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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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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Making Decisions in Child Welfare

Our decisions are hard in part because they can have such a huge impact on families and children.

Decision making is a key task in most professions, and child welfare is no exception. Indeed, it is central to our work, where we must routinely answer questions such as:

- Should the agency accept this report of suspected child maltreatment?
- Can this child safely remain at home?
- Do we know enough to reach a case decision? If so, what should it be?
- If out-of-home placement is necessary, where should we place the child?
- Is it safe for this child to return home?
- If this child can't go home, how can we help her achieve permanence?

These and the other decisions we face are frequently complicated by the presence of complex issues such as abuse and neglect and their effects, domestic violence, substance abuse, poverty, and mental illness and behavioral health problems, as well as organizational challenges such as large caseloads and staff turnover.

Yet it is important that we get things right. Our state's child welfare policy requires and recommends various things to help us. For example, policy calls for the use of structured decision making tools (SDM) to support our clinical judgments. It provides decision trees to help us screen reports. And it mandates child and family team meetings (CFTs) at key decision points because their use can lead to better family outcomes. The NC Division of Social Services' OSRI/case review and monitoring teams also provide feedback to help agencies strengthen their decisions.

Even with all these supports, child welfare professionals are always looking for new ways to ensure their decisions are fair, well-informed, and lead to the best possible outcomes for children and their families. We hope this issue will be useful to you in your quest for improvement. ◆

Decision Making and Documentation at CPS Intake

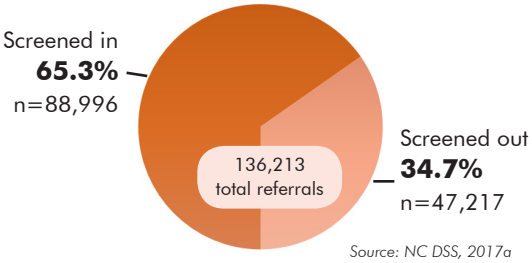
Child protective services intake is a key part of how we protect children. It's where we begin collecting information and making initial decisions about child safety. Documentation begun at intake continues throughout the family's involvement with the agency and can play a critical role in the court process.

Screening Decisions

The first decision to be made at intake is whether a referral meets the criteria for a response from CPS. If it doesn't, the referral is "screened out." If it does, it is "screened in" and a CPS assessment is initiated.

During federal fiscal year 2015, CPS agencies in the U.S. received an estimated 4 million referrals. Among the 44 states that reported

CPS Intake Screening Decisions in NC in 2015



Source: NC DSS, 2017a

both screened-in and screened-out referrals, 58.2% of referrals were screened in and 41.8% were screened out. The performance of individual states varied. For example, 15 states screened in more than the national percentage, with screen-in rates ranging from 60.7% to 98.4% (USDHHS, 2017).

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This variation is due in part to differences in state policies.

In 2015 in North Carolina, referrals were somewhat more likely to be screened in than the national average. According to the NC Division of Social Services Child Welfare Workforce Data Book there were 136,213 child maltreatment referrals in 2015. Of these, 88,996, or 65.3%, were screened in (NC DSS, 2017a).

Since 65.3% is a statewide average, the screen-in rate was above or below this in most counties. Rates outside the norm (above or below) should cause counties to stop and ask deeper questions to be sure they understand the reason for their performance. (*Counties provide this data quarterly to the Division and they have their own performance available to them.*)

Intake: Monitoring Team Insights

Insights from the NC Division of Social Services' Child Welfare Monitoring Team suggest CPS intake in NC might be strengthened. While the job of the Monitoring Team is to provide technical assistance to counties, as part of their work Monitors select and read agency records to understand whether an agency's practice is in keeping with mandated standards. Although the Monitoring Team's findings can't be generalized statewide (e.g., they are based on a non-random sample), they are of interest to agencies seeking to strengthen their practice, including CPS intake practice.

In 2016 the Division's Monitors reviewed approximately 1,800 referrals for alleged child maltreatment. They found 93% of referrals that were screened in were done so according to policy (NC DSS, 2017b).

The picture was slightly different for screen-outs. Of these, 82% were screened according to policy. Of the records that included a written justification for the screen-out decision, a third of the time the justification was insufficient. Often it merely stated the allegation did not meet the statutory definition of abuse/neglect or dependency and did not include details unique to the referral (NC DSS, 2017b).

Initiation: CFSR Findings

Agency follow-through after reports are screened in also matters. In the 2015 Child and Family Services Review (CFSR), federal reviewers found timeliness of initiating investigations of reports of child maltreatment (*Safety Item 1*) an area needing improvement in our state. Federal reviewers found shortcomings in 25% of the case records they reviewed, including "insufficient diligent efforts by caseworker to initiate within timeframe" and "delay in assigning/writing/screening intake report" (USDHHS, 2016).

When they looked at initiation, Monitors also found that just 75% of the screened-in reports they reviewed in 2016 were initiated according to policy. Often the agency did not conduct face-to-face interviews with all children living in the home within the required timeframe. When they failed to see and interview children in timeframe, agencies documented their diligent efforts to do so only 33% of the time (NC DSS, 2017b).

Implications

Documentation matters. The CFSR results and Monitoring Team findings shared above underscore how important it is for documentation to paint a clear picture of what the agency knows, what it decides based on that information (even when screening out), and the actions the agency takes based on its decisions. Poor documentation effectively erases good social work; this in turn can lead to inappropriate decisions down the line, and to poor family outcomes.

Know and follow policy. The findings we've discussed also suggest some agencies do not always follow policy. NC policy requires the use of the Structured Intake Form (DSS-1402) and offers extensive guidance and resources, including decision trees for screening various types of child maltreatment, domestic violence, human trafficking, and more.

CPS assessment policy calls for agencies to interview (not just see) all children living in the home at initiation so the agency can adequately assess the allegations and the safety and well-being of the children.

To Avoid Common Errors at CPS Intake / Initiation...

- Use manual, forms, and tools consistently and deliberately (*applies even to "veteran" workers*)
- Stress quality documentation; counties have found systematic second-party review helps
- Put a plan in place in your agency so everyone knows what to do to ensure cross-county collaboration is successful when it must occur
- Use training (in-house and NC DSS-sponsored) to ensure everyone on staff is on the same page about policy and best practices

Source: NC DSS, 2017b

Support for You and Your Agency

Thousands upon thousands of CPS referrals are made each year in our state. Each concerns a North Carolina child. County child welfare agencies are responsible for screening and responding—sometimes in partnership with each other—to these referrals to ensure the safety of these children.

The NC Division of Social Services wants to support you and your agency with this challenging task. As part of this support, the Division offers the courses *Intake in Child Welfare Services* and *CPS Assessments* at locations throughout the state on an ongoing basis. In addition, the Division offered a webinar about CPS intake and initiation in February 2017. You can register for these courses and watch a recording of this webinar by visiting the main page of the Division's online learning portal for child welfare professionals, ncswLearn.org. ◆

SDM: Tools to Support Decision Making in North Carolina

An issue about decisions in child welfare in our state would be incomplete if it did not mention SDM (Structured Decision Making). North Carolina began using this set of research-based, actuarial risk assessment tools in 2002 in an effort to:

- Structure critical decision points
- Help social workers make accurate and consistent decisions about the levels of risk for maltreatment found in families
- Provide guidance about service provision, and
- Assist with reunification and permanency planning.

Actuarial risk assessments like SDM are objective classification tools that help estimate the likelihood of future harm (Mendoza, et al., 2016).

SDM was first developed in the 1990s by the Children's Research Center (CRC). In 2008 the NC Division of Social Services contracted with CRC to conduct a validation study to ensure the tools used in this state are based on current data about North Carolina families. In 2009, in response to that validation study, the Division updated the Risk Assessment (DSS-5230) and Risk Reassessment (DSS-5226).

SDM and Outcomes

North Carolina uses SDM because evidence shows that doing so can improve outcomes for families. For example, Wagner, Hull, and Luttrell (1995) found that agencies using SDM had lower referral rates, removal rates, substantiation rates, and fewer child injuries. Johnson and Wagner (2005) found agencies using SDM had a significantly higher percentage of permanent placements.

SDM may also lead to more consistent decisions about service provision. For example, Johnson (2011) found California workers using SDM were more likely to provide in-home services to families with higher risk scores.

Monitoring Team Tips

As part of the assistance it provides to counties, the NC Division of Social Services' Child Welfare Monitoring Team often selects and reads case records. As the box below shows, the Monitoring Team asks specific questions to determine whether an agency's practice is in keeping with mandated standards around SDM.

Based on the records it reviewed in 2016, the Monitoring Team strongly urges county child welfare agencies to carefully and consistently follow SDM tool instructions. This isn't always done. For example, Monitors often see problems with identifying well-being needs of the parents on the Family Assessment of Strengths and Needs (DSS-5229). They have also seen evidence of confusion about well-being versus safety on the DSS-5229, even though these terms are clearly outlined in the instructions.

The Monitors stress how important it is to thoroughly capture the rationale for social work decisions in the case narrative as well as on SDM tools and summaries (NC DSS, 2017c).

But SDM Is Only a Tool

While the Risk Assessment and other SDM tools can promote accuracy and consistency, they can't make our decisions for us. They exist to support good clinical judgment, not replace it. In the end, decisions and judgments about children and families always come down to workers and their supervisors. ◆

SDM-Related Questions Asked by NC DSS Monitoring Team During Case Reviews

Assessments

- Was a Safety Assessment (DSS-5231) completed for the initial report?
- Did the social worker include the parents/primary caretakers in developing the safety agreement?
- Does the information on the DSS-5231 correlate with the information obtained from the interview(s) and observations?
- Was the safety agreement adequate to ensure safety?
- If the safety assessment was safe with a plan or unsafe, did the family sign the DSS-5231?
- If a safety agreement was needed, did the alleged perpetrator participate and sign the DSS-5231?
- If new information was uncovered during the assessment or the situation changed, was a new DSS-5231 and agreement completed?
- Did the supervisor review, sign, and date each DSS-5231 within 24 hours?
- Does documentation include a Risk Assessment (DSS-5230)?
- Does documentation include a Case Decision Summary/Initial Case Plan (DSS-5228)?
- If there was a decision to transfer to CPS In-Home Services or Foster Care, does documentation include the Family Assessment of Strengths and Needs (DSS-5229)?

In-Home Services

- Were the Risk Re-Assessment (DSS-5226) and Assessment of Strengths and Needs (DSS-5229) used according to policy?
- Were well-being needs, or lack of needs, documented in the well-being section of the DSS-5229?

Foster Care Services

- Were well-being needs, or lack of needs, documented in the (DSS-5229)?
- Was the Family Reunification Assessment (DSS-5227) used according to policy?

Supervisors: Suggestions for Making Sound Decisions

U.S. President Harry S. Truman famously had a sign on his desk that read "The buck stops here." If you're a child welfare supervisor, the "buck" often stops with you. You are responsible for understanding how things are going with each child and family and for contributing to—and signing off on—all the big decisions. Here are some suggestions for making sure the decisions you make with your staff are effective and sound.

Guard against common reasoning errors. The box at right shows mistakes that lead to poor decisions in our field. How can supervisors avoid—and help their staff avoid—these errors? The first step is to be aware of them, acknowledge they are indeed common, and strive to avoid them. The second is to think critically about information you obtain from both the family and collaterals.

Gather quality information. Sound decisions require good information. As supervisors, we must remind and encourage staff to slow down enough to obtain quality information so we can make informed decisions (Action for Child Protection, 2004a). Here are some tips for doing this:

- Consistently emphasize to staff the importance of planning their information gathering efforts.
- Prior to family contact, meet with staff to discuss what information they need and who to get it from.
- Coach your staff on overcoming barriers to information gathering, such as resistance from the family.
- Provide field observation and concrete feedback on interviewing skills. Coach your workers and, when needed, send them to additional training.
- Develop clear criteria for staff about what "sufficient information" entails. For example, focus with staff on:
  - Breadth: Is the information obtained about the family comprehensive? Has the worker adequately inquired about each domain of SEEMAPS?
  - Depth: Has the worker focused on understanding the family's unique situation? Does their analysis go below the surface?
  - Reliability: Is the information you have believable? Is the information from the family corroborated by other sources?
  - Pertinence: Is the information relevant and applicable to the safety, risk, or well-being concerns identified in the case?
  - Objectivity: Is the information unbiased and factual? Have we let our values or judgments influence how we interpret information?

  (Action for Child Protection, 2004b)

Use your data. Data is a powerful yet under-used tool for guiding child welfare decisions. When you consistently collect and analyze performance data for your team, you can use it to drive quality improvement activities with your staff (Reveal & Helfgott, 2012). Specifically, we recommend looking at trends in decision making, such as substantiation and out-of-home placement rates among workers. You can then use this information to provide targeted feedback, coaching, training, and support to staff to address any concerning issues or trends. To learn more about using data, NC county child welfare professionals can login to ncswLearn.org and register for the one-day course *Introduction to Child Welfare Data Sources*.

Use supervision to spark reflection. Self-reflection is a key element of critical thinking. Seize opportunities before, during, and after contact with families to encourage workers to reflect on what they know about the family and what questions they still have. Use multiple perspectives and explanations to explore and challenge the worker's thinking (Dill & Bogo, 2007) and to help them guard against the reasoning errors in the box above.

When you focus on developing employees' critical thinking and problem-solving skills, they'll be strong partners and allies for you when it is time to make thoughtful choices and well-developed plans for and with the families you serve. ◆

Common Reasoning Errors in Child Welfare

- Making a decision with insufficient information about the family.
- Being biased toward remembering either the very first information or, paradoxically, the most recent.
- Selectively remembering things that support one's own beliefs.
- Remembering information that is emotionally charged, vividly detailed, concrete, and recent more easily than information that is old, abstract, dull, or statistical.
- Being reluctant to change one's mind and/or to revise previous assessments even when there is new information.
- Fixing on one explanation/conclusion and (1) looking only for information that confirms it or (2) quickly dismissing new information that doesn't support it, rather than treating it as information that requires further testing.
- Failing to detect errors in communication, including hearing others incorrectly, writing records inaccurately, and expressing oneself in vague terms that contribute to misinterpretation.
- Giving an allegation or other information too little weight when it comes from members of the public OR giving too much weight to allegations or other information from professionals.

Source: Munro, 1999 cited in CDHS, 2010

How One NC Agency Supports Child Welfare Decision Making

A Conversation with Rowan County's Lisa Berger

Like people in other fields, when child welfare professionals get together they like to "talk shop." Typically the conversation centers around the question: how do you do things in *your* agency? Hearing how others tackle the same kinds of problems is a great way to think about our practice—and how it might be improved.

With this in mind, *Practice Notes* reached out to Rowan County Department of Social Services' Lisa Berger to talk decision making in her agency. The Child Welfare Program Administrator for her agency, Ms. Berger has 19 years experience in child welfare, most of it spent supervising a team of CPS investigators/assessors.

How has decision making changed in your time in child welfare?
I think over time we've become more family-driven. We're more mindful of respecting parental rights in our decision making, while keeping safety of the child at the forefront.

SDM has come along since you began. How did that change things?
SDM tools do help give us a snapshot of future risk for families, for children. They help us drill down to get to the root of what the family's issues are so that we can develop a better service plan if there is a finding of abuse or neglect or services needed.

Has the use of CFTs changed the way you or your agency make decisions?
The changes we've seen have been excellent. CFTs give the family choices and an opportunity to share partnership. It helps them to feel more a part of defining what's best for their family and what will meet their needs. CFTs help them see DSS isn't controlling everything about their life and their home, that they have input. It's a way for us to acknowledge that they're the experts on their own family.

Processes Rowan Uses to Support Decisions

What structures or procedures does Rowan County DSS have in place to support child welfare decisions?

Staffings. We rely a lot on staffings, which are one-on-one meetings between a supervisor and the social worker carrying the case. These start as soon as the case is assigned. In CPS assessments, staffings help ensure it's joint, two-level decision making between the supervisor and the worker. We certainly put a lot of stock in our social work staff and their child welfare decision making, but there is constant oversight throughout the life of the case.

"Staffings help ensure it's joint, two-level decision making between the supervisor and the worker."

Peer Review. When the supervisor and social worker are stuck on a case or when they feel it needs to move to in-home family services or permanency planning, we use Peer Review. This is a panel that meets weekly to provide staff a place to seek peer guidance or suggestions. Every week workers sign up if they want to present a case. Panel members change, but different social workers from every child welfare service area sign up to be on the panel. These reviews last anywhere from one to three hours, depending on how many cases are discussed.

Our attorney usually attends the first part to learn about any petitions that may need to be filed. As Program Administrator I attend as well, but I don't normally participate unless asked because I want them to work among themselves. I think many agencies use a similar process, though the terms they use may be different (e.g., joint staffings, peer staffings).

Third Party Review. This is a kind of alternative to Peer Review. It's not needed often, but if there comes a time when there's a disagreement or the supervisor or the social worker are not on the same page as far as what a decision should be, then they discuss the case with me. It is fairly rare. Our social workers and supervisors have good communication amongst themselves, they work well together. If there's disagreement, it's often about the level of severity in cases, such as whether a case should be considered improper discipline vs. physical abuse.

What's the hardest part of making child welfare decisions?
From a CPS perspective, I think it is maintaining objectivity while gathering all the facts. We've got to keep in mind that the report is just an allegation until proven otherwise.

Outside influences can be another challenge. Living in a small community, people know one another and talk about situations. They don't always understand what we do. We're not law enforcement. Our goal is to determine minimally sufficient levels of care. We've got to ensure the decisions we make are based on facts, policy, and best practice instead of being influenced by the emotion around us.

Is anxiety around decisions ever a problem?
In our agency we have an open door policy. People can come in and feel they can freely talk about anxiety they're having. We have good communication between our staff and strive to be trauma-informed in our work. Our Peer Review process helps workers understand the decisions they make are supported. It's an agency decision.

Anything else you'd like to say about decision making in child welfare?
We need to make sure we're not taking the allegations lightly, and yet we're not rushing. We've got to be thorough and feel confident in our decisions, because our decisions can affect people for a lifetime. ◆

Managing Anxiety's Influence on Decision Making

Child welfare decisions can provoke real anxiety in those who must make them. It's easy to see why: these decisions can have serious consequences. Although understandable, this is a problem, because anxiety can interfere with the quality of our decisions. What can child welfare professionals do to manage the fear that sometimes comes with decision making?

Sources of Our Anxiety

Social workers have identified many sources of anxiety that influence their decision making. These include concern about making the wrong choice, worries about the responsibility (both legal and moral) that rests on their shoulders, fear of shame and blame from other workers and other professionals, and concern about being accused of doing something wrong or bad (Taylor, 2008).

How social workers are perceived by society can also be an issue. Many feel the public has an overall negative image of their work. In focus groups social workers have described being afraid of negative reactions from the community, being ostracized by friends or family, and being seen as a bad person (Smith, 2003).

Anxiety's Impact

Anxiety can interfere with our ability to make good decisions. High levels of anxiety have been shown to affect the specific areas of the brain needed for complex decisions. In other words, the more anxiety you have about a decision, the harder it will be to make that decision using all the information at your disposal (Bergland, 2016).

Threats in the field can also hinder our thinking. Researchers looked at cortisol levels in social workers interacting with a confrontational parent. Facing this threat, especially when it was unexpected or new, workers' cortisol levels rose, invoking the flight-fight-or-freeze response (LeBlanc, 2012). Increased cortisol levels have been shown to impair verbal, social, and declarative memory and selective attention—all of which we need to make good decisions (sources cited in LeBlanc, 2012).

Some of the defenses we deploy to help us manage anxiety can also interfere with decision making. For example, social workers have been shown to use projection (blaming others), habitual or ritualized processes, and splitting (creating silos so no one team or department holds the burden). While these strategies may help us cope in the moment, they can also prevent us from seeing the complexity of the situation or blind us to the limits of our knowledge and control (Taylor, 2008).

Strategies

To manage anxiety you must first know you are experiencing it. Self-awareness is an active process that involves knowing what anxiety looks like for you (e.g., sleeping less, eating less/more, difficulty concentrating, rapid heart rate, etc.) and then taking steps as soon as you see the signs.

Here are some suggestions from Avinadav (2011) for managing anxiety through self-awareness and emotional regulation:

- Identify the source of the anxiety; explore what you are afraid of.
- Use strategies to reduce anxiety in the moment, such as deep breathing exercises or mindfulness body scans (Berceli & Napoli, 2006).
- Take steps to modify your thinking about the situation:
  - *Recognize*. Identify when your thinking goes to the negative or worst possible outcome.
  - *Evaluate*. Consider whether the situation is really so bad. Are there opportunities you didn't see at first because you jumped to being negative?
  - *Modify*. Reframe the negative aspects of your original reaction to find neutral or even positive aspects of the situation at hand.

(Note: North Carolina child welfare professionals can learn more about these techniques in the courses (one for line staff, one for supervisors) on secondary traumatic stress offered through ncswLearn.org.)

Conclusion

Tough decisions are part of child welfare. However, if we put effort and energy into understanding the stressors workers are under and help them build practical skills for managing that stress, our difficult decisions may become more manageable. ◆

Supervisors Can Help

Supervisors are in an excellent position to help child welfare social workers learn to prevent anxiety from interfering with the decision-making process—or to exacerbate the problem. After all, they are a big influence on employees' day-to-day experience. One study (Gibbs, 2001) found that in units where workers experienced supervision as a kind of surveillance, workers reported higher levels of anxiety. Yet supervisors can also have the opposite effect, fostering an organizational climate that emphasizes emotional support and professional development.

One way to do this is by devising training simulations explicitly focused on making decisions while using the kind of strategies outlined in the article above. The idea is to give workers a chance to practice the skills they need to manage stress while making tough decisions in a controlled situation. These simulation sessions can then be followed up with supervisory guidance, feedback, and support in the real world (Kleespies, 2014). This type of preparation could have a positive impact on outcomes for children and families, and on worker retention.

Choosing Better Initial Foster Care Placements

Placement stability is a core goal of the child welfare system. Why? Because frequent moves have been tied to decreased child well-being, attachment difficulties, emotional trauma, low self-esteem, and behavior problems. Kids who move a lot in foster care are also more likely to run away or experience incarceration (Rubin, et al., 2007; Chamberlain et al., 2006; sources cited in Ahluwalia & Zemler, 2003).

Because moves can be traumatizing, North Carolina policy is that every child deserves one single, stable placement in a family setting within his or her own community (NC DSS, 2016). In other words, if we must place a child in out-of-home care we want to get it right the first time.

Too Many Moves

Apparently, it isn't easy. In 2015-16, 5,332 children entered DSS custody in our state. Upon entering care most of these children were placed either with relatives (37%), in family foster care (36%), or in a group home (8%). But as Figure 1 shows, for many of these children this initial placement did not last. Many moved two, three, or four or more times that year (Duncan, et al., 2017).

North Carolina's struggle in this area was reflected in its performance on the 2015 Child and Family Services Review (CFSR), where federal reviewers found stability of foster care placements (*Permanency Outcome 1, Item 4*) to be an area needing improvement (USDHHS, 2015).

Choosing the Best Possible Initial Placement

Placement instability is a problem with causes at the child, family, and system levels. While there is no simple fix, making better initial placements may help. Here are suggestions for reflecting on and improving your practice in this area:

Focus on the match. It is common sense that placements will be more stable if we choose them by matching the child's needs to resource parent strengths. This is backed up by research, which "shows a strong correlation between a child's behavior, the foster parents' ability to deal with that behavior, and placement stability" (Semanchin Jones, 2010). To make a good match it is essential to . . .

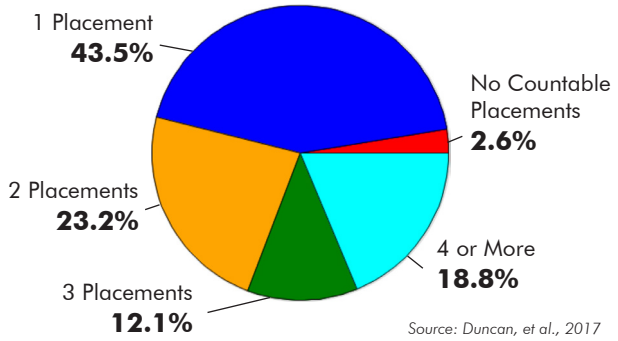
Use what you know about the child. One study (Ahluwalia & Zemler, 2003) found that agencies do not always use all the information they have about children when making placement decisions. For example, staff with the most knowledge of the child are not always very involved in placement decisions. If a placement move is needed, Ahluwalia and Zemler urge practitioners to talk with previous workers and caregivers to take advantage of what has been learned about the child.

Consistently assessing every child using a clinical or functional assessment (e.g., CAFAS, SDQ, CANS) may also be useful. This can help agencies understand children's needs and make informed leveling and other placement decisions (Chor, 2015; Doran & Berliner, 2001; Hartnett, et al., 2003).

Agencies should also take advantage of what we know about children who are most at risk for placement instability. While every child and placement is unique, research suggests moves are more likely for children who are older or who have behavioral problems, especially aggressive, destructive, or delinquent behaviors (Hartnett, et al., 2003). When placing children with these traits, clearly discuss concerns with prospective providers and build an adequate plan of support.

Figure 1

Placement Stability in the First Year for Children Who Entered DSS Custody in NC in 2015-16



Source: Duncan, et al., 2017

Get input from the child and family. Whenever possible, involve children in placement decisions. Children are more likely to understand moves and accept placements they help select (Ahluwalia & Zemler, 2003). This recommendation is in line with North Carolina policy, which requires use of child and family team meetings (CFTs) at many points, including at first placements and all subsequent moves. Even for emergency placements, agencies must call a CFT the next working day to review and evaluate the decision (NC DSS, 2016).

Know your providers. Knowing the strengths of the resource parents who will be caring for the child is the other key part of good matching. This calls for close communication between the licensing worker and the placing worker, if the agency supervises the foster family.

However, since more than half of children in DSS custody in North Carolina are cared for by private child-placing agencies, "knowing your provider" often requires a thorough exchange of information and a trusting relationship with a private agency. Know your private partners well, because agencies that are officially of the same level or type often offer very different kinds of services and structure (Doran & Berliner, 2001).

Provide full disclosure. Resource parents can make good judgments about whether they can meet a child's needs only if they know about those needs. For this reason, policy directs DSS agencies to tell resource parents as much as possible about the reason for the child's placement and the child's needs (NC DSS, 2015).

Conclusion

For more on placement decision making, see NC's child welfare policy: http://bit.ly/2mD6Bl5. ◆

How CFTs Contribute to Decision Making

A Conversation with Holly McNeill

Child and family team meetings (CFTs) are a key part of child welfare practice in North Carolina. To get insight into how CFTs contribute to decisions about children and families, *Practice Notes* spoke with one of their most ardent supporters, the NC Division of Social Services' Holly McNeill.

How do CFTs add to decision making in child welfare?

CFTs are great for deciding the "how" of an issue. In child welfare there are a lot of non-negotiable topics, such as drug treatment, safe discipline of children, supervision of children, etc. These are vital to the safety and well-being of children.

The power of the CFT comes from allowing families to choose ***how*** to fulfill these non-negotiables. Consider a parent who needs substance abuse treatment. A CFT could help them decide which program is right for them, who will help with transportation, who can assist with child care while they're in treatment, and who can help support them and hold them accountable as they get treatment.

Too often agencies have the mentality that if situation "X" arises, the response must be "Y." CFTs help us avoid this mistake. CFTs let the family craft solutions that are feasible for them while fulfilling the agency's non-negotiable need to ensure child safety.

But do important child welfare decisions really get made in CFTs?

Sure! Especially in agencies that fully embrace CFTs and are committed and invested in the process. These agencies use CFTs to help keep kids out of care, have parents help choose where their children are placed, or make parents comfortable with their child's care so they can focus on their own needs (e.g., substance abuse or mental health treatment).

Naturally, CFTs are less helpful in agencies where they are doing them in name only. When agencies aren't doing the needed preparation or they aren't truly open to the family creating their own solutions, workers do not see results and therefore may see the whole CFT process as a waste of time.

"CFTs let the family craft solutions that are feasible for them while fulfilling the agency's non-negotiable need to ensure child safety."

What about CFTs and key "small" decisions?

CFTs are great for helping parents work out the details of meeting a larger goal, such as who will help with transportation or child care, or how they will maintain communication with their child while they are separated. They can also help family and friends rally to support the child, such as helping them participate in a sport after school. CFTs can also help youth build support networks as they prepare to age out of care. Youth need to know who they can call on for advice on laundry, grocery shopping, and car repairs.

Tell us about a time when a CFT decision led to a positive outcome.

Three boys with mental health issues were coming into care just before Christmas. The extended family was fed up with the boy's parents but agreed to a CFT. They told us they would keep the boys through Christmas and then they could be placed in foster care. We explained that due to their issues, the boys would need to be placed separately, in group homes. The family asked to discuss this privately.

When we came back they said they would keep the boys and had worked out which family member would take each child and how they could maintain visits between the boys. It was a great solution for these boys. Just after Christmas one of the family members had already gone to court and been granted legal custody of the child she was caring for.

Are there things that get in the way of making decisions in CFTs?

Difficult family dynamics can be an issue. This could be a family member who dominates or bullies, people who can't be civil to each other, someone who doesn't want someone else there, someone being unwilling to own up to an issue due to fear of judgement, etc.

Relying on the fundamentals of CFTs is the solution. By adequately preparing everyone, pre-discussing needed ground rules, making people comfortable, clearly defining the decision to be made, and having a good facilitator, we can help ensure the meeting is a productive decision making tool. ◆

Benefits of CFTs

Research has shown CFTs benefit children and families. For instance, CFTs and similar family decision making processes are linked with:

- Increased likelihood the child will be reunified with parents or placed with relatives (Hall, et al., 2015; Pennell, et al., 2010; Wang, et al., 2012).
- More frequent contact between children and their families and better quality relationships between children and those family members (Hall, et al., 2015).
- Increased parent and youth satisfaction with the process (Hall, et al., 2015).
- Lower levels of anxiety for the youth (Hall, et al., 2015).
- In a study in Washington, D.C., when family team meetings occurred within 72 hours of an emergency removal, children were more likely to be placed with family and more likely to exit care through either reunification or placement with relatives (Pennell, et al., 2010).

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