Confidential Questionnaire
<b>AR/DR Case Specific Instrument</b>

Family Name:	Case ID:
Your Name:	County:
If you are not a member of the county Child Protectio please write in the name of your organization or ager	
Part One	
<ul> <li>1. Did you: (check all that apply)</li> <li>conduct the initial assessment at the beginning</li> <li>conduct an interim or follow-up assessment wh</li> <li>conduct a final assessment at case closure?</li> <li>provide case management, support, and/or refe</li> <li>provide any other direct services to this family?</li> </ul>	ile the case was open? erral services to this family?
2. Please Identify anyone else who may know more (Write in their address if different from yours. If the	
Name	Organization
Address	Email address
Is this: $\Box$ a county staff person $\Box$	a community agency staff person
3. Was this:  an Alternative Response case	a Traditional Response case
If this was an Alternative Response (AR) case an	nswer the next three questions (a,b,c):
a. If the initial report on this family had been inve substantiated, in your judgment?	stigated in the traditional manner would it have been
□ certainly yes □ probably yes □ probably	no $\Box$ certainly no $\Box$ unsure
b. Did this family refuse all efforts to provide assi	stance or services? $\Box$ yes $\Box$ no
c. Did this family receive any services under AR under a Traditional Response?	that they would not hade received, in your judgment,
$\Box$ certainly yes $\Box$ probably yes $\Box$ probably	no $\Box$ certainly no $\Box$ unsure
If this was a <b>Traditional Response</b> case answer t	the next two questions (d & e):
d. Would an Alternative Response been appropri	ate in this case, in your opinion?
□certainly yes □ probably yes □ probably	no $\Box$ certainly no $\Box$ unsure

e. Are you aware of any services this family did not receive but might have with Alternative Response?

 $\Box$  certainly yes  $\Box$  probably yes  $\Box$  probably no  $\Box$  certainly no  $\Box$  unsure

Comments:

# 4. Number of contacts with Family (<u>estimate if necessary</u>):

- a. How many face-to-face meetings did you have with members of the family?
- b. How many telephone contacts did you have with members of the family?

c. How many other contacts did you have with a family member (court visits, etc.)?

- d. How many contacts did you have with others on behalf of this family?
- e. How many other face-to-face contacts did other social workers/agency providers have?

# 5. Please indicate whether there were any extenuating circumstances that made work with this family very difficult, impossible or unnecessary. *(Check as many as apply).*

- $\Box$  traditional assessment was un-substantiated
- $\hfill\square$  traditional assessment substantiated but low risk case not opened
- $\Box$  family fled or moved out of the county

□ alleged perpetrator left family

- □ alleged perpetrator was separated by court
- □ alleged perpetrator was imprisoned

 $\Box$  a caregiver was hostile throughout the case

 $\Box$  a caregiver missed appointments often

□ caregiver was uncooperative in other ways

 $\Box$  a child was uncooperative

□ other agency/non-CPS worker had major responsibility for the case

□ other

Comments:			

6. Was a child in this family threatened or harmed before the first assessment contact by <u>any</u> of the following?

$\triangleright$	neglect or abandonment	🗆 yes	🗆 no
$\triangleright$	physical abuse or emotional maltreatment	□ yes	🗆 no
$\geqslant$	sexual maltreatment	□ yes	🗌 no
$\triangleright$	lack of supervision or proper care	□ yes	🗌 no
$\triangleright$	poor or damaging adult-child relationship	🗆 yes	🗌 no
$\geqslant$	other threats to child safety	🗆 yes	🗌 no

If you checked yes to <u>any</u> item in question 6, complete the chart on INSERTED PAGE, SIDE A. If you did not check yes to any, continue below without completing the chart.

## 7a. Were any services, support or assistance provided to this family (caregivers or children)?

□ yes □ no □ uncertain whether family actually received services

## 7b. Was any information about where services may be found given to the family?

$\Box$ yes, and family acted on this info	🗆 no

 $\Box$  yes, but whether family received services is unknown  $\Box$  uncertain

If you answered yes to <u>either</u> 7a or 7b, complete the chart on INSERTED PAGE, SIDE B. If you answered no or uncertain to <u>both</u> of these questions, do not complete the chart.

8. On the following scale please rate the cooperation or attitude of family members the first time you met with them. On the scale, -5 indicates "very uncooperative" and +5 indicates "very cooperative."

ve	ry uncoop	erative								ver	y cooperat	tive
	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	

9. If you met with this family or members of the family more than one time, on the following scale rate their cooperation the last time you met with them.  $\Box$  does not apply

very	uncoop	erative								ver	y cooperative
-{	5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5

If you did not have to complete SIDE B on the INSERTED PAGE, you may stop here, you are finished. If you completed SIDE B, please continue with Part Two. Part Two

10. Did you or another worker or community agency help members of this family in obtaining services or assistance from any of the following? (check all that apply)

□ school

- □ neighborhood organization
- mental health provider

□ alcohol/drug rehab agency/program

□ MR/DD provider

 $\Box$  youth organization

□ health care provider

□ job service/employment security

employment & training agency (JTPA etc.)

□ legal services provider

□ support group

□ childcare/preschool provider/Head Start

 $\Box$  community action agency

 $\Box$  domestic violence shelter

□ emergency food provider

□ church or religious organization

□ recreational facility (e.g. YMCA)

□ neighbors/friends/extended family

□ other

Comments:

11. On the following scale (from 1 to 5, where 1=not at all, 5=complete	ely), indicate whether the
level of service response in this case was sufficient to:	(circle)

no	t at all	completely
a. meet the immediate threats to a child in this family	12345678	3 9 10
b. reduce threats of possible future child abuse or neglect	12345678	3 9 10
<ul> <li>c. meet other family needs affecting child well-being</li> </ul>	12345678	3 9 10

12. Overall, how well were the services that were actually provided matched to the service needs of the family? (circle)

very poorly matched very well matched

1--2--3--4--5--6--7--8--9--10

13. In your judgment, how effective were the services provided to the family in solving their problems or in producing needed changes? (circle)

very ineffective

very effective

1--2--3--4--5--6--7--8--9--10

- 14. If there were any services this family needed or needed more of that it did not get for any reason, please list them here.

#### 15. Check any of the following reasons why the family may not have been fully served

 $\Box$  size of worker caseload

- $\Box$  limited staff time to work with family
- $\Box$  other pressing cases on caseload
- □ problems beyond scope of CPS to remedy
- □ limited funds for needed vendor services

other \_\_\_\_\_

- 16. Overall, how involved was the extended family (relatives outside the household) in providing needed support and/or assistance to this family?
  - 🗆 not at all
  - □ very little
  - □ moderately
  - □ extensively
- 17. Overall, how involved were unfunded community resources (i.e. churches) in assisting this family?
  - □ not at all
  - □ very little
  - moderately
  - □ extensively

- 18. Family Functioning. Check the boxes next to any area (*if uncertain leave blank*)
  1) That was addressed (instruction/counseling, direct services, referrals, etc.) during the case, and/or
  - 2) That showed marked improvement over the course of the case, <u>whether addressed or not</u> (Check boxes under 1 or 2 or both. Leave blank if uncertain.)

	1) Need or Risk Condition found (check if yes)	2) Condition addressed while in contact with family	3	3) Improvemer (check one)		
		with farming	Little	Moderate	Much	
Structural condition/safety of home						
Cleanliness/order of home						
Housing						
Rent/Utilities						
Food/Clothing						
Parenting skills of adults						
Approach to child discipline						
Control of child(ren)						
Emotional maturity of parent/caretaker						
Poor or harmful Interaction in family						
Domestic violence						
Alcohol abuse						
Other substance abuse						
Adult disability or mental retardation						
Child disability or mental retardation						
Inadequate family income / poverty						
Underemployment or unemployment						
Financial planning/money handling skills						
Household management skills						
School attendance of children						
Progress of children in school						
Physical health of parent/caregiver						
Physical health of children						
Mental health of parent/caregiver						
Mental health of children						
Quality/stability of adult relationships						
Parent-child relationship/communication						
Stability/integrity of family as a unit						
Developmental level of child(ren)						
Support system of friends and neighbors						
Extended family emotional support						
Extended family financial support						
Knowledge of community services						
Ability to access needed services						

# **INSERT, SIDE A – THREATS TO A CHILD**

(1) Check all Then for every (2) Indicate whethe safety threats problem (2) Indicate whethe				(3) Was the issue addressed?										
present in this checked,				Yes, by:				No, because					Don't	
case	first. complete (2) and (3)	At first contact	At closure	County staff	Vender agency/ paid provider	Unpaid com- munity resource	Family resource/ kin	Other/ don't know	Funds unavail- able	Provider unavail- able	Un- cooper- ative family	Threat removed	Other	know/ not sure
Negle	ect or Abandonment	(circle)	(circle)											
	child lacked basic needs (food, clothes, hygiene)	mild mod sev	mild mod sev											
	home unsafe or unclean	mild mod sev	mild mod sev											
	homelessness or potential homelessness	mild mod sev	mild mod sev											
	abandonment	mild mod sev	mild mod sev											
	locking in or out	mild mod sev	mild mod sev											
	caretaker neglected medi- cal/healthcare need of child	mild mod sev	mild mod sev											
	educational neglect/truancy	mild mod sev	mild mod sev											
	other neglect	mild mod sev	mild mod sev											
Physi	cal, sexual, emotional abuse													
	violence to child by caretaker (non-disciplinary)	mild mod sev	mild mod sev											
	excessive discipline	mild mod sev	mild mod sev											
	emotional maltreatment	mild mod sev	mild mod sev											
	child witnessed domestic violence/ violence in home	mild mod sev	mild mod sev											
	sexual maltreatment	mild mod sev	mild mod sev											
	other abuse	mild mod sev	mild mod sev											
Lack	of supervision or proper care													
	child 6yrs old or younger left unsupervised	mild mod sev	mild mod sev											
	child 7-12 left unsupervised	mild mod sev	mild mod sev											
	other harm (e.g. burns, fractures)	mild mod sev	mild mod sev											
Dama	ging adult-child relationship													
	verbal or physical fights	mild mod sev	mild mod sev											
	rejection of child by parent	mild mod sev	mild mod sev											
	rejection of parent by child	mild mod sev	mild mod sev											
Other	Threat- Describe													
		mild mod sev	mild mod sev											

#### INSERT, SIDE B: SERVICES TO FAMILY

### The following is a list of services that are sometimes provided to families.

### 1) Place a check after any service to indicate:

- 1. <u>service provided during the case</u> service were provided to a family member(s) while the case was open and had not been in place at the time of the first visit.
- 2. info/referral provided services information was given or referrals were made,
- 3. service in place before case service was in place at the time of first visit

# 2) For any service received by the family, give us some idea of the level of services received or used from very little (1) to very much (5).

For each service check <b>all</b> that apply	(1)	(2)	(3)	Level of participation or use by family (circle)					
	Service provided	Info/ referral provided	Service in place at start	Very little <> Very much					
Childcare/daycare services									
Respite care/crisis nursery									
Medical or dental care									
Marital/family/group counseling									
Individual counseling									
Mental health/psychiatric services									
Drug abuse treatment									
Alcohol abuse treatment									
Domestic violence services									
Emergency shelter									
Help with rent or house payments									
Housing services									
Help with household needs (utilities, repair, etc.)									
Emergency food									
TANF, SSI or food stamps									
Assistance with transportation									
Assistance with employment									
Vocational/skill training									
Educational services									
Legal services									
Parenting classes									
Homemaker/home management assistance									
Assistance from support groups									
Disability services									
Recreational services									
Family preservation services									
Independent living services									
Other:									