Children's Services

PRACTICE NOTES

For North Carolina's Child Welfare Workers

From the NC Division of Social Services and the Family and Children's Resource Program

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This publication for child welfare professionals is produced by the North Carolina Division of Social Services and the Family and Children's Resource Program, part of the Jordan Institute for Families within the School of Social Work at the University of North Carolina at Chapel Hill.

In summarizing research, we try to give you new ideas for refining your practice. However, this publication is not intended to replace child welfare training, regular supervision, or peer consultation—only to enhance them.

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STRENGTHENING CHILD PROTECTIVE SERVICES INTAKE

Intake is an essential part of our efforts to protect children. Everyone in child welfare should know how CPS intake works and be deeply interested in our performance in this area, both at the state and local levels.

Why? Because intake is where we begin collecting information and making initial decisions about child safety. It's the first opportunity CPS agencies have to work in partnership with the community (i.e., reporters). Documentation begun at intake continues throughout the family's involvement with the agency and can play a critical role in the court process. In a tangible way, intake lays the groundwork for our success with children and families.

In this issue we will look at intake from different angles. We'll examine administrative and outcome data related to intake, offer suggestions for educating and engaging reporters, explore family-centered intake practice, and consider intake challenges and ways to overcome them. We hope you find it helpful. ◆

CPS INTAKE IN NORTH CAROLINA: BY THE NUMBERS

To get a sense of just how important child protective services (CPS) intake is to the child welfare system, let's look at the numbers.

NC'S WORKFORCE

In federal fiscal year (FFY) 2009, North Carolina's 100 county departments of social services employed **990** staff involved in CPS intake and assessment: 167 whose primary role was CPS intake/screening and 823 whose primary role was conducting CPS assessments (USDHHS, 2010).*

NC's approach to CPS staffing is consistent with other states that use an alternative CPS response. A 2005–06 survey found 71% of agencies in these states had workers routinely conduct both screening/intake and alternative response (Westat, 2009).

REFERRALS

When someone contacts a CPS agency to allege a child has been maltreated, it is called a **referral**. During FFY 2009, an estimated 3.3 million referrals were received by CPS agencies nationwide (USDHHS, 2010).

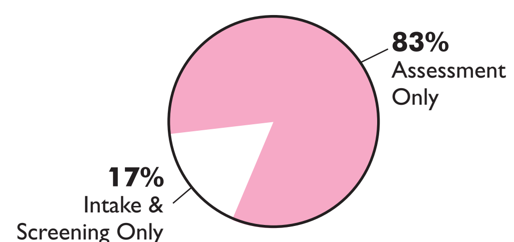
In our state, CPS referral data is collected from an annual staffing survey, which asks county DSS agencies how many referrals they receive each month between June and November. Based on this, we estimate that in 2009 there were about 119,000 CPS referrals in NC, or about 9,900 a month statewide (Stewart, et al., 2011).

SCREENING

If a referral meets the definition of abuse, neglect, or dependency as these terms are defined in NC's General Statute 7B-101, the referral is "screened in," meaning it becomes a **report** and the agency conducts an assessment to ensure the safety of the child(ren). If a referral does not meet the state standard it is "screened out."

Fig. 1

CPS Intake & Assessment: NC's Workforce, 2009*



Source: USDHHS, 2010

This information was revised on 1-8-15 to correct a data interpretation error.

CPS INTAKE BY THE NUMBERS *from p. 1*

Compared to the rest of the country, CPS referrals in North Carolina are somewhat more likely to be screened in. In FFY 2009, CPS agencies in the U.S. screened out 38% of referrals (USDHHS, 2010). In 2009, approximately 31% of North Carolina child maltreatment referrals were screened out (Stewart, et al., 2011).

Since 31% is a statewide average, the screen-out rate was above or below this in most counties. Although rates outside the norm can be warranted, every county DSS should monitor its screen-out rate and try to understand why it is what it is, and to make changes if needed to ensure full compliance with law and policy.

REPORTS

Over the last ten years the average number of CPS reports received monthly in North Carolina has increased slightly. In SFY 2009-10, CPS agencies received 68,735 reports of child maltreatment concerning 124,894 children (Duncan, et al., 2011).

The volume of CPS reports fluctuates throughout the year in North Carolina. Typically, the number received monthly peaks around May, falls in June and July, rises slightly through October, then declines through December (Stewart & Duncan, 2010).

REPORT SOURCES

Though reporter information is confidential, North Carolina collects demographic data about the people who call a CPS agency to allege child maltreatment.

Fig. 2 **NC Sources of Reports, SFY 09-10**

Source	Percent
Law/Court	16.13%
Education Personnel	14.85%
Human Services	14.57%
Anonymous	12.89%
Relative	12.40%
Non-Relative	11.24%
Medical Personnel	8.82%
Parental	7.30%
Care Provider	1.19%
Victim	0.61%

Source: Duncan, et al., 2011

The pattern of reporting shown above is typical: most reports come from those who encounter the alleged victim as part of the report source's occupation. In SFY 2009-10, 56% of reports in NC came from professionals.

In the last ten years the annual percentage of reports received in NC from human services professionals has declined slightly, from 16.6% of all reports in SFY 1998-99 to 14.6% in 2009-10. Meanwhile, the percentage of reports from law/court professionals increased from 10% in SFY 1998-99 to 16% in 2009-10 (Duncan, et al., 2011). This rise is consistent with a national trend: the percentage of U.S. CPS agencies who said law enforcement was their most common source of reports rose from 7% in 2002 to 23% in 2005-06 (Westat, 2009).

CPS ASSESSMENT TRACKS

Once a report is accepted, CPS intake staff determine whether to respond with an investigative assessment or a family assessment. They choose whichever CPS approach will best provide for the child's safety, permanence, and well-being. However, agencies must respond to <u>all</u> reports of abuse and certain types of neglect reports—such as those involving a child fatality or where there is medical neglect of a disabled infant—with the investigative track. For most types of neglect and all dependency reports, the family assessment response should be used.

In SFY 2009-10, CPS agencies in North Carolina used the family assessment approach about 75% of the time (Duncan, et al., 2011).

RESPONSE TIMES

After a report is accepted, the law requires CPS to make face-to-face contact within a certain time period with all children living in the home. Response times vary by report type: the response must be initiated within 24 hours for abuse and 72 hours for neglect. Some types of neglect reports, such as those in which a child has received injuries, require a response within 24 hours. If a report is deemed high risk, the response must be immediate.

In North Carolina's 2007 federal Child and Family Services Review, CPS response time was rated as an "Area Needing Improvement." Reviewers found agencies initiated a CPS assessment in accordance with the required time frames 81% of the time, less than the 90% required for a "Strength" rating (USDHHS, 2007).

CPS FINDINGS

Findings of an investigative assessment are classified as either substantiated or unsubstantiated. As Figure 3 shows, substantiations of abuse, neglect, abuse and neglect, and dependency in North Carolina have declined since 2001. The decline generally corresponds to the start of the Multiple Response System (MRS), which introduced the family assessment response and, with it, four new CPS findings:

- Services needed
- Services provided, protective services no longer needed
- Services recommended
- Services not recommended

Unsubstantiations have also decreased since *cont. p. 3*

from p. 2

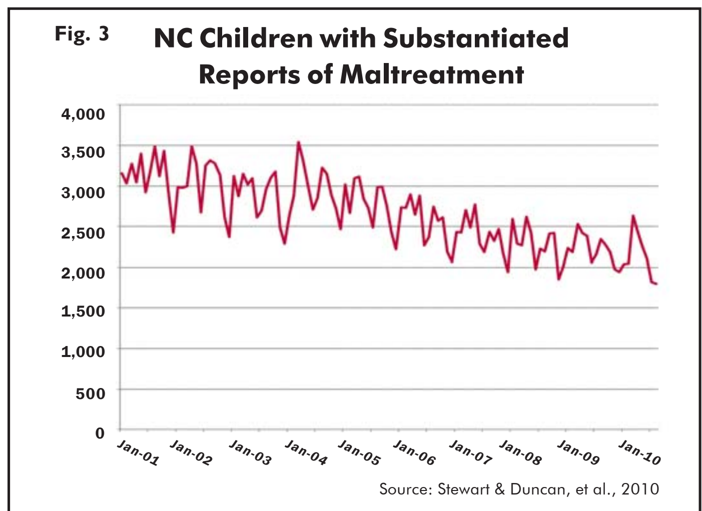
2001. This decline is likely due to a decrease in the number of investigative assessments and the growth in family assessments (Stewart & Duncan, 2010).

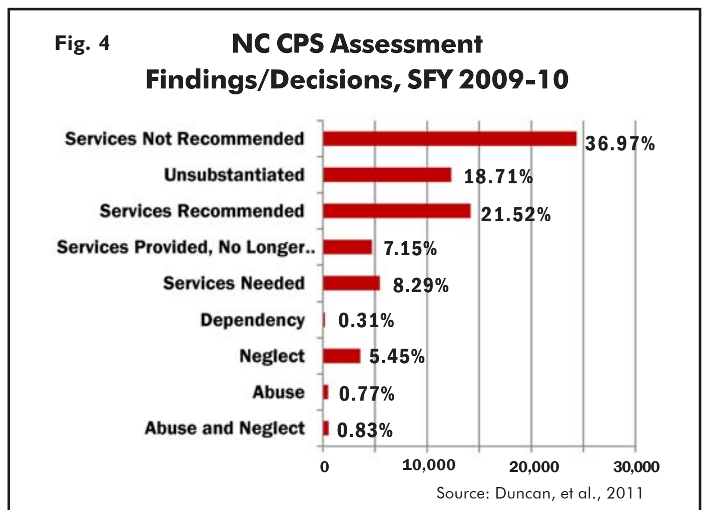
Over the last ten years the profile of CPS findings in North Carolina has changed. After the expansion of MRS statewide in 2006, the number of findings of "services recommended" has continued to grow, meaning that more families and children are being recommended for services, over and above the number of children determined to be victims of maltreatment (Stewart & Duncan, 2010).

This may be a good thing. A recent evaluation of MRS (Duke, 2009) found that families who received more frontloaded services during the CPS assessment phase were less likely to return to the attention of CPS in the next six months.

CURIOUS ABOUT YOUR COUNTY'S PERFORMANCE?

Consult the "Management Assistance" site <http://ssw.unc.edu/ma/>, which is maintained by the UNC-CH School of Social Work in partnership with the NC Division of Social Services. ◆





Safety and the Family Assessment Response

> **Evaluators in NC have found that the family assessment response does not compromise child safety.**

The number of substantiations of child maltreatment has significantly declined in NC over the last ten years. This information, as well as the fact that DSS agencies often use a "new" CPS approach (the family assessment response introduced as part of MRS), leads some reporters and community partners to ask: Is DSS doing everything it should to keep children safe?

It's a reasonable question, one that everyone who works in child welfare services—especially CPS intake—needs to be prepared to answer well. Here's what the research says.

North Carolina. From the start of MRS, North Carolina has assessed the reform effort's ability to improve the child welfare system while keeping children safe. Evaluators from the Center for Child and Family Policy at Duke University played a key role, producing county-specific MRS fact sheets, a report to the legislature (2004), and evaluation reports in 2004, 2006, and 2009. Duke consistently concluded that the family assessment response and other aspects of MRS do not compromise child safety.

One measure used to assess child safety is the rate of repeat maltreatment assessments for children with previous CPS involvement. If MRS is not effectively addressing the safety and security needs of children and families, families may be expected to return to the attention of CPS. NC evaluators found that compared to a control group, the rate of repeat assessments decreased in counties after MRS implementation.

National Findings. Approximately 17 states are either using a statewide CPS approach akin to NC's family assessment response or have implemented it in specific localities. Some use a different name for the approach (e.g., differential response, alternative response, etc.).

Those that have evaluated their systems have generally found that a less adversarial, more service-oriented front-end response to certain families has had positive outcomes without compromising child safety (Gilbert, 2010). In its review of the literature, the National Quality Improvement Center on Differential Response in Child Protective Services (2009) found that this fundamental result was found in Alberta, Canada; Alaska; Arizona; Kentucky; Massachusetts; Minnesota; Missouri; North Carolina; Texas; Virginia; Washington; and West Virginia.

EDUCATING COMMUNITY PARTNERS ABOUT CPS INTAKE/SCREENING

North Carolina county DSS agencies have an ongoing need to communicate with community members, especially those who make a high percentage of CPS referrals. Many professionals across the state are still unfamiliar with the family assessment response and the increased focus on family-centered, strengths-based practice that has characterized our child welfare system since MRS began.

Here are some ideas for targeting your community education efforts, especially as they relate to CPS intake and screening:

Review and understand your data. County DSS agency records should include the *referral* source for all calls to CPS. This can help you understand referral patterns over time. The Division's site at http://ssw.unc.edu/ma/ contains information on the referral sources for accepted *reports*. (Look under "Abuse and Neglect," "Longitudinal Data," and then "Reports of Abuse and Neglect.")

Once they have the data in hand, CPS supervisors and their units should explore it guided by questions such as:

- What surprises you?
- Are there parts of the community that report more or less often than you would have thought?
- Are there sources who make referrals that are more likely to be screened out?
- What common messages can we put out in our community about CPS, and what messages might we tailor to specific groups?
- If you look at reports by race of child, are there any sources who are more likely to report children of color?
- What can we do to educate our referral sources?

Use notice to reporters to educate callers. Gates County DSS uses family-centered language and provides a brief explanation of family assessments and investigative assessments in the notice it gives to reporters. It is part of the supervisory toolkit: http://www.ncdhhs.gov/dss/best_practices_pilot/index.htm.

Public education must be ongoing. A single meeting or communication blitz won't do the trick.

Provide written material to community partners to prepare them for the Intake call. It helps when professionals who make CPS referrals know in advance the types of questions they will be asked. In addition to the need for basic information on the child, the living situation, and the reason for the call, include questions that surprise some callers. For example: What are the strengths of this family? How do family members usually solve this problem? What do you think can be done to make this child safer? Is there anything you can do to help the family? Be proactive in letting other professionals know that DSS operates from a position of partnership and building on strengths.

Use in-person training for key referral sources. While getting out into the community takes time away from other pressing duties, face-to-face contact with key report sources can save time down the road. Include staff that perform intake and the supervisors who help make screening decisions in your community education efforts. Just as you do with families, start from a strengths-based perspective by focusing on past successes with the partner, and brainstorming together to overcome common barriers. Sharing the specific state statutes that guide screening decisions will help you explain the limits of DSS intervention.

Reinforce joint ownership/joint solutions. The entire community shares responsibility for helping families: there is no such thing as a "DSS family." Community partners may need a gentle, inspiring reminder that successfully preventing and intervening in child maltreatment cannot be done by one agency, but takes the will and attention of professionals and community members alike. ◆

Notice Is a Key Means of Education, Communication

North Carolina policy requires CPS agencies to give written notice to reporters, unless waived or anonymous, within 5 business days after receipt of the report. Notice sends the message that the reporter is a respected partner of DSS and helps reporters know children are safe.

- The notice must include a statement about whether the referral was accepted for assessment. Cite relevant statutes and provide a brief description of the type of CPS response used (investigative or family assessment).
- The notice should refer to the child victim using the descriptor given by the reporter when making the referral. Thus, if the reporter specifically identifies the child's name, use that name. If the reporter does not know the child's name, use whatever descriptor for the child the reporter used.
- List the identity of the county conducting the CPS assessment.
- Include a statement encouraging the reporter to contact the agency if more information or concerns about the child or family surface.

To read the full policy regarding notification of reporters, go to (http://info.dhhs.state.nc.us/olm/manuals/dss/csm-60/man/CS1407.htm#TopOfPage).

OVERCOMING LEGAL AND POLICY CHALLENGES OF CPS INTAKE

Legal mandates and policies direct all aspects of the child protective services intake process, everything from decision-making tools, to documentation, to the way DSS agencies work together when a report involves multiple counties. The legal and policy language is specific and clearly assigns roles and responsibilities. But what seems straightforward in writing is not always clear cut in the real world. Let's consider some of the challenges.

ASSESSING FUTURE RISK OF HARM

At CPS intake DSS agencies in North Carolina must decide whether, if the allegation is true, it meets the statutory definition of abuse, neglect, or dependency. As they assess referrals, the law requires agencies to consider not only the alleged child maltreatment but also "future risk of harm"—that is, whether the child is in an environment that is likely to lead to being hurt.

The following excerpts from statute make it clear that future risk of harm is a key part of the definitions of abuse and neglect in our state:

- **Abuse**. A child is considered abused if the caretaker "creates or allows to be created a substantial risk of serious physical injury to the juvenile by other than accidental means" (NC GS_7B-101 1b).
- **Neglect**. A child is considered neglected if he or she "lives in an environment injurious to the juvenile's welfare" (NC GS_7B-101 1b).

Yet how does an intake worker decide what constitutes future risk of harm? Here are some suggestions intake professionals and their agencies can use in the difficult task of assessing future risk of harm.

Know the law. A firm working knowledge of the statutes that guide CPS intake is essential. Find them on the General Assembly's website: <http://tinyurl.com/5whddok>.

Attend training. If you work in intake, attend *Intake in Child Welfare Services*, a training sponsored by the NC Division of Social Services that helps child welfare social workers and supervisors practice applying the statutes to realistic case scenarios. Child welfare staff must take this course within their first year of working in CPS intake.

Interview carefully. While interviewing a caller, consider the information. Have you gathered enough data to determine whether the child is safe or at risk of harm? What more do you need to know? Probe for specific details in response to caller comments. For instance, to help assess future risk of harm you might ask "What physical dangers exist at the home?" or "What do you think would make this child safer?"

Consult agency records. Counties should maintain a log of all CPS referrals and accepted reports. Once the report is taken, consult your agency's records—they may reveal patterns signaling the potential for future risk.

Research by Westat (2009) suggests this practice can help agencies uncover child maltreatment that might otherwise go undetected: in its study of national CPS agencies, it found that agencies that always reviewed prior CPS records during investigations had higher rates of maltreatment in their jurisdictions on a number of measures including higher rates of sexual abuse, neglect, medical neglect, and child victims with multiple forms of maltreatment.

Use the tools. As outlined in policy, intake workers use the maltreatment screening tools to decide whether to accept a referral based on statutory criteria. These valuable tools can help you make legally sound and consistent decisions about what warrants agency contact with a family, including future risk of harm.

Share decisions. Case consultation opens the door for sharing judgments and making the best decision. When supervisor and worker disagree whether future risk of harm exists, it can be helpful to assess the referral against legal definitions and mandates to answer the question, "If the reported information were true, does it minimally meet the statutory guidelines of child abuse, neglect, or dependency?" Other factors to consider include whether the alleged perpetrator meets the definition of parent, guardian, custodian or caretaker, and whether the alleged victim meets the definition of a juvenile.

INTER-COUNTY ISSUES

When county DSS agencies are called upon to coordinate CPS intake across county lines, challenges can arise.

Screening reports for other counties. Reporters sometimes call the DSS in one county about a child who resides in another county. In these situations North Carolina law and policy are clear: the DSS that receives the call must take the referral and screen it based on the available information, just as it would any other referral. It is never appropriate to decline the call and ask the caller to contact another agency to make a report.

If the county that receives the referral screens it in, it sends the report to the DSS in the child's county of residence, which must conduct a CPS assessment. The county conducting the assessment determines response times, prioritization, and whether to use the family or investigative assessment response.

The idea behind this policy is that our child welfare system exists to protect all North Carolina children, and that to do this consistently and well, the parts of the system (i.e., different county DSS agencies) must work together. Although this is laudable, inter-county referrals can be problematic because, even with clear policies and *cont. p. 6*

common tools (e.g., decision trees), counties can still vary in their screening decisions. Thus, a county may be required to follow-up on a report accepted by another county but be baffled as to why it was screened in.

When this occurs, communicating with the referring agency is best. The supervisor in the county responsible for assessment should call the referring county to ask, "Can you help me understand why this case was screened in? It doesn't appear to meet the definition of abuse and neglect." When agencies' perspectives differ, sometimes one has additional information that makes the judgment clearer. Asking for clarification and jointly referring to the mandates often makes the appropriate course of action clear. When a DSS notes trends in involving a "sister" DSS agency it can be helpful to meet to discuss these, perhaps in consultation with one of the Division's Children's Program Representatives (CPRs).

Communication and timeframes. Timeframes for responding to reports of abuse, neglect, and dependency begin at the time the reporter contacts the agency. With inter-county intake, the law requires a verbal exchange between the counties about the report, plus transmittal of the written report and screening decision.

Agencies sometimes find it hard to meet this communication requirement. In some instances, the DSS that took the report must make multiple attempts before it can speak to someone at the DSS in the county where the child lives. For this and other reasons, some agencies receive only a faxed report and no phone call from the referring agency. Other times, contact is made but the quality of the communication is poor.

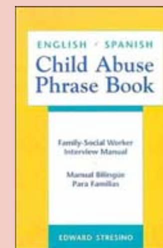
Challenges related to communication and timeframes around inter-county intake can hurt agency performance on measures relating to the timeliness of CPS response. To avoid difficulties in this area, intake line staff and supervisors should put themselves in the shoes of the person receiving the report and aim to pass on to them something that is easy to read, clear, and familiar in structure. Ensure that the following hold true for all inter-county reports:

- Documented on the Structured Intake Form (DSS-1402)
- Basic information is easy to locate
- Clearly identifies both the reporter and the family that is the subject of the report
- The county with jurisdiction is clearly stated

WORKING WITH INSTITUTIONAL REPORTERS

North Carolina law and policy require CPS agencies to give written notice to reporters, unless waived or anonymous, within 5 business days after receipt of the report. DSS agencies commonly send this notification to the person who made the call. However, this approach does not work well for some community reporters.

Resource for Spanish Language CPS Referrals



Designed by Edward Stresino as a resource for social workers, the *English/Spanish Child Abuse Phrase Book: Family-Social Worker Interview Manual* aims to remove communication barriers encountered during CPS referrals. It has been used in California for years. While conversational knowledge of each language is assumed, the book is useful for both fluent and non-fluent speakers. The book is divided into sections that correspond to the steps in the referral process; it also defines child abuse regulations and key vocabulary. For more info or to order visit http://www.unmpress.com

Many schools and medical systems use a designated reporter to communicate child maltreatment referrals to DSS on behalf of other staff members. Sometimes when the doctors or teachers whose concern prompted a report through these systems try to follow up with DSS they are told that since they did not make the report, DSS cannot discuss it with them; in some instances they are even asked to make a second, duplicative report. Responses of this kind can unnecessarily frustrate community partners who share our deep concern for child safety.

When it comes to institutional reporters, state law and policy allow and encourage communication between DSS and individuals with firsthand knowledge of the alleged maltreatment. If, after speaking with an organization's designated reporter, DSS wishes to contact a person with firsthand knowledge of the alleged maltreatment, they should do so. Similarly, if DSS is contacted by the teacher, doctor, etc. with firsthand knowledge of a report filed by an institutional reporter, DSS is free to speak with them. For example, DSS might say, "I can't confirm whether a report's been made, but if you have more information about this situation I'd be happy to talk with you." Any new information can then be incorporated into the CPS screening and assessment process.

If you or your agency have questions about working with institutional reporters, please refer to the applicable statute (7B-301) and to North Carolina policy.

CONCLUSION

The legal mandates and policies that characterize the CPS intake process help agencies respond to the public and ensure the safety and well-being of children. Yet even the most clearly written directives sometimes are difficult to carry out, or are confusing in a particular context. When challenges arise, communication and support within and between county DSS agencies can help identify an appropriate and legal course of action. ◆

FAMILY-CENTERED CPS INTAKE

CPS intake is a big job. To do it well you must be able to manage intense, emotional calls and make critical decisions about child safety. You must be tactful, patient, and persistent, gathering information and guiding callers through the interview without being too controlling.

And, because you set the tone for the agency's future work with the family being referred, you must do all this in a way that lays the foundation for family-centered practice and respectful partnership.

PRINCIPLES OF PARTNERSHIP

North Carolina's Principles of Partnership have often been applied to enhance family-centered practice with families involved with child welfare. Let's consider what it means to apply them to CPS intake.

Principle: Everyone desires respect. Calling DSS can be a difficult step, even for those who have done it before. Reporters may worry about many things: damaging their relationship with the family, possible reprisal by the family, or the impact of a CPS assessment on the children (Brittain & Hunt, 2004). Experienced intake workers understand the need to show appreciation for the caller's concern and respect for their decision to ask for help on behalf of the family. Even if the allegations seem less than credible, family-centered intake staff strive to understand the caller's perspective and motivations.

While establishing rapport with the caller, the intake worker must also maintain objectivity toward the family being reported. Rather than silently going along with what the caller says, the intake worker introduces the concept of respect for the family by asking strengths-based questions such as "What is good about the family?" and "How has this family handled problems in the past?" It takes great skill to discuss family strengths and protective capacities without losing caller buy-in.

Principle: Everyone needs to be heard. The most important skill the intake worker has is the ability to listen. Only by letting the reporter talk somewhat freely can the intake worker get a full sense of the concerns, motivations, and circumstances prompting the call. A skillful intake worker can gather a good deal of critical information just by listening and asking the occasional clarifying question, rather than mechanically completing the Structured Intake (DSS-1402) like a checklist.

Most callers would strongly support this approach if the referral were about *their* family.

Because callers seldom tell the story in chronological order, it can be necessary to repeat the sequence of events back to the caller to ensure you have it right. At some point during every call the intake worker must go back for missed information. It may even be necessary to ask for the caller's cooperation in letting you direct the conversation so that you get all the information you need.

Filling in the gaps in the information is also a chance to explore the positive side of the family's story. In a sense, the strengths-based questions built into North Carolina's intake process are an opportunity for the intake worker to speak on behalf of the family—for the family's perspective to be heard and considered.

Principle: Everyone has strengths. The DSS-1402 takes a strengths-based approach to both reporters and families. Some reporters bristle when asked, "Is there anything you can do to help the family?" Yet in the context of family-centered work, this question is really a way of validating the caller's concern, compassion, and ability to make a difference. Intake workers sometimes preface the question by saying, "I can hear how worried you are about this child, and I can tell you really want things to get better."

Asking callers to reflect on a family's past successes, support system, and culture can cause them to see the family differently. They might even pause and wonder what part of the picture they are missing. *cont. p. 8*

Embracing Family-Centered Beliefs

Intake workers needn't be defensive or embarrassed about the strengths-based approach of the intake process, even when callers seem frustrated or impatient. Most callers would whole-heartedly support the family-centered beliefs outlined below if their own family were the subject of a referral.

- Safety of the child is the first concern.
- Children have the right to their family.
- The family is the fundamental resource for the nurturing of children.
- Parents should be supported in their efforts to care for their children.
- A crisis is an opportunity for change.
- Inappropriate intervention can do harm.
- Families who seem hopeless can grow and change.
- Family members are our partners.
- It is our job to instill hope.
- Families are diverse and have the right to be respected for their traditions; children can flourish in different types of families.

FAMILY-CENTERED CPS INTAKE *from p. 7*

Of course, some callers focus only on what the family is doing wrong. That's okay. In asking about strengths the intake worker has planted a seed and sent a clear message about the approach DSS takes with families.

PRINCIPLE: Judgments can wait. CPS involvement is a serious, invasive process and a step not to be taken lightly. From the first moment of the call, DSS must make it clear there will be no rush to judgment. Even when callers become impatient, we have to engage and encourage them to continue the conversation until we know enough to make an informed decision.

Intake workers must also guard against judging callers unfairly. For example, one might be tempted to dismiss a caller who mentions a custody issue as trying to discredit one of the parents, but that would overlook the fact that a high-conflict divorce might involve child maltreatment (Karski, 1999). As one county DSS program manager stated, there are new and complex situations to be assessed every day. Few calls are clear-cut.

PRINCIPLE: Partners share power. Sometimes reporters can be actively enlisted as partners in the shared goal of safety, well-being, and permanency for all children. Of course, for partnership to be more than a marketing concept, DSS must empower reporters to work jointly towards that shared goal. An important way to do this is consistent, timely, and respectful notification to reporters, and through public education efforts. For more on this, see the box on page 4.

Families who are the subjects of reports are also partners in need of empowerment. Knowledge is power: if extended families don't know about a member's involvement with DSS, they are powerless to participate or intervene. That's why it is critical to identify family and kin networks from the very first call by asking about non-resident parents, maternal and paternal relatives, and any possible tribal affiliation. Of course, federal legislation requires child welfare agencies to ask early and often about relatives (Fostering Connections) and tribal affiliation (Indian Child Welfare Act). If staff see these questions as merely another bureaucratic mandate, they may miss a simple, free, and powerful tool for case planning and permanency.

PRINCIPLE: Partnership is a process. Even with our best efforts, in the real world partnerships are not created with every reporter and every call. It often takes time to build relationships with professionals and citizens, and to build the agency's reputation in the community. True partnership happens as community members see DSS reaching out to explain their policies, communicate their decisions, and embody a family-centered philosophy.

It also takes time to build effective partnerships with families. We all carry implicit biases that can make us jump to conclusions about certain people or situations. Intake is the first chance to identify and gently challenge the bias that a reporter or worker might bring to a referral. Part of the intake process is recognizing that DSS doesn't have all the answers, and must rely on the community and on families themselves to fill in the blanks and devise the best solutions to their challenges. ◆

Working with Military Families

Reprinted from USDHHS, 2010b

Child welfare professionals should be aware of the unique experiences and situations of military families that may affect the prevention of and response to child maltreatment. In addition to stress factors experienced by many civilian families (e.g., finances, careers), military families may be affected by the deployment of members to combat duty, as well as their reintegration. Deployment is associated with increased stress in nondeployed parents and stress and behavioral problems in children—all of which increase the risk of child maltreatment. Recent studies have shown that levels of child maltreatment among military families increase during deployments and that nonmilitary caretakers were most often the perpetrator.

The military provides prevention, treatment, and outreach services specifically for military families at risk for child maltreatment. In 1984, the Department of Defense (DOD) established the Family Advocacy Program (FAP) to address child maltreatment and domestic violence in military families. Each military branch has its own FAP, and local FAPs are located on military bases. FAPs work closely with military command, military law enforcement, medical staff, family center personnel, chaplains, and civilian organizations (such as CPS) to assist children and families. FAPs may provide a variety of services, including stress management, parent education, conflict resolution, safety education, and victim advocacy and support.

Military families can report suspected child maltreatment to the DOD Child Abuse Safety and Violation Hotline (800/336-4592), to their local FAP (visit MilitaryHOMEFRONT at www.militaryinstallations.dod.mil to find local FAP contact information), or to CPS. If FAP is contacted first, it will alert the local CPS agency and work with it to investigate the alleged maltreatment.

For additional information about military support for children and families, visit www.militaryhomefront.dod.mil/.

SUPERVISORS STRENGTHENING CPS INTAKE

Supervisors play a key role in CPS intake. Every referral requires the intake worker who takes the call and the intake supervisor to decide together whether to accept the referral and, if so, how CPS should respond. What can supervisors do to ensure intake workers are successful and the CPS intake process works as it should?

PROFESSIONAL DEVELOPMENT

Emphasize and invest in professional development for those you supervise, and for yourself. Openness to learning sends the message that growth and self-development are valuable to the agency. Showing you care about improving your own practice may encourage staff to approach you when they have questions about their own competencies.

In addition, supervisors should strive to focus on the following core intake skills with intake workers:

Interpersonal skills. Since all decisions at intake are based upon information gathered, workers must be extremely skilled in interviewing and interacting with callers. To model this with workers, base your interactions on a genuine interest in being helpful. Use effective listening skills and show appreciation for staff efforts. Use feedback from direct observation to share strengths ("I noticed the reporter wasn't prepared to give examples when you asked about things the parent has done well in the past; you didn't rush the answer, and gave lots of time for the caller to think of and share an example.").

Information-gathering. Workers must understand the value of each screening question and be consistent in asking all universal screening questions of reporters (i.e., substance abuse, domestic violence, medical home information). A caller may not have an answer for each question, but asking opens doors for reporters to share information they might not have considered relevant.

In direct observation and regular review of documentation, look for consistency in interviewing questions. Do workers probe for strengths? Do they ask about substance abuse? During case consultation, ask questions that mirror those on the intake form: what are the strengths of this family? Can you tell me anything good about this family? What about this family's culture is important to know?

Investing time. Devote substantial time to discussing with workers information they have gathered, and their plan for gathering more if needed. How will staff interpret limited supervisory involvement—that is on the fly or not at all? When supervisors express commitment by investing time in workers, they present a model workers can apply to their work with reporters and families (ACP, 2004).

Building Workers' Interpersonal Skills

Supervisors who are good at strengthening workers' interpersonal skills often:

- Are highly competent and value the perspectives, professional motivations, and growth of their staff
- Have high expectations for themselves with respect to knowing, being able to demonstrate, and teach interpersonal skills and techniques
- Can clearly and precisely communicate to workers why, when, and how to use interpersonal skills
- Have specific expectations for quality practice
- Use consultation with workers as a way to define expectations for practice, to teach and build competency, to emphasize individual accountability, and to motivate staff
- See coaching as their primary role when consulting with workers
- Stay informed about complexities and demands through direct exchanges with workers and firsthand observation
- Make themselves accessible and approachable

Source: ACTION for Child Protection, 2010

Documentation. Documenting information from reporters and collateral sources is the basis for key CPS decisions. It is also important for agency accountability and provides a way for the quality of the agency's work to be highlighted. Partner with workers to review and evaluate documentation for consistency and completeness. Give corrective feedback and point out concrete examples that demonstrate workers have sharpened their skills.

Communication with peers. Encourage intake staff to continually seek information that will help them improve their work. CPS assessors and other DSS child welfare staff are an invaluable source of this information. Because they are further "downstream" in the process, they may be able to provide ideas or examples that intake staff can use to strengthen their practice. Supervisors should look for and create opportunities to facilitate this kind of communication and learning.

OTHER STRATEGIES

How else can a supervisor support CPS intake?

Be a true partner in decision-making. As one who shares responsibility and accountability for intake decisions, your knowledge of agency mandates and implications for families is a key resource. Meeting to review reported information and explore options increases the confidence you and other staff have in endorsing decisions. *cont. p. 10*

SUPERVISORS STRENGTHENING INTAKE *from p. 9*

Use open-ended questions to invite staff to share their thinking, such as, "What do you think about the different options we identified?" and "What other information do we need?'" Using "we" and "us" emphasizes the partnership in the CPS intake decision-making process.

Support staff by introducing and modeling ways they can take care of themselves during and after work.

Provide accessible support. There are bound to be crises. Strong supervisors understand workers need support before, during, and after a potentially volatile or urgent situation. One way to prepare workers for initial contact with a family during the assessment process is to explore the supervisee's emotions and any perceived challenges prior to the contact (ACP, 2004). This preparation sends the message that employees are valued and respected and that you have heard their concerns. Debriefing after a disturbing or confusing situation also supports worker well-being.

The ability to build a supportive relationship with intake staff and a caring organizational climate ultimately affects the quality of the decisions at intake and the way families experience the child welfare system. Your efforts can make the difference in workers' feelings about and competency in their work, and how others in the organization perceive and value the intake function. ◆

Training for Intake Supervisors

CPS intake supervisors may be interested in the following classroom-based courses from the NC Division of Social Services:

Intake in Child Welfare Services, a 3-day curriculum that prepares workers and supervisors to receive and screen CPS referrals.

Intro to Supervision, a 9-day course that helps new supervisors understand their role within the agency, their strengths as a child welfare supervisor, and ways to manage change. Participants leave with concrete tools to use as they interact with staff, other supervisors, and agency administrators.

Staying Power! A Supervisor's Guide to Coaching and Developing Child Welfare Staff, a 3-day training that teaches advanced concepts, tools, and practices to enhance staff motivation and effectiveness.

For more information, class times and locations, or to register, visit the Division's learning portal at www.ncswlearn.org.

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