Using Comprehensive Family Assessments
to Improve Child Welfare Outcomes
Ramsey County Community Human Services &
University of Minnesota School of Social Work
St. Paul, Minnesota

# Comprehensive Family Assessment Program Baseline Study

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# Introduction

Since its inception almost 100 years ago, the Children's Bureau (CB) has upheld its mission of evaluating "all matters pertaining to the welfare of children" (Social Security Administration, 1956) by implementing policies aimed to protect children from abuse and neglect. From the child labor laws of the 1920's to modern day child welfare initiatives, these policies have reflected the CB's central goal of providing support for services to children and their families and ensuring effective and safe practice. As more federal funding has been provided for services over time, the CB has also assumed responsibility for monitoring the performance of these programs.

Following in the vein of this tradition, the Child and Family Services Review (CFSR) - a federal program designed to assess the performance of State child welfare agencies with regard to achieving positive outcomes for children and families - was created in 1994 (Children's Bureau, 2008). The United States Department of Health and Human Services (USDHHS) Children's Bureau began implementing CFSRs in 2001. The implementation of the CFSR includes regular reviews of all child welfare agencies across the country and State submission of Program Improvement Plans (PIP) – plans that outline a protocol for meeting needed improvements documented by CFSRs.

After completing the 52 initial reviews[1] in 2001, the federal CFSR study found many areas throughout the country's child welfare systems that needed improvement and required attention. One of the most significant was that State agencies rarely went beyond initial risk and safety assessments in identifying the strengths and needs of families. Further, inadequate comprehensive assessments were identified nationwide. More specifically, the CFSR performance indicator that addresses family assessment and service provision failed to meet national standards in all but one state[2] (Children's Bureau, 2007). Reviewers noted that the quality of these assessments affected other performance indicators, including safety, permanency, and well-being. As a result of these findings, the Children's Bureau developed the *Comprehensive Family Assessment Guidelines for Child*

[1] 50 states plus District of Columbia and Puerto Rico
[2] Kansas

*Welfare* to serve as a resource to States, and funded five State sites to examine and improve their comprehensive family assessment processes.

Unlike state administered systems, Minnesota has a county administered child welfare system in which the counties have administrative responsibility for the financing and management of their own child welfare services. Therefore, the way Minnesota reviews and implements findings from the CFSR must reflect this unique structure. To provide support to the counties and to monitor the use of federal funding, the State has an ongoing county review system. The Minnesota Department of Health and Human Services (MNDHS) recently revised the format of their county reviews to reflect the federal CFSR review. All counties are now reviewed with this system, including Ramsey County (Minnesota Department of Human Services, 2005).

Ramsey County, one of the five federal grantees for the CFA project, has been working on the creation and implementation of strategies that guide comprehensive assessments and has continuously attempted to improve practice methods in this area since 2001 (Children's Bureau, 2005). As part of their management review and continuous quality improvement, Ramsey County Community Human Services Department (RCCHSD) created the *Children and Family Services Best Practice Framework* that outlined various practice principles and "how-to" practice components for workers in the field (Ramsey County Community Human Services Department, 2001). As part of the improvement process Ramsey County identified the Family-Centered Assessment (FCA) as a possible assessment strategy. Derived from the 2002 Guidelines published by the National Resource Centers (NRCFCPP/NRCFCP), the FCA is a tool meant to "engage the family system in helping them improve their ability to safely parent their children" (Ramsey County Community Human Services Department, 2001). The FCA includes specific questions meant to assist workers in gathering information about families, including the overall family story, family strengths and resources, as well as child and parent needs. While the exact timing of the implementation of FCA remains unclear, Ramsey County supervisors estimate that the tool was incorporated into practice sometime in 2006.

The Comprehensive Family Assessment Project current study was conceived to compare Ramsey County's current practice to the findings of the 2005 CFSR county report

and to establish a baseline for future improvement efforts. The 2005 MNDHS CFSR review of Ramsey County found strong performance in two main areas: protecting children from abuse and neglect, and preserving the continuity of family relationships and connections for children. The item that most needed improvement was helping families develop the capacity to provide for their children's needs. This included: identifying needs and the services provided to meet those needs; involving children and families in the case planning process; and improving the frequency and quality of worker visits with children and families. There was additional concern about the degree to which children were receiving adequate services to meet their educational, physical, and mental health needs. The evaluation and response to risk of harm to the child, foster care re-entries, and visits with parents and siblings in foster care and relative placement were also identified as concerns (Minnesota Department of Human Services, 2005).

The *Comprehensive Family Assessment: Program Baseline Study* report compares 2005 MNDHS CFSR data to a current evaluation of practice, which was assessed in a variety of ways. Using a case record reading (CRR) instrument based on CFSR items, 60 Ramsey County child protection cases were read and analyzed; these included 25 in-home cases, 25 out-of-home cases with children under the age of 16, as well as ten out-of-home cases with 16/17 year old service recipients. The CRR instrument was designed to examine every aspect of a child protection case record (e.g., family characteristics, safety and risk assessment, quality of worker contacts, services received), as well as glean information about the various components that make up a comprehensive assessment. Qualitative information was also obtained from interviews with child protection workers in five focus groups, interviews with six families randomly pulled from the 60 cases, and a study of management issues that impact the quality of CFAs. Workers also recorded their daily activities in a week-long time study that gathered data about all aspects of worker activities as an attempt to examine the proportion of time spent in assessment activities compared to family crisis intervention.

Case record reviews and worker focus groups were used as a foundation for designing a new model for comprehensive family assessment (CFA) that seeks to build upon the strengths of Ramsey County and target the areas of needed improvement based

on CFSR reviews from 2001 to the present. In thinking about a remodeled comprehensive family assessment in light of its distinction from a safety or risk assessment, it is important to clearly define these assessment terms.

A safety assessment is an immediate first step used to determine a child's safety in the home at case opening. According to the 2005 Action for Child Protection, a safety assessment: identifies threats of severe harm; judges parent protective capacity; develops a case plan to reduce threats and enhance a parent's capacities; evaluates extent of progress; and either closes a case with a safe home or seeks alternative placement. The common thread through each evaluation and intervention process in safety assessments is crucial yet simple: securing a safe home for every child.

In Minnesota, a risk assessment is an actuarial tool that estimates the likelihood of ongoing child maltreatment beyond the initial safety assessment. Designed to reflect research connecting family characteristics with case outcomes, a risk assessment "classifies families into risk groups with high, medium, or low probabilities of continuing to abuse or neglect their children" (U.S. Department of Health and Human Services, 1997). In practice, workers evaluate specific risk factors regarding various family characteristics (e.g., substance abuse, number of prior referrals, and ages of children) that have been demonstrated to have a strong correlation with child maltreatment.

A comprehensive family assessment goes beyond the initial safety and risk assessments to look at the entire family's strengths and needs. In short, a CFA "involves recognizing patterns of parental behavior over time rather than focusing only on the incident that brought the family to the attention of the child welfare agency" (Children's Bureau, 2005). It incorporates information gathered from other assessments, including safety and risk assessments, in order to develop a service plan that addresses safety, permanency, and child well-being over time. Rather than simply a tool comprised of a series of questions, a comprehensive family assessment is a *process* that develops over time, from the first contact with a family to an established partnership with the family and community partners (Children's Bureau, 2005).

For the Comprehensive Family Assessment Project, RCCHSD partnered with the University of Minnesota School of Social Work and College of Education and Human

Development (UMN SSW/CEHD) to adapt current RCCHSD child protection family assessment processes to more fully incorporate the Comprehensive Family Assessment (CFA) Guidelines. Phase 1 of the Comprehensive Family Assessment Project was an evaluative effort to understand how CFA Guidelines are currently being used in case management services in Ramsey County. As mentioned above, the first phase of the Program Baseline Study includes: a case record review of sixty in-home and out-of-home cases; interviews with families involved in child protection; worker focus groups; and a worker time study. This report includes findings from the in-home and out-of-home case record reviews, as well as the worker focus groups. Additional reports on the remaining baseline studies will be forthcoming in a 2009 addendum.

Baseline findings will be used in the development and evaluation of a new model for Comprehensive Family Assessment in Ramsey County Minnesota. A final version of this model will incorporate feedback from evaluation efforts and will be disseminated to other counties and states to guide further CFA implementation. The intent is that the resulting thorough, specific, and holistic assessment will lead to greater client engagement as well as more targeted and cost-effective services that will improve family and child well-being.

# Case Record Reviews

## Methods

*Instrument Development*

A case record review instrument was developed to capture relevant information from randomly selected cases in Ramsey County. The instrument was developed to reflect the federal CFSR case record reading instruments and to identify, where practical, the ten steps of the federally recommended format for CFAs. The measures were operationalized and included the requirements for applicability found in the CFSR instruction to reviewers. The items were developed to be as objective as possible, but in a small number of items it was necessary to rely on some degree of case reviewer judgment. For example, reviewers were asked to determine whether worker visits were sufficient in ensuring the safety, permanency, and well-being of the child. (If the answer was “no,” the reviewer would

explain this finding qualitatively in order to understand the individual nuance of each case.)

*Sampling Process*

For the purposes of the Comprehensive Family Assessment project, the sampling frame of Ramsey County child protection cases consisted of all cases opened in Program between July 1, 2006 and June 30, 2007. Program cases are those that had moved through the intake and investigation process and had been assigned to an ongoing child protection case worker. The period under review was from the date of opening in Program through the case record review date (between January and February 2008). Cases were also required to be open for at least 60 days to be eligible for the sample. Many cases reviewed had been open for over 365 days; others were opened and closed in significantly less time. The range of case length within the sample therefore varied accordingly, with some case records still open and receiving services at the time of review and others closed.

The Children and Family Service Reviews (U.S. Department of Health and Human Services, 2008) classify child protection cases into three distinct categories that were used in the case pull as well as throughout the CFA baseline study. The three types of cases are "In-Home" cases, "Out-of-Home" cases with the placed child under the age of 16, and "16/17 Out-of-Home" cases. This last group consists of families with adolescents aged 16 or 17 who are eligible for receiving independent living services. To ensure that our sample was representative of all these groups, a stratified random sampling method was used. Consequently, 25 In-Home cases, 25 Out-of-Home cases, and ten 16/17 Out-of-Home cases were selected from the sampling frame, for a total of n=60.

The sampling plan for the case record reviews (CRRs) was based on guidelines from the federal CFSR reviews (U.S. Department of Health and Human Services, 2008). It was somewhat modified due to the small number in the sample and the desire to minimize sources of variation. The sampling frame included 136 in-home families, 182 out-of-home families whose children were less than 16 years old, and 21 out-of-home families whose children were ages 16-17. Records were pulled from the Social Services Information Systems (SSIS) based on the RCCHSD Child Protection (CP) division. Case types included those records that received child protection case management services. Due to a coding

error that occurred during the pull of the sample, several cases did not meet the sampling criteria and were therefore rejected. Most commonly, a case was rejected if it was open outside the time parameters of the study (between July 1, 2006 and June 3, 2007), if it was an out-of-home case with a child in placement less than 24 hours, or if a case was opened less than 60 days. One case was rejected because the family had moved to a different county and Ramsey County no longer had access to the case file. In several 16/17 cases, the adolescent who was intended to be the target of the case record review, was never in an out-of-home placement and the only victim in the case record was a younger sibling, who consequently was the primary recipient of services. In cases such as these, and others that were classified as an out-of-home case but where no children were ever placed in out of the home care, cases were rejected.

To determine whether the final baseline sample represented the larger sampling frame from which it was drawn, demographic characteristics of children included in the sample were compared with demographic characteristics of children included in the larger sampling frame. Results of this comparison revealed that the sample was generally representative of the frame from which it was drawn in terms of race, Hispanic ethnicity, and allegation of maltreatment. (See Table 1.)

**Table 1: Demographic Characteristics of Sample (N=60) and Sampling Frame (N=847)**

| | | Race | | | | | | Allegation | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Hispanic | White | Black or African Am. | Am. Indian/ Alaskan Native | Asian | Pac. Island | Unable to Det. | Neg. | Phys. Abuse | Sex. Abuse | Med. Neg. |
| Sample | 15.3% | 50% | 46.7% | 8.3% | 8.3% | 3.3% | 1.7% | 72.8% | 16.3% | 4.3% | 6.5% |
| Frame | 12.2% | 31.6% | 44.5% | 6.4% | 11.5% | 0.4% | 5.6% | 80% | 12.9% | 4.4% | 2.6% |

Analyses of the demographic characteristics revealed that the proportions of African American, American Indian/Alaskan Native, Asian, and Pacific Islander children in the sample were comparative to those in the larger sampling frame. However, the sample appeared to be comprised of a larger proportion of Caucasian children than was the

sampling frame. This difference may be explained by the method of coding race utilized in the sample as compared to that used in the sampling frame. Statistics about the racial composition of the sampling frame were provided by Ramsey County whereas the University of Minnesota provided statistics about the racial composition of the sample. Only one racial code was utilized for each child in the sampling frame whereas the coding scheme utilized in the sample allowed for multiple racial codes to be selected for each child. Given that it is more likely that Caucasian racial identity would be omitted for bi-racial or multi-racial children (Harris & Sim, 2002), the proportion of Caucasians in the sampling frame may be under-identified. When only the Caucasian race is identified for children in the sample, the proportion of Caucasian children in the sample becomes 36.7% and is much more closely aligned with the proportion of Caucasian children in the sampling frame. No large differences in the proportions of reported Hispanic ethnicity or allegations of neglect (general or medical), physical abuse, or sexual abuse were evident between the sample and the larger sampling frame.

*Record Reviews*

Extensive training was conducted with two case record reviewers prior to the collection of data used in the Program Baseline Study. Instrumentation was reviewed in a detailed fashion, with both reviewers also completing a thorough review of background reading including the Child and Family Service Reviews Procedures Manual (2006), the Comprehensive Family Assessment Guidelines for Child Welfare (Children's Bureau, 2005), and a review of federal and state definitions relevant to case record reviews (safety assessments, risk assessments, family strength and needs assessments - all of which were available to case record reviewers in a manual). Following three sessions of instrumentation review in which both the in-home and out-of-home instruments were reviewed item by item, a sample case for use with both instruments was selected and a review completed in collaboration by both reviewers and the co-PI of the study (in the role of trainer).

Following several sessions in which these two cases were reviewed, each reviewer was given an in-home case and an out-of-home case to review with the primary purpose of conducting an inter-rater reliability check. Initial in-home reliability tests were based upon

percentages of match (not Kappa) in order to get a preliminary sense of areas requiring immediate retraining. The reliability in this context was acceptable (range of 83.33%-91.78% match) in 4 of the seven areas tested (Background, Risk Assessment, Comprehensive Assessment, and Summary Information). The areas requiring additional training included Case Management Overview, Safety Assessments, and Services Provided (range of 53.33-63.63% match). Match percentages identified in the out-of-home case were higher, perceived as acceptable in 5 areas (range of match 71.42%-90.90%) with the areas of Risk Assessment, and Services Provided requiring continued review and training (match rate of 50% and 62.88% respectively).

A second inter rater reliability check, utilizing Kappa to eliminate reviewer agreement that occurs by chance, was conducted following additional training of the reviewers. Two case record readings were evaluated for reliability which limited the evaluation. Reliability based upon a set of items (having the same number of response options) was conducted. The Kappa statistics range from .4 (moderate inter-rater reliability) to .9 (outstanding inter-rater reliability) with an average of .75 (substantial inter-rater reliability). This provided evaluators with confidence that there was a high level of agreement between the two reviewers. After completing the reliability tests, case record reviewers sat down with their individual instruments for the two inter-rater cases and negotiated their responses that were different. One case record instrument for each case was then compiled by reviewers of the two cases completed independently.

Sixty cases were reviewed from December 2007 through February 2008.

*Data Analysis*

The CFSR items deemed particularly important in analyzing CFA were items 3-4, 14-15, and 17 through 23. These items included: safety and risk assessments; maintaining children's connections to community, extended family, friends, etc.; placements with relatives; comprehensive assessments; family involvement in case planning; patterns of worker visits; and connection of services related to a child's physical health, mental health, and education needs. See Appendix A for a more detailed table of the CFSR items and their associated case record review instrument questions.

With the Statistical Product and Service Solution (SPSS) software, analyses were run using crosstabs, frequencies, and case summaries. The baseline data was compared to the 2005 Ramsey County CFSR results using descriptive analysis only. It was not possible to compare item to item, and therefore statistical tests of significance were not appropriate.

## Results

*Safety and Risk Assessment*

Evaluating for safety and risk is a crucial component in securing protection for each child within the home and building a foundation for thorough comprehensive assessments. As noted previously, safety, risk, and comprehensive assessments are independent procedures with unique guidelines as specified by the CFSR. While risk assessment and comprehensive assessment should be completed after investigation for *all* cases, safety assessments should only be completed after investigation for those cases with an apparent risk of harm. The baseline study includes analyses of assessment data based on these CFSR guidelines. Please note, however, while the CFSR evaluates safety for *all* children in the household, the current study evaluated safety for the subject child (youngest victim) only.

According to the Minnesota Department of Human Services (MNDHS) 2005 CFSR report, Ramsey County performed well but "did not achieve a rating of substantial conformity on any of the overall outcomes of safety, permanency, and well-being" (Minnesota Department of Human Services, 2005). While it was found that the investigation workers responded well to the initial safety needs of children and made considerable effort to place children in a safe environment, thoroughness of ongoing assessment throughout the case did not meet national standards. The current study narrows the focus by looking at case management services after the initial intake assessments in order to analyze the practice of ongoing assessments.

As written in the CFSR, there are a number of questions that refer to a specific subset of clients, such as those who are at risk of immediate harm. In addition, the family composition varies for each child served; for example, a parent may not be available at the time of case opening or the father's whereabouts are unknown. Therefore, the number of

clients to whom any question refers will vary by question. Where this is the case, the numbers will be provided in the text or tables.

The MNDHS places a high priority on the development of ongoing safety assessments and safety plans for all cases with risk of harm. In order to assess for the ongoing nature of an assessment or plan, the case reviewer in the current study looked at whether a worker completed an assessment after the initial intake both within the first 60 days and after 60 days of commencement of case management services. As explained previously, only those cases with a risk of harm were evaluated during each time period. As shown in Table 2, Ramsey County child protection services fell well below the state and national standards (Minnesota Department of Human Services, 2005). While almost half of the cases with a risk of harm within 60 days (15) received a safety assessment (47%), almost a third (27%) had no safety assessment and 40% had no safety plan.

**Table 2: Ramsey County 2007 Baseline**
**Safety Assessments and Safety Plans**
**Risk of Harm within 60 days N=15; after 60 days N=10**

| | Completed within 60 days | None within 60 days | Completed after 60 days |
|---|---|---|---|
| Safety Assessment | 47% | 27% | 40% |
| Safety Plan | 33% | 40% | 30% |

Ongoing safety assessment throughout the course of a case further guarantees more protections to children, and was evaluated by looking at how many closed cases received an assessment before closing. Of the total 60 cases in the current baseline, 26 were closed during the timeframe and 8 of these had a risk of harm. Twenty-five percent (2) had no safety assessment before closing. While the sample of closed cases was small, the information gleaned from this analysis can offer valuable insight about the areas of safety evaluation and planning that need improvement.

Initial and ongoing risk assessments were also found to be problematic. Of all the cases analyzed, only 17% clearly conducted a risk assessment independent of the intake assessment. The CFSR guidelines call for workers to conduct ongoing risk assessment pertaining to any changes in risk throughout a case. Of cases at risk of placement within the

first 60 days, we found that only 38% received an ongoing risk assessment conducted independent of the initial intake.

Both the 2005 MNDHS and the 2007/2008 Program Baseline Study found that Ramsey County performed strongly in connecting families to services that are congruent with assessed needs in terms of safety, risk, and prevention of placement. In the 2005 CFSR, Ramsey County received a strength rating in this area of 94.7%, above the national standard (Minnesota Department of Human Services, 2005). In the Program Baseline Study, 63% (31 of 49 with data) of the services targeting safety or risk assessments appeared to match the safety/risk assessment or safety plan. When there was a risk of harm in the first 60 days of case management, 87% of cases were connected with services for the safety plan, and 80% of the cases received services appropriate to the risk of harm. Seventy percent of cases with a risk of harm after 60 days received services connected to a safety plan.

Despite this success, increasing these percentages to meet federal requirements and to more consistently connect risk, assessment, plan and service for all cases is still necessary. For example, of 21 cases with a risk of harm at any time, in 14% safety concerns were not addressed by services. In 10 cases where there was a risk of harm after the first 60 days of case management, 50% had no safety assessment. Furthermore, the case reviewers often found that worker documentation was inconsistent or missing. For example, of the 21 cases with a risk of harm at any time; in 29% the reviewer could not determine if a safety plan existed.

Parent involvement and appropriate child involvement is another important aspect of safety and risk assessment according to the CFSR guidelines (Children's Bureau, 2007). Encouragingly, the mother was involved in safety planning the majority of the time, with the target child and father involvement falling behind. For example, safety planning involved the mother 92% (11 of 12) of the time, the child 50% (2 of 4) of the time, and the father 25% (2 of 8) of the time. These findings support previous CFSR data calling for more father involvement in the case planning process (Children's Bureau, 2007).

*Permanency*

Once safety and risk have been assessed and the home is deemed unsafe, establishing an environment of permanency and stability for an out-of-home child is crucial. In 2005 Ramsey County performed well in several items of the two Permanency Outcomes, which include: 1) children having permanency and stability in their living situations, and 2) continuity of family relationships and connections preserved. Ramsey County met national standards in establishing stability and proximity of the foster care placements, placing children with siblings, and preserving connections to family members (Minnesota Department of Human Services, 2005). Items that needed the most improvement were adoption, permanency goals of long term foster care, and visits with parents and siblings in foster care.

The Program Baseline Study also found several areas of strength in permanency goals. Of the 25 out-of-home cases, only 12% received an additional placement within 12 months of the prior placement. Two out of these three cases had services that clearly targeted the prevention of placement and the child in the other case was quickly placed due to a risk without time for prevention services. Of 17 in home cases with a risk of placement (RP) in the first 60 days of case management, 76% received appropriate services. Of 15 cases with an RP after the first 60 days, in 93% the worker connected the family with services to prevent placement, and in 73% of these cases appropriate services for RP were received.

Current data about Permanency Outcome 2 shows that while in most cases attempts were made to maintain a child's connection via inquiries to relatives, few of these inquiries took place prior to placement. Seventy-six percent of cases received an inquiry after placement, in comparison to just 16% that received a relative inquiry before placement. Encouragingly, 56% children were placed with a relative, and all but one of these placements appeared to be stable. National standards mandate child protection make tribal inquiries in 100% of cases involving a Native American child. Of the 25 out-of-home cases, 60% had records reporting an inquiry about tribal membership, falling well below the requirement.

*Comprehensive Family Assessment*

Comprehensive family assessments (CFAs) move beyond the incident that brought the family to child protection, focusing instead on the patterns of parental behavior over time in a broad context of needs and strengths. While safety and risk assessments serve a vital purpose throughout the case planning process, they are not comprehensive. For the purpose of this study, "comprehensive" means that "the assessment incorporates information collected through other assessments and addresses broader needs of the child and family that are affecting a child's safety, permanency, and well-being" (Children's Bureau, 2005). CFAs begin with the first contact and continue until the case is closed, and must be completed in partnership with the family and in collaboration with community partners. Synthesizing information from the *Comprehensive Family Assessment Guidelines* created by the Children's Bureau in 2005, the most essential components of a CFA include the following: family involvement including frequency and quality of visits; ongoing case planning and CFA updates; the identification of needs and strengths of *all* family members; thorough documentation; incorporation of outside information/assessments; and connections to appropriate services in relation to needs. After a brief review of the amount of CFAs completed within the current sample, the following analysis uses the abovementioned criteria to detail the extent of comprehensive assessment practice.

Many baseline cases included a formal or informal comprehensive assessment of at least one family member. A formal assessment is defined as a CFA that is written up by the worker in a way that it is possible to reference all facets of the assessment in a single place in the case record, while an informal assessment is referenced in the case record but not usually presented as a single entry. Of the entire sample, 10% of cases had a formal comprehensive assessment, 53% included an informal assessment, and 32% had no indication of any kind of comprehensive assessment.

*Family Involvement*

A thorough comprehensive family assessment includes an involvement of all available family members, including the subject child, mother, father, and siblings, and foster families (if applicable). The study evaluated family involvement by examining: the

completion of need assessments for each family member; the frequency and quality of worker visits with each family member; as well as how the family was involved in the case planning process. Recognizing that each family has unique attributes, the researchers accounted for the unique member make-up of each family unit and only included the parent(s) that were available for services during the time of case opening. "Availability" is defined as the person having contact with the worker or the worker knowing where the person was at least at some point in the case (excludes people who were incarcerated as availability is unclear in those cases). Based on this definition, target children were available in all 60 cases, mothers (biological, adoptive, step, or substitute) were available in 55 cases, fathers (biological, adoptive, step, or substitute) were available in 25 cases, and other children were in the household in 40 cases. There were 32 cases with foster families who were available for ongoing comprehensive assessment.

These numbers were used in determining how many comprehensive assessments were completed for each family member. Table 3 shows the breakdown of cases in which the member did NOT receive either an informal or formal comprehensive family assessment. Although the high percentages appear startling, it is encouraging to remember that in 18 out of 60 cases (30%) the worker did use an assessment from intake with at least one member. In general mothers were more often assessed than fathers or children.

**Table 3: Lack of Comprehensive Family Assessments**

| | Not Completed 1st 60 days | Not Completed after 60 days |
|---|---|---|
| Target Child(ren) (N=60) | 77% | 60% |
| Mother (N=55) | 67% | 56% |
| Father (N=25) | 72% | 72% |
| Other children (N=40) | 78% | 64% |

According to the *CFA Guidelines*, "engagement and building relationships are of central importance in gathering meaningful information from families, children, and youth" (Children's Bureau, 2005). Ensuring that families have enhanced capacity to provide for their children's needs is partly achieved through this relationship building over time. Assessments must be updated throughout a case as family circumstances change and

workers gather new information about existing needs. For this reason, the CFSR guidelines include the frequency and quality of worker visits over time as an important aspect of the assessment process. A visit is defined as a face-to-face contact between the caseworker and family member, and any pattern of visit less than once a month is deemed inadequate according to CFSR guidelines (U.S. Department of Health and Human Services, 2008). The guidelines also state that as long as the child is older than an infant, a sufficient visit includes time spent alone with each child.

Since children who are maltreated experience a variety of stressors that impact their development, comprehensive assessments with youth should focus on gathering information that will assist in deciding what actions are needed to keep the child safe while looking at strengths and needs in relation to physical health, academic achievement, emotional functioning (USDHHS ACF, 2007). In order to sufficiently and accurately gather this complex information, evaluating the *quality* of each face-to-face visit is key. In determining whether a contact is a "quality" visit, the reviewer should consider a number of factors, including length and location during the visit (Minnesota Department of Human Services, 2005). Most importantly, the reviewer must evaluate whether the visits were sufficient to address issues pertaining to the safety, permanency, and well-being of the child as well as promote achievement of case goals.

Using these sufficiency guidelines to determine the "strength" of a visit, the 2005 CFSRs found that 70% of Ramsey County cases received a strength rating in regards to worker visits with the child(ren). Monthly contact with the children was the most typical visitation pattern. In some cases, irregular visitation of children occurred because the child was placed out of the home or the case was transferred from one worker to another. Using similar sufficiency guidelines mentioned above, the current data reflect similar "strength" results, with 72% of all target children receiving sufficient visits, and in about 58% of cases, the visits enabled the worker to make an independent assessment of the child's well-being. The case record reviewers further analyzed the data by assessing whether the frequency and quality of visits between the caseworker and family member appeared to be sufficient in ensuring the safety, permanency, and well-being of the child, as well as promoting the

achievement of case goals. See Table 3 below for further details in regard to sufficiency of visit frequency, quality, and number of contacts.

Comparable to findings from the 2005 CFSR, the parent visits were somewhat less sufficient, with fathers receiving the least amount of quantity and quality of engagement. In 2005 Ramsey County parent visits received a 67% sufficiency rating, according to CFSR data (Minnesota Department of Human Services, 2005). Most caseworkers made repeated efforts to contact the parents, had ongoing contact with service providers, and talked with the parents over the phone. While some "strength" cases did not meet with the parents once a month, the visits were sufficient in planning goals and assessing for ongoing needs. Areas of improvement were visits with fathers, addressing issues related specifically to case planning, and communication between agency and service providers. Current analysis found that 72% of mothers had a sufficient frequency of visits while 28% of fathers had a sufficient frequency of visits. Analysis also showed that 56% of mothers had sufficient quality of visits while 20% of fathers had sufficient quality of visits. For more complete data regarding the frequency, quality, and number of visits see Table 4.

**Table 4: Sufficient Visits with Available Family Members**

| | Sufficient Frequency | Sufficient Quality | Contact Once a Month or Less |
|---|---|---|---|
| Target Child (N=60) | 72% | 58% | 38% |
| Mother (N=55) | 67% | 56% | 38% |
| Father (N=25) | 28% | 20% | 88% |

The purpose of a comprehensive family assessment is to develop a plan that addresses factors affecting a child's well-being and guides the family towards improved functioning. The assessment, along with the case plan, must comprehensively consider the family's history, current situation, and the impact of maltreatment on future family development. This information can only be gathered accurately through the regular case plan involvement of all family members (Children's Bureau, 2005). In the 2005 CFSR review that analyzed 23 cases, the determination of strength in family involvement was based on "active involvement and consideration of input received from children and

parents" (Minnesota Department of Human Services, 2005). Fifty-two percent of Ramsey County cases were rated as a "strength" in this area, while 47.8% of the cases needed to improve the case planning involvement of family members (Minnesota Department of Human Services, 2005). The current study assessed case plan involvement in the most recent case plan of individual family members, with mothers being involved more frequently than fathers or children in the most recent case plan. The mom was involved in 82% (45 of 55) cases, the father in 60% of cases (15 of 25), and the target child in 32% of cases (7 of 22). This data reflects findings from the national Children's Bureau CFSR review, which noted that "less attention given to fathers" was an assessment pitfall (Children's Bureau, 2007). Similarly, the 2005 CFSR of Ramsey County reported that "in some cases, only the mothers were engaged and the fathers and/or the children were not" (Minnesota Department of Human Services, 2005). Specifically, 81% of mothers (n=22) were involved in the case planning process, while only 50% of children (n=14) and 54% of fathers were (n=13).

*Ongoing Case Planning and Assessment*

Just as case planning and assessment should involve all family members, quality assessments rely on "recognizing patterns of behavior over time" rather than focusing only on the incident that brought the family to child welfare (Children's Bureau, 2005). Case planning and assessment must take place throughout the entire course of a case in order to periodically check for changes in family functioning, adapt to new problems that arise, or revise goals. Furthermore, new information is often only available as relationship building and trust are developed between the worker and family. While the 2005 data does not focus on this issue, current data shows that Ramsey County completed ongoing case plans in the majority of cases; however, this area could still be targeted for improvement. For cases in which ongoing case planning was applicable (n=60), 62% received an informal or formal update after the first 60 days of case management. In 30% of cases, the plan was not monitored or the documentation was unclear.

While the majority of families did receive ongoing case planning, many did not receive an updated comprehensive family assessment (CFA). Case reviewers analyzed

whether each family member received a comprehensive assessment in the first 60 days of case opening, after 60 days, and prior to case closing. By looking at target children we can assess all 60 cases; in 40% (24) of cases, children received an informal or formal CFA after 60 days. Of the remaining cases, the worker either did not complete a CFA, used an assessment from intake or the documentation was unclear. Of the 60 cases, a mom (biological, adoptive, step, or substitute) was available in 55 of the cases. Of those, 44% (24) received an informal or formal CFA after 60 days. Of the 60 cases, a dad (biological, adoptive, step, or substitute) was available in 25 of the cases. Of those, 16% (4) received an informal or formal CFA after 60 days. This reflects nationwide CFSR findings that CFAs are often not conducted on an ongoing basis (United States Children's Bureau, 2007).

*Identifying Family and Community Strengths*

The focus of a comprehensive assessment is not only the presenting issue at a specific time, but a thorough "big picture" view of the needs and strengths of a family unit. As outlined by the CFA Guidelines, "the family strengths and protective factors are assessed in order to identify resources that can support the family's abilities to meet its needs and better protect the children" (Children's Bureau, 2005). While the CFSR did not tackle this issue for Ramsey County in 2005, during the same period a national review of child protection services found that family assessments often failed to identify family strengths that could be built upon (United States Children's Bureau, 2007). The 2007/2008 baseline data shows that, for the majority of the time, workers adequately assessed for strengths, especially for mothers and children. Specifically, family strengths appeared complete or were mentioned in 77% of all cases. Strengths were assessed more often as the case progressed, with 35% being assessed within the first 60 days, and 65% after the first 60 days. Children's strengths assessments appeared complete or were mentioned in 70% of cases, with mother's strengths mentioned in 76% of cases.

Areas of needed improvements include evaluating strengths of the fathers and identifying community strengths. Complete or near-complete strength assessments of the fathers were apparent in only 52% of cases. Of all 60 cases, community strengths were noted in only 40% of cases. These numbers shed light on potential direction for future CFA

protocols that would emphasize the importance of evaluating not only the strengths of every family member, but looking for community supports and assets that can help a family thrive.

*Appropriate Services in Connection to Family Needs*

In order to guarantee appropriate services for a family, a worker must use the comprehensive assessment to simultaneously evaluate the strengths and needs of all family members. Typically, "families involved with agency child protection have multiple needs and require a range of assessments and follow up services" (Minnesota Department of Human Services, 2005). A high percentage of cases in the 2005 CFSR were rated as having adequate needs assessments of family members, especially children, mothers, and foster parents. Specifically, 78% (18) of children, 95% (18) of mothers, and 83% (10) of foster parents received sufficient needs assessments. Only 58% of 12 total fathers received a thorough needs assessment. A qualitative review of findings showed both formal and informal methods were helpful in assessing needs; in some cases Structured Decision Making Strengths and Needs assessments were completed and in others caseworkers informally assessed needs through regular contact with family members. Some assessments, on the other hand, did not address underlying issues such as child sexual abuse or domestic violence (Minnesota Department of Human Services, 2005).

The current study narrowed the focus by looking not only at whether needs were assessed for each family member, but examining the reasons why needs were not addressed by the worker or services. The study defined need as either a problem that should be addressed by services (e.g. alcohol dependency) or a necessity for services (e.g. individual therapy or transportation). Looking first at children in the family, the data showed that while the worker evaluated need in the majority of cases, several key issues needed to be addressed. In 29% of cases in which children had identified needs, the worker failed to assess the needs or the documentation remained unclear. In half of the cases where children's needs were not met, the worker failed to recognize a need at all, whereas in 29% of cases these needs were identified by the workers but it was not clear if the needs were connected to an appropriate service.

For the most part, workers did a sufficient job in connecting mothers and fathers to services based on need. Out of 53 biological or adoptive mothers with needs, only 13% had needs that were apparent in the case record but not addressed by the worker, and similarly 13% (n=8) of substitute or stepmothers had needs not addressed by the worker. Fathers faired slightly worse, with 19% of 32 biological or adoptive dads having needs that were not addressed by the worker. In most cases the reason the worker failed to address the need was due to the failure of recognizing the problem (e.g. chemical dependency) or need for service (e.g. drug counseling). Without completing thorough assessments of need for all family members, the worker can potentially miss underlying issues within families that contribute to the need for agency intervention (United States Children's Bureau, 2007).

Collecting information about family needs is not an end in itself, but rather a starting point for developing a service plan that appropriately addresses strengths and problems. This service plan or strategy for intervention is meant to increase the likelihood that services will match a family's real needs, and that services "secure the link between existing needs and desired outcomes" (Children's Bureau, 2005). In evaluating past and present comprehensive family assessments, then, it is vital to evaluate whether services match problems, target specific needs (e.g. education, physical/mental health), and respond to comprehensive as well as safety and risk assessments.

Once needs are assessed and identified, the focus turns to ensuring that these problems are sufficiently regarded through appropriate services so that family functioning can improve. The 2005 CFSR data shows that services appropriately matched family needs in the majority of cases. Similar to the 2005 prevalence of needs assessments for each family member, the numbers show that the issues of mothers and children were most frequently addressed through services, while the fathers' needs were less attended to through services. The case review findings reported that "families received a range of services that were generally well coordinated [and] culturally specific services were provided through referral" (Minnesota Department of Human Services, 2005). One stakeholder suggested that additional training for caseworkers could promote more extensive service delivery, although families participating in the All Children Excel (ACE)

Program received ongoing services that were well coordinated across various service providers (MNDHS, 2005).

The current review of Ramsey County cases similarly found that services were often connected to families based on need, especially for fathers and children. Of the biological or adoptive fathers with needs for services (n=31), only 13% did not have their needs met by services. While the data is encouraging, it also sheds light on future improvements that could be made in service connection. For example, of the 51 cases with children that had issues to be addressed, 27% were not addressed by services. According to the case record reviewers, the services were generally not connected because the workers failed to recognize the child's need, and if they did, the worker did not connect the child to an appropriate service. In four cases unclear or vague documentation made it difficult to evaluate service connection, and in one case the family did not follow through with a referral. Furthermore, out of the 54 biological or adoptive mothers who had needs to be addressed by services, 19% received appropriate services. In four of the ten cases, the worker failed to recognize the mothers' problems; in four cases the need was recognized but the services were not connected.

After the national CFSR review by the Administration for Children and Families, the Children's Bureau highlighted the importance of targeting specific areas of children's needs to improve service connection, specifically education, physical health, and mental health of the child. The 2005 CFSR of Ramsey County included separate evaluations of whether education, physical health, and mental health needs were sufficiently assessed and connected to appropriate services. The review first gave each need item an overall rating based on whether this assessment and service connection was substantially achieved, then more specifically reported on areas of strength and improvement for each outcome. An item was rated as a "strength" when reviewers determined the needs had been significantly addressed and the identified needs for services were met (Minnesota Department of Human Services, 2005).

Children received appropriate services to meet their educational needs in 63% of cases, below the 90% threshold required to meet substantial conformity. Several cases included children with significant educational needs, and caseworkers addressed this need

through a variety of services, including contact with schools, referral to outside programs, and coordination with school personnel around issues of truancy. In some cases, however, the worker failed to identify an educational need or the need was tagged but services were not provided.

In 2005 reviewers found that Ramsey County performed well in providing services for physical health while needing improvements in meeting mental health concerns. The physical health outcome was rated with a "strength" in 81% of applicable cases, especially for out-of-home children. This is partly due to the fact that children in foster care receive medical assessments prior to placement. Assessment and service provision in connection to a child's mental health needs received a strength rating in only 53% of cases. The findings of the case review indicated that the mental health services for children who remain in the home are less likely to be provided than children in foster care. The 2005 report recognized the importance of new children's mental health screening requirements as a step in addressing these needs.

Current data reveals different findings, with mental health needs receiving adequate support while educational and physical health needs were less frequently matched with appropriate services. For example, of the 18 cases with a child who had educational needs, none received specific education services. Instead services such as counseling, transportation, or out-of-home placement were more common. Similarly, three children had identified health problems with none of them receiving health services as a part of the intervention. More encouraging results show that nine out of the ten children with mental health concerns received individual counseling.

After evaluating whether services were connected to specific needs, it is important to examine the connection between the type of assessment and the services delivered, as well as more general service trends for all family members. For the majority of cases, services were provided that were appropriate to a child's risk of harm or risk of placement. Other trends show that individual counseling and independent living skills were the most frequent services provided for children, while family counseling, chemical dependency treatment, and transportation services were rarely utilized. Interestingly, mothers usually received transportation and emergency cash services, regardless of the identified need.

Fathers often were provided with chemical dependency or transportation services, but never received family counseling, employment, housing, or cash assistance services.

Most agencies rely on risk and safety assessments to develop a service plan, but it remains unclear how "caseworkers gain a full understanding of a family or how this information is incorporated into ongoing service planning" (Children's Bureau, 2005). As shown by the national CFSRs, positive outcomes are associated with a connection between comprehensive assessments and service planning. CFAs provide a framework for caseworkers to broaden their understanding of what is keeping the family from achieving these outcomes so they might develop an appropriate service plan. As outlined in the *CFA Guidelines*, decisions regarding "service provision, placement, reunification, concurrent planning, and case closure, among others, have to relate directly to the comprehensive assessment of the needs, progress, and current resources of the family" (Children's Bureau, 2005).

It is important that the provision of service responds to the "big picture" of a family beyond safety and risk. To evaluate this, case reviewers looked at how workers connected the family with services in response to the safety plan, risk assessment, and other assessments beyond risk and safety. Current data shows that workers connected families to services most often in response to a safety plan or placement prevention, but less in response to assessments other than risk and safety. See Table 5 for complete findings.

**Table 5: Worker Actions to Connect Family to Services**

| | For Safety Plan n=43 | To Prevent Placement n=36 | In Response to Other Assessment n=48 |
|---|---|---|---|
| Provided Info About Services | 93% | 89% | 85% |
| Arranged Srvs/Contacted Provider | 71% | 58% | 60% |
| Provided Concrete Services | 81% | 67% | 44% |
| Facilitated Services | 49% | 47% | 27% |
| Met with Other Agencies | 54% | 47% | 38% |
| Staffed Mtgs. with providers | 54% | 39% | 31% |
| Engaged family in services | 95% | 86% | 58% |

*Incorporation of Additional Information*

In some cases, the initial interviews of a comprehensive family assessment indicate a need to gather specialized assessments for certain family members, including mental, physical, and neurological status, among others. Oftentimes caseworkers contract with agencies that provide these assessments, and it is vital that "a regular process of communication must exist between child welfare and other service providers on the changing conditions within the family" (Children's Bureau, 2005). A CFA must incorporate these assessments in evaluating family need as a basis for intervention strategies that guarantee safety, permanency, and well-being of the children. Current data shows that specialized assessments were completed in 23% of the 60 cases; 48% of cases mentioned a specialized assessment but it was not completed. In exchanging information with other service providers, workers met with other agencies about a safety plan in 38% of cases, and met with agencies to prevent placement in 28% of cases.

*Thorough Documentation*

Vague or inconsistent case documentation was a recurrent theme throughout the case record review, making it difficult for reviewers to accurately determine what was happening with a case. As noted in the *CFA Guidelines*, "clear and full documentation must be included in the case file at the completion of the initial process of the CFA as well as when the information is updated" (Children's Bureau, 2005). Thorough documentation is a vital component in ensuring that consistency and best practice occur throughout the course of a case. If documentation is unclear, evaluators have no way of determining whether standards are being met. For example, of the 21 cases with a child at risk of harm, in 29% the reviewer could not determine whether a safety plan existed. The reviewers also found that the specific needs of the family members or the services they received were sometimes unclear. More generally, it was sometimes difficult to determine the outcome of a case.

*Cultural Competency*

Child welfare and the entire social work profession have set a precedent in designing culturally competent services. The field recognizes that culture – including race, ethnicity, rituals, and traditions – can offer a powerful source of healing for clients. While

this understanding is widely accepted in child welfare, the protocol for turning an abstract concept into effective practice is still up for debate. Ramsey County has been at the forefront of this attempt at culturally competent services. In the 2001 worker's guide for the *Children and Family Services Best Practice Framework*, the first practice principle stated: "We honor and respect the culture, experiences, history and values of the families we serve" (Ramsey County Community Human Services Department, 2001). Specific practice components included helping workers understanding their own biases, using Family Group Decision Making to assess culture, communicating in an appropriate language, and developing a culturally appropriate service plan, among others.

In creating comprehensive family assessment guidelines, the Children's Bureau also named the importance of considering "the family's cultural, ethnic, and linguistic factors in assessing strengths and needs" (United States Children's Bureau, 2007). While the 2005 Ramsey County CFSR did not specifically target this area, the 2007/2008 baseline study found that culturally competent practice is still as area that needs improvement. Of 60 cases, a description of the family's environmental, cultural, ethnic, or linguistic contextual strengths was mentioned in 20% of the cases but did not appear complete in any of the cases. Of 60 cases, a description of the family's environmental, cultural, ethnic, or linguistic contextual potential hindrances was mentioned in 22% of the cases but did not appear complete in any of the cases. While Ramsey County has made a continual effort to address cultural competency, more specific practice guidelines are needed within the comprehensive family assessments.

*Conclusion*

An assessment process that ensures the safety and well-being of the child(ren) while connecting appropriate services to the needs of *every* family member is a complex undertaking that depends of a number of variables. First and foremost, initial and ongoing safety and risk assessments must be completed in order to create appropriate safety plans and service provisions. The current study found that while most cases included a safety or risk assessment at some point, the workers often relied on assessments done at intake or did not develop a safety plan until after the first 60 days. While workers sometimes did not complete ongoing safety and risk assessments in cases with a continued risk of harm, most

cases were connected to services appropriate to safety, risk, and prevention of placement. Mothers were adequately involved in the safety and risk assessment process, while father and children involvement was insufficient. Ramsey County did well in permanency items, often preventing additional placements, providing appropriate services, and making inquiries to relatives.

While comprehensive family assessments (CFAs) are an important guide to capturing the "big picture" of a family involved in child protection, current data showed that nearly a third of cases reviewed did not include any type of comprehensive assessment. Similar to safety and risk assessment findings, mothers were more assessed than children or fathers. To determine the quality of the overall assessments that were completed, the study looked at a number of factors, including family involvement, ongoing case planning and CFA updates, the identification of needs and strengths, and connections to appropriate services.

Case reviewers examined whether worker visits with each family member were able to address issues pertaining to the well-being of the child as well as achievement of case goals. Overall, the frequency and quality of worker visits were highest for children and mothers, and lowest for fathers involved in the case. The study also found that while mothers were involved in the case planning process in the majority of cases, often fathers and children were not. In most cases Ramsey County performed well in providing updated case plans; however, most did not receive an updated comprehensive family assessment on an ongoing basis.

Evaluating community and family strengths, an important part of the CFA process, can help identify resources that can support a family's ability to better protect the children. Ramsey County workers did well in assessing strengths, especially for mothers and children over time. Similar to national CFSR findings, data reflects that Ramsey County needs to enhance practice protocol in evaluating fathers' strengths as well as community strengths. In doing so, each worker can have the tools to better identify family assets and empower families to utilize their own protective factors.

While assessing for strengths, a worker must simultaneously evaluate family needs in order to determine appropriate services. In quite a few cases, especially for the target

child, the worker failed to recognize a need or the need was recognized without an appropriate service attached. In looking at service connection in response to specific needs, the study found that children's mental health issues were matched with appropriate services, while education and physical health needs were not. Encouragingly, services were often provided that were appropriate to a child's risk of harm or risk of placement. Current data also shows that workers connected families to services most often in response to a safety plan or prevention placement, but less in response to assessments other than risk and safety. Finally, culturally competent practice and thorough documentation are needed improvements that can boost the efficacy of the assessment process.

The next phase of assessments must move beyond risk or safety in order to sufficiently capture a more holistic view of every family member, including underlying needs, personal and community strengths, as well as specific cultural factors that could contribute to hindered or improved functioning. New guidelines should promote family involvement throughout the case, especially for fathers and children. This includes not only more face-to-face time with each family member, but a connection to evolving services as the family changes over time. A more thorough assessment will recognize that every family is unique, and that by reflecting individual strengths and needs in a service plan, a family can be empowered to make lasting change.

# Worker Focus Groups

## Methods

In April and May 2008, focus groups were held for all Ramsey County child protection program units. Five units of roughly 7-15 workers were presented with eleven questions about the current model used for Comprehensive Family Assessment called the Family Assessment Guidelines. A University of Minnesota researcher acted as facilitator of the focus groups, as well as provided an overview of the Comprehensive Family Assessment project. The focus groups also served as an opportunity for researchers to introduce the project and solicit feedback on selected methodological questions.

In three of the five focus groups, supervisors of the unit were present and participated. Focus groups were held during established unit meetings and were voluntary.

For each focus group there was a facilitator and a note-taker. Analysis and dissemination of the focus group responses were completed using the qualitative data analysis software package NVivo.

## Results

The most striking initial observation made by the focus group facilitator and note-taker was the incredible variance in how the Family Centered Assessment (FCA) Guidelines were used by workers. Both in how the tool is implemented with families and what is done with the information that is gathered, there was a large degree of variance not only between units, but also within units. Many units discussed their confusion with what was expected from supervisors and managers in regard to the FCA tool and instrument. This will be discussed further in the next section.

*Implementation of the Family Centered Assessment Guidelines*

A large percentage of participants stated that they preferred and primarily used the FCA short form. However, one unit did not know the difference between the long and short forms. The short form allows workers to gather the initial information they need within the early stages of the case to meet the necessary requirements; specifically case planning, within their given timeframe, often less than 30 days. Although a number of workers did say that even in using the short form gathering the necessary information and completing the appropriate paperwork is often still a strain within such a short timeline.

There is also variation in how workers use the guidelines, regardless of which form they follow. Some workers use the FCA guidelines form as it is written. They ask all the questions and write down all the responses given by families they are working with. Other participants reported that they prefer to use the questionnaire as a guide. Rather than asking each question, they prefer to use questions as a way to lead discussion with families, making conversation more natural. One participant stated the FCA is, "used as guidelines; topics, not questions. It says right on the form 'art of assessment'. It is an art, not a questionnaire". For many workers, the idea of gathering comprehensive information about a family is a process that cannot be completed in one or two interviews with a family. Although the Family Centered Assessment Guidelines were not necessarily developed or

intended to be used as a questionnaire tool, for some workers this is how they are using them or have been asked to use them.

During the interview process, workers continue to have a variety of strategies for how to complete the process. Some workers leave the FCA questionnaire with families and ask them to fill it out and return it to the worker on the next visit. Others interview family members individually and some interview families as a unit.

*Recording Information Captured in the FCA*

Focus group participants were not in alignment regarding how they record the information they capture through their assessment either. Workers discussed primarily how they recorded what they learned through their interviews with families using the FCA. Approaches ranged from stating that they record as little as possible in an effort to keep data that may come back to hurt families *out* of the case file, to workers stating that they record everything families say in an effort to capture their story. Participants also report capturing data quite differently. Workers reported that they record information families share by note taking during the interview, recording it mentally, and writing responses to the FCA questions within the questionnaire packet.

The degree of variation in recording information captured through assessment, again within and between units, is large. When asked where in the case file assessment information can be found, the responses were quite different. Most participants agreed that information from assessment was scattered in different places throughout the case file. A number of workers stated that they transferred what they learned through the FCA into SSIS case notes. One participant stated, "If you did something, it should be in SSIS. That is being thrown down our throats. If it is not in SSIS, it is not done".

Many child protection workers who participated in the focus groups reported that they simply put the filled out FCA Guidelines packet within the hard copy case file. A large percentage of participants also capture information they have gathered through the FCA process within case plans and court reports.

*Utilization of Assessment Information*

The gap in workers' approach to assessment activities is wide not only in terms of how the data is recorded, but similarly in how it is used. The most commonly shared

purpose for completing the FCA is to inform case plans. Family history, strengths and needs are gathered through the assessment process and put into the case plan and SSIS. However, there is diversity among how workers translate what they discover through their assessment process into case plans for families.

First, there are some workers that attach the FCA questionnaire to the case plan. Other focus group participants translate what they learn through the assessment process into the case plan. There is inconsistency about how this process occurs between units and within units. Still others state they do not use the FCA to guide their case plan development at all. Many of these participants stated they do not include the assessment in the case planning process due to the view that the assessment is not related to families' presenting problem(s). For example, one participant stated, "I fill it out and put it in the file and pull out and put appropriate information from the FCA in place in the case plan. Pull bits and pieces that are appropriate. It is important to make the case plan based on what makes sense to the family's issues, not the details". Workers gave additional examples within the focus groups, such as when a family's case is sent to program for educational neglect, it seems unrealistic and unfair to base a case plan on what is learned through a comprehensive assessment that, for example, is related to parental childhood abuse.

Another concern expressed by many workers was related to the information gathered through the assessment process. Many workers stated that the process was overly invasive. One participant stated, "[FCA] should *not* be attached to the case plan. Social history should not be there. It needs to be in the case file, but not in the case plan. Supervisors can go into the record they can go in and read that in the file, but it does not have to be attached to the case plan". Much of the concern related to the reality that case plans are often shared documents. Foster care providers, court personnel, and other service providers receive copies of the case plans. Personal information gathered in the assessment process is therefore accessible to community members.

Another clear reason for completing a comprehensive assessment, such as the FCA is to assess what services a family needs and make referrals accordingly. A number of participants stated that they felt they did not have the time or resources to respond to all

concerns they may uncover with a family during the assessment process. One worker stated:

> I have a problem with the tool because it gives [brings to light] a lot of problems to a lot of areas, but we don't have the resources to deal with it all. We give them success in one area and then they move on. Our clients have dealt with a lot of trauma. It's hard to get them to open their hearts and tell us painful stuff and then for us not to do it all, because we don't have the time or resources to do it all.

Additionally, there are not sufficient services available to provide to clients, one worker noting that, "To do the assessment implies that we do comprehensive services. We're not in a position to do this." Similarly, another worker stated:

> In terms of culturally competent services there is a finite list of things we can do with a family. There are only a few things that can be offered to family culturally [culturally specific services]. How does the tool help us face the issue of lack of services? Insight about an individual doesn't give workers the services they need to address what they find through using the tool. It does not help.

*Cultural Components*

Within the focus group there was some discussion, although never in depth, about how the FCA helped or hindered work with culturally diverse families. One focus group participant stated that the FCA assisted in her work with African American families. "It does add more on the cultural piece. For African American families kinship is important. This tool helps dig out that family stuff".

However, a much larger number of participants discussed their frustrations with the FCA in relation to understanding and meeting the needs of families' cultural strengths and needs. The largest complaint was that the FCA, as it is being used, does not offer the necessary flexibility to make them adaptable to families' unique cultures. For example, one worker discussed working with East Asian families who come from Communist countries. The worker believed that walking into the family's home with a stack of papers and questionnaires is intimidating and even fear provoking in an already stressful time for families. Another participant, who self-identified as an ICWA worker, stated that within tribal communities communal decision making is ideal. With the FCA the worker found it is

difficult to adapt to that model for decision making. Other participants discussed the frustration with lack of culturally appropriate services to which they can refer clients. One worker asked:

> In terms of culturally competent services there is a finite list of things we can do with a family. There are only a few things that can be offered to family culturally [culturally specific services]. How does the tool help us face the issue of lack of services?

*Supervision*

For all units there was agreement that supervision occurs and is either scheduled or happens when a worker needs guidance or direction. While some units discuss all cases with their supervisor either in individual or group consultation, other units meet with their supervisors on both a scheduled and 'as needed basis.' Although there was consistency among units that supervision happens on a regular basis, a number of units expressed that they did not specifically address the FCA guidelines with their supervisors or formally discuss assessments. It is important to note that in three of the five focus groups unit supervisors were present and participating in the focus group discussion.

*Relationships*

The most common response from focus group participants related to relationships and relationship-building with families. Thirty-six participants within all five focus groups referred to how the FCA either assisted or hindered their process of building a relationship with the families they serve. The shared message from participants was that relationships with families are paramount to families meeting goals and making change. Further, the FCA allows for the relationship to go two directions. It allows workers to get to know families, just as it allows families to get know their worker and the county. "The information gathering is very good. It helps give you a chance to know your family and where they are coming from; meet the family where they are at."

Within two of the focus groups participants found the FCA were helpful in relationship building. In one session, participants discussed the distinction between social work and case management. The FCA, from their perspective, supported workers practice of social work, not just case management.

> It is good old fashioned social work: drives away from case management and more toward social work. It seems like we don't have time for social work anymore. Instead we want to bring families in and push them out. We don't have time to go deeper with families. We just push them through.

One of the challenges presented by participants who found the FCA helpful in the relationship-building process was the restrictions around timelines. "The information in the FCA is gathered through the *relationship*, it becomes therapeutic to discuss individual history. But it is a gradual process and trust building, and those take time."

This was a shared concern for focus group participants who did not find the FCA helpful in building a relationship or even stated that the FCA interfered with the process. One worker noted:

> Even as we're gathering information it's all about getting it as quickly as we have to. It should be about relationship building and gathering over time. We sit there with a piece of paper going through questions, questions that we did before we had this information anyway but we used to have more time. You have to get their responses and move on, instead of developing a relationship that's meaningful.

A second element revealed by workers who believe the FCA interferes with relationship development was the strong opinion that the questions are overly intrusive. Rather than being a tool that helps workers get to know families, many participants expressed that the tool, as used, is invasive. A worker conveyed this, saying:

> They don't really help me understand what is going on with a family. I don't feel good about asking the family some of the questions when I'm only just getting to know them, especially because I don't use their responses to many of the questions later on with the case. The long form is too long (2-3 hours); the family doesn't necessarily want to tell you everything you ask on the form.

Further, according to many workers, it requires asking questions of families that are well beyond what is logical given families' situations or presenting problems. For example, one worker stated:

> It [FCA] can be engaging in getting at basics, but then build trust. But we must ask questions based on what makes sense for the situation. If the family came in for

> having a dirty house, it is not appropriate to ask about a parent's history of abuse for example.

*Timelines*

As expressed above, focus group participants were quite clear that the expectations of the FCA process and the clear mandated timeline restrictions are opposing forces. The process of comprehensively assessing a family and establishing a case plan that directs services related to safety, permanency and well-being within thirty days is an unachievable expectation. For many cases, workers are not assigned right away to the case. After the process of intake and then assignment, a worker may have only a week or two to complete an assessment and write a case plan based on what they learn from a family. Often there is not enough time for single visit. "Somehow in 30 days we are supposed to come with a document that addresses the entire history of a family. Isn't that a bit much? It [policy] has lost touch with practice."

In addition, the timeline in combination with the FCA does not allow workers to guide the assessment process. Workers claim their work with families is dictated by the tool and there is little to no time for anything other than asking questions to assist in the building of case plans. A worker noted that:

> I don't have enough time with families. I just ask questions, I don't get to just sit with families and talk with them. I don't have time to sit with families at a doctor's appointment and hear what happens first hand. I need more time with families and not filling out paper work, making referrals, etc.

*Recommendations*

Recommendations by workers were varied. In terms of depth and length of participants' responses to focus group questions, "Recommendations" were limited, often cursory, and somewhat vague. A common example of a recommendation for change was, "I would ask the same questions anyway, but change the format, but still make it comprehensive," Despite the nearly universal opinion of workers' that the FCA has serious problems, surprisingly few participants suggested entirely eliminating or recreating a family assessment tool.

Modifications to the FCA were recommended included streamlining the assessment to eliminate repetition with other questionnaires and forms, creating checkboxes, developing smaller caseloads, and moving the responsibility of completing the FCA to Intake units. Other recommendations included ensuring that whatever comprehensive assessment tool or protocol is used or developed, that there is consistency and clarity among and between child protection units. The suggestions requesting consistency specifically stated that clear mandates from management as to how and where findings were collected and reported, as well as maintaining standard protocols for the collection and storing of information within the comprehensive family assessment are a necessity.

Participants also discussed their desire for more flexibility within the document or tool. The ability to be able to make decisions about what questions or actions are most appropriate for an individual family should remain with the worker and not be mandated by the tool. Other participants suggested creating a topical instrument for asking families questions. These participants suggested that a tool that presented topical guidelines for what the worker should focus on without mandating particular questions that need to answer within the form would better individualize comprehensive assessment, since all questions are not universally appropriate for all families. The most common recommendation made by focus group participants was to shorten the form. Based on responses, it appears that many participants felt that the based on timeline restrictions dictated by statute, it was difficult to complete the FCA questionnaire within the first one or two visits with a family.

*Conclusions*

Focus groups with Ramsey County Child Protection workers and supervisors revealed that the model for comprehensive family assessment, the FCA, is understood and implemented in a variety of ways by workers. The majority of workers expressed dissatisfaction for how the FCA Guidelines are being used presently. Largely this was a result of conflicting pressures such as timelines and the expectation that all assessments must be comprehensive. This is also in conflict with messages workers are receiving from management and supervisors suggesting that it is important is to move families out of the system quickly, and not to look beyond a family's presenting problem. Workers also

expressed legitimate concern that community members had access to what was learned through the process of comprehensive assessment, violating families' privacy.

For the development of the new CFA Model a key issue will be training. Workers currently have different methods for how to complete and use the FCA model. As a result, there was not a consistent message about how workers felt about the model. Training staff extensively in how to use a new CFA model will be imperative to success. Further, consistency of training will be key to ensuring the model does not transform over time and lose fidelity.

## Conclusion

The findings from the baseline case record reviews and worker focus groups offer key insights regarding the current implementation of comprehensive family assessments. Rather than focus solely on the incident that brought the family to child protection, the new protocol should guide a process for gathering a holistic, "big picture" assessment of family patterns over time. This can be accomplished partly through quality contacts with each family member in the hope of accurately targeting underlying needs with appropriate services. By involving family members in the assessment of needs as well as strengths that can be built upon, a new comprehensive family assessment can enhance an already solid child protection department that Ramsey County has created.

Once the new protocol is established, it remains crucial that all workers are adequately trained to ensure the fidelity of the assessment. The worker focus groups shed light on this issue after they reported that the Family Centered Guidelines were executed in vastly different ways between individual workers and departments. Buy-in and training will not only be important for workers, but for the supervisors who will oversee the new assessment implementation. Once practice fidelity is achieved through comprehensive trainings, the next phase of the study can more accurately determine the different outcomes from this new process. A final version of this model will eventually be disseminated to other counties and states to guide other CFA implementations. The hope is that by accurately evaluating the results of the new protocol, and making necessary

adjustments, the assessment and its creation process will help other counties across the nation improve family and child well-being.

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**APPENDIX A**
**Table of the CFSR Items and their related Case Record Reading Tool (CRR) Questions and Variables**

NOTE: IH indicates In-Home Tool and OH indicates Out-of-Home Tool

| CFSR Item Number | CFSR Item | CRR IH Question # | CRR OH Question # | CRR Tool Question |
|---|---|---|---|---|
| 3 | Applicability of 3 | 44 | 40, 41 | Initial Threats to safety? |
| | | 50 | 49 | Initial Risk of placement? |
| | | 44 | 40, 41 | Ongoing threats to safety? |
| | | 50 | 49 | Ongoing Risk of placement? |
| 3 A | Provide or arrange appropriate services to ensure safety & prevent placement | 66 | 66 | Svcs correspond to assessment of safety and risk of placement |
| | | 65 | 65 | Wrkr connects family to services |
| 3 B | If child removed w/out svcs was this necessary to ensure safety? | NA | 87 | No time for placement preventive svcs, child in immediate danger |
| | | | | |
| 4 A | Initial assessment of risk | 51 | 50 | Initial assessment of risk |
| 4 B | Ongoing assessment of risk | 51 | 50 | Ongoing assessment of risk |
| 4 C (1) | Initial safety assess | 44, 45 | 40, 42 | Initial threats to safety and assess of safety |
| 4 C (2) | Safety plan | 46 | 44 | Safety plan |
| 4 C | Safety plan | 47 | 46 | Safety plan supporting documentation |
| 4 D (1) | Ongoing safety assess **AND:** | 44, 45 | 40, 42 | Ongoing threats to safety and assessments of safety |
| | Safety assess at critical times, e.g., case closing | 44, 45 | 40, 42 | Threats to safety and safety assessment before closing |
| 4 D (2) | Monitor & update safety plan | 48 | 47 | Monitor & update safety plan |
| 4 E | Safety concerns about target child not addressed | 67 | 46, 48, 67 | Safety risks not addressed |
| 4 F | Safety concerns about target child in foster care during visitation | NA | 41, 43, 45, 46, 48 | Source of threats to safety, those included in safety assessment & safety plan |
| 4 G | Safety concerns about target child from foster family or facility | NA | 41, 43, 45, 46, 48 | Source of threats to safety, those included in safety assessment & safety plan |
| 4 H | Safety concerns about target child with family | NA | 42, 43, 45, 46, 48 | Assessment of safety after return home, those included in safety |

| CFSR Item Number | CFSR Item | CRR IH Question # | CRR OH Question # | CRR Tool Question |
|---|---|---|---|---|
| | if reunited | | | assessment & safety plan |
| | | | | |
| 5 A | Plcmt w/in 12 mos of prior placement | NA | 85 | Placement in 12 months of prior placement |
| 5 B | Evidence to prevent re-entry | NA | 66, 87 | Services to prevent need for placement |
| | | | | |
| 14 | Maintain child's connections to neighborhood, community, faith, extended family, tribe, school, friends | NA | 88, 89 | Locate relatives – talk to relatives before placement or after placement |
| 14 B | Child member or eligible to be member of Indian Tribe | 9b | 9b | Inquiry about membership or eligibility in tribe |
| | | | | |
| 15 A (1) | Current or most recent placement with relative | NA | 88 | Responses – placement with relative **NOTE:** doesn't ask abt most recent placement if it was made before period of review |
| 15 A (2) | Plcmt with relative | NA | 90 | Relative placement was safe and stable |
| 15 B | Try to find maternal relatives | NA | 88, 89 | Locate relatives before placement or after placement |
| 15 C | Try to find paternal relatives | NA | 88, 89 | Locate relatives before placement before placement or after placement |
| | | | | |
| 17 A (1.1) | Initial Comprehensive assess **(if case opened during period under review) OR** | 52 | 51, 52, 53, 62 | Initial Comprehensive assessment of Child |
| 17 A (1.2) | Ongoing Comprehensive assess | 52 | 51, 52, 53, 62 | Ongoing comprehensive assessment of Child |
| 17 A (2) | Appropriate services to meet child's identified needs? | 63 | 63, 86 | Child Problems contributing to need for CPS or difficulties functioning except education, health, MH, behavior |
| | | 66, 67, 69 | 66, 69 | Services correspond to assessment except education, health, MH, |

| CFSR Item Number | CFSR Item | CRR IH Question # | CRR OH Question # | CRR Tool Question |
|---|---|---|---|---|
| | | | | behavior |
| | | | | |
| 17 B (1) | Formal or informal initial Comprehensive assess of mother's needs (initial or ongoing) **OR** | 52 | 51, 52, 58 | Initial Comprehensive assessment of mother |
| | Formal or informal ongoing Comprehensive assess of mother's needs (initial **or** ongoing) | 52 | 51, 52, 58 | Ongoing comprehensive assessment of mother |
| 17 B (2) | Formal or informal initial Comprehensive assess of father's needs (initial **or** ongoing) **OR** | 52 | 51, 52, 58 | Initial Comprehensive assessment of father |
| | Formal or informal ongoing Comprehensive assess of father's needs (initial **or** ongoing) | 52 | 51, 52, 58 | Ongoing comprehensive assessment of father |
| 17 | | 53-57 | 54-57 | Family and community strengths as part of comprehensive assessment |
| 17 B (3) | Services appropriate to comp assessment needs for mother | 66, 70, 71 | 66, 70, 71 | Services appropriate to comp assessment needs for mother |
| 17 B (4) | Services appropriate to comp assessment needs for father | 66, 70, 71 | 66, 70, 71 | Services appropriate to comp assessment needs for father |
| 17 C (1) | Comprehensive assessment of needs of foster family | NA | 51, 52 | Comprehensive assessment of foster family |
| 17 C (2) | Services appropriate to comp assessment needs for foster family | NA | 66, 70, 71 | Services appropriate to comp assessment needs of foster family/facility |
| | | | | |
| 18 A | Involve child in case planning | 33 | 29, 30 | Family members involved in case plan: child |
| 18 B | Involve mother in case planning | 33 | 29, 30 | Family members involved in case plan: mother |
| 18 C | Involve father in case planning | 33 | 29, 30 | Family members involved in case plan: father |

| CFSR Item Number | CFSR Item | CRR IH Question # | CRR OH Question # | CRR Tool Question |
|---|---|---|---|---|
| | | | | |
| 19 A | Pattern of visits: child | 35, 72 | 31, 72 | Visitation worker & child pattern |
| | Frequency sufficient: child | 73 | 31, 73 | Visitation with child frequency sufficient to purpose of intervention |
| 19 B | Quality sufficient: child | 74 | 74 | Visitation worker & child of quality sufficient to purpose of intervention |
| | | | | |
| 20 A (1) | Frequency sufficient: mother | 38, 76 | 34, 76 | Visitation with mother frequency sufficient to purpose of intervention |
| 20 A (2) | Pattern of visits: mother | 38, 75 | 34, 75 | Visitation worker & mother pattern |
| 20 B (1) | Frequency sufficient: father | 40, 79 | 36, 79 | Visitation with father frequency sufficient to purpose of intervention |
| 20 B (2) | Pattern of visits: father | 40, 78 | 36, 78 | Visitation worker & father pattern |
| 20 C | Quality sufficient: mother | 77 | 77 | Visitation worker & mother of quality sufficient to purpose of intervention |
| 20 D | Quality sufficient: father | 80 | 80 | Visitation worker & father of quality sufficient to purpose of intervention |
| | | | | |
| 21 A | Concerted efforts to assess child's educational needs | 63 | 51, 52, 63, 86 | Child Problems contributing to need for CPS or difficulties functioning |
| 21 B | Concerted efforts to address child's educational needs w/svcs | 66, 68, 69 | 66, 69 | Services appropriate to educ needs if educ problems identified |
| | | | | |
| 22 A | Concerted efforts to assess child's health needs | 63 | 51, 52, 63, 86 | Child Problems contributing to need for CPS or difficulties functioning |
| 22B | Concerted efforts to address child's health needs w/svcs | 66, 68, 69 | 66, 69 | Services appropriate to educ needs if educ problems identified |
| | | | | |
| 23 A | Concerted efforts to assess child's MH/behavioral needs | 63 | 51, 52, 63. 86 | Child Problems contributing to need for CPS or difficulties functioning |
| 23 B | Concerted efforts to address child's MH/behavioral needs w/svcs | 66, 68, 69 | 66, 69 | Services appropriate to educ needs if educ problems identified |