# Module Two: Family-Centered Assessment

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<tr>
<th>Section Name</th>
<th>Estimated Time</th>
<th>Key Concepts</th>
<th>Resources Used</th>
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<tr>
<td>Key Learnings</td>
<td>30 minutes</td>
<td>Method of Presentation: Group Discussion</td>
<td>Flip Chart</td>
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<td>Introduction:</td>
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<td>▪ Welcome students back to the second module. Ask them to think about Module One and what key learnings they had from our last class. Ask them to pair up with a partner and share an insight, information or practice issue from the last class.</td>
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<td>▪ Allow five minutes for the students to talk to each other and then have them share their “key learnings” with the group.</td>
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<tr>
<td>What is Family-Centered Assessment and Practice?</td>
<td>60 minutes</td>
<td>Lecture and Guided Group Discussion</td>
<td>Module Powerpoint</td>
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<td></td>
<td>Use the following information to guide the lecture on family-centered assessment.</td>
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<td>Family-centered assessment focuses on the whole family, values family participation and experience, and respects the family’s culture and ethnicity. Family-centered assessment helps families identify their strengths, needs, and resources and develop a service plan that assists them in achieving and maintaining safety, permanency, and well-being.</td>
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<td>There are many phases and types of family-centered assessment, including screening and initial assessment, safety and risk assessment, and comprehensive family assessment. Assessment is not a one time event but is a process of information gathering, analysis and decision making when working with children, youth and</td>
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We would conduct assessments for many reasons, some of which are: when a child has been referred to a child welfare agency; when a care plan is being developed for a child who has been separated or placed in care; when information about a child being at risk has been received; when a family is being considered for fostering or adoption purposes, etc. Remind students of our discussion about family in the last module as well as the focus on the family-centered child welfare practice.

Ask the students what they think the core values of family-centered practice are.

Use the following information to guide the lecture and discussion:

Family-centered practice is based upon these core values:

- The best place for children to grow up is in families.
- Providing services that engage, involve, strengthen, and support families is the most effective approach to ensuring children’s safety, permanency, and well-being.

Family-centered practice is characterized by mutual trust, respect, honesty, and open communication between parents and service providers. Families are active participants in the development of policy, program design, and evaluation, and they are active decision-makers in selecting services for themselves and their children. Family and child assessment is strengths-based and solution-focused. Services are community-based and build upon informal supports and resources.

In some cases, a child’s family may not be in their best interest, and family members.
in those cases, an alternative family environment will be sought. We do not imply that family is always best no matter what.

So the first approach is always to work with the child’s family but when that is not possible, an assessment of an alternative family may be needed.

Let’s examine what is meant by strengths-based practice. What is the Strengths Perspective?

According to Dennis Saleebey, practicing from a strengths perspective means that everything you do as a helper will be based on facilitating the discovery, exploration, and use of clients’ strengths and resources in the service of helping them achieve their goals and fulfill their potential.

The Principles of the Strengths Perspective are as follows:

1. **Every individual, group, family, and community has strengths**

The Strengths Perspective focuses essentially on identifying, mobilizing, and respecting the resources, assets, wisdom, and knowledge that every person including a child, family, group, or community has, as well as their potential for transforming their experiences and lives.

2. **Trauma and abuse, illness and struggle, may be injurious but they may also be sources of challenge and opportunity.**

To say that negative experiences can bring within opportunities to an individual, family, or community, does not mean that we do not acknowledge their scars and pain. The Strengths Perspective acknowledges that frequently people who are facing adversity are
resilient and resourceful and we should explore and learn from their strategies to overcome adversity.

3. Assume that you do not know the upper limits of the capacity to grow and change. Take individual, group, and community aspirations seriously.

People frequently are bound by an assessment, diagnosis, or profile that has become a verdict or a sentence in their lives. By holding high expectations of clients and keeping an alliance with their hopes, values, aspirations, and visions, we recognize their promise and possibility.

This is true also of children and young people. Their evolving capacity should be recognized and supported as part of this process, and their ability to grow and change is particularly potent as they are going through different stages of development. Sometimes we minimize the voice of children and youth and, therefore, do not include them as partners in this process.

4. We best serve clients by collaborating with them.

When we approach clients as a helper or collaborator (having specialized education, tools, and experience to offer, but open to the wisdom, knowledge, and experience that clients bring with them) we work with clients rather than on their cases. In the Strengths Perspective, clients’ voices are heard and valued at all levels of intervention, including micro, meso, and macro levels, such as in practice with individuals, families, and groups, communities, and in policy advocacy.

5. Every environment is full of resources.
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Every environment is full of individuals, families, informal groups, associations, and agencies willing to help others. When given the opportunity, these resources can contribute with all kinds of assets and resources that others profoundly need, such as knowledge, company, special talents, time, and place, and the like. When we advocate for services with our families, there are resources, partnerships, and strengths available in the community that are ready to be used.

6. Caring, caretaking, and context.

Human well-being is essentially related to caring. We should facilitate and assist families, groups, and communities to care for their members. Caring is about ensuring the well-being of each other in a group or community. It is about recognizing common needs and aspirations and supporting one another to fulfill these.

Let’s take a look at the language of strengths –

Language and words are powerful. Words can inspire, yet they can destroy. We must examine the words we use with and regarding our clients. We should ask: Are we communicating hope, belief in their potential, and acknowledging their resiliency? Or are we teaching helplessness, defeating their goals, or weakening their aspirations? We are compelled to pay attention to our lexicon. Here are some concepts that are important to consider…

Believing in the client
Believing in the client is central to the Strengths Perspective. Questioning the validity of the clients’ views does not help them to overcome adversity or oppression. We must convey our belief in the clients’ potential and their capacity to resolve their own problems.
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<th><strong>Dialogue and collaboration</strong></th>
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<td>Establishing relationships with others is indispensable to all human beings. In dialogue, we can discover and test our own knowledge, inner strengths, and wisdom; we can begin the healing process within; we can revisit our own narrative and redefine it. In a humble and caring dialogue, based on empathy, connection, inclusion and respect, we can overcome the barriers of oppression and mistrust. This horizontal relationship facilitates deep connection and collaboration. When we work with clients, we collaborate with them through an open negotiation and the recognition of the clients' insights, views, and aspirations. In other words, we collaborate with them by listening to their voices. In our work the <strong>family</strong> is considered the client, which consists of all its members, including children and youth.</td>
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<th><strong>Empowerment</strong></th>
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<td>It is necessary to challenge the derogatory labels in order to identify and mobilize the power within individuals and their communities; foster connections among individuals, families, institutions, and communities; overcome the victim mindset and paternalism. This is possible when we trust people's wisdom and perspectives; believe in their dreams; and when we recognize their capacity for change and to initiate change.</td>
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<th><strong>Healing and wholeness</strong></th>
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<td>For the Strengths Perspective, transformation and healing can come from the clients' internal sources (not only from external sources). Healing implies looking at the whole person and recognizing the innate ability that body and mind have to regenerate and endure challenges. However, “healing requires a beneficent relationship between the individual and the larger social and physical environment” (p. 14).</td>
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<tr>
<td><strong>Hope</strong></td>
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<td><strong>Membership</strong></td>
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<td><strong>Plasticity</strong></td>
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<td><strong>Resiliency</strong></td>
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<th>that life may send your way. The facility for resilience is available to everybody; it is not just a property of some special people. It is amplified by the resources and resourcefulness of individuals, families, and communities, and by the education, mentoring and support that people find in their lives.</th>
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<td>Now that we have a common point of reference when we are discussing strengths-based practice, let's see how it is integrated with family-centered practice.</td>
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<td>In a nutshell, the National Resource Center for Permanency and Family Connections considers the following to be the five essential components of family-centered practice in child welfare:</td>
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| **1. The family unit is the focus of attention.**  
Family-centered practice works with the family as a collective unit, ensuring the safety and well-being of family members. |
| **2. Strengthening the capacity of families to function effectively is emphasized.**  
The primary purpose of family-centered practice is to strengthen the family's potential for carrying out their responsibilities. |
| **3. Families are engaged in designing all aspects of the policies, services, and program evaluation.**  
Family-centered practitioners partner with families to use their expert knowledge throughout the decision- and goal-making processes and provide individualized, culturally-responsive, and relevant services for each family. |
| **4. Families are linked with more comprehensive, diverse, and community-based networks of supports and services.**  
Family-centered interventions assist in mobilizing resources to maximize communication, shared planning, and collaboration |
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<table>
<thead>
<tr>
<th>Family-centered assessment among the several community and/or neighborhood systems.</th>
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<tr>
<td>5. <strong>Families are diverse and have the right to be respected for their special cultural, racial, ethnic, and religious traditions; children can flourish in different types of families.</strong></td>
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The National Child Welfare Resource Center for Organizational Improvement (2008) lists the following practices as examples of a family-centered approach:

- Assessment of the entire family
- Family engagement in the case and services planning
- Work with both mothers and fathers
- Use of family-based rather than institutional placements or temporary shelters
- Focus on the underlying issues affecting child safety, permanency and well-being

Underlying all family centered practice is the assumption that human beings can be best understood and helped within their significant environments and that the family is the most intimate environment of all. In a family-centered assessment, the process is directed as much as possible at learning about the strengths and capacities of the family as a source of help in family problem resolution. The family’s own environment is employed as the arena in which social workers help strengthen tangible resources such as food or housing and intangible resources such as community support.

This philosophical approach is based on Ecological and Systems Theories. **Ecological** because it recognizes that individuals and families live in broader contexts. The assessment process can address family functioning, functioning by looking at physical environment, financial conditions, social support, interactions between family members and children, family history and functioning,
and child behavior and characteristics. From a systems theory point of view, by improving one area of family functioning other areas may also change. If parents improve their parenting skills, children’s development will be improved and/or they will feel more secure.

Adopting a family-centered approach necessitates re-evaluating and re-thinking the way we fundamentally intervene with families. Becoming a family centered practitioner involves having an unwavering conviction that families can change. If an individual does not believe this, then they have minimal ability to impart this needed hope and conviction to the families they serve.

The process of finding new ways of thinking about the relationship between family members and professionals grows from the realization that the way we have traditionally practiced did not serve us well. Although we have come a long way from the days of “blame and shame”, we are still not at the point where we are seeing the family as real partners in the process of change. We must demonstrate that it values families by radically altering the premises on which social services are based, moving from “replacing families” to supporting and strengthening them.

Now let’s look at a framework for practice.

<table>
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<tr>
<th>Morning Break</th>
<th>15 minutes</th>
<th>Morning Break</th>
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<tr>
<td>An Empowering Approach to Practice</td>
<td>40 minutes</td>
<td>Lecture, Guide Group Discussion and Small Group Activity: State that it is important to create a framework for strengths-based, child centered, family focused services. This module introduces students to the phases and processes of the strengths-based empowering practice developed by B. DuBois, K. Miley, and M. O’Melia in their book Generalist Social Work Practice – An</td>
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<tr>
<td>Flip chart, markers</td>
<td>Handout 1: An Empowering Approach to Practice</td>
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Empowering Approach.

State that the empowering/strengths-based approach guides social workers through three phases:

- **Dialogue**
- **Discovery**
- **Development**

These phases are important in achieving permanency by developing relationships with the child, family and caregiver, assessing strengths and needs, constructing achievable service plans, and implementation through activating resources, creating alliances and expanding opportunities.

State that during the dialogue phase child, family and caregivers discuss their situation, goals, and strengths. Through this exchange social workers define their relationship with children, families, and caregivers as a collaborative partnership to which all contribute. In this phase, they define the purpose of the relationship and the focus of their work together. Some issues to consider during this phase include: what is the families view of the problem; what is the nature of the social work/family collaboration; defining the social work role in working with the family, etc. When conducting an assessment it is critical to consider the cultural context and be mindful that family-centered practice is an approach that recognizes the interests of all members, especially children and youth. It also works with the context of being child-focused recognizing the child as an actor within the family, including his/her individuality, roles and relationships, expectations and aspirations.

Explain the importance of developing a helping relationship with children, youth, families and caregivers (CWLA, The Social Worker...
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<tr>
<th>Client Relationship Module V, Session 1):</th>
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<tr>
<td>Developing a helping relationship with children, youth and their families is critical to helping them change the conditions or the patterns of behavior that caused the agency intervention. The relationship begins with the very first contact with the child, youth and their families and continues to develop with ongoing social worker and client communication and interaction. By definition, relationships have a strong emotional component. Good relationships don’t just happen they must be built and nurtured. The social worker-client relationship does not result from a social worker’s charismatic personality or a mystical connection between people. It is not essential, in fact, that the client personally likes the social worker for an effective relationship to be developed. Rather, it is a product of the social worker’s commitment to helping the client, an ability to relate effectively to the client on an interpersonal level, and the client’s willingness to be open and risk “relating” to the social worker. Obviously, you cannot control the client’s behavior, but you can control your own. Your behavior toward children, youth, families and caregivers can significantly increase the chances that a positive relationship will develop.</td>
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<tr>
<td>State that <strong>genuineness, empathy</strong> and <strong>respect</strong> are the interpersonal building blocks for the social worker/client relationship.</td>
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### Small Group Activity:

Divide participants into small groups. Distribute flip chart paper and markers to each group. Ask them to think about Jennifer from our last module and how they can demonstrate genuineness, empathy and respect in their work with her. Ask each group to appoint a recorder and reporter. Allow ten minutes to complete this activity.
Reconvene in the large group and ask each reporter to share the top two discussion points about Jennifer.

Make sure the following points are identified:

| Genuineness: | Being real, being yourself; verbal and spontaneous and non-defensive. |
| Empathy: | Communicating understanding; connecting with feelings; recognizing non-verbal cues; discussing what is important to the client; showing a desire to understand their feelings. |
| Respect: | Showing commitment; communicating warmth and suspending critical judgment; applauding the client’s resiliency. |

During the **dialogue phase**, collaboration centers on:
- Building partnerships based on respect, genuineness, acceptance, trust, and an appreciation of cultural differences and similarities within and amongst groups;
- Defining and clarifying the role of the worker in the assessment and intervention process;
- Defining respective family roles;
- Discussing children’s, families’ and caregivers’ experiences with challenging situations;
- Defining the purpose of the work;
- Activating children’s, families’ and caregivers’ motivation for change;
- Addressing crisis needs.
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State that in the dialogue phase we begin assessment through building the social worker/client relationship but as we move into the discovery phase, assessment and planning are our major intentional activities.

State that during the discovery phase, social workers continue to assess, and systematically explore resources on which to build solutions. Together they organize the information gathered during the assessment and develop a service plan agreement. During this phase, collaboration centers on:

- Exploring the child, youth, family and caregivers strengths;
- Exploring the resources in the child’s, youth’s, families’ and caregivers’ environment;
- Collecting relevant information from all collateral sources;
- Assessing capabilities of available resource systems;
- Jointly developing a service plan with specific goals and concrete objectives.

State that finally we come to the development phase: all parties working together to activate interpersonal and institutional resources, creating alliances with other systems, and expanding opportunities through resource development. During this phase, collaboration centers on:

- Operationalizing the service plan;
- Accessing resources necessary to achieve the goals in the service plan;
- Creating alliances among persons and organizations to accomplish the service plan;
- Enhancing opportunities and choices by creating additional resources;
- Evaluating ongoing progress and outcomes.
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Review with the group that creating and implementing a service plan is an evolving process. Summarize that the service plan changes as the professional relationship and the focus of the work progresses over time. Distribute and review Handout 3: *The Evolving Service Plan Agreement* as it follows the three phases of empowering practice.

<table>
<thead>
<tr>
<th>Phase</th>
<th>Type of Agreement</th>
<th>Description</th>
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<tr>
<td>Dialogue</td>
<td>Relationship Agreement</td>
<td>Agreement to form a working relationship and define direction</td>
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<td></td>
<td>Conducting Strengths-Based Family Assessments</td>
<td>Agreement to explore the situation, assess strengths/needs and resources available</td>
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<tr>
<td>Discovery</td>
<td>Agreement for Change – Develop Service Plan</td>
<td>Agreement on service plan</td>
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<tr>
<td>Development</td>
<td>Conclude the Relationship</td>
<td>Agreement to conclude the social worker-client relationship as plan has been achieved</td>
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Now let’s focus the assessment process.

### Elements of Assessment

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<tr>
<th>Description</th>
<th>Duration</th>
<th>Activity</th>
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<tr>
<td>Lecture and small group activity</td>
<td>35 minutes</td>
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<tr>
<td><strong>Small Group Activity:</strong></td>
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<td>Photos supplied by facilitator</td>
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Ask the group what guides their assessments. Record their responses on the flip chart.

Divide participants into groups of approximately 5 people. Distribute a photograph to each group. Ask the group to answer the following questions about their photo.

- What are the people in the photograph doing?
- Why are the people doing what they are doing?
- What can you infer from what you see about the people in the photograph?

Give groups 5 minutes to answer the questions and ask each to report to the group their findings.

State that this is an unfair activity because one cannot answer the last two questions. We can guess – but how accurate can we truly be? This is the danger with an assessment. Assessments can be used to infer all kinds of information about the children, youth and families. The best assessments can only be like a photograph – a moment captured in time.

Ask participants to share ideas on how to keep ourselves from making assumptions during the assessment process. Write responses on the flip chart.

State that when we think about conducting assessments with children, youth, and families our process must be multi-dimensional – assessing safety, well being and permanency.

Highlight that an assessment is both a process as well as a product. This assessment process is a dynamic one by which

Handout 4: Elements of Assessment
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| Information is being collected by various sources and coordinated into a plan driven by the family with the support of caregivers and staff. The product of the assessment is the service plan agreement. Review that assessment is a continuous process of information gathering and analysis for the purpose of maximizing the strengths of an individual, while minimizing their challenges. A good assessment will assist in making decisions about the need for change and the actions that will promote it. The nature of the decision to be made informs the types of information to be gathered, the methods used to gather it, and the process used to analyze it. Briefly review the elements of assessment:

**Information Gathering**: The element of assessment considers underlying conditions (perceptions, beliefs, values, emotions, capability, self concept, experience, development, family system, and culture) and contributing factors (mental illness, substance abuse, domestic violence, developmental disabilities, physical impairment, inadequate housing and environment, including inadequate income and social isolation) that influence an individual's strengths and needs.

**Analysis**: The essential review of underlying conditions and contributing factors provides the general framework. These two elements influence an individual's strengths and needs and impact upon the strategy or intervention chosen.

Another way to look at the analysis is through the lens of...
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**motivation, capacity and opportunity.**

**Motivation** is the balance between what the family hopes for and the discomfort of going through the process to get it or fear of the result of change.

Let’s review an example: parents may want their son to be drug free (hope), discomfort is the confrontation with the son getting counseling/help or feeling ashamed and guilty about the problem. Another example: a marital problem – the hope is that it will get better; the discomfort is that they have to talk to each other, face the hard feelings and possibly face separation.

**Capacity** is assessing the strengths and needs of the family.

**Opportunity** is the external supports that will help the family reach their goals. Opportunities can be the extended family members, work, school, friends, as well as the social work relationship.

**Decision Making:** The strategy of choice is dependent upon ascertaining what needs are being met by the present state of functioning as well as the individual’s view and feelings of her/his issue or situation.

**Taking Action:** Once the decision has been made it is translated into a plan of action with the child, youth and family. The plan identifies goals, objectives and tasks.

State that now we are going to explore different types of assessments.
<table>
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<tr>
<th>Lunch</th>
<th>60 minutes</th>
<th>Lunch</th>
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<tr>
<td>Assessment – Taking the Personal Pulse</td>
<td>15 minutes</td>
<td>Pairs Activity:</td>
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- **Group One:** Make a list of your greatest challenges in working with families in conducting assessments?
- **Group Two:** What kinds of information do you need to get from families to decide how you can help them?

Ask students to work with a partner for this activity. Draw an imagery line down the middle of the room. Have the sets of two on one side of the room address the challenges question and the other side address the information question. Give them about five minutes to work in pairs.

Using the flip chart, write **Challenges** at the top. Ask the students who worked on this question to call out some of their challenges. Write them on the flip chart.

On a separate flip chart, write **Assessment Information** at the top. Ask the students who worked on this question to call out issues they listed. Write them on the flip chart.

Look at the list of assessment information and remind the group that this information can be obtained from families.

Looking at the list of challenges, make any relevant comments that reinforce the ideas about how conducting assessments can be helpful for workers.

Now we look at the elements of a family-centered assessment.

| Flip chart, markers |
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<tr>
<th>The Assessment Process</th>
<th>60 minutes</th>
<th>Lecture:</th>
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<td>Use the following information to guide the lecture:</td>
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<td>process.</td>
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As we discussed, assessment involves engaging the entire family. It is a process not the completion of a tool or form. We use tools to help us organize and stimulate conversation. Assessment examines safety, permanency and well-being. Review the information on the slide below.

The Assessment Process:

It is important to include assessing the families’ understanding of the safety and risk factors facing their children as well as permanency and well-being issues, examining what they have already done to address the concerns, what they consider barriers to their progress, and their most pressing needs in relation to the safety and risk, permanency and well-being factors. This information is also incorporated into the overall family assessment.

The key parts of the process involve:
- Reviewing existing information
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- Meeting with the family
- Interviewing children and youth as appropriate
- Meeting with staff and other agencies,
- Obtaining specialized assessments
- Identifying with the family their 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 need

Sharing information with the family and other service providers to initiate and update the service plan.

Areas of Assessment:

Using a complete bio-psycho-social-spiritual assessment, which is an integrative assessment of an individual which brings medical, psychological, developmental, social, familial, educational, economic and cultural factors to form a comprehensive understanding of the family, forms the basis of assessment.

Let's look at the kinds of information we listed during the last activity and see how it compares and contrasts with the following categories of assessment information.


The assessment domains below are used as the starting point for intervention in child maltreatment cases. It is important to know that the most common type of child maltreatment in the United States is
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| neglect: nearly 60% of the victims in child welfare suffer from neglect (Children’s Bureau, 2007). About 10% of the victims suffer physical abuse and less than 10% of sexual abuse. Less than 5% of the victims suffer from psychological maltreatment. In 2007, there were an estimated 3.2 million reports of alleged maltreatment in the U.S, of which approximately 62% were investigated (Children’s Bureau, 2007). Nearly 800,000 (25%) children were in fact determined victims of abuse or neglect. Almost two-thirds of the victims and one-third of non-victims received post-investigation services, e.g. preventive services. Over one-fifth of the victims were placed in foster care. **Categories of Family Assessment:**
The following are characteristics or areas of need most commonly associated with families who come into contact with social service systems relating to safety and risk:

- Problems in accepting responsibility, in the ability to recognize problems, or in motivation to change.
- Patterns of social interaction, including aggressiveness or passivity, the nature of contact and involvement with others, presence of absence of social support networks and relationships.
- Parenting practices (methods of discipline, patterns of supervision, understanding child development and/or emotional needs of children).
- Background and history of parents and caregivers, including the history of abuse and neglect.
- Problems in access to basic necessities such as income, employment, education, adequate housing, child care, transportation, and needed services and supports. |
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- Identification of other family members that can provide support in times of stress.
- Identification of alternative caregivers.
- Behavior/conditions associated with:
  - Domestic Violence
  - Mental Illness
  - Physical Health
  - Physical, intellectual, cognitive disabilities
  - Alcohol and drug use

Categories of Child and Youth Assessment

Children and youth experience a variety of stressors that impact their ability to develop appropriately. The focus of a comprehensive family assessment of children and youth is on gathering information that will assist in decisions about what actions are required to keep the children safe, in a permanent living situation, and in a state of well-being. Depending on the age and developmental level, environment, and family culture, it is necessary to get information on the strengths and needs of the child or youth related to:

- Physical health and motor skills.
- Intellectual ability and cognitive functioning.
- Academic achievement.
- Emotional and social functioning.
- Vulnerability/ability to communicate or protect themselves.
- Developmental needs.
- Readiness of youth to move toward independence.

Categories of Older Youth Assessment

- Readiness to live interdependently.
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- Ability to care for one’s own physical and mental health needs.
- Significant individuals (adults and peers) in their lives outside of the family.
- Self-advocacy skills.
- Future plans for academic achievement.
- Life skills achievement.
- Employment/career development.
- Quality of personal and community connections.

A comprehensive family-centered assessment also identifies individual and family strengths and protective factors. The continuous exploration of the family’s ability to address their problems is important because recognizing strengths can help families realize their capacity to change. In addition, the identified protective factors can assist in mitigating the needs identified and mobilizing and/or expanding the resources that the family can use to help meet their needs. When exploring alternative caregivers whether kinship or non-kinship it is critical to assess motivation, capacity and opportunity as it relates to child’s integration into the new family as well as practical aspects of space, time, finances and caregiver availability.

As we discussed earlier, strengths are those positive qualities and resources present in each family. Protective factors are the resources and characteristics of the family members that can directly contribute to the protection and development of the children. It is important to note that the assessment of protective factors is not simply a listing of positive qualities and resources; the protective factors must be relevant and dynamically involved in offsetting the risks related to abuse/neglect. The protective factors often have to be deliberately mobilized to play a relevant role within the service plan.
Module Two: Family-Centered Assessment

The following are some individual factors contributing to protection: good cognitive and social skills, a positive self-perception, motivation to change, a willingness to seek support, an awareness of the threats to safety, ability to take action to protect children, self-discipline, and focus on acquiring knowledge and skills.

The following are some environmental factors contributing to protection: support from family and friends, stability of the living environment, positive interactions with others, and a connection to the community.

Let’s look at some additional protective factors:

- Presence of a supportive extended family willing and able to help.
- Demonstrated ability of parents to accept responsibility for their behavior and willingness to change.
- Value placed on the role of parent and desire to do a good job.
- Clear understanding of youth’s and child’s developmental need.
- Willingness to meet the needs of the child or youth; ability to get the child to school, medical appointments, etc.
- Adjusting discipline to stage of development.
- Ability to control expression of anger.
- Physical and emotional health of caregiver.
- Capacity to form and maintain healthy relationships.
- Positive patterns of problem solving in other life areas.
- Parental past experience protecting the child.
- Non-maltreating parent or other adult in the home willing and able to protect the child.
- Appropriate communication and problem solving skills of the adults that share child care.
Here are some practice guidelines to help both the social worker and family identify meaningful and functional strengths:

- Give preeminence to the children and families’ understanding of the facts. The children and family’s definition of the situation and the meaning that they give the situation are the central focus for the assessment.

- Believe the children and family to the degree possible. Fundamental to strengths-based models is that families are ultimately trustworthy. This is somewhat difficult to deal with in a situation where the social worker is investigating allegations. However, the social worker is called upon to be fair and not prejudge the family to recognize their dignity and worth throughout the process. Helping the children and family to realize alternative or unexplored views of their behavior while still appreciating the family’s perspective is part of this process.

- Discover what the family wants. The social worker must determine what the children and family want to happen in relation to their current problem. This involves helping the family talk about their needs and wants and to determine what the family perceives to be successful resolution of the case.

- Move the assessment toward personal and environmental strengths. Focusing on strengths can help families creatively negotiate obstacles.

- Make the assessments of strengths multi-dimensional. This goes to our last discussion of protective factors.

- Use the assessment to discover uniqueness. Every individual
**Module Two: Family-Centered Assessment**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Duration</th>
<th>Description</th>
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<tbody>
<tr>
<td>Afternoon Break</td>
<td>15 minutes</td>
<td>Afternoon break</td>
</tr>
<tr>
<td>Eco Maps</td>
<td>30 minutes</td>
<td>Lecture and Activity</td>
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<td></td>
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<td>An assessment tool that can be used with families is the ecomap. The ecomap is a geographical representation that shows all the systems at play in the individual's life. Ecomaps are used in individual and family counseling within the social work profession. They are often a way of portraying systems theory in a simplistic way that both the social worker and the client can look at during their meeting.</td>
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<td>Is this being done with the individual or with the family as a group and what are the implications of each? Depending on the circumstances of the case, ecomaps can be done as a family or individually and then compiled into one large map by the social worker.</td>
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</table>

- Use the words as expressed by the child and family. The use of professional jargon is inconsistent with the approach of mutual participation with the social worker and family.
- Make assessments a joint activity between the social worker and the children and family.
- Reach mutual agreement on the assessment. The social worker should not have secret assessments of case plans. All the assessments that are written should be shared with the family.

Now let's practice conducting an ecological assessment.

Module PowerPoint Flip chart, markers
Module Two: Family-Centered Assessment

<table>
<thead>
<tr>
<th>worker.</th>
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<tbody>
<tr>
<td>Through this method, the social worker and family can learn about:</td>
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<tr>
<td>▪ The relationship system(s) - How do members of this family feel</td>
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<tr>
<td>about the other members? Who is close to whom in this family?</td>
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<tr>
<td>Are there identifiable alliances? What are the major conflicts</td>
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<td>within the family from the point of view of each member?</td>
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<tr>
<td>▪ The family through time - What is the significant history about the</td>
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<tr>
<td>development of the family (marriage, children, etc.)? What are the</td>
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<tr>
<td>significant themes, patterns, events in the family history, major</td>
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<tr>
<td>losses, changes, and how has the family handled them?</td>
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<tr>
<td>▪ The family network - What persons or systems are important to the</td>
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<tr>
<td>family? Outside the immediate family, where does the family turn</td>
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<td>for support?</td>
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Let's look at how to do an ecomap:

Draw a large circle in the middle of the map. This represents the members of household.

Inside the large circle, write the names of the family members and their relationships and age.

Inquire into what outside systems influence the family unit and its members.

Examples of these outside systems may include: work, extended family, church, school, health care, social welfare, recreation, and
friends. Draw smaller circles around the large household circle and label them to represent the outside systems.

The next step is to begin to draw the connections of the family unit and its individuals to the various systems in their environment.

These connections are indicated by drawing lines between the family and the circles representing the outside systems. Some of the connections may be drawn to the family unit as a whole or to the individual members. This differentiation demonstrates the way the various family members are connected to the environment.

The nature of the connection is described by the type of line that is drawn:

A solid or thick line represents a strong connection;

Three solid lines indicates that the strong connection is an intense relationship;

A broken line indicates a tenuous relationship;

A zigzagged line shows a stressful or conflictual relationship;

Finally, write a word or two beside the connecting lines or smaller circles to further describe, clarify or highlight information drawn on the ecomap.
Example of an Ecomap

Now let’s practice completing our own ecomap. Distribute flip chart paper and markers to students. Have them complete their own ecomap.

Note: It may be important for instructor to prepare their own ecomap or have an example to share with the group.

Give students 10 minutes to complete their ecomap and post it around the room.

Divide class into pairs and have each pair explain their ecomap to their partner and have their partner ask any questions that would provide additional information. Remind the group that they should use the interpersonal helping skills or respect, empathy and
Module Two: Family-Centered Assessment

genuineness when listening to their partner.

In the large group ask, what did it feel like to complete the eco-map? What was it like to explain it to your partner? What kinds of questions did your partner ask?

Remind the group that they would be conducting the ecomap with the individual or family member and this was just a way to get them to practice.

Now we are going to put all this information together and practice conducting a family assessment.

<table>
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<tr>
<th>Conducting Assessments</th>
<th>90 minutes</th>
<th>Case Study and Guided Group Discussion</th>
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</table>
|                        |            | Distribute the Case Study: Jasmine and Jade. Divide students into small groups. Distribute the Worksheet: Safety, Permanency, Well-Being and have each group to identify the safety, permanency and well-being issues for Jasmine and Jade. As they identify the issues, ask them to think about what information and questions they will need to ask in order to make a through psycho-bio-social-spiritual assessment.
|                        |            | Give the group twenty-five minutes to identify all the safety, permanency and well-being issues as well as assessment information and questions. Ask each group to share two of their safety, permanency and well-being issues related to the case. Record their responses in the flip chart. Lead the discussion on the identifying information they will need as well as the types of questions that they would ask.
|                        |            | Present the following types of questions to assess safety, permanency and well-being. These questions are adapted from the |

Flip chart, markers
Handout 5: Case Study: Jasmine and Jade
Handout 6: Worksheet: Safety, Permanency, Well-Being
### Module Two: Family-Centered Assessment

*Family Centered Assessment Guidebook: The Art of Assessment* developed by the National Resource Center for Permanency and Family Connections.

#### Family Members Telling Their Story:

Possible ways to ask questions:
- What are your perceptions why Jade and Jasmine were placed in foster care?
- Was there ever a time that Jade and Jasmine were not safe?
- What were some of your concerns for Jade and Jasmine?

Success factors on which you can build:
- The family acknowledges that there is a problem and is willing and open to intervention.

Considerations and areas we need to explore:
- Lack of family acknowledgement and understanding of the issues – and seeming lack of motivation to change.

#### Discussing Day to Day Parenting with Family Members:

Possible ways to ask questions:
- What was it like to be the parents of Jasmine and Jade?
- How did having Jasmine and Jade living with you effect the other members of your family?
- What is a day in your life as a parent like?
- What is one creative way that you have dealt with your own children’s frustrating behavior?
- What is one creative way that you have dealt with Jade’s frustrating behavior?
- Could you describe a great memory you have of your family?
- Could you describe a great memory you have of Jasmine and
### Module Two: Family-Centered Assessment

<table>
<thead>
<tr>
<th>Jade?</th>
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<tbody>
<tr>
<td>▪ What is one special way that you show love to your children?</td>
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<tr>
<td>▪ Who is your biggest influence as a parent?</td>
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<tr>
<td>▪ When you get frustrated or tense with your children, what do you do?</td>
</tr>
<tr>
<td>▪ Who else you help you care for your children when you are tense and frustrated?</td>
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</table>

#### Success factors on which you can build:
- Can they recall something with their child/ren that is good memory?
- Clear verbal statement that they love their children.
- Parent is aware of what creates tension in the family.
- Can they reach out to find family members or neighbors who can provide relief to some of the day-to-day stressors of parenting?

#### Considerations:
- Age of parents.
- Support systems available to family.
- Child has taken on the parenting role in the family.
- Parent has unrealistic expectations of what the child is able to do.
- Responds negatively, harshly, tone of voice is generally angry or harsh with the child/ren.

### Family Fears about Providing Care for Jasmine and Jade:

#### Possible ways to ask questions:
- What scares you most about being involved with Jasmine and Jade?
- How do you think the rest of your family is responding to your involvement?
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Success factors on which you can build:
- Where do we leave the room for the family to say, “I cannot be the parent to these girls”? Strength and courage to say that someone else would do this better – and I would like to be part of deciding who it should be.
- Parent, while uncomfortable, does what it takes to meet child’s needs regardless of feelings of pride.

Considerations and areas we need to explore:
- Child fears parent or other adult within the home.
- Family expresses fears of long-term parenting.
- Parent’s pride or unwillingness to receive help hinders their ability to correct safety issues and to meet children’s needs.

Exploring Family Connections – Support System
Use these questions with both family members and Jasmine and Jade:

Possible ways to ask questions:
- What family members are close to you?
- Who can you rely on?
- Who helps you when you are stressed out? In the past who helped you when times were difficult?
- Who do you trust?
- Do you visit your relatives? Can you tell me about them?
- Where do you consider home?
- Who do you consider family?
- Tell me about a family member, neighbor or community member who you felt close to?

Success factors on which you can build:
- Family or children clearly have connections and support
Module Two: Family-Centered Assessment

<table>
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<tr>
<th>systems. These people are clearly there for the family or children.</th>
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<tr>
<td>▪ Family members are involved with activities outside the home.</td>
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</table>

Considerations and areas we need to explore:

- Recent death or loss of a family member that served as a support system. The girls have experienced extreme separation and loss issues that need to be further explored.
- Degree of trust in developing relationships.
- Safety and risk issues related to any identified resource for the children.

**Understanding Children’s Needs:**

Possible ways to ask questions:

Ask the parent:

- Based on your sense of the girls – what do they need?
- Do you think that you will, in the near future, be able to give them what you want them to have?
- With whom is it important to these children to stay connected?

Ask the children:

- What do you think you need?
- If you were granted three wishes what would they be?
- What are you good at? What do you love to do?
- What is your favorite subject at school?
- What is something that you have done in the last two weeks that you are proud of?
- Are there times that you feel scared…what is happening then? Who is around for you to talk to?
- What is the best thing you remember about being with your family?
Module Two: Family-Centered Assessment

- What is the worst thing you remember about being with your family?
- Tell me about your friends. Do you have a close friend? What do you like to do together?
- What would be important to you in being part of a family?

Success factors on which you can build:
- Family can meet children’s needs.
- Children can identify what they need and want in a family.

Considerations and areas we need to explore:
- What are the family’s capabilities to deal with the extreme trauma issues of these children?
- Does any child within the family have special and physical or developmental needs that are very demanding?

Additional areas that need to be assessed with family and other identified resources are:
- The emotional health of the girls.
- Domestic Violence issues.
- Housing and Basic Needs of the family.
- Visitation with the children and family members.

Ask the group to compare and contrast the questions they came up with in their small groups to the questions and areas of assessment we have just discussed.

State that assessment is a continuous process leading to the development of a joint service plan with the family. In our next module we will focus on the development of the service plan.

<table>
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<tr>
<th>Review</th>
<th>15 minutes</th>
<th>Thank the group for all their hard work. State that it is important to think about how these concepts can be integrated into their practice</th>
<th>Action Plan</th>
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<tr>
<td>REFERENCES</td>
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<tr>
<td>National Resource Center for Family-Centered Practice and Permanency Planning. (2002). <em>Family Centered Assessment</em></td>
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