

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 University of North Carolina School of Social Work.

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.

Let us hear from you!

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Focusing on CPS Intake

Child protective services intake lays the foundation for everything that follows in child welfare. It's where assessment of safety and risk begins. It is where we begin collecting and documenting information. It's a place for county child welfare agencies to partner with and educate reporters (i.e., the community). And it is where we make decisions that can profoundly alter people's lives. As one worker put it, CPS intake is often a "doorway that leads to changing a life."

This issue of *Practice Notes* is an opportunity to focus on this essential part of the child welfare system. In it you will hear from intake workers and supervisors, find intake interview tips, explore ways data can be used to strengthen CPS intake, and learn about a recommendation that North Carolina develop a central intake hotline. We hope you find this issue helpful! ♦

Intake: A Critical Part of Assessing and Ensuring the Safety of NC's Children and Youth

As the "front door" to the child welfare system, intake is one of the most important roles in child welfare. Intake is where the child protection process begins. It is where the first assessment of safety and risk occurs. All subsequent intervention depends on the quality of information obtained at intake (Casey Family Programs, 2018a).

Intake is also where we have an opportunity to educate the community about our goals of ensuring safety, permanency, and well-being for all children. It is where the public gets its first impression of the child welfare system.

Despite intake's importance, we sometimes underestimate the skill it requires. Intake is not simply listening to the reporter and recording the information they provide. Intake requires the skillful gathering of information from the reporter and agency records to:

- Identify and locate the child, parents, or primary caretaker;
- Determine whether the report meets the statutory guidelines of abuse, neglect, and dependency;
- Assess the seriousness of the child's situation; and

- Understand the reporter's motives and relationship to the family (NCDSS, 2017b).

Obtaining this level of information calls for strong interviewing skills, documentation skills, and a thorough knowledge of *continued next page*

CPS in North Carolina, 2017	
133,771	Reports to CPS intake
11,148	Average CPS reports per month
65%	Percent of reports screened in
40%	Percent of reports to CPS from education, law enforcement, and court professionals (combined)
21%	Percent of children assessed by CPS who were found to be maltreated
Parental Substance Abuse	Top reason for child abuse or neglect (True for the last four years in NC)
Neglect	Most common reason for substantiation
24%	Percent of victims under age 3
Sources: NCDHHS, 2019; USDHHS, 2019	

Critical Step continued from previous page

state policy and Chapter 7B of the Juvenile Code. After they gather this information, intake staff face myriad decisions (NCDSS, 2017b):

- What maltreatment type is alleged?
- Do we screen this report in or out, per our legal definitions and policy?
- Will this be a Family Assessment or Investigative Assessment?
- Must the response be immediate, 24 hours, or 72 hours?

These decisions must be made quickly, so that accepted reports can be assigned to a CPS assessor and initiated timely. Intake staff make these decisions with their supervisor, but the supervisor relies on the information obtained through the interviewing techniques of the worker. Intake workers must have excellent critical thinking and decision-making skills.

Furthermore, intake workers must have strong customer service skills, for they are a reflection of the child welfare system. The reporter's first contact with intake is an opportunity for the agency to "demonstrate its values in action and the seriousness with which

it approaches its role and responsibility within the community" (Casey, 2018a). Making a CPS report is a big step and can be hard, especially for reporters who have a relationship with the family. Reporters need support and encouragement for deciding to make the report, and intake has to address their fears and concerns (Capacity Building Center for States, 2018). Intake must also be ready to educate the reporter about the CPS process and next steps. We must respond with care, concern, a sense of urgency, and appreciation for the allegations being shared (Casey, 2018a).

Finally, intake is emotionally heavy work. Intake staff receive reports of abuse and neglect all day, every day, without knowing what happens to each child and family. They rarely get to see successes. They don't get to see families reunify. They don't get to initiate a case to see if the allegations are unfounded. They don't get to experience case closure. Managing the emotional toll of intake is a skill in itself.

To sum up, CPS intake staff must simultaneously gather information, calm the reporter, manage themselves, and make a host of decisions quickly. That is a tall order!

Fortunately, we have a host of tools to help intake do these things well. The intake policy, structured intake form, maltreatment screening tools, and decision trees are meant to support the intake process. These tools help ensure we make legally sound, consistent decisions about whether the agency must make contact with the family, based on the safety concerns identified in the report (NCDSS, 2017b).

Conclusion

CPS intake is an incredibly challenging job—one that has long-lasting implications, for both the child welfare system and the families and children we serve. Intake staff, we thank you for your skilled work and assistance in ensuring safety and well-being for children and families in North Carolina! ♦

How a Thorough Intake Helps All Child Welfare Service Areas

FAMILY ASSESSMENTS AND INVESTIGATIVE ASSESSMENTS

- By making the first assessment of safety (when determining the response time), intake helps communicate the urgency of the child's situation, which helps assessment workers prioritize.
- Identifying and demographic information collected at intake help the assessment worker locate the family, so timely initiation can occur. This information can also help us locate and engage absent parents.
- Because it makes timely initiation possible, intake helps us respond quickly to maltreatment concerns, so we can ensure the safety and well-being of children.
- By highlighting potential safety concerns in the home and surrounding areas, intake can help assessment workers ensure their own safety as well.
- Intake's review of agency records can reveal patterns of potential risk.

CPS IN-HOME SERVICES

- The information intake gathers on family members, collaterals, and professionals involved can help in-home staff identify who can support the family in initiating and maintaining positive change that will create a safer environment for the child.
- These individuals can also serve as placement resources if the home becomes unsafe for the child.
- Intake's review of agency records can reveal patterns about families' past level of engagement with child welfare services.
- By highlighting potential safety concerns in the home and surrounding areas, intake can help in-home workers ensure their own safety when working with families.

PERMANENCY PLANNING SERVICES

- The information intake gathers family members, collateral contacts, and professionals involved can help permanency planning staff identify who can support the family in achieving reunification or permanency for the child.
- These individuals could potentially be respite providers for the child or a placement option, if a placement disruption occurs.
- Intake's review of agency records can reveal patterns about families' past level of engagement with child welfare services.
- By highlighting potential safety concerns in the home and surrounding areas, intake can help permanency planning workers ensure their own safety when working with families.

CPS Intake: A View from the Inside

What is it like to work in CPS intake? To find out, *Practice Notes* recently asked six individuals—three intake supervisors and three intake workers—from small, medium, and large county child welfare agencies in North Carolina. Here’s what we learned.

A Crucial Role

Those we spoke with said they feel the importance of their work deeply. They know the decisions they make profoundly alter people’s lives. As one put it, CPS intake is a “doorway that leads to changing a life.”

As they respond to people reporting possible child maltreatment, intake workers ask strength-based questions, accurately document the conversation, educate reporters, and use complex decision trees to reach an initial or first-level screening decision. This usually takes 45-60 minutes, though it can take much longer.

An intake supervisor reads the report and first-level screening decision, then talks with the worker to reach a final screening decision. Every report gets this two-level review.

Some counties have staff focused exclusively on CPS intake. In others, intake staff are also responsible for a variety of other things, such as Adult Protective Services intake and community resource referrals.

High Volume Days

Because report volumes are unpredictable, staffing levels are a common concern for CPS intake units. Most of those we spoke with said they wished administrators would mobilize back-up intake staff sooner when report volumes rise.

Too many reports and too few staff can lead to what one intake worker called “no lunch and lucky to visit the restroom” days where calls from reporters get backlogged, lines form in the lobby, and requests for assists from other counties mount. Several of those we spoke to said when reports and intake callbacks pile up, they worry

more than usual about the safety of children and families.

One supervisor said her goal always is “to stay in the moment” to ensure each child and family is given full attention and policies and procedures are carefully followed.

Talking to Reporters

Although central to the work, talking to reporters is not always easy. For instance, people sometimes have false impressions of CPS based on what they have seen in the media. Others cannot provide the basic details intake staff need (e.g., full name, physical address, school location) to screen the report. Reporters can be confused or irritated when intake staff ask strength-based questions.

Those we spoke to said some reporters even believe that, because of the system they work in or their role in the community, intake staff should bypass policy and procedures to automatically screen in their reports, divulge a family’s history with CPS, or reveal whether there is a current open assessment on a family.

The people we spoke to know these challenges are part of the job. They said they simply call up their customer service skills, patiently educate callers about the CPS intake process,

Intake is tough but essential work.

and continue to ask about strengths and the other information needed to make a quality screening decision.

Friction in the Agency

Some staff we spoke with feel intake is seen as “less than” by others in their agency. Some attributed this to the fact that intake staff often do not carry caseloads; others said it was because often intake staff are paid less. Still others noted that agency leaders rarely express public appreciation for the key role CPS intake plays.

Whatever the cause, many of those we talked to said their peers frequently question screening decisions and response time assignments, and that this can come across as unfair and disrespectful. As one put it, “we use policy, not speculation, not emotions, and not friendship” when making a screening decision. No report is ever screened in with the goal of increasing someone’s caseload.

The Bottom Line

CPS intake is tough work, but it’s also essential: every other role in child welfare depends on the information intake professionals gather and the decisions they make. CPS intake workers and supervisors deserve our trust and respect for taking on this crucial, demanding job. ♦

Intake and Secondary Traumatic Stress (STS)

CPS intake is a daily stream of stories about children being harmed. This puts intake staff at risk for secondary traumatic stress. The intake supervisors we spoke with are aware of this risk and alert for signs such as:

Numbness/avoidance. These common STS symptoms can lead workers to avoid asking critical follow-up questions and therefore miss out on information needed for quality screening decisions.

Impaired judgment. The emotions stirred up by secondary trauma can negatively influence screening decisions. One supervisor said when this happens, they ask the worker to find the specific place in policy that supports the decision.

To support staff and help them manage indirect exposure to trauma, many intake supervisors lead quick one-on-one debriefings to help them explore feelings and emotions experienced from the details of the report. For the worst reports, supervisors may follow up with CPS assessments and pass the information on to intake staff to give them some sense of closure.

To learn about NC DSS-sponsored courses on managing STS, see p 7.



Tips for Conducting Effective Intake Interviews

CPS intake isn't simply listening to and documenting the reporter's comments on the intake form. Intake is a structured interview of the reporter that focuses on gaining the detailed, behaviorally specific information necessary to determine if a CPS assessment is warranted (Capacity Building Center, 2018). Because intake interviews can be challenging, we'd like to provide a few tips for conducting them effectively.



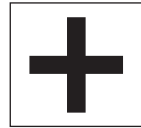
Let them speak. One of the first questions we ask at intake is, "What happened to the child?" *When the reporter begins answering, let them give a full statement without interrupting.* When we interrupt someone, it disrupts their memory and train of thought (NCDSS, 2015). Ultimately, interruptions increase the likelihood the reporter will omit important details about what is going on with the family—details we need to assess safety and risk.



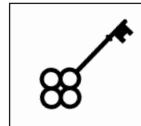
Take notes and follow up. At the same time, we know you will have follow-up questions for the reporter. While he or she is talking, *track important details you want to follow up on. Once they've shared their initial statement, proceed to your follow-up questions.* Follow-up questions should focus on who, what, when, where, and how the event allegedly occurred. We can also get more detail by giving open-ended prompts such as: "Tell me more about that" and "What happened next?"



Guide the discussion. Because of the number of questions you must ask, *be intentional about being in control of the interview*, so you can obtain the information you need during your contact with the reporter.



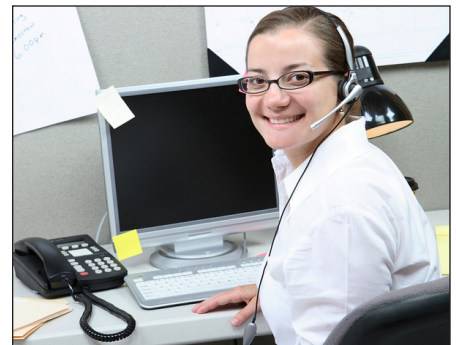
Use a strengths-based approach. Intake sets the tone for how we will work with the family. We must be family-centered in our approach, and we do this by asking about the family's strengths. Since most reporters don't expect to be asked about strengths, you may need to educate them on why you want this information and how it can be used to keep the child safe. *Asking about strengths communicates that we truly want a balanced perspective of the family.* This may even lead the reporter to give us more information about what they see going on, especially if the reporter has a personal relationship with the family (NCDSS, 2019).



Remember this key question. In general, while completing the intake interview, keep this key question in mind: *What information does the CPS assessor need to complete their assessment timely and well?*

Helpful Intake Questions

- This situation sounds serious. What do you think should happen? How would that solve this problem?
- What do you think this family should do? What are they capable of doing?
- What has the family tried before, and how did that work?
- Has anything in the past worked to resolve other issues with this family, that we could try with the current situation?
- Tell me how you will know this problem has been solved.
- It sounds like this has happened before. What have you seen the family do to sort this out?
- Are there times when the family calls on others to help them with problems? Who do they call?
- On a scale from 1 to 10, where 1 means you are certain the child is not safe and we should act immediately and 10 means the problems are solved, how would you rate the seriousness of this situation? What exactly makes it a __? What would it take to make it a few points higher?
- How much of the time would you say __ is a problem? Oh, so __% of the time it is not so bad. Can you tell me what is happening at those times?
- How well do you know the family? How do you know about these concerns? (e.g., direct observation, someone told me, etc.)
- If this problem is solved, what difference will that make to you? How will your life be different?
- Are there times when the problem you're calling about could have happened, but didn't? What was different about those times?
- Are there aspects of your relationship with the family that might influence them for the better? What have you already tried with them?
- What do you see as positive about the relationship between these parents and their children?



Source: NCDSS, 2019; Capacity Building Center, 2018

Hallmarks of Effectiveness in CPS Intake

What can child welfare systems and agencies do to make sure they get CPS intake right? To answer this question, let's consider some of the elements commonly found in effective intake systems, according to Casey Family Programs (2018a).

Consistent and Timely Response

To respond in a consistent and timely way to child maltreatment reports, agencies need enough intake staff to operate 24 hours a day, every day. To accomplish this, they must have the capacity to monitor report volumes and adjust workload levels in real time.

Emi Wyble, a Social Services Program Representative with the NC Division of Social Services, urges agencies to think carefully about how they assign staff to intake duties. "Agencies will do better if intakes are performed only by primary intake staff," she advises. "Even if this isn't possible due to county size, for consistency's sake, keep the pool of people who do intakes small."

State intake systems can be decentralized, regionalized (i.e., reports are made to regional offices), or centralized (i.e., all reports are processed through a centralized hotline). Currently NC is a decentralized system: reports are made directly to all 100 county child welfare agencies. (Click [here](#) to read about the Center for the Support of Families' recommendation that NC move to centralized intake.)

Clear Policy Guidance

To make accurate, consistent decisions at intake agencies need clear policies that include concrete definitions of abuse and neglect. Standardized decision tools also help, especially when they are accompanied by straightforward guidance and integrated into policy.

Policy around intake in NC is clear. Policy requires the use of the Structured Intake form (DSS-1402), and

the CPS Intake section of the [NC Child Welfare Manual](#) includes maltreatment screening decision trees and response priority tools.

Skilled Workforce

The effectiveness of CPS intake rests on the stability and skill of intake staff. According to Casey Family Programs, many experts believe intake staff should be the most skilled and experienced in the agency.

When hiring, agencies should look for the strong interviewing and customer services skills needed to engage and guide reporters in discussion. Once hired, intake staff require consistent training, coaching, and supervision.

Reliable Decision-Making Processes

In NC, CPS intake decisions are two-level. This means they must include a discussion between the intake worker and a supervisor (or other management position) about the tools consulted, the response priority and assessment response, and a justification for those decisions.

Emi Wyble says it is hard to overstate how important it is that intake staff participate actively in decisions. "They have firsthand knowledge of the report, so they need to be in the room and part of the discussion. To leave them out of the process down-

plays their skills and all they can bring to screening decisions."

Supervisors are also key. Their role in the process allows them to ensure the consistency and quality of screening decisions. If necessary, they also support effective intake by responding when other units question screening decisions or assigned response times, and by participating in the Quality Assurance (QA) process when there are disagreements about intake decisions (CFP, 2018b).

CQI

Continuous quality improvement (CQI) is another hallmark of effective intake practice. Record reviews and other CQI processes ensure staff are engaging reporters, gathering all needed information, and documenting that information and the decision-making process. In some states and agencies, QA units use inter-reliability tests to ensure decisions are consistent across all intake staff. For more on using data in CPS intake, see page 6.

To Learn More

For more insights on CPS intake practice from Casey Family Programs, see:

- [What are the elements of an effective hotline system?](#)
- [How do some states hire, train, and retain their hotline screeners?](#)

CPS Intake Documentation Tips

Documentation at intake should 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 (NCDSS, 2017a). For example, when documenting screen outs, writing "didn't rise to the level" isn't sufficient. This is an area NC DSS has identified as an area of concern. Workers must use specifics unique to the report to make it clear why the report was not screened in.

Intake documentation should record facts and avoid opinions or jargon. It should be based on observations of specific behaviors and conditions or obtained by asking open-ended questions to clarify opinions. When conclusions are drawn, they should be based on facts and observed behaviors.



Suggestions for Using Data to Improve CPS Intake

We encourage you to use data to assess and improve your county's performance in intake. Using data simply means collecting and analyzing information to identify what's working and what needs improvement to achieve outcomes in child welfare.

Assessing Intake in Your County

Look at your data. Your county already collects data on reports of abuse and neglect and submits it to the NC Division of Social Services (NC DSS) each quarter. You can obtain this data from the NC Client Services Data Warehouse or from X/PTR Case management reports (NCDHHS, 2018).

NC FAST, when fully implemented, will provide real time statewide data on all reports of child abuse and neglect. For counties currently in NC FAST, your data dashboards hold a wealth of information, such as how long it takes for a report to be assigned to an assessor (*H. McNeill, personal communication, Sept. 18, 2019*).

Targeted case reviews are another valuable data source. Unlike with the On-Site Review Instrument (OSRI), a targeted review does not look at the entire case. Instead, it examines specific items in the case record. For example, a targeted review of your county's intake reports might ask:

- Was this case screened according to DSS policy?
- Was the appropriate maltreatment screening tool used?
- Is there sufficient written justification of the screening decision?

Conduct record reviews. We encourage you to randomly select a number of screened-in and screened-out reports on a regular basis for a targeted case review (NCDSS, 2018). This will help you assess and monitor the consistency of intake decision making in your county. You can also use record reviews to assess how your unit is doing compared to county standards and/or whether your county is

meeting state standards. Quality Assurance (QA) staff can help with random record reviews.

Set goals. Once you've looked at your data, if there is a problem, outline goals for improving an issue, including target dates and benchmarks to track your progress. QA staff can be helpful here too, especially when identifying measures of success and pulling themes from your data.

Intake Performance Statewide

How is NC performing in CPS intake? To answer this question, we turned to data from the NC DSS program monitoring team, which reviewed 1,800 CPS reports in 2016 and found:

93% of screened-in reports were screened according to CPS policy.

- Appropriate intake tools were consulted in 86% of these reports.

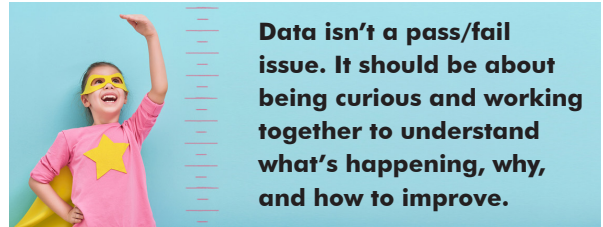
82% of screened-out reports were screened according to policy.

- Appropriate intake tools were consulted in 71% of these reports.
- Of these reports, 87% had written justification.
 - Of these justifications, only **64%** were appropriate.

Of accepted reports, **20%** were investigative assessments and **80%** were family assessments.

What these numbers tell us

- NC does a good job screening in reports according to policy, but we can do better on screen outs.
- We must use the screening tools and decision trees in the intake policy, every time. Consult the screening tool for anything that is alleged, even if you don't think the report will be screened in for that.
- We must improve written justification for intake reports. Our documentation should include behav-



iorally specific information on why the allegations don't meet the legal definitions for child maltreatment.

- If there is a notable disparity in the way your county assigns accepted reports (i.e., 20% investigative and 80% family assessments), be curious. What do you think accounts for this difference?

In addition, according to NC DSS Program Monitor Holly McNeill, the monitoring team found these trends in its spring 2019 reviews:

- **Collaterals:** There was a lack of information about collateral contacts in reports, particularly for NC FAST counties. When collateral information is not obtained at intake, fewer collateral contacts occur during the CPS assessment.
- **DV allegations:** When domestic violence is alleged, agencies are not asking enough follow-up questions to discern if there is a power and control dynamic in the family.
- **Plan of Safe Care:** Only the first county that receives notification of a substance affected infant should complete the POSC and submit it to CC4C, even if the family lives in another county. Unfortunately, in this situation both counties have been submitting this information to CC4C, resulting in duplicate data.

While all of the above may not be issues in your county, we encourage you to do a targeted review of reports to see what strengths and challenges you have around CPS intake, and to develop a plan to address any practice issues you identify. ♦

Evaluator Recommends Central Intake Hotline for NC

An external evaluator has recommended North Carolina create a 24-hour, centralized hotline for all reports of suspected abuse and neglect of children and adults. Currently reports go directly to all 100 county child welfare agencies.

The recommendation comes from the Center for the Support of Families (CSF), which the state selected in 2018 to develop a plan to reform NC's social services system.

When it analyzed data related to intake, CSF found a wide range in report screen-out rates, which "made it clear that screening criteria are not

being applied the same way across counties."

CSF believes a centralized intake hotline can correct this, if it is effectively managed with standardized training, supervision, and effective data use. Because most counties already combine child and adult protective intake functions during non-business hours, CSF recommends both be included in the hotline.

Because intake workers need immediate access to information about any history of county DSS involvement with the child and his or her family, CSF has designated the central hotline as a long-term goal, since

real time access to county CPS history will be available only when the conversion to NC FAST is complete in child welfare.

The proposal for a hotline is part of a broader reform effort driven by North Carolina's Family/Child Protection and Accountability Act (HB 630). This law required the NC Department of Health and Human Services (DHHS) and the Office of State Budget and Management to contract with a third party to craft a reform plan of the state's social services system.

CSF, which performed this assessment, issued its final report in May 2019.



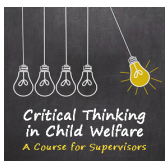
(Click [here](#) to read this report.)

DHHS intends to use CSF's report as a roadmap to improve support to and oversight of social services programs, enhance child safety, and protect children from harm.

North Carolina's General Assembly is also conducting a program evaluation to inform decision-making about the recommendation for a CPS hotline. ♦

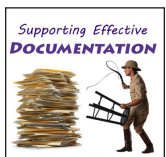
NC DSS Training to Support CPS Intake Skills

North Carolina's CPS intake workers and supervisors want and need opportunities for ongoing learning after they complete the mandatory classroom course *Intake in Child Welfare Services*. To support them, the NC Division of Social Services (NC DSS) offers the following. To learn more or register for courses below, login to your account on ncswLearn.org.



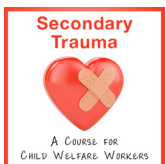
Critical Thinking in Child Welfare

Child welfare agencies need staff who can approach situations with an open mind, analyze complex information in context, and respond appropriately and creatively. This self-paced, on-demand course teaches supervisors to cultivate these essential critical thinking habits and skills in those they supervise.



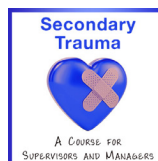
Supporting Effective Documentation

This self-paced, on-demand course teaches supervisors strategies for addressing—and preventing—common documentation problems. Through video and case examples, learners will practice identifying and correcting specific documentation issues, and they will learn effective ways to support the kind of documentation needed to make sound decisions in child welfare.



Secondary Trauma: A Course for Child Welfare Workers

Managing secondary trauma is an important piece of child welfare work. In this 1-day course you will create an individualized resilience plan to help you anticipate and respond to secondary trauma.



Secondary Trauma: A Course for Supervisors and Managers

This 2-day course for supervisors will teach you about the impact secondary trauma has on you, your team, and your agency, and what to do about it.



Using Data to Improve Practice & Performance

Combining classroom-based and live online learning, this course provides child welfare agency directors, supervisors, program managers and administrators with the knowledge and skills to implement a four-step continuous quality improvement (CQI) process. Participants learn strategies for increasing commitment, accountability, and results within their teams as well as with community partners. Part of NC's Child Welfare Supervisor Academy.



How CPS Intake and Timely Initiation Can Improve CPS Assessments

This 90-minute webinar recording explores ways to strengthen CPS intake and CPS initiation in North Carolina. (Event Date: 2/23/2017). Available here: <https://unc.live/2VNtqnc>

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