

Family Assessment of Needs and Strengths (FANS) – Family Peer Support Version

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REFERENCE
GUIDE

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A large number of individuals have collaborated in the development of the Family Assessment of Needs and Strengths. Along with the CANS versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support family focused service planning and the planning and evaluation of service systems. The FANS is a communimetric tool, like the CANS, the FAST, and the Adult Needs and Strengths Assessment (ANSA) (Lyons, 2009). The FANS-FPS Version is designed specifically for use in Family Peer Support Services, to support collaborative focus and planning with caregivers and the evaluation of Family Peer Support Service programs and systems. The FANS is an open domain tool for use in multiple child-serving systems that address the needs and strengths of caregivers specifically. The copyright is held by the Praed Foundation to ensure that it remains free to use. Training and annual certification is expected for appropriate use.

The FANS originally was developed through a collaboration between the New York State Western Region Family Peer Support Services & Directors (licensed by the New York State Office of Mental Health) in collaboration with John Lyons. The FANS grew out of a need to develop outcomes that demonstrate the effectiveness of Family Peer Support services.

For specific permission to use please contact the Praed Foundation. For more information on the FANS-FPS contact:

John S. Lyons, PhD
Senior Policy Fellow
Chapin Hall at the University of Chicago
1313 East 60th Street
Chicago, IL 60637
jlyons@chapinhall.org
www.chapinhall.org

Suzanne Button
Policy Fellow
Chapin Hall at the University of Chicago
1313 East 60th Street
Chicago, IL 60637
sbutton@chapinhall.org
www.chapinhall.org

Praed Foundation
<http://praedfoundation.org>
praedfoundation@yahoo.com

Nancy Craig
Families Together in NYS
Empowering Families & Coordinating Systems
Director of Community & Systems
Engagement & Parent Advisor Liaison
716-432-6238
ncraig@ftnys.org
www.FTNYS.org

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I. INTRODUCTION

THE FANS

The Family Assessment of Needs and Strengths – Family Peer Support Version (FANS-FPS) is the family peer supports version of the Child and Adolescent Needs and Strengths (CANS) family of planning and outcome management tools. The purpose of the FANS is to support effective interventions when the focus of those efforts is on entire families rather than single individuals.

The FANS is a communimetric tool, like the CANS and the Adult Needs and Strengths Assessment (ANSA) (Lyons, 2009). It is designed to maximize communication about the needs and strengths of families. The FANS includes ratings of the Family Together, each individual Caregiver, and each individual youth. Interventions in the family system can be directed at that system or to address the individual needs of family members or dyadic relationships within the family.

Unlike the CANS and ANSA, however, the FANS has only one action-level framework for its items.

HISTORY AND BACKGROUND

The Family Assessment of Needs & Strengths (FANS) is a multi-purpose tool developed to support care planning and collaboration between Family Peer Support Partners and the families they serve, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The FANS was developed from a communication perspective in order to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices.

The FANS gathers information on the caregiver's needs and strengths. Strengths are the individual's assets: areas of life where he or she is doing well or has an interest or ability. Needs are areas where an individual requires help or serious intervention. Family Peer Support providers use an assessment process to get to know the individual and families with whom they work and to understand their strengths and needs. The FANS helps Family Peer Support providers work with the family to focus on which of the caregiver's needs are the most important to address in treatment or service planning. This tool also helps identify caregiver strengths, which can be the basis of a treatment plan. By working with the caregiver during the assessment process and talking together about the FANS items, Family Peer Support providers can help keep everyone involved in the plan focused on the shared vision of the work to be done with parent/caregiver while building strong engagement.

The FANS is made up of domains that focus on various areas in an individual's life, and each domain is made up of a group of specific items. There are domains that address how the individual functions in everyday life, specific emotional or behavioral concerns, as well as strengths. There is also a section that gathers information about general family concerns. The provider, in collaboration with the individual and family, gives a number rating to each of these items. These ratings help the provider, individual and family understand where intensive or immediate action is most needed, and also where an individual has assets that could be a major part of the treatment or service plan.

The FANS ratings, however, do not tell the whole story of caregiver's or family's strengths and needs. Each section in the FANS is merely the output of a collaborative assessment process and is documented alongside narratives, developed by the Family Peer Support Provider with the caregiver(s), that can provide more information about the caregiver's goals.

RATING THE ITEMS

The FANS is easy to learn and is well liked by caregivers, providers and other partners in the services system because it is easy to understand and does not necessarily require scoring in order to be meaningful to the family.

★ Basic core items – grouped by domain - are rated for all caregivers.

Each FANS rating suggests different goals for caregiver mastery. There are four levels of rating for each item with specific anchored definitions. Unlike the CANS and ANSA, and similar to the FAST, the FANS has only one action-level framework for its items. These item level definitions, however, are designed to translate into the following action levels:

Basic Design for Ratings

Rating	Level of Needs	Appropriate Action
0	No evidence of need; this may also indicate a strength	No action needed; strength can be leveraged in service/treatment plan
1	Significant history or possible need that is not interfering with functioning	Watchful waiting/prevention/additional assessment; opportunity for strength building
2	Need interferes with functioning	Action/intervention required
3	Need is dangerous or disabling	Immediate action/Intensive action required

Items identified as a '0' are often strengths that can be used in strength-based planning. Items rated a '1' should be monitored and preventive efforts might be helpful. Items rated a '2' or '3' are "actionable" and should be addressed in the intervention plan.

To complete the FANS, a FANS trained and certified Family Peer Support worker should read the anchor descriptions for each item and then record the appropriate rating on the FANS form (or electronic record).

Remember that the item anchor descriptions are examples of circumstances which fit each rating (0, 1, 2, or 3). The descriptions, however, are not inclusive. The rater must consider the basic meaning of each level to determine the appropriate rating on an item for an individual.

The FANS is an information integration tool, intended to help the caregiver think about multiple perspectives (his or her own, other family members, the Family Peer Support provider). As a strength-based approach, the FANS supports the belief that all individuals, particularly caregivers, have unique talents, skills, and life events, in addition to specific unmet needs. Strength-based approaches to assessment and service or treatment planning focus on collaborating with caregivers to discover individual caregiver strengths. Failure to demonstrate a parenting or advocacy skill, for example, should first be viewed as an opportunity to learn the skill as opposed to a problem. Focusing on caregiver's strengths instead of weaknesses may result in enhanced motivation and improved performance. Involving the caregiver in the rating process and obtaining information (evidence) from multiple sources is necessary and improves the accuracy of the rating.

As a quality improvement activity, Family Peer Support programs might consider using a fidelity model approach to look at service/treatment/action planning based on the FANS ratings. A rating of '2' or '3' on a FANS need suggests that this area must be addressed in the service or treatment plan. A rating of a '0' or '1' identifies a strength that can be used for strength-based planning and a '2' or '3' a strength that should be the focus on strength-building activities. It is important to remember that when developing service and treatment plans for healthy family trajectories, balancing the plan to address risk behaviors/needs and protective factors/strengths is key. It has been

demonstrated in the literature that strategies designed to develop caregiver capabilities are a promising means for building family and child functioning and reducing risk.

Finally, the FANS can be used to monitor outcomes. This can be accomplished in two ways. First, FANS items that are initially rated a '2' or '3' are monitored over time to determine the percent of individuals who move to a rating of '0' or '1' (resolved need, built strength). Dimension scores can also be generated by summing items within each of the domains (Caregiver Self-Care, Caregiver Knowledge & Skills, etc.). These scores can be compared over the course of treatment.

The FANS is an open domain tool that is free for anyone to use with training and certification. There is a community of people who use the various versions of the FANS and share experiences, additional items, and supplementary tools.

SIX KEY PRINCIPLES OF A COMMUNIMETRIC TOOL

The FANS has six key principles that, if remembered, will make the assessment process move more smoothly.

1. **Items impact service planning.** Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning action.
2. **Items ratings translate into Action Levels.** Each item uses a four level ('0'-'3') rating system. An item rated '2' or '3' requires action. Different action levels exist for needs and strengths (page 8).
3. **Consider culture and development.** Culture and development must be considered before establishing the action level for each item.
4. **Agnostic as to etiology.** It is a descriptive tool. Rate the "what" and not the "why". The FANS describes what is happening with the individual, but does not seek to assign a cause for a behavior or situation.
5. **It's about the individual, not the service.** Ratings should describe the caregiver, not the caregiver in services. If an intervention is present that is masking a need but must stay in place, it is factored into the rating and would result in a rating of an actionable need (i.e., '2' or '3').
6. **Specific ratings window (e.g. 30 days) can be over-ridden based on action levels.** Keep the information fresh and relevant to the individual's present circumstances. Don't get stuck on 30 days – if the need is relevant and older than 30 days, still use the information. Action levels trump time frames – if it requires action and should be on your treatment plan, rate it higher!

HOW IS THE FANS USED?

The FANS is used in many ways to transform the lives of caregivers and their children and to improve the Family Peer Support programs that serve them. This guide will help you to also use the FANS as a multi-purpose tool. **What is the FANS?**

IT IS AN ASSESSMENT STRATEGY

When initially meeting caregivers, this guide can be helpful in ensuring that all the information required is gathered. Most items include "**Questions to Consider**" which may be useful when asking about needs and strengths. These are not questions that must be asked, but are available as suggestions. Many care providers have found this useful during initial sessions either in person or over the phone if there are follow up sessions required to get a full picture of needs before treatment or service planning and beginning therapy or other services.

IT GUIDES CARE AND TREATMENT/SERVICE PLANNING

When an item on the FANS is rated a '2' or '3' ('action needed' or 'immediate action needed') it indicates not only that it is a serious need for our individual, but one that we are going to attempt to work on during the course of our treatment. As such, when you write your treatment plan, you should do your best to address any Needs or Impacts on Functioning that you rate as a 2 or 3 during your assessment process.

IT FACILITATES OUTCOMES MEASUREMENT

Many users of the FANS and organizations complete the tool every 3 months to measure change and transformation. We work with individuals and families and their needs tend to change over time. Needs may change in response to many factors including quality clinical support provided. One way we determine how our supports are helping to alleviate suffering and restore functioning is by re-assessing needs, adjusting treatment or service plans, and tracking change.

IT IS A COMMUNICATION TOOL

The FANS allows for a shared language to talk with caregivers about their needs and strengths creating opportunities for collaboration. Additionally, when an individual leaves a treatment program, completing a closing FANS helps with describing progress, measuring ongoing needs and supporting continuity of care decisions by linking recommendations for future care that tie to current needs.

It is our hope that this guide will help you to make the most out of the FANS and guide you in filling it out in an accurate way that helps you make good clinical decisions.

USE OF THE FANS TO ENHANCE FAMILY PEER SUPPORT PROVISION

The role of the Family Peer Support provider can be summarized with the following phrase: “Teach, Coach, Mentor.” Family Peer Support providers help caregivers identify their own strengths, develop their skills, and celebrate their growth and success. The FANS is meant to support this process through the creation of a shared vision that starts with the assessment and continues through building goals for the service plan, collaboratively monitoring progress, and tracking and celebrating success.

The FANS, like all of the work of the Family Peer Support provider, is done in full partnership with the parent or caregiver. The caregiver, not the provider, “owns” the FANS, and the ratings are assigned based on whether or not the caregiver sees a need on any given item. The FANS serves as documentation of the caregiver’s view of her or his needs and strengths. Actionable needs are rated based what the caregiver believes needs to change.

The Family Peer Support provider has a responsibility to give input on what could change and brings the unique perspective of his or her own lived experience to that input. Because the FANS is administered once a relationship has been built between the Family Peer Support provider and the caregiver(s), it is possible (and recommended) for the Family Peer Support provider to ask difficult questions and help the family accurately evaluate their own needs. The action levels guide collaborative development of goals for the service plan and focus both the caregiver and the Family Peer Support provider on what their work together will look like and when it will be complete.

The FANS action levels also help support a focus on “thinking about goodbye from hello.” The Family Peer Support provider’s role is to help the caregiver build greater confidence in her or his personal ability and skills to handle life, not to create dependence upon the Family Peer Support provider. The FANS guide this focus, and the creation of benchmarks for success during assessment helps the caregiver and provider know and agree when goals have been met. Any change in an action level on the FANS is meaningful change, and as action ratings move from a 3 to a 2 to a 1, the Family Peer Support provider and caregiver can celebrate and punctuate success.

Supervisors can use the FANS to support the development of Family Peer Support provider skills, and Family Peer Support programs can aggregate FANS data to demonstrate outcomes and improve quality of services. Supervisors and administrators will be able to discover the inter-relatedness of program effectiveness, individual treatment outcome success, and provider professional development through exploring aggregate FANS data.

MAKING THE BEST USE OF THE FANS

Caregivers can be a great asset to every child’s treatment. To increase family involvement and understanding, it is important to talk to them about the assessment process and describe FANS and how it will be used. The description of the FANS should include teaching the family about the action levels, identifying the domains and items, as well as

how the actionable items will be used in treatment or serving planning. As a best practice, share with the family the FANS domains and items and encourage the family to look over the items prior to your meeting with them. The best time to do this is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting or a process. A copy of the completed FANS ratings should be reviewed with each family and they should be encouraged to discuss with you any changes to the ratings, and any items that they feel need more or less emphasis.

LISTENING USING THE FANS

Listening is the most important skill that you bring to working with the FANS. Everyone has an individual style of listening. The better you are at listening, the better the information you will receive. Some things to keep in mind that make you a better listener and that will give you the best information:

- ★ **Use nonverbal and minimal verbal prompts.** Head nodding, smiling and brief “yes,” “and”—things that encourage people to continue.
- ★ **Be nonjudgmental and avoid giving a person advice.** You may find yourself thinking “if I were this person, I would do X” or “that’s just like my situation, and I did X.” But since you are not that person, what you would do is not particularly relevant. Avoid making judgmental statements or telling them what you would do. It’s not really about you.
- ★ **Be empathic.** Empathy is being warm and supportive. It is the understanding of another person from their point of reference and acknowledging feelings. You demonstrate empathetic listening when you smile, nod, maintain eye contact. You also demonstrate empathetic listening when you follow the person’s lead and acknowledge when something may be difficult, or when something is great. You demonstrate empathy when you summarize information correctly. All of this demonstrates to the child or individual that you are with him/her.
- ★ **Be comfortable with silence.** Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want to respond to a question. If you are concerned that the silence means something else, you can always ask “does that make sense to you”? Or “do you need me to explain that in another way”?
- ★ **Paraphrase and clarify—avoid interpreting.** Interpretation is when you go beyond the information given and infer something—in a person’s unconscious motivations, personality, etc. The FANS is not a tool to come up with causes. Instead, it identifies things that need to be acted upon. Rather than talk about causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2) clarify what was said, sometimes making things clearer; (3) demonstrate empathy. For example, you ask the questions about health, and the person you are talking to gives a long description. You paraphrase by saying “Ok, it sounds like ... is that right? Would you say that is something that you feel needs to be watched, or is help needed?”

Often, people will make comments about other people’s observations such as “well, my mother thinks that his behavior is really obnoxious.” It is important to redirect people to talk about their observations: “so your mother feels that when he does X, that is obnoxious. What do YOU think?” The FANS is a tool to organize all points of observation, but the parent or caregiver’s perspective can be the most critical. Always be sure to redirect the conversation to the caregiver’s own feelings and observations.

ACKNOWLEDGE FEELINGS

People will be talking about difficult things and it is important to acknowledge that. Simple acknowledgement such as “I hear you saying that it can be difficult when ...” demonstrates empathy.

WRAPPING IT UP

At the end of the assessment, we recommend the use of two open-ended questions. These questions ask if there are any past experiences that people want to share that might be of benefit to planning for their young person, and if there is anything that they would like to add. This is a good time to see if there is anything “left over”—feelings or thoughts that they would like to share with you.

Take time to summarize with the caregiver or family those areas of strengths and of needs. Help them to get a “total picture” of what they have identified as their needs and strengths, and offer them the opportunity to change any ratings as you summarize or give them the “total picture”.

Take a few minutes to talk about what the next steps will be. Now you have information organized into a framework that moves into the next stage—planning.

So you might close with a statement such as: “OK, now the next step is a “brainstorm” where we take this information that we’ve organized and start writing a plan—it is now much clearer which needs must be met and what we can build on. So let’s start.....”

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FANS-FPS BASIC STRUCTURE

The Family Assessment of Needs and Strengths – Family Peer Support Version basic items are noted below.

CORE ITEMS

Caregiver Self Care

Talents/Interests/Hobbies
Recreational Interests
Optimism
Social Resources

Caregiver Knowledge & Skills

Ability to Listen
Ability to Communicate
Organizational Skills
Involvement
Knowledge of Family &
Children Needs
Knowledge of Rights &
Responsibilities
Knowledge of Service Options
Decision-Making

Caregiver Internal Awareness of External Challenges

Self-Efficacy
Burden & Stress
Resourcefulness

Caregiver Satisfaction with Services

Satisfaction with Youth's Living Arrangements
Satisfaction with Youth's Educational Arrangements
Satisfaction with School Participation
Satisfaction with Current Services

NOTE: All ratings are on a 4-point scale with the following action levels: '0' (no evidence that action is needed; possible strength to build upon), '1' (history, watchful waiting, prevention), '2' (action needed), '3' (immediate or intensive action needed), or 'NA' (not applicable).

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2. CAREGIVER SELF CARE

1. Caregiver's Talents/Interests/Hobbies

This item refers to hobbies, skills, artistic interests, and talents that are positive ways that caregivers can spend their time, and which also give them pleasure and a positive sense of self.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"> What does the caregiver enjoy doing during her/his free time? What are the caregiver's interests? 	0 No Evidence that Action is Needed. Caregiver has a talent, interest, or hobby that provides personal enjoyment.
	1 History / Watchful Waiting / Prevention. Caregiver has a talent, interest, or hobby with the potential to provide personal enjoyment.
	2 Action Needed. Caregiver has identified interests, but needs assistance converting those interests into a talent or hobby.
	3 Immediate or Intensive Action Needed. Caregiver has no identified talents, interests, or hobbies.

2. Caregiver's Recreational Interests

This item refers to activities that the caregiver participates in that involve physical movement or exercise.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"> What physical activities does the caregiver participate in? What does the caregiver do to relax? 	0 No Evidence that Action is Needed. Caregiver has and enjoys positive recreation activities on an on-going basis.
	1 History / Watchful Waiting / Prevention. Caregiver is doing adequately with recreational activities although some problems exist.
	2 Action Needed. Caregiver is having moderate problems with recreational activities. Caregiver may experience some problems accessing recreational activities.
	3 Immediate or Intensive Action Needed. Caregiver has no access to or interest in recreational activities.

3. Caregiver's Optimism

This item refers to the caregiver's view of the future and her/his ability to remain hopeful when faced with life's challenges. The rating is based on the caregiver's positive future orientation, including the ability to express joy and share positive life experiences.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"> Does the caregiver have a generally positive outlook on things; have things to look forward to? How does the caregiver see themselves/the family in the future? 	0 No Evidence that Action is Needed. Caregiver has a strong and stable optimistic outlook about her/his life.
	1 History / Watchful Waiting / Prevention. Caregiver is generally optimistic.
	2 Action Needed. Caregiver has some difficulties maintaining a positive view of their self and her/his life. Caregiver may vary from overly optimistic to overly pessimistic.
	3 Immediate or Intensive Action Needed. Caregiver has difficulties seeing any positives about herself/himself and her/his life.

4. Caregiver's Social Resources

This item refers to unpaid help available to the caregiver. This could include friends, families or church or other organizations that help them in times of need. These resources are not living in the household.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Who does the caregiver consider to be a support?Does the caregiver have non-family members in her/his life who she/he can go to for emotional or practical help?	0 No Evidence that Action is Needed. Caregiver has a significant family and friend social network that actively helps the caregiver and family.
	1 History / Watchful Waiting / Prevention. Caregiver has some family or friend social resources that actively help the caregiver and family.
	2 Action Needed. Caregiver has a family or friend social network that may be able to help the caregiver and family.
	3 Immediate or Intensive Action Needed. Caregiver has no family or social network that may be able to help the caregiver and family.

3. CAREGIVER KNOWLEDGE & SKILLS

5. Caregiver's Ability to Listen

This rating item refers to the caregiver's ability to hear both positive and negative feedback about herself/himself and family members in a way that she/he can understand.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">What are the caregiver's current listening skills and abilities?How do conversations between the caregiver and other adults go?	0 No Evidence that Action is Needed. Caregiver is able to listen carefully and understand both good and bad news regarding family/children issues.
	1 History / Watchful Waiting / Prevention. Caregiver has listening skills but sometimes struggles to hear either good or bad news regarding family/children issues.
	2 Action is Needed. Caregiver requires help learning to listen.
	3 Immediate or Intensive Action Needed. Caregiver requires substantial help learning to listen effectively.

6. Caregiver's Ability to Communicate

This item refers to the caregiver's ability to effectively articulate his/her needs as well as needs of other family members in a manner that others can understand.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">What are the caregiver's current communication skills and abilities?Does the caregiver believe she/he can communicate the family's needs effectively?	0 No Evidence that Action is Needed. Caregiver is able to express feeling and thoughts effectively with regard to family & child/children issues. Others hear, understand, and respond.
	1 History / Watchful Waiting / Prevention. Caregiver is able to express feelings and thoughts but sometimes struggles to express these so that others can listen and/or understand.
	2 Action is Needed. Caregiver requires help learning to express feelings and thoughts effectively with regard to family and or child/children issues.
	3 Immediate or Intensive Action is Needed. Caregiver requires substantial help to express feelings and thoughts

7. Caregiver's Involvement

This item describes the degree to which the parent / caregiver wants to be or is involved in the supporting care and treatment as a partner with provider in services. This rating should be based on the level of involvement the caregiver(s) has in planning and provision of mental health and related services.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">How involved is the caregiver in services for the child/youth?Is the caregiver an advocate for the child/youth?Would the caregiver like any help to become more involved?	0 No Evidence that Action is Needed. Caregiver is actively involved in the planning and/or implementation of services and is able to be an effective advocate on behalf of the child or adolescent.
	1 History / Watchful Waiting / Prevention. Caregiver has a history of seeking help for their child/children and is open to receiving support, education, and information. Caregiver is consistently involved in the planning and/or implementation of service for the child or adolescent.
	2 Action is Needed. Caregiver needs support to actively and consistently participate in service planning and implementation
	3 Immediate or Intensive Action is Needed. Caregiver wishes for child/youth to be removed from their care, is uninvolved with care, and/or wants the individual removed from his or her home.

8. Caregiver's Organization Skills

This item refers to the caregiver's ability to participate in or direct the organization of the household, services, and related activities.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Does the caregiver need or want help with managing their home?Does the caregiver have difficulty getting to appointments or managing a schedule?Does the caregiver have difficulty getting their child/youth to appointments or school?	0 No Evidence that Action is Needed. Caregiver is well organized and efficient.
	1 History / Watchful Waiting / Prevention. Caregiver has occasional difficulties with organizing and maintaining household to support needed services, but does not need help with organizational skills at this time.
	2 Action is Needed. Caregiver has difficulty organizing and maintaining household to support needed services on a regular basis; caregiver would like help building organizational skills.
	3 Immediate or Intensive Action is Needed. Caregiver struggles to organize household to support needed services and would like immediate help building organizational skills.

9. Caregiver's Knowledge of Family & Children Needs

This item refers to the caregiver's ability to recognize the needs of the family and individual family members.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Does the caregiver know about the needs of his/her family and the individuals in the family?	0 No Evidence that Action is Needed. Caregiver has strong understanding of family and child/children needs.
	1 History / Watchful Waiting / Prevention. Caregiver has an understanding of family and child/children needs but may still require some help in learning about certain aspects of these needs.
	2 Action Needed. Caregiver requires assistance in understanding family and child/children needs.
	3 Immediate or Intensive Action is Needed. Caregiver requires substantial assistance in identifying and understanding family and child/children needs.

10. Caregiver's Knowledge of Rights & Responsibilities

This item refers to the caregiver's ability to understand and acknowledge the legal and moral rights and responsibilities of their caregiver role.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> Does the caregiver know about and talk about their rights and responsibilities as a caregiver? 	0 No Evidence that Action is Needed. Caregiver has strong understanding of rights and responsibilities.
	1 History / Watchful Waiting / Prevention. Caregiver has an understanding of rights and responsibilities but may still require some help learning about certain aspects.
	2 Action Needed. Caregiver requires assistance in understanding rights and responsibilities.
	3 Immediate or Intensive Action is Needed. Caregiver requires substantial assistance in identifying and understanding rights and responsibilities

11. Caregiver's Knowledge of Service Options

This item refers to the choices the family might have for specific treatment interventions or other services that might help the family address their needs or the needs of one of the family's members.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> Does caregiver know what services are available for family and individual needs? 	0 No Evidence that Action is Needed. Caregiver has strong understanding of service options.
	1 History / Watchful Waiting / Prevention. Caregiver has an understanding of service options but still may require help in learning about certain aspects of the service.
	2 Action Needed. Caregiver requires assistance in understanding service options.
	3 Immediate or Intensive Action is Needed. Caregiver requires substantial assistance in identifying and understanding service options.

12. Decision-Making

This item describes the way a caregiver comes to a decision, follows through on decisions and learns from decisions, to be able to make corrections or adjust their decisions if needed in the future to keep themselves and their family safe.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> How does the caregiver make decisions? What support does the caregiver need for decision-making and learning from past decisions? 	0 No Evidence that Action is Needed. Caregiver is able to make informed decisions to keep themselves and their family safe.
	1 History / Watchful Waiting / Prevention. Caregiver can make informed decisions most of the time without assistance to keep themselves and their family safe.
	2 Action Needed. Caregiver has moderate or frequent difficulty in making informed decisions to keep themselves and their family safe
	3 Immediate or Intensive Action Needed. Caregiver is unable or requires substantial assistance to make or comprehend informed decisions needed to keep themselves and their family safe.

4. CAREGIVER INTERNAL AWARENESS OF EXTERNAL CHALLENGES

13. Caregiver's Self-Efficacy

This item refers to the parent / caregiver's feelings of being effective at carrying out the caregiving role and responsibilities. This rating should be based on the parent / caregivers' belief that she/he is effective in achieving the goals and able to successfully manage daily family life.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> Does the caregiver have a vision for the future? Do they feel courageous? Does the caregiver believe he/she is able to set and meet family goals? Does the caregiver feel comfortable taking risks? 	0 No Evidence that Action is Needed. Caregiver believes they are highly effective at caregiving and able to successfully carry out all of the tasks necessary to meet the needs of the child / children under their care.
	1 History / Watchful Waiting / Prevention. Caregiver believes that they are a capable caregiver and is usually (more times than not) able to successfully carry out the tasks necessary to meet the needs of the child / children under their care.
	2 Action is Needed. Caregiver believes they occasionally are able to carry out the tasks necessary to meet the needs of their child / children, but believe they have limited skills that are necessary to meet the needs of the child / children under their care.
	3 Immediate or Intensive Action is Needed. Caregiver believes they cannot or they consistently fail to provide the necessary tasks and care to meet the needs of the child / children under their care.

14. Caregiver's Burden or Stress

This item describes the level of stress or burden the children's current needs are generating and the parent/caregiver's feelings and beliefs that they have the needed strength to cope.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> Are the challenges of parenting causing stress? Does the caregiver think he or she needs some help with the stress he or she is experiencing? 	0 No Evidence that Action is Needed. The caregiver is able to manage the stress and burden of meeting child/family needs.
	1 History / Watchful Waiting / Prevention. The caregiver occasionally has some difficulty managing the burden or stress associated with meeting child/family needs.
	2 Action Needed. The caregiver would like support managing stress or burden associated with meeting child/family needs, because this stress interferes with their capacity to give care.
	3 Immediate or Intensive Action Needed. The caregiver needs immediate or intensive support to manage stress or burden associated with child/family needs, because this stress prevents the caregiver from effectively parenting.

15. Caregiver's Resourcefulness

This item describes the ways the caregiver finds and uses external resources to manage challenges faced by themselves and their family.

Questions to Consider	Ratings and Descriptions	
	0	No Evidence that Action is Needed. Caregiver is skilled and has no challenges at identifying, accessing and using external resources necessary to manage challenges faced by themselves and their family
	1	History / Watchful Waiting / Prevention. Caregiver has minimal difficulty identifying, accessing or using useful external resources necessary to manage challenges faced by themselves and their family.
	2	Action Needed. Caregiver has moderate difficulty identifying, accessing or using useful external resources necessary to manage challenges faced by themselves and their family.
	3	Immediate or Intensive Action Needed. Caregiver is unable or requires substantial assistance with identifying, accessing and using resources necessary to manage challenges faced by themselves and their family.

5. CAREGIVER SATISFACTION WITH SERVICES

16. CAREGIVER'S SATISFACTION WITH YOUTH'S LIVING ARRANGEMENT

This item refers to the caregiver's satisfaction with the current living arrangement of youth. If a youth lives at home this describes the caregiver's desire to maintain this, or if living elsewhere; caregiver is satisfied with that arrangement. **This doesn't refer to physical condition of the home or neighborhood.**

Questions to Consider	Ratings and Descriptions	
	0	No Evidence that Action is Needed. Caregiver is pleased with identified youth's current living arrangement.
	1	History / Watchful Waiting / Prevention. Caregiver is satisfied with identified youth's current living arrangement, although some improvements could be made.
	2	Action Needed. Caregiver believes a change in living arrangement is required.
	3	Immediate or Intensive Action Needed. Caregiver believes an immediate change in living arrangement is required

17. CAREGIVER'S SATISFACTION WITH YOUTH'S EDUCATIONAL ARRANGEMENT

This item describes the degree to which the parent / caregiver is satisfied with the education placement of children.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> What does the caregiver think about the youth's school? Does the caregiver believe that the youth's current school placement is meeting the child's social, emotional, and academic learning needs? 	0 No Evidence that Action is Needed. Caregiver is pleased with identified youth's current educational arrangement.
	1 History / Watchful Waiting / Prevention. Caregiver is satisfied with youth's current educational arrangement, although some improvements could be made.
	2 Action Needed. Caregiver believes a change in educational arrangement is desirable.
	3 Immediate or Intensive Action Needed. Caregiver believes an immediate change in educational arrangement is required.

18. CAREGIVER'S SATISFACTION WITH SCHOOL PARTICIPATION

This item rates the degree of partnership between the school and others in meeting the child/youth's educational needs. This item predominantly refers to the nature of the school's relationship to the youth and family and the level of support the child is receiving from the school. A rating of "0" would be given if the school is an active participant with the youth and family. A rating of "2" would be given if the school was not able to address youth's needs.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> Does the caregiver experience the current school as a partner in meeting the youth's educational needs? Does the child do well in, and enjoy going to school? 	0 No Evidence that Action is Needed. School works closely with caregiver to identify and successfully address educational needs OR child excels in school.
	1 History / Watchful Waiting / Prevention. School works closely with caregiver to identify and address educational needs OR child likes school.
	2 Action Needed. School currently is unable to adequately address educational needs.
	3 Immediate or Intensive Action Needed. School is unable to work to identify and address educational needs.

19. CAREGIVER'S SATISFACTION WITH CURRENT SERVICES BEING PROVIDED

This item refers to the degree to which the parent / caregiver is satisfied with any services for children in their care.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> Does the caregiver feel that the family and child are getting the services they need? What does the caregiver believe is the quality of the current services? 	0 No Evidence that Action is Needed. Caregiver is pleased with current services.
	1 History / Watchful Waiting / Prevention. Caregiver is satisfied with current services, although some improvements could be made.
	2 Action Needed. Caregiver believes a significant change in services is desirable.
	3 Immediate or Intensive Action Needed. Caregiver believes an immediate and significant change in services is required.

APPENDIX: TRACKING FANS SCORES OVER TIME

The FANS User may find it useful to track progress for an individual family over time and across their caseload using the additional score forms provided. However, the caseload tracking document should never be included in the records of individual families in order to protect confidentiality.

FAMILY ASSESSMENT OF NEEDS AND STRENGTHS										FANS-NY								
Family Name:					DOB:		Gender:		Race/Ethnicity:									
Caregiver(s):					Form Status:		Initial		Subsequent		Annual		Discharge					
					Case Name:													
					Case Number:													
Assessor:					Date of Assessment:		m		m		d		d		y		y	

CAREGIVER SELF CARE				
0=no evidence of need		1= watchful waiting/prevention		
2=action needed		3=Immediate/intensive action needed		
	0	1	2	3
1. Talents/Interests/Hobbies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Recreational Interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Optimism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Social Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CAREGIVER KNOWLEDGE & SKILLS				
0=no evidence of need		1= watchful waiting/prevention		
2=action needed		3=Immediate/intensive action needed		
	0	1	2	3
5. Ability to Listen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Ability to Communicate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Organizational Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Knowledge of Family/Children Needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Knowledge of Rights & Responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Knowledge of Service Options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Decision-Making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CAREGIVER INTERNAL AWARENESS OF EXTERNAL CHALLENGE				
0=no evidence of need		1= watchful waiting/prevention		
2=action needed		3=Immediate/intensive action needed		
	0	1	2	3
13. Self-Efficacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Burden & Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Resourcefulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CAREGIVER SATISFACTION WITH SERVICES				
0=no evidence of need		1= watchful waiting/prevention		
2=action needed		3=Immediate/intensive action needed		
	0	1	2	3
16. Satisfaction w/ Youth's Living Arrangements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Satisfaction w/ Youth's Educational Arrangements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Satisfaction w/ School Participation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Satisfaction w/ Current Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional forms attached for Tracking FANS Scores Over Time.

INDIVIDUAL FAMILY TRACKING FANS SCORES OVER TIME

Family Name:

Family Peer Advocate:

Date:

Item	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Total
Event: Date																				
1 st :																				
2 nd :																				
3 rd :																				
4 th :																				

FAMILY PEER ADVOCATE ALL FAMILIES FANS TRACKING OVER TIME	
Family Peer Advocate Name:	Month & Year FANS Completed:

Month & Year FANS Completed:

[illegible]