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**CHILDREN’S SYSTEM OF CARE**

**FAMILY ASSESSMENT NEEDS AND STRENGTHS FANS 2.0**

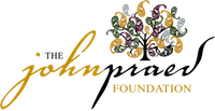
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***Manual***

Children’s System of Care

New Jersey Department of Children and Families

State of New Jersey

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The mission of the Family Support Organizations is to provide families with Support, Education, and Advocacy. Completion of this questionnaire serves as the basis for your ongoing action plan.

Your action plan guides the partnership between you and your Family Support Partner.

This tool will help you monitor progress toward your goals and identify your family’s success.

**SUPPORT**

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| Check | **CAREGIVERS’ COLLABORATION:** *This item refers to how well you and the other adults involved in the raising of your youth work together* |
| 0 | Healthy collaboration. We usually work together regarding issues of the development and well-being of our youth. We are able to negotiate disagreements related to our youth. |
| 1 | Mostly healthy collaboration. Generally good collaboration with occasional difficulties negotiating miscommunications or misunderstandings regarding issues of the development and well-being of our youth. |
| 2 | Limited healthy collaboration. Moderate problems of communication and collaboration between us with regard to issues of the development and well-being of our youth. |
| 3 | Significant difficulties with collaboration. Minimal collaboration and destructive or sabotaging communication regarding issues related to the development and well-being of our youth. |
| N/A | There is only one caregiver |

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| Check | **FAMILY COMMUNICATION:** *This item refers to how well family members communicate with each other.* |
| 0 | Healthy communication. Family members generally are able to communicate directly about important information among each other*.* |
| 1 | Mostly healthy communication. Family members sometimes have challenges communicating or some topics are excluded from direct communication. |
| 2 | Limited healthy communication. Family members generally are unable to communicate directly important information among each other. |
| 3 | Significant difficulties with communication. Family members communicate mostly through indirect means, or there is no sharing of important information at all. We are not able to understand each other. |

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| Check | **CAREGIVER FAMILY AND SOCIAL RESOURCES:** *Social resources could include friends, extended family members, places of worship, or other organizations that help the family in times of need.* |
| 0 | I/we have social resources that actively support me and my family, and I/we am comfortable asking them for help when needed. |
| 1 | I/we have some social resources that actively help me and my family. I/we are usually comfortable asking for support from them. |
| 2 | I/we have no social resources that may be able to help myself and my family, or I/we have some resources but I/we have difficulty asking for support from them. |
| 3 | I/we have no family or social network that may be able to help myself and my family. |

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| *Check* | **FAMILY SAFETY:** *This item refers to how safe you and other family members feel in your home. Are some family members engaging in behavior that can hurt other family members? This item does not refer to safety risks in the neighborhood.* |
| 0 | No risk. Our family provides a safe home environment for all family members. |
| 1 | Mild risk. Our family home environment presents some mild exposure of undesirable influences but I/we see no immediate risk. |
| 2 | Moderate risk. Our family home environment presents a moderate risks to family members. |
| 3 | Severe risk. Our family home environment presents a clear and immediate risk of harm to family members. |

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| *Check* | **CAREGIVER OPTIMISM (HOPEFULNESS):** *This item refers to your sense of the future, regardless of how overwhelmed you may feel in the present.* |
| 0 | I/we have a strong and stable optimistic outlook on my life. I/we generally believe that things will get better in the future. |
| 1 | Most of the time, I/we can imagine positive things happening in my life, although at times I/we may lose that positive view. |
| 2 | I/we have difficulties maintaining a positive view of my future. I/we often feel there is little hope for a good future for me. |
| 3 | I/we rarely or never seeanything positive about my future. |

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| *Check* | **SPIRITUAL:** *This item refers to your involvement in spiritual beliefs and activities as a source for you.* |
| 0 | I/we have strongly held spiritual beliefs that sustain or comfort me in difficult times. |
| 1 | I/we spiritual beliefs that I often find comfort in. |
| 2 | I/we have or had some spiritual beliefs, but at this time, I do not find comfort in them. This rating could also be used to indicate that I/we are questioning current beliefs or that I have an interest in exploring my beliefs further. |
| 3 | I do not hold any spiritual or beliefs and do not wish to pursue any, or I have a significant desire to pursue such involvement/affiliation. |
| Note | Rate item as a 3 if there is no spiritual belief system, but do not create an action item. |

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| Check | **CAREGIVER ORGANIZATION SKILLS:** *This item refers to your ability to organize the household to support your youth. This question is not about how neat, clean, or orderly your house is.* |
| 0 | I/we am well organized and efficient, and I/we am able to maintain my youth’s services, appointments, medication, etc. |
| 1 | I/we have occasional difficulties with organizing and maintaining my household to support my youth’s needs. For example, I/we may be forgetful about some appointments. |
| 2 | I/we have moderate difficulty organizing and maintaining household to support my youth’s needs. |
| 3 | I/we have severe difficulty managing my household. I/we am unable to organize or manage my household to support my youth’s needs. |

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| Check | **CAREGIVER SELF CARE:** *This item refers to your ability to find time for yourself and to use this time as a source of inner strength. This could involve participating in hobbies, spiritual activities, wellness behaviors, etc. which in turn help you to feel better about yourself, are relaxing, and/or help you to cope with stress better.* |
| 0 | Good use of personal time. I/we engage in activities that I/we enjoy. I/we effectively use these activities as a coping mechanism. |
| 1 | I/we usually find ways to structure my free time into daily routines that help me to cope. |
| 2 | I/we have limited activities or limited ability to use them as effective coping mechanisms. |
| 3 | I/we have no time for self-care. |

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| Check | **CAREGIVER STRESSORS:** *This item reflects the degree of stress or burden that you may be experiencing as a result of various situations in your life. These could include stressors such as housing problems, violence in the neighborhood, traumatic events in your past, the youth’s needs, etc.* |
| 0 | I/we have some stressors, but I/we do not feel overwhelmed. |
| 1 | I/we have some stressors, and at times have difficulty managing them. |
| 2 | I/we have significant stressors and I/we frequently feel overwhelmed. |
| 3 | I/we have significant stressors and I/we need support to manage the stress associated with them. |

**EDUCATION**

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| Check | **CAREGIVER SELF-EFFICACY:** *This item refers to your ability to identify and use events and/or internal strengths to manage your life.* |
| 0 | I/we am able to both identify and use strengths to successfully manage difficult challenges. |
| 1 | I/we am able to identify most of my strengths and I am able to partially utilize them. |
| 2 | I/we am not able to both identify and/or to use them effectively. |
| 3 | I/we am not yet able to identify personal strengths. |

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| Check | **KNOWLEDGE OF FAMILY/YOUTH NEEDS:** *The goal of this item is to see whether there is information needed for you to be more effective in helping your family.* |
| 0 | I/we have an understanding of my family’s strengths, needs, and limitations. |
| 1 | I/we have an understanding of my family’s strengths, needs, and limitations, but require some help in learning about certain aspects of these needs. |
| 2 | I/we am sometimes told things about my child by professionals or others that I find confusing or do not fully understand. I/we may require assistance in understanding my family’s strengths and needs. |
| 3 | I/we require substantial assistance in identifying and understanding my family’s strengths and needs. |

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| Check | KNOWLEDGE OF THE CHILDREN’S SYSTEM OF CARE (CSOC): *This item refers to your understanding of CSOC and the Wraparound model, which includes the Family Support Organization (FSO), Care Management Organization (CMO), and Mobile Response & Stabilization (MRSS).* |
| 0 | I/we have a strong understanding of the Wraparound Model and service options within the NJ Children’s System of Care. |
| 1 | I/we have some understanding of the Wraparound model and the NJ CSOC, but may still require some help in learning about certain aspects/options. |
| 2 | I/we have limited knowledge about how Wraparound and/or the NJ CSOC work. What options are available or how to access them. I/we could use some help with this. |
| 3 | I/we know almost nothing about Wraparound and the NJ SOC and require substantial support identifying and understanding Wraparound or the NJ CSOC. |

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| Check | KNOWLEDGE OF COMMUNITY RESOURCES: *This item refers to your understanding of resources other than those available through NJ CSOC and how to access them. Such programs might include (but are not limited to): support groups, wellness programs, caregiver education programs, and Division of Child Protection and Permanency (DCP&P).* |
| 0 | I/we have a strong understanding of community resources and how to access them. |
| 1 | I/we have an understanding of community resources but occasionally may still require some help in learning about certain aspects of these services. |
| 2 | I/we require support in understanding what community resources are available and how to access them. |
| 3 | I/we require substantial support in identifying and understanding any community resource. |

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| Check | KNOWLEDGE OF RIGHTS AND RESPONSIBILITIES: *This item refers to your understanding of the legal and other rights and responsibilities you have as a caregiver. Examples are (but not limited to): education, guardianship, disability, transitioning to the adult system, and participating in meetings (family-team meetings, individualized education plan, etc.).* |
| 0 | I/we have a strong understanding of our rights and responsibilities. |
| 1 | I/we have an understanding of our rights and responsibilities but may still require some support in learning about certain aspects of them. |
| 2 | I/we require assistance in understanding our rights and responsibilities. These have not been explained to me in a way that I/we can understand. |
| 3 | I/we require substantial support in identifying and understanding our rights and responsibilities. |

**ADVOCACY**

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| Check | ABILTY TO COMMUNICATE: *This item relates to the importance of family “voice and choice”, including teamwork, decision making, and problem solving. It enables you to communicate even negative or difficult messages without creating conflict or mistrust.* |
| 0 | I/we am able to hear both good and bad news and to communicate effectively. |
| 1 | I/we sometimes struggle to communicate my concerns so that others will listen or understand. |
| 2 | I/we require some support to communicate my concerns so others will listen and understand. |
| 3 | I/we require substantial support to communicate my concerns so that others will listen and understand. |

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| Check | ABILITY TO ADVOCATE: *This item refers to your ability to advocate for yourself, your youth, and your family with various systems and agencies including schools, child welfare, health, juvenile justice, NJ CSOC partners, etc.* |
| 0 | I/we am able to advocate effectively on behalf of myself, my youth, and my family. |
| 1 | I/we am usually able to advocate for myself, my youth, and my family with most of the systems with which I/we interact. |
| 2 | I/we am rarely able to advocate effectively on behalf of myself, my youth, or my family and may need some support with doing so. |
| 3 | I/we am not able to advocate effectively on behalf of myself, my youth, or my family. |

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| Check | ABILITY TO PARTICIPATE IN PLANNING AND SUPPORT: *This item is asking you to identify any obstacles that interfere with your being involved in the services your youth is receiving or the plans that are being made.* |
| 0 | I/we am actively involved in the planning and/or implementation of services and I am able to overcome any obstacles that may be in the way. |
| 1 | I/we am mostly involved in the planning and/or implementation of services for the youth but occasionally an obstacle will get in the way of participating. |
| 2 | I/we am only somewhat or inconsistently involved in the planning and implementation of services. |
| 3 | I/we am not currently involved with the plan of care for my youth. |