

CHILD PROTECTION SERVICES
STANDARDS FOR EFFECTIVE PRACTICE

STANDARDS FOR ONGOING PROTECTIVE SERVICES

3.1 THE CHILD AND FAMILY ASSESSMENT

Council on Accreditation Standards

The Council on Accreditation Standards G8 (Intake, Assessment and Service Planning); G9 (Service Planning); and G10 (Child Protective Services) link to and support Standard 3.1 *The Child and Family Assessment*.

Administrative Code

The Ohio Administrative Code Rules 5101:2-34-33 (PCSA Requirements for Conducting Intrafamilial (non stranger) Child Abuse and Neglect Family Assessments/Investigations) address Standard 3.1 *The Child and Family Assessment*.

I. Philosophy

CFSA's recognize the family as the primary social institution. Therefore, comprehensive family assessment, service, and treatment focus on the family system rather than any one individual within the family. Ongoing Protective Services encourages the family to participate in identifying what is important to healthy family functioning. Staff works with the family and their support system, and, based on level of risk, identify actions that must be taken to ensure child safety and family stabilization.

The assessment process focuses on family strengths to develop an effective family case plan. Staff joins with the family and their support systems to participate in the child and family assessment process. This assessment process originates at the time the case is opened and concludes at the time the case is closed.

II. Outcome

A baseline of information is established to respond to child and family needs.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- the risk assessment is thoroughly completed at point of entry, key decision-making points, case transfer excluding adoption and PPLA;
- documentation that areas of risk are discussed at each home visit with the family;
- the number family case conferences held to discuss and update the child and family assessment at key decision-making points with the family, substitute provider (if applicable), service providers, family support persons and agency staff present;
- the number of children reunified with their family;
- the number of children who recidivate within 12 months of exiting care;
- the median length of stay for children prior to returning home, prior to permanency custody, and prior to adoption finalization.

IV. Standards for Implementation

- 1) A thorough assessment of the child and family using the agency sanctioned risk assessment instrument should be completed. The agency sanctioned risk assessment instrument identifies the presenting problems and underlying causes, level of risk to the child, and strengths and concerns regarding the family.
- 2) To increase the effectiveness of the assessment, staff should seek participation from extended family members, service providers, and others to gather information, which is relevant to establishing a thorough and complete picture of family functioning.
- 3) The completed risk assessment should be reviewed at the time of transfer, excluding adoption or Planned Permanent Living Arrangement. A joint home visit should be made within three to five working days of case transfer (see Standard 3.11, *Internal Case Transfer*). This could constitute the staff's first of three face-to-face meetings with the family during the first month of service delivery.
- 4) The areas of risk should be discussed with the family during each home visit.
- 5) The risk assessment instrument should be updated at key decision-making points, and at a minimum, coincide with the investigation of a new report, out-of-home placement, prior to reunification, semi-annual reviews (SAR) and case closure.
- 6) Throughout the life of the case, staff should include the family in the review of all assessment information prior to, and as part of, case plan development activities.
- 7) When the level of risk has changed or substantive changes occur within the family, staff along with the family, amends the case plan to reflect the services needed, and when appropriate, develop or review the safety plan (see Standard 2.9, *Safety Plan* and Standard 3.2, *Developing the Case Plan*).

V. Financial Implications

The costs associated with Standard 3.1, *The Child and Family Assessment* include conducting a strengths-based family assessment for the purpose of developing an effective case plan for treatment and are included under Standard 2.4, *Intake Assessments and Interviews*.