
Series	Operating Procedures	COA: CM 3, FSP 3,
Procedure Name:	Assessment and Strength Discovery	
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Effective Date:	09/22/2009, 3/10/2026	
Applicable to:	Family Partnerships of Central Florida CARES Staff	

SUBJECT: Assessment and Strength Discovery Operating Procedure

PURPOSE: This operating procedure outlines CARES procedure for assessment process including conducting the Strengths and Cultural Discovery for families referred to the CARES Program (Family Support), Neighborhood Partnership Program, Safety Management Services Team, and Non-Judicial In-Home Services (for families referred for Child Welfare Diversion Case Management Services). This procedure will clarify the protocols and steps taken by the CARES staff to ensure prompt quality access for families to the services offered by the CARES team. The proper application of this procedure will ensure that CARES meets its commitment to ensure continuity of care for families using the strength based wraparound principles of care.

REFERENCE: Department of Children and Families Operating Procedure No. 170-9 Family Assessment and Case Planning

PROCEDURE:

CARES Program (Family Support)

All families served by the CARES team participate in a comprehensive, individualized, strength-based assessment called a Strength and Cultural Discovery. The information gathered is comprehensive and is directly related to identifying concerns contained in the original reasons for the referral in addition to the needs the family identifies. All assessments are conducted in person in a safe place at the location of the family's choice that may include the family's home, in a neutral setting (such as in the community), at the CARES office or other safe location. Any specialized assessments that are indicated during this process are arranged for in a prompt and timely manner.

The assigned Care Coordinator conducts the Strength and Cultural Discovery on all families referred to the program in a family-centered, strength-based manner, respecting the family while adhering to all confidentiality standards. During this process, sensitivity is shown to the family in a flexible and responsive manner. The Strength and Cultural Discovery lays the foundation for family engagement and inclusion. The Strength Discovery is a tool designed to learn about the family's history, needs, traditions, culture, resources and norms; with sensitivity to cultural



norms as resources and supports are identified to strengthen and preserve the family unit. The Strengths Discovery sets the tone for Family Team Conferencing by identifying informal supports and natural resources available to the family.

The Supervisor assigns each new family to a Care Coordinator. The Care Coordinator then completes the Strengths and Cultural Discovery which includes an introduction with the family, and the gathering of information (including what is outlined on the Strengths and Cultural Discovery form.) This meeting also includes a discussion of the program and services available, including Family Team Conferencing.

The Care Coordinator completes the Strengths and Cultural Discovery Release of Information form (which includes a list of individuals the family would like invited to the Family Team Conference) and the acknowledgement and receipt of the CARES Handbook. The Care Coordinator conducts separate Strengths Discoveries with all children in the family ages 12 and up.

FSFN Documentation

Within two business days, each contact is recorded by the Care Coordinator in case notes.

Within two business days, information gathered from other sources to inform the assessment is documented in case notes. Records from evaluators or providers are scanned into the FSFN file cabinet.

The Care Coordinator shall document any medical, mental health or education information learned by using the medical and/or educational functionality in FSFN.

The Care Coordinator documents their assessment in FSFN. If any other formal assessments are used or obtained, they should be scanned to the Medical page or Educational page.

Safety Management Services Team (SMST)

The CARES Family Engagement Coordinator conducts the Strength and Cultural Discovery on all families referred to the program in a family-centered, strength-based manner respecting the family while adhering to all confidentiality standards. During this process, sensitivity is shown to the family in a flexible and responsive manner. The Strength and Cultural Discovery lays the foundation for family engagement and inclusion. The Strength Discovery is a tool to be used to learn about the family's history, needs, traditions, culture, resources and norms with sensitivity to cultural norms as resources and supports are identified to strengthen and preserve the family unit. The Strengths Discovery sets the tone for Family Team Conferencing by identifying informal supports and natural resources available to the family.

The Safety Management Supervisor assigns each new family to a Family Engagement Coordinator. After the Family Engagement Coordinator assigned to the family schedules the Strengths and Cultural Discovery, they will enter the appointment date into FSFN. The Family Engagement Coordinator then completes the Strengths and Cultural Discovery which includes a face to face introduction with the family, and the gathering of information (including what is outlined on the Strengths and Cultural Discovery form.) This meeting includes a discussion of the program and services available, including Family Team Conferencing.



The Family Engagement Coordinator completes the Strengths and Cultural Discovery Release of Information form (which includes a list of individuals the family would like invited to the Family Team Conference) and the acknowledgement and receipt of the CARES Handbook. The Family Engagement Coordinator conducts separate Strengths Discoveries with all children in the family ages 12 and up.

FSFN Documentation

Within two business days, each contact is recorded by the Family Engagement Coordinator in case notes.

Within two business days, information gathered from other sources to inform the assessment is documented in case notes. Records from evaluators or providers are scanned into the FSFN file cabinet.

The Family Engagement Coordinator shall document any medical, mental health or education information learned by using the medical and/or educational functionality in FSFN.

The Family Engagement Coordinator documents their assessment in FSFN. If any other formal assessments are used or obtained, they should be scanned to the Medical page or Educational page.

Non-Judicial In Home Services (NJIHS)

Prior to case transfer from Child Protective Investigations, CARES completes as much preparation as possible regarding the information collection and safety decision making reflected in the Family Functioning Assessment-Investigation (FFA-I) and any history in the Florida Safe Families Network (FSFN) so that the transfer conference is focused and purposeful.

The Diversion Care Coordinator completes preparation activities on any new case received to inform safety management and the development of the Family Functioning Assessment-Ongoing (FFA-O). To the extent possible, preparation activities are completed prior to the initial meeting with the family. Preparation activities include a review of case history including:

- (1) Historical Information available in FSFN and other systems including any court orders. (2) FFA-I completed by the investigator to ensure an understanding of:
 - (a) Danger threats and how they manifest in family.
 - (b) Caregiver protective capacities.
 - (c) Vulnerability of child(ren) to the danger threats.
 - (d) Safety Plan.
 - (e) Safety Analysis and Conditions for Return.
 - (f) The case manager's role in managing the safety plan, including the responsibilities for contact with the safety service providers.
 - (g) What is expected from each safety service provider.



(3) Household composition and dynamics.

(4) Parent(s)/legal guardian(s) and other adults with significant responsibility for the ongoing care and protection of the child.

(5) Which household members might have a role in the case plan, including any paramour of the caregiver, and how the individual's interaction with the parent or legal guardian can be assessed in the appropriate information domain.

(6) Information about parent(s)/legal guardian(s) and prospective parents of the children and how to contact them.

The Diversion Care Coordinator will identify special circumstances that are known to be impacting the family and any past interventions. Given any special circumstances, the Care Coordinator will identify whether any special expertise will be needed for this case. Special circumstances include but are not limited to:

(1) Domestic violence.

(2) Parent(s)/legal guardian(s) own childhood history of abuse.

(3) Substance abuse.

(4) Mental illness.

(5) Condition or circumstance of parent(s)/legal guardian(s) that will require assistance with verbal or written communication.

(6) Criminal behaviors and other factors impacting the parent(s)/legal guardian(s) abilities to be protective.

(7) Indicators that an infant or young child (birth to 36 months) may need a referral specifically for a developmental screening or other early intervention screening and assessment for possible developmental delays.

(8) Other special needs of children in the home (e.g., medical, mental, learning disabilities, or deaf and hard of hearing).

The Diversion Care Coordinator will plan the timing, location and circumstances of the parent(s)/legal guardian(s) contact based on what is learned about the family. Considerations for the first meeting with the family will include all of the following:

(1) Identify any family conditions or dynamics that may pose a personal safety threat. If threats are identified, discuss strategies for managing personal safety with supervisor before meeting arrangements with family are finalized.

(2) Determine if the meeting will be at the family home, the office, or a neutral setting.

(3) Determine if there might be a day of the week and time of day that would best allow the parents to focus on the meeting.

(4) When there is an adult involved in the household who is responsible for domestic violence, determine how to ensure a separate meeting with the other spouse or partner so that the interview is not compromised.

The Diversion Care Coordinator will identify professional records that should be obtained or interviews conducted with persons/professionals formerly involved with the parent/legal guardian to further understand what is known, and what additional information needs to be learned as to:

(1) Past interventions associated with domestic violence.

- (a) Has the caregiver been a perpetrator or survivor of coercive control and/or battering?
- (b) If a perpetrator, what is the behavior and is escalating in frequency or severity? What interventions have been used in the past and were they effective?
- (c) If a survivor, what actions did survivor take to ensure safety for self and child(ren)?
- (d) How is the daily functioning of survivor impacted by perpetrator's behavior(s)?
- (e) How is providing care and protection for child(ren) impacted by perpetrator's behavior(s)?
- (f) Has the survivor and perpetrator received any services in the past? If so, what were the services intended to assist with?

(2) Past treatment for mental health or substance abuse.

- (a) What is parent/legal guardian's diagnosis?
- (b) What are symptoms of their condition?
- (c) How daily functioning is impacted?
- (d) How is providing care and protection for child impacted?
- (e) What treatment has worked successfully to manage the condition?

(3) Past treatment or interventions for child with special needs.

- (a) What is child's condition?
- (b) How does it impact child's daily functioning?
- (c) How does it impact care of child?
- (d) What interventions have worked successfully to manage the condition?

Supervisor Consultation: During the preparation phase, the Diversion Care Coordinator should consider seeking a case consultation for any of the following issues based upon case dynamics:

- (a) Facilitate discussion as to what is already known and what additional information gathering is necessary to reconcile or fill gaps.



(b) Affirm the case manager’s planned approach to engaging the family including any supports that may be needed.

(c) Safety management concerns.

FSFN Documentation

The Care Coordinator will complete FSFN documentation as follows:

(a) Any collateral interviews conducted to learn more about family conditions and/or needs will be documented in case notes by the Diversion Care Coordinator within 2 business days of the contact or call.

(b) Any past evaluations, treatment notes and/or discharge summaries requested and/or received by the case manager will be documented in FSFN in accordance with confidentiality provisions in CFOP 170-1, Child Welfare Practice Model, Chapter 13.

(c) Using case notes to record time spent reviewing case history is an optional best practice.

“Family assessment” is an ongoing process that provides the Diversion Care Coordinator with information that informs the Care Coordinator’s actions throughout the case. The family assessment is formally documented on a regular basis in FSFN as the agency’s official position as to the status of impending danger threats, child well- being and safety analysis. On-going family assessment includes:

(1) Understanding the family dynamics and what conditions must change to achieve lasting child safety and permanency.

(2) Identifying changes in family dynamics that inform the need for changes in safety management.

(3) Gathering continuous feedback from the family and others as to what is working or not working to support the family change process.

(4) An understanding of the parent/legal guardian’s internal motivation to change and its progression over time.

(5) Creating and evaluating case plan outcomes and associated actions to effectively address caregiver protective capacities and child needs.

“Working Agreement” is a mutual understanding between the Diversion Care Coordinator and the parent/legal guardian(s) as to how to effectively work together on the family assessment, case plan and evaluating progress over time. It includes discussions as to when and where contacts will occur, how to contact the case manager and case manager’s supervisor, how to contact the parent/legal guardian(s), what to do if a meeting needs to be cancelled. This operating procedure does not require that a working agreement be in writing.



Family Engagement Standards for Introduction Activities

Initial discussions with the family should help transition the parent/legal guardian(s) from the investigation to ongoing services, including the parent/legal guardian(s)' sentiment about the circumstances surrounding their involvement with the department. These initial meetings should provide families with opportunities to discuss their concerns, ask questions and receive answers.

Several meetings might be required to achieve the purpose of introduction activities, especially for families with a history of child welfare system involvement or multiple challenges.

The following information gathering activities should occur in sequence to the extent possible. When the family initiates discussion that starts somewhere else on the list below, they are likely to be more engaged when the Care Coordinator allows that to happen.

(1) The first contact will focus on the safety plan and how it is working from the perspective of the child(ren) and the parent/legal guardian(s). The Care Coordinator and supervisor must confirm the sufficiency of the ongoing safety plan within five business days after the case is transferred from investigations or another case manager per requirements in Department of Children and Families CFOP 170-1, Chapter 12.

(2) The Care Coordinator will be as prepared as possible to address the parent/legal guardian(s)' concerns. The parent/legal guardian(s) often will ask questions related to the intrusiveness of the safety plan, whether it is a child placed out of the home, a parent/legal guardian who has been asked to temporarily leave the home, or safety management providers coming into the home. In the first family contact the Care Coordinator should:

(a) Explain the difference between a safety plan and a case plan.

(b) Establish the case manager's responsibility to manage the safety plan and how the case manager will achieve it, including the following:

1. Review a copy of the plan with the parent/legal guardian and determine if all the elements described in the plan are happening or not happening.
2. Gather parent/legal guardian(s) feedback about the current safety plan.
3. If there are Conditions for Return, gather parent/legal guardian(s)' input as to what would need to happen to assist them with achieving the Conditions, or if one parent is separated from the child and home, ensure that the current safety plan covers visitation. Parent/legal guardian feedback on the visitation plan is critical.
4. Explain other activities the Care Coordinator will be doing to ensure that the safety plan is working dependably.

(3) If families have had past involvement with the child welfare system, the Care Coordinator will acknowledge that this is known and seek family perspectives about that experience.



- (4) The Care Coordinator will learn general information about the children and any other persons in the household.
- (5) The Care Coordinator will learn about the family's understanding and perspectives as to conditions and/or circumstances that led to current agency involvement.
- (6) The Care Coordinator will explain what case management work with families usually involves (i.e., figuring out what needs to change for parents to close their case or regain responsibility for the care and safety of their children) and will develop a working agreement with the parent/legal guardian(s) that includes safe communication strategies when dynamics of domestic violence pose threats for the survivor and children in family.
- (7) The Care Coordinator will establish a working agreement with the family.
- (8) If one or more of the parent/legal guardian(s) are unwilling to commit to the assessment process, the Care Coordinator should try to gain additional information and discuss with the parent(s) the reasons they are unwilling to participate in the process. The Care Coordinator should seek to find some areas of mutual agreement such as meeting their child's needs, which can serve as a point of further discussion or allow for some collaborative planning between the parent/legal guardian and the Care Coordinator.

Activities to Assess Child Functioning

Definitions

The "Child Functioning" domain is concerned with describing the child's general behavior, emotions, temperament, development, academic status, physical capacity and health status. It addresses how a child functions from day-to-day and their current status rather than focusing on a specific point in time (contact during investigation, time of maltreatment event, case manager's home visit). An assessment of child functioning must take into account the age of the child and/or any special needs or developmental delays. Refer to CFOP 170-1, Florida's Child Welfare Practice Model, Chapter 2, paragraph 2-4g for the full definition of child functioning.

The "Child Strengths and Needs" are a set of indicators directly related to a child's well-being and success. Each indicator is rated based upon information that is provided in the narrative description of child functioning. The ratings provide a way for the case manager to identify areas that need attention in the case plan and to measure changes over time. Refer to CFOP 170-1, Florida's Child Welfare Practice Model, Chapter 2, Core Safety Concepts, for the specific scaling criteria for each indicator that case managers will use each time the family assessment is updated. The child strength and needs indicators are the following:

- (1) "Emotion/trauma" means the degree to which, consistent with age, ability and developmental level, the child is displaying an adequate pattern of appropriate self-management of emotions.
- (2) "Behavior" means the degree to which, consistent with age, ability and developmental level, the child is displaying appropriate coping and adapting behavior.
- (3) "Development /Early Learning" means that the child is achieving developmental milestones based on age and developmental capacities, child development in key domains



is consistent with age and ability appropriate expectations. (This applies to children under the age of 6 years.)

(4) “Academic Status” means the child, according to age and ability, is actively engaged in instructional activities; reading at grade level or IEP expectation level; and meeting requirements for annual promotion and course completion leading to a high school diploma or equivalent or vocational program. (This applies to children 6 years of age and older.)

(5) “Positive Peer/Adult Relationships” means that the child, according to age and ability, demonstrates adequate positive social relationships.

(6) “Family Relationships” means that the child demonstrates age and developmentally appropriate patterns of forming relationships with family members.

(7) “Physical Health” means that the child is achieving and maintaining positive health status which includes physical, dental, audio and visual assessments and services. If the child has a serious or chronic health condition, the child is achieving the best attainable health status given the diagnosis and prognosis.

(8) “Cultural Identity” means that important cultural factors such as race; class; ethnicity; religion; gender, gender identity gender expression and sexual orientation; and other forms of culture are appropriately considered in the child’s life.

(9) “Substance Awareness” means that the assessment of substance awareness is multi-dimensional. First, the assessment includes the child/youth’s awareness of alcohol and drugs, and their own use. Second, for children who have experienced the negative impacts of parent/caregiver substance misuse within their home, the assessment includes their awareness of alcohol and drugs and treatment/recovery for their parent/legal guardian(s) as age appropriate.

(10) “Preparation for Adult Living Skill Development” means that the child, according to age and ability, is gaining skills, education, work experience, long-term relationships and connections, income, housing and other capacities necessary for functioning upon adulthood. Also includes adolescent sexual health and awareness. This applies only to children 13 and over.

Whether children are in an out-of-home safety plan or remain with the parent as part of an in-home safety plan, it is important for the Care Coordinator to first gather information from parent(s) as to the child’s functioning. Information from parents as to their child’s strengths and needs supports the further conversations about their specific protective capacities to meet the child needs. Discussions about child needs also give the Care Coordinator an opportunity to identify any discrepancies between what the parent says verses the child’s observed behaviors and what the child says, and to explore the discrepancy with the parent.

The following activities will be conducted to assess child functioning:

(1) Talk with the child’s parents, other caregivers involved and the child, if age appropriate, about child functioning including current well-being strengths and needs.



(2) Observe parent-child, sibling and other family interactions to assess protective capacities and child needs. Examples include but are not limited to the following:

- (a) Child displays behaviors that seem to provoke strong reactions from parent.
- (b) Parent ignores inconsequential behavior or appropriately responds to child's "acting out."
- (c) Child has difficulty verbalizing or communicating needs to parent. (d) Parent easily recognizes child's needs and responds accordingly.
- (e) Child demonstrates little self-control and repeatedly has to be re-directed by parent.
- (f) Child plays by himself or with siblings/friends age appropriately.
- (g) Child responds much more favorably to one family member.
- (h) Family members appropriately express affection for each other.
- (i) Parent demonstrates good / poor communication or social skills.
- (j) Parent is very attentive / ignores or is very inattentive to child's expressed or observable needs.
- (k) Parent consistently / inconsistently applies discipline or guidance to the child.
- (l) Parent reacts impulsively to situations or circumstances in the home.
- (m) Parent demonstrates adequate coping skills in handling unexpected challenges.

In order to determine if a specific child needs are being adequately addressed and managed by the parent, the Care Coordinator will conduct the following activities:

- (1) Obtain parental authorization to collect information from medical/mental health providers and school.
- (2) Obtain copies of the child's medical or treatment records.
- (3) Contact the child's physician and other treatment providers to fully understand special medical, mental, developmental conditions or needs and the impact of such needs on child's daily functioning and care.
- (4) For children 13 years and older, obtain and utilize assessments conducted to identify existing life skills and skills that need development.

FSFN Documentation.

Within two business days, each contact is recorded by the Care Coordinator in case notes to document information learned about child needs.

Within two business days, information gathered from other sources to inform the child needs assessment will be documented in case notes. Records from evaluators or providers will be scanned into the FSFN file cabinet.



The Care Coordinator shall document any medical, mental health or education information learned by using the medical and/or educational functionality in FSFN.

The Care Coordinator will document their assessment of functioning in the “child functioning” family assessment area of the FFA-Ongoing or Progress Update. The case manager will also provide a rating of each child strength or need in accordance with the ratings provided in CFOP 170-1, Chapter 2.

If any other formal assessments are used or obtained, they should be scanned to the Medical page or Educational page.

BY DIRECTION OF THE PRESIDENT AND
CHIEF EXECUTIVE OFFICER:

A handwritten signature in blue ink that reads "Philip J. Scarpelli". The signature is written over a horizontal line.

PHILIP J. SCARPELLI
President and Chief Executive Officer
Family Partnerships of Central Florida

APPROVAL DATE: 03/12/2026