
**COMPREHENSIVE
FAMILY ASSESSMENT
GUIDELINES**
for
CHILD WELFARE

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Current Version Available through:
National Resource Center
for Family-Centered Practice and Permanency Planning
a service of the Children's Bureau

May 24, 2005

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INTRODUCTION

Families are at the heart of children's worlds. Yet children's families sometimes fail to care for and protect them. When child welfare agencies receive a report concerning alleged child abuse and neglect, an investigation to determine the facts of what has happened is necessary. However, when agency staff members determine that a child is in need of protective services, they must quickly move beyond investigating facts to develop an *understanding* of what has occurred, including why it has occurred and what will be required to restore the family's functioning and prevent the recurrence of abuse or neglect. If a family's functioning can be restored, the family can safely remain at the heart of the child's world.

In order to develop an understanding of the whole situation, many questions must be answered. The process of finding the answers to these questions and to understanding the family is comprehensive family assessment. Questions for assessment include:

- What is the exact nature of the abuse and/or neglect?
- For how long has the abuse and/or neglect occurred, and what has been the impact on the child's functioning and development?
- How do the parents and the children view their current situation?
- What in the parents' past and current experiences contributes to the family's needs and problems?
- In what ways have the parents adequately provided for their children and what are their strengths?
- What previous efforts have been made by the parents to meet the child or youth's needs and resolve the family's problems?
- What kinship resources are available, including resources of the tribe or clan to which the family belongs?
- What specific services are needed by the child and the child's parents to resolve the problems that are requiring protective services?
- What considerations impact on the decision to select a specific permanency plan?

Comprehensive family assessment is recommended when it is determined that the child welfare agency is responsible for serving the

family. Such assessment goes beyond the investigation to permit the identification and provision of services that are specifically targeted to address the family's needs and problems and insure the child's safety, well-being, and permanency.

These guidelines address the components of comprehensive family assessment, show the linkages to service planning and service provision, and illustrate how child welfare agencies can support their use. As states and agencies use these guidelines, they will be updated using the knowledge and experience gained from the implementation of comprehensive assessment. These guidelines are provided as an initial framework to facilitate efforts to move the child welfare community towards comprehensive assessment as a best practice. Additional technical assistance is being developed to support the implementation of these guidelines.

This document:

- Defines and describes the comprehensive family assessment (CFA) process in child welfare;
- Articulates the assumptions of quality practice that support the comprehensive family assessment;
- Identifies the key points in the casework process when comprehensive family assessment and re-assessment are needed;
- Suggests how the comprehensive family assessment can be used to develop service plans and inform recommendations to the Dependency Court regarding the need for care, custody, and control of the child;
- Provides a case example that illustrates the process of comprehensive family assessment; and
- Identifies organizational and administrative supports necessary for effective comprehensive family assessment.

Assumptions Central to these Guidelines

A number of assumptions are central to the Comprehensive Family Assessment Guidelines presented in this document:

- ❖ If the child welfare agency is responsible for serving the family, a comprehensive family assessment is usually the best means to obtain information to guide decisions on service planning.
- ❖ Comprehensive family assessment
 - begins with the first contact with a family and continues until the case is closed;
 - must be completed in partnership with families and in collaboration with other community partners;
 - is a process, not the completion of a tool. Simply completing a form will not capture all that is needed for comprehensive assessment.
- ❖ Collecting and organizing comprehensive family assessment information is not an end in itself; the information and the resulting understanding of the child and family's situation must be used in focused ways in the service plan. Thus, the purpose of comprehensive family assessment is to develop a service plan or a strategy for intervention with the family over a period of time, increasing the likelihood of matching services to family members' real needs and addressing the key issues within the limited timeframes prescribed by law.
- ❖ Engagement and building relationships are of central importance in gathering meaningful information from families, children, and youth regarding their needs and strengths.
- ❖ Services secure the link between existing needs and desired outcomes. For services to be relevant and effective, workers must systematically and continuously gather information and evaluate the needs of children and parents/caregivers as well as the ability of family members to use their strengths to address their problems.

- ❖ A regular process of communication must exist between child welfare and other service providers, contractual or otherwise, on the changing conditions within the family.
- ❖ Assessments must be updated as family circumstances change, as families make progress or face setbacks, as a parent’s readiness to change evolves, and as new information provides new insight into existing needs.
- ❖ Clear and full documentation must be included in the case file at the completion of the initial process of the comprehensive family assessment as well as when the information is updated.
- ❖ Organizational and administrative supports are necessary for an effective comprehensive family assessment, including resource allocation in relation to staff time needed for assessment.
- ❖ Formal training, clinical supervision, and mentoring are required to support caseworkers in completing comprehensive assessments in a culturally sensitive manner, because caseworkers are often not prepared by age, education, and experience to delve into an individual family’s circumstances, engage families in a change process, get a full picture of the underlying issues and resources, reach appropriate conclusions about the meaning of the information gathered, and use this information in service planning and ongoing decision-making.
- ❖ Jurisdictions vary in the degree to which the child welfare staff members operate as case managers more than direct service providers. But in every case, *the child welfare agency has the ultimate legal responsibility to decide who will be served, what the overall focus of intervention needs to be, and whether the whole family is getting the services they need and making the changes necessary to achieve the outcomes of safety, permanency, and child well-being.*

What is Comprehensive Family Assessment?

Several kinds of assessments are conducted in child welfare, such as assessments of safety, risk and development. All serve distinct purposes and may be used at one or more points in the casework process, but they are not all comprehensive. For the purposes of these guidelines, “comprehensive” means that the assessment incorporates information

collected through other assessments and addresses the broader needs of the child and family that are affecting a child’s safety, permanency, and well-being—the “big picture”—not just a set of symptoms.

The focus of a comprehensive family assessment is not only the presenting issues at a specific time, but also the underlying causal factors for behaviors and conditions affecting children. A comprehensive family assessment also includes evaluation of contributing factors such as family history, domestic violence, substance abuse, mental health, chronic health problems, and poverty. In addition, the family’s strengths and protective factors are assessed to identify resources that can support the family’s ability to meet its needs and better protect the children.

Different types of assessments are used in child welfare: assessments of safety, risk assessments, and special assessments of particular needs such as developmental assessments. A comprehensive family assessment incorporates information collected through other assessments—particularly safety and risk assessments.

Those conducting comprehensive family assessment need to consider the family’s history and the passage of time—what led to the current problems as well as the likely impact of both the maltreatment and the response on the child and family. Comprehensive means moving beyond the “here and now.”

The purpose of a comprehensive family assessment is to develop a service plan or a strategy for intervention that addresses the major factors affecting a child’s well-being, safety, and permanency over time. This plan should aim at helping the family get on the right track for improved functioning.

In short, a comprehensive family assessment involves recognizing patterns of parental behavior over time in the broad context of needs and strengths, rather than focusing only on the incident that brought the family to the attention of the child welfare agency.

Comprehensive Family Assessment

- Recognizes patterns of parental behavior over time;
- Examines the family strengths and protective factors to identify resources that can support the family's ability to meet its needs and better protect the children;
- Addresses the overall needs of the child and family that affect the safety, permanency, and well-being of the child;
- Considers contributing factors such as domestic violence, substance abuse, mental health, chronic health problems, and poverty; and
- Incorporates information gathered through other assessments and focuses on the development of a service plan or plan for intervention with the family. The service plan addresses the major factors that affect safety, permanency, and child well-being over time.

Need for the Guidelines

Gathering valid and useful information is critical for appropriate and adequate intervention with children, youth, and families who enter the child welfare system. If comprehensive family assessment is not undertaken as part of developing the service plan, we often miss the opportunity to develop interventions that contribute to lasting change. Moreover, comprehensive assessment helps us to *prioritize* what can change through interventions. ASFA (Adoption and Safe Families Act) timelines for intervention make the comprehensive assessment critical as the foundation for developing an effective plan with the family. An early and well-conducted comprehensive assessment increases the likelihood of matching services to the real needs and addressing the key issues within the limited timeframes prescribed by the law.

Most jurisdictions use safety and risks assessments to gather information to guide and structure initial decision-making, predict future harm, and develop service plans. It is not clear, however, how caseworkers gain a full understanding of family strengths, needs, and resources with just these assessments or how this information is incorporated into ongoing service planning and decision-making.

Overall performance on the Child and Family Services Reviews (CFSRs) in both outcome areas and systemic factors is closely connected to the process of comprehensive family assessment and service planning. Findings from the CFSRs indicate that most states are not in “substantial conformity” with the outcomes related to permanency and well-being. These findings are strongly affected by other findings that suggest there is limited understanding of what is keeping the family from achieving these outcomes.

All jurisdictions have some form of assessment, but the role of comprehensive family assessment as distinct from safety and risk assessments needs to be clear. Clarification is also needed as to how these various assessments support and complement one another. Frontline staff members are often confused regarding the various types of assessment, their purposes, and how they function together to promote successful intervention for families. Workers need more complete assessment information to help them focus on what should be done in visits with the family, child, and/or youth. Supervisors need this information to help frontline staff develop and implement meaningful service plans.

Regardless of the type of assessments in place, child welfare agencies need to know how to incorporate assessment findings into service planning and decision-making.

Guidelines for a comprehensive family assessment should describe what it is and how it is to be used, as well as how agencies can support this practice through policy, practice standards, training, clinical supervision, and accountability procedures.

These guidelines provide a framework that can be used by state child welfare agencies and tribal child welfare programs, as well as Children’s Bureau Resource Centers, and the HHS regional offices as they work with state agencies on assessment issues. It is anticipated that the guidelines will support technical assistance to states and jurisdictions in conducting and using comprehensive family assessments.

The guidelines do not prescribe, or even recommend, a particular tool or instrument for comprehensive family assessment, although agencies should have a tool or guidelines for conducting assessments. These guidelines are mainly a resource:

- To help child welfare administrators re-examine their policies, data systems and service delivery strategies;
- For program managers and supervisors to assess and augment the ability of staff to conduct and use comprehensive family assessments; and
- To support federal training and technical assistance efforts.

Foundations of Quality Practice

The guidelines were developed based on these foundations of quality practice:

- The central importance of engagement and relationship-building for gathering meaningful information on family, children, and youth;
- The essential involvement of families and youth in identifying their own needs and strengths;
- The need to assess the cultural, ethnic, linguistic, and other individual factors influencing the perception of family and youth needs and the caseworker's willingness to discuss these factors;
- The recognition of the significance of the "stages of change" on the family's and youth's capacity and willingness to identify their needs and in their motivation to change; and
- The benefits of identifying and including extended family and other family support resources as well as other service providers who know the family in the process of assessing needs and strengths.

COMPREHENSIVE FAMILY ASSESSMENT

Assessment is the process of gathering information that will support service planning and decision-making regarding the safety, permanency, and well-being of children, youth, and families. It begins with the first contact with a family and continues until the case is closed. Assessment is based on the assumption that for services to be relevant and effective, workers must systematically gather information and continuously evaluate the needs of children and parents/caregivers as well as the ability of family members to use their strengths to address their problems.

Many assessments are conducted for different purposes throughout a family's involvement with the child welfare system. For example, initial assessments conducted during intake are used to assist in determining the immediate safety of and the future risk of harm to a child. Assessments of safety and risk are also used to guide decisions when new concerns are identified and before major case decisions like reunification. But safety and risk assessments alone are not sufficient for understanding the range of issues related to the present concerns. There is a need to gather information on broader issues that will affect each family's ability to resolve concerns that led to its involvement with the child welfare system. It is also critical to gather information on the strengths, resources, supports, connections, and capacities that will help families nurture their children and keep them safe.

Comprehensive family assessment is the process of identifying, gathering, and weighing information to understand the significant factors affecting the child's safety, permanency, and well-being, the parental protective capacities, and the family's ability to assure the safety of their children.

When Is Comprehensive Family Assessment Done?

Comprehensive family assessment is not necessary for every referral. When reports of child maltreatment are screened in as meeting state statutory requirements, the initial assessment work focuses on safety and risk. These assessments lead to decisions about the need for child protection services. If child protective services are needed, a comprehensive family assessment is usually the best means to obtain information to guide decisions on service planning.

As part of the decision to open a case for services, regardless of whether the child is placed outside the home, a comprehensive family assessment is undertaken as part of the development of a useful service plan. *If the child welfare agency is responsible for serving the family, a comprehensive assessment is crucial.* Identification of risk and safety factors and implementation of a plan to manage these issues in the short-term promotes further engagement of the family and the opportunity for a comprehensive family assessment.

Over the course of a family's involvement with child welfare, circumstances often change. These changes result from the various factors in the life of the child, youth, and/or the family as well as the effectiveness of the services provided through the service plan. Furthermore, additional information may become known to the agency and affect the plan for service delivery. Therefore, assessments should be completed not only at the outset of the service planning process, but also revised and updated periodically throughout the child, youth's and family's involvement with the child welfare agency.

Information about the children and the family is often available only as the relationship is built among the social worker, other service providers, and the family. Thus, early engagement of families and children in the helping relationship is a necessary prerequisite to developing a full and accurate understanding of the circumstances that create the need for child welfare services.

Comprehensive assessment information has to be updated whenever major changes in family circumstances occur and at points of key decision-making on a case. These include:

- Decisions about in-home services
- Placement decisions
- Reunification decisions
- Decisions related to changing the service plan (or case goal)
- Decisions related to permanent placement for adolescents and eligibility for Chafee program activities and services
- Formal reviews of progress, including court reviews
- Termination of Parental Rights (TPR) decisions
- Case closure

When important changes occur within the family or when significant information emerges through the service provision process, whether by the child welfare agency or others, workers should update assessment information. This assumes there is a regular process of communication between child welfare and other service providers, contractual or otherwise, on the changing conditions within the family. Significant new information may also trigger concurrent safety and risk assessment to determine if the child can remain at home.

Ongoing assessment, through regular communication between caseworkers and families as well as with other service providers and the court, becomes critical for many other reasons:

- New information about the child and family is often available only as the relationship is built between the social worker, other providers, and the family;
- Significant new information may be learned through the service provision process (by the child welfare or other service providers); and
- Important changes may occur as a result of the planned interventions, or new problems may develop.

A systematic re-assessment of needs and strengths provides useful documentation on progress, risk reduction, justification of permanency decisions, or requests that may be needed to inform the family, worker, supervisor or the court.

Fundamentals of Comprehensive Family Assessment

Comprehensive family assessments form the basis of effective practice in child welfare. These assessments help workers meet the needs of families and use resources efficiently. If workers are to engage and motivate families to change, the process of assessment needs to be relevant to the family's life.

These guidelines are based on important fundamentals related to how the assessments are done and how they are used. These, in turn, reflect family-centered principles of practice.

Family involvement

An effective comprehensive family assessment must be completed in partnership with families. Family involvement in assessment fosters engagement by enhancing communication between the agency and the family about how the family got to this point, what has to change, what services are needed, the expectations for who will do what by when, the time frames, and what alternative resources might exist within the extended family and social network to address the safety, permanency, and well-being of the child or youth.

The social worker's ability to engage with families is crucial, and staff must be trained and supported in this work. Engagement requires an understanding of the clients' need for a sense of reciprocity and shared power in the relationship. Because in child protective services the worker-client relationship is inherently unequal, particular care must be given to attempting to achieve a relationship characterized by trust. The social worker must convey that family members' active involvement is wanted, needed, and valued in the process of assessment and service planning.

The quality of family involvement is related to their "stage of change"—their readiness for accepting the reality of their situation and their willingness to change. Family involvement is therefore dynamic, evolving as their readiness and capacity to change evolve. Understanding stages of change helps caseworkers make important decisions; for example, there are service plan implications if a parent refuses to or is unable to recognize problems in his or her parenting. Moreover, assessing stages of change helps caseworkers in engaging the parent to move forward in specific ways in the change process. The bottom line, however, remains the importance of family engagement no matter what the stage of change.

Stages of Change*

Precontemplation: Initial resistance to change. For example, "I have done nothing wrong and resent CPS' involvement."

Contemplation: A family member becomes aware of the problem but has not yet made an effort to change. For example, "I know I should clean up this messy house and handle the kids better."

Preparation: A family member is intending to take some action to change. For example, “Where can I get information on substance abuse treatment?” It is important to distinguish intention from actually taking action.

Action: A family member changes his or her behavior and/or environment. For example, “I’ve started to work real hard to change,” with specific examples of actions taken.

Maintenance: Family members work to prevent relapse and maintain the gains they have made during the change process. For example, “I have not had a drink in the past six months.”

*Prochaska & Prochaska, 2002

Families are an essential source of information on what is affecting the safety, permanency, and well-being of their children. Understanding the family’s views about their needs as well as their attitudes toward addressing these needs is critical in comprehensive family assessment. Gathering information on the family’s perception of the problem, even when the family does not recognize or denies the existence of a problem, is crucial. This perception is usually affected by the family’s cultural background and life experiences.

Families and extended family members are also a valuable source of information for ongoing assessment. Their views on which services and supports are helpful and which are not as well as their perceptions of why interventions are working or not working are essential. Even if their perceptions are incomplete or biased, they have to be sought out to gain a perspective for realistic service planning.

Family meetings are a particularly effective strategy to promote family involvement in initial and ongoing assessments. Family team meetings emphasize inclusion and promote the active participation of family members as collaborative partners in the initial and ongoing process.

Policies and practices regarding family team meetings vary from state to state. When family team meetings are to be utilized, caseworkers need

training to develop the skills that support the incorporation of such meetings into daily practice.

Individualization

Although some of the same factors may be present among families who enter the child welfare system (for example, substance abuse, mental illness, poverty), each family is unique in the way these factors affect their ability to protect their individual members. Workers need to be careful not have preconceived ideas of the needs of individual families and look for information to confirm these ideas. All the available information should be considered to see how it fits together to describe each family.

Through the process of comprehensive family assessment, the worker gathers information on the impact of specific needs and protective factors in each family. Families vary in their motivation to change, the context and duration of the issues that affect the safety, permanency, and well-being of their children, and the cultural context within which they parent. These variations must be taken into consideration along with their values, communication patterns, and functioning.

This individualization carries through to service delivery—each family as a unit (and their individual members) should receive services that address specific areas in need of change in the context of the protective factors and resources identified.

Individualizing our response requires an agency commitment to distinguish between what the family needs and what the agency generally offers. We cannot simply give families what we have rather than what they need. It requires the child welfare agency to work with its community stakeholders to ensure that needed services are developed and made available in all the state's jurisdictions.

Cross-program focus

Families who enter the child welfare system often have multiple and intersecting needs. The variety of needs that affect the vulnerability of children can only be met by a combination of programs that serve children, youth, and families. The very definition of comprehensive in comprehensive family assessment suggests that most of the time, many programs must work together to address families' complex needs.

A cross-program focus is useful in the family assessment as well as in the coordinated delivery of services from a variety of programs and agencies. Jurisdictions sometimes accomplish this through *multidisciplinary team meetings* or other mechanisms of joint assessment and service planning such as *case conferencing*.

Other agencies are often already involved with the families who come to the attention of child protection and therefore have information that can contribute to a more comprehensive assessment of needs. These agencies can also learn from the comprehensive family assessment how to do a better job of individualizing their services.

It is the responsibility of the child welfare agency to assure that all of the assessment information and services included in the service plan—whether provided by them or others—are working together to address commonly understood needs and goals. In addition, all agencies working with the family need to have ongoing communication to update the family assessment, discuss progress towards the goals, and inform the decision-making process.

Use of assessment information for service planning and decision making

Although the child welfare agency is not the only agency providing services, not all issues facing the family need to be addressed in the service plan—only those impacting safety, permanency, and well-being as they relate to the reasons for the agency’s involvement with the family. These are the factors that will govern the development of the comprehensive assessment and the service plan.

The comprehensive family assessment and the service plan are the organizing processes and instruments for the coordinated provision of services and supports. Decisions regarding service provision, placement, reunification, concurrent planning, and case closure, among others, have to relate directly to the initial and ongoing comprehensive assessment of the needs, progress, and current resources of the family.

Engaging children, youth, and families in the development of the service plan has a significant impact on the family’s understanding of expectations and their commitment to make the necessary changes.

COMPONENTS OF A COMPREHENSIVE FAMILY ASSESSMENT

The circumstances that bring child welfare agencies into the homes and lives of children, youth, and families are often complex and challenging. Because of the combination of their physical, emotional, and social circumstances, these families often present challenges to agency staff. The agency is asked to make decisions constantly, sometimes based on the best information available at that time. The decisions based on that information will have important, long-term consequences for the safety, permanency, and well-being of the children, youth, and their families.

The decision-making process is more effective when staff work in collaboration with families and other community partners to gather information.

I. Developing a Comprehensive Focus

a) Areas of assessment

A comprehensive family assessment for families dealing with child maltreatment incorporates the information gathered during any safety and risk assessments, but goes beyond these assessments to explore internal and external factors that may be affecting the family's ability to keep the child or youth safe.

In addition, a comprehensive family assessment identifies historical patterns and the family environment that led to the current situation as well as the potential impact of the maltreatment on the child's future well-being.

Categories of Family Assessment

The following are characteristics or problem areas most commonly associated with families in the child welfare system:

- Problems in accepting responsibility, in the ability to recognize problems, or in motivation to change;
- Patterns of social interaction, including aggressiveness or passivity, the nature of contact and involvement with others, the presence or absence of social support networks and relationships;

- Parenting practices (methods of discipline, patterns of supervision, understanding of child development and/or of emotional needs of children);
- Background and history of the parents or caregivers, including the history of abuse and neglect;
- Problems in access to basic necessities such as income, employment, adequate housing, child care, transportation, and needed services and supports; and
- Behavior/conditions associated with
 - Domestic violence
 - Mental illness
 - Physical health
 - Physical, intellectual, and cognitive disabilities
 - Alcohol and drug use.

Categories of Child and Youth Assessment

Children and youth who are maltreated experience a variety of stressors that impact their ability to develop appropriately. The focus of the comprehensive family assessment of children and youth is on gathering information that will assist in deciding what are the actions required to keep the children safe, in a permanent living situation, and in a state of well-being. Depending on the age and developmental level, environment, and family culture, it is necessary to get information on the strengths and needs of the child or youth related to:

- Physical health and motor skills
- Intellectual ability and cognitive functioning
- Academic achievement
- Emotional and social functioning
- Vulnerability/ability to communicate or protect themselves
- Developmental needs
- Readiness of youth to move toward independence

Categories of Youth Assessment

For youth, assessment takes yet another focus. Not only must assessment provide information on the youth's safety, permanence,

and well-being while in care, it must also focus on the young person's safety, permanence, and well-being as he/she develops skills needed as an adult. Necessary information on the strengths and needs of youth includes:

- Readiness to live interdependently
- Ability to care for one's own physical and mental health needs
- Self-advocacy skills
- Future plans for academic achievement
- Life skills achievement
- Employment /career development
- Quality of personal and community connections

b) Targeting assessments

Whether reviewing previous records, through observations, talking informally with the family, the youth, the child, other service providers, or using specific assessment instruments, the comprehensive family assessment routinely gathers information about all family members and their entire living situation. This includes the subject child and other children and youth living in the home; parents or other caregivers who are significant in the life of the child; the family's culture, and the environment(s) which the family, the youth, and the child frequent (for example, school, job, or religious institution).

Who Is Assessed?

- All children and youth in the family
- Parents—both mothers and fathers—custodial or non-custodial
- Other in-home caregivers or those frequently in the home caring for children
- Potential kinship resources for child placement if the decision is made to place the child or youth outside the home, including resources of the tribe or clan to which the family belongs.

II. Identifying Strengths and Protective Factors

Comprehensive family assessments identify individual and family strengths and protective factors. The continuous exploration of the family's ability to address their problems is important because recognizing strengths can help families realize their capacity to change. In addition, the identified protective factors can assist in mitigating the needs identified and mobilizing and/or expanding the resources that the family can use to help meet their needs.

Strengths are those positive qualities or resources present in every family. Protective factors are the resources and characteristics of the family members that can directly contribute to the protection and development of the children. It is important to note that the assessment of protective factors is not simply a listing of positive qualities and resources; the protective factors must be relevant and dynamically involved in offsetting the risks related to abuse/neglect. For example, a mother may be a fine artist, which would be generally positive attribute, but this "strength" would not compensate for the lack of a protective factor such as the capacity to recognize her own need to change. The protective factors often have to be deliberately mobilized to play a relevant role within the service plan.

The following are some individual factors contributing to protection: good cognitive and social skills, a positive self-perception, motivation to change, a willingness to seek support, an awareness of the threats to safety, ability to take action to protect children, self-discipline, and focus on acquiring knowledge and skills.

The following are some environmental factors contributing to protection: support from family and friends, stability of the living environment, positive interactions with others, and a connection to the community.

Protective Factors

- Presence of a supportive extended family willing and able to help
- Demonstrated ability of parents to accept responsibility for their behavior and willingness to change
- Value placed on the role of parent and desire to do a good job
- Clear understanding of youth's and child's developmental needs
- Willingness to meet the needs of the child or youth; ability to get the child to school, medical appointments, and so forth
- Adjusting discipline to stage of development
- Ability to control expression of anger
- Physical and emotional health of parent or caregiver
- Capacity to form and maintain healthy relationships
- Positive patterns of problem solving in other life areas
- Parental past experience protecting the child
- Non-maltreating parent or other adult in the home willing and able to protect the child
- Appropriate communication and problem solving skills of the adults that share child care

III. Obtaining Information and Evaluations from Other Sources

As stated previously, at the point of undertaking a comprehensive family assessment, initial assessments of safety and risk have been completed already or are underway concurrently. The comprehensive family assessment is not meant to be an alternative or substitute for these assessments, but builds upon them and other information to obtain a more complete picture of the family within the context of their involvement in child welfare.

In some cases, the safety and risk screenings or the initial interviews for a comprehensive family assessment indicate the need to gather specialized information that will help the caseworker and the agency understand the needs of the family, the youth, and children. Examples include psychological and educational tests, evaluations of mental, physical and neurological status, substance abuse and others. Information from collateral contacts, involvement of other agencies, and

information from previous CPS involvement either have been collected or become a part of what is now gathered. The comprehensive family assessment incorporates the results of these specialized assessments and other relevant information to determine the nature of the family's needs, resources and circumstances and to act as the basis for the type and frequency of interventions and services that will be needed.

THE COMPREHENSIVE FAMILY ASSESSMENT PROCESS

A comprehensive family assessment is a “process,” not the completion of a “tool.” This does not mean that tools are superfluous; they are helpful in documenting needs or in stimulating the conversation about assessment issues. It does mean, however, that the engagement of family members in a discussion that is individualized to their situation is vital. Simply completing a form will not capture all that is needed for comprehensive assessment.

The initial comprehensive assessment can build on the information obtained in previous assessments of safety and risk. All safety issues, progress on the safety plan, and areas of risk and strengths that have already been identified are explored as to their current impact on needs. The process includes assessing the family’s understanding of the safety and risk factors facing their children, examining what they have done already to address the concerns, what they consider to be the barriers to progress, and their most pressing needs in relation to the safety and risk factors. This information is then incorporated into the comprehensive family assessment and plans for services.

Important information often arises from the first meeting with the child, youth, and family and should be documented in the comprehensive family assessment. All information obtained during the assessment process is used to develop the service plan.

Key parts of the process involve reviewing existing information, meeting with the family, interviewing children and youth as appropriate, meeting with the staff of other agencies, obtaining specialized assessments, identifying the family needs and circumstances contributing to the need for child welfare intervention, making judgments and decisions about services, documenting information and decision-making with the family, doing ongoing assessments of progress and needs, and disseminating information to the family and other providers to initiate and update the service plan.

I. Review Existing Information

Review all relevant documentation that has emerged through:

- The initial review of records and summary of any past experience in the child welfare system or other related service systems;

- What was learned from the reporter and collateral contacts;
- Initial contacts with the family;
- Safety assessments, including safety plans, and risk assessments;
- Observations of the home, interactions between adults in the home, parent/child interactions, affect of child or youth (for example, confident, fearful); and
- Any specialized evaluations done as part of the initial assessment or in the recent past related to factors impacting children, youth, or adults in the home.

VIGNETTE 1: The Archuleta Family

The vignette illustrates guidelines for a comprehensive family assessment (CFA) at two points in child welfare services:

- From the initial contact through the first comprehensive family assessment (approximately 60 days), and
- During the following months up to and including the next formal review.

First Comprehensive Family Assessment— Preparation for Conducting the CFA

A. Review of existing information:

- The referral, from an anonymous source, indicated that two children were alone in an apartment at 8:30 p.m. The children, Angela and Pablo, ages 4 and 8, were taken into custody when no caregivers could be found. A neighbor helped locate the children's mother's great aunt Tiana, who lives several miles away and the children were placed with her that evening.
- As of now they remain in her care and have contact with their parents nightly by phone and semi-weekly face-to-face in supervised visits at the child welfare agency.
- On the night of the referral, the parents, Carmen, 22, and Arturo, 30, were at a friend's house and arrived home at midnight, finding a note that their children had been removed. They explained that they had left food for the children and a phone number where they could be reached. They had instructed Pablo to knock on a neighbor's door if he needed help.

- Further assessment found that Arturo has a police record involving one conviction for petty larceny and two for dealing small amounts of cocaine. Having served two sentences, he is now on parole.
- Both parents were tested for drugs, and their urine screen or urine analysis (UAs) tested positive for cocaine and marijuana. Carmen has never been in drug treatment. Two years ago Arturo spent two weeks in an outpatient drug treatment program before dropping out. He says that the program interfered with his job stocking shelves at a department store. Arturo likely will be re-incarcerated for a parole violation.
- The children have been left alone at least several times before. Parents say that they always leave a phone number and food for the children.
- Both parents indicated a strong desire to have their children returned and said that they will cooperate with the child welfare agency.
- Carmen expressed interest in attending church as she did when she was younger. She would like to go to her godparents' church.
- Interviews with the children, the parents, the godparents, the school and relatives indicated that Carmen and Arturo often provide adequate care for the children and that they and the children are attached; however sometimes the children are afraid and insecure. There is no evidence of physical or sexual abuse. The children sometimes fend for themselves when the parents are partying.
- There is an extended kin network, some of who are involved in drugs and have child welfare involvement and some of who are positive resources for the family (for example, Carmen's great aunt Tiana, and Carmen's godparents).

B. Identify and document risks, strengths/protective factors, and possible needs to guide the comprehensive family assessment:

- Strengths/protective factors: Parents often provide adequate care for children, parents and children are bonded, parents want children back, some extended family members are good resources to help the parents, parents are having consistent contact with children while in out-of-home care, mother wants to be involved in church, family is financially self-sufficient while father is present.
- Risks: Parents both use cocaine and marijuana, children have been

left alone before, parents believe children can take care of themselves for an evening, children are young, children are sometimes afraid and insecure, father has police record, father has dropped out of drug treatment once, and some of extended family also has drug and child welfare involvement.

- Possible service decisions: drug treatment for both parents, financial support for Carmen if Arturo is re-incarcerated, understanding of age-appropriate needs for children.

C. Map out a plan for gathering assessment information:

- Talk with both parents about strengths/protective factors, resources and needs and assess readiness to use help and make change. The family should be encouraged to engage in self-assessment about what they believe is happening and why they are now involved with the agency. Ask about cultural context of family issues. Use ecomap and genogram with parents to record the information. Add to the ecomap and genogram after meeting with children, review of records, discussion with providers, and extended support system (the family meeting).
- Talk with both children about their concerns and needs.
- Obtain release of information as needed, review school, Head Start, and medical information on children and records from parole and drug treatment for Arturo.
- Talk with providers from these organizations as needed.
- Conduct a family meeting. With the parents and great aunt who is the current caregiver, identify providers and family/friends who should be invited. Make a plan for inviting and preparing all invitees for the meeting.

II. Meet with the Family

Family meetings with the parents and/or caretakers if the children are not living with their parents should occur as soon as possible after the child welfare agency has decided to open the case. Parents or caretakers should be invited to bring other supportive people to the meeting if they like. Siblings who are old enough to participate in such a meeting and have something useful to contribute should also be included. These other people, including former or current service providers, might help

identify needs, protective factors, or be resources for commitment to the ensuing service plan. These meetings not only provide a fuller picture of the family situation and networks, but also help staff to understand who can be involved in the change process as they develop the service plan. Judgments should be made with the family as to who can safely be included, especially in situations involving domestic violence. Trained, objective facilitators can be very helpful in the family meetings.

A general understanding of who is in the family, where they reside, and how the connections work is useful information. Gathering this information from the family also provides a way to get the parent to engage in the discussion. Exploring their broader connections to faith communities, tribal, cultural, or ethnic bonds, or neighbors helps focus families on the resources that not only define them, but also could help address their current needs. Genograms, ecomaps, and ethnographic interviewing are useful tools to do this.

These family meetings should explore not only the current situation, but also the broader context of issues that affect the safety, permanency, and well-being of the children. Exploring how parenting issues have generally been addressed over time, as well as the family's level of understanding of the current safety and risk factors are important.

Ask about and listen to the parents' perceptions of why they are now involved with child welfare, what they might fear, and what they can expect to gain from services. Exploring their commitment to change helps the caseworker recognize their readiness for change and the need to mobilize additional supports to the parents for their participation in the service plan.

Parents/caretakers should be asked to identify their needs relevant to the protection of their children. If they are or have been involved in services from other agencies, that involvement should be explored to identify services offered and provided and determine which services have been helpful to them in addressing parenting issues or related needs.

The caseworker should address any current pressing need that the family identifies relevant to the agency's intervention with the family, such as a rent payment to avoid eviction.

III. Interview Children

In most cases, it may be helpful to interview children separately from their parents. If children are living at home, seeking parental permission for these meetings and possible participants in the meetings whenever appropriate is wise. A trusted adult, possibly a teacher or minister, could be with the child. Not only would they provide support but also could use their ongoing relationship to help the child understand the process and purpose of the assessment. For older children, particularly, it is important to get each child's perspective on the issues. Whenever appropriate, children should be interviewed separately as well as together.

When children are interviewed, it is necessary to put them at ease by initially exploring "safe" areas of their lives—possibly school, religious, recreational activities.

The main purpose of meeting with the child is to gain an understanding of their perception of what is happening, how the current situation might or might not fit within their general experience of being parented, and what they need to feel safe. It would be very useful to know if there are adults in the child's life that they trust or go to for guidance and support.

These meetings might also identify some immediate needs that the caseworker could take care of for the child even as she/he is developing the service plan. An example might be arranging for the child to meet with a counselor.

IV. Meet with Staff of Other Agencies

Meet with staff of other agencies or service providers with whom the parents or children are currently or recently involved. When working with a Native-American family, the tribal child welfare staff should be informed as soon as possible by the caseworker or identified tribal liaison. Family service providers and other possible advocates for the family might attend the family meeting while others may just meet with the caseworker based on schedules as well as their role with the family.

The purpose of these meetings is to gain a better understanding of the needs related to safety, permanency, and child well-being, determine

effective ways of engaging the family in changing behaviors, and identify what has been the impact of services provided.

Given the cross-program focus addressed in the principles, these conversations have to take place within a context of professional commitment to confidentiality as well as a shared understanding of the areas of common concern in working with families.

V. Obtain Specialized Assessments

As information is being gathered in the process of a comprehensive family assessment, it may be useful to go beyond the assessment capabilities of the child welfare worker for specialized assessments.

These specialized assessments could be for developmental issues that seem to have an impact on the child, mental health evaluations of the child, youth, and/or parents, evaluations related to the use of drugs, evaluations of the cognitive abilities of children and youth that are affecting their education, or possibly specialized evaluations of various handicapping conditions that affect parenting that could make parents eligible for support.

When the caseworker recognizes the need for specialized assessments, s/he should focus the attention of the specialist on the specific areas of concern and have some sense of what effect the specialized assessment findings have on child welfare decision-making. The recommendations arising out of these specialized assessments should be incorporated into the service plan.

VIGNETTE 2: The Archuleta Family— Assess the Needs of the Family

A. Meet with the parents:

- Meet individually and jointly with parents. (Although not a known factor with this family, domestic violence would be an important area to explore in individual meetings.)
- Gather information about family history and the current extended family and support system. Use the genogram and the ecomap in addition to the narrative as a means of recording this information.
- Engage parents by focusing on their viewpoints.

- Address their perspectives and ideas about issues such as:
 - What works well about their family and what contributes to effective functioning
 - What could work better about their family and what would be needed to achieve better functioning
 - What needs to change to make their home safe for their children and what services and other interventions would help them
 - In the past as well as now, what causes the parents the most stress, worry, sadness and also what brings them the most satisfaction, joy, and peace of mind
 - What others think. For example, “What makes your godmother proudest about you? What does she worry about for you?”
 - What they think the impact of changing or not changing will be.
 - What will help them make and maintain changes
- Plan the family meeting together.
- Explain court involvement, if any, and what to expect in court hearings.

B. Meet with children:

- Meetings with children are opportunities for observation of the child in terms of overall health, activity levels, development, communication skills, and so forth, as well as gathering information.
- Talk with children separately and together at great aunt Tiana’s house; inform parents, but do not include them because children have been afraid and insecure.
- Build rapport with children; speak with them at their level of cognitive and emotional development (concrete, no leading questions), begin with their views of day-to-day life in the family, note the positives, then ask about what they would like to be better in their family and what could help things to be better.
- Ensure that children understand next steps and child welfare’s intent to help family. Understand their comprehension and clarify as needed.
- Specify court involvement, if any, and what to expect in court hearings.

C. Review records and talk with providers as needed:

- Review school and medical records for children and talk to providers to clarify needs.
- Review law enforcement and drug treatment records and talk to providers to clarify issues as needed.

D. Conduct a family meeting:

- With parents, identify and invite key people including Tiana (who is caring for children in her home), Carmen's godparents, Pablo's school counselor, Head Start outreach worker for Angela, Arturo's parole officer, god-parents' minister, and the substance abuse counselor who conducted the recent assessments of both parents.
- Obtain parental consent to contact all key people and invite them to meetings.
- Prepare each invitee by explaining how family meetings work and the issues that will be discussed.
- Clarify what the participants have contributed in terms of assisting with identified needs and the parents' views about this.
- Support family meeting participants in planning how each might help the family.
- Identify and review what participants have committed to do.

VI. Make Judgments and Decisions: Link Comprehensive Family Assessment to the Development of a Service Plan

Collecting and organizing comprehensive assessment information is not an end in itself; it must be used in focused ways to address the family's identified needs in the service plan. The worker should ensure that the family members have an accurate understanding of why their situation was reported to child welfare, what has to change, and what outcomes are being pursued. Family members should be intricately involved in the process of moving from assessment to the development of the service plan. They should help guide the process of determining what interventions could best address their situation, within the context of a shared commitment to making necessary changes. This process should be transparent—the worker should share the tools and information being used to build the service plan with the family to help them

understand how the information they provided contributed to the process.

The purpose of comprehensive family assessment is to provide the information needed to address the individual needs of all family members in the agency's service plan(s) and through its interventions with the family. This can only be done when sufficient information is gathered to identify and understand the various problems and circumstances that have resulted in the need for child welfare service planning. The plan is completed only after analyzing all material the worker has collected with supervisory oversight and guidance and with the family's involvement. The service plan identifies interventions and actions to address the family's needs and to facilitate the changes necessary to achieve sustainable safety, permanency, and well-being for each child.

The service plan must also use assessment of protective factors as points of leverage for the necessary changes, not simply a list of characteristics of the family. By engaging the family to provide what they see as their strengths and by validating their contributions by including the strengths in the service planning process, the caseworker helps the family view the service plan as a realistic and achievable. Delineating the family's strengths and how they can contribute to the child's safety and well-being can reinforce the family's motivation to change.

This process of going from information to judgments is critical. The caseworker is called upon to judge which needs must be addressed initially in order to reduce risk and address safety concerns. The worker must also judge which services will most effectively address the family's needs. Additionally, judgments are required to determine how to use the family's strengths as a part of the service planning process to better individualize the service plan. There is no ready "prescription" for how these judgments are made; each jurisdiction must train its staff to make these essential judgments and assure that sufficient supervisory guidance is available to support staff in this process.

In constructing the service plans through these judgments, the child welfare caseworker is in an excellent position to coordinate and involve other service providers, specialized resources, and the family's resources and motivation to change. This, in turn, helps assure that safety,

permanency, and child well-being are the focus of the interventions and the changing behaviors.

**VIGNETTE 3: The Archuleta Family—
Analysis of Information and Identification of Needs**

A. Analyze the information:

- Children need a permanency plan. It appears that the children may be able to return home. The children's great aunt Tiana, 46, may be an alternative.
- Both parents need to gain control over their drug use. Both are aware that their drug use led directly to their involvement in the child welfare system. Carmen is aware that her parenting is impaired by her drug use and is determined to stop using drugs. Arturo believes that his drug use is recreational and that he already has control over it. He agrees to drug treatment but probably only to comply with the child welfare agency's requirements and to positively influence his upcoming parole violation hearing.
- Carmen needs drug treatment.
- Carmen needs training to get job skills—she likely will not have Arturo's income soon since he probably will be re-incarcerated after his parole violation hearing. Carmen is fearful of this, saying she cannot read English well. However, she says she would like to work as a way of socializing and making money, especially if Arturo is re-incarcerated.
- The children and the parents need to maintain contact with each other to support bonding and to keep parents aware of and involved in the children's development. Both parents want to do this and have demonstrated the ability to do so.
- The children need assistance in coping with feelings of fear and insecurity, even though those fears are realistic. Parents need to understand the importance of their responsibilities to act consistently and protectively in order for the children's fears and insecurities to lessen.
- Angela has delayed speech and needs to make progress in communication skills.
- Tiana needs help with day care, respite care, and transportation of the

children to school and appointments—she has requested these and is making good use now of the day care and cab vouchers offered by child welfare.

- Carmen needs and wants to increase social connections to feel less isolated.
- Both parents need a greater understanding of child development, for example, what can be expected of children ages 8 and 4 in terms of self-care and emotional reactions. Parents need to understand at what age it is appropriate to leave children alone.

B. Link results of assessment to the development of a service plan:

- Work with parents and their support network to identify services, other interventions, and expectations for change that will link the needs to a practical plan of action. The plan should build on the strengths/protective factors, ideas, commitments, and resources identified in the needs assessment.
- Examples of services and interventions planned with the Archuleta family include:
 - Carmen and Arturo will enter and complete drug treatment.
 - Carmen and Arturo will continue to have daily phone contact and semi-weekly supervised face-to-face contact with their children.
 - Carmen and Arturo will be drug free in all contact with their children.
 - Tiana will continue to provide care for the children.
 - Child welfare will continue to provide funding for day care and cab vouchers for transportation.
 - Godparents will provide respite care for Tiana.
 - Godparents will provide emotional support to parents, for example, by encouraging them to stick with drug treatment and helping Carmen become involved in the church again.
 - Children will remain in their schools and godparents will assist Tiana in providing transportation.
 - Both schools will have a counselor meet with the children weekly to help them adjust to removal from their parents.
 - Angela will get speech and language treatment.
 - Carmen will explore and select a job-training program once her

drug treatment has been completed. This program will include English language skills.

- Tiana will consider her own interest in and ability to provide a permanent home of the children, if needed. Other resources will be explored as well.
- For purposes of concurrent planning, Tiana and other potential long-term caregivers should be assessed including background checks, assessing interest and readiness, as well as the needs they would have in this role.

VII. Document Information

At the completion of the initial process of comprehensive family assessment, as well as when the information is updated, clear and full documentation has to be included in the case file. The service plan should be clear as to what services will be provided, how they will be accessed, and the specific responsibilities of the family members and the worker along with other service providers.

This is important for case management, for use in service planning and monitoring progress, to provide vital information if the court is involved or becomes involved, to share with other service providers as necessary, and to provide continuity of implementation in case the caseworker assigned to the case changes.

The requirements for documentation vary across jurisdictions. How much of the information on comprehensive family assessment is documented also varies. It is essential to document sufficient information regarding the assessment process and outcome to support case management, case coordination with other service providers, and court requirements. Some of this information may also be incorporated into some jurisdictions' automated information systems, supporting decisions on service planning and service provision.

Documentation of comprehensive family assessment information, like all child welfare documentation, should be written legibly in jargon-free language so that families can understand what is written. Additionally, they should be available in the family's language if English is not their primary language.

Documentation incorporates what is known from the assessment of the safety concerns, risks, strengths/protective factors, and needs; and it is framed in a way that suggests what expectations, services, and interventions would help meet the family's needs. Each child should be mentioned individually in documentation. Although the family's signature is needed on the service plan, the signature alone is not sufficient documentation of the family's involvement in the process.

Documentation should incorporate aspects of compliance with the Indian Child Welfare Act (ICWA) where appropriate. Documentation should also articulate what has to happen for the case to be closed.

VIII. Conduct Ongoing Assessment of Progress and Needs

Risk, safety, strengths/protective factors, and needs are all periodically reviewed as a part of ongoing assessment of progress

Ongoing work with the family is not static, since changes in the circumstances and the family composition alter a child's risk and safety. Therefore comprehensive assessment must be completed periodically to inform case planning. Reassessment of safety and risk informs these subsequent reassessments of the family. Progress reviews are based in part on talking with and observing the family, talking with other key case participants (extended family, providers), and review of progress reports from service providers.

For periodic assessment of progress to occur, service providers must provide timely, specific reports on progress that address the following:

- Identified child welfare-related issues;
- Compliance with requirements (for example, attendance and participation); and
- Outcome-related progress (for example, parents have negative urine analysis; Carmen demonstrates acquisition of job readiness skills; parents demonstrate age-appropriate expectations of children; Angela makes progress in language skills).

Strategies that can facilitate discussion about progress include using scaling questions (for example, comparing levels of concern from one time to another), timelines, "temperature" gauge charts (measuring progress to a goal), and other behaviorally oriented graphics.

Complete periodic reassessment of needs based on progress and new events or information

- Needs change as families make progress or face setbacks. For example, the parents may require in-patient or intensive outpatient drug treatment. If successful in this first phase of drug treatment, they may no longer need intensive treatment but instead, less intensive outpatient follow-up. If relapse occurs, they may need treatment that is more intensive. Later, if job training is successful, the parent may need on-the-job coaching and support.
- Needs change as the parent's stage of readiness to change evolves. A parent who is in the pre-contemplative stage (sees no problem) needs to become aware of the impact of the child welfare issues. A parent who is aware of the issue and is determined to make a change needs support in creating a practical plan for change.
- Sometimes new information provides new insight into existing needs. For example, a parent may reveal a history of child trauma or show signs of depression related to this, thus indicating a need to cope with the effects of these experiences.
- Sometimes family circumstances change, such as a parent moving back into the home or a grandparent moving out, etc. Such changes affect family dynamics and interactions and may trigger the need for counseling or other interventions.

Use a variety of forums and times to assess progress and reassess needs

- The forums used initially (such as individual and group interviews with family members, family meetings, intra and inter-agency meetings, progress report reviews, or discussions with providers) are the same means of reassessing needs.
- All contacts with family members and people in their support system provide opportunities to gather information about a family's progress and needs. These activities should not be left only to formal meetings; sometimes meaningful information is more readily shared at less-formal times and when it seems most relevant. For instance, a father may talk with a service provider or a caseworker about progress or setbacks in understanding his child's developmental needs when an important event occurs, such as a birthday party, but may not remember or feel comfortable talking about it later in a formal meeting.

VIGNETTE 4: The Archuleta Family— Ongoing Assessment of Progress and Needs

Ongoing review of progress

The ongoing review can be done in the context of a follow-up family team meeting with family members and service providers as well as extended family or parent support people who have been involved in the case.

The following information was obtained about progress and needs over a four-month period after the initial comprehensive family assessment was completed:

- Carmen completed a 30-day outpatient drug treatment program three months after initial contact with child welfare. She began attending Narcotics Anonymous (NA) and entered a job-training program immediately thereafter.
- Arturo's judicial hearing resulted in a revocation of parole and he began serving an 18-month sentence three months after child welfare involvement began. He requested and is receiving drug treatment in prison. He calls the children and Carmen when he is allowed to but has expressed despair, saying he fears his children will forget him.
- Carmen's ability to read English is improving.
- Angela's language skills show slight improvement with treatment.
- Angela is less anxious than when she was removed and is adjusting well. She is quite attached to Carmen's great aunt Tiana and seems content to see her mother semi-weekly. She talks about both parents freely.
- Carmen's godparents have provided consistent respite and transportation for Tiana as she cares for the children.
- Carmen began unsupervised visits with the children after she had six weeks of negative urine analysis following completion of outpatient treatment.
- Pablo shows increasing signs of anxiety and depression and the school counselor referred him for assessment. He worries about his father and mother. Also, the therapist who sees Pablo believes there has been an undisclosed traumatic event in his life. Carmen eventually reveals that two years ago she caught her adolescent brother molesting Pablo; she kicked him out of the house but did not

tell anyone because she was afraid Arturo would kill her brother, who then moved to another state. Pablo does not seem to have any conscious memory of the abuse.

- Carmen began attending church with her godparents but stopped, saying she didn't agree with some of the teachings.
- Carmen moved from her apartment, saying she was frightened to be in the neighborhood without Arturo, and she was ashamed that she lost her children. She moved in with a friend and her friend's three children.
- Carmen has become depressed and anxious, saying she feels lonely and stressed with all of the demands on her. She has had positive urine analyses twice: once at four months and again at five months following child welfare's involvement. She says she used small amounts of marijuana and cocaine at parties she and her friend had at their house. She has continued to go to NA and participate successfully in her job-training program and will likely graduate in two months. Her reading and writing skills in English continue to improve. The program will help her find a job and will offer job support. She continues to talk to the children nightly and see them twice per week.

Re-assessment of needs over this four-month period indicates the following:

- Arturo and his children need increased contact—this is a new need.
- Carmen needs to have frequent contact with her children—continuing need.
- Pablo needs to cope with buried trauma and with fears about his parents—newly discovered and increased needs through weekly sessions with the therapist.
- Carmen needs to reduce depression, feel more competent, and live in an environment that supports both new and increased existing needs.
- Carmen needs to acquire job skills, including ability to write and read English—continuing need.
- Angela needs to continue to improve her communication skills—continuing need.
- Tiana needs help with respite and transportation—continuing need.
- Carmen needs to prevent drug relapses—continuing need.

IX. Disseminate Information to the Family and Other Providers and Update the Service Plan

As information on circumstances and needs is gathered from different sources, the caseworker should meet with the family to help them understand how their specific needs are informing the development of the service plan.

Since all needs are related to achieving the outcomes of safety, permanency, and child well-being, the family must understand what has to change to achieve the outcomes. Services are provided to secure that link between continuing and newly identified needs and the outcomes.

These conversations are part of the process of engaging the family in participating in the services that promote the necessary changes. It would be helpful to include extended family members and people the parents/children view as supportive in this discussion.

Other agencies involved in serving the family, including tribal child welfare programs, also need to understand the comprehensive family assessment. Some of their interventions need to be coordinated with those of the child welfare agency to meet the needs of the family and to utilize existing protective factors to motivate family participation and effective use of service resources. How information is shared depends on each jurisdiction's policies regarding confidentiality protections and release of information.

VIGNETTE 5: The Archuleta Family— Disseminate Reassessment Findings and Update Plan

A. Share information with the family and other providers.

As before, work with the parents and their support network to identify services, other interventions, and expectations that link the reassessed needs to a practical plan. This modified plan should build on the strengths/protective factors, ideas, commitments, and resources identified in the assessment.

B. Update the plan, incorporating new information.

The revised plan for the Archuleta family includes the following goals:

- Carmen will work with her drug treatment provider to revise her treatment plan and will follow through on it, having negative urine analysis.
- Arturo will continue drug treatment while incarcerated.
- Carmen will continue to have daily phone contact and semi-weekly supervised face-to-face contact with their children.
- The child welfare agency and Arturo's parole officer will advocate for him to have more contact time with his children (phone calls, letters, audio tapes for his children).
- Carmen will be drug-free in all contact with her children.
- Tiana will continue to provide care for the children and will consider providing permanent care if the children cannot be returned.
- Godparents will continue to provide respite care for Tiana.
- Child welfare will continue to provide funding for day care when needed.
- Godparents will provide emotional support to Carmen, such as to encourage her to remain drug free, get a job, and find a living arrangement where her efforts to avoid drugs will be supported.
- Children will remain in their schools and godparents will assist Tiana in providing transportation.
- Angela will continue seeing the Head Start mental health consultant and attending speech/language treatment.
- Pablo will continue to see the child therapist. Tiana and Carmen will support recommendations made by the therapist.
- Carmen will continue to participate in job training and will work with her job skills counselor to find and keep a job.
- Carmen will explore other options for housing.
- Carmen will be evaluated for depression and follow through on recommendations.
- Tiana will consider her own interest and ability to provide a permanent home of the children if needed. Other resources, both paternal and maternal, will be explored as well.

X. Reassess Prior to Case Closure

As emphasized throughout this document, comprehensive assessment is a process in which information concerning the needs, problems, circumstances and resources of the family, youth and children must be updated at key points of decision making and whenever major changes in family circumstances occur. Case closure is a significant decision that should reflect the achievement of satisfactory outcomes with regard to the child's or youth's safety, permanence, and well-being.

It is important to acknowledge that achieving permanence for a child through family reunification, adoption, or another permanency plan does not immediately result in case closure. In most instances, achievement of a permanent placement or a change in legal status instead initiates a period of transition for the child and family. Therefore, it is widely recognized that post-permanency services are typically required to support families and children as they work to achieve a new equilibrium. A period of supervision of the permanent placement, whether it is after reunification or adoptive placement, provides an opportunity to demonstrate that either the risks to child safety that required protective services have been addressed or that the family with whom the child resides can adequately provide for his or her permanence and well-being.

Thus, post-permanency services are provided, case closure becomes a possibility, and the child and family's situation are re-assessed in the new context. Questions similar to those raised in the beginning phase of the case are explored and answered prior to making the final determination to close the case. Additionally, it is appropriate to assess the following issues:

- How have the initial risk factors that led to the agency's involvement with the family been brought under control?
- Are there new risk factors present that affect the child's health and safety?
- How do the child and the parents view their situation and the possibility of case closure?
- If the child has been reunified with his or her parents, in what ways have the parents demonstrated their ability to provide adequately for their child, and what are the parents' strengths?
- What efforts do the parents currently make to meet the child or youth's needs and resolve new problems as they arise?

- What kinship resources continue to be available, including resources of the tribe or clan to which the family belongs?
- What specific community services are needed and utilized by the child or youth and the parents to support their current level of functioning and prevent reoccurrence of those problems that required protective services?

Information is sought prior to reaching the decision to close the case through the same processes followed in the previously ongoing assessment.

For example, in the Archuleta family, should Angela and Pablo be reunified with Carmen, prior to case closure a comprehensive assessment would necessarily examine Carmen's ability to remain drug free, maintain employment, provide adequate housing for herself and the children, maintain the children in their schools and assure that their needs for continued treatment are met. Additionally it would be necessary to identify concrete ways in which the children's father, great aunt, godparents and other family and community resource, including the children's school counselors and Carmen's counselor, continue to support Carmen and the children and will support them in the future.

If a plan for permanency for the children other than reunification has been implemented, prior to case closure an assessment is recommended of the needs, strengths and circumstances of the children's permanent family and the resources needed and available to support permanency when case closure occurs. For example, should Carmen, the children's mother, be unable to resume her children's full-time care and Tiana, the great aunt who has provided out-of-home care, ask to help, several steps must take place. Tiana would need to be assessed by the agency for her ability and willingness to provide a permanent home for the children. Such an assessment should be comprehensive, including exploration of the nature and extent of day-to-day supports, e.g., day care, respite care, transportation of the children to school and appointments, that Tiana will continue to need after case closure. Adoption subsidy assistance should be explored if Tiana adopts the children. An assessment should also identify the children's educational, health, and mental health needs and available ongoing resources to address those needs as well as any current arrangements for contact between the children and each of their parents, any problems in visiting that have emerged, and realistic plans

for their continued contact in the future in a manner that provides for the children's protection. Finally, the concrete ways in which the children's parents, godparents and other family and community resources, including the children's school counselors continue to support Tiana and the children, and will support them in the future, must be identified.

A comprehensive assessment requires a continued ongoing commitment to recognizing and identifying current, continuing and emerging issues throughout the life of the case, with the corollary commitment to addressing the issues with appropriate services.

ADMINISTRATIVE SUPPORTS FOR COMPREHENSIVE FAMILY ASSESSMENT

It is clear that comprehensive family assessment is not practiced consistently in the field. Jurisdictions vary in their capacity and commitment to comprehensive family assessment, but the bottom line is that the Child and Family Services Reviews indicate a general need for improvement in this area to enhance the responsiveness of interventions to the needs of the family.

The key areas where administrative supports are needed for comprehensive family assessment to move forward are:

- Direction and support in policies
- Availability, adequacy, and accessibility of services
- Training and preparing staff
- Clinical supervision and mentoring
- Coordination of services provided through other agencies
- Systems of accountability and evaluation—including forms for documenting information, time lines, and responsibilities, as well as quality assurance procedures to determine if assessment practices are being implemented and whether they are affecting outcomes.

Direction and Support in Policies

Policies refer to a wide range of written directions or standards that inform practice. They include statutes, state plans submitted to the federal government as well as to state legislatures, policy manuals for the public child welfare system and its staff, practice standards, and procedures for case practice.

The level of articulation of practice necessarily varies depending on the particular document in question; child welfare policy manuals, for instance, are more specific and concrete than state statutes. What is necessary, however, is to assure congruence among different policies as well as to support the more specific with the more general framework.

Common policy areas that should be examined in light of providing support for comprehensive family assessment include:

- Distinguishing between assessments—safety, risk, and comprehensive family assessment, requiring all of them as needed, and clarifying their initial and ongoing mutual relationships to case practice;
- Incorporating the workload implications of completing comprehensive family assessments into staffing needs and time frames for assessments to be completed;
- Clarifying expectations related to the process of comprehensive family assessment, such as the involvement of fathers and other relevant family members, as well as community providers who know the child, youth, and family;
- Clarifying the nature of child protective services as being more than the “investigation of allegations,” more comprehensive than “incident-focused”—yet still focused on safety, permanency, and child well-being;
- Fortifying practices that involve mental health, substance abuse, domestic violence, and public health by federal, state, and local policies that facilitate collaborations across programs;
- Including language that supports family engagement and involvement, individualized assessments, and ongoing assessment and re-assessments; and
- Providing a framework for comprehensive assessment that clearly helps staff with the process of gathering and using assessment information, including information on protective factors in service plans.

Availability, Adequacy, and Accessibility of Services

For frontline staff to do comprehensive assessments in ways envisioned in these guidelines, it is essential that the child welfare agency ensure that the array and accessibility of services are enhanced in the following ways:

- The agency’s purchase of service system needs to assure that they are able to buy what families need.
- Services need to be available where families live or transportation supports need to be built into purchase of service contracts to assure families can access needed services.
- Services must be adequate to the demand. Services may be available, but if they entail lengthy waiting lists, they are responsive neither to

the needs of families nor the time frames required under ASFA guidelines.

- Services must be provided in a culturally sensitive manner and available in a language the family can understand.
- Assessment information on individual cases can be aggregated for planning purposes to identify gaps in services availability.
- Aggregating assessment information with regard to needed services by geographic areas of the State may help the State to identify gaps in its service array and to plan for needed resource development.

Training and Preparing Staff

Caseworkers are often not prepared by age, education, and experience to delve into the circumstances of individual families, to engage families in a change process, to get a full picture of the underlying issues and resources, to reach appropriate conclusions about the meaning of the information gathered, and to use this information in service planning and ongoing decision-making.

This understandably challenging reality needs to be recognized and addressed in the formal training curricula for child welfare staff as well as in the less-formal patterns of clinical supervision and mentoring.

Areas that warrant examination in the existing process of training and preparation of staff include:

- Incorporating materials on the nature and distinguishing features of safety, risk, and comprehensive assessments and how they are used;
- Understanding the types of abuse and neglect and associated family dynamics;
- Understanding and incorporating family-centered values and beliefs into case practice.
- Training on engagement, building a helping relationship, and interviewing family members including children and non-custodial parents;
- Training on the benefits and process for family team meetings;
- Training on the process of conducting and using comprehensive family assessment—staff need to be trained in how to do accurate

and complete assessments and how to use the information appropriately;

- Defining and structuring caseworker roles in light of the more comprehensive work of going beyond presenting problems and examination of allegations;
- Specifying when re-assessments are needed, how to gather information on case progress, when to revise service plans;
- Making judgments using comprehensive assessment information; understanding and utilizing “stages of change” to guide decisions;
- Learning how to help families use protective factors to leverage necessary changes;
- Helping staff identify what has to change to achieve the outcomes of safety, permanency, and child well-being; building service plans based on comprehensive assessments, and ensuring that the assessments do not simply generate laundry lists of unrelated needs, but are focused on the outcomes;
- Guiding staff in the use of specialized assessments—initial screening, when to involve specialized assessments, and how to focus and use results in service planning; and
- Helping staff to identify and use resources in the community and to develop facilitation skills and strategies.

Clinical Supervision and Mentoring

Clinical supervision is vital to reinforce what is covered in formal training as well as to provide guidance to caseworkers in gathering assessment information, using it to develop service plans, as well as interpreting ongoing assessment information at key decision points. Clinical supervision assumes the supervisor focuses on guiding staff in making judgments and decisions on cases.

The patterns of supervision, the actual roles supervisors play, and the focus on guiding and supporting caseworker decisions vary within and across jurisdictions.

There are particular areas of practice that are known to be problematic for frontline staff. It would be useful to examine how each of these is or could be supported through supervision:

- Incorporating information from intake, safety, and risk assessments into comprehensive family assessments;
- Engaging families, children, and youth;
- Working with other agencies;
- Obtaining parental permission and authorizing releases of information;
- Making decisions about specialized assessments;
- Conducting re-assessments at particular points in the case process;
- Making judgments based on comprehensive family assessment as to what has to change to achieve outcomes;
- Using assessment information, including protective factors, in service planning; and
- Evaluating family progress.

It is often helpful to have clinically strong caseworkers operate as case consultants to less-experienced staff to augment clinical supervision.

Caseworkers need transfer of learning opportunities through observation, mentoring, evaluation, and feedback regarding the incorporation of training content into practice, and other ways to cement the understanding and incorporation of principles and practices associated with comprehensive family assessment.

Coordination of Services Provided Through Other Agencies

Comprehensive family assessment assumes that information will both be gathered from and shared with other agencies that have been involved with the family or that will be part of the services outlined in the service plan. When working with other agencies, caseworkers will need support from their supervisor and agency to assure that issues related to parental consent and confidentiality are sufficiently addressed.

This cross-program focus is difficult to achieve when collaboration is not the norm. As indicated above, policies have to be in place to support cross-agency collaborations; this cannot happen solely through efforts of front-line staff and supervisors.

Jurisdictions vary in the degree that child welfare staff operate as case managers more than direct service providers, but in every case, *the child welfare agency has the ultimate responsibility to decide who will be served, what the overall focus of intervention needs to be, and whether the child, youth, and family are getting the services they need and are making the changes necessary to achieve the outcomes of safety, permanency, and child well-being.*

In fact, most child welfare agencies recognize the need to collaborate with other agencies in the community. The needs of children and families require their involvement. Therefore, the issues of cross-agency collaboration are vital to address.

In relation to comprehensive family assessment, some mutual administrative support mechanisms that may enhance collaboration should be explored. These include:

- Policies and processes of information sharing, including obtaining releases of information;
- Confidentiality protection arrangements;
- Purchase of service contract provisions/memoranda of understanding that support sharing and utilizing information vital to understanding needs and evaluating progress of families' toward goals;
- Reporting obligations from agencies related to changes in clients or progress on outcomes when services are provided to child welfare clients—reporting has to meet the informational needs of child welfare;
- Participation in family meetings, case conferences, and other forums where needs assessment information is being developed for service planning decision-making;
- Preparation of child welfare staff in obtaining and using information from other agencies—the purposes of every referral for specialized evaluations and/or services should be clear to everyone involved;
- Identification of the process of assuring that other agencies involved with families have and utilize comprehensive family assessment information in service/treatment plans across agencies; and
- Cross-training opportunities as well as opportunities for job-shadowing and other mechanisms that promote better understanding across systems.

Accountability and Evaluation

In each jurisdiction, the child welfare administration has to guarantee that the following is done for all open cases:

- The comprehensive family assessment takes place;
- The process in the guidelines is followed;
- The results are utilized in service plans;
- Services address needs;
- Evaluations of case progress are directly tied to the specific changes needed in each case to contribute to the outcomes; and
- The entire process of assessment, service planning, service delivery, reviews of progress, key case decisions, and outcomes is documented in the paper or electronic case folder.

In addition, the jurisdiction's quality assurance programs need to monitor key issues such as family engagement and involvement, individualization of assessment and service planning, and the comprehensive focus on needs that stand in the way of longer-term achievement and the sustaining of safety, permanency, and well-being of children.

Some necessary administrative supports related to accountability and evaluation are:

- The documentation of the process of comprehensive family assessment—frameworks and forms completion;
- The development of procedures for regular case record reviews to examine whether and how comprehensive family assessment information is gathered and utilized for service planning;
- The development of resource allocation decisions in relation to time needed for assessment;
- The determination of how information is shared and utilized by other agencies and coordinated by child welfare;
- The process for sampling case records to determine the relationship between needs identified and services utilized and the responsiveness to established time lines; and
- The capacity to measure outcomes in relation to the quality and comprehensiveness of the needs assessment and whether the

interventions had an impact on the needs identified in the assessment.

A process must be in place for continual quality improvement that involves using accountability and evaluation information for course corrections in policies, training, clinical supervision, and collaborations across systems as well as case practice.

There needs to be a continuous feedback loop to assure practice fidelity and to support supervisory capacity to help staff implement the content, process, utilization, and documentation of comprehensive family assessment.

Incorporation of peer reviews, coaching, and mentoring have all been found useful in the process of continual quality improvement. Focusing staff on the distinctive purposes and methods of utilizing comprehensive assessments is essential.

CONCLUSIONS

These guidelines articulate the meaning of comprehensive family assessment, the need for more focused attention in this area, the foundations of the principles of quality practice, the fundamentals and purposes of assessment, what and who is to be assessed, the specifics of the assessment process with concrete case examples, the utilization of assessment information for case decision-making, and the administrative supports necessary for conducting and utilizing comprehensive family assessment.

The development of the guidelines will be followed by strategies to disseminate them widely and facilitate their utilization. The involvement of the Children's Bureau, state and county child welfare administrators, tribal organizations, regional offices of DHHS, national resource centers, and others will be crucial to promoting their utilization. As knowledge is gained from programs which have effectively implemented comprehensive assessment models, these guidelines will be updated to include lessons learned.

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