
THE COMPREHENSIVE FAMILY ASSESSMENT PROCESS

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

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

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

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

I. Review Existing Information

Review all relevant documentation that has emerged through:

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

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

VIGNETTE 1: The Archuleta Family

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

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

First Comprehensive Family Assessment— Preparation for Conducting the CFA

A. Review of existing information:

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

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

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

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

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

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

C. Map out a plan for gathering assessment information:

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

II. Meet with the Family

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

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

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

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

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

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

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

III. Interview Children

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

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

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

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

IV. Meet with Staff of Other Agencies

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

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

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

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

V. Obtain Specialized Assessments

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

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

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

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

A. Meet with the parents:

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

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

B. Meet with children:

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

C. Review records and talk with providers as needed:

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

D. Conduct a family meeting:

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

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

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

understand how the information they provided contributed to the process.

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

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

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

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

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

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

A. Analyze the information:

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

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

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

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

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

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

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

VII. Document Information

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

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

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

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

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

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

VIII. Conduct Ongoing Assessment of Progress and Needs

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

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

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

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

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

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

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

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

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

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

Ongoing review of progress

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

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

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

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

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

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

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

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

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

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

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

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

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

A. Share information with the family and other providers.

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

B. Update the plan, incorporating new information.

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

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

X. Reassess Prior to Case Closure

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

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

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

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

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

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

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

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

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

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

ADMINISTRATIVE SUPPORTS FOR COMPREHENSIVE FAMILY ASSESSMENT

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

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

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

Direction and Support in Policies

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

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

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

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

Availability, Adequacy, and Accessibility of Services

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

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

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

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

Training and Preparing Staff

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

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

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

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

and complete assessments and how to use the information appropriately;

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

Clinical Supervision and Mentoring

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

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

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

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

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

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

Coordination of Services Provided Through Other Agencies

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

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

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

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

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

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

Accountability and Evaluation

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

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

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

Some necessary administrative supports related to accountability and evaluation are:

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

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

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

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

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

CONCLUSIONS

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

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

RESOURCES RELEVANT TO COMPREHENSIVE FAMILY ASSESSMENT

- Alexander, L. & Dore, M. (1999). Making the parents as partners principle reality: The role of the alliance. *Journal of Child and Family Studies*, 8, 255-270.
- Altman, J. (2004). *Engagement in neighborhood-based child welfare services*. Garden City, NY: Adelphi University School of Social Work.
- Berry, M. (1997). *The family at risk: Issues and trends in family preservation services*. Columbia, SC: University of South Carolina Press.
- Burford, G. & Hudson, J. (Eds.) (2000). *Family group conferencing: New directions in community-centered child & family practice*. NY: Aldine de Gruyter.
- Congress, E. (1994). The use of culturagrams to assess and empower culturally diverse families. *Families in Society*, 75, 531-40.
- Connolly, M. & McKenzie, M. (1999). *Effective participatory practice: Family group conferencing in child protection*. NY: Aldine de Gruyter.
- Dawson, K. & Berry, M. (2002). Engaging families in child welfare services: An evidence-based approach to best practice. *Child Welfare*, 81, 293-317.
- Dore, M. & Alexander, L. (1996). Preserving families at risk of child abuse and neglect: The role of the helping alliance. *Child Abuse and Neglect*, 20, 349-361.
- Fraser, M. (Ed.). (2004). *Risk and resilience in childhood: An ecological perspective* (2nd ed.). Washington, DC: NASW Press.
- Green, J. W. (1999). *Cultural awareness in the human services: A multi-ethnic approach*. (3rd ed.). Boston: Allyn & Bacon.
- Hartman, A., & Laird, J. (1983). *Family centered social work*. New York: Free Press.
- Hudson, J., Morris, A., Maxwell, G., & Galaway, B. (Eds.) (1996). *Family group conferences: Perspectives on policy and practice*. Sydney: Federation Press.

- Kropenske, H., Howard, J., Breitenbach, P., Dembo, M., et al (1994). *Protecting children in substance-abusing families: Family assessment*. Washington, DC: US DHHS.
- Laird, J. (1985). Working with the family in child welfare. In J. Laird & A. Hartman (Eds.), *A Handbook of child welfare* (pp. 360-396). New York: The Free Press.
- Lightburn, A., & Kemp, S. P. (1994). Family-support programs: Opportunities for community-based practice. *Families in Society*, 75, 16–26.
- Lum, D. (1999). *Culturally competent practice: A framework for growth and action*. Pacific Grove, CA: Brooks/Cole.
- Lutz, L. (2005). *Relationship between public child welfare workers, resource families and birth families: Preventing the triangulation of the triangle of support*. New York: National Resource Center for Family-Centered Practice and Permanency Planning.
- Mallon, G.P. & Hess, P. (Eds.). (2005). *Child welfare for the twenty-first century: Policies, practices, and programs*. New York: Columbia University Press.
- Mallon, G.P. (2005). *Facilitating permanency for youth*. Washington, DC: CWLA.
- McCroskey, K., & Meezan, W. (1998). Family-centered services: Approaches and effectiveness. *Future of Children*, 8(1), 54–71.
- McGoldrick, M., & Gerson, R. (1985). *Genograms in family assessment*. New York: Norton.
- Merkel-Holguin, L. (2003). *Putting families back into the child protection partnership: Family group decision-making*. Chicago: American Humane Association.
- Prochaska, J.M. & Prochaska, J.O. (2002). Transtheoretical Model Guidelines for Families with Child Abuse and Neglect. In A.R. Roberts & G.J. Greene (Eds.), *Social Workers' Desk Reference*, 379-384. Oxford University Press.
- Rooney, R. (2000). How can I use authority effectively and engage family members? In H. Dubowitz & D. DePanfilis (Eds.) *Handbook for child protection practice*. Thousand Oaks, CA: Sage.

- Saleebey, D. (Ed.). (1992). *The strengths perspective in social work practice*. New York: Longman.
- Seabury, B. (1985). The beginning phase: Engagement, initial assessment, and contracting. In J. Laird & A. Hartman (Eds.), *A Handbook of child welfare*. New York: The Free Press.
- Webb, N. B. (Ed.). (2001). *Culturally diverse parent-child and family relationships. A guide for social workers and other practitioners*. New York: Columbia University Press.