, perpetrator has access to child(ren) and has not successfully completed treatment.
 _____ 2. Cases with non-accidental physical injury to an infant and parent(s) have not successfully completed treatment.
 _____ 3. Serious non-accidental physical injury warranting hospital or medical treatment and parent(s) have not successfully completed treatment.
 _____ 4. Death of a sibling as a result of abuse or neglect.
 _____ 5. Other, specify: _____

Discretionary Override: (Increase one level only)

_____ 5. Reason: _____

OVERRIDE RISK LEVEL: _____ Moderate _____ High _____ Intensive

Social Worker: _____ Date: _____

Supervisor's Review/Approval of Override: _____ Date: _____

Case Name: _____ Case#: _____

SECTION B. VISITATION PLAN EVALUATION

(Check appropriate box for each child).

	Child Name	Child Name	Child Name	Child Name
Compliance with Plan				
a. If parents(s) cannot visit children, state the reason: 1) ___ Parents(s) incarcerated 2) ___ Parent(s) in Treatment Facility 3) ___ Court-Order Prohibits 4) ___ Other, specify: _____ _____				
Non Compliance - Parents(s) have failed to visit or visits have been suspended by court order due to parental behavior.				
Low Compliance -parent(s) have met few objectives of plan or visitation has been changed from unsupervised to supervised due to parental behavior. <i>(Definition: More than one missed visit without legitimate explanation and/or advance notice or parent has demonstrated a pattern of poor parenting techniques or poor parent-child interaction during visitation).</i>				
Moderate Compliance -parent (s) has met some objectives of plan. <i>(Definition: Parent-child interaction is appropriate or improving during visits but continued improvement required. No more than one missed visit without legitimate explanation or advance notice).</i>				
High Compliance -parent (s) has met most objectives of plan. <i>(Definition: Parent-child interaction appropriate throughout all visits. Visitation changed from supervised to unsupervised due to parental behavior. Visits may have been rescheduled but arrangements made in advance).</i>				

REUNIFICATION SAFETY ASSESSMENT (If risk level is low or moderate and parents have attained at least a moderate level of compliance with the Visitation Plan, complete a Reunification Safety Assessment).

SECTION C

**NORTH CAROLINA
REUNIFICATION SAFETY ASSESSMENT
(To be used when Reunification is considered)**

Case Name: _____ **Case #:** _____

County Name: _____ **Date Report Received:** _____

Social Worker Name: _____

Children: _____

Caregivers: _____

SECTION 1: SAFETY ASSESSMENT**(a) Safety Factor Identification**

Directions: The following is a list of factors that may be associated with a child(ren) being in immediate danger of serious harm. **Identify the presence or absence of each by circling either "yes" or "no"** if factor applies to any child in the household or to a child to be returned to the household. **Note: The vulnerability of each child needs to be considered throughout the assessment.** Younger children and children with diminished mental or physical capacity or repeated victimization should be considered more vulnerable. Complete based on most vulnerable child for each factor. **Please review examples from the NC Safety Assessment for clarification of these factors.**

1. Yes No Caregiver(s) current behavior is violent or out of control.
2. Yes No Caregiver(s) describes or acts toward child in predominantly negative terms or has extremely unrealistic expectations.
3. Yes No The family refuses access to the child, or there is reason to believe that the family is about to flee or the child's whereabouts cannot be ascertained.
4. Yes No Caregiver(s) is unwilling, or is unable to provide supervision or to meet the child's immediate needs for food, clothing, shelter, and/or medical or mental health care.
5. Yes No Child is fearful of caregiver(s), other family members, or other people living in or having access to the home.
6. Yes No The child's physical living conditions are hazardous and immediately threatening.
7. Yes No Caregiver(s) drug or alcohol use seriously affects his/her ability to supervise, protect, or care for the child.
8. Yes No Caregiver has a new live in partner with history of child maltreatment, domestic violence, or a criminal history.
7. Yes No Other, specify: _____

CHECK IF ALL SAFETY FACTORS ARE CIRCLED "NO."

_____ **CHILD IS SAFE. Otherwise, complete Sections (b), (c), and (d) of the Reunification Safety Assessment listed below**

(b) Safety Factor Description

Directions: For all safety factors which are circled "Yes" note the applicable safety factor number and briefly describe the specific individuals behaviors, conditions, and/or circumstances associated with particular safety factor.

(c) Safety Response

For each factor identified in Section 1, consider the resources available in the family and the community that might help to keep the child safe in the home. Check each intervention taken to protect the child and explain below. Describe all protecting safety interventions taken or immediately planned by you or anyone else, and explain how each intervention protects (or protected) each child.

- _____ 1. Direct services provided by placement worker or other social worker.
- _____ 2. Use of family resources (relatives), neighbors, or other individuals in the community as safety factor.
- _____ 3. Use of community agencies or services as safety resources (check one or both):
- _____ Intensive Home-Based
- _____ Other Community
- _____ 4. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
- _____ 5. Other (specify): _____

For each intervention checked, describe all protecting interventions taken or immediately planned by you or anyone else, and explain how each intervention protects each child. Describe in detail the actions that any safety resource agrees to do.

(d) SAFETY DECISION

Identify your safety decision by checking the appropriate line below. **Check one line only.** This decision should be based on the assessment of all safety factors, protecting interventions, and any other information known about this case.

- 1. Safe to Return Home:** _____ No further interventions.
- 2. Safe with Services/Intervention:** _____ Protecting safety interventions allow child to return home for a trial home visit for no more than 6 months before custody is returned.
- 3. Unsafe:** _____ Placement remains the only protecting intervention possible for the child(ren). Without continued placement, the child(ren) will likely be in danger of immediate or future serious harm.

SECTION D.

RECOMMENDATION SUMMARY

Children's Names	Recommendation (check column applicable for each child)		
	Recommend Return Home	Continue with Reunification Efforts and Concurrent Planning	Proceed with new recommendation for next court hearing (Select and record "A", "B", or "C" below for each child)**
1.			
2.			
3.			
4.			
5.			

****NEW GOAL**

A = TPR/Adoption

B = Custody/ Guardianship with a non-removal parent/relative

C = Custody or Guardianship with a court approved caretaker

- If the Case remains open and at least one child remains out-of-home, all assessment tools are required at the appropriate intervals as stated in policy and standard.
- If the Case remains open and all child(ren) are reunified but DSS retains custody, future risk reassessments and family strengths and needs assessments are required. (Further reunification assessments are no longer required.)
- If the Case remains open, child continues in out-of-home placement and the court ordered agency to cease reasonable efforts to reunify, no future reunification assessments, risk reassessments or strengths and needs assessments are required.

Social Worker: _____

Date: _____

Supervisor: _____

Date: _____

NORTH CAROLINA
FAMILY REUNIFICATION ASSESSMENT
POLICY AND PROCEDURES

The family reunification assessment consists of four parts that are used to evaluate risk, visitation compliance, safety issues, and the recommendation summary. Results are used to reach a permanency placement recommendation and to guide decisions about whether or not to return a child(ren) home.

Which cases: All cases where the agency holds custody, with at least one child in placement with a goal of return home. (**Note: Exclude cases in which the court has ordered the agency to cease reasonable efforts to reunify**). Use one Family Reunification Assessment form for all children in the family. If a household involves more than five children, use additional sheets.

Who completes: The assigned Social Worker. (Recommended Practice: Assigned social worker completes the form prior to the Permanency Planning Action Team meeting except for Section D. The Permanency Planning Action Team completes Section D at the meeting.)

When: The Family Reunification Assessment shall be completed when the agency holds legal custody and at least one child is in placement with a goal of return home (reunification). The assessment shall be completed:

- to track with the required scheduled Permanency Planning Action Team meetings;
- prior to any trial visit;
- prior to any time the child is being considered for a return home; and
- within 30 days prior to any court hearing or review.

(If reviews are held frequently, documentation on the Family Reunification Assessment form may state that there have been no changes since the last update and that the current information is correct.)

When reunification is no longer the plan, the Family Reunification Assessment form is no longer required.

Decision: The Family Reunification Risk Reassessment for Out-of-Home Care (A) results and the Visitation Plan Evaluation (B) results indicate if a child(ren) is eligible for a return home or if a new recommendation regarding another permanent plan should be made to the court.

If families have effectively **reduced risk to low or moderate and have achieved at least Moderate compliance with visitation, a reunification safety assessment is conducted** and results used to determine if the home environment is safe. The permanency plan guidelines and recommendation sections guide decisions to return a child(ren) home, to continue with current/concurrent planning, or proceed with a new recommendation for a new permanent plan goal for the next court hearing.

**Appropriate
Completion:**

Complete the case identifiers at the top of the page.

Section A. Family Reunification Risk Reassessment

Complete the Family Reunification Risk Reassessment. Based on the total score, indicate family risk level. Indicate if an override has been exercised. If so, indicate risk level after override. Supervisor must approve override.

Section B. Visitation Plan Evaluation

For each child, indicate the level at which the parent(s)/caregiver(s) has participated in the visitation plan. If the parent(s) is unable to visit the child(ren), supply a reason in "a" of the Visitation Plan Evaluation. Proceed to Section D.

If "a" does not apply, evaluate parent(s)/caregiver(s) participation in visitation. Visitation Plan Evaluation choices range from non compliance to high compliance. Rate parental/caregiver compliance with the visitation plan for each child.

Section C. Reunification Safety Assessment

If risk has been reduced to low or moderate *and* parents have achieved at least a moderate visitation compliance rating, complete a reunification safety assessment. Enter the results of the reunification safety assessment in Section C. If risk has *not* been reduced to low or moderate or parents receive a low visitation rating or have not complied, do not complete a reunification safety assessment. Proceed to Section D.

Section D. Permanency Plan Recommendation Summary

Complete Section D for all reunification assessments. Enter the name of each child in custody and check one of the three recommendations for each child. If "Proceed with new recommendation for next court hearing" is checked, you **MUST** enter the new permanency goal using the codes provided on the form.

The supervisor and social worker are to sign at the bottom of Section D.