

DETERMINING NEEDS AND SERVICE ALTERNATIVES

Conducting a thorough assessment and developing a measurable service plan with families is the foundation for client-centered, goal-oriented service delivery. Although these processes may seem time consuming at first, they result in improved and focused services, often reducing the length of time a family remains in a child protective caseload. In addition, if assessment and planning are not adequately carried out, there are no means for evaluating the effectiveness of the intervention and services.

THE ASSESSMENT

- The family's potential to harm the child. For example, does the parent fear that the child may be reinjured? Is either parent suffering from severe physical or emotional problems, or from severe mental retardation? What are the disciplinary patterns?
- The family's ability to protect the child or prevent future harm. For example, is one parent able to protect the child? Do the parents recognize and admit to their abuse/neglect problems? Are the parents able to "bail" each other out? Is the child old enough to protect himself or herself when a potentially harmful situation exists?
- Past and current level of family functioning. For example, how does the family interact? What are the stresses the family is experiencing? How do they deal with stress? What are the internal strengths the family can draw upon to make needed changes? Is the family socially isolated?
- Past and current level of functioning of individual family members. Strengths, problems and needs of parents, children and any significant others in the home must be assessed. For example, what is the child's current physical, emotional, and social developmental status? How does the child relate to the parents and extended family members?

- Available supports to the family. For example, do family members have people they can turn to in times of stress? Do they use them?
- Family members' verbal and nonverbal communication. For example, does a mother report that she has no problems with her child, although the worker observes that her body becomes rigid when the child cries?
- The family's capacity to care for the child. For example, is there parental agreement on child rearing? Do the parents act overwhelmed or helpless in carrying out the tasks of parenting? Can the parents recognize and individualize the needs of their children? Do the parents compete with the children, acting like siblings rather than parents? Are parental expectations of the children appropriate? Do the parents show praise or affection for the children? Is one child in the family seen as "different" or "bad"?
- The family's ability to accept and use help. For example, do the parents recognize the existence of problems? Do they understand some of the reasons for the problems? Can they seek help? Do they want to change?
- The home environment. For example, is the home physically safe or are there broken screens, cluttered stairways, lack of utilities (gas, water, electricity)? These factors are often beyond the family's control.
- Other valuable sources of information regarding the family. For example, what do the child's school records indicate? Have other community service providers seen any indications of abuse/neglect problems? Is there a history of spouse abuse or assault and battery?

Workers must have access to their supervisors, a multidisciplinary team or other professionals when something does not "seem right" in the family or with individual members. In addition, the family or individual members should be referred to other professionals for evaluations when further information is needed. (For detailed information on conducting an assessment, readers are referred to another manual in this series entitled, Child Protective Services: A Guide for Workers.)

Once CPS workers have gathered the necessary information, they should not only identify with the family its problems, strengths, and needs in a way that will indicate goals for treatment, but they must also recast the information in a way that the family can accept.

When writing an assessment report, workers should keep in mind that it must be a workable document. Workers must consolidate the information gathered into a brief document in which clear and precise language is used, problems are conceptualized in terms that suggest solutions, labeling is avoided as much as possible, and judgments are identified and supported by facts.

The report may then be used in the following ways:

- If the CPS worker conducting the assessment is also responsible for treatment, the assessment can be seen as a clarifying process for the worker and as a base of information to share with the family as they proceed to the service planning phase. In addition, it can serve as the basis for evaluating the effectiveness of later intervention strategies.
- When another worker is responsible for providing direct services, orchestrating or monitoring services, the report represents a presentation of information regarding the family which will assist the worker in devising a responsive service plan.
- In some cases, the report may be submitted to the court to assist the judge in making a disposition.
- If the CPS worker needs consultation from other professionals and/or from a multidisciplinary case consultation team, the report can be used as a tool to gather the information they require.

THE SERVICE PLAN

Following the assessment, an individualized service plan must be developed with each family and each family member. When developing service plans there are two basic issues which must be addressed. The first focuses on establishing priorities, that is, determining services to meet the needs of the family to prevent further abuse and/or neglect of the child(ren). The second concerns the needs of individual family members which have resulted in or contributed to the abuse/neglect, followed from the abuse/neglect, or are incidentally discovered during the investigation or assessment. To be effective, a service plan must fit the needs of the individual,

the individual must find it acceptable and view it as having a tangible benefit, and the individual's strengths must be highlighted and incorporated.

The tasks of the case management worker at this stage are dependent on whether the service plan was initiated during the intake/investigation process. If the service plan was initiated by the intake worker, the case management worker should review with the family both the areas of need and the family, agency, and community resources being used to meet those needs. If, on the other hand, the case management worker is responsible for developing the service plan, he or she should consider the following factors:

- The worker must relate to the family in a way that will engage the family's cooperation and commitment to change by being sensitive to the family's fears of seeking and receiving help, by conveying therapeutic authority, confidence and hope.
- The family members should be encouraged to verbalize their strengths, problems, and needs along with the resources they believe may be appropriate to meet their needs and ameliorate their problems.
- The worker should: help the family members identify problem areas, divide them into workable components, and set priorities for change; emphasize existing family strengths; and identify intervention/service alternatives.
- Goals should be established with the family; they can be developed for any or all of the problems identified in the assessment. They should be specific, measurable, and feasible and should restate the problem in a way that suggests a solution. Initial goals also should be those that have a high likelihood of success within a relatively short time span (three to six weeks).
- Objectives should be formulated with the family; they should be measurable and observable, reflect a level of acceptable performance, and contain a time frame for completion. It is advisable to use words that are not open to various interpretations, such as to attend, to obtain, to apply. Each objective should indicate the behavior that will be accepted as evidence that the client has achieved that objective.

- The plan should not only specify what is expected of the client but also delineate what is expected of the CPS worker and set forth the responsibilities of other service providers.
- The initial plan should focus on the family's immediate needs. The CPS worker may determine that the family needs therapy, but the family may have recently received an eviction notice. In this situation, the priority is to find housing. By helping the family alleviate this immediate stress, the worker is encouraging the development of trust and allowing the family to view him or her as a person who really wants to help.

It is important to remember that goals should be achieved in small increments. For example, a long range goal may be that the parents use more appropriate methods of disciplining their children. The first step or objective to obtain this goal might be that the parents attend a four-session parent education course offered through a local adult education program.

The sample assessment report and service plan following this page may be used by workers when developing and reassessing plans. For more detailed information regarding the development of service plans, workers are referred to another manual in this series, entitled Child Protective Services: A Guide for Workers.

Service/Treatment Contracts*

The treatment contract is a structured way of formalizing the service plan; it may be a verbal agreement between the worker and family or it may be a written agreement which requires the family's and worker's signatures. Many agencies and programs are using written treatment agreements with parents, older children and adolescents; it is believed that they have the following advantages:

- They are concrete, visible, and require direct client input.
- They assist in the selection of the most pressing problems to be solved first, and in helping the family deal with problems in small steps.

*Regional Research Institute for Human Services. Permanent Planning for Children in Foster Care: A Handbook for Social Workers. Washington, D.C.: U.S. Department of Health, Education and Welfare; Office of Human Development Services, 1977.

- They provide direction and clarification for family members and for workers.
- They specify conditions and tasks for family members and workers and thus assist in building family trust.
- They establish in writing expectations which at a later date might be distorted, denied or confused.
- They provide a baseline for evaluating the family's progress and the worker's efforts.

It is preferable to write the contract in simple, understandable language. The following are suggestions for developing the contract.

- It should state the related case goal.
- It should be concise.
- It should be flexible, that is, subject to additions, changes, and deletions that are mutually agreed upon by worker and client.
- It should limit the number of family member obligations to avoid overwhelming or defeating the family.
- It should set a time limit (usually 90 days) for the agreement.
- It should state the consequences (if any) of non-compliance.
- It can also specify who will have access to information and who will not (confidentiality), which helps build client trust.

The exhibit following this page provides a proposed format for service/treatment contracts. It should be noted that the contract, whether verbal or written, is successful only when the worker and client act in accordance with it. Although some family members may be resistant to entering written service contracts, workers also must be helped to work through their own resistance to using a tool which documents specific worker tasks and target dates.

It is important to note that contracting is not appropriate for all clients. Contracts do not work well with individuals who do not recognize or admit to their problems; with persons who are

extremely resistant, with persons who are not competent to share in the process (such as individuals severely disturbed or retarded), or in situations where the worker-client relationship has not been established. Contracts are most effective when the problems to be solved are within the combined capacity of the worker and client. A contract works best with:

- persons who are motivated and capable of sharing and selecting problems to be addressed
- persons who are capable and willing to make and follow through with modifications needed
- persons who are overwhelmed and/or hysterical, because it helps them focus on one problem at a time
- persons who have low self-esteem, because it allows them to see in "black and white" that they have achieved a goal
- persons who are distrustful, because it enables them to know what they can expect and because they can hold the worker accountable.

In addition to holding clients accountable, contracts also hold workers accountable. Contracts provide workers with self accountability; that is, contracts allow workers to monitor themselves. Contracts allow clients the opportunity to confront workers and to talk with the workers' supervisor when clients believe workers have not followed through with their designated tasks. Finally, contracts also hold workers accountable through administrative and possible court review of cases.

