

Module 9 Chapter 3: Family Assessment Response Service Planning

Overview

Chapter 3 introduces service planning for Family Assessment Response. Recall that service planning begins after the assessment phase if the family requests services or if services are determined necessary to ensure child safety. The primary areas of need on the Strengths and Needs Assessment help you and the family determine which services will most benefit the family.

As we discussed in Chapter 1, cases are usually opened for services if the risk of maltreatment is high. A key component to successful case work with families is being family-centered. From the Attachments tab, print the DHS document *Family-centered Practice Guide: Engaging, Assessing and Building Strengths with Families*.

Before we look at family-centered practice with service planning, we need to explore goals, objectives and tasks – essentials for effective service planning and implementation, family change, and successful case closing.

Goals, Objectives and Tasks

All service plans – regardless of the assessment track – must have goals, objectives and tasks. Research indicates that when families are collaboratively involved in creating service plans, they are more motivated to implement plans and successfully complete established goals.

Goals clearly state what the family needs or wants to accomplish, and they help the family achieve desired outcomes.

Objectives are specific, outcome-based descriptions of what change will look like when it occurs. Objectives help families achieve goals and are written in measurable terms.

Tasks address the question of *how* the family is going to achieve the objectives in order to meet the goals. Tasks are specific steps that must be taken by specific people to achieve identified goals; they often include utilizing appropriate services.

Next, we'll take a closer look at each of these and provide examples based on some scenarios. Go to the Attachments tab; select the Module 9 Scenarios document and read Scenario 1 – Family Assessment Response. Then continue with this chapter.

Goals

In child welfare, there are typically three primary goals:

- **Safety** – the child is protected from harm and is safely maintained in his or her home.
- **Permanency** – the child is living in a permanent and stable situation
- **Well-Being** – the child's family will have improved ability to provide for the child's needs.

While not all service plans include all three goals, *every* plan should address at least one of these goals. Your job is to collaborate with the family to identify areas of need that impact child safety, permanency or well-being. If child safety is a concern, a goal for child safety must be written.

Family Assessment service plans ask for a description of child safety concerns, *if* they exist. If the plan is not for child safety, it will most likely be for child and/or family well-being concerns.

When we use Family Assessment plans to address family well-being concerns, family stressors can be lessened and child well-being and safety can be increased.

Jones Family

Scenario 1, introducing the Jones Family, was handled through Family Assessment Response. SDM tools indicated the children were safe and risk of subsequent maltreatment was low. In most circumstances, this case would be closed and no services would be necessary.

However, let's assume the Jones family asked for services to help them explore and address their concerns for Samantha's behaviors. The agency agrees to open a case with the family and provide family support services.

Based on the available information, safety is not a concern for any of the children. Additionally, the children are living in a permanent and stable situation. The concerns for Samantha fit best as child and family well-being. Thus, the family might identify a goal like this:

Well-Being Goal: To address the family's concerns regarding Samantha's development.

Smith Family

Scenario 2, introducing the Smith Family, was handled through Family Assessment Response. SDM tools indicated the children were conditionally safe and risk of subsequent maltreatment was high.

The Strengths and Needs Assessment indicated primary family needs of parenting skills, caregiver life skills, and basic needs. In most circumstances, this case would be opened for on-going services; however, you will recall that the case was referred for services and closed after 45 days.

For this chapter, let's assume that the case was kept open for case management services. Based on the available information, child safety and well-being are concerns for this family. Thus, the family might identify these goals:

Safety Goal: To consistently provide adequate supervision for both children.

Well-Being Goal: To support and increase Ms. Smith's parenting abilities to meet the family's needs.

Objectives

Remember, objectives help families achieve goals and are written in measurable terms. When you collaborate with families to create service plans, think of the acronym “SMART” as you identify objectives.

Let’s take a closer look at SMART:

- **Specific** – the objective clearly defines what changes will occur
- **Measurable** – change can be clearly observed by the family and by others
- **Achievable** – the family has the capacity to attain the desired outcome
- **Relevant** – the objective has meaning for the family and applies to the current circumstances
- **Time-Limited** – the objective and its associated tasks will end at an identified point or upon achievement of the desired outcome.

All components of SMART may not be readily visible in the objective. However, tasks that correspond to each objective often provide those components.

Jones Family

For the Jones’ well-being goal, an appropriate objective is: Mr. and Mrs. Jones will take Samantha for a comprehensive child development assessment within the next three months.

Smith Family

For the Smiths’ safety goal, and appropriate objective is: Ms. Smith will participate in a family conference to help her develop, implement, and follow a solid plan to meet her children’s safety needs.

For the Smiths’ well-being goal, an appropriate objective is: Ms. Smith will participate in the agency’s 90-day intensive home-based parenting program.

Tasks

Tasks are steps that must be taken to achieve identified goals; tasks often include appropriate services. Typically, there are multiple tasks to complete in order to successfully achieve objectives. Tasks often help measure objectives, provide time limits, and make objectives and goals achievable by breaking success into manageable parts.

Family members often have individual tasks and responsibilities that are related to the same goal. Additionally, case workers may have tasks that support families in achieving their objectives and goals.

Jones Family

For the Jones’ well-being goal and objective, appropriate tasks are:

1. The case worker will complete the referral for Samantha to be evaluated by ABC Assessment Services by a specific date, and will call Mrs. Jones to tell her the referral is complete.

2. Mrs. Jones will call ABC Assessment Services by a specific date to schedule the initial appointment; she will notify the worker of the initial appointment.
3. The case worker will attend the initial appointment with the Jones'.
4. Mr. and Mrs. Jones, and Samantha, will attend all evaluation appointments as scheduled by ABC Assessment Services.
5. ABC Assessment Services will complete Samantha's developmental assessment within three months from the date of the referral.
6. ABC Assessment Services will provide a comprehensive summary and recommendations for Samantha and her family at the conclusion of the assessment. A copy will be provided to the agency.
7. The case worker will assist the family in accessing recommended services as appropriate and necessary.

Smith Family

For the Smiths' safety goal and objective, appropriate tasks are:

Tasks:

1. The worker will refer Ms. Smith to the FGDM program by a specific date.
2. Ms. Smith will identify appropriate persons to attend the conference by a specific date.
3. The FGDM conference will be held no later than a specific date.
4. The agency will provide child care for Ms. Smith's children during the conference.
5. The worker will attend the FGDM conference.

For the Smiths' well-being goal and objective, appropriate tasks are:

1. The worker will refer Ms. Smith to the intensive home-based parenting program offered by the agency by a specific date.
2. The worker will participate in the first home-based meeting.
3. Ms. Smith will provide all information to the program as requested by a specific date.
4. The program providers will meet with Ms. Smith and her family at least twice per week; each session will be 2-3 hours long.
5. Ms. Smith will implement parenting strategies as provided by the home-based program.

Summary: Goals, Objectives and Tasks

Now that you understand the definitions and have seen some examples of goals, objectives and tasks, it is a good idea to apply your knowledge.

Meet with your supervisor to discuss one of your current cases. Determine if there are there any goals, objectives or tasks in the case plan that could be strengthened to help the family achieve safety, permanency or well-being. Document the review in your case notes and create a plan to discuss the possibilities with the family during your next face-to-face meeting.

Now let's focus on service plans.

Case Planning

Case planning is a process that includes developing a case plan, providing services and monitoring the plan. The plan must be developed with the family within 30 days of opening the case for services.

As you learned in Module 7, it is important to prepare for the first contact and visit with the family during the assessment process. It is equally important to prepare for the case planning meeting with the family. If the case management worker also conducted the family assessment, rapport is likely to already be established. If not, the new worker must use engagement skills to fully involve the family in the case planning process.

Stages of Change

Recall the Stages of Change from the Module 6 attachment “Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers.” As you work with families, recall these stages and use them to help you assess progress, not only on the case plan goals, but internally as well.

The Stages of Changes are:

- Pre-contemplation – Sees no need to change
- Contemplation – Considers change but also rejects it
- Determination – Wants to do something about the problem
- Action – Takes step to change
- Maintenance – Maintains goal achievement.

Case and Service Plan Basics

The written plan is the formal document of the case planning process. It is based on the results of your assessment and guides your work with the family. It is imperative the plan is completed with the family. The noncustodial parent should be encouraged to be a part of the case or service planning process.

The case plan is a balance of what the family wants and the agency’s bottom line on what is necessary to provide for the child’s ongoing safety and reduce or eliminate the risk of harm. The family also needs to know the consequences of not following or completing the plan.

Family Assessment Service Plans

As you know, Family Assessment Response cases that are determined to need services are opened for service or case planning. The worker, family and child – when age-appropriate – collaborate to create a Family Assessment Service Plan designed to increase child safety and decrease risks of maltreatment. Any child safety risk identified as high must be clearly addressed through services.

Basic components of the Family Assessment Service Plan are:

- Case Information
- Persons Involved
- Child Safety

- Family Strengths, Resources and Supports
- Family Needs
- Goals
- Services
- Signatures

From the Attachments tab, print the Family Assessment Service Plan. The next screens describe each section of the plan.

Case Information

This section identifies:

- Family
- Plan’s start and tentative end dates (plans should not exceed 90 days)
- Worker
- County case number
- Date to review progress
- Worker’s phone number.

Persons Involved

This section identifies all people involved in the plan – parents, caregivers, and children – respective dates of birth, and contact numbers. Best practice is to involve children in developing the case plan when age-appropriate.

Child Safety

This section identifies any child safety concerns that must be addressed by services. Some families don’t have moderate or high child safety risks; however, they have other pressing concerns that *may* affect safety but can be mitigated through services. Best practice is to ask the child – when appropriate – what he or she needs in order to feel safe and be safe.

Family Strengths, Resources, Supports

This section identifies specific family strengths, resources and supports that increase child safety. Best practice is to use the Strengths and Needs Assessment outcomes to complete this segment. When the SNA does not identify many strengths, workers should ask the family what strengths it has and how those strengths can be used to achieve goals. Eco-maps can also help families recognize and utilize strengths and supports.

Family Needs

This section identifies needs that affect child safety and well-being. When families recognize specific needs, they are better able to problem-solve and identify supports and resources to decrease needs. Best practice is to use the Strengths and Needs Assessment to complete this segment. Ask families to identify other they may need assistance with.

Goals

As you have learned, goals are statements of what specific areas the family wants or needs to work on. Best practice is to identify a goal for each family member, including children.

Services

Services are often tasks or steps that family members will take to achieve their identified goals. Typically, each family member will have one or more tasks related to accomplishing the goals. Workers are also likely to have identified tasks, such as providing referrals. Best practice is to ensure that services increase strengths, decrease needs, and help families achieve specified goals.

Signatures

All persons involved in creating the Family Assessment Service Plan are asked to sign and date the plan. Your supervisor's signature is also required. Provide the family with a copy of the signed plan and ensure the plan is properly stored in SSIS. Best practice is to have all family members – including children when age-appropriate – sign the case plan.

Additional Requirements for Family Assessment Response Casework

In addition to the SDM tools, there are other specific requirements for Family Assessment case work:

- Worker contact
- Children's Mental Health Screening
- Referral for early childhood developmental screening.

Worker Contact

When you have an open Family Assessment case, you are statutorily required to have at least one face-to-face contact each month with the parents *and* children. You should also ensure that all service providers meet with the family at least monthly.

Children's Mental Health Screening

Minnesota requires all children receiving case management services to be screened for children's mental health (CMH) needs. There are three approved screening tools:

- Ages and Stages Questionnaire: Social Emotional (ASQ-SE), for children ages 3-60 months
- Pediatric Symptom Checklist (PSC) for children ages 6-18 years
- Strengths and Difficulties Questionnaire (SDQ).

From the Attachments tab, print and read DHS Bulletin #09-53-05 for additional details. Consult with your supervisor regarding additional children's mental health screening tools training.

Early Childhood Screening

Children in the child welfare system should be referred to the Interagency Early Intervention System – also known as “Help Me Grow” – for developmental screening and referral to services if problems are identified.

Knowledge of child development is critical for assessing a child's strengths and needs for appropriate services and for facilitating alternate care if needed. From the attachments tab, review the DHS document Coordinating the Screening Requirements for Children's Mental Health and Developmental Delay. Printing this document is optional.

Reviews and Reassessments

Three things must happen every 90 days when a Family Assessment Response is open for case work:

- Family Assessment Service Plans must be reviewed every 90 days or sooner
- Families must be reassessed for risk of abuse and neglect
- Families must be reassessed for strengths and needs.

The review includes all family members who signed the plan and the case worker. Parents or legal guardians can request a review before the standard 90-day time limit. The purpose of the review is to assess the family's progress in achieving identified goals.

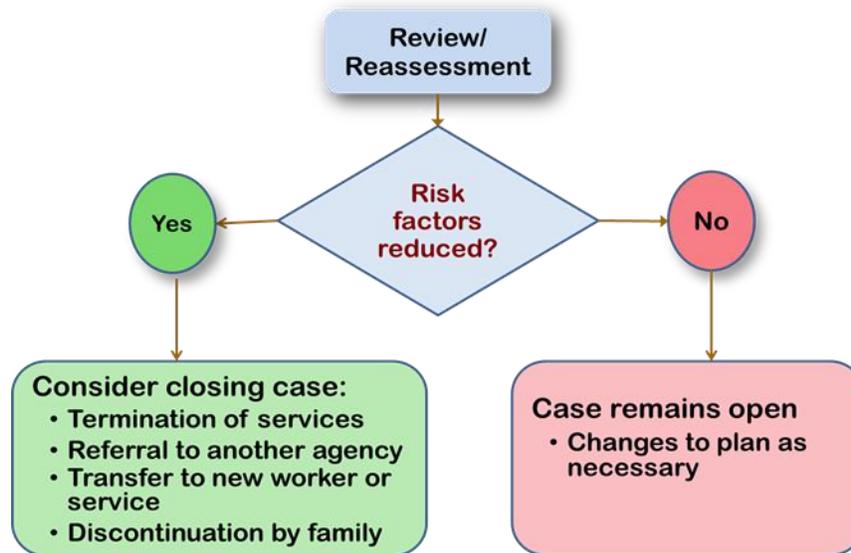
The reassessment of risk, needs and strengths is completed in SSIS with specific tools and definitions to help you reassess these areas with the family. While safety, risk and case plan progress are informally assessed at each visit, formal reassessment using the appropriate tools must occur every 90 days during case management services. Your classroom training provides detailed information about this aspect of service planning.

If the family has made significant progress and achieved one or more established goals, the plan can be modified to address other needs.

Case or service plan reviews should focus on:

- Is the child safe?
- Have the protective factors, strengths, or safety factors changed, warranting development of a safety plan or a change in the existing safety plan?
- What changes have occurred in risk factors that contributed to maltreatment?
- How effective have services been in achieving outcomes and goals? If ineffective, what adjustments need to be made?
- What is the family's current risk level?
- Have risk factors been reduced enough so that parents or caregivers can protect their children and meet developmental needs, allowing the case to be closed?

Case Closing



Let's look at that last question more closely. Have risk factors been reduced enough so that parents or caregivers can protect their children and meet developmental needs, allowing the case to be closed?

If the answer is no, the case should remain open and changes to the plan should be made as appropriate.

If the answer to this question is yes, you should consider closing the case. Cases can be closed in several ways:

- Termination of services
- Referral to another agency
- Transfer to a new worker or service
- Discontinuation by the family.

The decision to close should be made in consultation with supervisor, service providers, informal and formal supports, and the family. Services for the family end when the family and agency determine that services are no longer necessary to ensure child safety and reduce risk of maltreatment.

Sometimes families have unresolved safety issues or high risks for maltreatment, and clearly need services but refuse to utilize them. In these cases, consult with your supervisor and county attorney to determine if there are sufficient grounds to initiate a CHIPS petition. If sufficient grounds do not exist, the case is closed. Remember to clearly document the reason for closing the case.

Your classroom training provides more detailed information about making decisions to close cases.

Summary

There are many aspects to Family Assessment Service Planning. The most important points to remember are:

- Child safety is paramount
- Service plans should be created jointly with families
- Services should be relevant to child safety and other identified family needs.

Tools

From the Attachments tab, print these documents if you have not done so already; they are necessary for classroom training.

File these documents behind the Case Plans tab:

- Family Safety Plan Template
- Family Safety Plan Help Text
- Family Assessment Service Plan
- Instructions for Completing the Family Assessment Service Plan.

Next Steps

File this chapter transcript behind the Module 9 Transcript tab.

Consult with your supervisor about:

- Additional MCWTS trainings for using Structured Decision Making, Children's Mental Health, and developmental screening referrals
- Reviewing goals, objectives and tasks for a current case you are working on
- Other questions you may have regarding this chapter.

Take the Module 9 Post-Test. Be sure to print your results.

Begin Module 10.