

1. Family Assessment

1.0 PURPOSE: The following procedures apply to the family assessment conducted by the department for each report or referral accepted by the department. The assessment provides information regarding the alleged victim, siblings and caregivers by the gathering of information from, and about the family to determine the harm to the child, the ability of the caregivers to provide a safe home, and the departmental response required to ensure the child's safety.

- A. A complete and competent assessment is comprised of two components:
1. Assessment tools, which assist the worker to effectively, thoroughly and consistently collect and organize the known facts about the family; and
 2. Evaluation and decision making based on the worker's education, experience, interviewing skill and judgment.

1.1 AUTHORITY:

- | | | |
|----|----------------------|--|
| A. | CFR 1340.14 (d-i) | Investigations, institutional child abuse and neglect, emergency services, guardian ad litem, prevention and treatment services, confidentiality |
| B. | CFR 1340.15 | Services and treatment to disabled infants |
| C. | CHAP 346-14 (1), HRS | Establish and administer programs and standards, and adopt rules as deemed necessary for all public assistance programs |
| D. | CHAP 346-14 (2), HRS | Establish, extend and strengthen services for the protection and care of neglected children and children in danger of becoming delinquent |
| E. | CHAP 346-14 (3). HRS | Assist In preventing family breakdown |
| F. | CHAP 346-14 (4), HRS | Place, or cooperate in placing, neglected children in suitable private homes or institutions and place, or cooperate in placing, children in suitable adoptive homes |

- G. CHAP 346-14 (5), HRS Have authority to establish, maintain, and operate receiving homes for the temporary care and custody of neglected children until suitable
- H. CHAP 350-1.1, HRS Review of who must report, how reports are to be submitted, confidentiality of reports
- I. CHAP 350-2, HRS Action on reporting
- J. CHAP 350-3, HRS Immunity from liability
- CHAP 587-21, HRS Investigative process

1.2 FAMILY ASSESSMENT

1.2.1 Assessment of the family

- A. The goal of family-centered intervention is to empower the family to remedy the safety issues present in the home. The family assessment is crucial to this approach.

It is important that as an agency we share common beliefs and attitudes toward the assessment of families. Some of these basic beliefs are:

1. Problems that affect individuals are usually symptomatic of underlying family problems;
 2. A family's problems are not created by a single individual, they originate within the family system;
 3. Family participation in the assessment process allows them to identify their own strengths and needs and enhances the likelihood of case success.
 4. The assessment should focus on the strengths of the family, which will guide the treatment planning and identify opportunities for the family and the social worker.
- B. Family assessment is integral in determining the appropriate response to a report of abuse or neglect and the subsequent delivery of timely and appropriate services to children and

families.

Competent, accurate assessments lead to an intervention that appropriately addresses the family's needs and resolves the safety issues in the family.

Family assessment is an ongoing process which evaluates and identifies:

1. The current level of family functioning;
2. The current risk to the child(ren); and
3. Family strengths and service needs.

The assessment is used to determine an agency response to a report of abuse or neglect, ensure the safety of the child or children at risk, and to develop a plan that will address the safety issues that brought the family to the attention of the department.

1.2.2 Sources of information

There are six basic sources of information which should be used when conducting a family assessment:

- A. Face to face interviews of family members, individually and as a group;
- B. Information gathered by a single individual; they originate from family members through activities such as ecomaps and genograms;
- C. Observations by the social worker of the family members and their interactions with other family members, the social worker and others;
- D. Written documentation about the family members such as agency records, case records, school records, arrest and conviction records;
- E. Information provided by collaterals such as the reporter, other agencies, extended family members and others involved with the family; and

- F. Evaluation of the family members by a qualified examiner, such as a psychologist, psychiatrist, physicians and others.

1.2.3 Elements of the assessment process

- A. Identification of the safety issues:

The assessment by the social worker must identify the problem or problems that resulted in child protective services intervention with the family. Some of the methods the social worker should use to identify the issues are:

1. Discuss with the family the nature of the problem. Have each family and family member indicate their own opinion of the issues, what happened and how the issues can be addressed.
2. Assist the family in identifying the factors, both internal and external, that produced the safety issues.
3. Help the family understand the seriousness of the problem.
4. Explore the family's attitudes toward the problem, their awareness and their feelings.
5. Ask the family how they plan to address and resolve the safety issues in the home.
6. Ask for the names of family members supportive of the caregivers who may be willing to provide care for the children, or alternate placement if necessary.

- B. Family strengths:

Each family, and family member, has strengths which provide potential assets for the family and the social worker in the development of a safety plan for the child and a family case plan for the entire family. The assessment matrices, ecomaps, genograms and interviews with family members will allow the family the opportunity to identify and demonstrate their family strengths and assets.

- C. Family behavior and social functioning:

How family members interact with one another, and function as a family unit, are important elements in the psycho-social assessment.

Some of the questions the social worker should ask are:

1. What are the behavior patterns of the adults? Are they impulsive or dependable, flexible or inflexible, moderate or compulsive, submissive or aggressive, overly cooperative, calm or angry, demanding? Do they have a history that demonstrates family and individual strengths or a history that involves drug usage, violent behaviors, mental health problems, or criminal activities?
2. What are the behavior patterns of the children? Do they play by themselves or constantly seek attention, abstain from or use drugs, attend or skip school (truant), present as normal and well adjusted or display psychological disorders, display conduct disorders, are they able to cope or withdraw from uncomfortable situations, partake in family discussions, have age appropriate friendships, engage in any criminal behaviors, are they calm or do they exhibit violent actions, are they sexually age appropriate or sexually active or runaway behaviors?
3. Is the family system open or closed? Are there family rules either expressed or understood that all family members follow?
4. How does the family treat the child and each other?
5. What resources has the family utilized? Is the family willing to accept outside help?
6. How does the family communicate and learn?
7. How does the family communicate with each other?

D. Emotional patterns:

Emotional behavior is also important. The social worker should determine how the family, as well as the family members, handle their emotional needs. Some observations

of this ability are:

1. How do the family members demonstrate control over their impulses or thoughts?
2. Do the family members express an accurate or exaggerated perception of themselves, the problems, each other?
3. Do the adults in the family emotionally respond to the needs of the child in an appropriate manner?
4. What does the family express as the general mood of the family members, especially when confronted with problems? Are they angry, happy, anxious, unsure of themselves, fearful?
5. How does the child present, happy, sad, unloved, withdrawn?
6. Is the family able to identify and acknowledge stressors on the family, both internal and external? If so, have they, as a family unit, handled the stresses?

E. Educational and cognitive patterns:

Awareness of the educational and cognitive abilities of the family members is crucial in developing proper services and in understanding the ability of the family to make necessary changes. Some factors which must be examined and considered are:

1. The overall intellectual functioning of each family member. Are any members mentally challenged, developmentally delayed, intellectually superior, average?
2. What is the language spoken in the home? Can the family understand English?
3. Is the child in the appropriate grade level in school? Is the child performing adequately? Does the child have any special educational needs?

F. Current life situation and history:

Understanding the family history as well as how the family is currently functioning is important in determining how the family will respond to services and intervention.

1. What is the current makeup of the family? How many members, their ages, sex, and any extended members?
2. What are the current family living conditions?
3. What is the current family financial situation? How many members are working? Do they understand the family budget?
4. What is the physical health of family members? Are there any serious conditions that affect family functioning?
5. What are acceptable hygiene standards in the home?
6. What food does the family eat? Is their food nutritious? Do they eat together? Is food prepared for all family members, or does each family member fend for themselves.
7. What is the personal history of the family members, especially the parents (caregivers)? Use Safe Family Home Guidelines # 4, 5, 6, 7, 10, for guidance in gathering the information.

G. Family interaction and relationships:

Understanding how family members interact with one another, what the roles each member undertakes as well as the rules of the family system are all vital to developing a complete psycho-social assessment. Some of the factors to consider are:

1. What are the child rearing practices of the immediate, as well as the extended family? What form of discipline is approved by the family? What is the perception of the child, as a family member, when it comes to discipline? Are the parents aware of child developmental stages? Do the caregivers have age appropriate expectations of the children?

2. Are the parents supportive of each other? Do the parents communicate effectively? Is communication verbal or non-verbal?
3. How are the children viewed, within the family system?
4. What is the family's definition of their family system?
5. What are the roles each family member undertakes?

(Provider, Nurturer, Peacemaker, Decision maker, Rebel, Clown, Hero, Disciplinarian, Reporter, Historian.)
6. What are some of the family rules? (Regarding discipline, decision making, child care, use of space, privacy, intimacy, expressions of love, handling of anger.)
7. What are the family's cultural, ethnic and religious values?
8. What is the family hierarchy? Which family member has the power to implement change in the family? Who has the "power" in the family and how do the other family members function in relation to that person? Is the power hierarchy static or does it change with each crisis or problem?

H. Family network:

Each family has a network of extended family, friends and others who can contribute to the safety or increase the risk in the family. The family network can provide the social worker and family an asset the family can access for assistance in resolving the safety issues in the home. The following will assist in defining the family network and their role in the family:

1. Which persons or systems are important to the family?
2. What family members are able to care for the child or children if necessary?
3. Where does the family go for support outside the

immediate family?

4. How does the family relate to their network, is it positive, or negative? Are there problems with other networks such as schools, extended family and churches?

Document the findings of the family assessment in the family case plan, service plan and by using the assessment tools provided in Chapter II, Section 2, **ASSESSMENT TOOLS**.

1.3 RISK ASSESSMENT

The guidelines listed below are provided to assist the worker in assessing the risk of harm to a child or children, the safety of the home and the likelihood the child or children will be harmed in the future.

For instructions in completing the departmental assessment matrices and summary refer to Chapter II, Section 2, **ASSESSMENT TOOLS**.

1.3.1 Assessment of risk

Assessment of risk begins at the point a report of abuse or neglect is made and continues throughout the entire CWS intervention and service process. In order for the intervention and casework services to be effective, risk assessment must be considered throughout the duration of the case.

1.3.2 Principals of risk assessment

The following principles have been identified as important considerations when assessing risk in child protective services cases:

- A. When a report is received and upon investigation it is determined that risk exists, that risk will decrease, increase or remain the same throughout the life of the case depending on the changes made by the family and the progress, or lack of progress, made by the family toward resolution of the safety issues in the home;
- B. Risk can be controlled but not reduced or eliminated until the source of risk is changed;
- C. When an effective intervention is provided, risk will decrease during the duration of the case;

- D. There are critical assessment principles related to risk that correspond with decision points within a case which must be considered during the intervention with the family:
 - 1. The report represents a concern for the safety of the child;
 - 2. The intake staff must determine the agency response to the report;
 - 3. The social work investigation will make a determination of the safety of the child;
 - 4. The assessment will determine the origin and extent of the risk to the child and the agency's intervention;
 - 5. Case planning must be based on the assessment of the family's strengths and needs;
 - 6. The intervention must be focused on elimination or reduction of risk and should be implemented as soon as practical;
 - 7. Case closure should be based on the evidence that the risk has been sufficiently decreased that intervention is no longer required to assure the safety of the child or children.

- E. When assessing risk the social worker is expected to:
 - 1. Determine the safety of the home;
 - 2. Assess all areas of risk and all children at risk of abuse or neglect;
 - 3. Interview the child(ren) separately from the caregivers and ask the child or child(ren) if they have been harmed;
 - 4. Visually examine the children in the home for evidence of harm:
 - a. Ask the caregiver for permission to examine the child if injuries are suspected that are covered by

- the child's clothing;
 - b. If the caregiver does not grant permission for an examination by the social worker, request the caregiver take the child to a physician for an examination;
 - c. If the caregiver will not grant permission for an examination to the worker, and will not take the child to a physician for an examination, call the police for assistance.
5. Be alert for especially severe risk factors, such as:
- a. Previous reports of abuse or neglect;
 - b. Serious substance abuse;
 - c. A non maltreating caregiver who cannot protect the child;
 - d. Injuries to the head, face, neck or genital area.
6. Be aware of risk factors which interact to increase the risk to a child.
- F. Examine the frequency, duration and severity of the risk factors;
- G. Determine the overall risk to the child or children using the family and risk assessments;
- H. Document clearly the risk to the child or children;
- I. Use the assessment as the basis for the case plan.

1.3.3 Mandatory assessment

An assessment must be completed for all intake on children (5 and under) and reports of reabuse in active cases. Assessments will be completed for all children at risk in the family, as well as the caregivers. When assessing the risk to a child using the department's matrices and assessment summary:

- A. Examine and rate each factor independently;

- B. Use the low factors as a baseline (or an example of components which are family strengths) for no harm or risk when weighing each of the factors;
- C. Balance the family strengths against the risks. The low factors identify family strengths;
- D. Give added weight to factors which document duration, frequency and family support as well as classic clusters of factors which increase risk to the child, such as:
 - 1. Substance abuse by caregiver associated with incidents of domestic violence;
 - 2. A perpetrator history of abuse associated with an acting out adolescent;
 - 3. Social isolation associated with neglect;
 - 4. Any high or severe injury to an infant;
 - 5. High or severe injury associated with an unknown perpetrator,
 - 6. Substance abuse associated with chronic neglect; and
 - 7. When re-assessing a case, give added weight to the most recent history of the case

1.4 Race and Ethnicity

The Caseworker must review the race and ethnicity in CA/CU/CD 40 and CA/CU/CD 22 screens in CPSS. The Caseworker must make efforts to confirm, determine and/or document the race and ethnicity of each person in the family by asking the children and families. The Caseworker must not make assumptions on which and how many racial and ethnic groups a person may belong to, and if the client is of a certain race or ethnicity. When a Caseworker, rather than the child or family, makes this determination, he or she may be incorrect and/or under-representing all possible race and ethnicities. Understanding the familial culture is valuable as it informs culturally responsive service planning.

A person's race and ethnicity is determined by how the person defines him or herself. In the case of a young child, parents determine the race and ethnicity of the child. NOTE: If there is a discrepancy between the Hawaii birth certificate and the family's report, the race and ethnicities identified by the family must be used.¹

When the parent is unavailable and the child doesn't know his/her race and ethnicity, an "unable to determine" code can be used until more information is gathered.

"Unable to determine" is used when the child is very young or is severely disabled and no other person is available to determine the child's race and ethnicity. "Unable to determine" is also used if the parent, relative, or guardian is unwilling to identify the child's race and ethnicity.

The culture and ethnic origin of the child and family are a valuable part of their identity. Cultural sensitivity and responsiveness must be integrated into casework practice so that communication with the child and family is respectful, meaningful and effective. Not only when "Unable to determine" is selected but also throughout the life of a case, continue asking the family including their relatives about their race and ethnicity as their cultural identify.

Conversations may include,

- "I'm going to ask you about how you prefer to describe yourself and your cultural background. Please tell me about your racial and ethnic identify/background."
- "Do you identify primarily with a particular country of origin or ancestry?"
- "What (cultural) background does the family identify as?"
(when a complainant is not a family member)
- "Do you have any Native American heritage?" "Are you a member of a particular tribe?"

¹The ethnicity on birth certificates may change over time. It must come from the parent(s) at birth of the child. However, people may view their ethnicity differently over time as they may become more aware of a broader range of applicable ethnic background. It is considered better practice to let the clients tell us about who they are. Therefore, in a case of a discrepancy between the birth certificate and self-identification at the time of contact, choose the ethnicity that was identified by the clients.