

ASSESSMENT AND UNDERSTANDING

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.

To restore a family's functioning, however, we first have to understand the family's story. We have to learn more about the family's current situation—their hopes and dreams, their talents and skills, their worries and concerns, who they love and who they trust, family and kin near and far with whom they are connected and with whom connections may have been lost or never really started. We also need to learn more about their journey to their current situation. What life paths did they follow that led them to their meeting with a child welfare professional? What are the attitudes, feelings, beliefs, and values that drive their behavior? What past experiences have shaped their thinking and their behavior? And finally we want to explore what it is they really need—way down deep inside (aka **underlying needs**)—that will restore their family's functioning and help them overcome the barriers to achieving the hopes and dreams they have for their family. This is the family's story and engaging a family in the telling of their story is what

child welfare professionals do when they begin their assessment of family functioning.

If you're interested: Click <http://www.callofstory.org/en/storytelling/default.asp> to learn more about story telling.



Every life is a story like a thread that interweaves with myriads of others to form the tapestry of humanity.

The Assessment Process

Assessment is the ongoing process of gathering and analyzing information and drawing conclusions with the family and team.

There are three goals of the assessment process:

- ❖ Building a relationship with the family
- ❖ Helping family and team members gain a better understanding of what's happening in the family.
- ❖ Building the family's team

There are four steps to the assessment process:

- ❖ Preparation
- ❖ Gathering Information
- ❖ Analyzing Information
- ❖ Drawing Conclusions

Assigned Reading: *CPS: A Guide for Caseworkers, Chapter 7, pages 69-76 for a reading on the Family Assessment process in child welfare.*

Assigned Reading: *View the document "Assessment Process" on the curriculum CD or the Course Contents page.*

Preparing to gather information is an important step in the assessment process. What do you already know about the family and the situation? What assumptions do you have and how can you check those assumptions? What additional information do you need? How will you engage the family? How will you use the engagement process to build a relationship with the family? How will you help the family understand what's happening? How will you use this information to build the family team?

If you're interested: *Chapter 6 of the CPS Guide for Caseworkers provides excellent information about the initial assessment, including planning the assessment and interviewing*

Information is gathered *with* the family and team. In family-centered, strengths-based practice, is as important to gather information on what is or has worked well in the family as it is to gather information about what is not going well. When gathering information, you will use all your five senses (as discussed below) as well as observations, interviews, record checks, referrals, etc. Pictorial tools,

described below, will also help in the information gathering process.

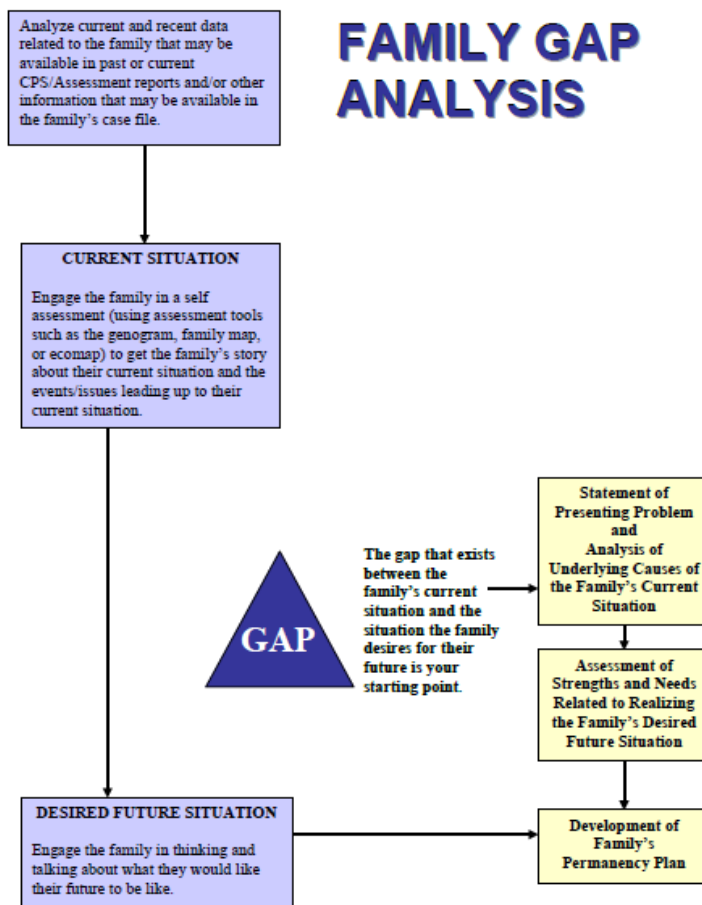
When analyzing information, you are continually evaluating the risk and safety of the child or youth. Signs of risk are existing conditions or behaviors that might create immediate risk of harm or increase the likelihood of future risk of harm. One of the most important considerations around safety is whether there exists in the family a person that is **willing** and **able** to protect the child.

Signs of safety are existing conditions or behaviors that might decrease risk to the child. Are there exceptions to the maltreatment? When and how have things gone well in the past? What supports and resources exist in the family?

While it is usually easy to involve the family and team in *gathering* information, it is often tempting to *analyze* the information on your own, separate from the family and team. Remember to use all the tools that you have at your disposal to involve the family and team while analyzing information. For example, when using genograms and ecomaps, the family can easily be included in identifying patterns of behavior.

At various points during the assessment process, when you have analyzed information, you will begin to draw conclusions about how the identified risks suggest needs the family has and how signs of safety point to strengths in the family. Essentially, you are conducting a “gap analysis” with the family: an analysis of the gap between the family’s current situation and the family’s desired situation. An thumbnail picture of the gap analysis is below, a full size version is located on the curriculum CD.

Assigned Reading: View the Family Gap Analysis located on the curriculum CD or the Course Contents page.

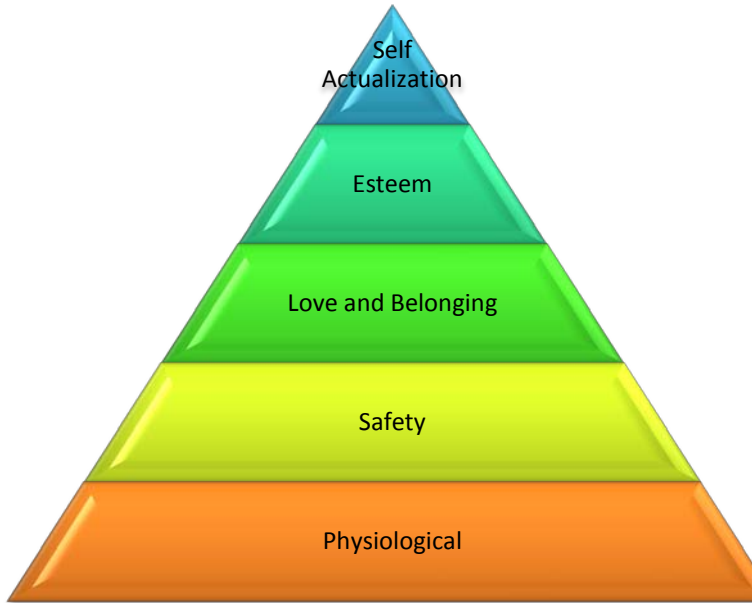


We often jump to conclusions when we observe a family member’s behavior (recall the Ladder of Inference). However, problematic behaviors are usually an outward expression of a need. Before drawing conclusions, we need to better understand what the behavior is trying to say, what ***underlying needs*** the family member might be trying to express. For example, for a teenager involved in substance abuse the “behavior” of using substances is frequently identified as the “problem.” When thus identified, addiction treatment is prescribed to “solve” the

“problem.” Abuse of substances, however, rarely happens in a vacuum. It is more often a way of expressing an underlying need of the person. That need may be an untreated mental illness, feelings of inadequacy, or the need for attention and understanding from family members. Substance abuse treatment is rarely successful unless the particular individual’s real needs are identified and addressed.

The Hierarchy of Needs

Let's explore the issues of needs a bit more. You might remember from college courses the Hierarchy of Needs developed by Abraham Maslow. These needs are typically depicted in a pyramid, like the one pictured here, with the lower level needs at the bottom and higher level needs at the top.



Assigned Reading: For an explanation of Maslow's Hierarchy, see:

<http://honolulu.hawaii.edu/intranet/committees/FacDevCom/guidebk/teachtip/maslow.htm>

The bottom four need levels are referred to as “deficit needs,” meaning that if you don't have enough of something (food, water, love) you feel the need and your behavior is motivated by meeting these needs. By contrast, if these needs are met, they cease to be motivating and you can move on to the higher level needs. Even love and belonging needs are considered deficit needs because without this, we feel anxious and stressed, which impacts our health. When we experience stress, we may “regress” to a lower need level. When trauma occurs in a person's life, they may continuously seek to fulfill that level of need, even after the trauma is over. For example, a child may feel deprived of love and attention from his parents. As an adult, even in loving relationships, he may feel consistently insecure or jealous, having difficulty trusting that this need will be consistently met.

Engaging Families in Telling Their Story

As a child welfare worker, encouraging families to trust us with their stories often seems difficult if not impossible to do. We represent, after all, an unwelcome force in lives that are already heavily burdened with the factors that put families at risk for child maltreatment issues in the first place.

This is why understanding and committing to the importance of engaging families and honing your engagement skills are the first *critical* steps in conducting successful assessments of family functioning.

If you cannot connect with a family in a meaningful way, balancing your power as a child welfare professional and your duty to protect children with your sincere desire to understand and work with the family toward restoration and well being, you will never really learn the family's real story (because they won't trust you enough to share it with you) and any assessment you do will most likely **not** be helpful in achieving improved outcomes for the family (because your assessment will be based on *your* version of the family's story—not *theirs*). Helping the family tell their story is the best way of achieving all the goals of the assessment process.

We assess every day, though we rarely recognize the process. Some examples would be meeting someone for the first time, a first date, walking through a dark parking garage alone, and exploring a noise outside your home. We use all five of our senses to assess these situations. Take a first date for example. Prior to speaking, we **look** at our date's appearance—not only at what is being worn but also at how clean the clothes and the person are. We also notice posture and facial expression and nervous habits such as hand fidgeting or foot tapping. We notice the person's **scent**—is the person wearing perfume? Does the person's clothing smell of cigarette smoke? We **listen** to our date talk about life, family, employment, hopes, and dreams. Before we **touch** our date's hand for the first time, we anticipate what it will feel like. If our date orders for us at dinner, we **taste** to assess the flavor and quality of the items ordered.

The initial assessment of a family is similar to a first date. You will—at first contact—be attentive to clothing, cleanliness, non-verbal cues, and environmental conditions. You will be alert to unusual smells and you will listen to what is happening around you. You will also begin to engage the family and, in so doing, will listen to the family's early—perhaps strained and unwilling—attempts to tell you their story. By using all of your senses to observe the family and

"I don't understand why I have to waste my time on getting that no good for nothing family to 'tell their story!' It's just a bunch of pie in the sky nonsense. That family's been in trouble with us since time began. Somebody just needs to fix it so that none of 'em can have any more kids. That'll take care of that family's story!" What do you think is this worker's story? If you had the chance, how would you go about engaging this worker in telling her story? Why is understanding her story important to you? How does her story reflect her values and the values of her environment? How does her story impact her work with families?

their environment, you can learn a great deal before you say much more than your name. Your family members are also learning. They're paying careful attention to what you're doing and how you're doing it. And they're listening keenly—not so much to *what* you're saying as to *how* you're saying it. At this point, *you* are the enemy.

Assigned Reading: The Family Centered Assessment Guidebook, at (http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/tools/family_centered_assessment_guidebook.pdf)

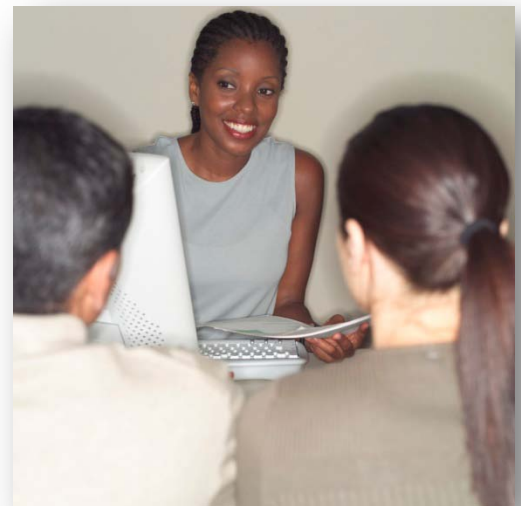
Let's look at some questioning strategies for thoughtfully assisting the family in telling their story by following the link in the assignment box. After reading this Guidebook, think back to the Bean Soup activity from week one. After participating in this activity, you can more easily understand how families can become involved with the Department based on everyday mistakes in basic parenting, lack of understanding of child development and appropriate discipline techniques, and other

common problems. Working with families and assessing safety and risk within these family systems involves committing to helping the family to stay together—safely—if at all possible. Removal is always the last resort—not the first. When removal is necessary for child safety, then involving family kin—identified through the family story—is vital to serving the family well.

Building on the Family's Story: What Do I Assess?

The first part of this module has focused on the family story as the core of the assessment process and on the importance of your professional role in helping family members to tell their story. Genograms and ecomaps, tools that can be used to facilitate story telling were also explored in the module on Teaming. Now we explore in a bit more depth some of the more common assessment areas that may be the source of risk or protective factors in the family. Developing a more in-depth understanding of these risk factors during your first year with the Department will aid you in building on the family's stories in ways that can aid you, the family, and the Child and Family Team better understand underlying needs and concerns so that more effective interventions can be developed with the family. The most common assessment areas include the following:

- Child Abuse/Neglect
- Risk and Protective Factors
- Child Development
- Attachment
- Poverty
- Substance Use/Abuse
- Domestic Violence
- Mental Health



Child Abuse/Neglect

All people who work with children regularly should have an understanding of child abuse and neglect as well as possible indicators and warning signs. In each family, there are factors which increase the level of risk in the family as well as factors that reduce risk (called “protective factors”). To learn more, complete the readings in the assignment box. The work aid you read from the readings link includes all of the allegations of harm used by the Department as well as definition for each allegation.

Assigned Reading:
1. Risk and Protective Factors and
2. CPS Categories and Definitions of Abuse/Neglect from the Course Contents page or the Curriculum CD.

In most cases, allegations of child maltreatment are first assessed by the Central Intake Division. The job of the Central Intake worker is to determine if a report should be “screened in” or “screened out” for further assessment. To make this determination, the worker will use four criteria for accepting a referral for further assessment.

1. There must be an alleged child victim under the age of 18 at the time of the report.
2. There must be a relationship between the alleged victim and the alleged perpetrator. The alleged perpetrator must have a care-giving role with the child, such as a parent, or other person living in the home, an educator or employee of any setting that is responsible for the care of the child, any individual providing treatment or care or supervision for the alleged victim. Allegations regarding the maltreatment of a child by a non-caregiver or family member are reported directly to law enforcement for investigation.
3. There must be an allegation of harm as described in the reading above.
4. The report must contain information which would allow the department to locate and identify the alleged victim.

There are exceptions to the rules above when sexual abuse is alleged.

- The department accepts all allegations of sexual abuse of a child under the age of 13, regardless of the relationship to the alleged perpetrator. If the child is older than 13, the alleged abuse must have occurred prior to the child turning 13.
- The department accepts referrals of sexual abuse on children between the age of 13 and 18, whose alleged perpetrator has a relationship with the child, such as a parent, caretaker, other person living in the home, educator, or someone who is in any way responsible for the care of the alleged victim.
- DCS will accept reports alleging sexual abuse when the reporter is unsure about the identity and relationship of an alleged perpetrator.

Once a report is screened-in, it is immediately sent to the appropriate county office and assigned to a CPS investigative or assessment worker for follow-up. When assessing risk to a child, the worker must assess both immediate and *future* risk of harm. Risk assessment is a highly specialized, evidence-based form of assessment that uses evidence of the type of indicators that are predictive of further maltreatment to determine the level of future risk present in a given situation.

Let's take a look at a few examples of child abuse and neglect allegations. Physical Abuse is a common allegation in Tennessee. When looking at physical abuse allegations, it is imperative to understand that there do not have to be marks or bruises visible to have a victim of physical abuse. Included in this allegation is also the failure to protect a child from physical abuse. There are a few other allegations that are similar in this way; not only can someone be responsible for the abuse or neglect but someone else can be held responsible for failing to protect the child from the risk and/or harm. Another common allegation in Tennessee is lack of supervision. With this allegation, there are many situations—accidental and purposeful—that warrant a lack of supervision concern. Many times this allegation is a combination of a lack of understanding of age appropriate expectations and parenting skills.

With any allegation of child abuse and/or neglect, the assessment process is used to critically think through alleged occurrences as well as draw conclusions and make decisions regarding what is alleged to have occurred, where the family is now and where the family would like to be, also, making decisions regarding safety of the child and family. Assessment assists with this by making available guidelines to follow and tools to use.

Child Development

For an introduction to child development, view the presentation located at the corresponding links on the content page.

Assignment: Access the *Child Development presentation from the Contents page.*

If you're interested: For an interesting summary of what adults understand about child development, see:
<http://www.zerotothree.org/site/DocServer/surveyexecutivesummary.pdf?docID=821&AddInterest=1153>



Attachment

“Parenting [is] the provision by both parents of a secure base from which a child or an adolescent can make sorties into the outside world and to which he can return knowing for sure that he will be welcomed when he gets there, nourished physically and emotionally, comforted if distressed, reassured if frightened. In essence this role is one of being available, ready to respond when called upon to encourage and perhaps assist, but to intervene only when clearly necessary.” (Bowlby, 1988)

The above quote, from John Bowlby, is an expression of the heart of Attachment Theory, which he fathered. Attachment is simply the strong emotional tie we have with specific, special people in our lives. People to whom we are attached both bring us pleasure when we are with them and comfort during stressful periods. Attachment begins a birth, but continues throughout our life span. The ability to form secure attachments in later life is directly related to whether we were able to form those attachments with a parent or primary caregiver. While a secure attachment with the primary caregiver is considered optimal, when this is not available to the child, attachment needs may be met by any competent, caring, and trusted adult who is available to the child in times of need. In fact, the ability to form secure attachments is more predictive of later success in life than any other variable except severe poverty.

This process begins at birth when we are completely dependent on our caregivers. Our very survival is dependent on whether we are able to learn how to relate to this caregiver so that our needs are met. Secure attachment is fostered by the repeated cycle of the parent responding to the needs of the child. Over time, the child learns trust in the parent and in the world. As children grow, there is the added dimension of exploration. When children begin to explore the world, they depend on the trusting relationship they have with their parents (or other caregivers) to both allows them to explore and welcomes them when they return.

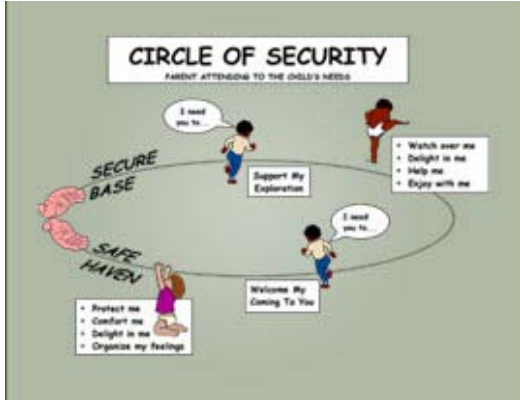
Assignment: Click the link below for a six minute video on attachment:
<http://www.youtube.com/watch?v=xH1CbC4No24&feature=related>

Have you ever noticed that a toddler, while playing independently, will frequently return to the parent. Perhaps only for a moment, but by “touching base” the child is learning that his parents are available, support his exploration of the world, and will protect and comfort him if needed. In essence, the child is learning trust.

If you're interested: For a humorous, but more theoretical video on Attachment Theory and the Circle of Security click below:
<http://www.youtube.com/watch?v=Sv7BePP6nk0>
 (about 8 minutes).

We know, of course, that not all attachments are secure. In parent-child interactions where the parent either has difficulty letting the child explore the world or has difficulty welcoming them when they need to touch base, the child learns to insecure. Over time, problematic attachment patterns will teach the child that the world is frightening and that they cannot depend on a competent, caring adult to protect them. Let's explore the attachment process further by watching a short video.

The good news is that problematic attachment patterns can be mended by teaching parents how to better read and respond to a child's cues. The basic cycle of exploration and return has been termed the "Circle of Security" and is depicted in the diagram below. A copy and explanation of this diagram is available from the contents page.



Assigned Reading: Read and the **Circle Of Security and Traveling Around the Circle of Security** on the Course Contents page or the Curriculum CD.

If you're interested: For more information on Attachment Theory and the Circle of Security, visit www.circleofsecurity.org

Basic Tenets of Attachment Theory:

Children are born with the instinct to attach to the primary caregiver(s).

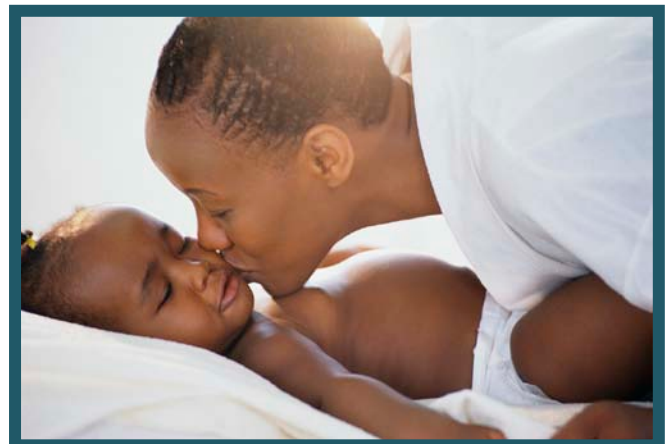
Behavior and thinking are designed to support those attachments because they are crucial to survival.

Children often maintain insecure attachments to parents at great cost to their own functioning.

Distortions in feeling and thinking that stem from early attachment disturbances occur most often in the response to the parent's inability to meet the child's needs for comfort, security, affect (feelings and emotions) and behavioral regulation, and emotional reassurance. (from Marvin, 2008)

Although Attachment Theory is frequently explained with infant and toddler examples, the Circle of Security continues across the life-span. School-age children, teen-agers, and even adults need a secure base and a safe haven. The "dance" may be acted out in different ways, and our attachment may be expanded to, or replaced by different people. But the ability to trust is fundamental in any healthy relationship.

Attachment Theory has profound implications for many of the children that we serve. Insecure attachments and unrealistic expectations can lead to abuse and neglect.





Children, whether securely insecurely, are attached to their parents, and removal is always traumatic. Foster care, particularly when the child has no prior relationship to the resource parents, is traumatic. The basic instinct of the child to attach to primary caregivers is disrupted. The child may already have difficulty trusting or attaching to adults and this difficulty is magnified in foster care homes. How the resource parents respond to the child's cues will have a profound impact on the child's ability to adjust to the home

Assigned Reading:
Building A Secure Attachment for Baby and COS During Crisis, to learn how both birth and resource families can build attachments with children. Found on the Course Contents page or Curriculum CD.

Attachment Theory has had a profound impact on the way that Child Welfare systems view foster care. We now know that it is imperative for children to be able to form attachments to *any* caring and trusted adult. Children who are able to form attachments to resource parents are more likely to be able to form or maintain attachments with the birth parents. Years ago, it was common practice in Child Welfare to advise foster parents *not* to become attached to the children they cared for. In fact, if it was deemed that the foster parents were too attached, children were frequently moved to a different home in the belief that attachment to the foster parent would interfere with the ability to bond with the parent.

Further, we know that insecurely attached children frequently grow up to be insecurely attached parents, thus perpetuating the cycle.

Poverty

Assigned Reading:
Child Welfare text, page 38 – 42, including the case example on page 38.
Print and answer the following questions:
1. How is poverty and the governmental system affecting the family in the case example? and
2. Pick a position of what you would do given the same situation and choices that Ms. Jordan has to make. Defend this position.

Poverty is prevalent in child welfare work. In some cases poverty is one of the main causes of the concern and hardship for the family. Assessing the role poverty may be playing in a family is extremely important in assisting the family. One thing you will learn quickly is that government assistance is not always the answer for families that are living at or below poverty levels, not only will not all qualify but the family has to be willing to accept this assistance as well.

When reading this excerpt from the textbook it highlights some cultural differences and likelihood of living in poverty. When assessing poverty in a family, it is important to look at different reasons why the family is living in poverty and the likelihood to assist the family to build a support system to ensure that poverty is not placing the child and family at risk of harm to a point where the safety of the child is the concern.



Substance use/abuse



Although substance use and abuse effects the person using the substance, it also effects those who come into contact with that person. The effects are widespread and vary based on the amount of contact and relationship. When assessing for substance use/abuse, looking at the effect of abuse is one of the most integral pieces to this process.

Assigned Reading: Parental Substance Use on the Course Contents page or the Curriculum CD.

Domestic Violence

Domestic violence and child abuse/neglect usually exist together in a home. This issue is difficult to assess within a family as it is most often kept secret among the family members. Children observe domestic violence and sometime become accidental victims. Other times, during an altercation children will attempt to intervene and be injured. Domestic violence comes in many different forms, it is not always physical but can be verbal, sexual, economic, coercive, and many other forms. As you read in the article,



women, men and children can be the victims of domestic violence. By using all of your senses during assessment, paying close attention to nonverbal behaviors as well as the environment in which the assessment is taking place is extremely important.

Assigned Reading: Children and Domestic Violence: from the Course Contents page or Curriculum CD.

Mental Health

Mental Health issues are apparent when working with a majority of children and families. In many situations either the children or the caregivers suffer from some sort of mental illness. In a majority of cases the person who has the mental illness has not been diagnosed or treated for this illness. When assessing for mental illness, workers are not medical professionals and do not ever make a diagnosis, however can refer the family to a professional who can make decisions regarding diagnosis and treatment if necessary.

Assigned Reading: Mental Health Issues found on the Course Contents page or the Curriculum CD.

Putting the Pieces Together

The assessment process begins with gathering information. In the above sections we have discussed different topics to look for as well as using all of your senses to gather information regarding the children and families we work with.

The next step is analyzing the data that we have gathered. This can also be seen as putting together the pieces of a puzzle. Each piece of information gathered is a puzzle piece that will lead you to the whole picture. Some pieces will be extremely important such as the boarder pieces. Other pieces will not be so important but every piece will fit somewhere and play a part in the final picture or assessment. Using this analogy, when you analyze the information you are critically thinking through which pieces are the boarder pieces which set your framework for the full picture, then you move slowly from the boarder to the interior of the puzzle or family picture. When analyzing the information it is imperative that preliminary decisions are made based on the safety, permanence and well-being of the children involved. If the family is an intact family, this decision must be made more quickly than if the children are not currently intact with their family.



Assigned Reading: Risk/Safety Continuum on the Course Contents page or the Curriculum CD.

The safety/risk continuum is helpful when attempting to analyze and critically think through the safety of a child and family.

- Risk is when the child is in danger. Safety is when the child is safe. The primary goal of the assessment process is to gauge where families are on the risk/safety continuum, and that we do this by looking for and evaluating the signs of risk and signs of safety.
- Risk: Signs of risk are conditions or presenting behaviors that increase the likelihood of maltreatment, unruly or delinquent behaviors. That while we are identifying and analyzing the signs of risk , we are also considering how the signs of safety we observe might decrease the risk to the child/youth.
- Signs of safety can be strengths, resources, and exceptions to the problem. Signs of safety exist in every family; we must weigh the signs of safety and signs of risk when determining the overall safety of the child/youth. Analyzing information is an internal process that requires the use of critical thinking skills.

Critical thinking skills are used through every step of the assessment process, however plays a large part when analyzing information and moving toward drawing conclusions.

Let's look at the following example

A referral was called in stating that there is a 5 year old and a 6 year old who are currently home alone. Their mother works from 8am-5pm Monday through Friday and usually comes home between 5:30pm and 6:00pm. Both children attend school and get home from school on the bus at 3:20pm. The caller is concerned because the children are alone every day after school and they run around outside until their mother gets home. The caller is concerned that these children need supervision after school while the mother is at work.

Looking at the safety/risk continuum where would this family be? Using the guide, these children would be between moderate to high risk on the continuum based on just the above information.

When the case worker responded to the home, he finds the two children outside their home, alone. He asked the older child what her name was and she stated Stephanie and her brother's name is Evan. Stephanie stated she is 6 years old and in the 1st grade at school. Evan stated he is 5 years old and in Kindergarten. The case worker asked Stephanie if she had a telephone number for her mother in case of an emergency and she went inside the home and brought out a piece of paper with her mother's work telephone number on it. The case worker asked if they had eaten anything when they got home that day and Stephanie stated that their mother always puts out a snack before she leaves for work and today they had peanut butter crackers when they got home. The case worker asked Evan if he is ever scared when he is home without his mother and he stated no, that Nana lives across the street and she is always home. Given this information, would this move the family on the continuum? Pick a position and defend it.



You have finished your pre-work for week 2