

NCFAS

North Carolina Family Assessment Scale

F.A.Q.

Frequently asked questions
about using the NCFAS



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National Family Preservation Network

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The National Family Preservation Network (NFPN) is the sole distributor of the NCFAS training package. All inquiries should be directed to NFPN.

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Frequently Asked Questions

1. How was the NCFAS developed?

The NCFAS is a family assessment scale developed for use with vulnerable families and children presenting with high risk, and in which a child (or more than one child) is at risk of removal due to child abuse or neglect. The NCFAS was developed in a practice environment using Intensive Family Preservation Services.

The NCFAS assists the family worker to assess family functioning in five domains directly related to major practice concerns: Environment, Parental Capabilities, Family Interactions, Family Safety and Child Well-Being.

2. What does “Baseline/Adequate” mean?

The scale definition of Baseline/Adequate is that it represents the threshold *above which* there is no legal, moral or ethical reason for public intervention. This does not necessarily mean that everything in the family is functioning smoothly, or could not benefit from services or additional resources if voluntarily accepted by the family caregivers. It means that there is no compelling reason for the state to exercise a protection or intervention mandate.

3. Are the subscale ratings *averaged* to obtain an overall domain rating?

No. A family may be functioning at or above the Baseline/Adequate level on most subscales in a particular area defined by the domain, but may have a problem or problems on one or two areas defined by the subscales that indicate a problem in the overall domain area. The NCFAS is a *tool* for workers to use during assessment and service planning. It is not a “test,” nor is it intended to yield a diagnostic score. The domain ratings are the worker’s overall assessment or judgment of the family’s level of functioning in the domain area, *guided* by the ratings previously made on the subscales in that domain area.

Strengths do not counterbalance problems on an equal basis. Strengths are identified because it is important to know what a family does well, in addition to knowing where the family may be struggling. We become involved with families when problems “overpower” the strengths possessed by a family, the family system begins to break down, and the family could benefit from services prior to experiencing more serious consequences of those problems.

4. Are the scales dependent on inter-rater reliability?

Reliability and other psychometric properties of the NCFAS have been established on the basis of *intra*-rater reliability, rather than inter-rater reliability. Intra-rater reliability is determined when the same worker who makes the intake ratings also makes the closure ratings.

Because the rating process involves worker judgment (see Question 3), the presumption is that the same rating strategies are employed by the worker at both points in time, with those ratings being guided by the scale definitions provided for the scale. Remember, the underlying purpose of the scale is to assist the worker to obtain the most and best information possible, with which to construct a service plan, and subsequently to reassess the family to determine the effectiveness of the services provided.

Workers may differ, to some degree, on the individual subscale ratings, but experience during training and across numerous sites using the NCFAS family of scales is that the differences are nominal, and the general impressions of the families strengths and needs as reflected in the domain scores is quite consistent. The degree of concordance between workers during the rating process is less important than the general impressions provided by the assessment, the service plan constructed by the worker on the basis of that impression, and the changes observed (and changes in ratings assigned) as a result of services.

5. Are home visits necessary in order to complete the scale?

If the worker using the scale is skilled in family engagement and motivational interviewing, much information relating to the NCFAS domains and subscales can be obtained without a home visit, and the scale will be helpful to the worker to assure that a comprehensive interview has occurred. However, it is *highly* recommended that home visits be a central part of case practice models using the NCFAS as a casework tool. Although family members can be asked questions about their environmental circumstances and their interactions with other family members, for example, the ratings assigned by workers in light of responses to those questions will be much better informed by observations made by the worker in the family's home environment.

Further, it is more respectful of families to interact with them in their home environment unless the family caregivers do not want workers to meet them in their homes, or it is determined that meeting in the caregivers' home presents unacceptable risks to the worker. In the latter case, a different type of intervention may be necessary to address high-risk situations.

Home visits are increasingly the expectation of public services provided throughout the country. Assessments of family circumstances always improve when workers make direct observations made possible by home visits.

6. Should families be involved in completing the scale?

To the extent that workers elicit information from family members, the family is involved in completing the NCFAS. However, the NCFAS is a tool for the worker to use when conducting an appropriately comprehensive family assessment. The NCFAS offers a structured mechanism for recording workers' observations and judgments by assigning ratings to the subscales and overarching domains. The ratings are those of the worker, not the family members, *per se*. Ratings are not "negotiated" with family members, and the NCFAS is not intended to be used as a rote interview guide.

7. Should a rating be changed if new information becomes available?

Remember, the NCFAS is a *tool*, not a test. The ratings on the instrument ultimately should provide a picture of the family that is as accurate as possible about the level of functioning of the family at "Intake" and "Closure." Intake ratings normally are made as soon as possible after referral in order to develop a service plan in an expeditious manner. Sometimes new information becomes available that was not present (or was not observed by the worker or volunteered by family members) at the time the original intake ratings were assigned.

This new information could be benign or serious. An example of benign information might be learning of a caregiver's previous history with an abusive husband or paramour who is no longer part of the family. This new information is likely to have little effect on immediate family safety, but might inform the service plan. Examples of serious new information might be the discovery of caregiver substance use that had been denied previously, and that adversely affects the caregiver's ability to supervise the child, or the discovery of "undesirables" living in the household. In either of these latter situations, family safety and child risk may be seriously affected.

In either case, changing the original intake ratings adjusts the intake "picture" to be more accurate than it was. Any change should be accompanied by case notes that explain the change. More importantly, new information, particularly information of a serious nature,

may mean that the service plan needs to be changed or a different type of intervention may be necessary.

8. What if there is no information available in order to rate a subscale?

In some cases a particular subscale may not be relevant (e.g., “school performance” for an infant or toddler; “sibling relationships” with an only child) and should be marked Not Applicable. In other cases the information may be difficult to obtain, may require additional inquiry, or even an additional home visit by the worker.

If there is literally and truly no information available to rate a subscale, then the subscale cannot be rated and the domain score should be made on the basis of the subscales that have been rated. If the unrated subscale is related to a domain that is central to the service plan, workers’ case notes should explain the absence of the subscale ratings. It has been the scale developer’s experience that situations in which no information is available on particular subscales, assuming due diligence by the worker, are few and far between.

9. To what extent are supervisors involved in the rating process?

One of the features of the NCFAS is that it provides a common and structured mechanism to facilitate worker/supervisor staffing and review of cases. Workers assign the intake ratings on the NCFAS and these ratings, in part, form the substance of the case staffing. If workers and supervisors have differing opinions about individual ratings these differences can be discussed and resolved (and *may* involve changing the worker’s initial ratings). The scale ratings also are intended to guide the development of the service plans, and in most cases service plans require supervisory approval. Thus, supervisors are involved in the review of the workers’ ratings, but the ratings are initially accomplished by the workers and reflect the workers’ best judgments of family functioning at those case junctures where the NCFAS is applied.

10. How is a case service plan constructed from the Intake Ratings?

After the worker has gathered relevant information and assigned ratings on the NCFAS domains, those ratings are reviewed as a whole to determine the general areas in which services may be needed. For example, if a family receives problem ratings on the domains of Environment and Child Well-Being, those areas will be the focus of the service plan.

Areas in which the family is at or above baseline also are reviewed to identify areas in which the family is performing at the strength level, in order to incorporate existing strengths into the service plan.

Returning to the domains that are rated as problems, it is also important to identify the domains that are the more serious problems, or those that must be addressed before others can be addressed. This process permits prioritizing service needs and resource utilization. For example, counseling a parent on household management is less likely to be effective if the family is living in a shelter (i.e., is homeless).

It may be necessary to work on several issues simultaneously, especially if child/family safety is threatened, and it may be necessary to involve multiple services (e.g., court protective orders, housing authority, employment services, transportation, medical care, etc.).

Use the NCFAS ratings as a structured mechanism for the identification of areas of need, for discussions with supervisors about the specifics of the case plan, and for discussions with other service providers who may contribute to resolving the family's issues. Revisiting the family's circumstances (as reflected on the Intake ratings assigned) throughout the service delivery period will help keep both the worker and the family focused on issues that are most pressing, and also give an indication of the amount of progress being made. For example, moving a homeless or shelter-bound family into Section-8 housing (or some alternative, positive arrangement) will likely result in movement on the Environment domain from a moderate or even serious problem rating to a baseline rating, or even to a strength rating.

To summarize, the service plan is constructed to address the domains that are rated in the problem range, and services identified for the family should be those that address conditions of risk or diminished functioning for the family in those areas.