



TEXAS
**Department of Family
and Protective Services**

**Reunification Assessment Resource
Guide**

July 2020

TABLE OF CONTENTS

Glossary.....	1
Reunification Assessment	3
Definitions	10
Procedures	16

APPENDIX

Visitation Quality Determination Practice Example

**TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE
SERVICES GLOSSARY**

The following definitions apply when completing assessments. *The assessments are not intended to assess the households of out-of-home parents/caregivers such as foster parents or facility and shelter staff.* Conservatorship (CVS) uses the term "parent"; Alternative Response (AR), Investigations, and Family-Based Safety Services (FBSS) use the term "parent/caregiver."

Parent/Caregiver: A person who is responsible for a child's care, custody, or welfare, such as:

- a. A parent, guardian, or managing or possessory conservator;
- b. Another adult member of the child's family or household; or
- c. A person with whom the child's parent cohabits.

Use the table below to distinguish between the primary and secondary parent/caregiver.

Circumstance	Primary Parent/Caregiver	Secondary Parent/Caregiver
Two parents/caregivers (including minor parents) with legal responsibility for the child, living together	The person who provides the most child care. May provide 51% of care. If precisely 50/50, select alleged perpetrator. If both are alleged perpetrators, select the parent/caregiver contributing the most to abuse/neglect. If there is no alleged perpetrator or both contributed equally, pick either.	The other legal parent/caregiver
Single parent/caregiver (including minor parent) with legal responsibility for the child; no other adult in household	The only legal parent/caregiver	None
Single parent/caregiver (including minor parent) with legal responsibility for the child; any other adult in household	The only legal parent/caregiver	Other adult who provides care to the child
No legal parent, one caregiver in household (e.g., alleged victim resides with relative without a legal parent/caregiver in the home)	The only caregiver	None
No legal parent, two or more caregivers (e.g., alleged victim resides with relatives without a legal parent/caregiver in the home)	The person who provides the most child care. May provide 51% of care. If precisely 50/50, select alleged perpetrator. If both are alleged perpetrators, select the caregiver contributing the most to abuse/neglect. If there is no alleged perpetrator or both contributed equally, pick either.	Other adult who provides care to the child

A minor may be the primary or secondary parent/caregiver if he/she is the biological parent of the alleged child victim. (A minor is a child under the age of 18. This does not include a child who has been legally emancipated and lives separately from his/her parents.)

A minor may never be considered the primary or secondary parent/caregiver of his/her sibling or other relative.

Family: Two or more people, related by blood, law, or significant relationship with the child or the child's parents/caregivers.

Household: Assessments are completed on households. A household includes all persons who have significant in-home contact with the child and may include persons who do not live full time in the residence. For example, a household could include a parent's partner or other family member who visits the home routinely. When a child's parents do not live together, the child may be a member of two households.

Be mindful that household composition can change during the life of a case. Take into consideration changes in household composition when completing assessments.

Continue to assess parental child safety placement (PCSP) households under current policy, as found in the DFPS Parental Child Safety Placement Resource Guide (currently available at: dfps.state.tx.us/handbooks/CPS/Resource_Guides/PCSP_Resource_Guide.pdf). Assessment tools should not be applied to PCSP households.

CPS: Child Protective Services. Throughout this manual, "CPS" is used generically to refer to any child protection agency. This may refer to the Texas Department of Family and Protective Services or any child protection agency in any other jurisdiction. When a definition references CPS, the reader should be aware that this includes other states.

DFPS: Department of Family and Protective Services. Throughout this manual, DFPS is used to refer to the Texas Department of Family and Protective Services specifically, rather than to any CPS agency.

TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES
REUNIFICATION ASSESSMENT

r: 5/17

Case Name: _____ Case ID: _____
Worker Name: _____ Assessment Date: _____
Household _____ Assessed: _____
Primary

Parent/Caregiver: _____
Secondary Parent/Caregiver (if present): _____

Assessment #: 1 2 3 4 5 6

Who provided information to complete the Reunification Assessment?

- Primary parent: _____
- Secondary parent: _____
- Consulted with non-custodial parent
- Others (names and roles; children's names can be included here):

Names of Children Assessed

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

A. REUNIFICATION RISK REASSESSMENT

Score

- 1. **Final risk level on the most recent investigation related to the household of the reunification parent**
 - a. Low0
 - b. Moderate3
 - c. High4
 - d. Very high5

- 2. **Has there been a new "Reason to Believe" finding since the Initial Risk Assessment or last Reunification Assessment for the household of the reunification parent?**
 - a. No0
 - b. Yes2

- 3. Reunification parent's **progress toward Family Plan of Service (FPOS) goals** (as indicated by behavioral change)
 - a. Demonstrates a majority of the new skills and behaviors consistent with desired outcomes and is actively engaged in activities to achieve desired outcomes-2
 - b. Demonstrates some new skills and behaviors consistent with desired outcomes and is actively engaged in activities to achieve desired outcomes-1
 - c. Demonstrates few new skills and behaviors consistent with desired outcomes and/or has been inconsistently engaged in actions specified in the FPOS0
 - d. Does not demonstrate any new skills and behaviors consistent with desired outcomes and/or refuses engagement4

TOTAL SCORE _____

REUNIFICATION RISK LEVEL

- | | |
|-----------------------------------|---------------------------------|
| Score | Risk Level |
| <input type="radio"/> -2 to 1 | <input type="radio"/> Low |
| <input type="radio"/> 2 to 3 | <input type="radio"/> Moderate |
| <input type="radio"/> 4 to 5 | <input type="radio"/> High |
| <input type="radio"/> 6 and above | <input type="radio"/> Very High |

OVERRIDES (during current period)

No Overrides Apply

Policy Overrides. Indicate if any of the following are true in the current review period. Incident may be current or historic. Behavior change status is current. Policy overrides marked will automatically move final reunification risk level to very high.

- 1. Sexual abuse; perpetrator has access to child and has not successfully addressed the offending behavior.
- 2. Non-accidental physical injury to a child under age 3; parent has not successfully addressed the offending behavior.
- 3. Serious non-accidental physical injury requiring hospital or medical treatment; parent has not successfully addressed the offending behavior.
- 4. Death of a sibling as a result of abuse or neglect in the household; parent has not successfully addressed the offending behavior.

Discretionary Override. (Reunification risk level may be adjusted up or down one level.)

Supervisor approval of discretionary override (if yes, include name or signature below): Yes No

Supervisor name/signature: _____ Date: _____

FINAL REUNIFICATION RISK LEVEL (select one):

Final risk level: Low Moderate High Very High

B. FAMILY VISITATION PLAN EVALUATION (See definitions and complete per child as instructed in Appropriate Completion section below.)

Family Visitation Frequency Compliance With Family Visitation Plan	Quality of Face-to-Face Family Visitation	
	Strong/Acceptable Quality	Limited/Harmful Quality
Excellent Compliance		
Good Compliance		
Fair Compliance		
Poor or No Compliance		

*Shaded cells indicate acceptable family visitation.

Overrides

Policy: Family visitation is supervised for safety.

Discretionary (reason): _____

IF RISK LEVEL IS LOW OR MODERATE AND PARENT HAS ATTAINED AN ACCEPTABLE LEVEL OF COMPLIANCE WITH FAMILY VISITATION PLAN, COMPLETE SECTION C, REUNIFICATION SAFETY ASSESSMENT. OTHERWISE GO TO SECTION D, PLACEMENT/PERMANENCY PLAN GUIDELINES.

C. REUNIFICATION SAFETY ASSESSMENT

Danger Indicators

1. Are any of the danger indicators identified on the Safety Assessment that resulted in the child's removal still present?

a. No; list the initial danger indicator(s) and describe below how the situation was resolved after the child's removal.

b. Yes; list and describe below any currently existing danger indicator(s).

Describe:

1a. If yes, is there a safety intervention that can and will be incorporated into the FPOS to address the situation?

No; there are no safety interventions available and appropriate to mitigate safety concerns if the child were to be reunified at this time. Describe below.

Yes; one or more safety interventions have been identified to mitigate safety concerns and allow reunification to proceed. Describe below.

Describe:

2. Have any new danger indicators or conditions been identified since the child's removal, or are there any other circumstances or conditions present in the reunification household that would present an immediate danger of serious harm to the child if he/she were returned home?

a. No

b. Yes; describe below

Describe:

2a. If yes, is there a safety intervention(s) that can and will be incorporated into the FPOS to address the situation?

- No; there are no safety interventions available and appropriate to mitigate safety concerns if the child were reunified at this time. Describe below.
- Yes; one or more safety interventions have been identified to mitigate safety concerns and allow reunification to proceed with FPOS, court orders, or services in place. Describe below.

Describe:

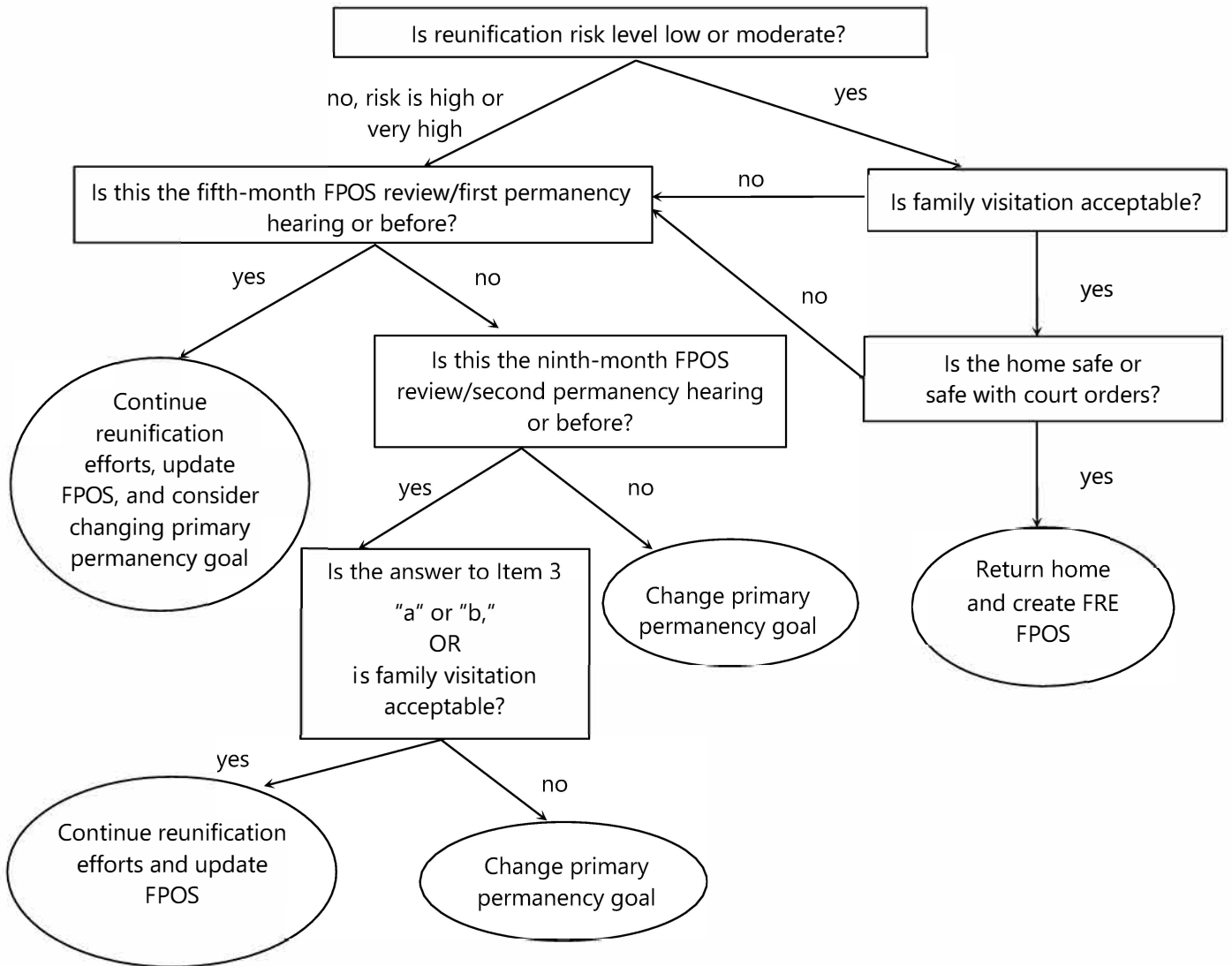
Safety Decision

Identify the safety decision by selecting the appropriate line below. This decision should be based on the assessment of all danger indicators, each safety intervention, and any other information known about the case. Select one option only.

- 1. Safe. No danger indicators were identified at this time. Based on currently available information, no child is likely to be in immediate danger of serious harm.
- 2. Safe with interventions. One or more danger indicators are present, and safety interventions have been planned or taken and documented in the FPOS or court orders. Based on safety interventions, the child would be safe with FPOS or court orders in place upon his/her return home. Any additional support services can occur with the child in the home.
- 3. Unsafe. One or more danger indicators are present, and continued placement is the only safety intervention possible for one or more children. Without continued placement, one or more children will likely be in danger of immediate and/or serious harm.

D. PLACEMENT/PERMANENCY PLAN GUIDELINES

Complete for each child receiving ongoing services toward family reunification (FRE). Consider options based on child's age and vulnerability.



OVERRIDES (select one)

No Overrides Apply

Policy Override (select one)

- The tree leads to "Change primary permanency goal" and it is the second permanency hearing or before, BUT there is a probability of reunification within six months (change to "Continue reunification").
- The tree leads to "Continue reunification," but conditions exist to recommend changing the priority of the permanency goal.

Specify: _____

○ Discretionary Override

Specify: _____

Change Recommendation to:

- Return home
- Continue reunification efforts
- Change primary permanency goal

Supervisor approval of discretionary override (if yes, include name or signature below): Yes No

Supervisor name/signature: _____

E. RECOMMENDATION SUMMARY

Enter each child separately with recommendation in table below.

Child #	Recommendation		
	Return Home	Continue Reunification Efforts*	Change Permanency Goal
1.			
2.			
3.			
4.			

Program Director Signature: _____

***Continue reunification services:** Based on outcomes and scores of Reunification Assessment, reevaluate FPOS objectives and visitation plan to identify needed steps for reunification.

In the event that either of the following apply, please select the applicable item and document the reasons in the text box.

Risk is low/moderate and visitation is unacceptable

If so, please explain why and summarize plan to address outstanding issue(s) in the next FPOS.

OR

Risk is high/very high and visitation is acceptable

If so, please explain why and summarize plan to address outstanding issue(s) in the next FPOS.

F. SIBLING GROUP

If at least one child has a recommendation of "Change permanency goal" and at least one other child has any other recommendation, will all children be considered a sibling group when making the final permanency plan recommendation?

- No. They will be considered individually.
- Yes. The recommendation for all children will be "Change permanency goal."

*Program director approval is required if the decision is to return home. If the decision is to return all children home and more than 30 days have passed since Reunification Assessment completion, complete another Safety Assessment to document the plan for any children for whom dangers were identified.

**TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE
SERVICES REUNIFICATION ASSESSMENT
DEFINITIONS**

A. REUNIFICATION RISK REASSESSMENT

1. Final risk level on the most recent investigation related to the household of the reunification parent

The baseline for all Reunification Assessments is the risk level from the most recent CPS investigation.

2. Has there been a new "reason to believe" finding since the Initial Risk Assessment or last Reunification Assessment for the household of the reunification parent?

Consider only the period of time since the original Risk Assessment or the latest Reunification Assessment, whichever is more recent. If there has been a new "reason to believe" finding in this period, select "yes." If not, select "no."

3. Reunification parent's progress toward FPOS goals (as indicated by behavioral change).

Compliance with/attendance of services is not sufficient to indicate behavioral change.

Identify whether a parent is actively engaged in achieving the objectives specified in the FPOS and is demonstrating the skills/behaviors that will enable the parent to create and maintain safety for the child (e.g., ability to manage substance use/abuse; ability to resolve conflict constructively and respectfully; using age-appropriate, non-physical discipline in conjunction with appropriate boundary setting; developing a mutually supportive relationship with partner).

"Desired outcomes" identify the changes in parent behaviors that are necessary to create and maintain safety.

If there are two parents in the same household, rate progress for each. If progress differs between parents, score based on the parent demonstrating the least amount of participation/progress.

- a. Demonstrates a majority of the new skills and behaviors consistent with desired outcomes and is actively engaged in activities to achieve desired outcomes. The parent regularly demonstrates behavioral changes identified in the FPOS goals and is able to create long-term safety for the child in the household. The parent actively engages in activities to sustain the behavioral change.

- b. Demonstrates some new skills and behaviors consistent with the desired FPOS outcomes and is actively engaged in activities to achieve these outcomes. The parent demonstrates some new skills and behavioral changes consistent with the FPOS goals and actively engages in achieving these objectives but does not regularly demonstrate the behaviors necessary to create long-term safety in all areas.
- c. Demonstrates few new skills and behaviors consistent with desired outcomes and/or has been inconsistently engaged in actions specified in the FPOS. The parent demonstrates minor behavioral change consistent with the FPOS goals but has made little progress toward changing his/her behavior and does not actively engage in achieving the objectives. The parent's behavior continues to make it difficult to create safety or may contribute to immediate danger of serious harm to the child.
- d. Does not demonstrate any new skills and behaviors consistent with desired outcomes and/or refuses engagement. The parent has not demonstrated behavioral change consistent with the FPOS goals. The parent refuses services, sporadically follows the FPOS, or has not demonstrated the necessary skills or behaviors due to a failure or inability to participate. The parent is unable to create or maintain safety, and his/her behavior is likely to contribute to immediate danger of serious harm to the child.

B. FAMILY VISITATION PLAN EVALUATION

Family Visitation Frequency—Compliance With Family Visitation Plan

(Family visitation that is substantially shortened by late arrival/early departure is considered missed.)

<u>Excellent Compliance:</u>	Parent regularly attends family visits and calls in advance if he/she needs to reschedule (90% to 100% compliance).
<u>Good Compliance:</u>	Parent may miss family visits occasionally and rarely requests to reschedule (65% to 89% compliance).
<u>Fair Compliance:</u>	Parent misses or reschedules many scheduled family visits (26% to 64% compliance).
<u>Poor or No Compliance:</u>	Parent does not have family visits or attends 25% or fewer of the scheduled family visits (0% to 25% compliance).

Quality of Face-to-Face Family Visitation

(Quality of family visits is based on caseworker’s direct observation whenever possible, supplemented by observation of child, reports of foster parents, etc.) The following are behaviors to look for, depending on the age of the child, the context of desired outcomes in planning with families that mitigate the danger, and the opportunities a parent may have had to demonstrate these behaviors.

Quality of Face-to-Face Visit	
Strong/Acceptable Quality	Limited/Harmful Quality
<p><u>Parent/Caregiver:</u></p> <ul style="list-style-type: none"> • Consistently demonstrates acts of protection and supportive behaviors toward the child that are consistent with FPOS goals. • Often reinforces appropriate roles and boundaries for child (e.g., a parent preserves parent-child relationship or takes on adult roles and responsibilities). • Demonstrates an ability to recognize child’s behaviors and cues; generally responds appropriately to behaviors and cues. • Identifies the child’s physical and emotional needs; responds adequately to these needs. • Demonstrates effective limit-setting and discipline strategies. • Demonstrates a focus on the child during visits; shows empathy toward child. • Demonstrates interest in school, other child activities, medical appointments, etc. <p>NOTE: Visitation may have progressed to include unsupervised and/or extended visits, but progression to extended visits is not required in order to score the quality of visits as strong/acceptable.</p>	<p><u>Parent/Caregiver:</u></p> <ul style="list-style-type: none"> • May not demonstrate acts of protection and supportive behaviors toward the child that are consistent with FPOS goals. • May struggle or have severely limited ability to reinforce appropriate roles and boundaries for child (e.g., preserve parent-child relationship, take on adult roles and responsibilities) and requires prompting to do so. • Demonstrates an ability to recognize child’s cues and behaviors but needs guidance in establishing an appropriate response to these cues and behaviors or is unable to respond appropriately. • May demonstrate an ability to identify child’s physical and/or emotional needs but may need assistance in consistently responding to the child in an appropriate manner. • Recognizes a need to set limits with child but enforces limits or behavior management in an inconsistent or detrimental manner, OR may not recognize a need to set limits. • May have ignored redirection by supervising worker. • May not be focused on child during parenting time and/or conducts self inappropriately during visit (e.g., arrives for parenting time while substance impaired, reinforces “parentification” of child, knowingly makes false promises to child, curses at/violently argues with worker in presence of child).

Quality of Face-to-Face Visit	
Strong/Acceptable Quality	Limited/Harmful Quality
	<ul style="list-style-type: none"> Has not been successful in progressing visitation toward unsupervised and/or extended visits, or has had significant visitation setbacks that have required increasing supervision due to safety concerns for the child.

Overrides

No Overrides Apply

There is not a Policy or Discretionary Override.

Policy

The agency has determined that reunification will not be considered if there is a requirement that all visits be supervised for the child's safety. Override to unacceptable; visitation is being supervised for safety.

Discretionary

A worker may determine that unusual circumstances exist that warrant changing an "acceptable" response to "unacceptable," or changing "unacceptable" to "acceptable." The reason for this change must be documented, and supervisor approval is required (e.g., quality of family time was strong, and 64% of visits were completed; all missed visits were due to documented medical emergencies).

C. REUNIFICATION SAFETY ASSESSMENT

Danger Indicators

The Safety Assessment definitions are in the manual to assist workers in evaluating danger indicators while considering these questions.

Prior to assessing current safety, the worker should review the Safety Assessment that led to removal.

1. Are any of the danger indicators identified on the Safety Assessment that resulted in the child's removal still present?

Review the original Safety Assessment, list the initial danger indicators, and describe how the initial danger indicators were resolved OR, if not resolved, what the current circumstances are that would pose an immediate threat of harm if the child were to be reunified.

Consider how safe the child would be if he/she were to be returned home at this time. Consider current conditions in the home, current parent characteristics, child characteristics, and interactions between the parent and child during visitation.

1a. If yes, is there a safety intervention that can and will be incorporated into the FPOS to address these danger indicators?

Identify whether any safety interventions are available and appropriate to mitigate any identified danger indicators. Use the definitions in the Safety Assessment to review both danger indicators and safety interventions. Add a behavioral description of any safety interventions into the FRE FPOS.

2. Have any new danger indicators been identified since the child's removal, or are there any other circumstances or conditions present in the reunification household that would present an immediate danger of serious harm to the child if he/she were returned home?

Review the danger indicator definitions. If any new danger indicators are identified that would pose an immediate threat of serious harm to a child if he/she were reunified, describe the conditions and circumstances.

2a. If yes, are there any safety interventions that can and will be incorporated into the FPOS to address these danger indicators?

Identify whether any safety interventions are available and appropriate to address newly identified danger indicators. Use the danger indicator and safety intervention definitions to determine whether there are any new danger indicators. Add a behavioral description of any safety interventions into the FRE FPOS.

Safety Decision

1. Safe. No danger indicators were identified at this time. Based on currently available information, no child is likely to be in immediate danger of serious harm.
2. Safe with interventions. One or more danger indicators are present, and safety interventions have been planned or taken. Based on safety interventions, a child would be safe with the FPOS, court orders, or services in place upon his/her return home. The safety interventions will be documented in the FPOS and made an order of the court.
3. Unsafe. One or more danger indicators are present, and continued out-of-home placement is the only safety intervention possible for one or more children. Without continued placement, one or more children will likely be in danger of immediate or serious harm.

**TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE
SERVICES REUNIFICATION ASSESSMENT
PROCEDURES**

The purpose of the Reunification Assessment is to structure critical case management decisions for children in placement who have a reunification goal by:

1. Routinely monitoring critical case factors that affect goal achievement;
2. Helping to structure the case review process; and
3. Expediting permanency for children in substitute care.

Use the Reunification Assessment when returning a child to the home that he/she was removed from. Do not use this tool when assessing whether to place a child in the home of a non-offending parent.

WHICH CASES

All CVS cases in which at least one child is in out-of-home placement with a goal of return home. If the child was removed from both parents and there are two households that are being assessed for reunification, complete one tool on each household.

WHO

The CVS worker.

WHEN

Texas policy requires a Reunification Assessment at least 30 days before a permanency hearing when reunification is the primary or secondary permanency goal. A Reunification Assessment will inform recommendations made to the court regarding visitation and reunification.

The Reunification Assessment must also be completed before the reunification staffing and before changing the permanency goal from family reunification if the goal change is made at any time other than prior to a permanency hearing.

The Reunification Assessment should be completed sooner if there are new circumstances or new information that would affect risk.

DECISION

The Reunification Assessment guides the decision of whether to:

1. Return a child to the removal household;*
2. Maintain out-of-home placement; and/or
3. Change the FPOS goal and implement a permanency alternative.

APPROPRIATE COMPLETION

Following the principles of family-centered practice, the Reunification Assessment is completed in conjunction with members of each identified household and begins after a child is removed. The FPOS should be developed with members of the household at the beginning so that everyone understands what is expected.

Workers should explain three key factors to the family that will help CVS determine reunification.

1. Inform the family of their original risk level, and explain that this will serve as the baseline for the Reunification Assessment (unless a new report is accepted, in which case the new risk level will be used). Explain that a new substantiation of risk or lack of progress toward FPOS goals would increase their risk level, and that progress toward plan goals may reduce that risk level.
2. Explain that both the quantity and quality of their scheduled family visits will be considered, and that family members must attend **a minimum of 65%** of scheduled family visits, and those visits must be of at least acceptable quality (provide the definition for acceptable quality).
3. Provide information on the reunification safety assessment and explain that if everything else would permit reunification, the final consideration is safety. They must either demonstrate that no dangers are present or that there is a plan in place to address any identified dangers.

A. Reunification Risk Reassessment

This section of the Reunification Assessment is completed on the reunification household. Select the Reunification Risk Level that corresponds to the total score.

No Overrides Apply

There is not a Policy or Discretionary Override.

*Removal household is the household from which the child was removed; if due to joint custody that designation is unclear, then the household where the most serious maltreatment occurred is to be designated the removal household. Non-removal households are those with legal rights to the child).

Overrides

Consider only the period of time since the original Risk Assessment (if this is the first Reunification Assessment) or since the most recent Reunification Assessment. Overrides require supervisor approval.

Policy Overrides.

Indicate whether a policy override condition exists. The presence of one or more policy override conditions increases risk to very high.

Discretionary Override.

A discretionary override is proposed by the CVS worker whenever he/she believes that the risk score does not accurately portray the household's actual risk level. Unlike the Initial Risk Assessment, in which the worker can only increase the risk level, the Reunification Assessment permits the worker to increase or decrease the risk level by one level. The reason a worker may now decrease the risk level is that after a minimum of six months, the worker has acquired significant knowledge of the household. If the worker applies a discretionary override, the reason should be specified in the text box, and the final reunification risk level should be selected. Supervisor approval is required.

B. Family Visitation Plan Evaluation

This section of the Reunification Assessment is completed on each child. If family visit frequency and quality were identical for all children in the family, indicate that the table applies to all children. If family visits varied among children, identify each child's results on the table using each child's name or initials. If family visits varied among parents, identify each parent's results on the table using each parent's name or initials.

- Determine face-to-face family visitation frequency. Determine the number of face-to-face family visits that occurred and divide by the number of family visit opportunities scheduled for each parent. Do not count family visits that did not occur for reasons not attributable to the parent(s) (e.g., foster parent failed to make child available, or transportation the agency was required to provide did not occur).

$$\frac{\text{Completed scheduled visits}}{\text{Available scheduled visits}} = \text{Family visitation frequency}$$

- Determine face-to-face family visitation quality. Consider multiple sources of information including, but not limited to, caseworker observation, family visit coach report, case aid report, parent report, foster parent report, and child report.

On the table, locate the row corresponding to the household's visitation frequency and the column corresponding to the household's visitation quality. Enter each child's name or initials where the row and column intersect. If this area is shaded, the household is considered to have acceptable family visits. If this area is not shaded, family visits are considered unacceptable. See Appendix for an example of a completed family visitation plan evaluation table.

Overrides

No Overrides Apply

There is not a Policy or Discretionary Override.

Policy Overrides

The agency has determined that reunification should not be considered if there is a requirement that all family visitation be supervised for the child's safety. If marked, this automatically overrides the visitation to unacceptable.

Discretionary Override

A worker may determine that unusual circumstances exist that warrant changing a determination of "acceptable" to "unacceptable," or vice versa. The reason for this change must be documented and supervisor approval is required (e.g., quality of family visitation was strong, and 69% of family visitation was completed; all missed family visits were due to documented medical emergencies).

In two parent households, if there is limited but not destructive quality by the secondary parent **AND** the secondary parent is not the person who caused harm and won't be the major parent, then a discretionary override may be considered.

C. Reunification Safety Assessment

This section of the reunification tool is completed on the reunification household. Consider how safe the child would be if he/she were to be returned home at this time. Consider current conditions in the home, current parent characteristics, child characteristics, and interactions between parents and child during family visits. Note that danger items are the same as in the original Safety Assessment but may have slight variations to reflect the decision at hand.

Prior to assessing the child's current safety, the worker should review the Safety Assessment that led to removal.

Indicate (select) whether any child vulnerabilities are present. Consider these vulnerabilities when reviewing danger items. Note that these vulnerability issues provide a context for assessing safety. The presence of one or more vulnerabilities does not automatically mean that the child is unsafe.

Complete the Reunification Safety Assessment section. If any danger indicators are present that can be addressed in the FPOS or through court orders with one or more safety interventions for the child's safe return home, ensure to add a behavioral description of any safety interventions into the FRE FPOS.

Safe with interventions requirements in the FPOS include the following.

- The plan must include at least one safe adult, in addition to the alleged perpetrator, who can participate in the plan and monitor progress with resolving the danger.
- The Family Plan should be reviewed with the parent at least every 30 days, or sooner as needed.
- The responsibility of providing for the child's safety should be transferred back to the parent/caregiver, replacing formal and agency-provided supports with the family's informal supports as the parent/caregiver's ability is developed or better understood.
- The Family Plan should be feasible and effective, meaning that the worker has confidence it will be completed as planned and that it will successfully provide for the child's safety.
- The Family Plan should also employ the skills of the parent/caregiver and family.

NOTE: The updated tasks on the FRE FPOS must be developed with the family and anyone in their safety network participating in the plan. The caseworker should leave a copy with the family and with anyone outside the family who is participating in the plan. The plan must be signed by everyone involved in the plan to indicate that they understand and agree to their roles and responsibilities in implementing the plan.

Interventions Review

The caseworker should review each plan with the family and their safety network on or about the review date to ensure the plan is still working. Any modification to the existing plan or any new plan must be reviewed and discussed with the family. The worker should leave a copy of any new plan with the family and any other plan participants and set a subsequent review date.

AN UPDATED FRE FPOS IS REQUIRED WHEN SAFETY DECISION IS SAFE WITH PLAN.

D. Placement/Permanency Plan Guidelines

After completing the reunification risk reassessment, family visitation plan evaluation, and reunification safety assessment (if indicated), review the decision tree. This section of the reunification tool is completed for each child.

Begin at the top of the tree. Proceed to the left if the reunification risk level is high or very high, and to the right if the reunification risk level is low or moderate.

If reunification risk level is low or moderate, AND family visitation is NOT acceptable (based on family visitation evaluation table) OR child is NOT safe (based on reunification safety assessment), join the path on the left.

Continue following the pathway until a final decision point is reached. Consider options based on the child's age and vulnerability. Decisions include:

- Return home and create FRE FPOS
- Continue reunification efforts and update FPOS
- Change primary permanency goal

Overrides

Consider whether any overrides apply. If not, select "No Overrides Apply." If an override will be applied, indicate whether it is a policy or a discretionary override and note the specific reason.

Policy overrides include the following.

- The tree leads to "Continue reunification efforts" but conditions exist to recommend change of primary permanency goal.

Specify: _____

Note: Conditions exist to recommend changing the primary permanency goal (e.g., the parent has failed to contact and have family visitation with the child).

- The tree leads to "Change primary permanency goal" and it is the second permanency hearing or before, BUT there is a likelihood of reunification within six months.

NOTE: There is a likelihood of reunification within six months when:

- » The parent has consistently and regularly contacted and had family visitation with the child.

- » The parent has demonstrated significant behavioral change and addressed the danger that led to the child's removal.
- » The parent has demonstrated the capacity and ability both to complete the objectives of his/her FPOS and to provide for the child's safety, protection, physical and emotional well-being, and special needs.

Discretionary Override.

Unique considerations exist that warrant an alternative decision. If yes, indicate the permanency goal that is being recommended (Return home, Continue reunification efforts, Change primary permanency goal). Supervisor approval is required.

E. Recommendation Summary

The recommendation summary is designed to document worker decisions. In addition to the Reunification Assessment, the worker should consider Texas policies and statutes and should consult with his/her supervisor.

For each child being assessed, record the final recommendation.

In IMPACT, if risk is low/moderate and visitation is unacceptable OR if risk is high/very high and visitation is acceptable, you will have to select which one applies and document the following in the text box provided.

- Explain why the discrepancy exists—i.e., identify what is getting in the way of acceptable visitation despite the lowered risk level.
- Summarize the plan to address the issues in the next FPOS update.

Bullet points are acceptable. Use behavioral descriptions and avoid jargon.

F. Sibling Group

Select "yes" if all siblings will be considered as a group, and change the primary permanency goal for all.

Select "no" if siblings will be assessed individually.

Appendix:

Visitation Quality Determination Practice Example

Mother and father are together and have three children. The older children are ages 12 and 14 years, and the baby is 7 months old. Both parents visit the older children together weekly for four hours. Parents visit the baby on different schedules, more frequently than they visit the older children but for shorter time periods.

Frequency

The visits with both parents and the two older children occur every weekend for four hours. The parents attended 23 of 26 scheduled visits. Two of the three missed visits were because the parents had the flu and they did not call prior to the visits to cancel or reschedule. One visit was missed because the foster family went on vacation with the kids and was not rescheduled, which was not the fault of the parents. The parents are, therefore, credited for 23 of 25 visits.

Twenty-three attended visits divided by 25 possible visits equals a visitation frequency of 92% compliance. The visitation frequency for the two older children is thus rated "Excellent."

Visits between the mother and the 7-month-old baby are scheduled to occur four times per week for one hour each. The father is scheduled to attend only two of those scheduled visits per week due to his work commitments. The mother attended 91 of the 104 scheduled visits. The mother's 13 missed visits were due to medical appointments and transportation issues. She made no attempts to reschedule the missed visits prior to cancellation; therefore, the mother is credited for attending 91 visits of the 104 visits scheduled. Ninety-one attended visits divided by 104 possible visits equals 87.5% compliance.

The father attended 35 of 52 scheduled visits available to him. He missed 19 visits due to changes in his work schedule. The father called ahead and rescheduled to attend at a different time for two of the 19 missed visits, but he did not cancel or reschedule the other missed visits. Therefore, the father is credited for attending 35 of 50 scheduled visits. Thirty-five attended visits divided by 50 possible visits equals 70% compliance. Because the lowest visitation frequency the parents achieved was 70%, the visitation frequency for the 7-month-old baby is "Good."

Quality:

The worker's original danger statement was: "DFPS is worried that the mother and father will physically discipline their children again (hit 12 and 14 yo with a belt buckle and left welts and bruises; threw wrench at 14 yo when he didn't come home on time) in such a way that it will cause an injury." To make progress toward reunification, DFPS would like to see the mother and father demonstrate effective limit setting (like using consequences, such as no video games for a day, and incentives, such as pizza on Friday night if rules are followed all week) and discipline strategies that teach but do not harm the children during visitation. Additionally, DFPS would like the father to demonstrate a focus on the children during visits, show empathy toward the children (e.g., respond in a nurturing voice when baby cries), and demonstrate an ability to respond appropriately to children's behaviors and cues (e.g., know when to rock baby, change baby, redirect baby's attention).

Through a majority of the older children’s visitations, both the mother and father were engaged with the youth. The parents set limits when the children tested boundaries, and the parents responded to the youth appropriately. The parents and youth often played games, and when they were allowed unsupervised visits at the parent’s home, they usually ate dinner, watched a movie together, and went out for ice cream. At only one visit did the mother raise her voice when one of the children was swearing and angry; however, the family reported that the mother regained composure quickly after some time in her room and did not use physical discipline. The youth reported enjoying the visits almost every time. The quality of the face-to-face visits with the older children are “Strong/Acceptable.” The two older children only need one visitation plan evaluation because their visits occurred together. Their visitation plan evaluation is below.

Family Visitation Frequency Compliance With Family Visitation Plan	Quality of Face-to-Face Family Visitation	
	Strong/Acceptable Quality	Limited/Harmful Quality
Excellent Compliance	X for 12 and 14 yo	
Good Compliance		
Fair Compliance		
Poor or No Compliance		

The father had a difficult time engaging with the baby. While the mother was very attentive and often interacted with the child on the floor, playing peek-a-boo and singing songs; the father did not engage with the child when he attended visits, except to occasionally hold the child. The father did not pay attention to the baby, but often just talked with the mother during the whole visit. If the child began to cry, the father would either become very angry and lose his temper, or not respond. He almost always raised his voice and told the mother, “Shut that child up,” despite the supervising worker’s suggestions to respond otherwise. The child flinched often upon the father’s movements and cried for extended periods after the visits. The quality of face-to-face visits with the younger child is “Limited/Harmful.”

Family Visitation Frequency Compliance With Family Visitation Plan	Quality of Face-to-Face Family Visitation	
	Strong/Acceptable Quality	Limited/Harmful Quality
Excellent Compliance		
Good Compliance		X for 7 mo old by Dad
Fair Compliance		
Poor or No Compliance		