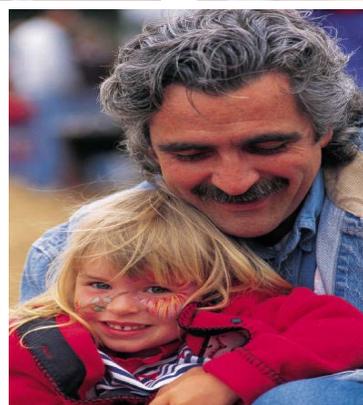
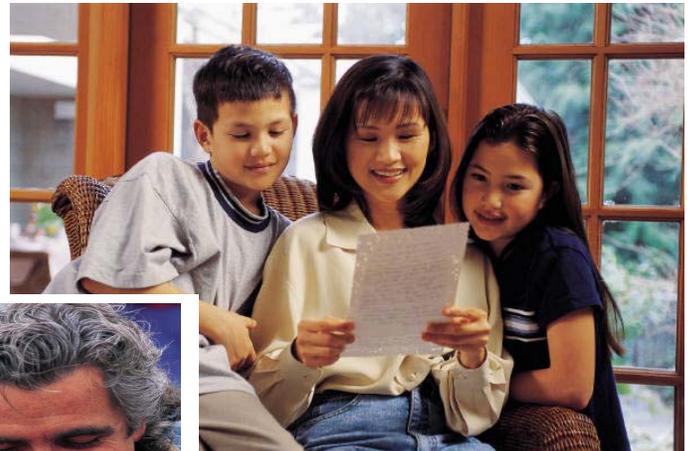


***FAMILY CENTERED ASSESSMENT
GUIDEBOOK:***

THE ART OF ASSESSMENT

***NRCFCPP
NRCFCP***

JULY 2002



Family-Centered Assessment Guidebook

About Family Centered Practice

Family Centered Practice requires that the entire system of care seek to engage the family system in helping them improve their ability to safely parent their children.

Family centered practice requires that the family be viewed as a system of interrelated people and that action and change in one part of the system impacts the other. While the ultimate goals are the safety, permanence and well being of the child, the entire family is the focus of intervention. In family centered practice, the work is not intended to solely be one of “diagnosis and treatment”. Many families that come to the attention of the child welfare system are in need of assistance in basic parenting tools such as daily living skills and managing normal child developmental stages of behavior. Additionally, many of the families that come to the attention of the system need access to community resources that can help them keep food on the table, provide rental assistance, etc. Family Centered practice requires the delivery of an individualized array of informal and formal services and supports to meet these needs. The development of creative community options is often necessary to meet the needs of families served. In effective service systems, the delivery of services appears seamless to the family—providers working together as a collaborative team.¹

Family Centered Practice also requires an understanding of the importance that relatives and other kin can play in planning for and ensuring child safety and permanence. The tradition of extended family and other significant adults caring for children when the child/youth’s parents are not able to do so is strong in all cultures. This tradition has been based on the strengths of family members and networks of community support to ensure that children remain within their own families and communities when parents cannot provide the care, protection, and nurturing that children need. It has really only been in the past ten years that effective child welfare practice has begun to include and plan for “kinship care” as part of its many permanency options for children. In the late 1980s and early 1990s as growing numbers of children were entering foster care and, simultaneously, the number of traditional foster families was declining, child welfare systems began to look to children’s extended families as resources for the care of child/youth who entered the formal child welfare system. Since that time, increasing numbers of children who enter foster care have been placed in the care of kin.²

The core principles of a family centered practice model include:

- Preservation of the family whenever possible. When it is not possible that children remain living with their birth family—that connections are preserved for children to their kin, their culture, and their community.

¹ Much of the work of Annie E. Casey’s community building is based on research that children who grow up in strong caring communities far better in nearly every indicator; health, education, social experiences, family interaction. (2002)

² Children’s Bureau Express (a publication of DHHS). 2003.

- When children must be removed from their homes, we ensure that parent child interactions occur as frequent as possible between parent and child, between case manager and family.³
- “Family directed” intervention—we do not seek to tell the family what to do but to create an environment where families can best determine their own actions.
- Honest feedback to families.⁴
- Ensuring that services are intentionally/planfully directed toward teaching the family skills to function independently without the formal helping system.
- Respect for families is at the core of service provision.
- Work with both the child and the family system.
- Children have voice in decisions that impact their life.
- Community partnerships serve as a vehicle for much of the service delivery.
- Work from a strengths perspective.

This document contains possible questions that can assist you in gathering information from a family during the assessment phase. It is critical that you do not ask a family all of these questions—but try to use those questions that will best elicit information from the family.

Additional valuable tools in learning about a family are **Lifelines, EcoMaps and Genograms**.

The categories that are addressed in this assessment include the following:

- The family telling their story
- Parenting
- Family fears
- Family resources and strengths
- Kinship/neighbor care options–family connections–support system
- Child Needs
- Child Mental Health
- Parental Mental Health
- Parental Child/Substance Abuse
- Domestic Violence in the Home
- Employment/Vocational
- Educational
- Housing/Basic Needs
- Medical/Dental
- Successful Visitation
- Reunification/Case Closure

³ Some of the best research on the importance of frequent parent-child interaction has been conducted by Hess. Case and Context: Determinants of Planned Visit Frequency in Foster Family Care. (CWLA 1998). Family Visiting of Children in Out of Home Care: A practical Guide (CWLA 1999). Family Connection Center: An Innovative Visitation Program. (CWLA 1999).

⁴ Full Disclosure is a practice model that is inherent in a strong Family Centered/Concurrent Planning Environment. Frankel. Family Centered, Home Based Services in Child Protection: A Review of the Research. Social Service Review (1997).

FAMILY TELLING THEIR STORY	
Ways to Ask Questions	<ul style="list-style-type: none"> • What are the family’s perceptions of the reasons that the system is involved—or why the child has been removed? • What has your life been like in the past year? Have there been any big events or changes? How are you and your child dealing with these changes? • Describe your childhood – what was it like growing up in your family? • In the Native American Community the story may begin many years ago—story telling takes time—workers need to listen to their entire story. Need to be sensitive to the tension between time and honoring relationship—genuine and respect. • Are any of the safety and risk issues valid from the families’ perspectives?
Success Factors on Which You Can Build	<ul style="list-style-type: none"> • Bonding between child and parents—connection, stories of positive healthy interaction. • Support systems and connections that serve to provide the family with care giving, and/or financial options. • The parent acknowledges the problem and is willing and open to intervention.
Considerations and Areas we need to explore	<ul style="list-style-type: none"> • Lack of parental acknowledgement and understanding of the issues –and a seeming lack of motivation to change the problem.
Comments:	
PARENTING	
Ways to Ask Questions	<ul style="list-style-type: none"> • Parenting is not something that you wake up and know how to do...it is just hard for all of us. Do you ever get lost as a parent? • How often do you eat with your children? • Do the children have breakfast before they go to school? • Scaling question—On a scale of 1-10, where are you at in comparison with where would you like to be as a parent?

	<ul style="list-style-type: none"> • What is a day in your life like? • If one of your kids is being really difficult “lies all of the time” what is one creative way that you have used to deal with it?” • What bugs you about your child – what pushes your button—who does he/she remind you of? Describe each of your children? • Describe a great memory you have of your family. • When is a time when your child was very successful—what part did you play in that success? • What are the ways that you show love to your children? • Who taught you to be a parent? Who is your biggest influence as a parent?
<p>Success Factors on Which You Can Build</p>	<ul style="list-style-type: none"> • Can they recall something with their child that is a good memory? • Clear verbal statement that they love their children • If the parent can still laugh about some of the things that their children are doing...find the humor and tenderness in the frustrations. • Is there some understanding of the process that they are going through? • Parent willingness to modify parenting style—willing to try new ideas. • Can reach out to find family members or neighbors who can provide relief to some of the day-to-day stressors of parenting. • Parent is willing and able to parent (physically & mentally).
<p>Considerations</p>	<ul style="list-style-type: none"> • Parent is young or had a child at an early age. • Parent is single with little parenting support. • Child has taken on parenting role in the family. • Parent has unrealistic expectations for the child. • There is a lack of consistent supervision. • Responds negatively, harshly, tone of voice is generally angry or harsh. Excludes the child. Negative to normal developmental behaviors.

Comments:	
FAMILY FEARS	
Ways to Ask Questions	<ul style="list-style-type: none"> • What scares you the most about CPS involvement? • We are all afraid to be judged...are you afraid of how I might perceive you? • Do you think that you are going to be able to do what the judge or child protection wants you to do? • Are you afraid of what your children might think? • How do you think the rest of your family is going to respond to our involvement?
Success Factors on Which You Can Build	<ul style="list-style-type: none"> • Where do we leave the room for the family to say, “I cannot parent”? Strength and courage to say that someone else would do this better---and I would like to be apart of deciding whom it should be. • Parent, while uncomfortable, does what it takes to meet child’s needs—regardless of own feelings of pride.
Considerations and Areas to explore	<ul style="list-style-type: none"> • Remember a family under stress does not assimilate all of the information that we are sharing. Their thoughts are often illogical and they usually are in the fight or flight mode of survival. • Child fears parent or other adult within the home. • Family expresses fears of long-term parenting—does not see self as a long term parent to this child either through capacity or willingness? • Parent’s pride or unwillingness to receive help hinders their ability to correct risk and to meet children’s needs.
Comments:	
FAMILY RESOURCES AND STRENGTHS	
Ways to Ask Questions	<p><i>Adult/Family/Adolescent Strengths:</i></p> <ul style="list-style-type: none"> • What was something that you did in the last 30 days that you are proud of?

	<ul style="list-style-type: none"> • When do things work well in your family? • What do you enjoy doing? • What are you good at? • How does your family have fun? What activities do you and your child like to do outside of the home? • What gets you through a bad day? • When was the last time you felt really good about yourself—what were you doing <p><i>Child Strengths:</i></p> <ul style="list-style-type: none"> • What things can your child do by himself? • What is he/she really good at?
<p>Success Factors on Which You Can Build</p>	<ul style="list-style-type: none"> • Can recall when someone’s needs were met by his/her action. • Parent put someone else’s needs ahead of his/her own. • Parent sees possibilities. • Parent completed a task. • They can measure that they are improving in something...recognize that they are moving in the direction that they want to. • Parent is able to identify their own needs and their child’s needs. • Family is open to feedback and support.
<p>Considerations and areas to explore</p>	<ul style="list-style-type: none"> • Self concept is so stressed that parents do nothing for themselves—and cannot recall any times of joy or happiness.

Comments:

**KINSHIP/NEIGHBOR CARE OPTIONS–
FAMILY CONNECTIONS–SUPPORT SYSTEM**

Ways to Ask Questions	<ul style="list-style-type: none">• What family members are you close to?• Who can you rely on?• Who helps you when you are stressed out?• Who do you trust?• For a Native American family, do you visit your relatives? What do you consider home?• Who do you consider family?• Are you connected to any tribe or family?• Are you involved with any church or community group?• Sometimes when you don't know how you are going to feed your children, it is hard to focus on anything else---do you ever struggle? Who helps you during these times?• How long have you lived in this community?
Success Factors on Which You Can Build	<ul style="list-style-type: none">• Family clearly has connections and support systems. These people are clearly there for the family.• Parent is involved with activities outside the home.
Considerations and Areas to explore	<ul style="list-style-type: none">• Recent death or loss of a family member that served as a support system.• Does not seem to trust anyone to get close.• Lives in a geographically isolated area.• If exploring kinship care, can and will this relative meet the safety and well-being needs of the child?

Comments:

CHILD NEEDS

This need to be completed for every child in the family. Remember every child in the family may be causing stress—not just the “identified” child.

Ways to Ask Questions	<p><i>Ask the parent:</i></p> <ul style="list-style-type: none"> • Based on the child’s experiences –what do they need? • What do you think that your child needs? • Do you think that you will, in the near future, be able to give your child what you want them to have? • With whom is it important to this child to stay connected? <p><i>Ask the child:</i></p> <ul style="list-style-type: none"> • What do you think you need? • Grant you three wishes what would they be? • Are there times that you feel scared...what is happening then? Who is around? • What is the best time at home? • What is the worst time at home? • What are you good at? What do you love to do? What do you like about school—what is your favorite subject in school? • Is it easy to make friends? Do you have a close friend? What do you do together? • What would you like to see change about your family?
Success Factors on Which You Can Build	<ul style="list-style-type: none"> • Child goes to parent to get needs met. • Child appears to feel safe with parent. • Child has toys that are age appropriate. • Child knows not to talk to strangers and other safety tips.
Considerations and Areas to explore	<ul style="list-style-type: none"> • Does any child within the family have special physical or developmental needs that are very demanding?

Comments:

CHILD MENTAL HEALTH

Ways to Ask Questions	<ul style="list-style-type: none"> • Does your child have any behavioral problems, problems at school or bedwetting? If so, please describe your child’s behaviors. • If so, have you had to miss work or school because of these problems?
Success Factors on Which You Can Build	<ul style="list-style-type: none"> • Child appears to be happy, has friends and is well adjusted. • The family has sought out mental health services for the child • Child follows recommendations of mental health professionals. • The parent voices concern and asks for help around the child’s behavior health needs.
Considerations and Areas to explore	<ul style="list-style-type: none"> • Has the child had a suicidal gesture in the past? • Are the behavioral issues of the child such that the family is isolating the child—or focuses solely negative interaction with the child?

Comments:

PARENTAL MENTAL HEALTH

Ways to Ask Questions	<ul style="list-style-type: none"> • As a child did you ever experience any type of abuse? • Do you ever feel like you just can’t take it any more? • Do you ever have a hard time just getting going? • When you cannot “get going” who takes care of your child?
Success Factors on Which You Can Build	<ul style="list-style-type: none"> • Family giving themselves permission to not parent—they are OK with it...we make it OK. • Parent has or is seeking mental health treatment • Parent consistently follows recommendations from therapist
Considerations and Areas to explore	<ul style="list-style-type: none"> • Parent appears depressed, unkempt, sleeping all-day, tearful—unable to plan for the needs of the child.

Comments:

PARENT and/or CHILD SUBSTANCE ABUSE

Ways to Ask Questions	<ul style="list-style-type: none"> • Has drinking or drugs been an issue in your family? • Have you ever felt like you should cut back on your drinking or drug use—or felt bad or guilty about it? • Have you ever used alcohol or drugs to get you through a bad time? • Has your drinking or drug use caused job, school, family, or legal problems? • Have you ever felt annoyed by criticism of your drinking or drug use? • Do others in the home use alcohol or other drugs?
Success Factors on Which You Can Build	<ul style="list-style-type: none"> • Treatment was successful and parent or child maintains sobriety. • Attends AA, NA or other support group • Child or parent says that he is able to say no to peers. • Child admits using and has frank conversations with parents. • Child is able to express concerns about personal use.
Considerations and Areas to explore	<ul style="list-style-type: none"> • History of drinking per report by the family. • Binge drinking that results in a disruption in the family and reduces the parent’s ability to care for the child.

Comments:

DOMESTIC VIOLENCE

Ways to Ask Questions	<ul style="list-style-type: none"> • How is your relationship with your partner/spouse/significant other? • Have you ever felt worried about your safety because of your partner...in what way? • Have you ever been concerned about the safety of your children? • Do you have a pet—if so have you ever been worried about the safety of your pet?
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Success Factors on Which You Can Build	<ul style="list-style-type: none"> • Parents are able to identify methods for non-violent resolution of conflicts and can provide examples of times they have successfully used these methods. • Non-offending parent protects child by sending child to relatives, friends or another safe place.
Considerations and Areas to explore	<ul style="list-style-type: none"> • Household has a history of family violence • One parents is afraid of another adult within the family • Child expresses concern for parent’s safety • Child attempts to intervene during a domestic violence incident • Child is injured during a domestic violence incident
Comments:	
EMPLOYMENT/VOCATIONAL	
Ways to Ask Questions	<ul style="list-style-type: none"> • Do you currently have a job? • What is the longest time that you have had a job? • What kind of work do you do? • What kind of work do you enjoy? • Have you had any training that you wish you could use in your work? • Are people in your life supportive of you working?
Success Factors on which you can build	<ul style="list-style-type: none"> • Parent has held a job for one year or longer. • Parent is or has participated in job training, GED classes, or higher education classes • Parent has successfully completed job training or GED/education.
Comments	

EDUCATIONAL

Ways to Ask Questions	<p><i>Ask the Parent:</i></p> <ul style="list-style-type: none"> • What was the highest grade you as the parent completed—did you like school? • If you had the opportunity would you like to get more education? • What are your hopes for your child’s education? • When your child is in school are you involved in their education? • How does your child do in school? Does he/she/they like school? • Do you think that your child in need of special services –and you cannot obtain them from the school? <p><i>Ask the Child:</i></p> <ul style="list-style-type: none"> • What do you think about school? • Do you have a favorite subject or class? • What would you like to be when you grow up?
Success Factors on which we can build	<ul style="list-style-type: none"> • Parent completed high school • Parent completed or is enrolled in GED classes • Parent attends (or has) secondary education program • Child attends school regularly • Child makes good grades • Child has good behavior while at school
Considerations and Areas to explore	<ul style="list-style-type: none"> • Child is frequently truant—and parent is accepting of this. • Child does not concentrate at school—per teacher report. • Child struggles with ADD or ADHD.
Comments:	
HOUSING/BASIC NEEDS	
Ways to Ask Questions	<ul style="list-style-type: none"> • How many times have you moved in the past year? • Why did you move? • Most months, are you able to pay rent? • When was the last time that you had to ask for assistance in paying rent, mortgage, and/or utilities? • Have you ever applied for public assistance (TANF, food

	<p>stamps, day care subsidy, utility assistance)?</p> <ul style="list-style-type: none"> • Do you ever have concerns about your house or your neighborhood being safe for you or your children?
Success Factors on Which You Can Build	<ul style="list-style-type: none"> • Being poor does not mean that the family needs child protection involvement. • Creatively finds supports to meet child’s needs—has a strong sense of community options. • Family is able to meet their basic needs either on their own or from their community.
Considerations and Areas to explore	<ul style="list-style-type: none"> • Homeless—which is a stressor. • Family moves frequently
Comments:	

MEDICAL/DENTAL	
Ways to Ask Questions	<ul style="list-style-type: none"> • Does you/or your child have a medical provider? • When was the last time that you saw him/her? • Does you or your child or any member of the family have any health conditions we should know about? • Has you or your child/any member of your family been sick lately? • Has your health ever held you back from getting a job or taking care of your children? • Are there any medications that you/your family is taking? • Have you and your children been to the dentist? • When was the last time your children visited the dentist?
Success Factors on Which You Can Build	<ul style="list-style-type: none"> • Parent able to verbalize child’s medical conditions—knows what they need. Has plan for caring for child. • Parent maintains their own health by having check ups • Parent maintains their child’s immunizations and regular medical check ups. • Parent and child visit a dentist every 6 months. • Both parent and child are healthy.
Considerations and Areas to explore	<ul style="list-style-type: none"> • Parent has a medical condition that does not allow them to care for their child—no outside support. • Cannot meet ongoing medical needs of the family due to lack of resources. • Child has medical condition that places stress on the family physically, emotionally, and/or financially.
Comments:	
SUCCESSFUL VISITATION	
Assessment for Successful Visitation and Planning for children in Out of Home Care.	<ul style="list-style-type: none"> • There needs to be a conversation about the real (higher) purpose of this visit. Parent’s perspective and workers perspective. • Visitation is only denied due to a parent being under the influence if it harmful to the child or if denied by the court. • Remember that there is an expectation that the foster family work/team/support with the birth family—so the worker can expect this/suggest this/encourage this—but you cannot mandate

	<p>it.</p> <ul style="list-style-type: none"> • There is a positive correlation between family contact and family reunification. For this reason visitation is critical. • If the child is in placement, what are the ways to make visitation successful and consistent? • What is the best time for visitation? For the parent? For the child? For the out-of-home care provider? • If we had the resources, how many times a week do you think that you would like to visit your child? • Does the parent have/need transportation? • Where would you feel most comfortable visiting? • Ask the parent, Could we plan a specific activity for the visit? What are the things that your children like to do...could you bring along a game? • Who do you want to be at the visit? Why is it important that this person be there? Who is your child connected to?
<p>Success Factors on Which You Can Build</p>	<ul style="list-style-type: none"> • Look for ways that it can occur in the home—we need this to be productive and conducive to bonding. • If the parent says that there is someone who is connected to the family and <i>is safe</i>—could this person be the individual who supervises the visit? This must be addressed only in the context of safety. • Our job as social workers is to try to wrap the supports around the family to get as much visitation as possible. We cannot always do this, but with our supervisor we need to find a way. • Have the parent at school conferences, at doctor’s appointments, etc. • Really look at sibling relationships and visitation. • Explore ways that all family members (parents, siblings, grandparents, etc.) can keep in touch through visitation, telephone calls, mail, email, photographs, and videos.
<p>Considerations and Areas to explore</p>	<ul style="list-style-type: none"> • Child has extreme emotional and/or behavioral reaction to visits that is chronic (lasts longer than a few days) in nature. May need to look at therapeutic visitation techniques. • Resource Parents and Birth Parents are not able to work effectively together.

Comments:

REUNIFICATION/CASE CLOSURE

Ways to Ask Questions	<ul style="list-style-type: none">• What do you think is keeping your family from being together? OR What do you think is keeping CPS involved in your life?• What is it going to take, from both of us, to get your family back together? OR close your case safely?• What are you willing to change to reunite your family?• Of all the things that CPS or the courts have asked you to do, what do you think you will need the most help with?• Of all that we have offered, what is most helpful?
Success Factors on which you can build	<ul style="list-style-type: none">• Parent is able to identify successes.• Parent is motivated to change—has initiated changes on their own.• Parent seeks and uses community resources.

Comments:

Florida's Center for the Advancement of Child Welfare Practice

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