



# Needs assessment and case management in child protection and alternative care

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During the 1990s, several statutory child protection departments in Australia and New Zealand have implemented systematic risk assessment processes with a view to improving the consistency and validity of decision-making.

The Children, Young Persons and Their Families Agency in New Zealand adopted the Manitoba Risk Estimation System (Reid and Sigurdson 1990) in the early 1990s. Elements of this system were also incorporated in the Victorian Risk Framework developed by the Victorian Department of Human Services in 1998. In 1996, the Department of Human Services in South Australia implemented the safety and risk assessment tools developed by the Children's Research Centre as part of their Structured Decision Making System (Ereth et al. 1999).

That risk assessment has been established as a critical topic for discussion

is demonstrated by the DHS's commitment to host annual national Risk Assessment conferences in Victoria. This follows in the footsteps of the Annual Risk Assessment Roundtables in San Francisco that have been sponsored by the American Public Welfare Association since 1987.

Amid all this interest in risk assessment, it seems that some confusion has arisen between the functions of risk and needs assessment in case practice. Moreover, the critical role that systematic needs assessment plays in case management seems to have been overlooked in the more controversial debate about the different approaches to risk assessment.

This paper outlines what I consider to be the separate functions of risk and needs assessment, and then provides a brief overview of some of the current assessment tools that are being used – including family needs

assessment, child needs assessment, and combined child and family needs assessment tools. The paper concludes by illustrating how needs assessment data derived from casework can be aggregated to provide management information that is critical for strategic planning and resource allocation.

## Risk assessment

Risk assessment tools are used to help workers *estimate the likelihood of future abuse or neglect* in order to make decisions about intervention. There is considerable debate about whether risk assessment tools should be used at intake, after initial assessment or post-substantiation. In reality, child protection workers start making judgements about the risks in a given situation from the moment they receive a report of maltreatment. Theoretically, therefore, risk assessment tools can be used at all decision-making points from

intake through to closure. The only exception to this is the substantiation decision, which is not risk-based but evidence-based within the legal mandate of each jurisdiction.

The decision-making point where risk assessment is most commonly used is post-substantiation and there has been widespread use of formal risk assessment at this stage both in the United States and in New Zealand and South Australia. Both the reliability and validity of different risk assessment tools used at this point has now been tested and researched with significant results re their efficacy (Baird 1999).

In case management terms, the primary functions of risk assessment in initial case planning and of risk re-assessment at subsequent case reviews are as follows:

- to target departmental intervention to the families where the risks of re-abuse and/or re-neglect are greatest;
- to determine the level of monitoring/support required for the prevention of re-abuse or re-neglect;
- to monitor the decrease (or increase) in risk during the course of departmental intervention;
- to assist in closure decisions by establishing a risk threshold below which departmental intervention can be terminated.

Useful though these targeting and monitoring processes may be, they do not of themselves drive the case plan in the sense of determining which family and child problems should be prioritised and dealt with and which services/supports/treatment options should be engaged. To decide these interventions and their relative priorities one must turn to needs assessment frameworks.

### Needs assessment

Needs assessment tools are designed to help workers make decisions about intervention based on the *assessment of the current needs of the child or family that impact on the intervention goals*. For 'needs' one might substitute the word 'problems' or 'barriers' to the casework goals.

Needs that have no impact on or are irrelevant to the intervention goal are not included. Thus, unemployment may be a significant need/problem for a family but unless there are indicators that unemployment is impacting on child protection issues it would not necessarily be considered a need in the context of child protection case management.

Most recent needs assessment tools have incorporated child or family strengths as well as needs in recognition of the benefits of adopting a balanced view of the child and family situation rather than focusing solely on negative characteristics.

In risk assessment, there is continuing debate about the relative merits of consensus and actuarial models. In essence, actuarial risk assessment tools are developed by prior research. Case data on the characteristics of known abusive households is collected and analysed and critical characteristics, or 'risk factors' are identified. Risk factors are only included when they can be shown statistically to distinguish households where re-abuse is likely to occur from those where it is not. Consensus risk assessment tools on the other hand are designed by professionals, researchers, academics and other 'experts' in the field meeting together and reaching a consensus about which 'risk factors' they consider to be of critical importance.

All current needs assessment tools have been designed on a consensus basis. This is not to say that there has been an absence of research on needs factors, simply that the tools currently in operation have not been designed solely on the basis of that research.

Needs assessment tools have been used to assist decision-making during ongoing case management. In other words, they have not been used at intake or during initial investigation/assessment but they are used post-substantiation and as part of the case planning and review processes for children in alternative care.

While the principal functions of risk assessment are targeting and monitoring,

TABLE 1

CALIFORNIA (1999)	SOUTH AUSTRALIA (1997)	MICHIGAN (1992)	RHODE ISLAND (1990)
<b>Caretaker Strengths/Needs</b>	<b>Family Needs</b>	<b>Family Needs/Strengths</b>	<b>Caretaker Needs</b>
Substance abuse/use	Substance abuse	Substance abuse	Substance abuse
Household relationships	Interpersonal relationships	Domestic relations	
Domestic violence	Domestic violence		Violence
Social support system	Social support system	Social support system	Support system
Parenting skills	Parenting ability	Parenting skills	Parenting skills
Mental health/coping skills	Emotional/mental health	Emotional stability	Emotional stability
Household history of criminal or child abuse/neglect			
Resource management/basic needs	Income and financial management	Resource availability/management	Financial
Cultural/community			
Physical health	Physical health	Physical health	Health
Communication skills		Interpersonal skills	
		Literacy	Education/literacy
	Intellectual capacity	Intellectual capacity	Intellectual ability
		Employment	
	Housing and Physical Housing	Environmental	Environment
	Sexual abuse	Sexual abuse	Sexual abuse
<b>+ Child Needs</b>	Child characteristics	Child characteristics	Child Problems

NINE FACTORS (see table on Child Needs Assessment Tools)

the main casework functions of needs assessment are as follows:

- to determine the needs/problems that cause or contribute to the ongoing risks, or that create barriers to achieving the desired case planning goals;
- to establish an overall needs/strengths level that can be reviewed at intervals;
- to identify the priority needs that should be the focus of intervention during the next phase in the case management process;
- to assist in the evaluation of the effectiveness of interventions.

In summary, risk assessment tools are used to systematically determine the required intensity of intervention and monitoring, whereas needs assessment tools are used to drive the direction and content of the actual case plan for intervention.

## Family needs assessment tools

A variety of needs assessment tools have been developed and implemented for use in case planning with families where abuse/neglect has been substantiated. The issues that arise for statutory departments post-substantiation are: (1) Should the department intervene? (2) If so, for how long? and (3) What should be the focus of the intervention?

Needs assessment may provide the rationale for intervention along with risk assessment. In other words, a department may decide to intervene because the risk of re-abuse is considered high or because various high needs have been identified during the initial assessment, or for both reasons. Once the decision to intervene is made, however, *focused* case planning requires ongoing and regular needs assessment.

For example, if a young child is severely neglected in an environment where there is domestic violence and substance abuse, it is only through the identification, prioritisation and treatment of the underlying family or parental needs – substance abuse or domestic violence or both – that the risk of re-neglect can be reduced significantly.

Needs re-assessment and case planning reviews are conducted at regular intervals in order to establish whether needs have been addressed and this in turn assists in determining the appropriate point at which case closure can be considered.

Perhaps surprisingly there has been little controversy about the actual

family needs factors that have been included or excluded in the different systems. Many needs factors show up in all assessment tools but there are some interesting differences and omissions.

Table 1 sets out the family needs assessment tools currently in use in Rhode Island, Michigan and South Australia, as well as the tool now being introduced in California.

As can be seen, the focus of the models in Rhode Island, Michigan, and South Australia is primarily adult – that is, parental behaviour, family characteristics and the household environment. On the other hand, the new Californian tool includes both family needs and a detailed breakdown of the needs for each child in the family.

On the face of it, a system that does not include the assessment of child needs does seem to be incomplete. The argument for excluding detailed child needs factors is that case management in child protection intervention should focus on the changes that are necessary to reduce the risk to the child. These changes should be sought in the behaviour of adult caregivers and in the home environment rather than in the child. The contention is that if one includes child needs, many abusive or neglectful caregivers will accentuate the child's needs or problems while downplaying their own.

Ultimately, the relative merits of excluding or including child needs can only be judged by comparative evaluations of outcomes achieved by the different approaches.

As can be seen from Table 1, employment and literacy factors have been left out of the more recent tools. The Californian tool has also left out intellectual capacity and sexual abuse. On the other hand, they have included two new needs factors that relate especially to the urban environment in the major Californian cities.

In all of the above models, workers are asked to rate families (and children) on each needs factor, and to decide which are the *three priority needs* and the *three priority strengths*. The three priority needs become the focus of intervention to which services and programs must be aligned. The strengths are used as a positive force to assist in dealing with the needs.

The rationale for using a narrow focus on just three major needs per family is that this encourages sustained and targeted intervention. In other words, workers and families cannot shift the direction of case planning simply because a particular need or problem proves intractable, or because the caregiver is unwilling to follow

through with a program or treatment service.

The focused approach also assists managers and supervisors who, it is argued, no longer have to wade through complex file records in order to obtain an overview of the family needs/strengths and progress. Instead they can simply look through the completed needs assessments and reassessments. Of course, the use of a needs assessment tool cannot of itself overcome the resistance of a parent or family. What it can do is identify and highlight the precise nature of the obstacles to risk reduction.

## Child needs assessment tools

The use of child needs assessment tools is widespread in the United States, the United Kingdom and elsewhere. Table 2 sets out some examples and the use of various needs factors in the different systems. The Looking After Children program in the United Kingdom (henceforth referred to as LAC) does not actually describe itself as a child needs assessment process, however that is the essence of the 'action and assessment' part of that program.

The use of terminology in the three systems that relate to alternative care is also illuminating. LAC refers to child needs 'domains'. The Michigan system refers to child and family needs as 'barriers to re-unification', and in similar vein the Tennessee model refers to child needs as 'barriers to permanency'. This reflects a more goal-oriented approach than LAC which is primarily concerned with the statutory department's 'parental' or duty of care responsibilities.

To some extent the differences in needs domains or factors reflect the different uses for these assessment tools. Thus, the Michigan model is concerned with re-unification whereas LAC's 'assessment and action' process targets children in long-term alternative care.

However, the use of 'self care' and 'social presentation' domains in the UK and the inclusion of such domains as 'community risk', 'substance abuse', and 'extreme/delinquent behaviours' in the US models doubtless reflect the values or perceived problems in those jurisdictions. Interestingly, LAC subsumes both sexual issues and substance abuse under the 'health' domain.

In all three systems the identification of problems/needs generates a requirement that the case planners go on to specify the actions required, the persons responsible for the action and target dates. LAC includes a further section for 'decisions about actions

that are desirable but cannot happen yet'. In Tennessee, a specific action plan must be developed including specification of the required changes.

In LAC the assessment process is tailored to different child developmental stages and within each domain both the objectives and the extent to which they were achieved must be specified. The Tennessee model is designed so that each section opens with the identification of the child or young person's strengths rather than their problems/needs. This is doubtless the way of the future.

## Issues relating to needs assessment tools

There are a number of practice issues associated with the use of needs assessment tools. I will briefly mention two.

First, most of the current US models use weighted scoring of each factor to enable a total needs score to be established. LAC and the Tennessee Permanency Planning model on the other hand involves no scoring. In LAC, each 'domain' involves numerous subsets intended to elicit an overall view of the level of needs in that domain.

Many professionals remain strongly resistant to the use of scoring tools, believing that such mechanistic systems necessarily detract from professional decision-making. I would argue

that the real issue is not the design of a particular assessment tool but how the tool is implemented and the extent to which professional staff have the capacity to use their own judgement to override or replace scores generated by the tools.

The problem is that unless some scoring or weighting mechanism is built into the system, the potential for measuring aggregate needs and trends is severely limited. This is proving a significant difficulty to the researchers at Leicester University who are attempting to aggregate child needs data from LAC and are having to extract particular needs factors for use in their outcome measurement (Ward 1998).

Second, there is the question of how and to what extent the caseworker should involve the subject family or child in making the needs assessment. Practice varies considerably, with some professionals preferring to make their own 'objective' assessment and others using the assessment tool to assist in their engagement with the family or child. Clearly it is more time-consuming to involve clients, since they may disagree with the worker on priority needs. On the other hand, there is little chance of promoting major change unless the perceived needs/barriers are made explicit and placed on the case-planning table by the caseworker.

LAC takes the partnership approach a stage further and encourages a variety of key players to be involved in completing the assessment questionnaire. This may appear to be advantageous but it does raise issues about whether consistency of assessments can be maintained over time. Certainly the recent US study on risk assessment tools (Baird 1999) suggests that brief assessment tools are both more reliable and more valid than comprehensive tools using more broadly defined factors.

## Aggregation of strengths/needs data for strategic planning

Providing the needs assessments tool is clearly classified and computerised, it is relatively simple for departments to aggregate data from individual casework up to team, office, regional and state levels. This provides critical information to management that can assist strategically in the following areas:

- *Identification of aggregate needs, service requirements and service gaps.* The major needs and strengths of client families and children can be aggregated by geographic area, age, social/ethnic group, program etc. This assists departments in building up a profile of strengths/needs against which the supply of existing services can be measured.

TABLE 2

CALIFORNIA	LOOKING AFTER CHILDREN (UK)	MICHIGAN	TENNESSEE	SOUTH AUSTRALIA
CP intervention	Alternative Care long-term cases	Alternative Care reunification cases	Alternative Care all children	Vulnerable Young People
			Safety	
Emotional/behavioural	Emotional/behavioural development	Emotional stability/behaviour	Emotional/behavioural	Emotional stability
				Mental health
		Sexual adjustment		Sexuality
Delinquent behaviour			Community risk	Extreme behaviours
Substance abuse		Youth substance abuse		Substance abuse
Family relationships	Family & social relationships	Nuclear/extended relationships	Family functioning	Family relationships
Peer/adult social relationships		Peer relationships		Support/peers
Medical/physical	Health	Medical/physical	Health	Physical health
	Self care skills	Life skills		Life skills
	Social presentation			
Education	Education	Education	School-related	Education, training or employment
		Vocational training or employment		
		Intellectual ability		Intellectual ability
Child development				
Cultural/community identity	Identity			
				Financial need
				History of abuse

In South Australia for example, initial aggregation of family needs data suggested a significant gap in DV services available to families with child protection issues in certain metropolitan districts but not in others. In Michigan, substance abuse was found to be a chronic problem in 27 per cent of families with children in foster care but only 6 per cent of families involved in the Families First program. This kind of data is needed to support detailed planning and resource allocation.

- *Monitoring of service provision and compliance.* Referrals to particular services can be related to the needs assessment to determine if families with serious problems in the various needs domains are (a) being referred to the necessary services, and (b) are actually receiving the services or are refusing them.
- *Determining the relative effectiveness of programs and service providers.* Using matched groups of cases with similar needs profiles, outcome comparisons (eg re-abuse rates) can be made between different intervention strategies or different treatment programs. This in turn provides departments with valuable information concerning the effectiveness of the community agencies they fund.

## Conclusion

I believe the time has come for statutory child protection services in Australia to look at the rapidly developing field of formal needs assessment in case management. These processes hold out the promise not only of more systematic planning at the case level but also of improved strategic planning at broader departmental levels.

## References

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# National Child Protection Clearinghouse

Australian Institute of Family Studies

## PROGRAM EVALUATION CONSULTANCY SERVICE

The National Child Protection Clearinghouse is an informational and advisory resource on child abuse prevention, child protection and associated family violence, and forms the hub of a network of people concerned about preventing child abuse and neglect. In a two-way relationship with the community the Clearinghouse collects, shares, monitors and distributes information and resources on the latest developments in the prevention of child abuse and neglect. Primary target groups are those with a major interest in child abuse prevention, such as policy makers and analysts, those working with 'at risk' or maltreated children and their families, and researchers.

In late 1999 the Clearinghouse is launching a new evaluation consultancy service for service providers who run, or who plan to run, child abuse prevention programs. Our aim is to provide greater support to those agencies and groups who want to evaluate their prevention programs, but require advice and support to make it happen. Services will include:

- Program evaluation consultancy/advisory service
- Assistance in developing evaluation designs
- An evaluation manual
- One day program evaluation workshops
- Site visits
- An evaluation page of useful materials, located on the Clearinghouse website
- Discussion of evaluation issues on a Clearinghouse email discussion list (childprotect)
- Reference material on standardised tests
- Reference material on funding bodies

If you are interested in any or all of these services, please contact us at:

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