

## CHAPTER 7

# Family Assessment

During the initial assessment, the child protective services (CPS) caseworker has identified behaviors and conditions about the child, parent, and family that contribute to the risk of maltreatment. During the family assessment, the CPS caseworker engages the family in a process designed to gain a greater understanding about family strengths, needs, and resources so that children are safe and the risk of maltreatment is reduced. The family assessment is initiated immediately after the decision is made that ongoing services are needed.

This chapter explores principles for conducting family assessments, key decisions made during family assessments, the family assessment process, community collaboration, and special practice issues related to cultural sensitivity and cultural competence.

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### FAMILY ASSESSMENT PRINCIPLES

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Family assessments, in order to be most effective, should be culturally sensitive, strength-based, and developed with the family. They should be designed to help parents or caretakers recognize and remedy conditions so children can safely remain in their own home.<sup>77</sup> Given the emphasis on timeliness built into the Adoption and Safe Families Act (ASFA), the assessment of the family's strengths and needs should be considered in the context of the length of time it will take for the family to provide a safe, stable home environment.

A culturally sensitive assessment recognizes that parenting practices and family structures vary as a result of ethnic, community, and familial differences, and that this wide range can result in different but safe and adequate care for children within the parameters of the law. Each family has its own structure, roles, values, beliefs, and coping styles. Respect for and acceptance of this diversity is a cornerstone of family-centered assessments. The assessment process must acknowledge, respect, and honor the diversity of families.<sup>78</sup>

A strength-based assessment “recognizes that people, regardless of their difficulties, can change and grow, that healing occurs when a family’s strengths, not its weaknesses, are engaged, and that the family is the agent of its own change.”<sup>79</sup> While an outline for the family assessment process increases the likelihood that all assessment areas are covered, family assessments must be individualized and tailored to the unique strengths and needs of each family.<sup>80</sup> An individualized assessment is undertaken in conjunction with other service providers to form a comprehensive picture of the individual, interpersonal, and societal pressures on the family members—individually and as a group. This holistic approach takes both client competencies and environment into consideration and views the environment as both a source of and solution to families’ problems.<sup>81</sup> When possible, the assessment process also should be conducted in conjunction with the families’ extended family and

support network through the use of family decision-making meetings and other formats.<sup>82</sup>

For both practice accountability and empirical usefulness, CPS caseworkers should consider using assessment tools and standardized clinical measures to evaluate risk and protective factors. Tools that support the assessment of specific family strengths, needs, and resources include:

- Genogram—diagram resembling a family tree completed with the family’s assistance;
- Ecomap—diagram linking the family tree with outside systems and resources;
- Self-report instruments—questionnaire or survey measuring beliefs, strengths, risks, and behaviors;
- Observational tools—devices enabling professionals to examine personal and family dynamics.<sup>83</sup>

Using such tools, identified needs are translated into specific intervention outcomes that form the basis of time-limited, individualized case plans.

In summary, while the initial assessment identifies the risk factors of concern in the family, the family assessment considers the relationship between strengths and risks and identifies what must change in order to keep children safe, reduce the risk of future maltreatment, increase permanency, and enhance child and family well-being. Consequently, where the initial assessment identifies problems, the family assessment promotes an understanding of the problems and becomes the basis for an intervention plan.

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### FAMILY ASSESSMENT DECISIONS

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Based on the additional information gathered and analyzed, the caseworker must ask the following questions to inform the assessment:

- What are the risk factors and needs of the family that affect safety, permanency, and well-being?

- What are the effects of maltreatment that affect safety, permanency, and well-being?
- What are the individual and family strengths?
- What do the family members perceive as their problems and strengths?
- What must change in order for the effects of maltreatment to be addressed and for the risk of maltreatment to be reduced or eliminated?
- What are the parent’s or caregiver’s level of readiness for change and motivation and capacity to assure safety, permanency, and well-being?

To arrive at effective decisions during the family assessment process, the CPS caseworker should use competent interviewing skills to engage the family in a partnership; gather and organize information; analyze and interpret the meaning of the information; and draw accurate conclusions based on the assessment.

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### FAMILY ASSESSMENT PROCESS

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To accomplish the purposes of the family assessment, caseworkers should:

- Review the initial assessment or investigation information;
- Develop a family assessment plan;
- Conduct the family assessment by interviewing all members of the household and other individuals the family identifies as having an interest in the safety and well-being of the child;
- Consult with other professionals as appropriate;
- Analyze information and make decisions.

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## Review the Initial Assessment or Investigation Information

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To provide focus for the family assessment, the caseworker should begin by reviewing the information previously gathered and analyzed during the initial assessment or investigation. Based on an analysis of this information, the caseworker should develop a list of questions that need to be answered during the family assessment process. The following questions are examples of areas that the caseworker may want to examine:

- What was the nature of the maltreatment (type, severity, chronicity)?
- What was the family’s understanding of the maltreatment?
- Which risk factors identified during the initial assessment or investigation are most concerning?
- What is the child’s current living situation with regard to safety and stability?
- Was a safety plan developed? What has been the family’s response to this plan?
- What is currently known about the parent or caregiver’s history? Are there clues that suggest that further information about the past will help to explain the parent or caregiver’s current functioning?
- What is known about the family’s social support network? Who else is supporting the family and who will be available on an ongoing basis for the family to rely on?
- Are there any behavioral symptoms observed in the child? How has the child functioned in school and in social relationships? Who else may have information about any behavioral or emotional concerns?
- Have problems been identified that may need further examination or evaluation (e.g., drug or

alcohol problems, psychiatric or psychological problems, and health needs)?

- What further information about the family will help provide an understanding of the risks and protective factors related to the potential of continued maltreatment?

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## Develop a Family Assessment Plan

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Based on the areas identified through the review, the caseworker should develop a plan for how the assessment process will occur. In general, it takes an average of 4 to 6 weeks to “get to know” the family enough to draw accurate conclusions, although laws may vary from State to State regarding the time before an assessment is required. The following issues need to be considered in developing the plan for the assessment:

- When will the first meeting be held with the family?
- How often will meetings with the family occur?
- Where will meetings be held and how will the setting be controlled?
- Who will be involved in each meeting? Are there other persons (e.g., friends, extended family, other professionals) who have critical information about the needs of this family? How will they be involved in the process?
- Will the services of other professionals be needed (e.g., for psychological tests, or alcohol or other drug abuse assessments)?
- What reports may be available to provide information about a particular family member or the family as a system (e.g., from school or health care providers)?
- When will the information be analyzed and a family assessment summary completed?
- How will the caseworker share this information with the family?

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## Conduct the Family Assessment

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Once the plan for the assessment has been established, the caseworker should conduct interviews with the child and family to determine the treatment needs of the family. Four types of meetings are held:

### Meeting with the Family

If possible and if it is safe for all family members, the caseworker should meet with the entire family to begin the family assessment. This ensures that each family member knows the expectations from the beginning; everyone's participation is judged important; and communication is open and shared among family members.

During this initial contact, the caseworker should provide an opportunity for the family to discuss the initial assessment, share the plan for conducting the family assessment, and seek agreement on scheduling and participation. The caseworker should be specific with the family about the purposes of the family assessment and should avoid technical or professional terminology. It also is important to affirm that the intention of CPS is to help the family keep the child safe and address mutually identified problems to reduce the risk of child maltreatment in the future. The caseworker should attempt to gain an initial understanding of the family's perception of CPS and its current situation.

To gain a better understanding of family dynamics, at least one assessment meeting beyond the introductory session should be conducted with the entire family to observe and assess the roles and interactions. Caseworkers should consider communication patterns, alliances, roles and relationships, habitual patterns of interaction, and other family-related concepts.

### Meeting with the Individual Family Members

Meetings with individual family members, including the children, should be held. At the beginning of each meeting, the caseworker should clarify the

primary purpose of the interview and attempt to build rapport by identifying areas of common interest. It is important to demonstrate appreciation of the person and his or her situation and worth. This is not an interrogation; the caseworker is trying to better understand the person and the situation.

In each individual meeting, the caseworker should carefully explore the areas that have been identified previously for study. In interviews with the children, the emphasis will likely be on understanding more about any effects of maltreatment. In interviews with the parents, the emphasis is on trying to uncover the causes for the behaviors and conditions that present risk and obtain the parents' perceptions of their problems. As part of meetings with the parents, it is important that the caseworker examines the influence that family history and culture may have on current behavior and functioning. In meetings with both children and parents, the caseworker should also attempt to obtain family members' perceptions about the strengths in their family and how these strengths can be maximized to reduce the risk of maltreatment.

### Meeting with the Parent or Caregiver

In families with more than one adult caregiver, the caseworker should arrange to hold at least one of the meetings with the adults together, if it is possible and safe for both adults. During this interview, the caseworker should observe and evaluate the nature of the relationship and how the two communicate and relate. The caseworker should also consider and discuss parenting issues and the health and quality of the marital relationship as well as seek the parent or caregiver's perception of problems, the current situation, and the family. The worker should be alert to signs that could indicate the possibility of partner abuse and avoid placing either adult in a situation that could increase risk, such as referring to sensitive information that may have been disclosed in individual meetings. As appropriate or if requested, the caseworker may also provide referrals for resources or services to clients experiencing difficulties that are not risk factors.

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## Consulting with Other Professionals

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While the CPS caseworker has primary responsibility for conducting the family assessment, frequently other community providers may be called upon to assist with the assessment. Other providers should be consulted when there is a specific client condition or behavior that requires additional professional assessment. For example:

- The child or parent exhibits undiagnosed physical health concerns or the child's behaviors or emotions do not appear to be age-appropriate (e.g., hyperactivity, excessive sadness and withdrawal, chronic nightmares, bed wetting, or aggressive behavior at home or at school);
- The parent exhibits behaviors or emotions that do not appear to be controlled, such as violent outbursts, extreme lethargy, depression, or frequent mood swings;
- The child or parent has a chemical dependency.

A good way to judge whether outside referrals are needed is to review the gathered information and assess whether significant questions still exist about the risks and strengths in this family. If the caseworker is having difficulty writing the tentative assessment, he or she should consult the supervisor to determine whether consultation with an interdisciplinary team or an evaluation of presenting problems by others in the community may be appropriate.

If the assessment identifies the need for specific evaluation, the referral should specify the following:

- The reason for referral, including specific areas for assessment as they relate to the risk of maltreatment;
- The parent's knowledge regarding the referral and their response;

- The time frames for assessment, and when the agency will need a report back from the provider;
- The type of report requested regarding the results of the evaluation;
- The purpose and objectives of the evaluation (e.g., the parents' level of alcohol use and its effects on their ability to parent);
- The specific questions the caseworker wants answered to assist in decision-making;
- The need for a confidentiality release.

In addition, sometimes other providers contribute to the assessment process because of their role as advocates for the child. For example, if juvenile or family court is involved, the child may have a Guardian ad Litem (GAL) or court-appointed special advocate (CASA) who advises the court on needed services based on interviews conducted with the child and other family members.

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## Analyze Information and Make Decisions

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Once adequate information has been gathered, the caseworker must analyze the information with regard to the key decisions. The CPS caseworker must identify which risk factors are most critical and what is causing them. This is determined by examining the information in terms of cause, nature, and extent; effects; strengths; and the family's perception of the maltreatment in order to individualize the CPS response to each child and family.

At the conclusion of the family assessment, the caseworker and family have identified changes necessary to keep children safe and reduce the risk of child maltreatment. These conclusions are then translated into desired outcomes and matched with the correct intervention response that will increase safety, well-being, and permanency for children. While the specific areas studied in the assessment are unique to each family circumstance, the following guide identifies areas for gathering essential information needed to draw necessary assessment conclusions.

## Family Assessment Guide

**Reasons for Referral.** Briefly summarize the primary reasons this family is receiving continuing child welfare services and define the terms of any safety plan that was developed with the family.

**Sources of Information.** Identify all sources of information used to frame this assessment and refer to the specific dates of contact with the family and other persons or systems that relate to assessment information.

**Identifying Information.** Describe the family system, as defined by the family. Include members' names, ages, and relationship to the primary caregiver; sources of economic support and whether it is perceived as adequate; and current school or vocational training status. Describe the current household situation, including sleeping arrangements, and the client's perception of their neighborhood, especially as it pertains to safety.

**Presenting Problems, Needs, and Strengths.** Describe family members' perceptions of the presenting needs as they relate to each individual member, the family system, and its environment. As appropriate, include a history of the problem development and previous attempts to address it, as well as an explanation of family members' readiness and motivation to engage in help for the problem at this particular time. Also, identify the family's stated goals as they relate to each problem.

**Family Background and History.** Write a social history. Ideally, the primary caregiver(s) should be described first. Begin with his or her birth, and describe the family of origin—its members, their relationships with each other, and significant descriptive characteristics of each member. Follow that member's development into adulthood and up to but not including the present time. Genograms are particularly helpful in understanding life events over time. Identify important personal relationships, including those characterized by maltreatment, substance abuse, or violence; identify positive life events as well as stressful ones; and describe relationships with systems, including educational, vocational, legal, religious, medical, mental health, and employment. The history of other adults and children in the household should be summarized, addressing the preceding points, as appropriate and available. Complete this history in chronological order, if possible.

**Present Status.** Describe the present life situation of the family, particularly information about risks and strengths related to each child in the family, each caregiver's functioning, the family system, and the environment and community. Standardized assessment measures may be helpful to better understand the family and identify areas to be recorded in the casefile.

**Tentative Assessment.** Summarize risks and strengths related to each family member. This is the opportunity for the worker to analyze the collected information and to draw conclusions about the most important strengths and needs of individual family members and the family as a system. Knowledge of human development, personality theory and psychopathology, family systems, ecological theory, and psychosocial theory should be drawn on to form these conclusions. The worker should make informed judgments about the objective and observational information that has been collected and recorded. In this section, the caseworker specifically summarizes what must change to reduce the risk of child maltreatment.

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## SPECIAL PRACTICE ISSUE—CULTURAL SENSITIVITY

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Cultural sensitivity is a critical element in obtaining a comprehensive understanding of a family's situation. For a thorough analysis, it is also a necessary component of the family assessment process. There are three important principles to consider when working with families from different cultures:

- Believe that diversity is a good thing and that having different ideals, customs, attitudes, practices, and beliefs does not, in and of itself, constitute deviance or pathology. If a worker approaches culturally different clients from this perspective, the client is more likely to perceive that the worker has communicated respect for them as persons, and the assessment will be more accurate.
- Accept that everyone has biases and prejudices. This helps to increase objectivity and guard against judgments affected by unconscious biases.
- Understand that the nature of the CPS caseworker and client relationship represents a power imbalance. If there are cultural differences between the caseworker and the client, the client may have difficulty trusting that the caseworker

truly intends to empower the client to be an equal partner in the helping relationship.<sup>84</sup>

For example, to develop rapport with clients during the family assessment effectively, the caseworker should be sensitive to cultural similarities and differences with the client. In order to be empathetic, the caseworker should be aware of both the individual uniqueness and the cultural or historical roots of the client.<sup>85</sup> In all assessments, the client is the most important source of information about the family, including providing information about cultural aspects and lifestyles unique to that family. Effective cultural competence requires that caseworkers:

- Respect how clients differ from them;
- Be open to learning about cultural differences when assessing strengths and needs of families;
- Avoid judgments and decision-making resulting from biases, myths, or stereotypes;
- Ask the client about a practice's history and meaning if unfamiliar with it;
- Explain the law that regards a particular cultural practice as abuse;
- Elicit information from the client regarding strongly held family traditions, values, and beliefs, especially child rearing practices.

## Guide to Understanding Cultural Differences

With every family assessment, there are certain areas that may be affected by a person's history and culture. The following questions may be used as a guide to understand cultural difference as part of the assessment. According to the client:

- What is the purpose and function of the nuclear family?
- What roles do males and females play in the family?
- What is the role of religion for the family? How do these beliefs influence child-rearing practices?
- What is the meaning, identity, and involvement of the larger homogenous group (e.g., tribe, race, nationality)?
- What family rituals, traditions, or behaviors exist?
- What is the usual role of children in the family?
- What is the perception of the role of children in society?
- What types of discipline does the family consider to be appropriate?
- Who is usually responsible for childcare?
- What are the family's attitudes or beliefs regarding health care?
- What are the family's sexual attitudes and values?
- How are cultural beliefs incorporated into family functioning?
- How does the family maintain its cultural beliefs?
- Who is assigned authority and power for decision-making?
- What tasks are assigned based on traditional roles in the family?
- How do family members express and receive affection? How do they relate to closeness and distance?
- What are the communication styles of the family?
- How does the family solve problems?
- How do family members usually deal with conflict? Is anger an acceptable emotion? Do members yell and scream or withdraw from conflict situations?<sup>86</sup>