

Ramsey County

Comprehensive Family Assessment:

Assessment of Child Safety —The
Foundation for Working with Families
in the Child Welfare System

Part II

Transfer of Information Between Intake and Program

Golden Thread

Intake
completes

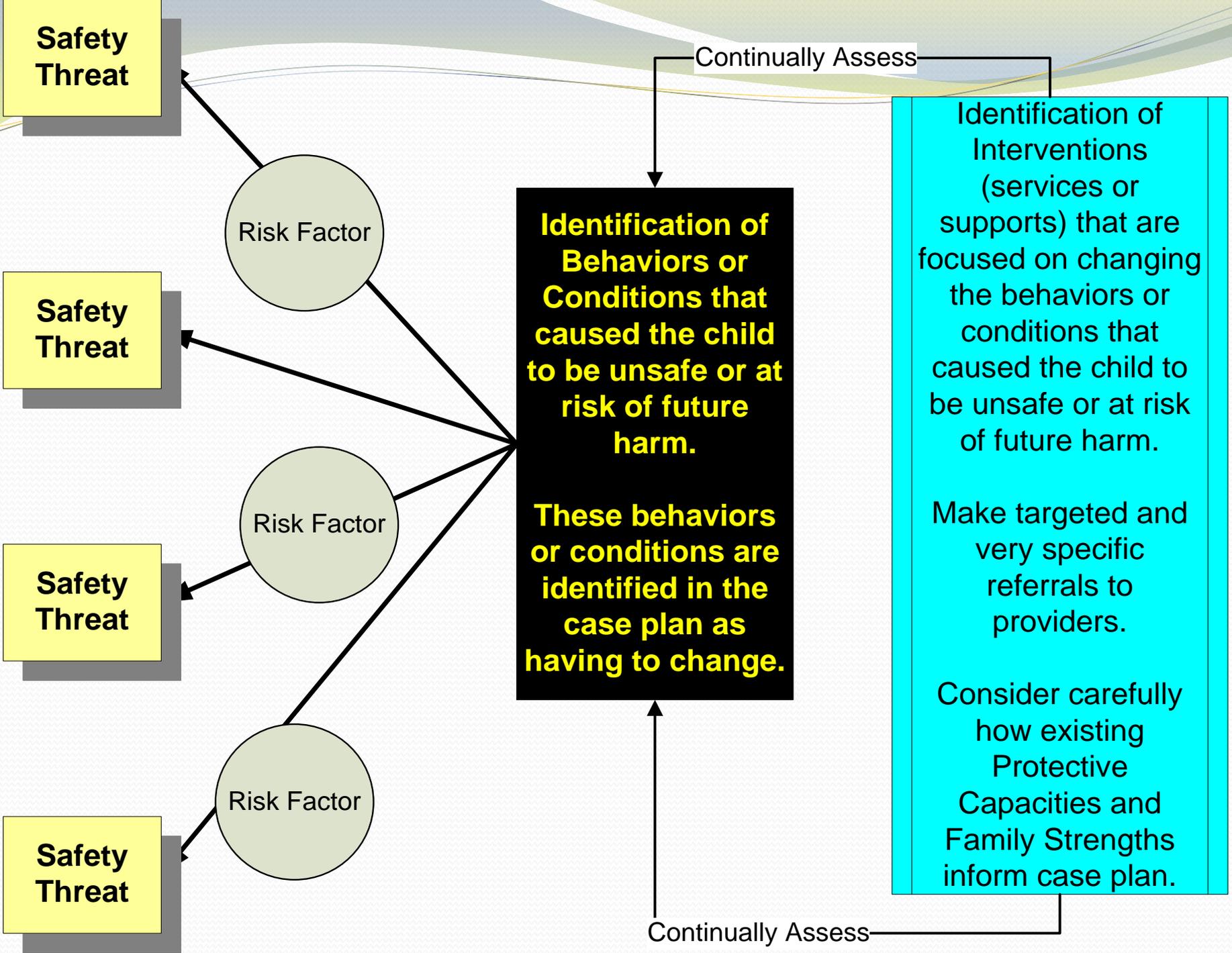
Intake and program
Completes during
transfer meeting

*Functional Assessment
Completed by Program*

Safety Threats and Risks (Described Behaviorally)	Safety Plan	Behavioral Description of what has to change in order for children to be safe/reduce risk	Interventions	Are They Working ?

Conversation Between Intake and program Ongoing MUST Communicate

1. Concise description of the reason(s) the family came to the attention of the system.
2. Results of the safety and risk assessment—“The child was found to be unsafe due to the presence of the following safety threats.”
 - Worker should describe these safety threats in behavioral language (using the chart will help).
3. Description of the safety plan that was put in place (in home or out of home) and how it is managing or controlling the identified safety threats.
4. Intake and program worker should jointly define the behaviors or conditions of the caregiver’s that have to change in order for the child to be safe or to minimize child risk.



***Program Efforts to Link Safety
Assessment, Assessment of
Family Functioning, Case Plan
and Case Plan Review***

Ten Steps-Five Stages of the Comprehensive Family Assessment In Program) (1)

- *Stage 1: Transfer Meeting and Information Review*
 1. Workers will review existing documentation and engage in a transfer communication with the intake worker.
- *Stage 2: Conducting the Functional Assessment*
 2. Following this review, workers will meet with the family and begin the engagement process that will ensure the family's meaningful involvement throughout the case.
 3. Workers will have conversations/assess children, parents, and other caregivers with special attention paid to the inclusion of fathers.
 4. Workers will then meet with families and possibly staff from other agencies to coordinate case planning and create a plan for future communication.
 5. Specialized assessments (e.g. to address mental health concerns) will be carried out or appropriate referral made for assessment elsewhere.

Ten Steps-Five Stages of the Comprehensive Family Assessment in Program (2)

- *Stage 3: Behaviorally Based Case Plan Development*
- 6. Workers will use clinical judgment in consultation with supervisors and families to develop case plans including intentional visitation practices.
- 7. Workers will document all relevant case information in a timely manner.
- *Stage 4: Ongoing (Continuous Assessment)*
- 8. Workers will conduct ongoing assessments of progress and needs.
- 9. Workers will exchange information with family members, service providers, and courts, updating service plans regularly.
- *Stage 5: Case Closure*
- 10. Workers will reassess safety issues and child risks of the entire family prior to case closure.

Benefit of The Transfer Meeting and Review of Information from Intake

- Program workers will better understand client's situation—and fully understand (behaviorally) the threats of safety and risks identified.
- Program worker will understand if this family has been involved in the system previously which should heighten the seriousness of the potential for child maltreatment.
- Clients will not have to repeat information and will feel that what they have said previously has been heard and remembered
- Informs worker that there are concrete needs that likely will need to be dealt with immediately
- Allows worker to prepare internally for the issues he/she will be confronting
- Prepares worker for any safety issues that may exist (for the worker)

Stage 1: Transfer Meeting

Transfer Meeting

- Program supervisor assigns case within 48 hours
- Transfer meeting must occur within 5 days of worker receipt of case.
- Transfer meeting should be a face to face discussion whenever possible.
- Over time, we will want to find ways to engage the family in the transfer meeting



Stage 2: Assessment of Family Functioning

About The Assessment of Family Functioning

- A Family Functional assessment is a “process,” of gathering and analyzing information not the simple completion of a “tool.”
- This is the **LINK** between of the safety and risk information previously gathered and the case plan.
- This is where we learn about the way that the family functions that **CAUSES** children to be unsafe or at risk...AND
- This is where the information is pulled together to focus on **CHANGING** behaviors or conditions that cause children to be unsafe or at risk of future harm.

Transparency of the Process

- Transparency of the process—describe to families why I am asking certain questions—families may tolerate probing when they understand the why of the questions....

About the Assessment of Family Functioning

- Through a functional family assessment, we learn about the underlying causes of the behaviors that resulted in children being unsafe or at risk of future harm.
- There are domains of family functioning that when troubled, we know through research result in behaviors that contribute to children being unsafe or at risk of future harm.

The Ramsey County Assessment of Family Functioning considers the following Domains:

- Kinship/Community/Supports/Tribal Connections available to support family system
- Housing/Food/ Basic Needs: Financial Stability that adds stress to family system and may result in eviction or lack of stable living environment
- Medical Issues within the family that caused children to be unsafe or at risk of future maltreatment.
- Caregiver Mental Illness that may impair parenting decisions (this includes caregiver's history of abuse or neglect as a child)

The Ramsey County Assessment of Family Functioning Considers the Following Domains (2)

- Caregiver Substance Abuse that may impair parenting decisions
- Family Violence that places children in unsafe situations
- Day to Day Parenting Skills that result in behaviors that place children in harms way;

We also need to assess child well being in the following areas:

- Child Physical/ Emotional and Developmental status
- Child Educational Needs
- Child's behaviors that contribute to being at risk

The Assessment Involves Conversations With Children in the Family

- Meetings with children are opportunities to:
 - Gather information about how the family functions in each of the domain areas;
 - Assess overall health, development status and overall well being,
 - Learn about other people the child(ren) find supportive—and try to engage them in helping the family;
 - Ensure that children understand why and how the agency intends to help the family;
 - Explain court involvement, if pertinent, and what to expect in court hearings

During the Assessment of Family Functioning

- Talk to Relevant Stakeholders as part of the assessment process.
- Talk to any community based providers involved with the family.
- Consider specialized assessments that may be needed

Decision Making Within the Functional Assessment

- If the domain of family functioning did contribute to the safety threats and risk of future harm, then intervention needs to occur to change functioning in this domain.



**Stage 3:
Behaviorally Based
Case Planning**

Golden Thread

Intake
completes

Intake and program
Completes during
transfer meeting

Functional Assessment
Occurs here by program

**Safety Threats
(Described
Behaviorally)**

**Behavioral
Description of
what has to
change in order
for children to be
safe/reduce risk**

Interventions

**Are They
Working ?**

Characteristics of a Strong Behavioral Case Plan

- Is directly linked to the safety assessment and identified safety threats/high risks.
- Building on the Transfer Meeting—the case plan makes it clear in behavioral terms (that families can fully understand) what needs to change in order for children to be safe or enhance child well being.
- Identifies specific interventions and actions to address and facilitate the changes necessary for children to be safe
- Includes an ongoing assessment of how protective factors/capacities are supporting children in being safe/in other words are the behaviors changing?
- Consider family's self-identified strengths in the service planning process as a vehicle for motivate.
- Should be viewed by the family as achievable and realistic.

Common Problems in Behavioral Descriptions

- Completion of Services
- General and Vague
- Negative—
 - Stop
 - Reframe From
 - Free of....

Compliance Based and Behaviorally Based Service Planning

- **In compliance based Service Planning** we write plans that describe a series of services the caregivers should complete and then evaluate if the family “did what they were supposed to do”
- **In behaviorally based Service Planning** we describe the behaviors that need to occur, plan for interventions that support changes in behavior and then we evaluate if the behavior changes are occurring.

Family Centered Planning: Focusing on *Success* in Changing Behaviors and *NOT Compliance to a Set of Tasks!*

- There are times when families are not compliant but are successful.
- There are times when families are compliant and not successful.
- We need to focus on how to help families be successful!

When Making Referrals to Community Providers

- Must share safety threats or risks that exist (in behavioral terms).
- Must share the specific behaviors or conditions that have to change to remove safety threats and reduce risks.
- Must be specific on the focus of the intervention and
- Must be specific about the kinds of information to be included in the reports

Family Team Meetings

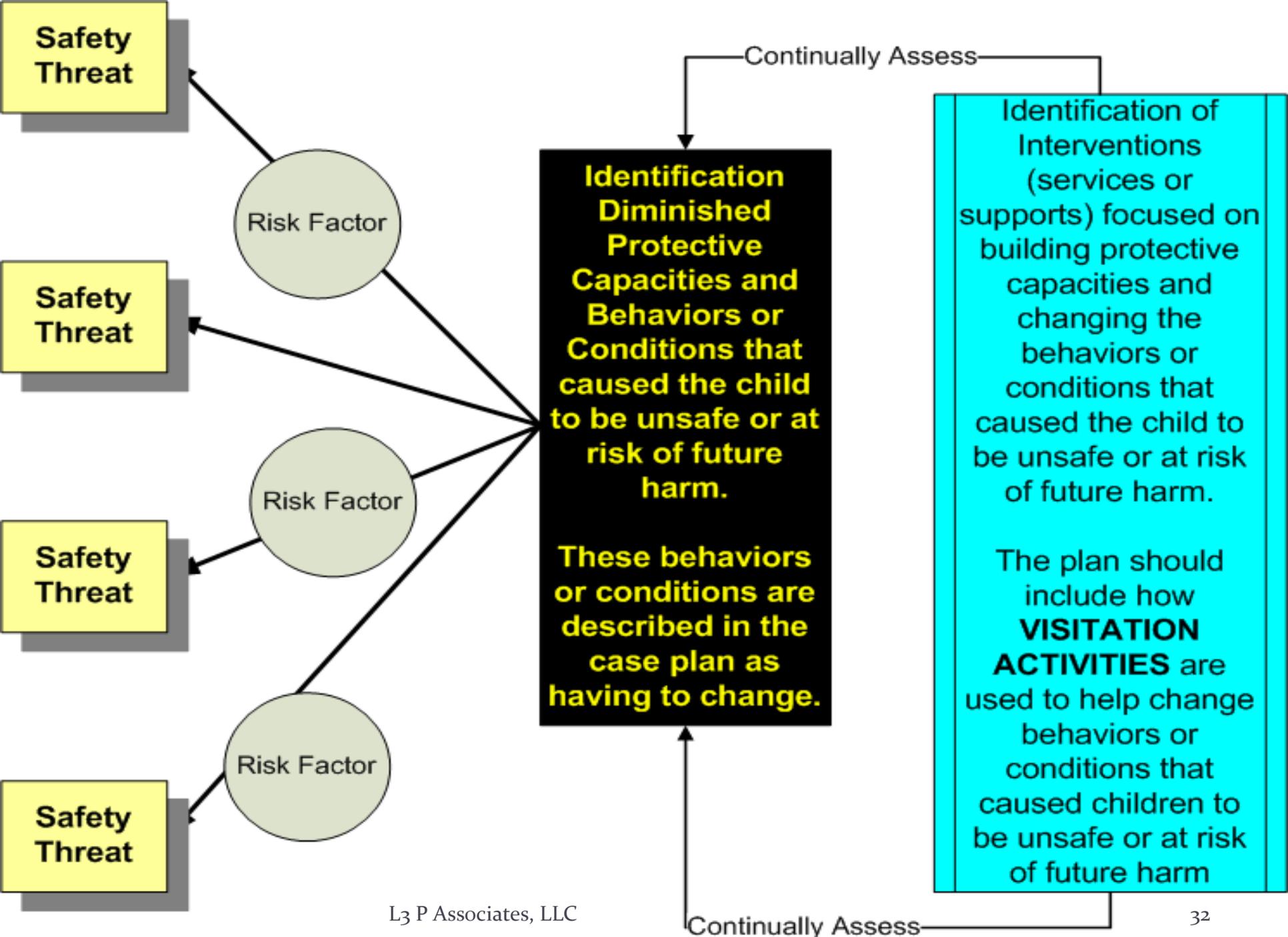
Family Team Meeting

- **Conduct a Family Team Meeting to engage kin and other stakeholders in the case planning and to ensure that everyone understands their role.**
 - These meetings help provide a fuller picture of the family situation and networks, and they help clarify who can be involved in the change process as the worker and the family develop the case plan.
 - Exploring the family's broader connections to faith communities, tribal or cultural bonds, and neighbors helps families focus on the resources that not only define them but could also help address their current needs.
 - [Genograms, ecomaps, or ethnographic interviewing are useful tools in doing this.]

Intentional Visitation Practices; A Critical Component of the Case Plan

Intentional Visitation Practices

- **Links** visitation activities to helping parents *build protective capacities and change behaviors* or conditions that caused children to be unsafe or at risk of future harm
- Ensure ongoing **connection** /relationship/bonding between the child and his/her family



By focusing on building protective capacities and changing behaviors that caused children to be unsafe or at risk of future harm, **intentional visitation practice** provides social workers with an opportunity to assess, support and document birth family progress in making necessary changes.

Typical Visitation Planning

- Children in out-of-home care are usually accorded a schedule of visits with their parents.
- The visits are frequently brief encounters occurring on a weekly basis, often under the supervision of a caseworker.
- According to Peg Hess' research, this type of visitation is not conducive to optimal parent-child interaction nor to changing behaviors required to parent children safely.

In Intentional Visitation Planning...

- Visitation Activities are **Linked to Learnings** from Safety and Risk Assessment
- Challenges workers to cause the visitation process to be intentional!
- Parents have the capacity to clearly see how the activities in the visitation process **link to learning how to protect their children—based on the safety and risk assessment.**
- Arizona Case Example

In Intentional Visitation Planning...

- We (anyone who supports the visit) asks the parent(s) **following each visit or interaction with the child.**
 - *Did the focus of the visit activities help you to develop behaviors to more safely care for their children?*
 - *What else do they think that you could do or what else do you need help with in order to be able to safely parent your children?*

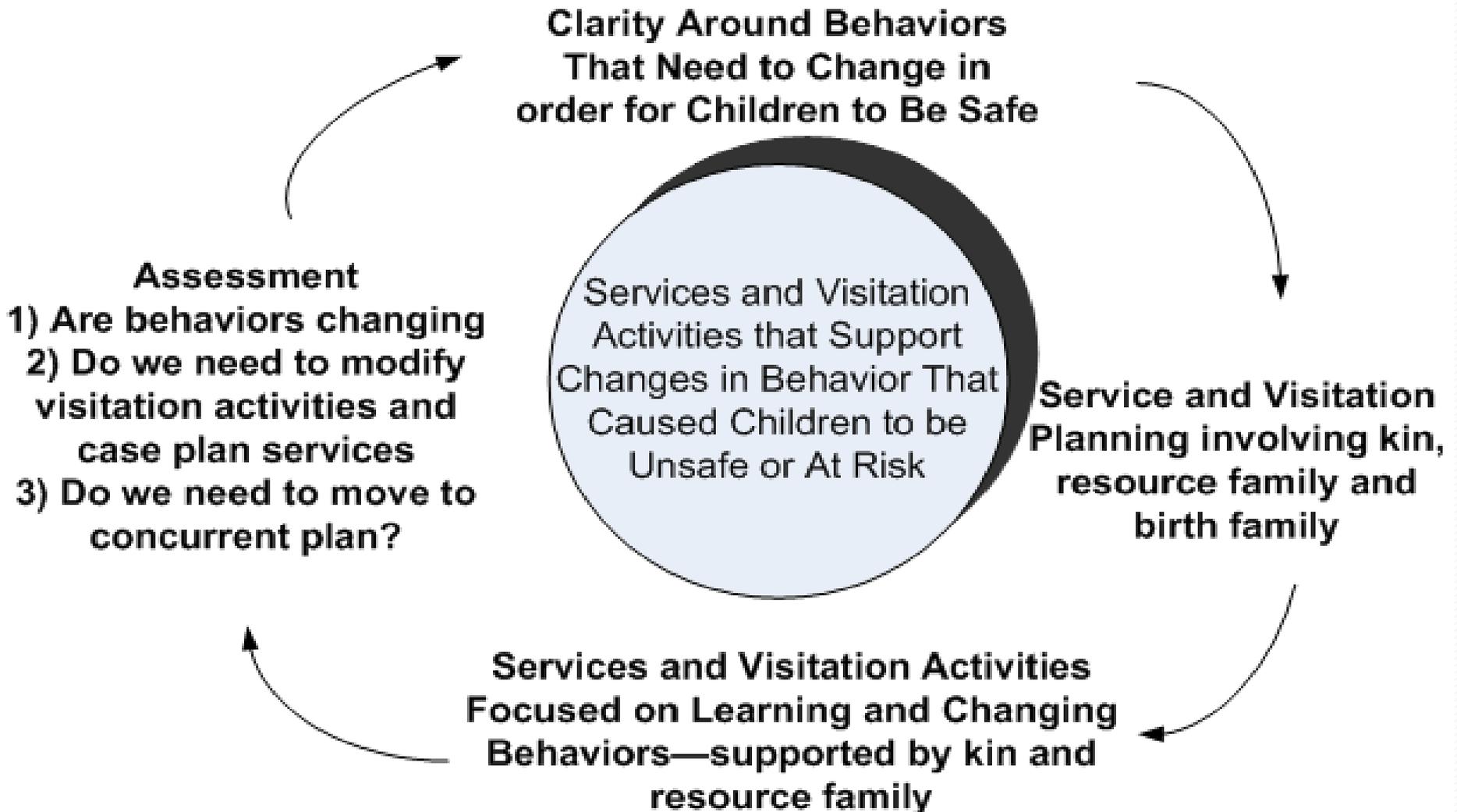
MUST HAVE SUPPORT OF A TEAM

- It is nearly impossible to facilitate effective intentional visitation practices without the support of a team of individuals.
- This is why we discussed Family Team Meetings PRIOR to the Intentional Visitation Practices.
- Engaging families in the process of supporting visitation will reduce the workload pressures on the worker and will expand the resources available to support visitation.



**Stage 4:
Case Plan Review and
Ongoing Assessment**

Continuous Assessment



Ongoing Assessment Practices

- Ongoing Assessment means that the worker continually assesses how the case plan services (which includes visitation) are helping to bring about the changes in behavior necessary for parents to safely care for their children.

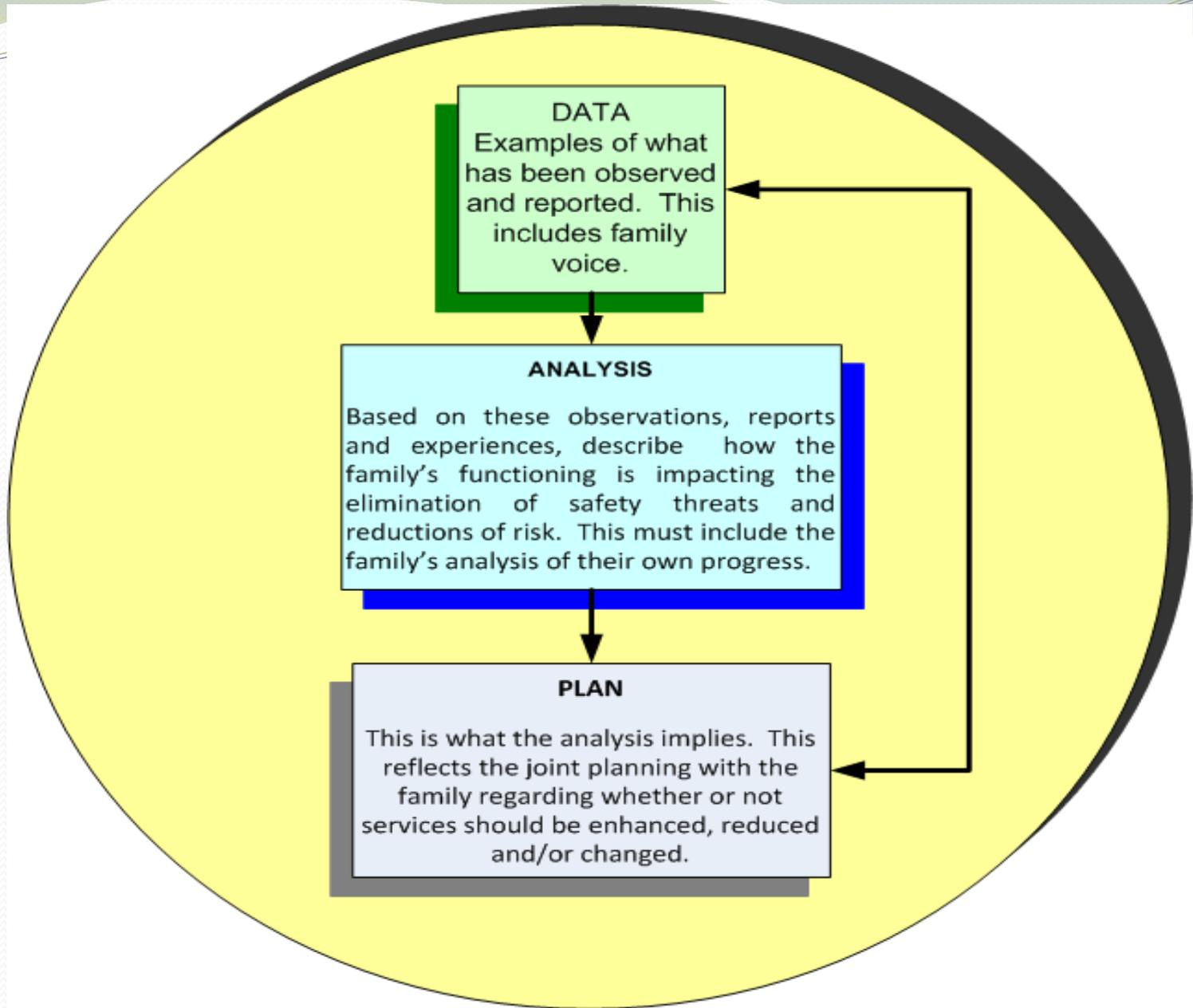
Construct for Case Plan Review

- Behavioral changes that must occur for a child to return home are established when a child is placed.
- The service plan—the way to actually achieve the behaviors is a hypothesis...that is it!
- It is our best guess of what mix and match of services will accomplish goals
 - Test the plan (deliver services) and modify as needed!
- Evaluate The Efficacy Of The Plan in Changing Behaviors—not simply the compliance in meeting certain pre-determined service requirements.

Documentation

Documentation in the Case Notes

- A case note needs to depict the ongoing relationship between assessment of family functioning, behavioral change and an elimination of the safety threat and reduction of the risk. The structure of the case note needs to include:
- **DATA:** What I observed and/or what others observed in working with the family—this can include input from a variety of individuals and should include input from the family.
- **ANALYSIS:** Based on these observations, reports and experiences, this is how the family's functioning is impacting the elimination of safety threats and reductions of risk. This must specifically include the family's analysis of their own progress in reducing risks and eliminating safety threats.
- **PLAN:** This is what the analysis implies. This reflects the joint planning with the family regarding whether or not services should be enhanced, reduced and/or changed.



About the Frequency of the Case Plan Review

- The law says that at least every six months from the establishment of a case plan that the extent of progress should be determined.
- This is a minimum standard --which means that best practice would occur more frequently.
- Review the success of the plan in changing behaviors or conditions that caused children to be unsafe or at risk of future harm EVERY time you meet with a family.
- Have intentional and focused conversations with caregivers about the behavioral changes.

Case Plan Review Should Occur Whenever:

- Families make progress in changing behaviors or conditions that caused children to be unsafe
- Whenever there are setbacks
- Parent's stage of readiness to change evolves or deteriorates
- New information is received (e.g., parent reveals history of abuse)
- Family circumstances change (e.g., parent/another adult moves in or out of household)
- Any time any member of the team requests it.

**This Comprehensive Family
Assessment Practice is
Supportive of Concurrent
Planning**

What Actually Does Concurrent Planning Mean?

- Early identification of kin (or others) who can help the family 1) stay together, 2) get back together or 3) stay connected
- When children have to be removed, working diligently to return children home by focusing on changing behaviors or conditions that caused children to be unsafe.
- Continually assessing the likelihood that children will return home on a full time basis.
- Be fully transparent with parents about the child protection process and about Concurrent Planning.

Workers Must Never Lose Sight...

- Of the safety threats and risks identified
- The behaviors that need to change in order for children to be safe or to reduce risk of future maltreatment
- The inextricable link between the interventions and the safety threats and risks
- The clearer workers are about this..the easier it is to determine when it is time to initiate concurrent planning activities.

Initiating Concurrent Planning

- When the initial or ongoing assessment determines that the prognosis is not good for reunification—activate a set of activities to ensure that there is another permanency option for the children.
 - Revisit the pool of individuals who are interesting in caring for the child(ren)
 - Have conversations with each of them
 - Have conversations with the parents
 - Have conversations with the children
 - Have individuals participate in Training
- Draw conclusions based on those activities about who is the best alternate permanency option for the child.
- When the ASFA timeframes have come, make recommendations to the court to initiate the alternate permanency plan.

Stage 5: Case Closure

Determination if it is Time to Close the Case (Critical Thinking)

- Have any of the safety threats that were identified been brought under control?
- 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, do the parents continue to demonstrate the changes in behaviors (enhanced protective capacities)?
- 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 service.