

STATE OF MISSISSIPPI
Division of Family and Children Services

***FAMILY CENTERED Strengths and
Risk ASSESSMENT GUIDEBOOK***

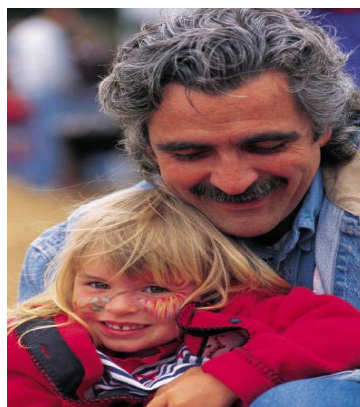
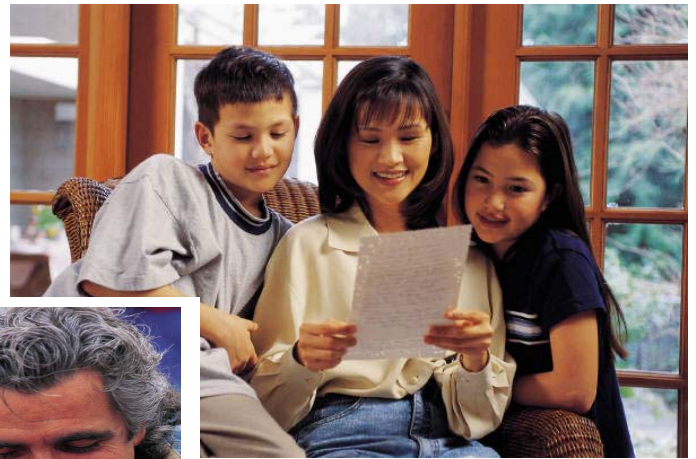


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Family-Centered Assessment Guidebook

About Family Centered Practice

Family Centered Practice requires that the entire system of care seek to engage the family system in helping them improve their ability to safely parent their children.

Family centered practice requires that the family be viewed as a system of interrelated people and that action and change in one part of the system impacts the other. While the ultimate goals are the safety, permanence and well being of the child, the entire family is the focus of intervention. In family centered practice, the work is not intended to solely be one of “diagnosis and treatment”. Many families that come to the attention of the child welfare system are in need of assistance in basic parenting tools such as daily living skills and managing normal child developmental stages of behavior. Additionally, many of the families that come to the attention of the system need access to community resources that can help them keep food on the table, provide rental assistance, etc. Family Centered practice requires the delivery of an individualized array of informal and formal services and supports to meet these needs. The development of creative community options is often necessary to meet the needs of families served. In effective service systems, the delivery of services appears seamless to the family—providers working together as a collaborative team.¹

Family Centered Practice also requires an understanding of the importance that relatives and other kin can play in planning for and ensuring child safety and permanence. The tradition of extended family and other significant adults caring for children when the child/youth’s parents are not able to do so is strong in all cultures. This tradition has been based on the strengths of family members and networks of community support to ensure that children remain within their own families and communities when parents cannot provide the care, protection, and nurturing that children need. It has really only been in the past ten years that effective child welfare practice has begun to include and plan for “kinship care” as part of its many permanency options for children. In the late 1980s and early 1990s as growing numbers of children were entering foster care and, simultaneously, the number of traditional foster families was declining, child welfare systems began to look to children’s extended families as resources for the care of child/youth who entered the formal child welfare system. Since that time, increasing numbers of children who enter foster care have been placed in the care of kin.²

¹ Much of the work of Annie E. Casey’s community building is based on research that children who grow up in strong caring communities far better in nearly every indicator; health, education, social experiences, family interaction. (2002)

² Children’s Bureau Express (a publication of DHHS). 2003.

Family Centered Practice Principles

The core principles of a family centered practice model include:

- Viewing the family as a system of interrelated people –understanding that action and change in one part of the system impacts the other. While the ultimate goals are the safety, permanence and well being of the child, the entire family is the focus of intervention.
- Preservation of the family whenever possible. When it is not possible that children remain living with their birth family—that connections are preserved for children to their kin, their culture, and their community. (Kin placement is our first option.)
- Working from a strengths perspective—and utilizing the strengths (protective capacities) when building the service plan.
- Ensuring frequent parent-child interactions when children must be removed from their families.³
- Practicing Full Disclosure--honest feedback to families.⁴
- Ensuring that services are intentionally/planfully directed toward teaching the family skills to function independently without the formal helping system—and that they focus on the reason the family was identified to the system. Clear link between assessment and service plan.
- Children have voice in decisions that impact their life.
- Community partnerships serve as a vehicle for much of the service delivery.

³ Some of the best research on the importance of frequent parent-child interaction has been conducted by Hess. Case and Context: Determinants of Planned Visit Frequency in Foster Family Care. (CWLA 1998). Family Visiting of Children in Out of Home Care: A practical Guide (CWLA 1999). Family Connection Center: An Innovative Visitation Program. (CWLA 1999).

⁴ Full Disclosure is a practice model that is inherent in a strong Family Centered/Concurrent Planning Environment. Frankel. Family Centered, Home Based Services in Child Protection: A Review of the Research. Social Service Review (1997).

About This Document

This document contains possible questions that can assist you in gathering information from a family during the assessment phase. The intent is not to ask a family all of these questions—but try to use those questions that will best elicit information from the family. Further, as the family is sharing their needs and talking about their lives, use this document as a foundation for service planning.

The categories that are addressed in this assessment include the following:

- The Family Telling Their Story
- Basic Needs: Food, Housing, clothing
- Day to Day Parenting
- Family fears
- Kinship/neighbor care options—family connections—support system
- Child Mental Health
- Parental Mental Health
- Parental Child/Substance Abuse
- Domestic Violence in the Home
- Employment/Vocational
- Medical/Dental Needs

Voices of Youth In Care

JACKIE

Until she was seven, Jackie lived happily with her mother and grandparents. But it was Grandma who took care of her. Jackie didn't fully understand why her mother wasn't more involved, but she knew it had to do with her physical and mental disabilities.

When Grandma died and Grandpa sank into alcoholism, Jackie moved in with her aunt. Her mother was sent to a care facility where, it was hoped, she would respond to rehabilitation. She did not.

When Jackie was nine, her aunt appeared at school one afternoon. "She said she loved me, and I was not in any trouble, but she could no longer take care of me, her own three kids and a marriage that was falling apart," Jackie said. "It was very emotional for me, and despite what my aunt said, I kept thinking that if she let me stay, I would be a good girl."

From that day on, Jackie lived in a series of foster homes. Some were better than others. But she was fortunate to have one person she felt close to—a social worker who listened to her, gave her choices, and made sure that she was safe.

When I was 17, I was looking through some old papers, and found that my mother's legal rights to me had been terminated seven years earlier...without her knowledge or mine. Suddenly I realized that I had no legal mother, that I belonged to nobody. It was not what I wanted or needed, and no one told me.

The results need to be individualized. In my state, success either means adoption or reunification. And so by those standards, I am a failure because I was not adopted and I was not reunified.

—Jackie, former foster child

LUIS

Even though he was just a toddler, Luis knew he was living in chaos. His mother and father, both drug addicts, screamed and fought; there was never food in the refrigerator; his house was filthy. Even before his father went to jail, when Luis was four, he had begun raising his younger sisters and brother. His mother, a child herself—she was 13 when Luis was born—couldn't help because she was, he said, "in la-la land."

"My sisters and brother had to eat," he said. "So I would go through dumpsters to get them food, and I stole baby formula for my little sister. I helped Kristina learn how to walk and how to be toilet-trained. I changed Emily's diapers."

The most devastating turmoil began when Luis's mother brought Ricky into the house. That's when life became "hell," said Luis, now 23. Ricky, who had been his father's best friend, was an abusive drug addict and dealer. One day in school—Luis was in kindergarten—his teacher saw him snorting sugar through a straw. This behavior, coupled with bruises she had noticed in earlier weeks, prompted her to call the child welfare agency.

I was only six when I went into foster care. I remember vividly just sitting outside the courthouse . . . my birth mother crying. And then suddenly, I was living somewhere else, in some house I didn't know. No one told me anything. For five years, no one told me anything. Being taken from my parents didn't bother me. . . . But being torn away from my brothers and sisters . . . they were my whole life. . . . It was probably the most painful thing in the world. They told me I would be able to see them a lot, but I was lucky to see them at all.

I would feel like I was just being passed around and not really knowing what was going on. No one explained anything to me. I didn't even know what rights I had . . . if I had any. No one told me what the meaning of foster care was. No one told me why I had been taken away from my mom. I knew there were bad things going on, but no one really explained it to me.

Strengths and Risk Assessment

FAMILY TELLING THEIR STORY	
Ways to Ask Questions	<ul style="list-style-type: none"> • What are your perceptions why the system is involved in your life —or why your child has been removed from your care? • Do you believe that any of the CPS safety and risk concerns are valid?
Success Factors on Which You Can Build	<ul style="list-style-type: none"> • The parent acknowledges that there is a problem and is willing and open to intervention.
Considerations and Areas we need to explore	<ul style="list-style-type: none"> • Lack of parental acknowledgement and understanding of the issues –and a seeming lack of motivation to change their approach to parenting.
Is there a need for intervention in this area?	
If so, what does success look like?	
DAY TO DAY PARENTING	
Possible Ways to Ask Questions	<ul style="list-style-type: none"> • Parenting is not something that you wake up and know how to do...it is hard for all of us. Do you ever get lost as a parent? • Do you and your children have the opportunity to eat meals together? • Scaling question—On a scale of 1-10, where are you at in comparison with where would you like to be as a parent? • What is a day in your life as a parent like? • What is one creative way that you have dealt with your child's frustrating behavior? • Could you describe each of your children? • Could you describe a great memory you have of your family? • Can you describe a time when your child was very successful—what part did you play in that success? • What is one special way that you show love to your children? • Who taught you to be a parent? Who is your biggest influence as a parent? • When you get frustrated or tense with your children, what do you do?

Success Factors on Which You Can Build	<ul style="list-style-type: none"> • Can they recall something with their child that is a good memory? • Clear verbal statement that they love their children • If the parent can still laugh about some of the things that their children are doing...find the humor and tenderness in the frustrations. • Parent is willing to try new parenting ideas. • Parent is aware what issues create tension. • Can reach out to find family members or neighbors who can provide relief to some of the day-to-day stressors of parenting. • Parent is willing and able to parent (physically & mentally).
Considerations	<ul style="list-style-type: none"> • Parent is young or had a child at an early age and does not seem to understand their needs. • Parent is single with little parenting support and expresses being very tired with little patience. • Child has taken on parenting role in the family because parent is depressed or exhausted. • Parent has unrealistic expectations of what the child should be able to do. • There is a lack of consistent supervision—and the parent does not know that this is a problem, or has no resources to ensure adequate supervision. • Responds negatively, harshly, tone of voice is generally angry or harsh with the child.
Is there a need for intervention in this area?	
What would success look like?	
FAMILY FEARS	
Ways to Ask Questions	<ul style="list-style-type: none"> • What scares you the most about CPS involvement? • We are all afraid to be judged...are you afraid of how I might perceive you? • Do you think that you are going to be able to do what the judge or child protection wants you to do? • Are you afraid of what your children might think? • How do you think the rest of your family is going to respond to our involvement?

Success Factors on Which You Can Build	<ul style="list-style-type: none"> • Where do we leave the room for the family to say, “I cannot parent”? Strength and courage to say that someone else would do this better---and I would like to be apart of deciding whom it should be. • Parent, while uncomfortable, does what it takes to meet child’s needs— regardless of own feelings of pride.
Considerations and Areas to explore	<ul style="list-style-type: none"> • Remember a family under stress does not assimilate all of the information that we are sharing. Their thoughts are often illogical and they usually are in the fight or flight mode of survival. • Child fears parent or other adult within the home. • Family expresses fears of long-term parenting—does not see self as a long term parent to this child either through capacity or willingness? • Parent’s pride or unwillingness to receive help hinders their ability to correct risk and to meet children’s needs.
Is there a need for intervention in this area?	
What Does Success Look Like?	
KINSHIP/NEIGHBOR CARE OPTIONS– FAMILY CONNECTIONS–SUPPORT SYSTEM	
Ways to Ask Questions	<ul style="list-style-type: none"> • What family members are you close to? • Who can you rely on? • Who helps you when you are stressed out? • Who do you trust? • Do you visit your relatives? • Where do you consider home? • Who do you consider family? • Are you connected to any tribe or family? • Are you involved with any church or community group? • Sometimes when you don’t know how you are going to feed your children, it is hard to focus on anything else---do you ever struggle like this? Who helps you during these times?
Success Factors on Which You Can Build	<ul style="list-style-type: none"> • Family clearly has connections and support systems. These people are clearly there for the family. • Parent is involved with activities outside the home.
Considerations and Areas to explore	<ul style="list-style-type: none"> • Recent death or loss of a family member that served as a support system. • Does not seem to trust anyone to get close. • Lives in a geographically isolated area. • If exploring kinship care, can and will this relative meet the safety and well-

	being needs of the child?
Is there a need for intervention?	
If so, what does success look like?	
UNDERSTANDING OF CHILD NEEDS	
Ways to Ask Questions	<p><i>Ask the parent:</i></p> <ul style="list-style-type: none"> • Based on your sense of your child –what do they need? • Do you think that you will, in the near future, be able to give your child what you want them to have? • With whom is it important to this child to stay connected? <p><i>Ask the child:</i></p> <ul style="list-style-type: none"> • What do you think you need? • If you were granted three wishes what would they be? • Are there times that you feel scared...what is happening then? Who is around? • What is the best time at home? • What is the worst time at home? • What are you good at? What do you love to do? What do you like about school—what is your favorite subject in school? • Is it easy to make friends? Do you have a close friend? What do you do together? • What would you like to see change about your family?
Success Factors on Which You Can Build	<ul style="list-style-type: none"> • Child goes to parent to get needs met. • Child appears to feel safe with parent. • Child has toys that are age appropriate. • Child knows not to talk to strangers and other safety tips.
Considerations and Areas to explore	<ul style="list-style-type: none"> • Does any child within the family have special physical or developmental needs that are very demanding?
Is there a need for intervention?	
If so, what does Success look like?	

CHILD MENTAL HEALTH

Ways to Ask Questions

- Does your child have any behavioral problems, problems at school or bedwetting? If so, please describe your child's behaviors.
- If so, have you had to miss work or school because of these problems?

Success Factors on Which You Can Build

- Child appears to be happy, has friends and is well adjusted.
- The family has sought out mental health services for the child
- Child follows recommendations of mental health professionals.
- The parent voices concern and asks for help around the child's behavior health needs.

Considerations and Areas to explore

- Has the child had a suicidal gesture in the past?
- Are the behavioral issues of the child such that the family is isolating the child—or focuses solely negative interaction with the child?

Is there a need for intervention?

If so, what does success look like?

PARENTS MENTAL HEALTH

Ways to Ask Questions

- As a child did you ever experience any type of abuse?
- Do you ever feel like you just can't take it any more?
- Do you ever have a hard time just getting going?
- When you cannot "get going" who takes care of your child?

Success Factors on Which You Can Build

- Family giving themselves permission to not parent—they are OK with it...we make it OK.
- Parent has or is seeking mental health treatment
- Parent consistently follows recommendations from therapist

Considerations and Areas to explore

- Parent appears depressed, unkempt, sleeping all-day, tearful—unable to plan for the needs of the child.

Is there a need for intervention?

If so, what does success look like?

PARENT and/or CHILD SUBSTANCE ABUSE

Ways to Ask Questions

- How do you get through a bad day?
- Have you ever felt like you should cut back on your drinking or drug use—or

	<p>felt bad or guilty about it?</p> <ul style="list-style-type: none"> • Has your drinking or drug use caused job, school, family, or legal problems? • Have you ever felt annoyed by criticism of your drinking or drug use? • Do others in the home use alcohol or other drugs?
Success Factors on Which You Can Build	<ul style="list-style-type: none"> • Treatment was successful and parent or child maintains sobriety. • Attends AA, NA or other support group • Child or parent says that he is able to say no to peers. • Child admits using and has frank conversations with parents. • Child is able to express concerns about personal use.
Considerations and Areas to explore	<ul style="list-style-type: none"> • History of drinking per report by the family. • Binge drinking that results in a disruption in the family and reduces the parent's ability to care for the child.
Is there a need for intervention?	
If so, what does success look like?	
VIOLENCE IN THE HOME	
Ways to Ask Questions	<ul style="list-style-type: none"> • ON a scale of 1-10 where would you rate your relationship with your partner/spouse/significant other? • What would bring it to a 10? • Have you ever been concerned about the safety of your children? • Do you have a pet—if so have you ever been worried about the safety of your pet?
Success Factors on Which You Can Build	<ul style="list-style-type: none"> • Parents are able to identify methods for non-violent resolution of conflicts and can provide examples of times they have successfully used these methods. • Non-offending parent protects child by sending child to relatives, friends or another safe place.
Considerations and Areas to explore	<ul style="list-style-type: none"> • Household has a history of family violence • One parents is afraid of another adult within the family • Child expresses concern for parent's safety • Child attempts to intervene during a domestic violence incident • Child is injured during a domestic violence incident

Is there a need for intervention?

If so what does success look like?

EMPLOYMENT/VOCATIONAL

Ways to Ask Questions

- What kind of work do you do?
- What kind of work do you enjoy?
- Have you had any training that you wish you could use in your work?
- Are people in your life supportive of you working?

Success Factors on which you can build

- Parent has held a job for one year or longer.
- Parent is or has participated in job training, GED classes, or higher education classes
- Parent has successfully completed job training or GED/education.

Is there a need for intervention?

If so, what does success look like?

EDUCATIONAL

Ways to Ask Questions

Ask the Parent:

- What was the highest grade you as the parent completed—did you like school?
- If you had the opportunity would you like to get more education?
- What are your hopes for your child's education?
- When your child is in school are you involved in their education?
- How does your child do in school? Does he/she/they like school?
- Do you think that your child in need of special services –and you cannot obtain them from the school?

Ask the Child:

- What do you think about school?
- Do you have a favorite subject or class?
- What would you like to be when you grow up?

Success Factors on which we can build

- Parent completed high school
- Parent completed or is enrolled in GED classes
- Parent attends (or has) secondary education program
- Child attends school regularly
- Child makes good grades
- Child has good behavior while at school

Considerations and Areas to explore	<ul style="list-style-type: none"> • Child is frequently truant—and parent is accepting of this. • Child does not concentrate at school—per teacher report. • Child struggles with ADD or ADHD.
Is there a need for intervention?	
If so, what does success look like?	
HOUSING/FOOD/BASIC NEEDS	
Ways to Ask Questions	<ul style="list-style-type: none"> • Where is the best place you ever lived? • Why did you like it? • What would make where you live today more like your best place? • Most months, are you able to pay rent? • When was the last time that you had to ask for assistance in paying rent, mortgage, and/or utilities? • Have you ever applied for public assistance (TANF, food stamps, day care subsidy, utility assistance)? • Do you ever have concerns about your house or your neighborhood being safe for you or your children?
Success Factors on Which You Can Build	<ul style="list-style-type: none"> • Being poor does not mean that the family needs child protection involvement. • Creatively finds supports to meet child's needs—has a strong sense of community options. • Family is able to meet their basic needs either on their own or from their community.
Considerations and Areas to explore	<ul style="list-style-type: none"> • Homeless—which is a stressor. • Family moves frequently
Is there a need for intervention?	
If so, what does success look like?	

MEDICAL/DENTAL

Ways to Ask Questions

- Does you/or your child have a medical provider?
- When was the last time that you saw him/her?
- Does you or your child or any member of the family have any health conditions we should know about?
- Has you or your child/any member of your family been sick lately?
- Has your health ever held you back from getting a job or taking care of your children?
- Are there any medications that you/your family is taking?
- Have you and your children been to the dentist?
- When was the last time your children visited the dentist?

Success Factors on Which You Can Build

- Parent able to verbalize child's medical conditions—knows what they need. Has plan for caring for child.
- Parent maintains their own health by having check ups
- Parent maintains their child's immunizations and regular medical check ups.
- Parent and child visit a dentist every 6 months.
- Both parent and child are healthy.

Considerations and Areas to explore

- Parent has a medical condition that does not allow them to care for their child—no outside support.
- Cannot meet ongoing medical needs of the family due to lack of resources.
- Child has medical condition that places stress on the family physically, emotionally, and/or financially.

Is there a need for intervention?

If so, what does success look like?