

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 recent 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!

If you would like to comment about something that appears in this or any other issue of *Children's Services Practice Notes*, please do so! Address your comments to:

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A NEW DIRECTION IN CHILD WELFARE IN NC

In child welfare services there has always been a conflict between our need to protect children and our desire to engage and support families. Child protective services professionals probably experience this tension most. With others in the field, they struggle daily to answer questions such as: When are the indications of abuse and neglect so severe children must be removed from their homes? How can we build partnerships with parents where there is suspected or substantiated child maltreatment? What is the best way to help families change so that children can remain in their homes?

The sheer volume of their work makes it difficult for many CPS workers to investigate reports *and* engage parents. In 1996, the U.S. Department of Health and Human Services estimated that more than 3 million children were reported to child protective services (CPS), which represented a 40% increase since 1987 (USDHHS, 1997).

The traditional approach to CPS further complicates matters. Many believe the problem-solving, deficit-focused approach to investigating abuse and neglect is a barrier to family engagement. Some states, including North Carolina, are now working to eliminate this barrier, which is rooted in the history of social work.

A HISTORY OF CPS

Since the beginning of their profession 100 years ago, social workers have

taken a problem-solving approach to working with families. For example, the current CPS system in the U.S. grew out of Societies for the Prevention of Cruelty to Children (SPCCs). Most SPCCs focused on rescuing children and punishing those who abused them. In the early 1900s, the more than 300 SPCCs across the country gave little attention to helping or supporting parents who had abused their children.

In the 1930s and 1940s, stress caused by the Depression and World War II made it hard for many families to care for their children. During this time, public sympathy for struggling families led to welfare and other government support. At the same time, government began to assume the work of the SPCCs, making child protection a government function for the first time. In the 1960s and 1970s, child abuse began to be treated by the medi- **see p. 2**

There's a new approach in CPS that helps agencies do a better job engaging families while ensuring child safety.

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we see ourselves as investigators and case managers and less as real service providers."

— Chuck Harris, Chief, Children's Services, N.C. Division of Social Services



A NEW DIRECTION IN CHILD WELFARE IN NC

cal community as an illness. As concern about child abuse grew, abuse was studied and quantified. Eventually, the studies of the 1960s led to the passing of the 1974 Child Abuse and Prevention Treatment Act (CAPTA, PL 93-247). CAPTA encouraged states to have mandatory reporting laws and a state registry of perpetrators and victims.

In the family-centered approach professionals work *with* the client rather than *on* the client.

Mandatory reporting laws and the national attention given to the issue of child maltreatment resulted in sharp increases in reports of abuse and neglect in the 1980s and 1990s. Reports of abuse and neglect rose 347% between 1973 and 1993 (Berg & Kelly, 2000). As agencies struggled to respond to the growing number of maltreatment reports, many children were removed from their homes, in part because most of the federal funding available for services 20 years ago was for foster care. In fact, the U.S. still relies heavily on crisis reporting and reactively-financed child welfare (Berg & Kelly, 2000).

Because of the numbers of children entering foster care, various laws were passed throughout the 1980s and 1990s to prevent unnecessary removals and to provide more prevention and early intervention services for struggling families. Some of these laws included the 1980 Adoption Assistance and Child Welfare Act (PL 96-272) and the 1993 Family Preservation and Support Act (PL 103-66). This new shift in thinking focused attention on the principles of family support and family-centered services. For the first time, the child welfare field began to move away from a problem-solving, symptom-based approach to its work.

CONCERNS ABOUT CHILD RESCUE

In part, the traditional problem-solving approach to child welfare grew out of its historical "child rescue" mindset as well as the influence of the medical profession on the field. Based on a medical model, the problem-solving approach sets up the child welfare professional as the only expert. The professional assesses the problems of families, develops a plan for fixing the problems, and then has the family carry out the plan. For the most part, families are left out of the assessment and planning process.

Traditional CPS risk assessment tools, designed to provide a uniform way to determine levels of risk in vulnerable families, provide a good example of this approach. These expert-driven tools help professionals focus on the risk factors or negative behaviors of a family, leading to a conclusion about the level of risk for that family. If risk is a problem, the professional then decides what should be done to fix it (Berg & Kelly, 2000). Today the problem-solving approach is still the basis of many risk assessments.

In fact, it is only in the last 10 years that the principles of family support and family-centered services have been applied to child protection, allowing the field to move away from the traditional approach. This particular change has recently come to North Carolina. In April 2002 the N.C. Division of Social Services replaced the state's former risk assessment tool with a new set of **structured decision-making tools**, which are much more family-centered (*for more on this, see the article on page 4*).

There are other concerns about the traditional "child rescue" approach to CPS. Most parents or caregivers see traditional CPS investigations as adversarial and accusatory. The worker must focus

continued from page 1

on determining whether the abuse or neglect occurred and on identifying the person responsible. When workers substantiate maltreatment, fewer than 20% of children are removed, even temporarily. This means that most cases are opened for services, but the overall rate of service provision is low. Although immediate safety issues are resolved before the case is closed, often the underlying causes are not. With traditional CPS, it is not uncommon to have subsequent reports on the same family.

AN ALTERNATIVE APPROACH

To address the concerns they have about traditional CPS work, some child welfare agencies and professionals embrace an alternative approach that is solution-focused, builds on a client's existing strengths and skills, and sees the client as a "repository of resources" (Berg & Kelly, 2000). Professionals applying this approach work *with* the client rather than *on* the client. In CPS work, solution-focused professionals look for exceptions to the problem and for "signs of safety," rather than focusing on problems and deficits (Turnell & Edwards, 1999). In this model, professionals approach their work from the idea of partnership, not paternalism.

In child welfare, the most influential manifestations of this alternative approach are family support principles and family-centered practice. The **family support** movement (*see Practice Notes, vol. 5, no. 1*) has always been about promoting families' optimal growth and development and ensuring safe and healthy communities for children and families. Family support services are focused on prevention and early intervention. **Family-centered** services include support for families coping with normal parenting stresses and family preserva-

cont. p. 3

tion services designed to help families facing serious problems and possible out-of-home placement (McCroskey & Meezan, 1998).

To Chuck Harris, chief of Children's Services for the N.C. Division of Social Services, "family-centeredness means that the family is kept at the heart of the process. I think that too often in the child protective services part of our work we see ourselves as investigators and case managers and less as real service providers. . . . When we have reports that are not the kind that pose imminent physical danger to children, I think we need an approach that's less investigatory in nature and more assessment and service provision in nature."

Of course, the goal of child protection has always been to protect children and to ensure they are in safe and healthy environments. Many state child protection agencies have begun to see the value of community-based prevention strategies, as well as the value of having a strengths-based, family-focused assessment and planning process, rather than an incident-focused investigative process. States that have already moved to what are now being called "community child protection" strategies have found that applying family support and family-centered service principles does not compromise child safety.

In fact, keeping children safe, promoting lifelong relationships with caring parents and guardians, and supporting the developmental needs of children at all ages can only be accomplished through an appropriate mix of these services.

NC'S NEW DIRECTION

North Carolina has been working to inte-

Other states have found that applying family support and family-centered principles does not undermine child safety.

grate a family-supportive, family-centered approach into its efforts since the early 1990s. Examples of this include the state's

involvement in the initiatives *Families for Kids* and *Family to Family*, an annual statewide conference that brings together traditional child welfare practitioners and those working in family resource centers and the family support community, and North Carolina's commitment to expanding family support and family preservation services. To institutionalize its commitment to family-centered practice, in 1996 North Carolina adopted five family-centered goals for children's services statewide (see side-bar).

Today North Carolina is exploring a different, less traditional approach to child protective services. According to JoAnn Lamm, policy and initiatives team leader for Children's Services in the N.C. Division of Social Services, "There were several things that led us to look at a different approach. First, the counties were saying that one approach was not working—it did not fit all families. Second, as part of the federal review we learned we needed to focus on a much more family-centered approach. Third, we were finding that poverty was causing us to label families as perpetrators, which is not good."

On August 1, 2002 North Carolina will pilot a new approach to child protective services in ten counties. This new approach, called the **multiple response**

RECOMMENDED BOOKS ON FAMILY-CENTERED PRACTICE

For child welfare professionals seeking to learn more about this subject, there are two excellent books about CPS practice that embrace the principles of family support and family-centered services. *Building Solutions in Child Protective Services*, by Berg and Kelly (2000), provides a framework for taking a traditional, deficit-focused CPS system and turning it into a strengths-focused, collaborative one. Berg and Kelly's model has been used in public child welfare agencies across the country. The authors integrate years of research and clinical experience, as well as years of experience within the CPS system, into their framework.

Published in 1999, Turnell and Edwards' *Signs of Safety: A Solution and Safety Oriented Approach to Child Protection Casework* also discusses how to shift from traditional to solution-focused, strengths-based CPS systems. The book espouses its philosophy, in part, through 12 practice principles for implementing their alternative approach to CPS work. Social workers in Australia, Turnell and Edwards have years of clinical and CPS experience between them.

system, embraces family support and family-centered services principles, and has been rigorously tested and evaluated in other states. North Carolina's new pilot and some other states' programs are described in the next article in this issue of *Practice Notes*. ♦

See page 7 for references.

Family-Centered Goals for Children's Services in NC

1. Community-based support for families
2. One coordinated assessment process for each family
3. One case worker or casework team for each family
4. One stable foster care placement for every child in his or her community
5. A permanent home for every child within one year

NORTH CAROLINA ADOPTS NEW APPROACH TO CPS: MULTIPLE RESPONSE

Multiple response, North Carolina's new approach to child protective services, allows for more than one response to initial reports of child maltreatment. Several states, including Missouri, Minnesota, South Carolina, Virginia, Louisiana, Florida, Washington, and Michigan, have implemented and tested multiple response systems, which have also been called "dual track," "multiple track," "assessment track," or "alternative response." These approaches recognize that reports of abuse or neglect vary a great deal and that, because of this, one approach cannot meet the needs of every family.

Without expanding existing state definitions of abuse or neglect, multiple response allows child protective services (CPS) workers to assist some families without a formal determination of abuse or neglect.

PILOT COUNTIES

In North Carolina, 10 counties will pilot the multiple response system: Alamance, Bladen, Buncombe, Caldwell, Craven, Franklin, Guilford, Mecklenberg, Nash, and Transylvania. In fact, Caldwell and Alamance county representatives have traveled to Minnesota to see similar multiple

response systems. North Carolina also brought in professionals from other states to train N.C. Division of Social Services staff and workers from pilot counties.

From what they have seen and learned so far, local staff and administrators are excited about the new approach to CPS. "It makes so much sense,"

says Susan Osborne, director of Alamance County DSS. "When you go to the doctor and he tells you that you have a tumor, you undergo surgery. But if you have a cold, the doctor would prescribe a different treatment. We were offering one solution for all problems. Many things contribute to neglect or abuse—sometimes it's a resource issue or poor decision-making. It's not always criminal child abuse."

MULTIPLE RESPONSE

Although multiple response varies from state to state in its implementation, usually there are at least two categories of response to reports. The first category includes reports that are immediately recognized as presenting serious safety issues for children and/or potential criminal charges against the alleged perpetrator. These reports go on the *investigation track*. The second category of reports includes situations in which there are needs that, if addressed, could stabilize the family and enable the parents to better care for their children. These reports go on the *assessment track*. When and how that happens varies across the country, but this two-tiered approach is what distinguishes multiple response from traditional CPS services.

In North Carolina, the **new structured decision-making tools**, implemented in April, will help CPS workers determine how to respond to families. Under the old "family risk assess-

"Research has shown that this is an effective approach that doesn't compromise child safety and that makes families more invested in the process."

— Tena Thompson,
Missouri Division
of Family Services

ment" instrument, workers had to make a decision about whether to substantiate first, then they would complete a risk assessment. With the new tools, workers complete a variety of assessments *with the family* before making a

decision, according to the N.C. Division of Social Services' Connie Polk. The new tools include a safety assessment, risk assessment, case decision summary/initial case plan, risk reassessment, case summary/family reunification assessment, and a family strengths/needs assessment.

"The former risk assessment consisted of a single tool to determine safety and risk," said Polk. "We found it wasn't meeting the needs of the workers or the families. We researched what other states and counties were doing to find the best tool. Our goal was to move to a more global assessment and to do a better job better understanding all family components – not just the family's presenting issues."

Normally, in multiple response, reports on the assessment track are not substantiated and the name of the alleged perpetrator is not entered into the state central registry of abuse and neglect. Under multiple response, substantiation is not required for a family to receive services. Instead, a family's needs dictate whether a case is opened. When serious maltreatment is uncovered during the course of an assessment, a family can be moved to the investigation track.

MISSOURI'S EXPERIENCE

In 1994, Missouri began using an alternative response approach to CPS services—"the dual-track approach." The state screened maltreatment

cont. p. 5

POTENTIAL BENEFITS

- **Families** may be more willing to engage with workers and other community resources.
- **Children** will be as safe or safer than with the current approach, since families will be more likely to accept and receive the services and support they need.
- **Workers** will have an alternative to the investigatory approach that will give them more opportunity to teach and support families, thereby addressing the root causes of maltreatment.
- **The child welfare system** may do a better job preventing abuse and neglect and therefore come to be seen by families as a partner and friendly resource. With these changes, worker turnover may be reduced.

Source: NCWRC, 2001. Adapted to reflect N.C. multiple response practice.

TRADITIONAL VS. ALTERNATIVE RESPONSES TO REPORTS OF CHILD MALTREATMENT

TRADITIONAL	ALTERNATIVE (includes Multiple Response)
Report made to hotline or agency designated to receive reports	Same
Screen report—decide if report meets statutory standard for abuse or neglect; decide if emergency response is required	Same
Assign report to investigator in child protective services	Assign report to CPS for either investigation or family assessment.
Determine if abuse or neglect can be founded or substantiated	Same if case on investigation track. If on the family assessment track, or another non-investigatory track, determine if the family is in need of services, what would be helpful, and engage family in process to accept services
If founded/substantiated, enter name of alleged perpetrator in state's central registry according to state procedures	Same for investigative track; with central registry information for other tracks
Conduct assessment to determine case plan	Make necessary referrals to arrange for services. Formal case plans are always completed
Involve court to order services or to determine need for out-of-home placement	Involve court if child has to be placed outside home, placement is voluntary, or case changes track
Provide necessary services	Same
Evaluate progress and change <u>case plan</u> as needed	Evaluate progress and <u>change approach</u> as needed
Close case	Same

reports into two categories: traditional investigation and family assessment. The family assessment track was nonaccusatory and supportive, offering services to families as soon as possible. The family was involved in developing a collaborative plan to address its problems and needs. During the initial pilot of Missouri's dual-track system, 71% of the reports were placed on the family assessment track and 29% on the investigation track.

"Staff were generally very excited to try a new approach—they weren't happy with the 'cookie-cutter approach' to this work," said Tena Thompson, children's services director for the St. Louis office of Missouri's Division of Family Services. "The community was concerned that the family assessment would have less focus on child safety than traditional CPS services. But we have had no problems—in fact, one of the complaints has been that more cases can't be on the assessment track.

"In looking at the family more holistically, we have been able to uncover more about the family—good and bad. We have been able to offer more services to the families through this approach. Our research has shown that this is an effective approach that doesn't compromise child safety and that makes families more invested in the process."

Jim Schrader, a social services worker in St. Louis, noted that he has been able to help families while not labeling them. "In the past, there was no distinction between criminal child abuse and family problems," Schrader said. "We had to indicate [a perpetrator], label the family—we could never be a teacher."

Missouri had its dual-track system rigorously evaluated by outside researchers in several pilot counties. The evaluation looked at the period prior to dual-track implementation compared to post-

implementation and also compared the pilot counties with counties not yet using the dual-track approach. A major finding of the study was that safety of children was not compromised, despite the fact that dual-track counties struggled with large caseloads and limited resources. In some circumstances, in fact, safety was improved. Other 1998 findings included:

- Hotline reports declined
- Reported incidents in which action was taken increased
- Children were made safer sooner
- Re-reports decreased
- Rates of removal of children from their homes were unchanged
- When removed from their homes, children spent less time in placement

cont. p. 8

CULTIVATING A MORE FAMILY-CENTERED APPROACH

Any professional can begin to provide more family-centered child welfare services, with or without the implementation of the multiple response system. Traditionally, child welfare has been child-focused. With the shift to family-centered practice, the family is intricately involved in the intervention. The belief that the best approach to protect children is to strengthen families acknowledges that there are times in the lives of families when they may encounter difficulties because of the stress of poverty, inadequate housing, substance abuse, domestic violence, mental illness, or other challenges.

To help professionals make this shift, they must understand the essential components of family-centered practice in child welfare:

- 1. The family unit is the focus of attention.** Family-centered practice works with the family as a collective unit, ensuring the safety and well-being of family members.
- 2. Strengthening the capacity of families to function effectively is emphasized.** The primary purpose of family-centered practice is to strengthen the family's potential for carrying out their responsibilities.
- 3. Families are engaged in designing all aspects of the policies, services, and program evaluation.** Family-centered practitioners partner with families to use their expert knowledge throughout the decision- and goal-making processes and to provide individualized, culturally-responsive, and relevant services for each family.
- 4. Families are linked with more comprehensive, diverse, and community-based networks of supports and services.** Family-centered interventions help mobilize resources to maximize communication, shared planning, and collaboration among the many community and/or neighborhood systems involved with the family.

For a look at how these family-centered components are put into practice, see the box at right.

A SNAPSHOT OF FAMILY-CENTERED PRACTICE	
Family-Centered Services	Conventional Services
<p><u>Engagement</u> Families are engaged in ways relevant to the situation and sensitive to the values of their culture.</p>	<p>Efforts focus on getting the facts and gathering information, and not in the building of the relationships.</p> <p>The assessment focuses on the facts related to the reported abuse and neglect; the primary goal is to identify the psychopathology of the "perpetrator."</p> <p>Child protective services, courts, or lawyers develop the plan without input from the family or from those who know the child.</p> <p>Biological, adoptive, and foster families have little contact with one another.</p> <p>Implementation most often consists of determining whether the family has complied with the case plan, rather than providing services and supports or coordinating with informal and formal resources.</p> <p>Alternate permanency plans are introduced only after efforts at parental rehabilitation are unsuccessful.</p> <p>Few efforts are dedicated to determining the progress of the family in reaching the plan's outcomes. Reevaluation results are often not shared with the families.</p>
<p><u>Assessment</u> The assessment protocols look at families' capabilities, strengths, and resources throughout the life of the case and are continuously assessed and discussed. Awareness of strengths supports the development of strategies built on competencies, assets and resources.</p>	
<p><u>Safety Planning</u> Families are involved in designing a safety plan with the input and support of worker/team members.</p>	
<p><u>Out-of-Home Placement</u> Partnerships are built between families and foster/adoptive families or other placement providers. Respectful, non-judgmental, and non-blaming approaches are encouraged.</p>	
<p><u>Implementation of Service Plan</u> Workers ensure that families have reasonable access to a flexible, affordable, individualized array of services and resources so that they can maintain themselves as a family.</p>	
<p><u>Permanency Planning</u> Families, child welfare workers, community members, and service providers work together in developing alternate forms of permanency.</p>	
<p><u>Reevaluation of Service Plan</u> Information from the family, children, support teams, and service providers is continuously shared with the service system to ensure that intervention strategies can be modified as needed to support positive outcomes.</p>	
<p>Source: Nat'l Child Welfare Resource Center for Family-Centered Practice. (Spring 2001). <i>Best Practice/Next Practice Newsletter</i>, (2)1.</p>	

FAMILY-CENTERED PRACTICE IN ACTION: A CASE EXAMPLE

Darrin, age 4, and Corrinne, age 3, attend a childcare center while their mother, Shawna, age 22, works at a dry cleaning business. One afternoon, the teacher in the center noticed bruises on Darrin's buttocks. She reported this to the center's social worker, Lisa. Lisa contacted the local child protection agency. This call was the fifth report to DSS on this family; the fourth was just a few months ago concerning unsanitary conditions and continual violence in the home. The father of these children, Doug, age 25, has a history of incarceration and domestic violence. Doug and Shawna were evicted from their apartment due to frequent calls to the police about their constant fighting. When Shawna separated from Doug and moved to public housing, the case was closed. However, Shawna still had fears that her children could be taken away from her.

Based on the report information, DSS placed the case in the "family assessment" track – due to allegations of environment being injurious to the welfare of the child. That evening Diane, the social worker, met with Shawna and her children at their apartment to ensure that the children were safe and to offer them emergency services.

Diane and Shawna discussed how Darrin became bruised. Shawna readily admitted "whipping" him for misbehaving and showed Diane his bruises. Shawna openly discussed with Diane her difficult living conditions and problems including lack of money, transportation, and support from relatives who were no longer willing to help her. During their discussion, Doug arrived. He was defensive and refused to answer questions. He said that he wanted people out of his personal business and stormed out of the apartment.

Diane offered Shawna and her children emergency shelter and family support services to avoid out-of-home placement. Shawna accepted. Shawna also agreed to meet the next day at a local social service agency that offered a variety of services to the community.

After this first meeting, Diane concluded that services were required for this family, but that she also would recommended additional supports to the family. There was no immediate threat to the safety of the children nor any criminal violation, and Shawna showed a cooperative attitude by accepting services that would stabilize the family.

Lisa and Diane met Shawna at the social service agency the next day. Doug was there too, encouraged by the positive approach Shawna had told him about. They explored with them what supports they had, what had worked for the family in the

past, and what they felt like they needed now. Shawna was worried about the unsafe, unsanitary living conditions in public housing, and also indicated the need for respite care. Lisa explained the various programs available to the family from local organizations, as well as the local governmental agency. Shawna was especially interested in the Mother-to-Mother mentoring program offered through a local church that provided support, parenting skills, and friendship.

Doug was quiet and withdrawn, but as he listened, he indicated that he wanted to be a better parent to his children. A neighborhood acquaintance of his helped out at the social services agency, and Doug agreed to talk with him about getting involved in a fatherhood program. Both Shawna and Doug were surprised to find out about so many other resources in their neighborhood that could help them.

Questions:

- How would this case have been treated differently if it had undergone a traditional child protective investigation?
- From what you know, were safety issues addressed?
- What are the benefits to the family of the "family assessment" track?
- What are the benefits to the local department of social services of having an "family assessment" track?

Source: *National Child Welfare Resource Center for Family-Centered Practice, Best Practice/Next Practice, 2(1), Spring 2001. Adapted to reflect N.C. multiple response practice.*

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NORTH CAROLINA ADOPTS NEW APPROACH TO CPS

from page 5

- Needed services were delivered more quickly
- Community resources were better used
- Families were more satisfied and felt more involved in decisions
- Workers and community representatives preferred the family assessment approach

NORTH CAROLINA

In North Carolina, social workers in the pilot counties anticipate that working with families from a strengths-based, family-centered perspective without labeling them will be a great asset.

“What I’ve seen is that staff are excited about multiple response—they are excited about trying something new,” said Mary Jarrett, CPS supervisor in Alamance County. “Of course, change always elicits anxiety—this *is* a paradigm shift for us. But we have heard from workers in other states that families are much more willing to engage with you. Those same workers report that their [own]

families and friends have noticed a change in them—they attribute the change to work being a much more positive environment.”

With the multiple response system, North Carolina hopes to fare better in the next round of the U.S. Department of Health and Human Services’ Child and Family Services Review (CFSR). With a portion of the CFSR focused on family-centered practice and child safety, N.C.’s multiple response system should help counties improve practice outcomes for the 2003 review. “Our best partner in ensuring safety is parents and caregivers,” said JoAnn Lamm, policy and initiatives team leader at Children’s Services in the N.C. Division of Social Services.

Each of the pilot counties will have the flexibility to implement multiple response in a way that makes sense for its community, Lamm said. Eventually, policymakers hope to take multiple response statewide. ◆

A KEY QUESTION

Talking about the new multiple response pilot, Alamance County CPS worker Leslie King acknowledged that some situations are so serious that it is not possible to take an assessment approach. “But,” she said, “I like being able to help make things better for the families that we can help. I like to ask the question: ‘What can I do to make things better so that this won’t happen again?’”

This statement is terribly important because it epitomizes the profound change in attitude multiple response demands.

To make multiple response work, North Carolina’s pilot counties will have to make many changes. None of these changes will work, however, unless CPS workers approach families in the way Leslie King does, asking each one: “What can I do to make things better so this won’t happen again?”

IN THIS ISSUE: MULTIPLE RESPONSE AND THE FAMILY-CENTERED APPROACH TO CPS

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