Continuous family assessment

How are you going? How are you going now?

Marianne Berry and Scottye J. Cash

Working with children and families experiencing child maltreatment requires that a practitioner understand the family: their risks, their needs, their strengths, and the goals of the intervention. Therefore, many of the tools and training topics that support this work focus on family and child assessment. The purposes of a thorough assessment are to understand the immediate circumstances so that children are protected, and interventions are relevant to the child and family's circumstances and events. This paper presents a new assessment tool that is ecologically oriented, empirically based, and able to provide a continuous assessment of the child and family that can chart improvements and declines over the life of a case.

KEYWORDS: assessment, strengths

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Working with children and families experiencing child maltreatment requires that a practitioner understand the family: their risks, their needs, their strengths, and the goals of the intervention. Therefore, many of the tools and training topics that support this work focus on family and child assessment. The purposes of a thorough assessment are to understand the immediate circumstances so that children are protected, and interventions are relevant to the child and family's circumstances and events. Because the assessment is typically one of the initial interactions with the child and family, it is also important that it helps to engage the family in a working relationship, rather than making them defensive or hopeless. Finally, because an assessment is intended to identify the key problems and risks facing the family, it naturally leads to the identification of the key risks and problems that should be reduced or eliminated (i.e. the outcomes of the work with the child and family).

In reviewing the myriad forms of assessment in use in the United States and around the world, the authors have noted that most of these instruments and systems are necessarily problem-focused, are typically used at an initial point in a case but not continually referred to as the case progresses, and that they seldom incorporate the child and/or family's strengths and the resources and dangers in their environment (both social and physical). To remedy this, the senior author created a new assessment tool, *Strengths and Stressors*. This article will review the limitations of current assessment tools in child protection work, present and describe the *Strengths and Stressors* assessment tool, and discuss its various contributions and limitations to practice.

ISSUES IN FAMILY ASSESSMENT IN CHILD WELFARE

In the US, the assessment process in child maltreatment cases begins with the initial maltreatment report to the child protection agency. The investigation or intake worker is responsible for establishing the initial contact and determining if the alleged maltreatment did in fact occur (known as substantiation in the United States). Once the report is made and there is a decision to investigate the allegation of maltreatment, the case is usually transferred to another unit (or, in some jurisdictions, the local law enforcement agency) to complete the investigation of maltreatment. If the allegation is substantiated, the

investigation worker determines if the case should be opened for ongoing services, if the child should be removed from the home and placed in out of home care, or whether the case should not be opened but the family referred to community services. These decisions are influenced by the investigation and its assessment of the level of risk to the child.

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Safety assessment and risk assessment

Many jurisdictions have moved to completing two different assessments during the investigation process: a safety assessment and a risk assessment. The purpose of the safety assessment is to determine the child's immediate safety needs, including whether and how the child can be safely maintained in his or her home (Fluke, Edwards, Bussey, Wells & Johnson 2001; Fuller, Wells & Cotton 2001; Rittner 2002). The safety assessment (Child Endangerment Risk Assessment Protocol; CERAP) was introduced in the United States in the state of Illinois after the state child protection agency received intense media scrutiny for several maltreatment cases in which a child was either killed or was severely harmed after the case had come to the attention of the child welfare system (Fluke et al. 2001). The CERAP safety assessment includes fourteen items; behavioral indicators that place the child at increased harm. Based on the number and type of safety factors, the caseworker makes a determination as to whether the child is 'Safe' or 'Unsafe'. The caseworker then completes a Safety Plan documenting the safety concern and the steps that will be taken, and by whom, to ensure that the child remains safe. Once the safety assessment is completed, the caseworker then completes some form of a risk assessment instrument.

While the safety assessment is usually completed within the first three days following the investigation and assesses the immediate safety needs of the child, the risk assessment instrument is intended to more thoroughly assess the family. Therefore, this assessment is usually completed within the first 30 to 45 days after the case is opened for investigation. Risk assessment instruments have received significant attention in the American child welfare field over the last 20 years. Three major types of risk assessment instruments are used in the United States at this time: actuarial, consensus,

and blended models. The actuarial model includes only assessment items that have been empirically related to future occurrence/recurrence of child maltreatment. The second model is a consensus-based instrument in which the risk assessment instrument has been developed by a group of individuals who have some level of expertise in child welfare. The items on the consensus-based model, however, have not been subjected to empirical testing. The third model combines the actuarial and consensus-based instruments to create a mixed risk assessment instrument. Many times, the mixed model began as a consensus-based model that was then empirically tested to determine the actuarial relationship between the items and recurrence of maltreatment. This, however, does not imply that all of the items that remain on the risk assessment are empirically related to recurrence (Cash 2001; DePanfilis & Zuravin 2001; Leschied, Chiodo, Whitehead, Hurley & Marshall 2003).

One of the most common models of an actuarial risk assessment is the Structured Decision Making (SDM) model (Baird & Wagner 2000; Baird, Wagner, Healy & Johnson 1999). The SDM includes two subscales, one focusing on neglect and the other on abuse, and guides the caseworker in determining the family's level of risk. Based on the level of risk, the caseworker makes a determination to open the case for ongoing services, place the child in foster care, or close the case. Schwalbe (2004) argues, however, that many risk assessment instruments, including the structured decision making models, are atheoretical and provide the caseworker with a risk level 'without explaining the dynamic processes that might explain their findings' (p. 572).

The items in a Structured Decision Making model and many other risk assessment instruments focus on family and individual demographics (i.e. caregiver is 27 years or younger, there are three or more children in the home, etc.), history (i.e. parent was abused or neglected as a child, family has prior child maltreatment reports, etc.), and the parent and/or family's current level of motivation, cooperation and perception of the seriousness of the allegation. Munro (2004) argues:

> risk assessment instruments that make mathematical calculations based on the best empirical evidence may well be the best way of assessing the level of danger to the child but their conclusions carry no magical guarantee of truth (p. 885).

Furthermore, while several risk assessment models and the specific items on these assessments have been empirically tested for their relation to recurrence, these items and processes do not necessarily support a clinical case planning process (Cash & Berry 2003; DePanfilis & Zuravin 2002; Shlonsky & Wagner 2005).

Limitations of current risk assessments

The limitations of the safety and risk assessments include the inclusion of items not being amenable to change, the lack of a structured method to prioritize problems to address in the case plan, a primary focus on deficits and not strengths, an orientation to the individual (child) rather than his or her environment (an ecological assessment), including his or her family (Cash 2001; Gambrill & Shlonsky 2000; Shlonsky & Gambrill 2001; Shlonsky & Wagner 2005).

The safety and risk assessment instruments that include a parent's prior and childhood history do not lead a caseworker to knowing what their current needs and risks are, impeding a practitioner's ability to work with the family on present and changeable risks. For those items that are historical or demographic in nature, these are not amenable to change no matter what the intervention is. If there is not a specific and systematic way to assess the family's current needs and the caseworker is reliant upon the risk assessment to do case planning, little progress can be shown to reduce the risks when the risks are historic. Caseworkers may be asked to close a case that is still considered 'high risk' based on the risk re-assessment, as the initial risks that are historical or demographic cannot be changed.

Risk assessment instruments necessarily focus on risk and not strengths or assets. Experienced practitioners are typically aware of the risk factors that will get their family the most attention. Lyle and Graham (2000) found a reduction in risks from intake to case closure in their study of one application of a risk assessment instrument. However, when the data were examined more closely, they found that the differences between intake and case closure were 'largely due to the artificial inflation of initial risk scores by caseworkers in order to ensure children's acceptance for ongoing child protection services' (p. 935).

Most current safety and risk assessments also do not help the caseworker prioritize the problems or family's needs. These instruments do not guide the caseworker in determining where to intervene and how to intervene. Without a systematic assessment of the family's current needs, each caseworker is left with idiosyncratic interventions that may or may not be based on the family's needs but rather what the agency has to offer.

The intake and investigation process can be stressful for families as they are being subjected to scrutiny and judgment about their ability to safely and adequately parent their children. Given that engagement is a critical component of the treatment process, if, during the investigation, a family is assessed only on their limitations, engagement and the relationship with the family will be detrimentally affected.

Child protection and community practice is built on the person-in-environment framework. The person-in-environment framework has been expanded, throughout the

years, to include the ecological systems framework (Bronfenbrenner 1979). This framework supports the understanding that families do not live in a vacuum but, rather, live in an ever-expanding set of concentric circles that influence their well-being. Safety and risk assessment instruments do not, however, assess the family from an ecological lens. Most assessments focus on the individual child's demographics, history, and functioning. Little attention is paid to how the family interacts with their environment in terms of both risk and support. Without this ecological focus, case planning will more than likely not be based on the family's needs at all levels (i.e. individual, family, support, and community) (Cash 2001; Shlonsky & Wagner 2005).

The limitations of the safety and risk assessment mentioned above support the need for an additional measure that assesses the family's needs and strengths, can measure change/progress over time, and is ecologically-based. The *Strengths and Stressors* assessment tool was designed to meet these needs.

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STRENGTHS AND STRESSORS[1]

The *Strengths and Stressors* assessment was developed to be:

- Short and easy to complete.
  It is a two-page document that requires no narrative description of the child or family. Practitioners rate the child, family and environment on a scale from 'major strength' to 'major stressor' on several items, organized into a comprehensive set of domains of assessment. Although the practitioner is responsible for completion of the physical assessment form, it is intended that the family is involved in the assessment and that the ratings are discussed jointly. In this way, this short two-page

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[1] The *Strengths and Stressors* instrument is in the public domain and can be used free of charge (contact the senior author by email at: andysmom@ku.edu). The only stipulation in using the instrument is that appropriate credit be given to the instrument's author, Dr. Marianne Berry.

form can guide a thorough conversation of the family's circumstances.

- Knowledge-based and knowledge-informed.
  The items that are included in the *Strengths and Stressors* are derived from the North Carolina Family Assessment Scale (NCFAS) (Reed-Ashcraft, Kirk & Fraser 2001), which are based on the empirical literature identifying the correlates and predictors of child maltreatment and child placement into out of home care. While the NCFAS is a lengthy document, the senior author, with the permission of Kirk and Reed-Ashcraft, distilled from the NCFAS those items most highly predictive of these outcomes into a two-page list of items, organized into domains.

The relationship between services and outcomes has become increasingly important as the profession is moving towards knowledge-based and knowledge-informed practice ... The days of providing services at will and without accountability are over ...

- Relevant to child welfare practitioners and families.
  The items on the *Strengths and Stressors* are organized into six domains known to be predictive of child protection outcomes and critical to an ecological assessment. These six domains are: environment, social support, parental capabilities, family interactions, family safety and child well being. In the space of two pages (albeit in small print), a practitioner can do a brief assessment that covers the areas critical to a thorough understanding of the child, family and environment.

- Strengths-based.
  Each item is rated on a scale from major strength to major stressor. The inclusion of categories of strength allows the practitioner and family to recognize those resources and skills that the family already possesses that are positive and can be useful to case planning.

- Motivational.
  By allowing the capacity to record the family's strengths, not only their risks and needs, the practitioner and family can complete an assessment with some feelings of pride and hope. By including an assessment of the aspects of the family's environment, the assessment includes things over which the family themselves may have little control, but should be addressed to support the work with the family. In this way, responsibility for the family's progress and the child's safety is shifted away

from blame of the family to inclusion of the broader community, not often included in typical risk assessments and structured decision making models.

- Useful to assessment.
  Once the *Strengths and Stressors* assessment has been jointly completed by the practitioner and family, the ratings from -3 (major stressor) to +2 (major strength) are visually represented on the two pages, and those ratings that are outliers (the -3s and the +2s stand out visually as the stressors and strengths that are most pressing and strongest for the family. This can help practitioners and family members see where their key stressors and strengths lie.

- Useful to service planning.
  Once these key stressors and strengths are identified, this list leads naturally to a discussion between the practitioner and family about the relevant services and resources that might be used to draw on the family strengths to address the family's stressors. Because most child protection and community work is time-limited, it is necessary to prioritize the foci of services, and these ratings help in this prioritization. If used as a continuing visual aid to work with families, the tool can aid in keeping everyone focused on the outliers (major strengths and stressors), rather than drifting to other, lesser or irrelevant tasks and goals.

- Useful to tracking of progress.
  Assessments are too often completed at the beginning of work with a family, and then filed away in the back of the case notes as the work moves on to services. The *Strengths and Stressors* tool was designed to allow the practitioner and family to track their progress over the life of their case. The two-page form has space for the same assessment domains at two points in time. These can be assessed at intake and again at case closure, or at periodic points throughout the case, such as every three months, or even at key decision points, such as the return of a child from out of home care. This helps to keep the family and worker focused on the key stressors, and helps everyone to discuss whether and where the family is making progress, and whether to change the service plan if progress is not being made.

- Useful to courts and other service partners.
  In completing the *Strengths and Stressors* assessment tool, the practitioner and family have conducted a complete ecological assessment, including six domains of risks and resources important to the child's safety and well-being. This thorough but concise tool is very useful as a way to communicate to others the assessment of the family, the foci of interventions, and the progress made. It can certainly be supplemented by narrative documentation, but can also stand alone as a thorough,

knowledge-based inventory to help guide decision making with case collaterals.

LINKING ASSESSMENT TO CASE PLANNING

Research in the family preservation and reunification literature shows that services aren't always matched to family need (Berry 1994; Cash & Berry 2002, Fraser, Pecora & Haapala 1991; Staff & Fein 1994). Using individually tailored service plans helps to ensure that the family is getting the help they need (Halpern 1997) which, in turn, should address some of the reasons the family initially entered the child welfare system (Inkelas & Halfon 1997). While matching services to needs is a critical service delivery component, there may not always be a structure in place to help guide how the interventions are determined and applied (Chorpita, Bernstein, Daleiden & the Research Network on Youth Mental Health 2008). Once these interventions are applied, it is important to examine how these services lead to outcomes (Pecora, Fraser, Nelson, McCroskey & Meezan 1995). The relationship between services and outcomes has become increasingly important as the profession is moving towards knowledge-based and knowledge-informed practice (Barth & Jonson-Reid 2000). The days of providing services at will and without accountability are over (Camasso & Jagannathan 2000; Chorpita et al. 2008). As Millar and colleagues (2001) write:

> the national and international drive towards accountability ... has intensified this focus on examining the 'black box' between inputs and outcomes as agencies scramble to justify their strategies for achieving identified end results (p. 73).

Linking needs to services and then to outcomes is needed in order to determine what kind of clients are being served, what services are being provided, and how these services lead to positive outcomes (Inkelas & Halfon 1997). The logic model is one method to help achieve this and guide decision-making in the case planning process.

Logic models

The logic model approach has been around for over 30 years; however, it was initially limited to use by program developers and evaluators (Millar, Simeone & Carnevale 2001). Over time, logic models in the social sciences were adapted so that they can be used not only at the program level but also at the individual caseworker level (Berry, Bussey & Cash 2001; Pecora, Seelig, Zirps & Davis 1996; Wright & Paget 2002). The logic model examines the logical linkages between family needs, strengths, goals, services, and outcomes (see Figure 1). Other examples of logic models may include additional components such as inputs and outputs, resources, and activities (Pecora et al. 1996).

For this paper, the logic model focuses on the family's needs, strengths, goals, services, and outcomes. The logic model is based on the assumption that the family's needs and strengths inform their case goals, which thus informs the services planned and provided, and that these will therefore influence child and family outcomes. The strengths component is included so that the caseworker recognizes that the family's strengths are a necessary contributor to the development of case goals and service plans. For example, if a family's need is housing, and their strength is the support of friends and relatives, then the goal and services would focus on how to use the family's relationships with friends and relatives to help them achieve the outcome of securing a stable home. As this example and Figure 1 demonstrate, there is a logical linkage between the family's needs, services, and outcomes.

The logic model is a tool that can be used to organize case plans and help prioritize cases. The logic model will not work, however, without the caseworker using good clinical judgment to determine how the different components are related and measured. The *Strengths and Stressors* instrument can help guide problem focus and use of strengths in the identification of goals, service provision, and achieving outcomes.

The logic model approach helps to minimize the 'one size fits all' approach where services are based on the menu of services that the agency possesses. Rather, this approach allows the practitioner and family to create individually tailored services, addressing the family's specific needs (Berry, Bussey & Cash 2001; Cash & Berry 2002). The logic model approach also helps practitioners to identify observable and measurable outcomes. The caseworker and supervisor can use the logic model approach to monitor achievement of outcomes and determine when different approaches may need to be implemented.

Those agencies that use logic models can aggregate goal achievement across all families served, in order to monitor program outcomes. This can be helpful for both strategic planning and for providing evaluation findings to support grant applications.

Figure 1. Logic Model
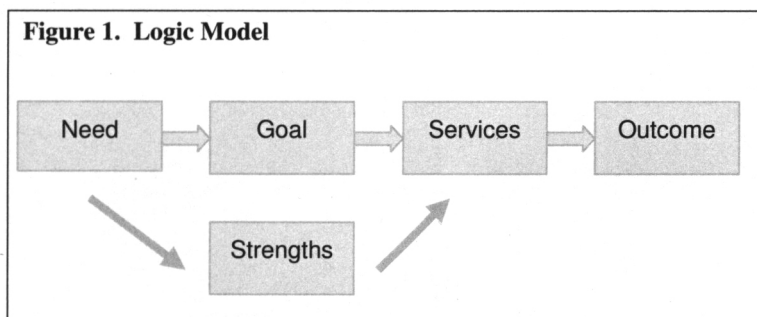
THE *STRENGTHS AND STRESSORS* INSTRUMENT AND LOGIC MODELS

The *Strengths and Stressors* instrument works well within a logic model framework. After completing an assessment with the *Strengths and Stressors* instrument, the practitioner and family can visually see what areas/items show the greatest stressors for the family and what areas/items are strengths for the family. This visual representation can be used to build and monitor the case plan (entering the key stressors and strengths into the boxes in Figure 1).

How are we going?

The *Strengths and Stressor* assessment leads naturally to case planning, where the family and child's needs are prioritized. How to prioritize needs to be addressed first? The needs can be prioritized based on Maslow's hierarchy of needs. The needs can also be prioritized where issues that can be resolved quickly can be addressed first. This approach can help with family engagement as it demonstrates to the family that the caseworker is willing and, more importantly, able to help them with some of their immediate needs. The combination of stressors and strengths can help the practitioner to determine where to focus services. It can help keep the practitioner focused on key stressors and logically related services so that the primary goals are being addressed while minimizing the tendency to be distracted or drift away from the key issues. The *Strengths and Stressors* instrument can also be used to document the basis of an individualized case plan. This can be used in the supervision process to work with the practitioner to ensure that the family is receiving the services they need and, when adjustments are needed, they can be made quickly (Lambert 2005; Lambert, Harmon, Slade, Whipple & Hawkins 2005; Lambert, Whipple, Hawkins, Vermeersch, Nielsen & Smart 2003; Sapyta, Riemer & Bickman 2005).

How are we going now?

The *Strengths and Stressors* instrument is designed to be administered at multiple points in time while the case is open and provides quick and specific information on positive and negative changes. Agencies are encouraged to determine the frequency of completing the instrument. Some agencies choose to measure change at three to six month intervals, whereas others use it to measure at intake and then again at case closure. The family members are also able to graphically see their change in direction. This can contribute to ongoing family engagement and also keeps them involved in their treatment process. Previous research (Berry, Cash & Mathiesen 2003) on the *Strengths and Stressors* instrument showed that families made changes from Intake to Case Closure and that the instrument was able to discriminate between physical abuse cases versus neglect cases. Further research (Berry, McCauley & Lansing 2007) has shown that improvements in domains on the *Strengths and Stressors*

tool are correlated with positive case outcomes in child protection cases.

Using the *Strengths and Stressors* in the unit, agency and community

The *Strengths and Stressors* instrument can document the primary strengths and stressors of the families who come to the program. This can be used for program and strategic planning that determines, across the entire agency, in what areas families improve and where the agency needs to focus more attention or resources for families in the future (Chorpita et al. 2008). At the community level, the *Strengths and Stressors* tool can help identify community-based problems and ongoing needs and also resources available to families in the community. This can serve as an informal needs assessment that can also be used for strategic and community services planning.

The *Strengths and Stressors* instrument is one measure that meets needs at multiple levels. The *Strengths and Stressors* tool can be used in a process of logical linkages between family assessment, case planning, service delivery and tracking of family progress, which thus informs both individual and agency practice and documents the levels of achievement towards family and agency goals and outcomes. ■

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INVITED COMMENTARY by Patricia Hansen

on 'Continuous family assessment: How are you going? How are you going now?' by Marianne Berry & Scottye J. Cash

The Structured Decision Making (SDM) model is already established in Queensland and South Australia, and NSW has implemented some SDM components (Children's Research Centre). Other states may follow if policy makers see this as a solution to the problems in the child protection system. Justice Wood's (2008) Report of the Special Commission of Inquiry into Child Protection Services in NSW includes a recommendation that SDM should be implemented in NSW. Recommendation 9.1 states:

DoCS should test the use of Structured Decision Making tools at the Helpline and at CSC's in relation to assessments and interventions including restoration (p.xv).

The Report cites evidence from the United States that SDM has stronger predictive validity than consensus based instruments (D'Andrade, Austin & Benton 2008), but independent Australian research shows that use of SDM in Queensland did not produce consistency in decision making