

Minnesota Department of **Human Services**

Family-centered Practice Guide

*Engaging, Assessing and Building
Strengths with Families*



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Family-centered Practice supports and builds family resilience and strengths utilizing individualized assessments, along with an array of formal and informal services and relationships that are identified and planned with the family. Family can include birth, step, extended, tribe, adoptive and foster families, or any constellation of members defined by the family itself.

Nationally, Family-centered Practice is emerging as the best way to promote safety, permanency and well-being for children. The Minnesota Department of Human Services evaluated the Alternative Response Demonstration Project (now known as Family Assessment Response) findings from 2000 to 2004. The evaluation showed that partnering with families, giving them more control over decisions and outcomes, did not compromise the safety of children.

Family-centered Practice is about respecting families and working in a collaborative relationship to support positive outcomes for children. Children are safer when families are engaged and committed to making changes in their family situation. This does not mean that talking with the family about needed changes to provide safety and permanency for children should be avoided. When social workers utilize Family-centered Practice, the worker recognizes the family's lead role in making change happen.

It is also necessary to recognize that the social worker's relationship with the family is a primary tool for helping them to make positive changes to achieve their goals. Success in Family-centered Practice depends on social workers' refining their skills and their capacity to achieve successful interventions.

Family-centered Practice is inclusive. Families, agencies, and service providers work together as a collaborative team. Family-centered Practice engages parent(s), relatives, kin, and community members in the planning process to ensure children's safety and permanency.

Basic components of Family-centered Practice in child welfare include:

- Making the family the center of attention
- Strengthening the capacity of families
- Engaging families in every part of service delivery, including assessment, case planning, evaluation and policy development
- Linking families to comprehensive, culturally relevant and community-based supports and services, both formal and informal.

Engaging Families: Essential to Family-centered Practice

To be effective, the comprehensive assessment, case planning, and service delivery requires the family's objective communication, active participation and meaningful evaluation. A social worker's relationship with families is critical. The national findings of the Child and Family Service Reviews have demonstrated that when social workers had a positive relationship with the parent(s) and the child(ren), permanency outcomes were more likely to take place within timelines.

Simply telling the family at the first meeting, "I am here to help," is not enough to build a relationship. The relationship between the social worker and the client is not equal. The social worker



must demonstrate, through language and actions, that they are invested in working with families and children to achieve meaningful outcomes.

Collaborative Relationships

Engaging and building a collaborative relationship between the family and the social worker requires the social worker's attention to utilizing effective communication skills.

Communication activities that support collaboration and relationship-building with families include:

- Being honest and genuine when interacting with the family by:
 - Helping the family to understand the role of the social worker
 - Providing full disclosure
 - Talking with the parent(s) about the child(ren)'s need for safety and permanency
 - Showing the family what is being done by being transparent.
- Listening and remaining curious by:
 - Asking the family to tell their story (the most influential social workers are good listeners)
 - Meeting the parent(s) where they are
 - Paying attention to the parent(s)' worries about their child(ren) and their home life
 - Appreciating what the parent(s) are coping with
 - Acknowledging what the parent(s) have already done
 - Learning about the family's culture and community
 - Asking about the family's experiences.
- Recognizing the parent(s)' and child(ren)'s strengths by:
 - Pointing out what the parent(s) have done well
 - Looking for talents and skills.

- Discovering the family's supports and resources by:
 - Learning whom the family turns to for help and advice
 - Accessing service providers that meet the family's comfort level
 - Including the family's faith-based and spiritual community resources
 - Paying attention to the family's informal as well as formal supports.
- Focus on talking about solutions by:
 - Listening to the family's problems to learn about their needs, hopes and goals
 - Exploring with the parent(s) what has worked for them; ask about what they have tried, or what has worked in the past
 - Creating balance when talking with parent(s); listening to the family's problems and looking for solutions.
- Finding common ground by:
 - Considering the parent(s)' point of view
 - Nurturing collaboration while finding agreement
 - Focusing on the child(ren)'s needs to help build an alliance.
- Resisting taking behaviors personally by:
 - Realizing that the parent(s) have reason not to trust
 - Acknowledging that trust is earned
 - Earning trust through communication and honesty.

Insoo Kim Berg, MSW, in a clinical desk guide for San Luis Obispo County Social Services, identified communication tools to help families talk about solutions. The tools are:

■ **Exceptions**

Exceptions include finding the times or situations when the problem does not happen. By learning about times when a problem was less severe, or absent, can help the family become aware of their strengths and small successes. Exceptions provide important information about what is possible, the parent(s)' skills, and current supports available to help them.

Examples of how this tool can be used include:

- Can you tell me about a time when you decided not to get high?
- When did this problem seem a little better?
- Is there someone who has offered helpful advice about caring for children? How was it helpful?
- Was there a time when you were able to keep your cool?

■ **Scaling Questions**

Scaling questions are asking the parent(s) or child(ren) to use a number between one and 10 to evaluate their situation. Because this is simple and relies on concrete thinking, this tool can be used with children as young as age 4 or 5. Counting and measuring is utilized by almost every language and culture. Scaling questions can also be helpful when trying to measure the seriousness of a problem, measuring progress, or to determine motivation.

Examples of scaling questions include:

- On a scale from one to 10, using 10 to indicate how sure any parent can be of their child(ren)'s safety, how would you rate your capacity to keep your child(ren) safe?
- On a scale from one to 10, with 10 being *I would do everything I could* and one is *I would do nothing*, how important is finishing high school to you?
- Using 10 to stand for *feeling like your life is going well*, and one to stand for *how terrible your life was when we first met*, where would you say things are at now?
- With a smile meaning happy and a frown meaning sad, tell me how you feel things are going at home.

Scaling questions can be followed with questions about what it would take to improve the rating, or can be used to acknowledge progress and success, including:

- What would help change the rating from two to three?
- Last time we talked about school, you rated it as a one, now it is up to a two, this is a lot of progress. What helped change the rating?
- What will tell you that the rating has changed from a two to a four?



■ What Else?

Asking “what else” is a small question that encourages the parent(s) or youth to consider other small things that could make a difference. When this question is asked, it is a good idea to give the person some time to consider and think about the question. This question gives the parent(s) or youth the chance to consider their situation again, report successes or changes that they may have not considered important, and social workers may learn about additional successes. This question offers a tool for further discovery of the parent(s)’ or youth’s skills and competence.

■ Coping Questions

Coping questions ask the parent(s) or youth how they previously met challenges in their life, and highlight the efforts they have made to overcome their problems. Nobody’s life is perfect, and most individuals have an outstanding ability to cope and resolve problems in their lives. Coping questions reveal the parent(s)’ and youth’s skills and abilities.

Examples of coping questions include:

- Wow, with all that you have been through, how do you keep going?
- I am sure there are times when you feel like leaving, what stops you?
- Considering how long you have been drinking, and how tough this week was, what did you find helped with the cravings? What helped you stay sober?

■ Compliments

Compliments are used to build and maintain relationships. For compliments to have real meaning, and not feel false to the other person, they need to be specific to the other person and provide details about how it affected the person making the compliment.

Examples of compliments include:

- Thank you for getting the information to me, this will help to speed things up
- I appreciate you turning off your cell phone; it is helpful to me when we can talk without interruption
- I see you have a list of concerns; it is helpful when you come prepared so we can work together on these issues.

(More information about communication tools to support solution-focused services can be found in *Building Solutions in Child Protective Services* by Insoo Kim Berg and Susan Kelly.)



Using Strength-based Practice: Making it Real in the Real World

When meeting with families, there may be resistance to working with a social worker to address problems. This resistance may be an indication of reasonable self-protective behavior until the social worker can demonstrate honesty, respect, trustworthiness, and provide meaningful services. The family may be aware that the social worker is interested in helping the family. But the family may be angry, confrontational, or they may feel hopeless. How do social workers work with the family to identify and apply the family's strengths to difficult situations and problems that may have had a long history? How do they go beyond documenting the family's strengths as "they love their children"?

Strengths need to be related to the child(ren)'s safety and stability. If Dad is a good athlete, that could be considered a strength, but it is not related to the child(ren)'s care. If Dad's employer allows flexible hours so he can take the child(ren) to the doctor, that would be a strength that relates to the child(ren)'s care. The strengths that a social worker helps the family to identify will improve and support the parent(s)' ability to protect their child(ren).

A day-to-day practice that supports strength-based work is being transparent when working with clients. Transparency means demonstrating, through language and actions, to the family what is being done and how assessments and services are being used. Transparency is part of full disclosure and is practiced in simple ways.

Examples of transparency include:

- Acknowledging to the parent(s) why the social worker is in the home
- Showing the parent(s) the Structured Decision Making assessment tools used to determine the child(ren)'s safety and well-being
- Meeting with the parent(s) to review the service plan
- Providing the parent(s) with a copy of the service plan or court report
- Meeting with service providers and the family together, treating the parent(s) as a member of the team.

Taking a Child Protection Report

Family-centered Practice can begin with the first call about a family in the community. Gathering strength-based information from family and community members reporting a concern affirms Family-centered Practice, and challenges assumptions about parent(s).

Examples of open ended, strength-based questions that could be asked as part of a screening child maltreatment report include:

- What do you think is going well for the family?
- Do you know of any community supports or relationships that could be helpful for the family?
- What do you think might be helpful for this family?
- What have you done, or be willing to do, to help this family/child(ren)?

Including strength-based questions into the screening information will:

- Provide early identification of possible protective factors
- Encourage reporters to take a holistic view of the family, including culturally relevant information, and may help them to consider how they may be able to help the family
- Provide reports that are thorough and provide a full picture of the safety issues for the child(ren)
- Ensure that assessing social workers have positive information to balance the concerns in the first contact with the parent(s)
- Provide encouragement by including something that the family is doing “right” may help to reduce the negative feelings by the parent(s) about the intervention
- Accurate and complete gathering of information in the report will contribute to a comprehensive assessment and successful case planning.



Conducting Assessments

An assessment is both a process and a product. An assessment is a continuous process that includes gathering information, analyzing the information, and using it to determine safety, permanency and well-being needs of children. Family-centered Practice identifies family strengths to reduce risk and increase stability. The assessment is the foundation of case planning and illustrates improvement.

Structured Decision Making (SDM) tools are used to identify strengths, needs and risk. The following Structured Decision Making tools are available to inform the assessment process:

- Safety assessment
- Family needs and strengths
- Risk assessment
- Risk reassessment
- Family Service Status tool
- Reunification tool
- Child Well-being tool.

Assessments go beyond the risk and safety tools to fill in a complete picture of the family and the circumstances that brought the family to ask for help, or to the attention of the agency. Assessments include:

- Family history
- Basic needs
- Employment information
- Day-to-day parenting
- Medical/dental needs
- Family concerns

- Family connections, relatives, kin, tribe, neighbors, support system (geno-grams and eco-maps)
- Individual needs of family members, including underlying factors such as domestic violence, alcohol and other drug problems, or mental health issues
- Family's culture
- Presenting issues and safety concerns.

Comprehensive assessments are completed in partnership with children, parent(s), and other family members who provide vital information that shapes a plan to ensure safety, permanency, and well-being for children. Ongoing assessments require regular contact with the child(ren) and their families.

Involving non-custodial fathers often requires special efforts by the social worker to identify, contact, and assess the father's current or potential role in the family.

When children are in placement, regular assessments are essential to ensure their permanency and stability. Children may have needs for special services and supports. Adoptive and foster families need comprehensive family assessments in the form of home studies to make prudent placement decisions and to support stability. Adoptive and foster parents' strengths and needs are related to the supports and services that they require to provide safe and stable care for children.



Service Planning

When a social worker listens to the father, mother, and child(ren) to discover the family's strengths and supports, the next step is to use the comprehensive assessment to develop the service plan. Service plans are created from conversations between social workers and the parent(s), child(ren), and other partners to support defined outcomes.

Family Group Decision Making can be used to involve family, kin, neighbors, and other community members in service planning and delivery.

The Minnesota Child Welfare Training System (MCWTS) provides the following suggestions to engage families in service planning:

- How was the family encouraged to discuss what they wanted to have happen?
 - Use active listening and open ended questions:
What do you think needs to happen?
 - Ensure that the family is a full member of the team.
 - Ensure that the times and locations of meetings accommodate the family.
 - Ensure that each person has the opportunity to talk, uninterrupted.
 - Share the meeting agenda and service plan requirements with the family.



- How were concerns of others (legal, community, social services) included in the goal formulation process?
 - Reflective questions: What can we think of to address the concerns about safety, permanency and/or well-being?
 - Negotiating: Let us focus on your number one concern and the number one concern of the community.
 - Reframing: Mother has strong concerns about her child(ren)'s safety and is honest about sharing her concerns.
- What process was used to build consensus on the goals?
 - Ask the family and other partners to list the top three concerns. Do they agree? Are the concerns in the plan?
 - Getting consensus will not always be possible, as service plans will include legal and funding requirements. Non-negotiable elements of the plan need to be spelled out in a way that everyone understands the goal, and the steps to reach that goal.
- Was the family's language/terms used in the goal statements?
 - Are the written goals free of jargon and written in a way that the family knows what the goal will look like when it is achieved?
 - How is the voice of the family included in the plan?
- How were goals prioritized?
 - Ask the family which three goals should have priority to start the process.
 - Ensure that when a non-negotiable item is a high priority, the expectation is clearly written.

- How manageable are the goals?
 - Ask the family what a good first step would be
 - Define with the family what needs to be done by a specific time
 - Evaluate whether the goals build on the family's strengths
 - Include the family's natural supports as part of the plan to ensure that the plan will work for the family, and that they have ownership of the plan.

Service plans are the formal record of the agreed-upon action plan; it guides the family and the social worker toward common goals. After the initial plan is developed, it needs to be reviewed and updated to reflect new assessment information and any changes in family circumstances.



Visiting with Parent(s)

In day-to-day practice, the best way a social worker can support families to achieve their service plan goals is with consistent contact. Contact with service providers is helpful to get a perspective about the family's progress, but is not a substitute for contact with families.

Minnesota Rules offer guidelines for minimum contact standards between social workers and families receiving child protective services. Minnesota Rules, part 9560.0228, subpart 4, states "When a child remains in the home, while protective services are being provided, the child protection worker shall meet with the family at least monthly."

Frequency of visits is based on several factors, including:

- Level of risk
- Presenting issues
- Current circumstances of the family.

The SDM contact standards can help guide visit frequency. The service plan should always document the frequency of worker visits with the parent(s) and the child(ren), and should relate the scheduled contact to risk and presenting issues.

Workers should make efforts to have face-to-face visits with both the mothers and the fathers, including non-custodial parent(s). Using strength-based communication activities outlined in this guide will help to create the foundation for engaging families and provide for quality visits.

Visiting with Children

Ongoing assessments require regular contacts with children, for both in-home cases and when children are in placement. The Child and Family Services Improvement Act of 2006 (Public Law 190.288) requires case managers to visit monthly with foster children. The majority of these visits are to occur in the foster home. When making a home visit in an in-home case, be sure to document that the visit included seeing the child(ren). When children are in placement, a private time with them offers an opportunity for the child(ren) to share concerns or problems.

When visiting with children in both in-home and placement cases, the worker assesses and documents progress in the following areas:

- Child safety, including review of any child(ren)'s illness or health concerns, injuries, incidents and physical environment.
- Service planning, including:
 - Reviewing the child(ren)'s participation in case planning activities
 - Reviewing the plan to ensure that it meets the child(ren)'s needs
 - Reviewing the progress on the goals of the service plan
 - Identifying any barriers to meeting case plan goals.
- Well-being needs of the child(ren), including:
 - Confirming that child(ren) are receiving regular medical care
 - Confirming that child(ren) are regularly attending school
 - Reviewing the child(ren)'s current functioning, need for mental health services or any other services.

- Child relationships and connections to culture and community, including:
 - Reviewing child(ren)'s relationships
 - Asking the child(ren) about his/her relationships with relatives, friends, teachers and other community members
 - Reviewing the service plan to ensure that it includes the formal and informal supports that offer the family and the child(ren) connections to culture and community
 - Reviewing the visitation plan when the child(ren) are in placement, and ensure that they are seeing, or having contact with, family members and others that are important to the child(ren). Do they have connections to their culture, tribe and community?

Seeing a Picture of the Family.....

When county social workers have the privilege to meet a family because they have requested a service, or because of a child maltreatment report, they observe a snapshot of that family. This is a picture of the family at a certain point in time. The family has a past and will have a future. Social workers can help the family through the use of Family-centered Practice to utilize their strengths to build a future for themselves and their child(ren).



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