

## **Texas CPS Practice Model: Assessing**

**Hello and welcome to the Assessing Webinar. My name is Angela Pie. I am the CPS Practice Model Specialist here at State Office and I will be presenting the webinar today.**

**Today's webinar regarding Assessing is the second of the Texas Practice Model's six core competencies. As with each webinar, we have certain objectives that we want to make sure that you and your staff take away from the material being presented. So first, we want you to be able to identify the purpose of assessment along with the logic or reason for why assessing is so important. We want to be able to develop your capacity for critical thinking so as to make the best informed decisions about child safety. We'd like to be able to broaden your assessment abilities by bringing a questioning approach with assessment tools as you focus on danger, risk, and safety. We also want to be able to help you demonstrate various assessment questions that you can use with children, youth, and families.**

**Assessing is never done in isolation. If you were part of the last webinar, we looked at the first core competency where we talked a lot about engaging. That was our ability to get in there with children, youth, and families and build that respectful but professional relationship. That professional relationship was like a partnership. We learned engaging is the heart and soul of what we do and the core building block of each and every service we provide and that in order to build forever safety for children, we have to do it together with families and their safety network. You'll see the word trajectory in the middle circle. A trajectory is a course, or path, or route that we take in assessing that helps lead us to our outcome. If we know which way we are going or the direction we'll take with our assessments, our ability to identify those harms, dangers, risks, and protective actions are improved. In the third circle, you'll see that engaging and assessing are both dynamic and integrated. We're always engaging and we're always assessing.**

**So what is the purpose of assessment then no matter what stage of service you work in? On your screen, is a definition of assessment. I'm not going to read it to you but assessing is our attempt to ensure ongoing and hopefully forever safety, keeping the child at the center of everything we do. We want to engage, to be factually correct, unbiased, fair and balanced when we assess. We effectively assess by listening to the stories and voices of children, youth, and families but we also do this through the use of our structured decision-making tools. Our safety and risk assessment tools guide to help make decision about the immediate and long-term safety of each child as we take the vulnerabilities, danger indicators, protective actions, household strengths, and risk into account.**

So, what's the reason that we assess or what's our logic regarding assessing? Assessing can mean four things. We're asking questions, straightforward and solution building questions that help us actually gather the detailed information about what worries us, what worries the family, what's going well, and what we need to see change or happen differently in the future. Assessing also means that we are finding the most factual and specific information, in the present as well as from the case history. Assessing provides clarity to the professional community and our service recipients. It's understanding that we are open for review and scrutiny so we want to be transparent in our assessments. Assessing also means that we manage information with trauma-informed skill.

When we are assessing, we want our staff to be able to recognize some stumbling blocks that actually impact our ability to do our best assessments. We all know how hard our work can be. It's stressful. It makes us anxious and we've all probably had those same sleepless nights wondering if in the morning a child we are working with is still going to be safe. Typically we find ways of managing this pressure by believing we are certain about what's best for our clients, by telling clients what they should be doing, as well as telling ourselves that the work has to be done quickly and there's only one right answer.

So, what if our telling families what to do is based on our anxiety about whether a child is safe or not safe? And what if we are not right? Well, Eileen Munro, a social worker from the UK, challenges us to minimize our mistakes by acknowledging that sometimes we don't get it right; and you know what, that's ok. But we need to minimize this error. So, how do we do this? We foster a questioning approach versus making assumptions about a family we are working with. We don't tell them what to do and we don't assume that we know what they're doing. We ask lots of questions. We also critically think about our cases, we balance those judgments, positions, and viewpoints from multiple perspectives.

So, what is critical thinking? I want you to take a moment and think about how you and your staff define critical thinking. Now, on your screen, you have a straightforward definition of critical thinking. I am not going to read it for you but want you to quickly think of any case you have and how you and your staff go about making the best decision possible while using your critical thinking skills.

**So, is your staff able to effectively to use their critical thinking skills and what does it look like for staff who are using their critical thinking skills within their work across every stage of service? Using your critical thinking skills means that you are asking questions that broaden your thought process. It means that you are not making those knee-jerk decisions to keep kids safe. It means that our decisions are not heavy-handed and that we're using reflective thinking prior to making those decisions. Critical thinking means that we minimize our bias because we analyze and we evaluate all information. Within critical thinking, we also use multiple perspectives to help us grow our skillful use of authority because we are being informed by evidence.**

**I'd like to now move on to how staff should broaden their assessing abilities through the use of a questioning approach that includes the use of SDM tools. All of you who have taken the SDM training on the safety assessment, will recognize the three questions on your screen:**

- 1. What are we worried about?**
- 2. What is working well?**
- 3. What needs to happen?**

**These three questions help us assess the presence of safety, not just the absence of danger. Danger statements should be constructed that lets the family know specifically what we as an agency or other professionals are worried about. However, that's just one part because we don't want to focus on just what we're worried about but we want to talk about what's working well. It's a balance of sorts that we are aiming for. Why? Well, if we only look for evidence of problems, we will overlook everything else that may be important.**

So, let's take a look at assessing and each of our three questions, starting with, "What are our worries or what are we worried about?" Well, the first question can be broken down into three different themes of worry harm, danger, and complicating factors. As you view the columns on your screen, the terms are what we want to ask about. So for example, when we think of harm, this consists of what happened in the present to capturing any or all information about past or present harm. This is where forensic interviewing can be meant in a collaborative way. It represents some of the who, where, what, and when of child or youth maltreatment. These are the straightforward questions that staff are going to ask in any or on-going work with families. Complicating factors are just that. They represent life events or behaviors that come to be known as noise. They are present, take up a lot of time, and sometimes away from our everyday work. So, events like poverty and homelessness or behaviors like mental health issues or substance abuse, in and of themselves may not necessarily be dangerous to children, however, they make our work complicated when children are in the path and impacted by those events or behaviors. Complicating factors are also what we term as static. That is, we see parents who have experienced or gone through issues like substance abuse, domestic violence, or mental health. These are behaviors that cannot be changed because of the past and thus they too represent complicating factors. The final column represents you helping parents and their safety network be reflective and actually become critical thinkers about what worries them. This is a point where everyone needs to think about future impact, about the what ifs. It's our attempt to help them look at the big picture here, by slowly starting to push their cause-affect thinking. Such as, "When you use drugs, what worries do you have especially when your children see what happens when you are high?" Here, one also begins to connect worries to the contact that is most important- their family and friends.

The second of three questions we want to look at when assessing is, "What is working well?" As you see here, there are two separate columns. First, are family strengths, those everyday good things that parents do. We need to ask about these things because they are part of building hope when we talk about a family's resources. They also identify some of the context, the bigger picture in the life of a family. We then have the second column to the right. What one looks for in this column then, are those protective actions- those times, occasions, and exceptions when any parent took the steps to keep their child safe. When this happens, we can consider a child safe, even if it was only temporarily. Finding one example is a start and however small that start can be, provides a base for us to help build from.

So, what needs to happen is our next question and its two way. It represents our skillful use of authority as well as our critical on-the-spot thinking about what we need to see happen to feel confident that the child will be safe so the case can be transferred to the next stage of service or actually be closed. These are our goals, our bottom lines as an agency. As a reminder, assessments about case closure are not based upon the caregiver's compliance with services but instead on the caregiver's protective actions that address danger over time and the sustainability of the safety network. I'd like to repeat that one more time because it's critical that our staff understand that assessments are not based on the caregiver's compliance with services but it's based on those actions or behaviors that parents can demonstrate to ensure the forever safety of their children. What needs to happen is also our willingness to be collaborative with children, youth, and families by asking them what they want, what they need, or what their wishes are. These represent the goals that all family members can identify, those family goals, and I argue almost every family member has the capacity to identify what they want different for their future. My belief is that if we are patient and we ask in a way that the families understand and can identify, then we'll get an answer. This then leads to a next logical step of the who's, what's, where's, or when; those concrete and specific tasks that a family or network agrees to undertake. Sometimes this step can be the most challenging. It's really about getting families on board, getting their buy-in. In this case, I go back to our clear engagement skills we discussed in the last webinar. Our ability, through the use of questions, to get the family's agreement in understanding what our worries are as well as their worries; if this can happen, we are in a better position that our assessing will lead to a shared agreement on what should happen next.

So, let's return briefly to our trauma-informed perspective that we discussed in the first core competency of engaging. The slide currently on your screen is one way of focusing your assessment of traumatic events into our two questions, the worries and what's working. They represent guides for beginning to ask those serious but necessary questions around trauma with children and youth as well as with their family members. This is our ability at being creative yet very specific in evaluating the troubling but also the hopeful part of trauma. As we look at our worries, we're able to identify the events, the development, the behaviors, and the response to those traumatic events that a child or youth or the family members might experience. As we look at what's working well, we're able to identify resilience, recovery, enrichment, and those protective actions that were taken to ensure the safety of the child. As you look at both sides of your screen, you should also be able to visualize that going through these represents the knowledge you bring to the table as a professional about trauma but also the family's response as to how best they may or may not be dealing with scary things that have happened in their lives.

The CPS Practice Model supports the use of SDM tools to help us make decisions. This simply means that the complexity of our work can be guided by a decision making process that comes via structured decision making. As a guide, these are intended to provide each of us with reliable information to help us make the best decision we can in our assessments and for how we need to intervene. This slide in front of you represents the logic of structured decision making. We need to make critical decisions at various points in our assessments and the SDM operates as a filter for keeping out the mass of information that we are likely to get in the course of engaging and assessing with families. The outer circle represents all the facts that exist about a family. Caseworkers can't and never will learn all the facts but we learn more as we effectively engage and work with families which is part of the relationship building process. In essence, when we do assessments, all an assessment does is help insure that caseworkers focus on the right facts using common definitions when making those key decisions. Without standardized and structured assessments, we would tend to get lost in the avalanche of information or that outer circle you see on your screen where each of us might focus on lightly different information or to find information differently that we learn, that middle circle; and as a result, reach a different decision, which is not fair to the families that we are working with.

I would like to show you another example that shows how your SDM safety assessment tool can bridge the three questions that we want you and your staff to be using in your everyday work. What are we worried about? What is working well and what needs to happen? Currently, your screen is blank; but what's going to come up on your screen on the left side, is going to represent the five areas of the structured decision making tool and on your right side is going to represent how we might organize our questions around each area. So when we're asking questions about what are we worried about, we'll be able to identify factors influencing child vulnerability as well as the current danger indicators. When we are asking questions about what is working well, we will be able to identify household strengths and protective actions. When we asking questions centered around what needs to happen and developing a case plan, we'll be able to identify safety interventions as well as the safety decision.

So what about when it comes to determining the level of risk and we are referred a case in which the SDM risk assessment tool has been completed. Well, it is as important to pay attention to what risk indicators are absent as much as what risk indicators may be present. In this case, you will see how this chart on your screen allows you to determine how much face to face contact with children and collaterals is needed on a monthly basis. One takeaway for assessing is that the greater the risk, the greater the danger, and the larger the family and professional safety network should be. It's also important for staff to remember that the number of contacts being suggested are not indicative of the number of contacts that the staff is required to do. With the safety network, staff are still required to adhere to policy and have their one monthly contact but safety network members can help be responsible for the other contacts. So if you have that Math teacher as part of the safety network team or that neighbor, they're actually seeing that child as well and they can help do those face to face contacts. We want to ensure that our staff realize that when a case is moderate, high, or very high risk, we need to be seeing that child more and the reality is that CPS is not always going to be involved in the life of the child but members of that safety network team will be and they can help ensure that we meet those recommended contact standards.

So let's summarize where we are so far when it comes to assessments. Our assessing depends on how well we can effectively engage to gather the necessary information. The better we engage the better assessments we are able to do. Assessments are never static and they are open to change because of the transparent ways in which we interview. We want to ensure that assessing always underscores what is the impact on the child. We want to remember that our structured decision making tools they help us make good decisions but they are a means to an end and that end is always child safety. We also want to remember that assessments are done always out of balance. That means that although we find danger, we also focus on finding strengths and resources. We also want to remember that all of our questions should be adapted with children and youth in mind.

So now I would like to guide you through assessing with children and youth. Currently on your screen, you see the question, "What are we worried about?" I'd like you to take a moment to think about what questions you could ask a child or a youth to answer that question of, "What are we worried about?" (Pause) When we're looking at our worries, we can ask questions such as "I heard your mom is worried about you, can we talk about that?" "What happens when you get in trouble?" "What happens when people use drugs in your house?" (Pause)

So now I'd like you to take a moment to ask yourself what are some questions that you could ask children and youth to find out what is working well. You can ask some basic questions about what grade they are in or what are their hobbies but we also want to ask questions that are centered around safety. So some examples of those questions are listed. We can ask questions such as "How do you manage things even being so scared or angry?" "Were you able to protect yourself?" "Who was the first person you told?" "Who would think you are a brave person today?" (Pause)

So as we continue to assess children, I want you to think about some questions that you could ask that help us identify what needs to happen next. (Pause) We could ask questions such as, "If I could wave a wand and make things better, what would you want?" "What is one thing you'd like mom or dad to do differently?" (Pause)

Now we want to look at some practice tips to help guide your assessment with children. We want to ensure that we are patient because good interviewing takes time. We want to remember to be a good listener and develop the relationship with the child. We want to remember to use open-ended questions. Remember that if the child wants to stop talking, stop and let the child know as much as we can about why we're there and what's going to happen next. At the end of your assessing, use your skill at complimenting the child for sitting with you. We're taking a lot of their time and it's often very scary to them so remember to point out the positives and the strengths and compliment them.

Now let's move on to assessing with parents and families. I want you to take a moment to think of questions that you can ask our parents and families that we work with to help us answer the question of, "What are we worried about?" (Pause) "What is the worst thing that has happened to your children?" What do you think worries your child about what's happening?" "What do you think will happen if this keeps going on?"

So now I'd like you to take a moment to think of various questions that you would ask parents and families to help us answer, "What is working well?" (Pause) "Tell me about your best day as a parent." "What are some of the good things about parenting?" "Tell me about a time you handled a difficult situation well."

And Finally, I would like you to think of some various questions that you could ask parents and families to help us identify or answer what needs to happen next. (Pause) "What do you think your kids want to see happen?" "What are two things you are willing to do to work with us so that your kids are not hurt again?"

(No Audio) These sample questions are available for download on the DFPS Learning Station. They are also available through Meeting in a Box.

I know that there are some things that we can always be reminded of in our work with families and you might find some of these helpful. There's nothing extraordinary about them except to say that it is really about your capacity to engage in any assessment that's going to help be effective. So to guide you with your assessment with families, we want you to remember that you need to be confident in your engagement skills and how you use your authority in a helpful way. We want to look at the SDM tools to help guide us in making decisions and understanding child vulnerability and the presence or absence of danger. We want to remember to ask lots of questions about the worries that we have but also about the protective actions and family strengths that the family identifies with or that we see and we need to ask lots of questions about what the family thinks should happen around child safety. We want to find out whether or not their safety network can be helpful in our assessment. But we always want to remember that we need to be a good listener and we should never be afraid to compliment the strengths and protective actions of that parent. Remember to use open-ended questions. We get a lot more information and detail when we're doing our assessments when we do so. Be detailed in what we're asking but make sure the family always knows our bottom line as an agency and let the family know what's going to happen next. Remember to ask yourself, "Do the family and I have a shared understanding of the worries and what's going well and are the family and I working towards a shared agreement on what should happen next?"

One other recommendation we would invite you to consider when assessing is to create a genogram with parents. Genograms are powerful tools that have many advantages including giving you a thorough understanding of the environment context of the family. It helps us trace multi-generational family issues. We find out who is in the safety network and who the family is connected to. And it also helps family members critically think about who is important to them. Most of all, the genogram acts as an engagement enabler. Many families want to share their stories in some ways and if this is the case, our collaboration with parents ends up being very positive. The sample genogram on your screen is just that. They are really easy to do once you get started. You'll find that your questions actually flow naturally but first, I'd recommend that you practice making your own family genogram to develop your skill set when using with your staff and families that you work with.

Before we move on, I'd like you each to take a moment to think about why genograms are so important when assessing. (Pause) As you think about those reasons, remember to be able to provide those to your staff so that they understand the importance of genograms when assessing.

One other concept we need to remember when assessing is our professional dangerousness. The term professional dangerousness is an expression first introduced by Peter Dale from the UK in the 80's. He saw professional dangerousness as when child protection workers behave in a way that colludes with or increases the level of danger within a family. Even when completing our assessments in the stressful and hurried environment that we work in, we are vulnerable to some of the behaviors I am going to discuss on the screen in front of you.

- If you find yourself saying, "I know what this family needs." That's an example of professional dangerousness because the reality is we don't always know what the family needs. The family is the expert about their family.
- "If I tell the family what I am worried about, it will ruin my relationship with the family." That's another example of professional dangerousness. We want families to know what we're worried about. We should be open, honest, and transparent with our families. They should always know our bottom line. It will actually improve our relationship not ruin it.
- "When I make assumptions I know everything that happened." As discussed a few slides back with the circles, we can never know everything that happens with a family so we should not make those assumptions.
- "If I work in isolation and don't share my practice with professionals or my supervisor"- is another example of professional dangerousness. We should never work in isolation. It's not what's best for families. We need to work with our co-workers, our supervisors, family members, as well as other professionals. That's how we make the best and informed decisions about child safety.
- "If I focus on only materialistic things like housing instead of on the child and their safety"- our focus here really needs to be upon the safety of the child. It should never be on whether or not a child lives in a five bedroom house with a pool. Safety comes first and that's what matters.
- "If I focus on only the parent and ignore the context and the environment." We should never just focus strictly on the parent. Our focus should be on the children, the parents, their safety network, and the environment. You'll see that there are numerous behaviors that might be indicative of professional dangerousness. These behaviors might seem innocent but they can have long term consequences if we do not monitor ourselves given the very real challenges of our work.

**You'll see that there are numerous behaviors that might be indicative of professional dangerousness. These behaviors might seem innocent but they can have long term consequences if we do not monitor ourselves given the very real challenges of our work. As leaders, you all have a lot of responsibility. You lead by example and your work creates a culture and climate that can grow each and every person under you. Our work in whatever service area of supervision that we do is a parallel process so as we grow and influence our clients and safety networks to plan forever safety, we want to also grow the capacity of our caseworkers. So I want to leave you with some questions that I believe will do just that- grow the thinking and intelligence of your workers responsible for becoming the best they can at assessing. I challenge each of you to ask your workers some of the following questions.**

- Can you tell me about an assessment or piece of work you have done recently that you feel particularly good about?**
- Can you tell me about a family you worked with where you were stuck but yet you still made progress as you were doing your assessment?**
- Imagine you are ready to close this family's case...what would you be seeing in your last home visit with them?**
- If this example of your best work were to happen regularly and consistently, what would people be seeing you do?**
- What is one small thing you can do right now that would enable you to stay calm when a parent is really giving you a hard time, especially during the first visit or assessment phase?**

**As you ask your workers questions from the previous slide, we want to remember how important it is to not only assess children and families but to assess our work on each case to help us improve future assessments. We can help do this by using the EARS approach. The E stands for elicit- What did I do well? Where am I stuck? The A is for amplify- How did I do this? What happens to make me think this way? The R is for reflect. We want you and your staff to be able to reflect. What would the family or child say the staff did well? If I can sort this out, what difference in my work will this actually make? And then the S is for steps- What's the next step? Would I do the same thing over again in the next assessment? Name the next small step that I will take to do something different.**

So let's take a final look at our assessment tools. The assessment tools that we have discussed throughout this webinar support critical thinking, it involves our skills at asking good questions about what are we worried about, what's working well, and what needs to happen. Our assessment tools are objective and reliable. They support consistency and accuracy in decision-making. But most importantly, it involves listening to the voices of the children and the youth that we are working with.

So as staff complete their assessments, we want staff to remember what needs to happen. We want staff to be able to create danger/harm statements- those straightforward, clear statements that describe harm to the child and future harm if nothing changes. These statements need to be worded in a way that is easily understood by the child, youth, and family involved. We want to ensure that the children, youth, and families we're working with know our agency goals, that we're having those straight forward, honest conversations that detail our bottom line of needed change for the case to be closed; but we also want to know that the family recognizes that we understand their family goals. What do they need? What do they want and what do they need to see changed in the future? As we do this we can develop a well-developed plan of safety with rules designed to keep the child every day safe. This is the safety planning that we do with the safety network.

So, on your screen now, is a narrative summary to assessment. Although I'm not going to read each box for you, I am going to give you a brief summary of what assessment should mean or what you should walk away with. We want to remember that our assessments are well-rounded. It draws from everybody; the children, family members, and other professionals. It's also about using our SDM tools to not make the decisions for us but to help guide us on making those decisions about whether a child is no safe or safe.

Screen shows:

- It is forensic in exploring harm and danger while at the same time asking parents about their protective actions/strengths, existing and future safety.
- Brings forward clearly articulated professional knowledge and interview skills while also equally eliciting and drawing upon family knowledge.
- Is designed to involve the family network and stakeholders whenever necessary.
- It can be seen as well-rounded since it should draw from everyone, (both professional and family member) in the child's environment.
- You can look at the SDM tool as an additional tool for gathering information that will help you make a "child is not safe-child is safe" decision.

**So, what is our professional takeaway? It's the same as engaging. We'll be able to extend the skillful use of our authority. Our work will be safety-organized, child-centered, family-focused, collaborative, and sustainable. Our critical thinking skills will improve how we work with families and children. We will be able to see the caregiver's protective actions, not the services but their protective actions, that address danger over time and the sustainability of the safety network. We will also have an increased awareness to being trauma-informed.**

**(No audio) Questions? Comments?**

**Contact [jolynne.batchelor@dfps.state.tx.us](mailto:jolynne.batchelor@dfps.state.tx.us) or [angela.pie@dfps.state.tx.us](mailto:angela.pie@dfps.state.tx.us)**