CHILD ABUSE AND NEGLECT
USER MANUAL SERIES

Child Protective Services:

A Guide for Caseworkers

U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau
Office on Child Abuse and Neglect

Child Protective Services: A Guide for Caseworkers

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U.S. Department of Health and Human Services
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Preface

Each day, the safety and well-being of some children across the Nation are threatened by child abuse and neglect. Intervening effectively in the lives of these children and their families is not the sole responsibility of any single agency or professional group, but rather is a shared community concern.

Since the late 1970s, the *Child Abuse and Neglect User Manual Series* has provided guidance on child protection to hundreds of thousands of multidisciplinary professionals and concerned community members. The *User Manual Series* offers a foundation for understanding child maltreatment and the roles and responsibilities of various practitioners in its prevention, identification, investigation, and treatment. Through the years, the manuals have served as valuable resources for building knowledge, promoting effective practices, and enhancing community collaboration.

Since the last update of the *User Manual Series* in the early 1990s, a number of changes have occurred that dramatically affect each community's response to child maltreatment. The changing landscape reflects increased recognition of the complexity of issues facing children and families, new legislation, practice innovations, and systems reform efforts. Significant advances in research have helped shape new directions for interventions, while ongoing evaluations help us to know "what works."

The Office on Child Abuse and Neglect (OCAN) within the Children's Bureau of the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (DHHS), has developed this third edition of the *User Manual Series* to reflect our increased knowledge and the evolving state of practice on child protection. The updated and new manuals are comprehensive in scope while also succinct in presentation and easy to follow, and they address trends and concerns relevant to today's professional.

This manual, *Child Protective Services: A Guide for Caseworkers*, examines the roles and responsibilities of child protective services (CPS) workers, who are at the forefront of every community's child protection efforts. The manual describes the basic stages of the CPS process and the steps necessary to accomplish each stage: intake, initial assessment or investigation, family assessment, case planning, service provision, evaluation of family progress, and case closure. Best practices and critical issues in casework practice are underscored throughout. The primary audience for this manual includes CPS caseworkers, supervisors, and administrators. State and local CPS agency trainers may use the manual for preservice or inservice training of CPS caseworkers, while schools of social work may add it to class reading lists to orient students to the field of child protection. In addition, other professionals and concerned community members may consult

the manual for a greater understanding of the child protection process.

This manual builds on the information presented in *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice*. Readers are encouraged to begin with that manual as it addresses important information on which CPS practice is based—including definitions of child maltreatment, risk factors, consequences, and the Federal and State basis for intervention. Some manuals in the series also may be of interest in understanding the roles of other professional groups in responding to child abuse and neglect, including:

- Substance abuse treatment providers
- Domestic violence victim advocates
- Educators
- Law enforcement personnel.

Other manuals address special issues, such as building partnerships and working with the courts on CPS cases.

User Manual Series

This manual—along with the entire *Child Abuse and Neglect User Manual Series*—is available from the National Clearinghouse on Child Abuse and Neglect Information. Contact the Clearinghouse for a full list of available manuals and ordering information:

National Clearinghouse on Child Abuse and Neglect Information
330 C Street, SW
Washington, DC 20447
Phone: (800) FYI-3366 or (703) 385-7565
Fax: (703) 385-3206
E-mail: nccanch@calib.com

The manuals also are available online at **www.calib.com/nccanch/pubs/usermanual.cfm.**

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Marsha K. Salus, M.S.W., is a social work consultant. She has worked in the child welfare field for 27 years. She began her career as a CPS worker and supervisor. She has developed several national curricula for child welfare workers and supervisors. She developed a number of preservice and inservice training programs for child welfare workers and supervisors in a variety of States. For example, Ms. Salus developed a 12-day core supervisory training program entitled "Mastering the Art of Child Welfare Supervision," which she has delivered throughout the country. In addition, she has provided training on all aspects of family violence to multidisciplinary audiences around the country. Ms. Salus has assisted State and local CPS agencies in program development and program evaluation and has worked with several States to establish standards of practice for child welfare supervision.

Acknowledgment of Prior Editions

This manual is an update of the 1992 publication *Child Protective Services: A Guide for Caseworkers* by Diane DePanfilis and Marsha K. Salus. The first edition of the manual was published in 1980 as *Child Protection: Providing Ongoing Services* by Cynthia K. Ragan, Marsha K. Salus, and Gretchen L. Schultze. Prior editions contained material based on *Child Protective Services: A Guide for Workers* by James L. Jenkins, Marsha K. Salus, and Gretchen L. Schultze, published in 1979. The prior work informed and contributed significantly to the content of this publication.

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CHAPTER 1

Purpose and Overview

Child protective services (CPS), a division within State and local social services, is at the center of every community's child protection efforts. In most jurisdictions, CPS is the agency mandated by law to conduct an initial assessment or investigation of reports of child abuse and neglect. It also offers services to families and children where maltreatment has occurred or is likely to occur.

CPS does not work alone. Many community professionals—including law enforcement officers, health care providers, mental health professionals, educators, legal and court system personnel, and substitute care providers—are involved in efforts to prevent, identify, investigate, and treat child abuse and neglect. In addition, community-based and faith-based organizations, substance abuse treatment facilities, advocates for victims of domestic violence, extended family members, and concerned citizens, among others, also play important roles in supporting families and keeping children safe from harm. Typically, CPS is the lead agency in coordinating the efforts of the various disciplines working to protect children and to educate the community about the problems of child abuse and neglect.

This manual, *Child Protective Services: A Guide for Caseworkers*, provides the fundamental information that CPS professionals must know to perform essential casework functions. The manual describes:

- The philosophical basis on which CPS is founded;
- The responsibilities of CPS and its roles and relationships with other community agencies and professionals;
- The nature of the "helping relationship" and use of authority in working with children and families;
- The purposes, key decisions, and practice issues for the following stages of the CPS process:
  - Intake
  - Initial assessment or investigation
  - Comprehensive family assessment
  - Planning
  - Service provision
  - Evaluation of family progress
  - Case closure
- The effective documentation of actions in case records and information systems;
- The strategies for casework supervision, training, consultation, and support.

Appendices to this manual include a glossary, sample casework tools, and references to additional publications and organizations with information on child protection.

Child abuse and neglect is a complex problem, and child protection is a challenging responsibility. No single publication can provide all the information needed to promote effective CPS practice, explore all of the relevant issues, or reflect the multitude of policy and practice variations in place across the country. This manual, however, provides a starting point and a solid foundation for casework practice that should be augmented through training, other professional development activities, and experience.

CPS workers are encouraged to read *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice*. That manual, the first in the series, answers the following 10 questions:

- What are the philosophical tenets of child protection?
- What is child maltreatment?
- What is the scope of the problem?
- What factors contribute to abuse and neglect?
- What are the consequences of abuse and neglect?
- What can be done to prevent abuse and neglect?
- Which laws and policies guide public intervention in child maltreatment?
- What does the child protection process look like?
- Who should be involved in child protection at the community level?
- How can organizations work together to protect children?

This manual, the second in the series, recapitulates some of the most important points of the first manual.

CHAPTER 2

Child Protective Services Theory and Practice

The basis for child protective services (CPS) is a concern for the care of children, which is expressed through laws established in every State. The legal authority and the mandates that evolved from child abuse laws are described in *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice*. These laws do not specify all that must be done to assist families and children, but they do provide a framework within which action can be taken.

This chapter further explores how CPS staff fulfill their responsibilities of protecting children at risk of child maltreatment. It begins with an expanded discussion of the philosophical tenets of child protection that are described in *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice*. The chapter continues with a discussion of the theoretical and practical framework for CPS practice. Finally, there is an examination of the competencies required of CPS workers.

Philosophy of Child Protective Services

The basic philosophical tenets of CPS include the following:

A safe and permanent home and family is the best place for children to grow up. Every child has a right to adequate care and supervision and to be free from abuse, neglect, and exploitation. It is the responsibility of parents to see that the physical, mental, emotional, educational, and medical needs of their children are adequately met. CPS should intervene only when parents request assistance or fail, by their acts or omissions, to meet their children's basic needs and keep them safe.

Most parents want to be good parents and, when adequately supported, they have the strength and capacity to care for their children and keep them safe. Most children are best cared for in their own family. Therefore, CPS focuses on building family strengths and provides parents with the assistance needed to keep their children safe so that the family may stay together.

Families who need assistance from CPS agencies are diverse in terms of structure, culture, race, religion, economic status, beliefs, values, and lifestyles. CPS agencies and practitioners must be responsive to and respectful of these differences. Further, CPS caseworkers should build on the strengths and protective factors within families and communities. They should advocate for families and help families gain access to the services they need. Often, securing access means helping families overcome barriers rooted in poverty or discrimination, such as readily accessible transportation to services.

CPS agencies are held accountable for achieving outcomes of child safety, permanence, and family well-being. To achieve safety and permanence for

children, CPS must engage families in identifying and achieving family-level outcomes that reduce the risk of further maltreatment and ameliorate the effects of maltreatment that has already occurred.

CPS efforts are most likely to succeed when clients are involved and actively participate in the process. Whatever a caseworker's role, he or she must have the ability to develop helping alliances with family members. CPS caseworkers need to work in ways that encourage clients to fully participate in assessment, case planning, and other critical decisions in CPS intervention.

When parents cannot or will not fulfill their responsibilities to protect their children, CPS has the right and obligation to intervene directly on the children's behalf. Both laws and good practice maintain that interventions should be designed to help parents protect their children and should be as unobtrusive as possible. CPS must make reasonable efforts to develop safety plans to keep children with their families whenever possible, although they may refer for juvenile or family court intervention and placement when children cannot be kept safely within their own homes. To read more about the working relationship between CPS and the court system, please refer to the user manual on working with the courts.

When children are placed in out-of-home care because their safety cannot be assured, CPS should develop a permanency plan as soon as possible. In most cases, the preferred permanency plan is to reunify children with their families. All children need continuity in their lives, so if the goal is family reunification, the plan should include frequent visits between children and their families as well as other efforts to sustain the parent-child relationship while children are in foster care. In addition, the CPS agency must immediately work with the family to change the behaviors and conditions that led to the maltreatment and necessitated placement in out-of-home care.

To best protect a child's overall well-being, agencies want to assure that children move to permanency as quickly as possible. Therefore, along with developing plans to support reunification, agencies should develop alternative plans for permanence once a child enters the CPS system. As soon as it has been determined that a child cannot

Philosophical Underpinnings of CPS

Additional sources of information on the philosophical underpinnings of CPS and other child welfare service programs include:

- Pecora, P. J., Whittaker, J. K., Maluccio, A. N., Barth, R. P., & Plotnick, R. D. (2000). *The child welfare challenge* (2nd ed.). New York, NY: Aldine de Gruyter.
- National Association of Public Child Welfare Administrators. (1999). *Guidelines for a model system of protective services for abused and neglected children and their families.* Washington, DC: American Public Human Services Association.
- Child Welfare League of America. (1999). *CWLA standards of excellence for services for abused and neglected children and their families* (revised edition). Washington, DC: Author.
- Waldfogel, J. (1998). *The future of child protection: How to break the cycle of abuse and neglect.* Cambridge, MA: Harvard University Press.
- Horejsi, C. (1996). *Assessment and case planning in child protection and foster care services.* Englewood, CO: American Humane Association, Children's Division.

be safely reunited with his or her family, CPS must implement the alternative permanency plan.

Framework for Practice

This section explains how practitioners apply the philosophical tenets described above to practice. Practitioners generally agree that a "child-centered, family-focused, and culturally responsive" framework for child welfare practice will promote the best outcomes for children.[1] This integrative framework for practice builds on five main perspectives described below:

- **Ecological perspective.** This perspective conceptualizes human behavior and social functioning within an environmental context. Personal, family, and environmental factors interact with each other to influence the family. Child maltreatment is viewed as the consequence of the interplay between a complex set of risk and protective factors at the individual, family, community, and society levels.

- **Strength-based perspective.** This perspective refers to practice methods and strategies that draw upon the strengths of children, families, and communities. Strength-based practice involves a shift from a deficit approach, which emphasizes problems and pathology, to a positive partnership with the family. The assessments focus on the complex interplay of risks and strengths related to individual family members, the family as a unit, and the broader neighborhood and environment.

- **Developmental perspective.** This perspective refers to understanding individual growth and development and family development from a lifespan perspective, and examines individuals and families interacting with their environments over the course of time. Effective case planning takes into account which interventions are effective with a specific child or family problem, in a specific environmental setting, and at a particular developmental stage.[2]

- **Permanency planning orientation.** This orientation holds that all children have a right to a permanent home. Child welfare service delivery should focus on safely maintaining children in their own homes or, if necessary, placing them permanently with other families. Interventions include a set of goal-directed activities designed to help children live in safe families who offer a sense of belonging and legal, lifetime family ties.

- **Cultural competence perspective.** This perspective requires CPS practitioners to understand the perspective of clients or peers who may come from culturally diverse backgrounds and to adapt their practice accordingly. Basic cultural competence is achieved when organizations and practitioners accept and respect differences, engage in ongoing cultural self-assessment, expand their diversity knowledge and skills, and adapt service models to fit the target populations, culture, situation, and perceived needs.[3]

Caseworker Competence

Developing CPS caseworker competence is an ongoing process. Caseworkers build competence through education, training, experience, and supervision. Examples of the core qualities, values, knowledge, and skills associated with competency in CPS are included in Exhibit 2-1.

Since the 1990s, the need for competent workers has increased. This reflects concerns about the quality of the delivery of services; the increasing complexity of child welfare cases; and the need for inter- and intra-system collaboration and coordination with the courts as well as mental health, juvenile justice, education, domestic violence, health care, and substance abuse services. It also stems from the legislative mandates of the Adoption and Safe Families Act (ASFA) of 1997,

which requires the provision of timely assessment and intervention services to the children and families served within the CPS system.[5]

In response to ongoing staffing crises, some child welfare agencies are trying to address organizational problems and overburdened staff by setting standards for worker educational background and licensure—an effort toward "re-professionalization" of child welfare.[6] To increase the competency of CPS staff, many States have developed and implemented competency-based training and certification programs. Some of these programs include readiness assessments and competency exams.

There is research that strongly suggests that higher education is essential for developing caseworker competencies. Both the National Association of Public Child Welfare Administrators (NAPCWA) and the Child Welfare League of America (CWLA) suggest that CPS staff should have a bachelor's or master's degree in social work (B.S.W. or M.S.W.) or a degree in a closely related field. Social work education appears to be related to job retention and staff stability, which helps produce better child welfare practice.[7]

An important strategy for increasing the preparedness of CPS workers is to direct Federal funding toward

Exhibit 2-1
CPS Worker Values, Knowledge, and Skills

Core Values

Belief that:

- All people have a reservoir of untapped, renewable, and expandable abilities (mental, physical, emotional, social, and spiritual) that can be used to facilitate change.
- Each child has a right to a permanent family.
- Each child and family member should be empowered to work toward his or her own needs and goals.

Commitment to:

- Using a strength-based, child-centered, family-focused practice.
- Assuring the safety of children in the context of their family.
- Practicing complete confidentiality.
- Ensuring accountability and an end-results orientation.
- Implementing quality professional practice.
- Continuing pursuit of knowledge and skills to effectively accomplish the mission of CPS.

Respect for:

- Persons of diverse racial, religious, ethnic, and cultural backgrounds, and a belief that there is strength in diversity.
- Each person's dignity, individuality, and right to self-determination.

Exhibit 2-1
CPS Worker Values, Knowledge, and Skills

Core Knowledge

Understanding of:

- Family systems, the family's environment, the family in a historical context, diverse family structures, and concepts of family empowerment.
- Individual growth and development with particular attention to attachment and bonding, separation, loss, and identity development.
- Child abuse and neglect dynamics.
- Cultural diversity, the characteristics of special populations, and the implications for assessment and intervention.
- Continuum of placement services including the foster care system, the residential care system, kinship care, placement prevention, familial ties maintenance, family reunification, and adoption.
- Services including crisis intervention, parenting skills training, family counseling, conflict resolution, and individual and group counseling.

Command of:

- Case management issues and responsibilities.
- Child welfare and child protection programs and models.
- Principles of permanency planning for children and the role of out-of-home care.

Familiarity with:

- Special problems of poverty, oppression, and deprivation.
- Substance abuse issues and their effect on children and families.
- Dynamics of community and family violence, including partner abuse and the impact of trauma.
- Direct services available to children and families in the mental health, health care, substance abuse treatment, education, juvenile justice, and community systems.
- Wraparound services available for families through the economic security, housing, transportation, and job training systems.
- Legal systems related to child welfare practice.
- Political and advocacy processes and how they relate to funding and acquiring services.

Exhibit 2-1
CPS Worker Values, Knowledge, and Skills

Core Skills

Ability to:

- Identify strengths and needs and engage the family in a strength-based assessment process.
- Take decisive and appropriate action when a child needs protection.
- Analyze complex information.
- Be persistent in approach to CPS work.
- Employ crisis intervention and early intervention services and strategies.
- Assess a family's readiness to change and employ appropriate strategies for increasing motivation and building the helping alliance.
- Function as a case manager and a team member, and collaborate with other service providers.
- Assess for substance abuse, domestic violence, sexual abuse, and mental illness.
- Work with birth families to create a permanent plan for a child in foster care, kinship care, or group care.

Aptitude for:

- Developing and maintaining professional relationships with families.
- Listening.
- Remaining flexible.
- Working with involuntary clients, including those who are hostile or resistant.
- Working with legal systems, including documentation and court testimony.
- Empowering the child and family to sustain gains and use family and community supports.

Expertise in:

- Assessing for abuse, neglect, and the safety of the child and others in the family setting.
- Negotiating, implementing, and evaluating the case plan with the family.
- Working with the family and key supports to accomplish the service agreement goals.
- Applying knowledge of human behavior and successful intervention methods with children and adolescents at various developmental stages.[4]

The Link Between Higher Education and Improved Child Welfare Practice

Research findings support the efficacy of social work education for public-sector child welfare practice. The following are highlights of several key studies:

- A national study of job requirements for child welfare workers found that turnover was consistently higher in States that do not require any academic social work preparation for child welfare positions and is consistently lower in States that require an M.S.W.[8]
- A Florida study suggested that workers without education in child welfare work were most likely to leave before 1 year.[9]
- A study by Hess, Folaron, and Jefferson found that caseworker turnover was a major factor in failed reunification efforts.[10]
- A Maryland study found that having an M.S.W. degree appeared to be the best predictor of overall performance in social service work.[11]
- A study of social service workers in Kentucky found that staff members with social work degrees were better prepared for their work than those without them.[12]
- Abers, Reilly, and Rittner found that child welfare staff with B.S.W. and M.S.W. degrees were more effective in developing successful permanency plans for children who had been in foster care for more than 2 years than were staff without these degrees.[13]

the education and recruitment of social work students into public child welfare work. The Title IV-E Public Child Welfare Education Program represents a shift in Federally funded education and training of public child welfare workers from an emphasis on traditional inservice training through workshops, conferences, consultation, and staff development, to an emphasis on university and public agency collaboration and partnership.[14] B.S.W. students report that financial support opportunities (such as loan forgiveness or stipends) and exposure to child welfare practice during their social work education program are important factors in helping them choose child welfare as a future career.[15]

For examples of State and Federal initiatives focused on increasing the competency of child welfare personnel, see *Partnerships for Child Welfare* newsletters published by the Council on Social Work Education. Available at: **www.cswe.org**.

Child welfare training information and materials can be found on the Online Network of Child Welfare Training Resources: **www.childwelfaretraining.org**.

CHAPTER 3
The Helping Relationship

Developing a helping relationship with abused and neglected children and their families is critical to changing the conditions or patterns of behavior that contributed to the risk of maltreatment. Experience has demonstrated that successful intervention and treatment depend heavily on the quality of the caseworker's relationship with the children and family.

Developing helping alliances with families and children at risk for child maltreatment is challenging because they may have a history of difficulties in forming and sustaining mutually supportive, interpersonal relationships, and they may not have had positive relationships with formal systems, such as schools, social services, or counseling services.[16] Whether one's role is interviewing family members as part of the initial assessment or investigation, or determining what must change to reduce the risk of maltreatment and improve outcomes for risk reduction, the quality of the caseworker's effort is directly dependent on his or her ability to develop a collaborative relationship.[17]

This relationship begins with the very first contact and continues to develop with ongoing caseworker and client communication and interaction. By definition, relationships have a strong emotional component. Good relationships do not just happen; they must be built. The relationship does not result from a caseworker's charismatic personality or a mystical connection between people. Rather, it is a product of the caseworker's commitment to helping the children and family, his or her ability to relate effectively on an interpersonal level, and the children and the family's willingness to be open and risk "relating" to the caseworker. Caseworkers' behavior can significantly increase the chances that a positive relationship will develop.[18]

Core Conditions of the Helping Relationship

Researchers have defined three core conditions that are essential to the helping relationship:

- Empathy
- Respect
- Genuineness[19]

A caseworker's ability to communicate these three core conditions will strongly influence whether they will build a relationship with the children and family that is characterized by cooperation or a relationship that is hostile and distrustful. Each of the conditions is described below.

Empathy

Empathy is the ability to perceive and communicate with sensitivity the feelings and experiences of

another person by being an active responder rather than a passive listener. Empathy is a process of attempting to experience another person's world and then communicating an understanding of, and compassion for, the other's experience. The caseworker should focus on the verbal and nonverbal cues, such as smiling or eye-rolling, presented by the children and family and frequently share his or her understanding of what the client has communicated. The content of the message is never ignored, but empathy goes beyond the facts, circumstances, and events of the children's and family's life and conveys an understanding of how those circumstances uniquely affect them.

Empathy builds trust and openness and helps to establish rapport between the children and family and the caseworker. Caseworkers can demonstrate empathy by:

- Paying attention to verbal and nonverbal cues;
- Communicating an understanding of the children's and family's message;
- Showing a desire to understand;
- Discussing what is important to the children and family;
- Referring to the children's and family's feelings.

In their effort to be empathetic, some new caseworkers may lose their objectivity and "over-identify" with the children's perspective or, in other cases, be so family-centered as to ignore some risk factors. It also should be recognized that some in the helping profession have been abused and may over-identify with either the child or the parent. Some signs of over-identification may include a difficulty or inability seeing a parent's strengths or being unable to see any possible positive intention behind the parent's behavior. This may make it difficult to be empathetic to other family members, which may lead to counterproductive outcomes for the family as a whole.[20]

Respect

Respect refers to the caseworker's communication of acceptance, caring, and concern for the children and family. It involves valuing the individual family members as people, separate from any evaluation of their behavior or thoughts, although this does not mean that caseworkers sanction or approve thoughts or behaviors that society may disapprove.

All human beings need to feel accepted and respected; it is especially important for abused and neglected children and their families to feel accepted and respected by their caseworker. Many abused and neglected children and their families fear or mistrust caseworkers and the social service system. The helping relationship will not be established unless the caseworker communicates respect for each person's potential. Caseworkers should believe that all people have the strength, internal resiliency, and capacity to become more competent.

Respect also means using culturally competent practice. Culturally competent practice entails:

- **Cultural awareness.** Caseworkers should understand and identify the critical cultural values important to the children and family as well as to themselves.
- **Knowledge acquisition.** Caseworkers should understand how these cultural values function as strengths in the children and family.
- **Skill development.** Caseworkers should be able to match services that support the identified cultural values and then incorporate them in the appropriate interventions.
- **Inductive learning.** Caseworkers should continue to seek solutions that include considering indigenous interventions and matching cultural values to Western interventions.[21]

Genuineness

Genuineness refers to caseworkers being themselves. This means simply that caseworkers are consistent in what they say and do, nondefensive, and authentic. They must have clear knowledge and an acceptance of the agency's authority, procedures, and policies, and of their professional role—both in its meaning to the worker and the meaning to abused and neglected children and their families. Genuineness means integrating who we are and our role in the agency with acceptance of children and families and a commitment to their welfare. If this occurs, then what caseworkers say will match their attitudes and beliefs.

However, a worker must use discretion. For example, if a caseworker feels shock, horror, or anger over a parent's abusive behavior, expressing these feelings would not be productive. In fact, it may alienate parents, causing them to be angry, defensive, or resistant. Rather, caseworkers need to be aware of their feelings and at the same time respond in a respectful manner that opens rather than closes communication.

Genuineness contributes to the helping relationship by reducing the emotional distance between the caseworker and the children and family and by helping them to identify the caseworker as another human being similar to himself or herself. Caseworkers can demonstrate genuineness by:

- Being themselves and not taking on a role or acting contrary to how they believe or feel;
- Making sure that their nonverbal and verbal responses match;
- Using nonverbal behaviors—such as eye contact, smiles, or sitting forward in the chair—to communicate trustworthiness and acceptance;
- Being able to express themselves naturally without artificial behaviors;
- Being nondefensive.[22]

Another means by which caseworkers can demonstrate genuineness is through the use of self-disclosure. When used carefully, this can be an effective method for establishing a connection between the caseworker and the client. It is important, however, that self-disclosure is used judiciously to prevent a shift in the focus from the client to the caseworker.

Techniques for Building Rapport

In addition to the core conditions and guiding principles for developing a helping relationship, there are specific techniques caseworkers can use to build rapport. The following list provides some examples:

- Approach each individual involved with an open mind.
- Find out what is important to the child and to the family. For example, do not press the issue of staying sober as the priority if that is not important to the parent or caretaker, but do explain that staying sober will speed up getting the children back if that is their priority.
- Use mirroring. Take note of words used by the child or family and try to incorporate them into your conversations.
- Listen to the child or parent's explanation of the situation without correcting or arguing.
- Ask questions rather than issuing threats or commands.
- Clarify expectations and purposes. Clearly explain the helping process and the caseworker's role in working together toward solutions.
- Help the child and parent or caretaker retain a sense of control; for example, involve them in scheduling appointments and ask how they would like to be addressed.

- Clarify commitment and obligations to the working relationship.
- Acknowledge difficult feelings and encourage open and honest discussion of feelings.
- Be consistent, persistent, and follow through.
- Promote participatory decision-making for meeting needs and solving problems.[23]

These are only a few key techniques; there are many other methods that will help build rapport.

Use of Authority in Child Protective Services

Child protective services (CPS) is an expression of a community's concern for the welfare of its citizens. Child protective services are provided because the community recognizes that children have the right to safety and that parents have obligations and responsibilities. The authority to provide these services is vested in the CPS agency and staff through laws and government policies. Competent CPS practice involves using this authority effectively. The use of CPS authority has special relevance at the initial assessment or investigation stage of the casework process, but is applicable at all other stages as well. In fact, effective use of authority is an essential ingredient in establishing helping relationships with all involuntary clients.

Authority, whatever its source, can impede or enable the development of trust between the CPS caseworker and the children and family. The constructive and positive use of authority involves (1) stating one's purpose and function clearly at all times, (2) supporting and challenging the children and family, and (3) expressing feelings. This approach provides the children and family with a feeling of confidence that the caseworker:

- Knows what he or she is doing;
- Is secure in his or her position;
- Intends the best for the child, parents, family, and society.[24]

Difficulties in Using Authority Effectively

The caseworker's effective use of authority reduces opposition and assists in engaging children and families. There are several factors in CPS work that may make this difficult:

- Even though CPS caseworkers have the legally mandated authority to investigate abuse and neglect, if they lack the children's and family's respect, they may experience difficulty influencing the change process.
- There may not be agreement between CPS, the children, and the family about what constitutes appropriate and effective intervention.
- If the caseworker is not able to overcome any negative perceptions he or she has of the children and family, it may influence engagement.
- Caseworkers may not be adequately prepared to engage families of different cultural backgrounds. As a result, families may feel "invaded" by caseworkers.[25]

Engaging the Resistant Client

Due to the involuntary nature of the majority of CPS cases, it is not unusual for families to resist offers of help. Resistance is a normal and predictable response when people feel forced to change. Caseworkers should not personalize resistance. To deal with resistance effectively, caseworkers should first change their perspective of resistance and try to see the behavior as a potential strength. How the caseworker responds to the resistance is crucial in avoiding continued abuse or escalation of inappropriate behavior. To assist in engaging resistant clients:

- Be clear, honest, and direct. Caseworkers should maintain a nondefensive stance.

- Acknowledge the involuntary nature of the arrangement. Caseworkers should explain the structure and content of intervention to the children and family.
- Be matter-of-fact and nondefensive in explaining the legal authority that permits intervention. Caseworkers should not get into a debate about authority; instead caseworkers should state what their authority is and what legal recourse the children and family may have to challenge it.
- Contact children and families in a manner that is courteous and respectful, and assess strengths as well as risks.
- Elicit the parent's concerns and wishes for assistance and convey understanding of the parent's viewpoint, including reservations about CPS involvement.
- Reduce the children's and family's opposition to contact by clarifying available choices, even when choices are constrained, by emphasizing freedoms still available and by avoiding labeling.
- Earn the respect of the children and family (and gain psychological influence) by being a good listener who strives to understand their point of view.
- Respect the right of the children and family to express values and preferences different from those of the caseworker.
- Establish feasible, small steps to help build in early success in order to recognize client efforts and progress.
- Acknowledge difficult feelings and encourage open and honest discussion of feelings.
- Reframe the family's situation. This is particularly useful when the children and family are making arguments that deny a problem or risk; it acknowledges their statements, but offers a new meaning or interpretation for them. The children's and family's information is recast into a new form and viewed in a new light that is more likely to be helpful and support change.

Techniques for Handling Hostile and Angry Situations

One form of client resistance that is particularly difficult for CPS caseworkers to manage is anger and hostility. The following are techniques for deescalating anger:

- Remain calm; try not to show fear or anxiety.
- Be firm without raising one's voice.
- Make statements simple and direct.
- Recognize and address feelings and do not take hostile statements personally.
- Offer the person a choice between positive alternatives.
- Be alert for the possibility of aggression.
- Attempt to have the person sit down, and distract him or her from the source of anger.
- Give the person lots of space; do not touch them.
- If the person attacks, use only enough force to protect yourself or restrain him or her.
- Remember it takes a person 30-40 minutes to calm down physiologically.
- After the visit, do not sit in front of the house to write notes.
- Carry a cell phone, whistle, or personal alarm and use it, if appropriate.
- Pay attention to intuition or "gut instinct," and leave if warranted.[26]

Stages of Change

All human beings are motivated to meet basic needs. Individuals frequently differ in their state of readiness to change. In addition, client readiness to change may fluctuate over time. Motivation is clearly linked to the degree of hope that change is possible. The degree to which clients are ready to change varies over time and is described in the pattern presented in Exhibit 3-1 (i.e., precontemplation, contemplation, determination, action, and maintenance).

Since most children and families are involved with CPS involuntarily, they enter the CPS system at the precontemplation stage. By the end of the initial assessment or investigation phase, it is hoped that caseworkers will have moved children and families to the contemplation stage or, even better, to the determination stage. It is essential for children and families to be at the determination stage when developing the intervention plan. If children and families have not moved to that point, the likelihood of change is compromised.

Exhibit 3-1 Stages of Change		
Stage	**Description**	**Caseworker Actions**
Precontemplation	*Sees no need to change.* At this stage, the person has not even contemplated having a problem or needing to make a change. This is the stage where denial, minimization, blaming, and resistance are most commonly present.	Provide information and feedback to raise the client's awareness of the problem and the possibility of change. Do not give prescriptive advice.
Contemplation	*Considers change but also rejects it.* At this stage, there is some awareness that a problem exists. This stage is characterized by ambivalence; the person wants to change, but also does not want to. They will go back and forth between reasons for concern and justification for unconcern. This is the stage where clients feel stuck.	Help the client tip the balance in favor of change. Help the client see the benefits of changing and the consequences of not changing.
Determination	*Wants to do something about the problem.* At this stage, there is a window of opportunity for change: the person has decided to change and needs realistic and achievable steps to change.	Help the client find a change strategy that is realistic, acceptable, accessible, appropriate, and effective.
Action	*Takes steps to change.* At this stage, the person engages in specific actions to bring about change. The goal during this stage is to produce change in a particular area or areas.	Support and be an advocate for the client. Help accomplish the steps for change.
Maintenance	*Maintains goal achievement.* Making the change does not guarantee that the change will be maintained. The challenge during this stage is to sustain the change accomplished by previous action and to prevent relapse. Maintaining change may often require a different set of skills than making the change.	Help the client identify the possibility of relapse. Then, help the client identify and use strategies to prevent relapse.[27]

CHAPTER 4

Responsibilities of Child Protective Services

According to the National Association of Public Child Welfare Administrators (NAPCWA), the mission of the child protective services (CPS) agency is to:

- Assess the safety of children;
- Intervene to protect children from harm;
- Strengthen the ability of families to protect their children;
- Provide either a reunification or an alternative, safe family for the child.[28]

CPS is the central agency in each community that receives reports of suspected child abuse and neglect; assesses the risk to and safety of children; and provides or arranges for services to achieve safe, permanent families for children who have been abused or neglected or who are at risk of abuse or neglect. The CPS agency also facilitates community collaborations and engages formal and informal community partners to support families and protect children from abuse and neglect. To fulfill its mission, CPS must provide services, either directly or through other agencies, which are child-centered, family-focused, and culturally responsive to achieve safety, well-being, and permanency for children.[29] When families are unable or unwilling to keep children safe, CPS petitions juvenile or family court on the child's behalf either to recommend strategies to keep children safe at home or to be placed in out-of-home care.

This chapter provides an overview of the seven stages of the CPS process, which are described in more detail throughout the manual.

Intake

CPS is responsible for receiving and evaluating reports of suspected child abuse and neglect, determines if the reported information meets the statutory and agency guidelines for child maltreatment, and judges the urgency with which the agency must respond to the report. In addition, CPS educates individuals who report allegations of child abuse or neglect (frequently referred to as "reporters") about State statutes, agency guidelines, and the roles and responsibilities of CPS.

Initial Assessment or Investigation

After receiving a report, CPS conducts an initial assessment or investigation to determine:

- If child maltreatment occurred;
- If the child's immediate safety is a concern and, if it is, the interventions that will ensure the child's protection while keeping the child

within the family or with family members (e.g., kinship care or subsidized guardianship), if at all possible;

- If there is a risk of future maltreatment and the level of that risk;
- If continuing agency services are needed to address any effects of child maltreatment and to reduce the risk of future maltreatment.

The terms "assessment" and "investigation" are used interchangeably in many States and territories, but they are not synonymous. Investigation encompasses the efforts of the CPS agency to determine if abuse or neglect has occurred. Assessment goes beyond this concept to evaluate a child's safety and risk, and to determine whether and what services are needed to ameliorate or prevent child abuse and neglect.[30]

The initial assessment or investigation is not just a fact-finding process; it establishes the tone for all future work that may take place with a particular family. During the initial assessment or investigation, CPS must determine whether child abuse and neglect occurred and can be substantiated and whether to conduct an evaluation to determine the risk of maltreatment occurring in the future. CPS also must establish rapport with family members and engage them in the intervention process.

Family Assessment

Once a determination of child abuse or neglect has been made and the child's immediate safety has been ensured, the next step is to conduct a family assessment. During this step, the caseworker engages family members in a process to understand their strengths and needs. In particular, the caseworker works with the family to:

- Identify family strengths that can provide a foundation for change;
- Reduce the risk of maltreatment by identifying and addressing factors that place children at risk;
- Help children cope with the effects of maltreatment.

Since the impact of child maltreatment depends on the interaction of risk and protective factors, using an ecological developmental framework for this assessment is often appropriate.[31]

Case Planning

In order to achieve the desired programmatic outcomes of CPS (i.e., child safety, child permanency, child and family well-being), interventions must be well planned and purposeful. These outcomes are achieved through three types of plans:

- A safety plan, which is developed whenever it is determined that the child is at risk of imminent harm;
- A case plan, which follows the family assessment and sets forth goals and outcomes and describes how the family will work toward these outcomes;
- A concurrent permanency plan, which identifies alternative forms of permanency and addresses both how reunification can be achieved and how legal permanency with a new family might be achieved if reunification efforts fail.

All three plans should be developed collaboratively, when possible, among the CPS caseworker, the family, and community professionals who will provide services to the family.

Service Provision

This is the stage during which the case plan is implemented. It is CPS's role to arrange, provide, and coordinate the delivery of services to children and families. When possible, the services that are selected to help families achieve goals and outcomes should be based on an appropriate match of services to goals and should use best practice principles.

When needed services are not readily available or accessible, an interim or alternative plan must be made with families.

Family Progress

Assessment is an ongoing process that begins with the first client contact, continues throughout the life of the case, and should incorporate reports from other service providers. When evaluating family progress, caseworkers focus on:

- Ensuring the child's safety;
- Reducing the risk of maltreatment;
- Addressing successfully any of the effects of maltreatment on the child and family;
- Achieving the goals and tasks in the case plan;
- Achieving family-level outcomes.

Case Closure

The process of ending the relationship between the CPS worker and the family involves a mutual review of the progress made throughout the helping relationship. Optimally, cases are closed when families have achieved their goals and the risk of maltreatment has been reduced or eliminated.

Some closings occur because the client discontinues services, and the agency does not have a sufficient basis to refer the situation to juvenile or family court. Other cases are closed, however, when families still need assistance. When this happens, the caseworker should carefully document what risks may still be present so this information is available should the family be referred to the agency at a later time. At the time of closure, workers should involve the family in a discussion about what has changed over time and what goals they may still have. When family needs are still apparent and are outside the scope of the CPS system, every effort should be made to help the family receive services through appropriate community agencies.

CHAPTER 5
Intake

Intake is the first stage of the child protective services (CPS) process and is one of the most important decision-making points in the child protection system. It is the point at which reports of suspected child abuse and neglect are received. Information gathered by caseworkers is used to make decisions regarding safety (e.g., Is the child at risk of imminent harm?), risk (e.g., What is the likelihood that maltreatment will occur sometime in the future?), and the type of CPS response required. At intake, caseworkers also perform a critical public relations function by responding professionally and sensitively to the concerns raised by community professionals and citizens, and by clarifying the role of the agency regarding referrals of suspected abuse or neglect. Referrals are accepted from all sources, and each report is treated as a potential case of child maltreatment.[32]

Intake Process

Specific guidelines for conducting the intake process vary from State to State and community to community. In general, caseworkers must:

- Gather sufficient information from the reporter and agency records to be able to:
  - Identify and locate the children and the parents or primary caregiver;
  - Determine if the report meets the statutory and agency guidelines for child maltreatment;
  - Assess whether the child is safe;
  - Evaluate the motives of the reporter.
- Provide support and encouragement to the reporter by:
  - Explaining that the purpose of CPS is to protect children and strengthen families;
  - Emphasizing the importance of reporting and explaining the process in which the report will be tracked;
  - Describing the types of cases accepted by CPS as well as the types of information needed from the reporter;
  - Responding sensitively to the fears and concerns of the reporter;
  - Discussing the State's regulations regarding confidentiality, including the circumstances under which a reporter's identity may be revealed (e.g., if required by court action in a particular case).
- Handle emergency situations such as:
  - Calming the caller;
  - Determining how to meet the immediate needs of the child and family being reported.

- Check agency records and the State's central registry (if appropriate) to determine if the family or child is known or has been reported to the agency previously.

Gathering Information from Reporters

The more comprehensive the information provided by the reporter, the more experienced caseworkers are able to determine the appropriateness of the report for CPS intervention; whether the child is safe; and the urgency of the response needed. State and local child protection agencies have guidelines for information-gathering at intake. In general, caseworkers should obtain information on:

- **The contact information for the child and family,** which helps to locate the child and family and determine if the child is at immediate risk of harm;
- **The alleged maltreatment,** including type, nature, severity, chronicity, and where it occurred;
- **The child,** including the child's condition and behavior, which helps in evaluating whether the child is in immediate risk of harm or danger and determining the urgency and type of the response;
- **The parent or caregiver,** including their emotional and physical condition, behavior, history, view of the child, child-rearing practices, and relationships outside the family;
- **The family,** including family characteristics, dynamics, and supports.

Exhibit 5-1 presents more detailed information that should be collected from the reporter within each of these areas. Although not every reporter will have all the information described, it is important to attempt to gather it to guide the investigation and ensure the appropriate decisions at intake. This may be the only opportunity the agency has to talk with the reporter.

Exhibit 5-1 Sample Information to Obtain from Reporter During Intake			
Demographic Information			
Child: • Name • Age (date of birth) • Sex • Race • Permanent address • Current location • School or daycare attending	**Parents or Caregivers:*** • Name • Age (date of birth) • Race • Relationship to the child • Permanent address • Current location • Place of employment • Telephone number(s) * If the person alleged to have maltreated the child is a caregiver other than the child's parents, the above information should be gathered about both the parents and caregiver.	**Family Composition:** • Names • Ages (dates of birth) • Sex • Race • Location of all children in the family • Names, ages, and location(s) of other children in the alleged maltreater's care • Names of other relatives and nonrelatives living in the home, if the maltreater is not the birth parent (e.g., a babysitter, boyfriend, stepparent) • Names, addresses, and telephone numbers of other relatives and their relationship to the child • Names, addresses, telephone numbers, and other sources of information about the family	**Reporter:** • Name • Address • Telephone number • Relationship to the child or family • How they learned of alleged maltreatment

Exhibit 5-1 Sample Information to Obtain from Reporter During Intake			
Information Regarding the Alleged Maltreatment			
Type(s): • Physical abuse • Sexual abuse • Neglect • Emotional maltreatment	**Nature of Maltreatment:** (Specific characteristics and parental acts or omissions) • Physical abuse: burning, beating, kicking, biting, and other physical abuse • Neglect: abandonment, withholding of needed medical care, lack of supervision, lack of adequate food or shelter, emotional deprivation, failure to register or send to school, and the effects of exposure to partner abuse • Sexual abuse or exploitation: fondling, masturbation, oral or anal sex, sexual intercourse, viewing or involved in pornography or forced prostitution • Emotional maltreatment: constant berating or rejecting treatment, scapegoating, and bizarre/cruel/ritualistic forms of punishment	**Severity:** • Extent of the physical injury (e.g., second- and third-degree burns on half of the child's body) • Location of the injury on the child's body • Extent of the emotional injury to the child (e.g., suicidal behavior, excessive fear of the parents or caregivers) **Chronicity:** • Prior incidents of abuse or neglect • How long the abuse or neglect has been occurring • Whether abuse or neglect has increased in frequency or remained relatively constant	**Location:** • Setting where abuse or neglect occurred (e.g., home, school, supermarket)

Exhibit 5-1
Sample Information to Obtain from Reporter During Intake

Examples of Information Regarding the Parents or Caregivers

Emotional and Physical Condition:

- Expresses feelings in positive and healthy ways
- Misuses drugs or alcohol
- Suffers from physical illness
- Suffers from mental illness

Behavior:

- Good impulse control
- Awareness of triggers that cause them to be angry
- Engagement in violent outbursts
- Engagement in bizarre or irrational behavior
- Possession of weapons in the home
- Abuse of pets

View of the Child:

- Empathizes with the child
- Views the child as bad or evil
- Blames the child for the child's condition

Relationships Outside the Home:

- Friends and the quality of those friendships
- Social and emotional isolation

Child-rearing Practices:

- Realistic and age-appropriate expectations of the child
- Extent to which use of inappropriate verbal or physical punishment as the first response to misbehavior
- Knowledge of different disciplinary techniques appropriate for the child's age and developmental status

Examples of Information Regarding the Child

Child's Condition:

- Physical condition
- Emotional condition
- Disabilities or impairments
- Strengths

Child's Behavior:

- Extremes in behavior
- Appropriateness of behavior given child's age and developmental level

Exhibit 5-1 Sample Information to Obtain from Reporter During Intake		
Examples of Information Regarding the Family		
Family Characteristics: • Single parent or blended family • Adequate family income • Parents employed • Flow of strangers in and out of home • Evidence of drug dealing in the home	**Family Dynamics:** • Serious marital conflict • Partner abuse • Disorganization and chaos	**Family Supports:** • Extended family members who are accessible and available • Relationships with others outside the family • Connections in the community, such as houses of worship

Gathering this detailed information is essential to determine if the child is safe and how quickly contact with the family must be made to assure safety. It also enables caseworkers to identify the victim, the parent or caregiver, and the maltreater (if different from the parent or caregiver), and to determine how to locate them so that the initial assessment or investigation can be conducted. In addition, information from the reporter may identify other possible sources of information about the family and the possibility of past, current, or future abuse or neglect. Finally, it will assist the caseworker responsible for the initial assessment or investigation in planning the approach to the investigation in an accurate and effective manner.

Providing Support to Reporters

Reports of child abuse and neglect are most often initiated by telephone and may come from any number of sources. Each reporter should be given support and encouragement for making the decision to report. In addition, the reporter's fears and concerns should be elicited and addressed. These can range from fear that the family will retaliate to fear of having to testify in court.

It is often very difficult for the reporter to make the call. The telephone call usually comes after much thought has been given to the possible consequences to the child and family. More than likely, the reporter has considered that it would be easier just to do nothing or that the CPS system may not be able to help the family. It may be difficult for a reporter to think that this call will actually help the family rather than hurt it. Simple verbal reassurances or a follow-up letter that expresses the agency's gratitude to the reporter for taking the initiative to call can make the difference in the reporter's future willingness to cooperate.

Intake Information Analysis

Upon receiving a referral, the intake worker or caseworker attempts to gather as much information as possible about each family member; the family as a whole; and the nature, extent, severity, and chronicity of the alleged child maltreatment. Once the initial intake information is collected, the caseworker conducts a check of agency records or, in some States, a central registry to determine any past reports or contact with the family. Then the caseworkers must

collect and analyze the information and determine if it meets the following criteria.

Statutory and Agency Guidelines

This determination is made by comparing the data collected to State law regarding the definition of child abuse and neglect and the requirements for State or county response; agency policies interpreting the laws and practice standards; agency or office customs regarding further refinement of definitions; required response times; and practical issues, such as jurisdictional authority or caseload management.[33]

Credibility

An essential step in the intake process is determining the consistency and accuracy of the information being reported. In some locations, the intake workers take all reports and the investigator determines the credibility of the report; in other locations, the intake workers determine the credibility of the report. Sometimes caseworkers question the validity of the report suspecting it may be influenced by a contentious divorce, custody battle, or bad neighbor relationships. Regardless of suspicions about the motives of the reporter, if the allegations meet the statutory and agency guidelines, the case must be accepted.

A number of questions will help caseworkers evaluate the credibility of the report:

- Is the reporter willing to give his or her name, address, and telephone number?
- What is the reporter's relationship to the victim and family?
- How well does the reporter know the family?
- Does the reporter know of previous abuse or neglect? What has led him or her to report now?
- How does the reporter know about the case?
- Does the reporter stand to gain anything from reporting?
- Has the reporter made previous unfounded reports on this family?
- Is the reporter willing to meet with a caseworker in person if needed?
- Does the reporter appear to be intoxicated, extremely bitter, angry, or exhibiting behavior that makes the caseworker question his or her competency?
- Can or will the reporter refer CPS to others who know about the situation?
- What does the reporter hope will happen as a result of the report?
- Does the reporter fear reprisal from family?
- Does the reporter fear self-incrimination? For example, due to substance-abusing behavior or participation in physically abusive behavior.

When an Initial Assessment or Investigation Is Warranted

One of the primary decisions in the intake process is whether or not to accept a report for a CPS investigation. This decision is based on the law, agency policy, and information about the characteristics of the case that are likely to indicate, or result in, harm to the child. The appropriateness of this decision depends on the ability of the caseworker to gather critical and accurate information about the family and the alleged maltreatment and to apply law and policy to the information gathered.[34]

States have different criteria and tools for acceptance of the report. Some of the steps caseworkers should take in making this decision include:

- **Referring to State law.** The law defines what is considered child maltreatment under State

statutes. These definitions are the caseworkers' ultimate source of guidance.

- **Reviewing agency policies.** Agency policies include State and local guidelines. They may have additional information regarding definitions and how to respond to different types of reports.

- **Discussing with the supervisor how these guidelines are implemented in the office.** Sometimes customs develop among caseworkers or units that may not reflect agency guidelines. This often occurs as a result of many years of practice and improvisation over time. Unfortunately, these adaptations to circumstances may lead caseworkers away from carrying out their mandated responsibilities.

Whether to accept a case for initial assessment or investigation or to refer it to other community agencies depends on the following:

- If the child appears to be at risk of harm due to circumstances other than direct parental or caregiver maltreatment, are there other agencies that can intervene quickly enough to guard the safety of the child? For example, in cases of partner abuse with the child in the home, the police are often the most appropriate first responders. CPS also may need to be involved if it is determined that there is potential for harm to the child.

- Problems that may be more appropriately served by other agencies include parental substance abuse, parental or child physical or mental illness, developmental disability, lack of resources to meet basic needs, lack of information about appropriate parenting, lack of sufficient support systems during a crisis, lack of daycare, the child's constant truancy, or severe learning problems that do not endanger the child.

- The circumstances that could result in imminent danger to the child should be determined, as well as whether a referral to an appropriate agency will ensure service delivery; whether the connection between appropriate services and the family is so tenuous that the child may not receive the needed intervention, thereby requiring protective intervention; or whether an initial report focused on the need for other services is masking other, more serious, dangers to the child.

This decision is based on having accurate and comprehensive information as well as the ability of the worker to assess and use the information to develop a clear picture of the situation and to apply the law and policy to the case. Agency screening tools can be helpful in making this decision.[35]

Immediate Risk

Determining the urgency of the response to the report is essential to the safety assessment. CPS's primary concern should be to establish whether the child is safe, pending a face-to-face contact by the agency or another professional trained in assessing safety.[36] Many States have their own criteria for response times based on the nature of the report. The criteria considered are the level of severity of the incident or the harm to the child, the person responsible for the alleged abuse or neglect, and the family's situation.[37]

Response Time

Once it has been determined that an initial assessment or investigation is warranted, the next step is to determine the safety of the child and how quickly CPS must respond to the case. Many States have their own criteria for response times based on the nature of the maltreatment and the family situation.

The following factors generally are used by CPS agencies to distinguish between reports that require an immediate response, reports requiring a response within 24 hours, and reports that require a CPS response but do not involve immediate or continuing danger of serious harm to the child. CPS should respond immediately when:

- The child's injury is severe or the alleged maltreatment could have resulted in serious harm—for example, shooting a gun, pushing a child down the stairs, locking a child in a small enclosed space, not providing enough food to eat over an extended period of time, or locking a toddler out of the house without supervision.
- The child is particularly vulnerable because of age, illness, disability, or proximity to the alleged perpetrator, or the child is a danger to himself or herself, or others.
- The behavior of the parent or caregiver, including an inability to take care of the child, is known to have caused harm or endangered the child or others. Or the behavior of the parent or caregiver is unpredictable and could result in serious harm to the child.
- There is no person who is able and willing to act on the child's behalf in the time that is required to keep the child safe long enough for CPS to intervene within normal time frames.
- The family is likely to flee the area with the child or abandon the child.
- The report involves child sexual abuse, and the child continues to have contact with the alleged perpetrator.
- The child has current physical injuries that need to be documented, such as photographing injuries or measuring bruises.[38]

Case Examples

The caseworker must examine the total picture to evaluate if there is a clear opportunity for the child to be seriously harmed if there is no immediate intervention. To determine how quickly the agency must respond to a particular case, caseworkers must consider the factors that individually present a risk

Case Examples

A Case Requiring an Immediate CPS Response:

A single mother who has been diagnosed as having paranoid schizophrenia is having delusions of killing her 6-month-old infant. The mother stopped taking her medication (often required when pregnant) and has been drinking heavily. The community psychiatric nurse who has been visiting the home weekly was told by the mother never to come back.

A Case Requiring a CPS Response Within 24 Hours:

A daycare provider reports a 3½-year-old child because he has bruises and welts on his buttocks. The child provides three different stories of how they occurred, none of which seem plausible. There are no previous reports of maltreatment and the daycare provider who has been caring for this child for 18 months has never seen bruises before. The daycare provider reports that the mother drops off and picks up the son. The child is very active, difficult to manage, and has attempted to hurt other children.

A Case Not Requiring a CPS Reponse Within 24 Hours:

During the first 3 months of school, the children of a single mother were absent over one-half of the days. When the 7-year-old girl and 10-year-old boy do come to school, they have severe body odor and dirty clothes. The school nurse treated the children for lice and scabies, and the 7-year-old falls asleep in class. The school has contacted the mother, who has not followed through with any of her commitments regarding the children.

to the child, as well as any factors (such as domestic violence or substance abuse) that in combination present an even greater risk to the child. The presence of several factors and one or more combinations of factors requires an immediate response by CPS.

Importance of Community Education in Reporting

CPS is dependent on the general public and community professionals to report suspected child abuse and neglect. CPS is responsible for educating the community on how to identify suspected child maltreatment and what types of referrals are appropriate. Intake provides an important opportunity to educate the public regarding the types of cases that should be reported to CPS, the type of information needed in a report, and CPS's initial assessment or investigation and intervention efforts. In addition, it is essential to treat reporters professionally and with respect and sensitivity. Communication and interaction at the intake stage affect how the community views CPS and influence the community's willingness to report cases in the future.

Community Partners in Child Protection

Because child abuse and neglect is complex and multidimensional, CPS alone cannot effectively intervene in the lives of maltreated children and their families. A coordinated effort that involves a broad range of community agencies and professionals is essential for effective child protection. (These roles and responsibilities are outlined in more detail in the user manual, *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice*.) CPS must take a lead role in developing and maintaining collaborative relationships with potential referral sources, law enforcement officials, and other professionals who investigate the presence of maltreatment, and with professionals and agencies that provide medical and mental health evaluation and treatment.

Over the past 10 years, promising, community-based child protection initiatives have been implemented that broadened the base of responsibility for supporting families and protecting children. Initially, model programs evolved from targeting intervention activities in high-risk neighborhoods and rebuilding a sense of community toward empowering individual families by teaching and mentoring, building on strengths, and respecting cultural diversity.[39] More recent child welfare reforms have focused on a more flexible and differential response for investigating reports of child abuse and neglect, including the diversion of low- and moderate-risk families to community-based services.[40]

For more information on developing partnerships, check other manuals in the series by visiting **www.calib.com/nccanch/pubs/usermanual.cfm.**

CHAPTER 6

Initial Assessment or Investigation

Caseworkers feel pressure from many different directions—children, families, statutory and agency expectations, and themselves. Family members who are reported to child protective services (CPS) typically feel embarrassed, defensive, angry, confused, threatened, and helpless. As families experience these feelings, they need the CPS caseworker to provide them with information to understand what they are accused of, what may happen, what the next steps are, what they can expect from the agency, and what they are expected to do. The agency expects the caseworker to meet the statutory deadlines by quickly gathering information about the children and family and determining if maltreatment occurred, the likelihood that it will occur again, and the threat of immediate serious harm to the child. At the same time caseworkers should manage their own fears and doubts—Is the child really safe? What else could I have done?[41]

This chapter describes the purposes of the initial assessment or investigation—to gather and analyze information in response to CPS reports, to interpret the agency's role to the children and families, and to determine which families will benefit from further agency intervention. After interviewing all parties and gathering all relevant information, CPS caseworkers must determine whether maltreatment has occurred and can be substantiated. In most States, CPS staff are mandated by law to determine whether the report is substantiated or founded (meaning that credible evidence indicates that abuse or neglect has occurred) or whether the report is unsubstantiated or unfounded (meaning that there is a lack of credible evidence to substantiate child maltreatment—but does not mean it did not necessarily occur). Depending on State law, CPS agencies usually have up to 30, 60, or 90 days after receiving the report to complete the initial assessment or investigation. A major part of the initial assessment or investigation includes determining whether there is a risk or likelihood of maltreatment occurring in the future and whether the child is safe (not at risk of imminent, serious harm). In addition, CPS caseworkers must decide whether ongoing services to reduce risk and assure child safety should be provided by the CPS agency or other community partners. This chapter addresses the following:

- Effective initial assessment or investigation characteristics
- Initial assessment or investigation decisions
- Initial assessment or investigation processes
- Interviewing techniques
- Community involvement
- Special practice issues

Effective Initial Assessment or Investigation Characteristics

In cooperative investigations, CPS workers form an alliance with both the children and family. In a well-handled investigation, the worker:

- Involves the children and family during the exploration of the allegations to gain their perceptions of the allegations;
- Focuses on the children's, the parent's, and the family's strengths and resources; their plans for building protective factors; and past and present actions to protect the children;
- Listens carefully to the family's experience to make sure they know they have been heard and understood;
- Demonstrates sensitivity and empathy regarding the anxiety experienced by the children and family;
- Communicates clearly and openly CPS's statutory role;
- Focuses on small steps, making sure the children and family understand each one;
- Involves the children and family in the decisions that affect them by providing choices and opportunities for input;
- Demonstrates flexibility in the interview;
- Focuses on gathering comprehensive information rather than trying to identify solutions, which is best left for later in the casework process.[42]

Initial Assessment or Investigation Decisions

To make effective decisions during the initial assessment or investigation process, the CPS caseworker must have competent interviewing skills; be able to gather, organize, and analyze information; and arrive at accurate conclusions. Critical decisions that must be made at this stage of the CPS process include the following:

- Is child maltreatment substantiated as defined by State statute or agency policy?
- Is the child at risk of maltreatment, and what is the level of risk?
- Is the child safe and, if not, what type of agency or community response will ensure the child's safety in the least intrusive manner?
- If the child's safety cannot be assured within the family, what type and level of care does the child need?
- Does the family have emergency needs that must be met?
- Should ongoing agency services be offered to the family?

Decision Point One: Substantiating Maltreatment

The substantiation decision depends on the answers to two questions: "Is the harm to the child severe enough to constitute child maltreatment?" and "Is there sufficient evidence to support this being a case of child maltreatment?"[43] Even in those cases lacking evidence, CPS caseworkers should still document information since unsubstantiated reports may eventually show a pattern that can be substantiated. Due to varying State regulations regarding the expungement of records, this may not be possible for all agencies.

Upon completion of the initial assessment, the caseworker must determine the disposition of the report based on State laws, agency guidelines, and the information gathered. CPS agencies use different terms for this decision—substantiated, confirmed, unsubstantiated, founded, or unfounded. To guide

caseworker judgment in making the substantiation decision, each State has developed policies that outline what constitutes credible evidence that abuse or neglect has occurred. Most States have a two-tiered system: substantiated-unsubstantiated or founded-unfounded. Some States have a three-tiered system of substantiated, indicated, or unsubstantiated. The indicated classification means the caseworker has some evidence that maltreatment occurred, but not enough to substantiate the case.

At this point in the decision-making process, caseworkers should ask themselves:

- Have I obtained enough information from the children, family, and collateral contacts to adequately reach a determination about the alleged abuse or neglect?
- Is my decision on substantiation based upon a clear understanding of State laws and agency policies?
- Have I assessed the need for other agency or community services when CPS intervention is not warranted?[44]

The following sections discuss substantiation decisions for different types of maltreatment—child neglect, physical abuse, sexual abuse, and psychological maltreatment.

Determining Child Neglect

Determining child neglect is based on the answers to two questions: "Do the conditions or circumstances indicate that a child's basic needs are unmet?" and "What harm or threat of harm may have resulted?"[45] Answering these questions requires sufficient information to assess the degree to which omissions in care have resulted in significant harm or significant risk of harm. Unlike the other forms of maltreatment, this determination may not be reached by looking at one incident; the decision often requires looking at patterns of care over time. The analysis should focus on examining how the child's basic needs are met and identifying situations that may indicate specific omissions in care that have resulted in harm or the risk of harm to the child.[46]

Affirmative answers to the following questions may indicate that a child's physical and medical needs are unmet:

- Have the parents or caregivers failed to provide the child with needed care for a physical injury, acute illness, physical disability, or chronic condition?
- Have the parents or caregivers failed to provide the child with regular and ample meals that meet basic nutritional requirements, or have the parents or caregivers failed to provide the necessary rehabilitative diet to the child with particular health problems?
- Have the parents or caregivers failed to attend to the cleanliness of the child's hair, skin, teeth, and clothes? It is difficult to determine the difference between marginal hygiene and neglect. Caseworkers should consider the chronicity, extent, and nature of the condition, as well as the impact on the child.
- Does the child have inappropriate clothing for the weather and conditions? Caseworkers must consider the nature and extent of the conditions and the potential consequences to the child.
- Does the home have obvious hazardous physical conditions? For example, homes with exposed wiring or easily accessible toxic substances.
- Does the home have obvious hazardous unsanitary conditions? For example, homes with feces- or trash-covered flooring or furniture.
- Does the child experience unstable living conditions? For example, frequent changes of residence or evictions due to the caretaker's mental illness, substance abuse, or extreme poverty?
- Do the parents or caregivers fail to arrange for a safe substitute caregiver for the child?

- Have the parents or caregivers abandoned the child without arranging for reasonable care and supervision? For example, have caregivers left children without information regarding their whereabouts?[47]

While State statutes vary, most CPS professionals agree that children under the age of 8 who are left alone are being neglected. It is also agreed that children older than 12 are able to spend 1 to 2 hours alone each day. In determining whether neglect has occurred, the following issues should be considered, particularly when children are between the ages of 8 and 12:

- The child's physical condition and mental abilities, coping capacity, maturity, competence, knowledge regarding how to respond to an emergency, and feelings about being alone.
- Type and degree of indirect adult supervision. For example, is there an adult who is checking in on the child?
- The length of time and frequency with which the child is left alone. Is the child being left alone all day, every day? Is he or she left alone all night?
- The safety of the child's environment. For example, the safety of the neighborhood, access to a telephone, and safety of the home.

Determining Physical Abuse

In determining whether physical abuse occurred, the key questions to answer are "Could the injury to the child have occurred in a nonabusive manner?" and "Does the explanation given plausibly explain the physical findings?"[48] The caseworker must gather information separately from the child, the parents, and other possible witnesses regarding the injuries. The following questions may help determine if abuse occurred:

- **Does the explanation fit the injury?** For example, the explanation of a baby falling out of a crib is not consistent with the child having a spiral fracture. It is important to know the child's age and developmental capabilities to assess the plausibility of some explanations. It is also crucial to receive input from medical personnel and exams.
- **Is an explanation offered?** Some caregivers may not offer an explanation, possibly due to denial or an attempt to hide abuse.
- **Is there a delay in obtaining medical care?** Abusive caregivers may not immediately seek medical care for the child when it is clearly needed, possibly to deny the seriousness of the child's condition, to try to cover up the abuse, or in hope that the injury will heal on its own.

Caseworkers must also examine the nature of the injury, such as bruises or burns in the shape of an implement, e.g., a welt in the shape of a belt buckle or a cigarette burn.

Determining Sexual Abuse

In addition to the factors mentioned in determining physical abuse, the caseworker should ask the following questions to determine whether sexual abuse has occurred:

- Who has reported that the child alleges sexual abuse? For example, caseworkers should be alert to separated or divorced parents making allegations against each other.
- What are the qualifications of the professional reporting the physical findings? For example, if the health care providers do not routinely examine the genitalia of young children, they may mistake normal conditions for abuse or vice versa.
- What did the child say? Did the child describe the sexual abuse in terms that are consistent with their developmental level? Can the child give details regarding the time and place of the incident?
- When did the child make a statement or begin demonstrating behaviors suspicious of sexual abuse and symptoms causing concern? Was the

child's statement spontaneous? Has the child been exposed to adult sexual acts?

- Where does the child say the abuse took place? Is it possible for it to have occurred in that setting? Is it possible that the child is describing genital touching that is not sexual in nature? For example, bathing the child.[49]

Determining Psychological Maltreatment

Psychological maltreatment has been given relatively little serious attention in research and practice until recently. There are many reasons for this, including problems with inadequate definitions, failure to establish cause-and-effect relationships, and the difficulty of clarifying the cumulative impact of psychological maltreatment.[50] In order to determine if psychological maltreatment or emotional abuse occurred, caseworkers must have information on the caregiver's behavior over time and the child's behavior and condition. Caseworkers must determine whether there is a chronic behavioral pattern of psychological maltreatment, such as caregivers who place expectations on the child that are unrealistic for the child's developmental level, threaten to abandon the child, or direct continually critical and derogatory comments toward the child. There also must be indicators in the child's behavior suggestive of psychological maltreatment; however, the child's behavior alone is often insufficient to substantiate a case. Caseworkers must determine whether the child has suffered emotional abuse. The following questions may help determine if psychological maltreatment has occurred:

- Is there an inability to learn not explained by intellectual, sensory, or health factors?
- Is there an inability to build or maintain satisfactory interpersonal relationships with peers or adults?
- Are there developmentally inappropriate behaviors or feelings in normal circumstances?
- Is there a general pervasive mode of unhappiness, depression, or suicidal feelings?
- Are there physical symptoms or fears associated with personal or school functioning, such as bedwetting or a marked lack of interest in school activities?[51]

Demonstrating a causal connection between the caregiver's behavior and the child's behavior is often difficult to substantiate. This minimally necessitates that the caseworker observe caregiver-child interaction on several occasions, as well as be informed from other sources' observations (e.g., school personnel, relatives, and neighbors).

Decision Point Two: Assessing Risk

Risk factors are influences present in the child, the parents, the family, and the environment that may increase the likelihood that a child will be maltreated. Risk assessment involves evaluating the child and family's situation to identify and weigh the risk factors, family strengths and resources, and agency and community services.[52] While risk assessment has been an integral part of CPS since the field's inception, the formalization of the process and decision-making, through the development of risk assessment instruments, has taken place just within the last 12 to 15 years.[53]

This section describes risk assessment models and its key elements, the analysis of risk assessment information, special cases of risk assessment (when substance abuse or domestic violence coexist with maltreatment), and cultural factors for consideration.

Risk Assessment Models

The majority of States use risk assessment models or systems that are designed to:

- Guide and structure decision-making;

- Predict future harm and classify cases;
- Aid in resource management by identifying service needs for children and families served;
- Facilitate communication within the agency and with other community stakeholders.[54]

Exhibit 6-1 presents additional detail of the types of risk assessment information in each area.

Exhibit 6-1 Risk Assessment Information
Maltreatment • Caregiver actions and behaviors responsible for the maltreatment • Duration and frequency of the maltreatment • Physical and emotional manifestations in the child • Caregiver's attitude toward the child's condition and the assessment process • Caregiver's explanation of the events and effects of the maltreatment
Child • Age • Developmental level • Physical and psychological health • Temperament • Behavior • Current functioning • Child's explanation of events and effects, if possible and appropriate
Caregiver(s) • Physical and mental health • History • Current functioning • Coping and problem-solving capacity • Relationships outside of the home • Financial situation

Exhibit 6-1
Risk Assessment Information

Family Functioning

- Power and issues of control within the family
- Interactions and communications among family members
- Interactions and connections with others outside the family
- Quality of relationships
- Problem-solving ability[55]

Analysis of Risk Assessment Information

Caseworkers analyze the information collected to determine what information is significant as it relates to the risk of maltreatment. The following are suggested steps for assessing risk:

- Organize the information by defined category (e.g., education level, stressors);
- Determine if there is sufficient and believable information to confirm the risk factors, strengths and resources, and their interaction;
- Use the risk model to assign significance to each of the risk factors and strengths.[56]

The caseworker groups this information into an overall picture of the family and its dynamics and analyzes it to assess the current level of risk of maltreatment. This dictates the next steps in service provision and interaction with the family.

Risk Assessment in Cases of Substance-abusing Families

Risk assessment in these cases also examines the extent of substance use, its impact on lifestyle, and its impact on parenting. The following scales are often used to assess risk in families where there is substance abuse:

- **Parent's commitment to recovery.** This scale assesses a parent's stage of recovery, willingness to change behavior, and desire to live a life free from alcohol and other drugs.
- **Patterns of substance use.** This scale assesses the parent's pattern of alcohol and other drug use—ranging from active use without regard to consequences to significant periods of abstinence.
- **Effects of substance use on child caring.** This scale assesses the parent's ability to care for his or her children and meet their emotional and physical needs.
- **Effects of substance use on lifestyle.** This scale assesses a parent's ability to carry out his or her everyday responsibilities and any consequences that may have for the family.
- **Support for recovery.** This scale assesses parent's social network and how that network may support or interfere with recovery.[57]

The Child Welfare League of America (CWLA) suggests some questions caseworkers can ask regarding alcohol and other drug abuse to facilitate risk assessment in these cases:

- Do you use any drugs other than those prescribed by a physician?

- Have you ever felt you should cut down on your drinking or drug use?
- Has a physician ever told you to cut down or quit the use of alcohol or drugs?
- Have people annoyed you by criticizing or complaining about your drinking or drug use?
- Have you ever felt bad or guilty about your drinking or drug use?
- Have you ever had a drink or drug in the morning ("eye opener") to steady your nerves or to get rid of a hangover?
- Has your drinking or drug use caused a family, job, or legal problem?
- When drinking or using drugs, have you had a memory loss or blackout?[58]

Risk Assessment in Cases in Which Partner Abuse and Child Maltreatment Coexist

The following factors should be considered to assess risk in cases where partner abuse and child abuse and neglect coexist:

- An abuser's access to the child or adult victim
- The abuser's pattern of abuse
  - Frequency or severity of the abuse in current and past relationships
  - Use and presence of weapons
  - Threats to kill the victim or other family members
  - Stalking or abduction
  - Past criminal record
  - Abuse of pets
  - Child's exposure to violence
- The abuser's state of mind
  - Obsession with the victim
  - Jealousy
  - Ignoring the negative consequences of the violence
  - Depression or desperation
- Individual factors that reduce the behavioral controls of either the victim or abuser
  - Abuses alcohol or other substances
  - Uses certain medications
  - Suffers from psychosis or other major mental illnesses
  - Suffers from brain damage
- A victim, child, or abuser thinking about or planning suicide
- An adult victim's use of physical force or emotional abuse
- A child's use of violence
- Situational factors
  - Presence of other major stresses, such as poverty, loss of a job, or chronic illness
  - Increased threat of violence when victim leaves or attempts to leave abuser
  - Increased risk when abuser has ongoing or easy access to victims
  - Physical inability of nonabusing parent to protect child due to assault
  - Nonabusing parent's fear of leaving or inability to leave due to economic status or lack of place to go
- Past failures of response systems (e.g., courts, law enforcement) to react appropriately.[59]

The following are areas to assess with a child regarding partner abuse and child maltreatment:

- **Pattern of the abusive conduct.** What happens when your parents (the adults) fight? Does anyone hit, shove, or push? Are serious threats made? Does anyone throw things or damage property? Has anyone used a gun or

knife? When was the last big fight between your parents?

- **Impact of domestic violence on the adult victim.** Has anyone been hurt or injured? Is your mom or dad afraid? How do your parents act after a bad fight? Have you ever seen the police or anyone come over because of their fights? Have you seen injuries or damaged property?

- **Impact of domestic violence on the child.** Have you ever been hurt by any of their fights? What do your brothers or sisters do during fights? Are you ever afraid when your parents fight? How do you feel during a fight? After the fight? Do you worry about the violence? Do you talk to anyone about the fights? Do you feel safe at home? Have you ever felt like hurting yourself or someone else?

- **Child's protection.** Where do you go during their fights? Have you tried to stop a fight? Have you ever had to take sides? In an emergency for your parent or yourself, what would you do? Who would you call? Have you ever called for help? What happened?

- **Child's knowledge of danger.** Has anyone needed to go to a doctor after a fight? Do the adults use guns or knives? Do you know where the gun is? Has anyone threatened to hurt someone? What did the person say?[60]

Cultural Factors in Risk Assessment

Caseworkers should integrate cultural sensitivity into the risk assessment process by:

- Considering the family's cultural identification and perception of the dominant culture;

- Inquiring about the family's experience with mainstream institutions, including CPS and other service providers in the community;

- Assuring clarity regarding language and meanings in verbal and nonverbal communication;

- Understanding the family's cultural values, principles of child development, child caring norms, and parenting strategies;

- Gaining clarity regarding the family's perceptions of the responsibilities of adults and children in the extended family and community network;

- Determining the family's perceptions of the impact of child abuse or neglect;

- Assessing each risk factor with consideration to characteristics of the cultural or ethnic group;

- Considering the child and family's perceptions of their response to acute and chronic stressors;

- Explaining why a culturally accepted behavior in the family's homeland may be illegal here.[61]

Decision Point Three: Determining Child Safety

A child is considered unsafe when he or she is at imminent risk of serious harm. Safety is an issue throughout the life of a case. The Adoption and Safe Families Act (ASFA) requires that States assess and assure a safe environment for children in birth families, out-of-home placements, and adoptive homes. It is important to remember that determining the risk of maltreatment and the child's safety are two separate decisions. Children may be at risk of harm some time in the future (risk assessment) and they may currently be safe (no threat of imminent serious harm). The following sections describe the key safety decision points, the steps for arriving at the safety decision, and the development of a safety plan.

Safety Decision Points

There are two key decision points during the initial assessment or investigation in which the child's safety is evaluated. During the first contact with the child and family, the caseworker must decide whether the

child will be safe during the initial assessment or investigation. The question caseworkers must ask themselves is, "Is the child in danger right now?" Caseworkers assess current danger by searching for factors in the family situation and caregiver behavior or condition, including emotions, physical circumstances, and social contexts. Examples include: young children with serious injuries that are inconsistent with the caregiver's explanation; children in the care of people who are out of control or violent; and premeditated maltreatment or cruelty.

The second critical time for evaluating safety is at the conclusion of the initial assessment. This safety assessment follows the determination of the validity of the report and the level of risk. Caseworkers must determine:

- Whether the child will be safe in his or her home with or without continuing CPS services;
- Under what circumstances a case can be diverted to community partners;
- Under what circumstances intensive, home-based services are necessary to protect a child;
- Whether the child needs to be placed in out-of-home care.

To determine safety at this point, the caseworker uses the findings of the risk assessment. The caseworker identifies the risk factors that directly affect the safety to the child; the risk factors that are operating at a more intense, explosive, immediate, or dangerous level; or those risk factors that in combination present a more dangerous mix. The caseworker weighs the risk factors directly affecting the child's safety against the family protective factors (i.e., strengths, resiliencies, resources) to determine if the child is safe.[62]

Steps for Arriving at the Safety Decision

The sequential steps for arriving at the safety decision include:

1. Identifying the behaviors and conditions that increase concern for the child's safety, and considering how they affect each child in the family.
2. Identifying the behaviors or conditions (i.e., strengths, resiliencies, resources) that may protect the child.
3. Examining the relationship among the risk factors. When combined, do they increase concern for safety?
4. Determining whether family members or other community partners are able to address safety concerns without CPS intervention.
5. Considering what in-home services are needed to address the specific behaviors or conditions for each risk factor directly affecting the child's safety.
6. Identifying who is available (CPS or other community partners) to provide the needed service or intervention in the frequency, timeframe, and duration the family needs to protect the child.[63]
7. Evaluating the family's willingness to accept and ability to use the intervention or service at the level needed to protect the child.

If the services or interventions are not available or accessible at the level necessary to protect the child, or if the caregivers are unable or unwilling to accept the services, the caseworker should consider whether the abusive caregiver can leave home and the nonoffending caregiver can protect the child. If not, the caseworker should consider whether out-of-home care and court intervention is needed to assure the child's protection.

Development of a Safety Plan

The safety plan and the case plan have two different purposes. The interventions in the safety plan are designed to control the risk factors posing a safety threat to the child. Interventions in the case

plan, however, are designed to facilitate change in the underlying conditions or contributing factors resulting in maltreatment. To control the risk factors directly affecting child safety, the safety interventions must:

- Have a direct and immediate impact on one or more of the risk factors;
- Be accessible and available in time and place;
- Be in place for the duration of the threat of harm;
- Fill the gaps in caregiver protective factors.

In identifying safety interventions and developing a safety plan, CPS caseworkers are required to make reasonable efforts to preserve or reunify families. Child safety is the most important consideration in these efforts. ASFA also states that when certain factors are present (e.g., abandonment, torture, chronic abuse, some forms of sexual abuse, killing of another person or the child's sibling, or termination of parental rights for another child), they constitute enough threat to a child's safety that reasonable efforts are not required to prevent placement or to reunify the family. The sequence of least intrusive to most intrusive safety interventions include:

- In-home services, perhaps combined with partial out-of-home services (e.g., daycare services);
- Removal of abusive caregiver;
- Relative or kinship care;
- Out-of-home-placement.

When possible, the safety assessment should be conducted jointly with the family; it may not, however, be safe to include the perpetrator. The safety plan also should be negotiated with the family. This accomplishes the following:

- Caseworker and caregiver can assess the feasibility of the caregiver following the safety plan.
- Caseworker can be assured that the caregiver understands the consequences of his or her choices.
- Caregiver is provided with a sense of control over what happens.
- Caregiver is able to salvage a sense of dignity.[64]

Decision Point Four: Determining Emergency Needs

Child maltreatment is often not an isolated problem; many families referred to CPS experience multiple and complex problems, often at crisis levels. Due to any number of these problems that may be identified during the initial assessment or investigation, the CPS caseworker is often in the position of determining whether a family has emergency needs and of arranging for emergency services for the child and family. Examples of emergency services can include:

- Medical attention
- Food, clothing, and shelter
- Mental health care
- Crisis counseling

Decision Point Five: Offering Services

The decision that a caseworker makes at the end of the initial assessment or investigation is whether a family should be offered ongoing child protective services or other agency services. Who is offered services and on what basis that decision is made depend on the guidelines and availability of services that vary from State to State and sometimes county to county. In some cases, the decision is made based on whether a report is substantiated. In other instances, the decision to offer services is based on the level of perceived risk of maltreatment in the future since substantiation alone is not the best predictor of future maltreatment.

Noninvestigative or Alternative Responses

Traditionally, CPS agencies are required to respond to all reports of child maltreatment with a standard investigation that is narrowly focused on determining whether a specific incident of abuse actually occurred.[65] States are attempting to enhance CPS practice and build community partnerships in responding to cases of child maltreatment. One changing area of CPS practice is greater flexibility in responding to allegations of abuse and neglect. A "dual track" or "multi-track" response permits CPS agencies to respond differentially to children's needs for safety, the degree of risk present, and the family's need for support or services. Typically, in cases where abuse and neglect are serious or serious criminal offenses against children have occurred, an investigation will commence. An investigation focuses on evidence gathering and will include a referral to law enforcement. In less serious cases of child maltreatment where the family may benefit from services, an assessment will be conducted. In these cases, the facts regarding what happened will be obtained, but the intervention will emphasize a comprehensive assessment of family strengths and needs. The assessment is designed to be a process where parents or caregivers are partners with the CPS agency, and that partnership begins with the very first contact. States that have implemented the "dual track" approach have shown that a majority of cases now coming to CPS can be safely handled through an approach that emphasizes service delivery and voluntary family participation in addition to the fact finding of usual CPS investigations.[66] CPS can switch a family to the investigative track at any point if new evidence is uncovered to indicate that the case is appropriate for investigation rather than assessment.[67]

Initial Assessment or Investigation Process

To make accurate decisions during the initial assessment or investigation, caseworkers must:

- Employ a protocol for interviewing the identified child, the siblings, all of the adults in the home, and the alleged maltreating parent or caregiver;
- Observe the child, the siblings, and the parent or caregiver's interaction among family members, as well as the home, the neighborhood, and the general climate of the environment;
- Gather information from any other sources who may have information about the alleged maltreatment or the risk to and safety of the children;
- Analyze the information gathered in order to make necessary decisions.

Using Interview Protocols

The initial assessment or investigation of alleged maltreatment of children requires that CPS respond in an orderly, structured manner to gather sufficient information to determine if maltreatment took place and to assess the risk to and safety of the child. Employing a structured interview protocol ensures that all family members are involved and that information-gathering is thorough; increases staff control over the process; improves the capacity of CPS staff to collaborate with other disciplines; and increases staff confidence in the initial assessment or investigation conclusions. If at all possible, family members should be interviewed separately in the following order:

- Identified child
- Any siblings or other children in the home
- Alleged perpetrator
- All other adults in the home separately
- Family as a whole

Depending on the circumstances of the report, it must be determined whether it is in the child's best interest for the CPS worker to initiate an unannounced visit to interview the parent or to contact the parent to schedule an interview.[68] If the child is out of the home at the time (e.g., the child is at school), the process should begin with an introduction to the parent(s) to explain the purposes of the initial assessment or investigation and, if required by law, request permission to interview all family members individually, beginning with the identified child. It is important to remember that the safety of the child is of paramount importance in every case. If there is concern that talking with the parents first or obtaining their permission to interview the child places the child at risk of imminent harm, then the CPS caseworker should proceed in a manner that assures the child's safety. All family members should be interviewed alone to establish rapport and a climate of trust and openness with the caseworker, which is designed to increase the accuracy of the information gathered. A benefit noted across professional boundaries regarding the use of individual interviewing protocols is that it enables the caseworker to utilize information gathered from one interview to assist in the next interview.

Planning the Interview Process

Based on the information gathered at intake, each initial assessment or investigation should be planned with consideration given to:

- Where the interviews will take place;
- When the interviews will be conducted;
- How many interviews will likely be needed;
- How long each interview will likely last;
- Whether other agencies should be notified to participate in the interviews.

Interviewing the Sources

During the initial assessment or investigation process, caseworkers should conduct interviews with the following individuals:

- **Identified child victim.** The purpose of the initial interview with the identified child is to gather information regarding the alleged maltreatment and any risk of future maltreatment, and to assess the child's immediate safety. Because CPS's purpose is beyond just finding out what happened with respect to any allegations of maltreatment, the interview with the child addresses the strengths, risks, and needs regarding the child, his or her parents, and his or her family.
- **Siblings.** Following the interview with the identified child, the next step in the protocol is to interview siblings. The purpose of these interviews is to determine if siblings have experienced maltreatment, to assess the siblings' level of vulnerability, to gather corroborating information about the nature and extent of any maltreatment of the identified child, and to gather further information about the family that may assist in assessing risk to the identified child and any siblings.
- **All of the nonoffending adults in the home.** The primary purpose of these interviews is to find out what adults know about the alleged maltreatment, to gather information related to the risk of maltreatment and the safety of the child, to gather information regarding family strengths or protective factors, and to determine the adults' capacity to protect the child, if indicated.
- **Alleged maltreating parent or caregiver.** The purpose of this interview is to evaluate the alleged maltreating caregiver's reaction to allegations of maltreatment as well as to the child and his or her condition, and to gather further information about this person and the family in relation to the risk to and safety of the child.

Exhibit 6-2
Examples of Information to Obtain During Initial Interviews

Topic Area	Interview with the Identified Child	Interview with the Siblings	Interview with All Nonoffending Adults in the Home	Interview with Alleged Maltreating Parent or Caretaker
The Alleged Maltreatment	• Description of what happened with respect to the alleged maltreatment, when and where it occurred, and who was present • Child's current condition • Type, severity, and chronicity of the maltreatment • Effects of maltreatment (e.g., extreme withdrawal, fear of parents) • Identity of others who have information about the child's condition and the family situation	• Information about alleged maltreatment • Maltreatment they have experienced and, if so, how, when, where, how often, and for how long	• What the adults know about the alleged maltreatment • Feelings regarding the maltreatment and about CPS • Acceptance or rejection of the child's version of what might have happened and who the adult deems responsible • Capacity to protect the child (if indicated) and his or her opinion about the vulnerability of the child	• Description of what happened in relation to alleged maltreatment • Response to the incident(s) and to CPS • Access to the child

Exhibit 6-2
Examples of Information to Obtain During Initial Interviews

Topic Area	Interview with the Identified Child	Interview with the Siblings	Interview with All Nonoffending Adults in the Home	Interview with Alleged Maltreating Parent or Caretaker
The Child	• Child's characteristics (e.g., age, developmental level, physical or mental handicaps, health, mental health status) • Child's behavior and feelings • Child's relationship with peers, family, and others • Child's daily routine (e.g., school, home life)	• Information that could not be obtained from the identified child or confirmation of information gathered during the initial interview	• Feelings, expectations, and perspective about the identified child and siblings • Empathy for the child's condition and experience • Description of the child's feelings and behaviors	• View of the child and the child's characteristics and condition • Relationship with the child and others in the family

Exhibit 6-2
Examples of Information to Obtain During Initial Interviews

Topic Area	Interview with the Identified Child	Interview with the Siblings	Interview with All Nonoffending Adults in the Home	Interview with Alleged Maltreating Parent or Caretaker
The Family	• Asking who resides in the home • Child's relationship with and feelings toward the parents or caregivers and siblings • Child's perception of the relationships among others in the household • Child's perception of how family problems are addressed and how the family communicates	• Siblings' characteristics, behaviors, and feelings • Further information about the parents (e.g., feelings and behaviors frequently exhibited, problems, child rearing measures, and parents' relationships outside the home) • Further information about the family's functioning, dynamics, demographics, and characteristics	• Relationship to the child and to the alleged maltreating caretaker • Approach to and view of parenting • How decisions are made in the family, and who usually makes decisions about the children • Types of discipline they considered appropriate • Who is involved in child care responsibilities in the family	• Approach to parenting, expectations, and sensitivity to children • Roles and functioning in the family • Methods of communication and level of affection • Who usually makes decisions about the children in the family • Discipline the family considers to be appropriate

Exhibit 6-2
Examples of Information to Obtain During Initial Interviews

Topic Area	Interview with the Identified Child	Interview with the Siblings	Interview with All Nonoffending Adults in the Home	Interview with Alleged Maltreating Parent or Caretaker
The Family (continued)	• Description of who's involved in child care responsibilities (e.g., extended family, informal kin) • Child's perception of the family's identification with a tribe, race, or larger cultural group • Child's perception of the family's rituals, traditions, and behaviors • Child's description and perception of what happens when parents or caregivers fight		• How cultural beliefs are incorporated in family functioning • Role religion plays in the family, and how it affects child-rearing practices • Family's rituals, traditions, and behaviors • Roles in the family and family functioning • Communication and expressions of affection • Demographics about the family, including financial status and other factors that may be stress producing • Presence of domestic violence or partner abuse	• Responsibility for child care • Cultural beliefs incorporated in family functioning • Role religion plays in the family and how it affects child rearing • Family's rituals, traditions, and behaviors • Description of demographics about the family, including financial status and other factors that may be stress producing • Presence of domestic violence or partner abuse

Exhibit 6-2 Examples of Information to Obtain During Initial Interviews				
Topic Area	**Interview with the Identified Child**	**Interview with the Siblings**	**Interview with All Nonoffending Adults in the Home**	**Interview with Alleged Maltreating Parent or Caretaker**
The Environment	• Child's description of where they go during parent or caregiver fights, whether they have tried to stop a fight, and who they would call for help • Description of the neighborhood, available resources, and the degree of crime or violence	• Child's description of where they go during parent or caregiver fights, whether they have tried to stop a fight, and who they would call for help • Description of the neighborhood, available resources, and the degree of crime or violence	• Description of the neighborhood, available resources, and the degree of crime or violence	• A description of the neighborhood, available resources, and the degree of crime or violence
The Adult or Caretaker			• Approach to solving problems, ability to deal with stress, use of drugs or alcohol • History as a child (positive and negative memories), educational and employment history, any criminal activity, or history of physical or mental health problems	• Present emotional state, particularly in terms of the possibility of further harm to the child • Approach to solving problems, dealing with stress, using drugs or alcohol, coping • View of self

Exhibit 6-2 Examples of Information to Obtain During Initial Interviews				
Topic Area	**Interview with the Identified Child**	**Interview with the Siblings**	**Interview with All Nonoffending Adults in the Home**	**Interview with Alleged Maltreating Parent or Caretaker**
The Adult or Caretaker (continued)			• Relationships with others, memberships in clubs, or other activities • View of support network in his or her life, relationships with extended family, and the climate of the neighborhood and community	• History as a child and an adult, including any mental health or health problems, criminal history, etc. • Relationships outside the home, supports, memberships, and affiliations • Willingness to accept help (if needed)

Examples of the types of information that a caseworker should gather from each of these sources are presented in Exhibit 6-2.

Obtaining Information from Other Sources

Other sources may have information that will help in understanding the nature and extent of the alleged maltreatment and in assessing the risk to and safety of the child. According to CWLA's *Standards for Service for Abused or Neglected Children and Their Families*, other potential sources include, but are not limited to, professionals such as teachers, law enforcement officers, and physicians. Other community agencies, institutions, caretakers, or individuals known to the child and the family, such as relatives and neighbors, also may be consulted.[69] It also may be advisable to run a criminal background check on all adults in the home to ascertain prior abuse or other illegal activity. To protect the family's confidentiality, however, interviews or contacts with others should not be initiated without cause. The family also may disclose other persons who may have information about the alleged maltreatment or about the family in general. These contacts should be pursued within the constraints of the State law that mandates the scope of the initial assessment or investigation or, if indicated, clients may give permission for others to be contacted.

Following Up with the Children and Family

Following the completion of the interviews, the caseworker should reconvene the child and family, as appropriate, to:

- Share with them a summary of the findings and impressions;
- Seek individual responses concerning perceptions and feelings;
- Indicate interest in the children and family;
- Provide information about next steps, including whether ongoing services will be offered and whether court intervention will occur;
- Demonstrate appreciation for their participation in the process.

Interviewing Techniques

Part of the caseworker's responsibility is to increase the likelihood that the family will engage with the agency and follow a recommended course of action. This section describes techniques for interviewing and observing children and families. Exhibit 6-3 delineates principles underlying motivational interviewing.

Exhibit 6-3 Principles Underlying Motivational Interviewing		
Principle	**Description**	**Guiding Beliefs**
Expressing Empathy	**Expressing empathy** involves communicating warmth and using reflective listening during every contact with the family members. The caseworker should use reflective listening to understand the family member's feelings and perspectives without judging, criticizing, or blaming. Acceptance is not the same thing as agreement or approval of the abusive or neglectful behavior. The crucial attitude is respectful listening to the family member with a desire to understand. Through the expression of respect and acceptance, caseworkers engage the client and embrace the child or adult's self-esteem.	• Acceptance facilitates change • Skillful, reflective listening is fundamental • Ambivalence is normal
Developing Discrepancy	**Developing discrepancy** is creating and amplifying in the family member's mind a discrepancy between present behavior and broader goals. This means helping the family member to see the discrepancy between where they are and where they want to be. This can be triggered by the family member's awareness of the costs of the present behavior. When a person sees that a behavior conflicts with important personal goals, change is likely to occur.	• Awareness of consequences • Disconnect between present behavior and important goals will motivate change
Avoiding Arguments	**Avoiding argumentation** is important in lessening resistance. What caseworkers want to do is increase the family member's awareness of problems and the need to do something about them. When caseworkers encounter resistance, they may need to stop their current approach because they are likely to be "fighting against the resistance" and may therefore need to take another approach. Caseworkers also need to avoid labeling the children and family.	• Arguments are counterproductive • Defending breeds defensiveness • Resistance is a signal to change strategies • Labeling is unnecessary

Exhibit 6-3 Principles Underlying Motivational Interviewing		
Principle	**Description**	**Guiding Beliefs**
Rolling with Resistance	**Rolling with resistance** requires the caseworker to acknowledge that reluctance and ambivalence are both natural and understandable. Caseworkers need to help the children and family consider new information and new perspectives. To do this, caseworkers turn a question or problem back to the children and family to help them discover their own solutions. This is based on the assumption that the person is capable of insight and that he or she can solve his or her own problems. This may not be possible, however, in all circumstances because of a variety of factors including cognitive impairment, mental illness, or substance abuse.	• Momentum can be used to good advantage • Perceptions can be shifted • New perspectives are invited, not imposed • The child and family are a valuable resource in finding solutions to problems
Supporting Self-Efficacy	**Supporting self-efficacy** means supporting the child or adult's belief in his or her ability to carry out and succeed with a specific task. The caseworker's task is to help increase the person's perceptions of his or her capability to cope with obstacles and succeed in changing their behavior.	• Hope and faith are important elements of change • Children and families can be helped to discover solutions • Personal responsibility is the cornerstone for change
Asking for the Client's Perspective	**Asking for the client's perspective** means letting the client know that the caseworker wants to understand their view of the problems, conditions, and behaviors. When the caseworker seeks to understand the client's view of their situation, the client becomes more invested in the process and will view the caseworker as desiring to help them change.	• Children and families become more invested when they feel heard[70]

Interviewing Young Children

The primary goals of interviewing young children are increasing the accuracy and reliability of information, decreasing potential suggestibility, and minimizing trauma. Very young children are often more compliant, suggestible, and easily confused than older children. In addition to various emotions such as fear and anxiety, the accuracy of the interview is influenced by the child's age, understanding of events, interviewer style and demand for details, as well as by the structure and nature of questions.[71] Interviewing young children involves special considerations that include the use of age-appropriate interviewing techniques and tools to minimize the trauma of the initial assessment or investigation process. Use of these tools also increases the reliability of the information obtained. In addition, the child may have already had to go through numerous earlier interviews, which will affect the caseworker's interview. Since investigatory interviews determine the need for protection and can influence the legal viability and the outcome of court cases, only caseworkers trained in interviewing young children should conduct these interviews.

Basic Interviewing Principles

Regardless of what methods the caseworker uses to interview children, there are some basic principles to consider in all such interviews:

- Establish credibility and attempt to develop rapport with the child.
- Help the child relax by playing with available toys, sit with the child at his or her eye-level, and wait patiently until the child is relatively comfortable.
- Assess the child's understanding of key concepts that will help to establish credibility as the interview proceeds into sensitive areas.
- Reduce vocabulary problems by using the child's language and clarify any areas of confusion.
- Be attuned to the capacities and limitations of a young child as the interview progresses.

It is important to be aware of the child's level of comfort, and, if he or she becomes distracted or fidgety, take a break and continue the interview at a later time. The caseworker should directly address any fears that the child may have.

Developmental Considerations

Children go through a series of normal developmental stages and changes. Therefore, it is important to consider the following stages when interviewing young children:

- Preschool children's thinking is very concrete, and their ability to think abstractly is still developing. Since irony, metaphor, and analogy are beyond their grasp, it is very important not to assume that children understand concepts presented.
- Preschool children do not organize their thinking or speech logically. Instead, they say whatever enters their mind at the moment, with little censoring or consideration. Therefore, their narratives tend to be disjointed and rambling, resulting in the need for the interviewer to sort out relevant from irrelevant data; it is beyond the children's cognitive capacities to do this alone. It is important not to ask them leading questions, however.
- Preschool children's understanding of space, distance, and time is not logical or linear, generally. Their memory will not work chronologically, since they have not learned units of measurement. To help place the time of an incident, use reference points such as birthdays, holidays, summer, night or day, lunchtime, or bedtime.
- Issues of truth versus lying are particularly complex in the preschool years. Children in this age group may tell lies under two circumstances: to avoid a problem or punishment, or to

impress adults or get attention. Research varies, however, on whether children can manufacture stories based on information that they have not learned or experienced. Despite their occasional tendency to tell false stories, children in the preschool years usually do know the difference between fact and fantasy and between the truth and a lie. Gentle probing and nonleading questions from the interviewer will usually help children reveal what is true and what is false.

- Preschool children are generally egocentric. They think the world revolves around them and they relate all that happens to personal issues. These children do not usually think of what effect their actions will have on others, nor do they usually worry about what others think. As a result, interviewers of young children must be aware that children may be emotionally spontaneous in ways that are occasionally disconcerting to adults.

- The attention span of preschool children is limited. Long interviews are often not possible because the child simply cannot concentrate or sit in one place for long periods of time. The interviewer should be flexible, conducting several short sessions over a period of time.

- Many 2- and 3-year-olds are afraid to talk with an unfamiliar person without a parent present. The interviewer should work slowly to help children separate from the parent, when possible. If this process is difficult, the interview may need to begin with a parent present, working toward separate interviews at a later time once the child feels more comfortable. Interviewers should be flexible and follow a child's lead, as long as it is within the protocol and policies established by their agency.[72]

Techniques and Tools for Interviewing Young Children

The most important tool in any interview is individualizing the approach based on the circumstances and the child's developmental status and level of comfort with the interviewer. Planning for the interview should take the setting into consideration. The ideal interview setting is a comfortable room where stress is minimized for the child. The following should be employed in creating the setting:

- A neutral setting where the child does not feel pressured or intimidated. The alleged maltreating person should not be in the vicinity.

- A room with a one-way mirror. This enables one person to be with the child while other professionals who need information can observe.

- A small table and chairs or pillows or rugs for sitting on the floor.

- Availability of anatomical dolls, felt-tipped markers or crayons and paper, toy telephones, doll house with dolls, Playdough, puppets, etc.

Anatomically Correct Dolls

The use of anatomically correct dolls can be useful when interviewing children regarding alleged sexual abuse. Anatomical dolls have genitalia and breasts proportional to body size and appropriate to the gender and age of the child. The clothes the dolls wear can be easily removed and are appropriate to the child's age and gender. The uses of dolls include:

- **Icebreaker.** The dolls can be used to begin the conversation, cueing the child that the interviewer wants to talk about body parts. It can enhance the child's comfort level.
- **Anatomical model.** This is one of the most common uses of the dolls. The interviewer can use the dolls to determine the child's labels for different body parts. They can also be used to help the child show where any touching occurred.
- **Demonstration aid.** This is the most common function of the dolls. It enables the child to show behaviors that he or she has described to confirm the interviewer's understanding and help reduce any miscommunication. The dolls may be used with children who have limited verbal skills to help them show, rather than tell, what happened.
- **Memory stimulus and screening tool.** The dolls may trigger a child's recall of specific events of a sexual nature. The child may either demonstrate a specific sexual act while interacting with the dolls or have a strong negative reaction.[73]

Observing Young Children

Part of the process of gathering adequate information includes the caseworker's responsibility to observe the identified child, other family members, and the environment. Specific areas for observation are:

- Physical condition of the child, including any observable effects of maltreatment;
- Emotional status of the child, including mannerisms, signs of fear, and developmental status;
- Reactions of the parents or caregivers to the agency's concerns;
- Emotional and behavioral status of the parents or caregivers during the interviewing process;
- Interactions between family members, including verbal and body language;
- Physical status of the home, including cleanliness, structure, hazards or dangerous living conditions, signs of excessive alcohol use, and use of illicit drugs;
- Climate of the neighborhood, including level of violence or support, and accessibility of transportation, telephones, or other methods of communication.

Community Involvement

While CPS agencies have the primary responsibility for conducting initial assessment or investigation, other agencies or professionals may be integrally involved in the process.

Coordinating with Law Enforcement

Since CPS and law enforcement often work together in responding to child abuse and neglect (in some States, all abuse and neglect reports go initially to the police), it is vital for them to establish strong working relationships and collaborate effectively. A memorandum of understanding (MOU) and protocols should be established between CPS and law enforcement

For more information on reporting laws, see the State Statute series published by the National Clearinghouse on Child Abuse and Neglect Information available at: **www.calib.com/nccanch/statutes/index.cfm.**

agencies to identify roles and responsibilities as well as the circumstances that dictate when:

- Reports should be initiated and shared between agencies;
- Joint initial assessment or investigation should be initiated;
- Cases necessitate immediate notification to other agencies;
- Oral and written reports should be initiated and shared.

After an MOU or protocol is established, training should provide caseworkers with familiarity of the defined roles and responsibilities.

In addition, parameters should be established for cases where law enforcement assistance may be needed to remove a child or an alleged offender from the home, or when there is a concern for the caseworker's safety.

Involving Other Professionals

In addition to law enforcement, other disciplines often have a role in the initial assessment or investigation process:

- **Medical personnel** may be involved in assessing and responding to medical needs of a child or parent and perhaps in documenting the nature and extent of maltreatment.
- **Mental health personnel** may be involved in assessing the effects of any alleged maltreatment and in helping to determine the validity of specific allegations. They may also be involved in evaluating the parent's or caregiver's mental health status and its effect on the safety to the child.
- **Alcohol and other drug specialists** may be involved in evaluating parental or caregiver substance abuse and its impact on the safety of the child.
- **Partner abuse experts** may be asked to assist in examining the safety of the child in cases where partner abuse and child maltreatment co-exist. These professionals may also be involved in the safety planning process.
- **Educators** may be involved in providing direct information about the effects of maltreatment and other information pertinent to the risk assessment.
- **Other community service providers** who have had past experience with the child or family may be a resource in helping to address any emergency needs that the child or family may have.
- **Multidisciplinary teams** may be used to help the CPS agency analyze the information related to the substantiation of maltreatment and the assessment of risk and safety.
- **Other community partners** such as intensive, home-based service workers; parent aides; daycare providers; afterschool care providers; foster parents; volunteers; or relatives may be used to help the agency implement a plan to keep the child safe within his or her own home.

For additional information on community collaboration, check other Manuals in the series at: **www.calib.com/nccanch/pubs/usermanual.cfm.**

- **Juvenile court** may be involved in helping to assure the safety of the child and to provide continuing protective services to the child and family when the child's safety cannot be protected, and the parents or caregivers have refused agency intervention.

Special Practice Issues

There are several special issues related to the initial assessment or investigation phase—the effects of removal, caseworker safety, substantiation appeal hearings or reviews, investigation in institutional settings, and the safety of children in foster care.

Effects of Removal

In order to assure protection, CPS may have to remove the child or reach agreement with family members that the alleged offender will leave the family and have no unsupervised contact with the alleged victim. Removal of the alleged offender is a less intrusive intervention but it should only be used if the caseworker is certain that there will be no contact with the victim. The removal of a family member has a dramatic affect on the feelings, behaviors, and functioning of individual family members and the family as a whole.

When CPS has to remove children from their families to protect them, they set in motion numerous issues and problems for the child. Placement outside the family often negatively affects the child's emotional well-being. Being uprooted from the only family one has known, from one's routines and familiar surroundings, is emotionally debilitating to children. Parents who abuse or neglect their children may also demonstrate love and attention to their children. This may be the only adult to whom the child has bonded. It is important to remember that the child suffers a devastating loss—the loss of being taken away from his or her birth family.

Placement away from the birth family therefore means more than the physical loss of living with the family; it also means having to deal with the loss of relationships and the loss of control over one's life. Children coming into substitute care suffer a significant loss to their self-esteem and are under a great deal of stress. Therefore, it is important to remember that when placing children, caseworkers should always maintain a focus on reducing the uncertainty and anxiety for children. Some strategies for helping children better manage the placement include:

- Involving the family and children in the safety plan and the placement process, when appropriate;
- Providing contact with the family after placement as soon as possible—ideally, within the first week;
- Reassuring children that there is nothing wrong with them and that they are not to blame for the placement;
- Providing children with information about the reasons for the placement, where they are going, and how long they may remain there;
- Allowing children to take as many personal favorite items as possible, such as photos of the family or home, toys or stuffed animals, and clothing;
- Finding out as much about the children as possible—their likes and dislikes, routines, medical issues—and informing the substitute care provider;
- Encouraging children to express their feelings and normalize those feelings, possibly through starting a journal or notebook;
- Giving children a phone number to contact the caseworker.

Family members are also traumatized by the placement. They, too, need immediate contact with their children; concern and empathy from the caseworker; and involvement in the placement process.

Caseworker Safety

Every CPS case has the potential for unexpected confrontation due to the involuntary nature of investigations and assessments. It is important for caseworkers to acknowledge the nature of CPS intervention and the client's view of their role. While difficulties may occur at any point in the process, threats and volatile situations are more likely to occur during the initial assessment or investigation, during crisis situations, and when dramatic action is taken (e.g., removal of a child or the decision to take a case to court). The first step in ensuring caseworker safety is to assess the risk of the situation before the initial contact. Questions caseworkers should consider include the following:

- Are the subjects violent or hostile?
- Does the situation involve family violence, including partner, elder, or child abuse?
- Does the situation involve physical or sexual abuse or a fatality?
- Are the family members exhibiting behaviors that indicate mental illness?
- Are the family members presently abusing or selling substances?
- Are the parents or caregivers involved in ritualistic abuse or cult practices?
- Does the information note life-threatening or serious injuries to the children?
- Will the children be removed from the family situation on this visit?
- Is the family's geographic location potentially dangerous?
- Will the caseworker go into an area with limited available supports?

Preventive Measures for Making Home Visits

- Always be sure that the supervisor or other agency personnel are informed of the caseworker's schedule.
- Observe each person in and around the area closely and watch for signs that may indicate any potential for personal violence.
- Follow one's instincts. Anytime the caseworker feels frightened or unsafe, he or she should assess the immediate situation and take whatever action is necessary to obtain protection.
- Learn the layout of the immediate area around the home and the usual types of activities that occur there to provide a baseline from which to judge potential danger.
- Avoid dangerous or unfamiliar areas at night.
- Learn the safest route to the family's home.
- Be sure the car is in good working order, and park in a way for quick escape, if necessary.
- Carry a cell phone.
- Assess whether it is safe to accept refreshments.
- Learn how to decline offers of food or other refreshments tactfully.[75]

- Is the area known for high crime or drug activity?
- Does the housing situation or neighborhood increase concerns for staff personal safety?
- Does anyone in the home have a previous history of violence or multiple referrals? Have there been previous involuntary removals of family members?[74]

Substantiation Appeal Hearings or Reviews

Every State has a mechanism to appeal an agency's decision to substantiate abuse or neglect. Some States have a formal or administrative hearing process where the parent or caregiver substantiated as a perpetrator of child maltreatment can request a hearing to review the decision. In these hearings, the burden of proof rests with the CPS agency. If the review reverses or modifies the substantiation decision, then the CPS agency will have to revise the records.

Initial Assessment or Investigation in Institutional Settings

States differs with respect to who is responsible for initially assessing or investigating allegations of child abuse and neglect in out-of-home care. In some States, local CPS staff have responsibility for investigating certain types of allegations (e.g., in daycare settings). The investigation of alleged maltreatment in institutional settings is often handled by central or regional CPS or licensing staff rather than by local CPS agencies. Depending on the nature of the

Interviews in Institutional Settings

Investigation of alleged maltreatment in institutional settings includes interviewing:

- Alleged victim(s)
- Staff witness(es)
- Child witness(es)
- Administrator or supervisor of the alleged perpetrator
- Alleged perpetrator.

The primary questions to be asked in these cases include:

- Did the reported event occur independent of extenuating circumstances?
- Is the administrative authority culpable and, if so, in what manner?
- Is the problem, if validated, administratively redressable?
- Are personnel actions indicated and, if so, are they being initiated appropriately by the residential facility?
- What responsibility do others in the facility have for any incident of maltreatment, and is a corrective action plan needed to prevent the likelihood of future incidents?
- How can the victim be interviewed and still be protected from repercussions?

allegations, law enforcement agencies also will assume a primary role in investigating these types of cases. A coordinated approach helps minimize the trauma to children and childcare staff.

Safety in Foster Care Placements

Caseworkers should continually assess the risk to and safety of children once placed in foster or kinship care settings. Considerations include:

- What is the level of acceptance of the placed child into the family? Notice whether the placed child is included in family routines and life. Is the child appropriately physically incorporated into the home, for example, does the child have a place for his or her belongings and a seat at the table? Examine family interaction. Is the child fully or selectively involved? Is the child included appropriately in family communications? Does the family share equally with the child?
- Are the kinship or foster parents' expectations for the placement and the child being met?
- Are the kinship or foster parents satisfied with the arrangement?
- How do the kinship or foster parents explain their parenting expectations, style, and responses to the placed child?
- What specific perceptions of and attitudes toward the placed child do the kinship or foster parents hold?
- What are the kinship or foster parents' attitudes about, opinions of, and relationship to the placed child's parents and family?
- What methods of discipline does the foster or kinship family use?
- Have circumstances or composition of the family changed in any way since the placement?
- What does the child report? Listen for acceptance into and involvement with the family or exceptions or differences between how the family deals with its own children and the placed child.
- How is the child physically, emotionally, socially, and behaviorally? Is the child's condition a result of the care received in the child's own home, the adjustment to the new home or family setting, or the possible mistreatment by the kinship or foster parents?
- What are the attitudes and perceptions that the placed child has about the care situation?
- What expectations does the child have for this family situation? Are they realistic? Do they stimulate positive or negative reactions from family members (and caregivers specifically)? Do they result in the child behaving in challenging and difficult ways?
- What are the similarities and difference between the placed child and other children in the family?
- How has the family functioning been affected since the placement?[76]

CHAPTER 7
Family Assessment

During the initial assessment, the child protective services (CPS) caseworker has identified behaviors and conditions about the child, parent, and family that contribute to the risk of maltreatment. During the family assessment, the CPS caseworker engages the family in a process designed to gain a greater understanding about family strengths, needs, and resources so that children are safe and the risk of maltreatment is reduced. The family assessment is initiated immediately after the decision is made that ongoing services are needed.

This chapter explores principles for conducting family assessments, key decisions made during family assessments, the family assessment process, community collaboration, and special practice issues related to cultural sensitivity and cultural competence.

Family Assessment Principles

Family assessments, in order to be most effective, should be culturally sensitive, strength-based, and developed with the family. They should be designed to help parents or caretakers recognize and remedy conditions so children can safely remain in their own home.[77] Given the emphasis on timeliness built into the Adoption and Safe Families Act (ASFA), the assessment of the family's strengths and needs should be considered in the context of the length of time it will take for the family to provide a safe, stable home environment.

A culturally sensitive assessment recognizes that parenting practices and family structures vary as a result of ethnic, community, and familial differences, and that this wide range can result in different but safe and adequate care for children within the parameters of the law. Each family has its own structure, roles, values, beliefs, and coping styles. Respect for and acceptance of this diversity is a cornerstone of family-centered assessments. The assessment process must acknowledge, respect, and honor the diversity of families.[78]

A strength-based assessment "recognizes that people, regardless of their difficulties, can change and grow, that healing occurs when a family's strengths, not its weaknesses, are engaged, and that the family is the agent of its own change."[79] While an outline for the family assessment process increases the likelihood that all assessment areas are covered, family assessments must be individualized and tailored to the unique strengths and needs of each family.[80] An individualized assessment is undertaken in conjunction with other service providers to form a comprehensive picture of the individual, interpersonal, and societal pressures on the family members—individually and as a group. This holistic approach takes both client competencies and environment into consideration and views the environment as both a source of and solution to families' problems.[81] When possible, the assessment process also should be conducted in conjunction with the families' extended family and

support network through the use of family decision-making meetings and other formats.[82]

For both practice accountability and empirical usefulness, CPS caseworkers should consider using assessment tools and standardized clinical measures to evaluate risk and protective factors. Tools that support the assessment of specific family strengths, needs, and resources include:

- Genogram—diagram resembling a family tree completed with the family's assistance;
- Ecomap—diagram linking the family tree with outside systems and resources;
- Self-report instruments—questionnaire or survey measuring beliefs, strengths, risks, and behaviors;
- Observational tools—devices enabling professionals to examine personal and family dynamics.[83]

Using such tools, identified needs are translated into specific intervention outcomes that form the basis of time-limited, individualized case plans.

In summary, while the initial assessment identifies the risk factors of concern in the family, the family assessment considers the relationship between strengths and risks and identifies what must change in order to keep children safe, reduce the risk of future maltreatment, increase permanency, and enhance child and family well-being. Consequently, where the initial assessment identifies problems, the family assessment promotes an understanding of the problems and becomes the basis for an intervention plan.

Family Assessment Decisions

Based on the additional information gathered and analyzed, the caseworker must ask the following questions to inform the assessment:

- What are the risk factors and needs of the family that affect safety, permanency, and well-being?
- What are the effects of maltreatment that affect safety, permanency, and well-being?
- What are the individual and family strengths?
- What do the family members perceive as their problems and strengths?
- What must change in order for the effects of maltreatment to be addressed and for the risk of maltreatment to be reduced or eliminated?
- What are the parent's or caregiver's level of readiness for change and motivation and capacity to assure safety, permanency, and well-being?

To arrive at effective decisions during the family assessment process, the CPS caseworker should use competent interviewing skills to engage the family in a partnership; gather and organize information; analyze and interpret the meaning of the information; and draw accurate conclusions based on the assessment.

Family Assessment Process

To accomplish the purposes of the family assessment, caseworkers should:

- Review the initial assessment or investigation information;
- Develop a family assessment plan;
- Conduct the family assessment by interviewing all members of the household and other individuals the family identifies as having an interest in the safety and well-being of the child;
- Consult with other professionals as appropriate;
- Analyze information and make decisions.

Review the Initial Assessment or Investigation Information

To provide focus for the family assessment, the caseworker should begin by reviewing the information previously gathered and analyzed during the initial assessment or investigation. Based on an analysis of this information, the caseworker should develop a list of questions that need to be answered during the family assessment process. The following questions are examples of areas that the caseworker may want to examine:

- What was the nature of the maltreatment (type, severity, chronicity)?
- What was the family's understanding of the maltreatment?
- Which risk factors identified during the initial assessment or investigation are most concerning?
- What is the child's current living situation with regard to safety and stability?
- Was a safety plan developed? What has been the family's response to this plan?
- What is currently known about the parent or caregiver's history? Are there clues that suggest that further information about the past will help to explain the parent or caregiver's current functioning?
- What is known about the family's social support network? Who else is supporting the family and who will be available on an ongoing basis for the family to rely on?
- Are there any behavioral symptoms observed in the child? How has the child functioned in school and in social relationships? Who else may have information about any behavioral or emotional concerns?
- Have problems been identified that may need further examination or evaluation (e.g., drug or alcohol problems, psychiatric or psychological problems, and health needs)?
- What further information about the family will help provide an understanding of the risks and protective factors related to the potential of continued maltreatment?

Develop a Family Assessment Plan

Based on the areas identified through the review, the caseworker should develop a plan for how the assessment process will occur. In general, it takes an average of 4 to 6 weeks to "get to know" the family enough to draw accurate conclusions, although laws may vary from State to State regarding the time before an assessment is required. The following issues need to be considered in developing the plan for the assessment:

- When will the first meeting be held with the family?
- How often will meetings with the family occur?
- Where will meetings be held and how will the setting be controlled?
- Who will be involved in each meeting? Are there other persons (e.g., friends, extended family, other professionals) who have critical information about the needs of this family? How will they be involved in the process?
- Will the services of other professionals be needed (e.g., for psychological tests, or alcohol or other drug abuse assessments)?
- What reports may be available to provide information about a particular family member or the family as a system (e.g., from school or health care providers)?
- When will the information be analyzed and a family assessment summary completed?
- How will the caseworker share this information with the family?

Conduct the Family Assessment

Once the plan for the assessment has been established, the caseworker should conduct interviews with the child and family to determine the treatment needs of the family. Four types of meetings are held:

Meeting with the Family

If possible and if it is safe for all family members, the caseworker should meet with the entire family to begin the family assessment. This ensures that each family member knows the expectations from the beginning; everyone's participation is judged important; and communication is open and shared among family members.

During this initial contact, the caseworker should provide an opportunity for the family to discuss the initial assessment, share the plan for conducting the family assessment, and seek agreement on scheduling and participation. The caseworker should be specific with the family about the purposes of the family assessment and should avoid technical or professional terminology. It also is important to affirm that the intention of CPS is to help the family keep the child safe and address mutually identified problems to reduce the risk of child maltreatment in the future. The caseworker should attempt to gain an initial understanding of the family's perception of CPS and its current situation.

To gain a better understanding of family dynamics, at least one assessment meeting beyond the introductory session should be conducted with the entire family to observe and assess the roles and interactions. Caseworkers should consider communication patterns, alliances, roles and relationships, habitual patterns of interaction, and other family-related concepts.

Meeting with the Individual Family Members

Meetings with individual family members, including the children, should be held. At the beginning of each meeting, the caseworker should clarify the primary purpose of the interview and attempt to build rapport by identifying areas of common interest. It is important to demonstrate appreciation of the person and his or her situation and worth. This is not an interrogation; the caseworker is trying to better understand the person and the situation.

In each individual meeting, the caseworker should carefully explore the areas that have been identified previously for study. In interviews with the children, the emphasis will likely be on understanding more about any effects of maltreatment. In interviews with the parents, the emphasis is on trying to uncover the causes for the behaviors and conditions that present risk and obtain the parents' perceptions of their problems. As part of meetings with the parents, it is important that the caseworker examines the influence that family history and culture may have on current behavior and functioning. In meetings with both children and parents, the caseworker should also attempt to obtain family members' perceptions about the strengths in their family and how these strengths can be maximized to reduce the risk of maltreatment.

Meeting with the Parent or Caregiver

In families with more than one adult caregiver, the caseworker should arrange to hold at least one of the meetings with the adults together, if it is possible and safe for both adults. During this interview, the caseworker should observe and evaluate the nature of the relationship and how the two communicate and relate. The caseworker should also consider and discuss parenting issues and the health and quality of the marital relationship as well as seek the parent or caregiver's perception of problems, the current situation, and the family. The worker should be alert to signs that could indicate the possibility of partner abuse and avoid placing either adult in a situation that could increase risk, such as referring to sensitive information that may have been disclosed in individual meetings. As appropriate or if requested, the caseworker may also provide referrals for resources or services to clients experiencing difficulties that are not risk factors.

Consulting with Other Professionals

While the CPS caseworker has primary responsibility for conducting the family assessment, frequently other community providers may be called upon to assist with the assessment. Other providers should be consulted when there is a specific client condition or behavior that requires additional professional assessment. For example:

- The child or parent exhibits undiagnosed physical health concerns or the child's behaviors or emotions do not appear to be age-appropriate (e.g., hyperactivity, excessive sadness and withdrawal, chronic nightmares, bed wetting, or aggressive behavior at home or at school);
- The parent exhibits behaviors or emotions that do not appear to be controlled, such as violent outbursts, extreme lethargy, depression, or frequent mood swings;
- The child or parent has a chemical dependency.

A good way to judge whether outside referrals are needed is to review the gathered information and assess whether significant questions still exist about the risks and strengths in this family. If the caseworker is having difficulty writing the tentative assessment, he or she should consult the supervisor to determine whether consultation with an interdisciplinary team or an evaluation of presenting problems by others in the community may be appropriate.

If the assessment identifies the need for specific evaluation, the referral should specify the following:

- The reason for referral, including specific areas for assessment as they relate to the risk of maltreatment;
- The parent's knowledge regarding the referral and their response;
- The time frames for assessment, and when the agency will need a report back from the provider;
- The type of report requested regarding the results of the evaluation;
- The purpose and objectives of the evaluation (e.g., the parents' level of alcohol use and its effects on their ability to parent);
- The specific questions the caseworker wants answered to assist in decision-making;
- The need for a confidentiality release.

In addition, sometimes other providers contribute to the assessment process because of their role as advocates for the child. For example, if juvenile or family court is involved, the child may have a Guardian ad Litem (GAL) or court-appointed special advocate (CASA) who advises the court on needed services based on interviews conducted with the child and other family members.

Analyze Information and Make Decisions

Once adequate information has been gathered, the caseworker must analyze the information with regard to the key decisions. The CPS caseworker must identify which risk factors are most critical and what is causing them. This is determined by examining the information in terms of cause, nature, and extent; effects; strengths; and the family's perception of the maltreatment in order to individualize the CPS response to each child and family.

At the conclusion of the family assessment, the caseworker and family have identified changes necessary to keep children safe and reduce the risk of child maltreatment. These conclusions are then translated into desired outcomes and matched with the correct intervention response that will increase safety, well-being, and permanency for children. While the specific areas studied in the assessment are unique to each family circumstance, the following guide identifies areas for gathering essential information needed to draw necessary assessment conclusions.

Family Assessment Guide

Reasons for Referral. Briefly summarize the primary reasons this family is receiving continuing child welfare services and define the terms of any safety plan that was developed with the family.

Sources of Information. Identify all sources of information used to frame this assessment and refer to the specific dates of contact with the family and other persons or systems that relate to assessment information.

Identifying Information. Describe the family system, as defined by the family. Include members' names, ages, and relationship to the primary caregiver; sources of economic support and whether it is perceived as adequate; and current school or vocational training status. Describe the current household situation, including sleeping arrangements, and the client's perception of their neighborhood, especially as it pertains to safety.

Presenting Problems, Needs, and Strengths. Describe family members' perceptions of the presenting needs as they relate to each individual member, the family system, and its environment. As appropriate, include a history of the problem development and previous attempts to address it, as well as an explanation of family members' readiness and motivation to engage in help for the problem at this particular time. Also, identify the family's stated goals as they relate to each problem.

Family Background and History. Write a social history. Ideally, the primary caregiver(s) should be described first. Begin with his or her birth, and describe the family of origin—its members, their relationships with each other, and significant descriptive characteristics of each member. Follow that member's development into adulthood and up to but not including the present time. Genograms are particularly helpful in understanding life events over time. Identify important personal relationships, including those characterized by maltreatment, substance abuse, or violence; identify positive life events as well as stressful ones; and describe relationships with systems, including educational, vocational, legal, religious, medical, mental health, and employment. The history of other adults and children in the household should be summarized, addressing the preceding points, as appropriate and available. Complete this history in chronological order, if possible.

Present Status. Describe the present life situation of the family, particularly information about risks and strengths related to each child in the family, each caregiver's functioning, the family system, and the environment and community. Standardized assessment measures may be helpful to better understand the family and identify areas to be recorded in the casefile.

Tentative Assessment. Summarize risks and strengths related to each family member. This is the opportunity for the worker to analyze the collected information and to draw conclusions about the most important strengths and needs of individual family members and the family as a system. Knowledge of human development, personality theory and psychopathology, family systems, ecological theory, and psychosocial theory should be drawn on to form these conclusions. The worker should make informed judgments about the objective and observational information that has been collected and recorded. In this section, the caseworker specifically summarizes what must change to reduce the risk of child maltreatment.

Special Practice Issue—Cultural Sensitivity

Cultural sensitivity is a critical element in obtaining a comprehensive understanding of a family's situation. For a thorough analysis, it is also a necessary component of the family assessment process. There are three important principles to consider when working with families from different cultures:

- Believe that diversity is a good thing and that having different ideals, customs, attitudes, practices, and beliefs does not, in and of itself, constitute deviance or pathology. If a worker approaches culturally different clients from this perspective, the client is more likely to perceive that the worker has communicated respect for them as persons, and the assessment will be more accurate.
- Accept that everyone has biases and prejudices. This helps to increase objectivity and guard against judgments affected by unconscious biases.
- Understand that the nature of the CPS caseworker and client relationship represents a power imbalance. If there are cultural differences between the caseworker and the client, the client may have difficulty trusting that the caseworker truly intends to empower the client to be an equal partner in the helping relationship.[84]

For example, to develop rapport with clients during the family assessment effectively, the caseworker should be sensitive to cultural similarities and differences with the client. In order to be empathetic, the caseworker should be aware of both the individual uniqueness and the cultural or historical roots of the client.[85] In all assessments, the client is the most important source of information about the family, including providing information about cultural aspects and lifestyles unique to that family. Effective cultural competence requires that caseworkers:

- Respect how clients differ from them;
- Be open to learning about cultural differences when assessing strengths and needs of families;
- Avoid judgments and decision-making resulting from biases, myths, or stereotypes;
- Ask the client about a practice's history and meaning if unfamiliar with it;
- Explain the law that regards a particular cultural practice as abuse;
- Elicit information from the client regarding strongly held family traditions, values, and beliefs, especially child rearing practices.

Guide to Understanding Cultural Differences

With every family assessment, there are certain areas that may be affected by a person's history and culture. The following questions may be used as a guide to understand cultural difference as part of the assessment. According to the client:

- What is the purpose and function of the nuclear family?
- What roles do males and females play in the family?
- What is the role of religion for the family? How do these beliefs influence child-rearing practices?
- What is the meaning, identity, and involvement of the larger homogenous group (e.g., tribe, race, nationality)?
- What family rituals, traditions, or behaviors exist?
- What is the usual role of children in the family?
- What is the perception of the role of children in society?
- What types of discipline does the family consider to be appropriate?
- Who is usually responsible for childcare?
- What are the family's attitudes or beliefs regarding health care?
- What are the family's sexual attitudes and values?
- How are cultural beliefs incorporated into family functioning?
- How does the family maintain its cultural beliefs?
- Who is assigned authority and power for decision-making?
- What tasks are assigned based on traditional roles in the family?
- How do family members express and receive affection? How do they relate to closeness and distance?
- What are the communication styles of the family?
- How does the family solve problems?
- How do family members usually deal with conflict? Is anger an acceptable emotion? Do members yell and scream or withdraw from conflict situations?[86]

CHAPTER 8

Case Planning

Intervention with abused and neglected children and their families must be planned, purposeful, and directed toward the achievement of safety, permanency, and well-being. One of the essential elements of planned and purposeful intervention is a complete understanding of the factors contributing to maltreatment. The case plan identifies risks and problematic behaviors, as well as the strategies and interventions to facilitate the changes needed, by laying out tasks, goals, and outcomes. Safety plans and concurrent permanency plans are often incorporated into the case planning process, as needed.

Flexibility also is critical in developing and implementing case plans. The use of creativity helps in developing new approaches to tackle difficult problems. The children and family's needs and resources may change, and flexibility allows the plan to follow suit. Planning is a dynamic process; no plan should be static.

Since safety plan considerations are incorporated throughout this manual, this chapter focuses on the case plan process. This entails developing the case plan, involving the family, targeting outcomes, determining goals and tasks, and developing concurrent case plans.

Developing the Case Plan

The case plan that a child protective services (CPS) caseworker develops with a family is their road map to successful intervention. The outcomes identify the destination, the goals provide the direction, and the tasks outline the specific steps necessary to reach the final destination. The purposes of case planning are to:

- Identify strategies with the family that address the effects of maltreatment and change the behaviors or conditions contributing to its risk;
- Provide a clear and specific guide for the caseworker and the family for changing the behaviors and conditions that influence risk;
- Establish a benchmark to measure client progress for achieving outcomes;
- Develop an essential framework for case decision-making.

The primary decisions during this stage are guided by the following questions:

- What are the outcomes that, when achieved, will indicate that risk is reduced and that the effects of maltreatment have been successfully addressed?
- What goals and tasks must be accomplished to achieve these outcomes?
- What are the priorities among the outcomes, goals, and tasks?
- What interventions or services will best facilitate successful outcomes? Are the appropriate services available?
- How and when will progress be evaluated?

Involving the Family

Families who believe that their feelings and concerns are heard are more likely to engage in the case-planning process. Therefore, decisions regarding outcomes, goals, and tasks should be a collaborative process between the caseworker, family, family network, and other providers. Caseworkers should help the family maintain a realistic perspective on what can be accomplished and how long it will take to do so. Involving the family accomplishes the following:

- Enhances the essential helping relationship because the family's feelings and concerns have been heard, respected, and considered;
- Facilitates the family's investment in and commitment to the outcomes, goals, and tasks;
- Empowers parents or caregivers to take the necessary action to change the behaviors and conditions that contribute to the risk of maltreatment;
- Ensures that the agency and the family are working toward the same end.

Family Meetings

Since the early 1990s, CPS agencies have primarily been using two models—the Family Unity Model and the Family Group Conferencing Model (also known as the Family Group Decision-making Model)—to optimize family strengths in the planning process. These models bring the family, extended family, and others in the family's social support network together to make decisions regarding how to ensure safety and well-being. The demonstrated benefits of these models include:

- Increased willingness of family members to accept the services suggested in the plan because they were integrally involved in the planning process;
- Enhanced relationships between professionals and families resulting in increased job satisfaction of professionals;
- Maintained family continuity and connection through kinship rather than foster care placements.

Family meetings can be powerful events. During the meetings, families often experience caring and concern from family members, relatives, and professionals. Since meetings are based on the strengths perspective, families may develop a sense of hope and vision for the future. The meetings also can show families how they should function by modeling openness in communication and appropriate problem-solving skills.[87]

Targeting Outcomes

One of the decisions resulting from the assessment is what changes must the family make to reduce or eliminate the risk of maltreatment. Achieving positive client outcomes indicates that the specific risks of maltreatment have been adequately reduced and that the effects of maltreatment are satisfactorily addressed.

Agency Outcomes

With the passage of the Adoption and Safe Families Act (ASFA) in 1997, child welfare agencies have been directed to design their intervention systems to measure the achievement of outcomes. There has been consensus that child welfare outcomes, at the program level, can be organized around four domains: child safety, child permanence, child well-being, and family well-being (functioning). Although all four are important, Federal and State laws emphasize child safety and permanence, so these two outcomes are often used to evaluate agency performance. The agency outcomes are defined as:

- **Child safety.** The safety of children is the paramount concern that guides CPS practice. In many States, the evaluation of child safety is equivalent to the determination that the child is at imminent risk of serious harm.[88]

- **Child permanence.** Although maintaining a constant focus on child safety is critical, casework interventions also must be aimed at maintaining or creating permanent living arrangements and emotional attachments for children. This is based on the belief that stable, caring relationships in a family setting are essential for the healthy growth and development of the child. This stresses providing reasonable efforts to prevent removal and to reunify families, when safe and appropriate to do so and as specified under ASFA. This also promotes the timely adoption or other permanent placement of children who cannot return safely to their own homes.[89]

- **Child well-being.** The general well-being of children who come in contact with the CPS system also must be addressed, especially for children placed in substitute care. This requires that children's physical and mental health, educational, and other needs will be assessed, and that preventive or treatment services are provided when warranted.[90]

- **Family well-being.** Families must be able to function at a basic level in order to provide a safe and permanent environment for raising their children. Caseworkers are not expected to create optimal family functioning, but rather facilitate change so that the family can meet the basic needs of its members and assure their protection.

Child and Family-level Outcomes

Positive outcomes indicate that both the risks and the effects of maltreatment have been reduced due to changes in the behaviors or conditions that contributed to the maltreatment. The outcomes should address issues related to four domains—the child, the parents or other caregivers, the family system, and the environment—and be designed to contribute to the achievement of the CPS agency outcomes for child safety, child permanence, child well-being, and family well-being.[91]

- **Child-level outcomes.** Outcomes for children focus on changes in behavior, development, mental health, physical health, peer relationships, and education. Sample desired outcomes are improved behavior control (as evidenced by managing angry impulses) or developmental appropriateness and adjustment in all areas of functioning (as evidenced by the child's physical development within range of the chronological age).

- **Parent or caregiver outcomes.** Outcomes for parents or caregivers focus on many areas, such as mental health functioning, problem solving ability, impulse control, substance abuse treatment, and parenting skills. A sample desired outcome is improved child management skills (as evidenced by establishing and consistently following through with rules and limits for children).

- **Family outcomes.** Outcomes for the family focus on such issues as roles and boundaries, communication patterns, and social support. A sample desired outcome is enhanced family maintenance and safety (as evidenced by the ability to meet members' basic needs for food, clothing, shelter, and supervision).

- **Environmental outcomes.** Sometimes outcomes focus on the environmental factors contributing to the maltreatment, such as social isolation, housing issues, or neighborhood safety. A sample desired outcome is utilizing social support (as evidenced by a family being adopted by a church that provides child care respite, support group, and family activities).

Targeting Outcomes for a Family: Case Example

The Dawn family consists of the father, Mr. Dawn, age 34; mother, Mrs. Dawn, age 32; daughter, Tina, age 6; and son, Scott, age 3½. The family was reported to CPS by the daycare center. Scott had lateral bruises and welts on his buttocks and on the back of his thighs. The daycare center reported that Scott was an aggressive child; he throws things when he is angry, hits other children, and runs from the teacher. The center also has threatened not to readmit him.

Through investigation and family assessment, the caseworker learned that Mr. and Mrs. Dawn have been married for 10 years. Mr. Dawn completed high school and is employed as a clerk in a convenience store. He works the evening shift, 4 to 11 p.m., and was recently turned down for a promotion. Mrs. Dawn also completed high school, went on to become a paralegal, and is employed as a legal assistant. Tina was a planned child, but Scott was not. The parents described Tina as a quiet and easy child. They described Scott as a difficult child and as having a temper and not minding adults. Recently, he threw a truck at his sister, causing her to need stitches above her eye, and tore his curtains down in his bedroom. His parents described Scott as unwilling to be held and loved. Both parents are at their wits' end and do not know what to do with Scott. Mrs. Dawn reported that all of the discipline falls on her, and she cannot control Scott.

The home appeared chaotic with newspapers, toys, and magazines strewn all over the living room. There was no evidence of structure or consistent rules. Scott misbehaved during the interview. Sometimes the parents ignored his behavior, and other times they addressed his behavior only when it had escalated to the point that he was out of control. It also appeared that Tina had a lot of age-inappropriate responsibility, for example, making Scott's breakfast every morning.

Mr. Dawn said his mother used severe forms of punishment when he misbehaved. He feels it taught him right from wrong, believing that children need strong discipline to grow up into healthy, functioning adults. He said he often "sees red" when Scott misbehaves and that he yells at Scott or hits Scott with a nearby object.

The family is socially isolated. Mr. Dawn's mother is alive, but they are estranged. Mrs. Dawn's parents are deceased, and her two brothers live hundreds of miles away. Mrs. Dawn has a friend at work, but they do not communicate outside of work. The parents described being very much in love when they met. However, because of work schedules, they have very little time to spend together. Mrs. Dawn describes her husband as often yelling at her and the children rather than just talking.

Targeting Outcomes for a Family: Case Example

The behaviors and conditions contributing to the risk include:

- Father's poor impulse control
- Father's childhood history of abuse
- Father's aggressive behavior
- Lack of structure, rules, and limits
- Inconsistent and inappropriate discipline
- Family isolation
- Inappropriate role expectations
- Poor family communication
- Scott's poor impulse control
- Scott's aggressive and dangerous behavior

Sample parent outcomes may be improved impulse control, child management skills, and coping skills.

Sample family outcomes may be improved communication and family functioning.

Sample child outcomes may be improved and age-appropriate behavioral control.

Determining Goals

Caseworkers should work with families to develop goals that indicate the specific changes needed to accomplish the outcomes. The objective is not to create a perfect family or a family that matches a caseworker's own values and beliefs. Rather, the goal is to reduce or eliminate the risk of maltreatment so that children are safe and have their developmental needs met. Goals should be **SMART**; in others words, they should be:

- ***S*pecific.** The family should know exactly what has to be done and why.
- ***M*easurable.** Everyone should know when the goals have been achieved. Goals will be measurable to the extent that they are behaviorally based and written in clear and understandable language.
- ***A*chievable.** The family should be able to accomplish the goals in a designated time period, given the resources that are accessible and available to support change.
- ***R*ealistic.** The family should have input and agreement in developing feasible goals.
- ***T*ime limited.** Time frames for goal accomplishment should be determined based on an understanding of the family's risks, strengths, and ability and motivation to change. Availability and level of services also may affect time frames.

Goals should indicate the positive behaviors or conditions that will result from the change and not highlight the negative behaviors.

Determining Tasks

Goals should be broken down into small, meaningful, and incremental tasks. These tasks incorporate the specific services and interventions needed to help the family achieve the goals and outcomes. They describe what the children, family, caseworker, and other service providers will do and identify time frames for accomplishing each task. Families should understand what is expected of them, and what they can expect from the caseworker and other service providers. Matching services to client strengths and needs is discussed in Chapter 9, "Service Provision."

In developing tasks, caseworkers should also be aware of services provided by community agencies and professionals, target populations served, specializations, eligibility criteria, availability, waiting lists, and fees for services. With this knowledge, CPS caseworkers can determine the most appropriate services to help the family achieve its tasks. The following text box illustrates a sample outcome, the goals, and the tasks using the case example from earlier in this chapter.

Developing Concurrent Plans

Concurrent planning seeks to reunify children with their birth families while at the same time establishing an alternative permanency plan that can be implemented if reunification cannot take place. In cases such as these, the caseworker needs to develop two separate case plans, although it may seem confusing to work in two directions simultaneously. Concurrent permanency plans provide workers with a structured approach to move children quickly from foster care to the stability of a safe and continuous family home.[92]

Sample Outcome, Goals, and Tasks for the Dawn Family

Outcome: Effective child management skills.

Goal: Mr. and Mrs. Dawn will establish, consistently follow, and provide positive reinforcement for rules and limits.

Task: Mr. and Mrs. Dawn will set consistent mealtimes, bedtimes, and wake-up times for the children.

Task: Mr. and Mrs. Dawn will work with the caseworker to set specific, age-appropriate expectations for their children.

Goal: Mr. and Mrs. Dawn will use disciplinary techniques that are appropriate to Scott and Tina's age, development, and type of misbehavior.

Task: Mr. and Mrs. Dawn will identify those components of Scott's behavior that are most difficult for them to manage and the disciplinary techniques they can use to help him control his behavior.

CHAPTER 9
Service Provision

Once the case plan has been developed, the caseworker provides or arranges for services identified in the plan to help family members achieve tasks, desired outcomes, and case plan goals. Selecting and matching interventions is a critical step in the casework process. To the extent possible, interventions that have demonstrated success in addressing the issues that brought the family to child protective services (CPS) should be selected.

An important consideration in selecting interventions is an assessment of the readiness to change. For further information, see Chapter 3, "The Helping Relationship," Chapter 7, "Family Assessment," and Chapter 8, "Case Planning." For example, if a family member is at the precontemplation stage, it is important to select initial interventions that will increase their motivation to change, rather than selecting interventions that assume the individual is at the action stage. However, there is significant variation in readiness or eagerness to change among clients, and an individual's readiness to change may fluctuate from time to time. The role of the caseworker is to collaborate with the individual or family in developing plans and selecting services that will best facilitate change.

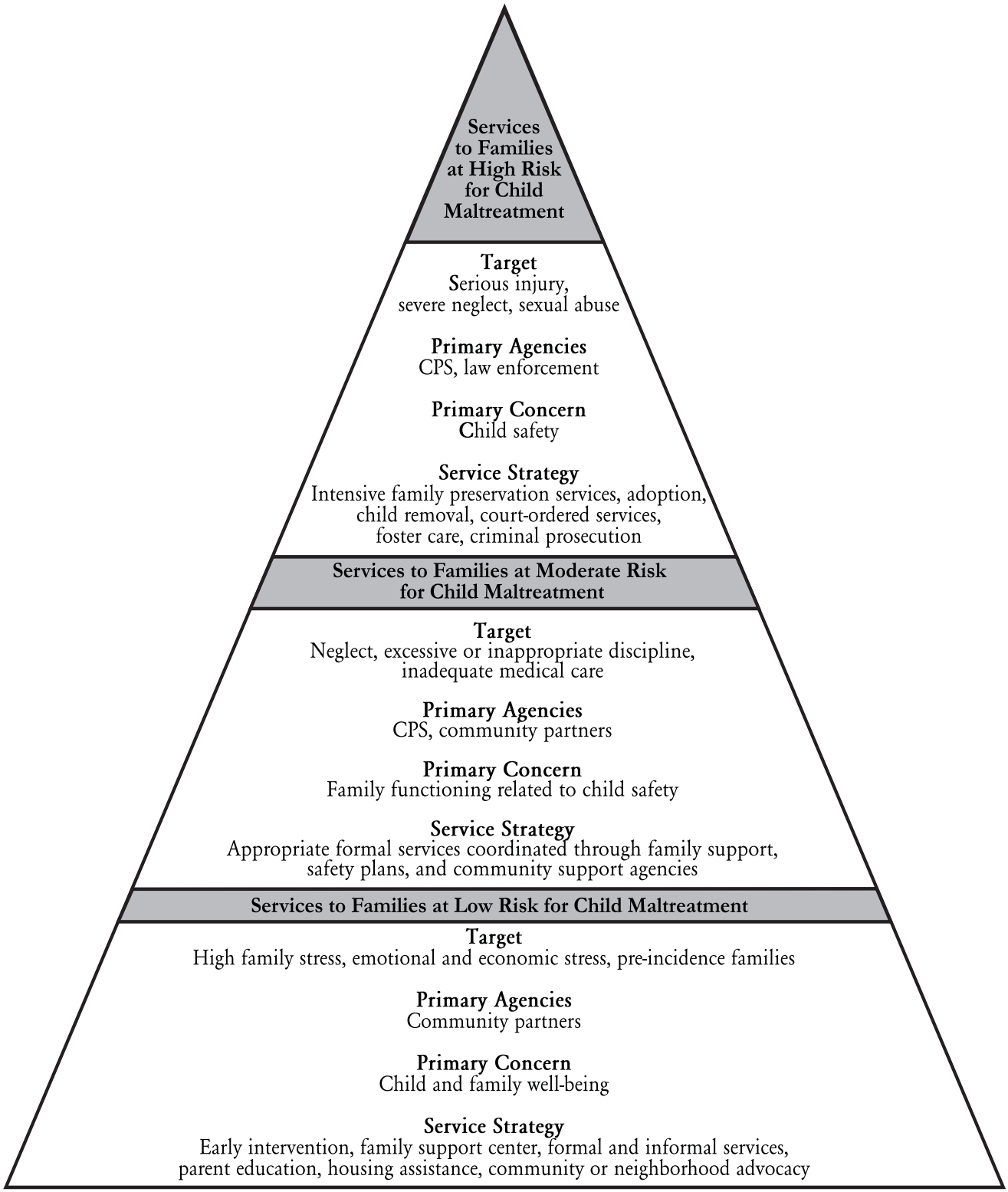
Richard Gelles, a leading researcher in the field of family violence, suggests that some families with maltreatment problems are treatment-resistant. He proposes making early decisions about permanence because the risk of maltreatment is high and the readiness for change is low.[93] Since the principles and provisions of the Adoption and Safe Families Act (ASFA) are designed to ensure child safety and decrease the time necessary to reach permanency, it is critical to evaluate a family's readiness to change and select interventions that will help families ultimately achieve child safety and permanence.

This chapter introduces a conceptual framework for services based on levels of risk in a family and discusses case management and service coordination issues. The chapter also presents an overview of the various types of treatment and intervention services available for abused and neglected children and their families.

Service Framework Based on Levels of Risk

A conceptual framework developed by the National Association of Public Child Welfare Administrators (NAPCWA), presented in Exhibit 9-1, is helpful in thinking about the levels of services appropriate to the level of risk presented by the family. The top third of the pyramid represents reports of child abuse and neglect that pose the highest risk for children, are concerned primarily with child safety, and often involve child removal and court-ordered services. The primary role for the CPS caseworker is to help families understand and acknowledge the risk factors that contributed or could lead to serious maltreatment, and to engage them in developing safety, case, and concurrent permanency plans. Since

Exhibit 9-1
Child Protection Service Pyramid[94]



services are often court-ordered, the likelihood of success will be dependent on both the caseworker's ability to communicate the potential benefits of specific intervention strategies effectively and the family's response. Family members served in this category are likely to be in the precontemplation stage of change.

The middle third of the pyramid represents family conditions that pose moderate risk to children, warrant services by CPS, focus on child safety and family well-being, and often involve collaboration with other service providers. The success of intervention is directly related to the CPS worker's ability to develop a partnership with the family. When referred, some families may be at the precontemplation stage of change, while others may be at the contemplation or determination stages of change. The role of the CPS worker is to help family members prepare for change and to collaborate on safety and case plans that will lead to improvements in family well-being and child safety.

The bottom third of the pyramid represents families that are identified as low risk for immediate maltreatment, but who experience high family stress. These families can often be served by early intervention, family support centers, and informal helping systems. The primary outcomes for these families are enhanced child and family well-being.

Case Management

Case management emphasizes decision-making, coordination, and provision of services.[95] Caseworkers collect and analyze information, arrive at decisions at all stages of the casework process, coordinate services provided by others, and directly provide supportive services. Three primary objectives for case management practice are relevant to the case management role of CPS caseworkers: (1) continuity of care, (2) accessibility and accountability of service systems, and (3) service system efficiency.[96] These objectives are best achieved when caseworkers know the resources available, have expertise in a particular area of practice, use interpersonal and group skills to interact with other professionals, and lead and coordinate the service delivery process by developing case plans that are clear to all parties. It is the caseworker's responsibility to:

- Select, provide, and arrange for the most appropriate services;
- Communicate and collaborate with identified service providers;
- Measure progress toward achievement of outcomes and goals;
- Maintain records to document client progress and ensure accountability;
- Prepare and review necessary reports.

When other service providers are used as part of the CPS caseworker's overall risk-reduction strategy, it is important to establish a contract with the referral agency or individual professional. The contract should include the following:

- Results of the family assessment, including an identification of the most critical risk factors that the service provider is to address;
- Copy of the case plan with tasks, outcomes, goals, and identification of the service provider's role;
- Specification of the purpose of the referral and the expectations regarding the type, scope, and extent of services needed;
- Specification of the number, frequency, and method of reports required, as well as reasons for reports;
- Expectations for reporting on observable changes in achievement of client tasks, outcomes, and goals;
- Measures of client progress;
- Provisions for coordinating among providers and monitoring service provision.

Treatment and Intervention

Since child maltreatment is rooted in a variety of personal and environmental factors, interventions need to address as many of these contributing issues as possible. Early evaluation research on treatment effectiveness suggests that successful intervention requires a comprehensive package addressing both the interpersonal and concrete needs of all family members. This research suggests that programs relying solely on professional therapy without other supportive or remedial services to children and families offer less opportunity for maximizing client gains. In addition, the findings suggest that during the initial months of treatment agencies should invest the most intensive resources to engage the family, then begin altering behavior as close to the point of initial referral as possible.[97]

Clearly, each community should possess a broad range of services to meet the multidimensional needs of abused and neglected children and their families, but that is not always the case due to funding or other issues. Nevertheless, CPS maintains responsibility for identifying and obtaining the most appropriate services available. Selecting services in a particular case is based on:

- Assessment of the factors contributing to the risk of maltreatment and the family's strengths;
- Outcomes targeted for change;
- Treatment approaches best suited to a particular outcome;
- Resources available in the community.

Exhibit 9-2 reflects a broad selection of treatment and other intervention services for child abuse and neglect, although it is not a comprehensive guide. These services range from support for children and families to long-term treatment interventions. Some services require extensive training before implementation. Arranged alphabetically by title within categories, the exhibit summarizes the primary focus and target population for each type of service. Information regarding evaluation and research support, and related studies is included, along with references to selected manuals, curricula, guidelines for implementation, and other background material.

For more information on these treatment and intervention services, please visit the *User Manual Series* Web site at **www.calib.com/nccanch/pubs/usermanual.cfm** or review the related literature. Inclusion in this exhibit does not reflect an endorsement of the treatment or intervention by the U.S. Department of Health and Human Services.

Exhibit 9-2 Selected Treatment and Intervention Services				
Service	**Focus**	**Population**	**Research**	**Reference Information**
Services for Children and Adolescents				
Art Therapy	To use art to help children deal with feelings of victimization, loss, and separation. Used for assessment and treatment.	Abused children	Generally supported in clinical literature and practice, yet no controlled studies of its efficacy at time of writing.	Literature review and supporting information are available.[98]
Cognitive Processing Therapy	Through cognitive restructuring, provides relief of symptoms arising from exposure to traumatic events.	Children and adolescents with post-traumatic stress disorder (PTSD) or related depression	Research indicates positive results.[99]	Treatment manual, guidelines, and supporting information are available.[100]
Early Childhood Programs	To provide children with respite from a stressful home situation by giving them clear structure and opportunities to interact with positive adult role models in a safe childcare setting.	Abused and at-risk children	When provided in conjunction with other appropriate services, research indicates positive results.[101]	Supporting information is available.
Eye Movement Desensitization and Reprocessing	To integrate a range of therapeutic approaches in combination with eye movement stimulation to affect cognitive processes and resolve therapeutic issues at a faster rate.	Traumatized children or adolescents	When provided in conjunction with other appropriate services, research indicates positive results.[102]	Guidelines, protocols, training, and supporting information are available.[103]

Exhibit 9-2 Selected Treatment and Intervention Services				
Service	**Focus**	**Population**	**Research**	**Reference Information**
Services for Children and Adolescents (continued)				
Family Foster Care and Kinship Care	To provide a safe, supportive environment through out-of-home placement while working toward family reunification or permanent placement.	Children and adolescents who have been abused or are at high risk for further maltreatment.	Some research indicates positive results of kinship care; while others suggest concerns about the availability of fewer services to these families.[104]	Supporting information is available.[105]
Resilient Peer Training Intervention	School-based service designed to enhance the social competencies of vulnerable children through interactions with resilient peers and supportive adults.	Abused and at-risk children	Research indicates positive results.[106]	Guidelines and supporting information are available.[107]
Sex Offender Treatment for Adolescents	To change beliefs and attributions that support sex abuse, improve reactions to negative emotions, enhance behavioral risk management, and promote pro-social behaviors.	Adolescent sex offenders	Some research suggests promising results, yet there is no clear evidence.[108]	Treatment manuals and supporting information are available.[109]
Supportive Services	To provide assistance, guidance, and positive role models. May include services provided by Big Brothers/Big Sisters, YMCA, Foster Grandparents, and faith- and community-based groups.	Abused and at-risk children	Generally supported in research and practice, yet empirical evidence of efficacy has varied.[110]	Supporting information is available.[111]

Exhibit 9-2 Selected Treatment and Intervention Services				
Service	**Focus**	**Population**	**Research**	**Reference Information**
Services for Children and Adolescents (continued)				
Trauma-focused Play Therapy	To use play to enable abused children to express overwhelming emotions and thoughts. Used for both assessment and treatment.	Abused children	Generally supported in clinical literature and practice, yet no controlled studies of its efficacy. Review of literature suggests positive results.[112]	Guidelines and supporting information are available.[113]
Treatment Foster Care	To provide therapeutic services to children within the private homes of trained families. Serves as a less restrictive, family-based alternative to residential or institutional care.	Children and adolescents with significant behavioral, emotional, and mental health problems	Research indicates positive results.[114]	Supporting information is available.[115]
Services for Parents				
Adult Child Molester Treatment	To address harmful thinking and behaviors that led offenders to sexually abuse by replacing them with appropriate thoughts and choices.	Adult sex offenders	Research indicates positive results.[116]	Supporting information is available.[117]
Focused Treatment Interventions	To increase child safety, reduce risk, identify and build family strengths, and clarify responsibility in child maltreatment cases using a multidisciplinary approach.	Families that have experienced abuse	Initial research suggests positive results.[118]	Guidelines and supporting information are available.[119]

Exhibit 9-2 Selected Treatment and Intervention Services				
Service	**Focus**	**Population**	**Research**	**Reference Information**
Services for Parents (continued)				
Focus on Families	To decrease drug use and enhance parenting skills. Sessions address relapse, family management, and promoting children's success in school.	Maltreating, substance abusing parents	Research indicates positive results.[120]	Training curriculum is available.[121]
Parent-Child Education Program for Physically Abusive Parents	To establish positive parent-child interactions and child rearing methods that are responsive to situational and developmental changes.	Physically abusive parents	Research indicates positive results.[122]	Guidelines and treatment manuals are available.[123]
Parents Anonymous, Inc.	To provide opportunities to strengthen parenting skills through mutual support, shared leadership, and personal growth in groups co-led by parents and trained facilitators.	At-risk and abusive parents	Generally supported in clinical literature and practice, yet no controlled studies of its efficacy. Limited research supports positive results.[124]	Guidelines, facilitation manual, and supporting information are available.[125]
Services for Parents and Children				
Attachment-Trauma Therapy	To create a secure primary attachment relationship for child and caregiver by increasing communication and building trust.	Caregivers and children	Generally supported in clinical literature and practice, yet no controlled studies of its efficacy.	Guidelines and treatment manual are available.[126]

Exhibit 9-2 Selected Treatment and Intervention Services				
Service	**Focus**	**Population**	**Research**	**Reference Information**
Services for Parents and Children (continued)				
Behavioral Parent Training Interventions for Conduct-Disordered Children	To teach parents specific skills regarding child-focused behavioral interventions to minimize coercive interactions between parent and child.	Children with conduct disorders and their families	Research indicates positive results.[127]	Guidelines and supporting information are available.[128]
Cognitive-Behavioral and Dynamic Play Therapy	To help children gain insight into their needs and behaviors, and educate parents on age-appropriate sexual behavior through behavior modification techniques.	Sexually abused children ages 6 to 12 with sexual behavior problems and their parents	Generally supported in clinical literature and practice, yet no controlled studies of its efficacy.	Guidelines, treatment manual, and supporting information are available.[129]
Family Preservation Services	To allow children to remain safely in their own homes by building on family strengths and reducing family deficits through frequent individualized services.	Families in crisis or with chronic problems	Most evaluations of family preservation services have focused on intensive family preservation services (see below).	Supporting information is available.[130]
Family Resolution Therapy	To develop long-term resolution for family relationships, which may range from full-family reunification to termination of parent-child contacts. Concerned with the latter stages of treatment process.	Families where sexual or physical abuse has occurred, and where professional intervention with family is complete	Generally supported in clinical literature and practice, yet no controlled studies of its efficacy.	Guidelines and supporting information are available.[131]

Exhibit 9-2 Selected Treatment and Intervention Services				
Service	**Focus**	**Population**	**Research**	**Reference Information**
Services for Parents and Children (continued)				
Intensive Family Preservation Services	To prevent out-of-home placement and reduce the risk of child maltreatment by changing behaviors and increasing skills through intensive, time-limited, and comprehensive services.	Families whose children have been identified at risk for placement	Research varies regarding the effectiveness of this intervention.[132]	Supporting information is available.[133]
Physical Abuse-focused, Cognitive-behavioral Treatment for Individual Child and Parent	To address beliefs about abuse and violence and improve skills to enhance emotional control and reduce violent behavior. Children and parents work with separate therapists for 12 to 16 sessions.	Physically abusive parents and their children	Research indicates positive results.[134]	Supporting information is available.[135]
Integrative Developmental Model for Treatment of Dissociative Symptomatology	To address dissociative behavior by teaching the child and parents alternative communication strategies and by helping the family learn new interactive patterns.	Children with dissociative symptoms and their families	Generally supported in clinical literature and practice, yet no controlled studies of its efficacy.	Guidelines, treatment manual, and supporting information are available.[136]
Multisystemic Therapy	To assess the "fit" between identified problems and broader systemic issues, and implement a tailored, action-oriented intervention.	Maltreated children and their families	Research indicates positive results.[137]	Supporting information is available.[138]

Exhibit 9-2 Selected Treatment and Intervention Services				
Service	**Focus**	**Population**	**Research**	**Reference Information**
Services for Parents and Children (continued)				
Nurturing Parenting Programs	To teach nurturing skills and discipline while reinforcing positive family values. Programs are available for different target populations based on child's age, family's culture, and special needs.	Families at risk of physical abuse or neglect	Research indicates positive results.[139]	Training manual is available.[140]
Parent-Child Interaction Therapy	To improve the quality of the parent-child relationship by decreasing child behavior problems and increasing positive parent behaviors.	Children ages 2 to 8 years and their parents	Research indicates positive results.[141]	Treatment manual and supporting information are available.[142]
Parents United: Child Sexual Abuse Treatment Program	To offer clinical and support services to individuals affected by sexual abuse through group sessions.	Victims, offenders, adults molested as children, and their support persons	Generally supported in clinical literature and practice, yet no controlled studies of its efficacy.	Guidelines, treatment manual, and supporting information are available.[143]
Physical Abuse-informed Family Therapy	To promote cooperation, develop shared views about the value of non-coercive interaction, and increase skills of family members.	Physically abusive parents and their children	Research indicates positive results.[144]	Guidelines and supporting information are available.[145]
Project 12-Ways	To deliver 12 services, including parent-child training, stress reduction for parents, basic skill training for children, money management training, behavior management, problem solving, and marital counseling.	Families who have experienced abuse or neglect, or are at risk	Initial research studies suggest positive results; however, potential for replication is unclear.[146]	Supporting information is available.[147]

Exhibit 9-2 Selected Treatment and Intervention Services				
Service	**Focus**	**Population**	**Research**	**Reference Information**
Services for Parents and Children (continued)				
Strengthening Families Program	To strengthen family attachment while addressing substance abuse. Interventions consist of parent training, social and life skills training for children, and family practice sessions.	Families who are at risk of substance abuse	Research indicates positive results.[148]	Supporting information is available.[149]
Strengthening Multiethnic Families and Communities	To decrease risk factors related to violence through a training program with five components: cultural or spiritual, enhancing relationships, positive discipline, rites of passage, and community involvement.	Parents of children ages 3 to 18 from diverse ethnic and cultural backgrounds	Research indicates positive results.[150]	Training manual is available.[151]
Therapeutic Child Development Program	To provide children with a consistent, safe, monitored environment, while also providing parents with educational and support services.	Abused preschool children and their parents	Research indicates positive results.[152]	Guidelines and supporting information are available.[153]
Trauma-focused, Cognitive-behavioral Therapy	To reduce children's negative emotional and behavioral responses and correct maladaptive beliefs related to abusive experiences. Used in individual, family, and group therapy, and in office-based and school-based settings.	Sexually abused children and individuals exposed to other traumatic events	Research indicates positive results.[154]	Guidelines, treatment manual, and supporting information are available.[155]
Trauma-focused, Integrative-eclectic Therapy	To increase safety in the home, enhance the quality of the parent-child relationship, and assist children and teenagers by addressing issues of shame and self-blame.	Abused children, their parents, or families	Generally supported in clinical literature and practice, yet no controlled studies of its efficacy.	Guidelines, treatment manual, and supporting information are available.[156]

CHAPTER 10
Family Progress

Determining the extent and nature of family progress is central to child protective services (CPS) intervention. Monitoring change should begin as soon as intervention is implemented, and should continue throughout the life of a case until the family- and program-level outcomes have been achieved. This chapter explores caseworker decisions based on the collection and analysis of information on family progress.

Collect and Organize Information on Family Progress

The process of evaluating family progress is a continual case management function. Once the case plan is established, each contact with the children and family should focus on assessing the progress being made to achieve established outcomes, goals, and tasks, and to reassess safety. Formal case evaluations should occur at regular intervals, however, specifically to measure progress and to redesign case plans if appropriate. Caseworkers should evaluate family progress at least every 3 to 6 months by following these steps:

- **Review the case plan.** Outcomes, goals, and tasks are written in measurable terms so that they can be used to determine progress toward reducing risk and treating the effects of maltreatment. Many agencies have a review form that should be used to document the change process.
- **Collect information from all service providers.** Intervention and service provision are typically a collaborative effort between CPS and other agencies or individual providers. Consequently, the evaluation of family progress must also be a collaborative venture. Referrals to service providers should clearly specify the number, frequency, and methods of reports expected. The caseworker must also clearly communicate expectations for reporting concerns, observable changes, and family progress. It is the caseworker's responsibility to ensure the submission of these reports and to request meetings with service providers, if indicated. In addition, when the court is involved, it is appropriate to obtain information from the parent's attorney, the child's attorney, and the court-appointed special advocate (CASA) or the Guardian ad Litem (GAL).
- **Engage the child and family in reviewing progress.** Using the case plan as a framework for communication, the caseworker should meet with the family to review progress jointly. Family members should be asked about their perceptions of task, goal, and outcome progress. If these have been established in measurable terms, there should be agreement about the level of progress. Any differences in the family's and caseworker's perceptions should be clarified in the written evaluation. The caseworker should then discuss any need to revise the case plan.

This is also the family's opportunity to identify any barriers to participation in the case plan or any new problems or concerns to be discussed.

- **Measure family progress.** Change is measured during the evaluation of family progress on two levels. The most critical risk factors (identified during family assessment) should be assessed. Specifically, what changes have been made in the conditions and behaviors causing the risk of maltreatment? The same criteria used to assess these factors during the family assessment should be used again to understand the current level of risk. The second level of measurement evaluates the extent to which specific outcomes, goals, and tasks have been accomplished by the family, caseworker, and service provider.

- **Document family progress.** Thorough documentation allows the caseworker to measure family progress between the initial assessment and current evaluation. This documentation provides the basis for many case decisions.

Analyze and Evaluate Family Progress

Once the information has been collected, the caseworker should analyze it to help determine progress and decide on further actions. The focus of the evaluation of family progress should address the following issues:

- **Is the child safe? Have the protective factors, strengths, or safety factors changed, thereby warranting the development of a safety plan or a change in an existing safety plan?** Safety should be assessed at specific times throughout the life of the case—minimally at receipt of referral, during first contact with the family, at the conclusion of the initial assessment or investigation, during establishment of the case plan, at the case review, and at case closure. Assessing safety requires caseworkers to identify and examine the risk factors affecting the child's safety. To re-evaluate safety, the caseworker examines the factors to determine whether there have been any changes in the family situation requiring the implementation of a safety plan, the change or elimination of a safety plan, or the taking of necessary action to insure the safety of the child.

- **What changes have occurred in the factors contributing to the risk of maltreatment?** Change is measured by comparing the conditions and behaviors identified during the family assessment to the current functioning of the family and individual family members.

- **What progress has been made toward achieving case goals and outcomes?** When goals and outcomes are specific, measurable, achievable, realistic, and time-limited, they can be used to determine the level of change. Goals should indicate what specifically will be different in the family when the conditions or behaviors contributing to the risk of maltreatment have been successfully addressed.

- **How effective have the services been in achieving outcomes and goals? If ineffective, what adjustments need to be made to find effective services for children and families?** The caseworker is responsible for assessing the extent to which services are being provided as planned and for determining whether services should be altered to enhance risk reduction. Specific questions that should be considered are:

  – Have the services been provided in a timely manner?

  – Has the family participated in services as scheduled?

  – Has the service provider developed rapport with the family?

  – Is there a need to alter the plan of service based on changes in the family?

- **What is the current level of risk in the family?** Based on the changes made by family members, the caseworker must determine the current level of risk of maltreatment to the children. The factors that were used to determine the level of risk of maltreatment during the initial assessment or investigation and family assessment should be applied again.

- **Have the risk factors been reduced sufficiently so that the parents or caregivers can protect their children and meet their developmental needs, allowing the case to be closed?** One of the primary purposes of CPS intervention is to help the family change the behaviors and conditions that will likely lead to maltreatment in the future. The caseworker should also be realistic about change. While it may not be possible to help a family reach optimal levels of functioning in relation to all of the conditions and behaviors contributing to the risk of maltreatment, it may be possible to help a family change the most critical issues so that the parent is able to provide sufficient care for the child. The criteria used to determine whether to close the case should be minimal, not optimal standards. If risk is reduced sufficiently and the child is safe, then the case should be closed. Ongoing support for the family and treatment for the child by other professionals may be needed, however, even after the case has been closed by CPS.

- **Is reunification likely in the required time frame or is an alternate permanency plan needed?** Assessment of the appropriateness of reunification or other permanent placement is based on whether:

  – Current level of threats to safety have been reduced to a level that ensures that the family can protect the child in the home;

  – Protective factors or strengths have been developed to respond to future threats;

  – Social supports are available to sustain the strengths and prevent the return of threats to safety.[157]

After evaluating family progress, the caseworker must discuss with the casework supervisor the decisions made and the next steps. Chapter 13, "Supervision, Consultation, and Support," provides information on supervisory consultation.

CHAPTER 11

Case Closure

Termination is the process of ending the caseworker's relationship with the family and providing the family with the opportunity to put closure on their relationship with the caseworker (and possibly with the agency). Depending on the nature of the relationship between the caseworker and the children and family, what was accomplished, and the nature of the closure, termination may generate a range of feelings.[158] Involuntary clients are less likely than voluntary clients to experience regret at closure. Since they did not seek contact, termination may be approached with relief that an unsought pressure will be removed. However, if the caseworker has been able to work through the resistance and engage the family in the intervention process, they may experience regret. This is a positive sign because family members will feel these feelings only if the relationship or the work has come to be valued.[159]

Types of Case Closure

For the most part, child protective services (CPS) case closures will be one of four types:

- **Termination.** If all of the outcomes have been achieved, or if the family feels unready or unwilling to work toward those outcomes, and there is sufficient reason to believe that the child is safe (even though there may still be some risk of maltreatment), then the caseworker may agree that ending the relationship with the family is appropriate. This also means that the family will not move on to work with other service providers.
- **Referral.** If the family is able or willing to continue to work with other service providers toward some or all of the outcomes that have not yet been accomplished, then the caseworker will work with the family to identify other strategies to support the work. This may include referral to other agencies or providers, or it may include the identification of such informal supports as family or friends who will encourage and guide them.
- **Transfer.** If the caseworker's time with the family is ending, but they will work with another caseworker in the agency, then the ending work with the family will, in part, focus on developing a relationship with the new caseworker. If the caseworker had developed a positive relationship with the family, it is desirable that both the current and new caseworker have at least one joint session to introduce the colleague to the client.
- **Discontinuation by family.** If the family is receiving voluntary services and makes a unilateral decision to end their relationship with the agency, this decision may be communicated behaviorally. For example, family members may gradually or suddenly stop keeping scheduled

appointments and not respond to outreach attempts to reconnect. The caseworker must consult with the supervisor to examine the agency's response.[160] Discontinuation by the family is the least desirable type of case closing, but likely to happen some of the time. The family, however, cannot legally discontinue services if the court mandates the services.

Process of Case Closure

Caseworkers should take the following steps in terminating services:

- **Review risk reduction.** Talk with the family about the specific accomplishments, emphasizing the positive change in behaviors and conditions.
- **Review tasks completed.** Discuss any obstacles encountered and focus on the successes and knowledge obtained.
- **Review general steps in problem solving.** Remind families of the strides made as well as the methods they can use when future problems arise.
- **Consider any remaining needs or concerns.** Help family members plan how to maintain the changes. Discuss any potential obstacles they may encounter as well as strategies for overcoming them.[161]

Community Collaboration During Case Closure

When a family has received services from CPS and other agencies or individual providers, the evaluation of family progress must be a collaborative venture. The caseworker should determine the family's progress based on information from all service providers. In some cases, it may be appropriate to convene a team meeting to review the family's progress in relation to the assessment, case plan, and service agreement(s) prior to case closure.

When the court is involved in a case that is being closed, the court must approve case closure as well as terminate any existing court orders. Depending on the jurisdiction, this may involve written notification to the court or a hearing.

Family Involvement During Case Closure

Each child and family's experience of and response to ending the relationship will be unique. Feelings can range from relief, satisfaction, and happiness to sadness, loss, anger, powerlessness, fear, rejection, denial, and ambivalence. It is important to encourage family members to discuss their feelings. Even if it has been a difficult relationship, the caseworker should provide some positive statement of closure.[162]

Some practical steps to involve the family include:

- Meeting with the family to discuss the case closure;
- Anticipating a family-created crisis that may occur as a reaction to independence resulting from the planned closure;
- Reviewing the progress made as a result of CPS involvement;
- Referring the family to any additional resources needed;
- Leaving the door open for services should they be needed in the future, including providing appropriate contact information.

CHAPTER 12

Effective Documentation

Case documentation provides accountability for both the activities and the results of the agency's work. In child protective services (CPS), case records and information systems must carefully document: (1) contact information; (2) the findings of the assessments; (3) decisions at each stage of the case process; (4) interventions provided to the family both directly and indirectly; (5) the progress toward goal achievement, including risk reduction; (6) the outcomes of intervention; and (7) the nature of partnerships with community agencies. This chapter describes the primary purposes of record-keeping, principles about the way both paper and automated records should be maintained, and content that should be documented at each step of the process. The strategies outlined here not only assure accountability to others, but also facilitate a way of thinking and a process to measure the results of the agency's work with families and children.[163]

Purposes of Child Protective Services Record-keeping

The key purposes for keeping records are to:

- **Guide the CPS process.** Case records provide an ongoing "picture" of the nature of CPS involvement with families, the progress toward achieving outcomes, and the basis of decisions that eventually lead to case closure. The process of record-keeping itself helps to clarify and focus CPS work.

- **Provide accountability for the agency and the caseworker.** Records should describe who is and is not served (including any other household members who may not be participating in services), the kinds of services provided (or not provided due to availability or level of service issues), the basis for all decisions, the degree to which policies and procedures are implemented, and other aspects of accountability and quality control. The record provides a statement about the quality of CPS work that may decrease personal liability should legal action be taken against the agency or a caseworker.

- **Serve as a therapeutic tool for the caseworker and the family.** Case records can demonstrate the way in which the caseworker and family collaborate to define the purpose of CPS work, including the goals and outcomes that will reduce the risk of maltreatment, and serve to evaluate the progress toward them. Some CPS agencies are using instruments and tools that seek input, and, therefore, the record itself provides an illustration of this collaborative process.

- **Organize the caseworker's thinking about the work.** Structured presentation of factual information leads to more in-depth assessment and treatment planning. Sloppy recording and

disorganized thinking go hand-in-hand and will likely lead to poor service delivery to clients.[164]

In addition to the primary purposes of record-keeping listed above, the case record becomes a means for supervisory review, statistical reporting and research, and interdisciplinary communication.

Content of Case Records

Case records should factually document what CPS does in terms of assessment and intervention, as well as the results of CPS-facilitated interventions and treatment, which serve the outcomes of child safety, permanence, and well-being. Family records, whether paper or automated, should include:

- Information about the nature and extent of the referral or report; identify demographic data on the child, family, and significant others; and the response of the agency to the referral.
- A record of all dates and length of contacts, including in-person and telephone interviews with all family members, collateral sources, and multidisciplinary team, as well as the location and purposes of these contacts.
- Documentation that the family has been informed of the agency's policy on the release of information from the record.
- Information about the initial assessment, including documentation of what may have already occurred (e.g., the report of alleged child maltreatment), as well as the assessment of the risk to and safety of the child.
- Information about any diagnostic procedures that may have been part of the initial assessment (e.g., medical evaluations, x-rays, or other medical tests; psychological evaluations; and alcohol or drug assessments).
- Clear documentation of initial decisions with respect to substantiation of the alleged maltreatment, risk assessment and safety evaluation, basis for any placement in out-of-home care or court referral (if necessary), and reasons for continued agency involvement or for terminating services.
- The safety plan, if one was developed, and documentation of referrals to other programs, agencies, or persons who will participate in the implementation of the safety plan.
- A record of the family assessment (including risks and strengths) and a delineation of the treatment and intervention needs of the child, caregivers, and the family.
- A description of any criminal, juvenile, or family court involvement and the status of any pending legal action in which the client may be involved.
- The case plan with specific measurable goals, as well as a description of the process used to develop the plan.
- Specification of the intervention outcomes, which, if achieved, will reduce the risks and address the effects of maltreatment. These intervention outcomes should lead to the achievement of child safety, permanency, and child and family well-being.
- Documentation of the case activities and their outcomes, including information from all community practitioners providing intervention or treatment (written reports should be requested from all providers) and information about the family's response to intervention and treatment.
- Information about the progress toward the achievement of outcomes, completion of case plans, risk reduction process, and reunification of children with their families or other permanency options.
- Information provided to the court, if court involvement was necessary.

- Inclusion of a case-closing summary that describes:
  - Outline summarizing the original reason for referral;
  - Process of closure with the family;
  - Outcomes and goals established with the family;
  - Nature of the services provided and the activities undertaken by the various practitioners and the family;
  - Description about the level of progress accomplished with respect to outcomes and goals;
  - Summary of any new reports of maltreatment that may have occurred during intervention;
  - Assessment of risk and safety as it now exists;
  - Problems or goals that remain unresolved or unaccomplished;
  - Reasons for closing the case.[165]

Principles of Record-keeping

The case record is a professional document and tool. As such, it should be completed in a timely and professional manner, and confidentiality should be respected at all times. This means that appropriate controls should be in place to ensure the security of paper and automated files.

Caseworkers should:

- Maintain only information that is relevant and necessary to the agency's purposes. Facts should be recorded and distinguished from opinions. When opinions are offered, their basis should be documented (e.g., Mr. Smith appeared to be intoxicated; his eyes were red; he had difficulty standing without losing his balance; his breath smelled of alcohol).
- Never record details of clients' intimate lives or their political, religious, or other personal views, unless this information is relevant to CPS purposes.
- Record as much information as possible based on direct communication with clients.
- Inform clients about the agency's authority to gather information, their right to participate (or not) in the process, the principal purpose for the use of the information that they provide, the nature and extent of the confidentiality of the information, and under what circumstances information in records may be shared with others.
- Never disclose any verbal or written information about clients to other practitioners without a signed "release of information" prior to disclosure. An exception usually exists in State child abuse-reporting laws to provide for the sharing of information between members of a multidisciplinary team. Specific State laws and policies should guide these actions.
- Retain and update records to assure accuracy, relevancy, timeliness, and completeness. Mark errors as such rather than erasing or deleting them.
- Use private dictation facilities when using dictation equipment to protect a client's right to confidentiality.
- Never include process recordings in case files. The primary purpose of a process recording is to build the practitioner's skills. As such, they do not belong in an agency record.
- Obtain the child and family's permission before audiotaping or videotaping any session and inform the client that refusal to allow taping will not affect services.

- Never remove case records from the agency, except in extraordinary circumstances and with special authorization (e.g., if the record was subpoenaed for the court).

- Never leave case records or printouts from the automated file on desks or in other open spaces where others might have access to them.

- Keep case records in locked files. Keys should be issued only to those requiring frequent access to files. There also should be a clear record of the date that the file was removed and by whom. Similar security procedures (e.g., password-protected) should be provided for automated case records.[166]

Quality record-keeping is an integral part of professional CPS practice. When the case record is used as an opportunity to organize the worker's thinking and to integrate an approach to measuring the results of CPS work, it becomes an important part of the CPS process rather than something that only documents the process.

CHAPTER 13

Supervision, Consultation, and Support

Child protective services (CPS) supervisors are responsible for ensuring that the agency mission and goals are accomplished, and that positive outcomes for children and families are achieved through the delivery of competent, sensitive, and timely services. The supervisor is the link between the front-line of service delivery and the upper levels of administration. It is the supervisor who brings the resources of the organization into action at the front line—the point of client contact.[167]

The supervisor has two overarching roles: building the foundation for and maintaining unit functioning, and developing and maintaining staff capacity.[168] These roles are accomplished through the following activities:

- Communicating the agency's mission, policies, and practice guidelines to casework staff;
- Setting standards of performance for staff to assure high-quality practice;
- Assuring that all laws and policies are followed, and staying current with changing policies and procedures;
- Creating a psychological and physical climate that enables staff to feel positive, satisfied, and comfortable about the job so that clients may be better served;
- Helping staff learn what they need to know to effectively perform their jobs through orientation, mentoring, on-the-job training, and coaching;
- Monitoring workloads and unit and staff performance to assure that standards and expectations are successfully achieved;
- Keeping staff apprised of their performance and providing recognition for staff efforts and accomplishments;
- Implementing safety precautions.[169]

This chapter examines the role of the CPS supervisor, including the supervisor's involvement in decision-making, clinical consultations, monitoring, and feedback. Finally, the chapter looks at the ways in which supervisors and peers provide support to caseworkers, prevent burnout, and ensure worker safety.

Supervisory Involvement in Decision-making

Supervisors must be involved in any casework decision that affects child safety and permanence. The supervisor and caseworker should collaborate to reach consensus on decisions regarding safety and achieving permanence for the child. Since the caseworker is the primary holder of the information,

the supervisor should review the caseworker's documentation and meet with the caseworker to analyze the information. The supervisor and caseworker work together to understand and arrive at the most appropriate decision.[170] This approach requires that the supervisor respects the caseworker, works with the caseworker to gather thorough and accurate information from the family and collateral sources, analyzes the information thoughtfully, and draws reasonable conclusions (inferences and deductions). Ultimately, the supervisor is responsible for directing the activities of the worker and will share in any liability that results from the caseworker's action or failure to act.

Supervisory Involvement in Clinical Consultation

Caseworkers are not expeted to have all of the answers. There are many avenues available to CPS workers for consultation on cases. Within the CPS unit, caseworkers often turn to their supervisors when they are unsure about how to handle a situation, when they need help with a particular decision, or when they need to discuss their conclusions or ideas with an objective person.

When to Consult Supervisors on Casework Decisions

Caseworkers must always consult their supervisors about the following decisions:

- Upon receipt of a report of child abuse or neglect, caseworkers must decide how soon to initiate contact. State laws typically dictate the time frame for initiating the investigation; however, the caseworker and supervisor must make a decision regarding which cases necessitate immediate contact with the child.
- During the first contact with the child and family, the caseworker must decide if the child will be safe while the initial assessment or investigation proceeds. Supervisors review the decision and approve or modify it.
- Upon conclusion of the initial assessment or investigation, and after the decisions regarding the validity of abuse or neglect and the risk assessment have been made, caseworkers and supervisors must determine whether the child will be safe in his or her home with or without continuing CPS intervention.
- If it is determined that the child is unsafe, the caseworker and supervisor must determine which interventions will assure the child's protection in the least intrusive manner possible.
- When the child has been placed in out-of-home care, the reunification recommendation must be made between the caseworker and supervisor.
- When the child has been placed in out-of-home care, the recommendation to change to another permanent goal other than reunification must be made between the caseworker and supervisor.
- At the point of case closure, the caseworker and supervisor must evaluate risk reduction and client progress toward assuring the child's protection and meeting the child's basic developmental needs.

CPS supervisors are responsible for assuring that children are safe, their families are empowered to protect them from harm and meet their basic needs, and effective interventions and services are provided to families. Key aspects of supervision through which this is accomplished are case consultation and supervision or clinical supervision. Case consultation and supervision focuses on the casework relationship including any direct interaction, intervention, or involvement between the caseworker and the children and families. It involves the supervisory practices of review, evaluation, feedback, guidance, direction, and coaching. Specifically, case consultation and supervision focuses on:

- Rapport or the helping relationship between the worker and the client;
- A caseworker's ability to engage the client;
- Risk and safety assessment and the associated decisions or plans;
- Comprehensive family assessment and development of the case plan;
- Essential casework activities to assist the family in changing;
- Client progress review and evaluation;
- Casework decision-making.[171]

In individual supervision, case consultation should occur on an ongoing basis. It may also occur when problems or needs arise. The following case consultation format gives shape to the consultation so it will be focused, goal driven, maximize the use of time, and encourage sharing of expertise:

- Describe briefly why the family came to the attention of CPS.
- Identify the safety issues that need to be immediately addressed.
- Outline what the family wants, what CPS wants, and how the differences can be reconciled.
- Determine the inner resiliencies, strengths, or resources in the family that will provide the foundation for change.
- Examine the success of previous contacts with the family. For example, what was accomplished? What still needs to be accomplished? What has the caseworker contributed to the results, and what has the family contributed to the results?
- Identify the purpose of the next contact with the family. Examine how it ties in with where the family is in the intervention process.
- Assess the caseworker's relationships with each family member. Define what family members need in order to assure that the family is willing and able to experience the process of change and achieve the necessary goals to assure greater permanence, safety, and well-being for the children.
- Describe the specific strategies that will help family members accomplish their goals.
- Discuss what services the family says have been most helpful.
- Determine the level of risk within the family. Identify the risks, the strengths, or protective factors within the family, and how the agency will know when the risk has been reduced.
- Establish what needs to happen in the family for the agency to return the child and what needs to happen in the family to close the case.
- Identify the signs of success for the family.[172]

Peer Consultation

In addition to receiving clinical consultation from their supervisors, caseworkers can also consult other caseworkers in the unit. Experienced and competent CPS caseworkers may have handled similar situations and be able to provide suggestions, guidance, and direction.

Also, group case staffings involving the whole unit are extremely beneficial sources of consultation. In group case staffings, caseworkers present a problematic case. The supervisor and other caseworkers in the unit share their expertise and suggest actions, services, resources, or decisions. Many CPS agencies use case staffings to help with such major case decisions as the return of children to the home and case closure within the entire unit.

Professionals in the community are another source of consultation. Depending on the relationship between the caseworker or the CPS unit and the professional community, informal consultation on cases may be possible. Formal consultation in the form of an evaluation may be necessary, such as in a drug screening or developmental evaluation.

The Child Abuse Prevention and Treatment Act (CAPTA) requires that every State establish a citizen review panel to evaluate State and local CPS agencies, their implementation of CAPTA, and their coordination of foster care and adoption services. The inclusion of community members can often bring a fresh perspective to the CPS case review process, as well as provide an opportunity for the community to better understand CPS. Citizen review of case plans in cases where the child has been placed in foster care can also be a source of information and assistance.

In addition, multidisciplinary case reviews are excellent resources for CPS staff. Not only do these case reviews provide consultation from other disciplines on a particular case, they also provide opportunities to address coordination and collaboration issues as well.

Supervisory Monitoring of Casework Practice

Since supervisors are ultimately responsible for assuring accomplishment of program outcomes and are accountable for what happens in each case, they must have systems in place to monitor practice. There are three methods that the supervisor can use to learn what caseworkers are doing with clients:

- Reviewing casework documentation
- Providing individual supervision
- Observing caseworkers with clients

Documentation is an essential part of casework practice. (See Chapter 12, "Effective Documentation," for a more detailed description of what and how to document case activities and what information to include.) Supervisors should review case documentation on a regular and systematic basis. Review of case documentation provides the supervisor with information about the frequency and content of caseworker-client contacts; the family's strengths, needs, and risks; the plan to assure safety; casework decisions; services or interventions to reduce risk; progress toward outcomes; and any changes in the child and family's situation.

As stated previously, supervisors should have scheduled weekly individual conferences with staff. Supervisors should have a monitoring system in place that assures that each case is discussed in depth on at least a monthly basis. This will enable supervisors to remain apprised of actions taken or needed in cases, progress toward change or risk reduction, and casework decisions. It also will enable the supervisor to provide consultation, guidance, direction, and coaching to caseworkers regarding casework practice.

Finally, supervisors do not truly know a caseworker's effectiveness in working with clients unless they observe caseworker-client interaction directly. Regular observation should be conducted with all caseworkers. There are many opportunities for observation, including:

- Home visits
- Office visits
- Court hearings

- Supervised family-child visits
- Case staffings and reviews
- Family group conferences or meetings

The observations can be structured in a number of ways, depending on what is negotiated between the caseworker, supervisor, and family. For example, the caseworker may feel "stuck" in a case and, with the family's permission, would like consultation from an objective observer.

Based on the review and evaluation of the caseworker's efforts with families, the supervisor recognizes the caseworker's efforts and accomplishments and provides positive feedback on the specific casework practices that he or she is doing well. Areas and skills needing improvement also are addressed, as well as ways to do so.

Caseworker Safety

Since any CPS case has the potential for unexpected confrontation, supervisors and caseworkers must work together to ensure worker safety. Difficulties may occur at any point in the CPS process, but threats and volatile situations are more likely to occur during the initial assessment or investigation, during crisis situations, and when major actions are taken (e.g., the removal of the child).

The first step in ensuring caseworker safety is to assess the risk of the situation before the initial contact. Before caseworkers conduct an initial assessment, they need to assess the risk to themselves. Questions caseworkers should consider include:

- Is there a history of domestic violence?
- Does the complaint indicate the possibility of a family member being mentally ill, using drugs, or being volatile?
- Are there firearms or other weapons noted in the report?
- Is the family's geographic location extremely isolated or dangerous?
- Is this a second or multiple complaint involving the family?
- Is the initial assessment scheduled after normal working hours?[173]

If the answers to the first four questions are "yes," law enforcement may need to be involved in the initial assessment. If the answers to the last two questions are "yes," two caseworkers may need to conduct the home visit.

Peer Support and Burnout Prevention

Providing child protective services is a complex, demanding, and emotionally draining job. Making decisions that affect the lives of children and families takes a toll on caseworkers. Because working with families experiencing abuse and neglect is difficult, it may elicit multifaceted feelings. In order to maximize performance and minimize burnout, support systems must be developed within the CPS unit to provide caseworkers with opportunities to discuss and deal with feelings that may range from frustration and helplessness to anger and incompetence. Opportunities to discuss these feelings openly in the unit are essential. However, it is important that when support groups are established they do not degenerate into "gripe sessions," where caseworkers leave feeling worse than when they came to the group. A certain amount of discussion of feelings is cathartic; a positive outcome, however, must result for caseworkers to benefit from the discussion. In addition, whenever crises occur in cases (e.g., a child is reinjured or a child must be removed from his or her family) the caseworker involved needs extra support and guidance.

Effective supervision is one of the key factors in staff retention. An effective supervisor demonstrates empathy toward the needs and feelings of CPS staff. In addition, the supervisor should facilitate the

Taking Care of Yourself

CPS caseworkers need support in order to find a balance between their professional and personal lives. Due to stress inherent in CPS work, it is important that workers find effective ways to unwind and relax. It is important to:

- Be aware of the potential for burnout, stress, and trauma that can occur in child welfare work;
- Identify and use social supports to prevent burnout and stress while working in the child welfare system;
- Look to supervisors, peers, and interdisciplinary teams to talk about difficult client situations, including fatalities and serious injury situations;
- Be alert to signs of vicarious trauma and take steps to seek help when these signs endure and affect the quality of practice.

development and maintenance of a cohesive work team. Group cohesion provides emotional support to staff, as well as concrete assistance in carrying out case activities.

Conclusion

Working with CPS is usually challenging for all involved—children and families, professional and citizen partners, and caseworkers. Children and families are often fearful of and upset by CPS involvement in their lives, particularly due to the uncertainty associated with the process. Professional and citizen partners sometimes struggle with initiating and identifying their roles in addressing child maltreatment issues. The CPS caseworker must walk a fine line between following the legal mandate to protect maltreated children and recognizing parents' rights to rear their children as they deem appropriate. Additionally, CPS caseworkers are consistently confronted with numerous and multifaceted problems that affect many of the families involved with CPS, such as substance abuse, mental illness, domestic violence, and poverty. This manual is intended to address the concerns of these various audiences, as well as to serve as a practical and user-friendly guide in addressing and effectively responding to the ever-changing demands in the child welfare field.

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APPENDIX A

Glossary of Terms

Adjudicatory Hearings — held by the juvenile and family court to determine whether a child has been maltreated or whether another legal basis exists for the State to intervene to protect the child.

Adoption and Safe Families Act (ASFA) — signed into law November 1997 and designed to improve the safety of children, to promote adoption and other permanent homes for children who need them, and to support families. The law requires CPS agencies to provide more timely and focused assessment and intervention services to the children and families that are served within the CPS system.

CASA — court-appointed special advocates (usually volunteers) who serve to ensure that the needs and interests of a child in child protection judicial proceedings are fully protected.

Case Closure — the process of ending the relationship between the CPS worker and the family that often involves a mutual assessment of progress. Optimally, cases are closed when families have achieved their goals and the risk of maltreatment has been reduced or eliminated.

Case Plan — the casework document that outlines the outcomes, goals, and tasks necessary to be achieved in order to reduce the risk of maltreatment.

Case Planning — the stage of the CPS case process where the CPS caseworker develops a case plan with the family members.

Caseworker Competency — demonstrated professional behaviors based on the knowledge, skills, personal qualities, and values a person holds.

Central Registry — a centralized database containing information on all substantiated/founded reports of child maltreatment in a selected area (typically a State).

Child Abuse Prevention and Treatment Act (CAPTA) — the law (P.L. 93-247) that provides a foundation for a national definition of child abuse and neglect. Reauthorized in October 1996 (P.L. 104-235), it was up for reauthorization at the time of publication. CAPTA defines child abuse and neglect as "at a minimum, any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm."

Child Protective Services (CPS) — the designated social services agency (in most States) to receive reports, investigate, and provide intervention and treatment services to children and families in which child maltreatment has occurred. Frequently, this agency is located within larger public social service agencies, such as Departments of Social Services.

Concurrent Planning — identifies alternative forms of permanency by addressing both reunification or legal permanency with a new parent or caregiver if reunification efforts fail.

Cultural Competence — a set of attitudes, behaviors, and policies that integrates knowledge about groups of people into practices and standards to enhance the quality of services to all cultural groups being served.

Differential Response — an area of CPS reform that offers greater flexibility in responding to allegations of abuse and neglect. Also referred to as "dual track" or "multi-track" response, it permits CPS agencies to respond differentially to children's needs for safety, the degree of risk present, and the family's needs for services and support. See "dual track."

Dispositional Hearings — held by the juvenile and family court to determine the legal resolution of cases after adjudication, such as whether placement of the child in out-of-home care is necessary, and what services the children and family will need to reduce the risk of maltreatment and to address the effects of maltreatment.

Dual Track — term reflecting new CPS response systems that typically combine a nonadversarial service-based assessment track for cases where children are not at immediate risk with a traditional CPS investigative track for cases where children are unsafe or at greater risk for maltreatment. See "differential response."

Evaluation of Family Progress — the stage of the CPS case process where the CPS caseworker measures changes in family behaviors and conditions (risk factors), monitors risk elimination or reduction, assesses strengths, and determines case closure.

Family Assessment — the stage of the child protection process when the CPS caseworker, community treatment provider, and the family reach a mutual understanding regarding the behaviors and conditions that must change to reduce or eliminate the risk of maltreatment, the most critical treatment needs that must be addressed, and the strengths on which to build.

Family Group Conferencing — a family meeting model used by CPS agencies to optimize family strengths in the planning process. This model brings the family, extended family, and others important in the family's life (e.g., friends, clergy, neighbors) together to make decisions regarding how best to ensure safety of the family members.

Family Unity Model — a family meeting model used by CPS agencies to optimize family strengths in the planning process. This model is similar to the Family Group Conferencing model.

Full Disclosure — CPS information to the family regarding the steps in the intervention process, the requirements of CPS, the expectations of the family, the consequences if the family does not fulfill the expectations, and the rights of the parents to ensure that the family completely understands the process.

Guardian ad Litem — a lawyer or lay person who represents a child in juvenile or family court. Usually this person considers the "best interest" of the child and may perform a variety of roles, including those of independent investigator, advocate, advisor, and guardian for the child. A lay person who serves in this role is sometimes known as a court-appointed special advocate or CASA.

Home Visitation Programs — prevention programs that offer a variety of family-focused services to pregnant mothers and families with new babies. Activities frequently encompass structured visits to the family's home and may address positive parenting practices, nonviolent discipline techniques, child development, maternal and child health, available services, and advocacy.

Immunity — established in all child abuse laws to protect reporters from civil law suits and criminal prosecution resulting from filing a report of child abuse and neglect.

Initial Assessment or Investigation — the stage of the CPS case process where the CPS caseworker determines the validity of the child maltreatment report, assesses the risk of maltreatment, determines if the child is safe, develops a safety plan if needed to assure the child's protection, and determines services needed.

Intake — the stage of the CPS case process where the CPS caseworker screens and accepts reports of child maltreatment.

Interview Protocol — a structured format to ensure that all family members are seen in a planned strategy, that community providers collaborate, and that information gathering is thorough.

Juvenile and Family Courts — established in most States to resolve conflict and to otherwise intervene in the lives of families in a manner that promotes the best interest of children. These courts specialize in areas such as child maltreatment, domestic violence, juvenile delinquency, divorce, child custody, and child support.

Kinship Care — formal child placement by the juvenile court and child welfare agency in the home of a child's relative.

Liaison — the designation of a person within an organization who has responsibility for facilitating communication, collaboration, and coordination between agencies involved in the child protection system.

Mandated Reporter — people required by State statutes to report suspected child abuse and neglect to the proper authorities (usually CPS or law enforcement agencies). Mandated reporters typically include professionals such as educators and other school personnel, health care and mental health professionals, social workers, childcare providers, and law enforcement officers, but some States require all citizens to be mandated reporters.

Multidisciplinary Team — established between agencies and professionals within the child protection system to discuss cases of child abuse and neglect and to aid in decisions at various stages of the CPS case process. These terms may also be designated by different names, including child protection teams, interdisciplinary teams, or case consultation teams.

Neglect — the failure to provide for the child's basic needs. Neglect can be physical, educational, or emotional. *Physical neglect* can include not providing adequate food or clothing, appropriate medical care, supervision, or proper weather protection (heat or coats). *Educational neglect* includes failure to provide appropriate schooling, special educational needs, or allowing excessive truancies. *Psychological neglect* includes the lack of any emotional support and love, chronic inattention to the child, exposure to spouse abuse, or drug and alcohol abuse.

Out-of-Home Care — child care, foster care, or residential care provided by persons, organizations, and institutions to children who are placed outside their families, usually under the jurisdiction of juvenile or family court.

Parent or caretaker — person responsible for the care of the child.

***Parens Patriae* Doctrine** — originating in feudal England, a doctrine that vests in the State a right of guardianship of minors. This concept has gradually evolved into the principle that the community, in addition to the parent, has a strong interest in the care and nurturing of children. Schools, juvenile courts, and social service agencies all derive their authority from the State's power to ensure the protection and rights of children as a unique class.

Physical Abuse — the inflicting of a nonaccidental physical injury upon a child. This may include, burning, hitting, punching, shaking, kicking, beating, or otherwise harming a child. It may, however, have been the result of over-discipline or physical punishment that is inappropriate to the child's age.

Primary Prevention — activities geared to a sample of the general population to prevent child abuse and neglect from occurring. Also referred to as "universal prevention."

Protocol — an interagency agreement that delineates joint roles and responsibilities by establishing criteria and procedures for working together on cases of child abuse and neglect.

Protective Factors — strengths and resources that appear to mediate or serve as a "buffer" against risk factors that contribute to vulnerability to maltreatment or against the negative effects of maltreatment experiences.

Psychological Maltreatment — a pattern of caregiver behavior or extreme incidents that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value to meeting another's needs. This can include parents or caretakers using extreme or bizarre forms of punishment or threatening or terrorizing a child. The term "psychological maltreatment" is also known as emotional abuse or neglect, verbal abuse, or mental abuse.

Response Time — a determination made by CPS and law enforcement regarding the immediacy of the response needed to a report of child abuse or neglect.

Review Hearings — held by the juvenile and family court to review dispositions (usually every 6 months) and to determine the need to maintain placement in out-of-home care or court jurisdiction of a child.

Risk — the likelihood that a child will be maltreated in the future.

Risk Assessment — to assess and measure the likelihood that a child will be maltreated in the future, frequently through the use of checklists, matrices, scales, and other methods of measurement.

Risk Factors — behaviors and conditions present in the child, parent, or family that will likely contribute to child maltreatment occurring in the future.

Safety — absence of an imminent or immediate threat of moderate-to-serious harm to the child.

Safety Assessment — a part of the CPS case process in which available information is analyzed to identify whether a child is in immediate danger of moderate or serious harm.

Safety Plan — a casework document developed when it is determined that the child is in imminent risk of serious harm. In the safety plan, the caseworker targets the factors that are causing or contributing to the risk of imminent serious harm to the child, and identifies, along with the family, the interventions that will control the safety factors and assure the child's protection.

Secondary Prevention — activities targeted to prevent breakdowns and dysfunctions among families who have been identified as at risk for abuse and neglect.

Service Agreement — the casework document developed between the CPS caseworker and the family that outlines the tasks necessary to achieve goals and outcomes necessary for risk reduction.

Service Provision — the stage of the CPS casework process when CPS and other service providers provide specific services geared toward the reduction of risk of maltreatment.

Sexual Abuse — inappropriate adolescent or adult sexual behavior with a child. It includes fondling a child's genitals, making the child fondle the adult's genitals, intercourse, incest, rape, sodomy, exhibitionism, sexual exploitation, or exposure to pornography. To be considered child abuse, these acts have to be committed by a person responsible for the care of a child (for example a baby-sitter, a parent, or a daycare provider) or related to the child. If a stranger commits these acts, it would be considered sexual assault and handled solely be the police and criminal courts.

Substantiated — an investigation disposition concluding that the allegation of maltreatment or risk of maltreatment was supported or founded by State law or State policy. A CPS determination means that

credible evidence exists that child abuse or neglect has occurred.

Tertiary Prevention — treatment efforts geared to address situations where child maltreatment has already occurred with the goals of preventing child maltreatment from occurring in the future and of avoiding the harmful effects of child maltreatment.

Treatment — the stage of the child protection case process when specific services are provided by CPS and other providers to reduce the risk of maltreatment, support families in meeting case goals, and address the effects of maltreatment.

Universal Prevention — activities and services directed at the general public with the goal of stopping the occurrence of maltreatment before it starts. Also referred to as "primary prevention."

Unsubstantiated (not substantiated) — an investigation disposition that determines that there is not sufficient evidence under State law or policy to conclude that the child has been maltreated or at risk of maltreatment. A CPS determination means that credible evidence does not exist that child abuse or neglect has occurred.

APPENDIX B

Resource Listings of Selected National Organizations Concerned with Child Maltreatment

Listed below are several representatives of the many national organizations and groups that deal with various aspects of child maltreatment. Please visit **www.calib.com/nccanch** to view a more comprehensive list of resources and visit **www.calib.com/nccanch/database/index.cfm** to view an organization database. Inclusion on this list is for information purposes and does not constitute an endorsement by the Office on Child Abuse and Neglect or the Children's Bureau.

Child Welfare Organizations

American Humane Association Children's Division

address: 63 Inverness Dr., East
Englewood, CO 80112-5117

phone: (800) 227-4645
(303) 792-9900

fax: (303) 792-5333

e-mail: children@americanhumane.org

Web site: www.americanhumane.org

Conducts research, analysis, and training to help public and private agencies respond to child maltreatment.

American Public Human Services Association

address: 810 First St., NE, Suite 500
Washington, DC 20002-4267

phone: (202) 682-0100

fax: (202) 289-6555

Web site: www.aphsa.org

Addresses program and policy issues related to the administration and delivery of publicly funded human services. Professional membership organization.

American Professional Society on the Abuse of Children

address: 940 N.E. 13th St.
CHO 3B-3406
Oklahoma City, OK 73104

phone: (405) 271-8202

fax: (405) 271-2931

e-mail: tricia-williams@ouhsc.edu

Web site: www.apsac.org

Provides professional education, promotes research to inform effective practice, and addresses public policy issues. Professional membership organization.

AVANCE Family Support and Education Program

address: 301 South Frio, Suite 380
San Antonio, TX 78207

phone: (210) 270-4630

fax: (210) 270-4612

Web site: www.avance.org

Operates a national training center to share and disseminate information, material, and curricula to service providers and policy-makers interested in supporting high-risk Hispanic families.

Child Welfare League of America

address: 440 First St., NW, Third Floor
Washington, DC 20001-2085

phone: (202) 638-2952

fax: (202) 638-4004

Web site: www.cwla.org

Provides training, consultation, and technical assistance to child welfare professionals and agencies while also educating the public about emerging issues affecting children.

National Black Child Development Institute

address: 1023 15th St., NW, Suite 600
Washington, DC 20005

phone: (202) 387-1281

fax: (202) 234-1738

e-mail: moreinfo@nbcdi.org

Web site: www.nbcdi.org

Operates programs and sponsors a national training conference through Howard University to improve and protect the well-being of African-American children.

National Children's Advocacy Center

address: 200 Westside Sq., Suite 700
Huntsville AL 35801

phone: (256) 533-0531

fax: (256) 534-6883

e-mail: webmaster@ncac-hsv.org

Web site: www.ncac-hsv.org

Provides prevention, intervention, and treatment services to physically and sexually abused children and their families within a child-focused team approach.

National Indian Child Welfare Association

address: 5100 SW Macadam Ave., Suite 300
Portland, OR 97201

phone: (503) 222-4044

fax: (503) 222-4007

e-mail: info@nicwa.org

Web site: www.nicwa.org

Disseminates information and provides technical assistance on Indian child welfare issues. Supports community development and advocacy efforts to facilitate tribal responses to the needs of families and children.

National Resource Centers

National Resource Center on Child Maltreatment

address: Child Welfare Institute
3950 Shackleford Rd., Suite 175
Duluth, GA 30096

phone: (770) 935-8484

fax: (770) 935-0344

e-mail: tsmith@gocwi.org

Web site: www.gocwi.org/nrccm

Helps States, local agencies, and Tribes develop effective and efficient child protective services systems. Jointly operated by the Child Welfare Institute and ACTION for Child Protection, it responds to needs related to prevention, identification, intervention, and treatment of child abuse and neglect.

National Resource Center on Domestic Violence: Child Protection and Custody

address: Family Violence Department
National Council of Juvenile and Family Court Judges
P.O. Box 8970
Reno, NV 89507

phone: (800) 527-3223

fax: (775) 784-6160

e-mail: info@dvlawsearch.com

Web site: www.nationalcouncilfvd.org/res_center

Promotes improved court responses to family violence through demonstration programs, professional training, technical assistance, national conferences, and publications.

National Child Welfare Resource Center for Family-Centered Practice

address: Learning Systems Group
1150 Connecticut Ave., NW, Suite 1100
Washington, DC 20036

phone: (800) 628-8442

fax: (202) 628-3812

e-mail: info@cwresource.org

Web site: www.cwresource.org

Helps child welfare agencies and Tribes use family-centered practice to implement the tenets of the Adoption and Safe Families Act to ensure the safety and well-being of children while meeting the needs of families.

National Child Welfare Resource Center on Legal and Judicial Issues

address: ABA Center on Children and the Law
740 15th St., NW
Washington, DC 20005-1019

phone: (800) 285-2221 (Service Center)
(202) 662-1720

fax: (202) 662-1755

e-mail: ctrchildlaw@abanet.org

Web site: www.abanet.org/child

Promotes improvement of laws and policies affecting children and provides education in child-related law.

Prevention Organizations

National Alliance of Children's Trust and Prevention Funds

address: Michigan State University
Department of Psychology
East Lansing, MI 48824-1117

phone: (517) 432-5096

fax: (517) 432-2476

e-mail: millsda@msu.edu

Web site: www.ctfalliance.org

Assists State children's trust and prevention funds to strengthen families and protect children from harm.

Prevent Child Abuse America

address: 200 South Michigan Ave., 17th Floor
Chicago, IL 60604-2404

phone: (800) 835-2671 (orders)
(312) 663-3520

fax: (312) 939-8962

e-mail: mailbox@preventchildabuse.org

Web site: www.preventchildabuse.org

Conducts prevention activities such as public awareness campaigns, advocacy, networking, research, and publishing, and provides information and statistics on child abuse.

Shaken Baby Syndrome Prevention Plus

address: 649 Main St., Suite B
Groveport, OH 43125

phone: (800) 858-5222
(614) 836-8360

fax: (614) 836-8359

e-mail: sbspp@aol.com

Web site: www.sbsplus.com

Develops, studies, and disseminates information and materials designed to prevent shaken baby syndrome and other forms of child abuse and to increase positive parenting and child care.

Community Partners

The Center for Faith-Based and Community Initiatives

e-mail: CFBCI@hhs.gov

Web site: www.hhs.gov/faith/

Welcomes the participation of faith-based and community-based organizations as valued and essential partners with the U.S. Department of Health and Human Services. Funding goes to faith-based organizations through Head Start, programs for refugee resettlement, runaway and homeless youth, independent living, childcare, child support enforcement, and child welfare.

Family Support America
(formerly Family Resource Coalition of America)

address: 20 N. Wacker Dr., Suite 1100
Chicago, IL 60606

phone: (312) 338-0900

fax: (312) 338-1522

e-mail: info@familysupportamerica.org

Web site: www.familysupportamerica.org

Works to strengthen and empower families and communities so that they can foster the optimal development of children, youth, and adult family members.

National Exchange Club Foundation for the Prevention of Child Abuse

address: 3050 Central Ave.
Toledo, OH 43606-1700

phone: (800) 924-2643
(419) 535-3232

fax: (419) 535-1989

e-mail: info@preventchildabuse.com

Web site: www.nationalexchangeclub.com

Conducts local campaigns in the fight against child abuse by providing education, intervention, and support to families affected by child maltreatment.

National Fatherhood Initiative

address: 101 Lake Forest Blvd., Suite 360
Gaithersburg, MD 20877

phone: (301) 948-0599

fax: (301) 948-4325

Web site: www.fatherhood.org

Works to improve the well-being of children by increasing the proportion of children growing up with involved, responsible, and committed fathers.

For the General Public

Childhelp USA

address: 15757 North 78th St.
Scottsdale, AZ 85260

phone: (800) 4-A-CHILD
(800) 2-A-CHILD (TDD line)
(480) 922-8212

fax: (480) 922-7061

e-mail: help@childhelpusa.org

Web site: www.childhelpusa.org

Provides crisis counseling to adult survivors and child victims of child abuse, offenders, and parents, and operates a national hotline.

National Center for Missing and Exploited Children

address: Charles B. Wang International
Children's Building
699 Prince St.
Alexandria, VA 22314-3175

phone: (800) 843-5678
(703) 274-3900

fax: (703) 274-2220

Web site: www.missingkids.com

Provides assistance to parents, children, law enforcement, schools, and the community in recovering missing children and raising public awareness about ways to help prevent child abduction, molestation, and sexual exploitation.

Parents Anonymous

address: 675 West Foothill Blvd., Suite 220
Claremont, CA 91711

phone: (909) 621-6184

fax: (909) 625-6304

e-mail: parentsanon@msn.com

Web site: www.parentsanonymous.org

Leads mutual support groups to help parents provide nurturing environments for their families.

For More Information

National Clearinghouse on Child Abuse and Neglect Information

address: 330 C St., SW
Washington, DC 20447

phone: (800) 394-3366
(703) 385-7565

fax: (703) 385-3206

e-mail: nccanch@calib.com

Web site: www.calib.com/nccanch

Collects, stores, catalogs, and disseminates information on all aspects of child maltreatment and child welfare to help build the capacity of professionals in the field. A service of the Children's Bureau.

APPENDIX C

State Toll-free Telephone Numbers for Reporting Child Abuse

Each State designates specific agencies to receive and investigate reports of suspected child abuse and neglect. Typically, this responsibility is carried out by child protective services (CPS) within a Department of Social Services, Department of Human Resources, or Division of Family and Children Services. In some States, police departments also may receive reports of child abuse or neglect.

Many States have an in-State toll-free telephone number, listed below, for reporting suspected abuse. **The reporting party must be calling from the same State where the child is allegedly being abused for most of the following numbers to be valid.**

For States not listed or when the reporting party resides in a different State than the child, please call **Childhelp, 800-4-A-Child** (800-422-4453), or your local CPS agency.

Alaska (AK)
800-478-4444

Arizona (AZ)
888-SOS-CHILD
(888-767-2445)

Arkansas (AR)
800-482-5964

Connecticut (CT)
800-842-2288
800-624-5518 (TDD)

Delaware (DE)
800-292-9582

Florida (FL)
800-96-ABUSE
(800-962-2873)

Illinois (IL)
800-252-2873

Indiana (IN)
800-800-5556

Iowa (IA)
800-362-2178

Kansas (KS)
800-922-5330

Kentucky (KY)
800-752-6200

Maine (ME)
800-452-1999

Maryland (MD)
800-332-6347

Massachusetts (MA)
800-792-5200

Michigan (MI)
800-942-4357

Mississippi (MS)
800-222-8000

Missouri (MO)
800-392-3738

Montana (MT)
800-332-6100

Nebraska (NE)
800-652-1999

Nevada (NV)
800-992-5757

New Hampshire (NH)
800-894-5533
800-852-3388 (after hours)

New Jersey (NJ)
800-792-8610
800-835-5510 (TDD)

New Mexico (NM)
800-797-3260

New York (NY)
800-342-3720

North Dakota (ND)
800-245-3736

Oklahoma (OK)
800-522-3511

Oregon (OR)
800-854-3508, ext. 2402

Pennsylvania (PA)
800-932-0313

Rhode Island (RI)
800-RI-CHILD
(800-742-4453)

Texas (TX)
800-252-5400

Utah (UT)
800-678-9399

Vermont (VT)
800-649-5285

Virginia (VA)
800-552-7096

Washington (WA)
866-END-HARM
(866-363-4276)

West Virginia (WV)
800-352-6513

Wyoming (WY)
800-457-3659

APPENDIX D
National Association of Social Workers Code of Ethics

The National Association of Social Workers Code of Ethics provides guidance regarding the everyday professional conduct of all social workers, including child protective services (CPS) caseworkers. The following standards are based on guidelines for professional conduct with clients:

Commitment to clients. A CPS caseworker's primary responsibility is to assure child safety, child permanence, child well-being, and family well-being.

Self-determination. CPS caseworkers respect and promote the right of clients to self-determination and help clients identify and clarify their goals. The right to self-determination may be limited when the caseworker, in their professional judgment, determines that the clients' actions or potential actions pose a serious and foreseeable, imminent risk to their children.

Informed consent. CPS caseworkers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent. In instances where clients are receiving services involuntarily, CPS caseworkers should provide information about the nature and extent of services and about the extent of clients' right to refuse the services.

Competence. CPS caseworkers should provide services and represent themselves as competent only within the boundaries of their education, preservice and inservice training, license, and certification.

Cultural competence and social diversity. CPS caseworkers should understand culture and its function in human behavior, recognizing the strengths in all cultures. Caseworkers should be knowledgeable about their clients' cultures and demonstrate competence in providing services that are sensitive to the cultures and to differences among people and cultural groups.

Conflicts of interest. CPS caseworkers should be alert to and avoid any conflict of interest that may interfere with the exercise of professional discretion and impartial judgment. Caseworkers should not take any unfair advantage of a professional relationship or exploit others for personal gain.

Privacy and confidentiality. CPS caseworkers should respect the child and family's right to privacy. They should not solicit private information from clients unless it is essential to assuring safety, providing services, or achieving permanence for children. Caseworkers can disclose information with consent from the client or person legally responsible for the client's behalf. Caseworkers should discuss with clients and other interested parties the nature of the confidentiality and the limitations and rights of confidentiality. Caseworkers should protect the confidentiality of all information, except when disclosure is necessary to prevent serious, foreseeable, and imminent harm to the child.

Access to records. Caseworkers should provide clients with reasonable access to the records about them. Caseworkers should limit client access to records when there is compelling evidence that such access could cause serious harm to the child or family. When providing access to records, caseworkers must protect the confidentiality of other individuals identified in the record, such as the name of the reporter.

Sexual relationships. Caseworkers should not, under any circumstances, engage in sexual activities or sexual contact with current or former clients, client's relatives, or others with whom the client maintains a close personal relationship when there is a risk of exploitation or potential harm to the client. Caseworkers should not provide clinical services to individuals with whom they have had a prior sexual relationship.

Sexual harassment. Caseworkers should not make sexual advances or sexual solicitation, request sexual favors, or engage in other verbal or physical conduct of a sexual nature with clients.

Physical contact. Caseworkers should not engage in physical contact with children and parents when there is a possibility of psychological harm.

Derogatory language. Caseworkers should never use derogatory language in their verbal or written communication about clients. Caseworkers should use behavioral, respectful, and sensitive language in their communications to and about clients.

Clients who lack decision making capacity. When acting on behalf of clients who lack the capacity to make informed decisions, caseworkers should take reasonable steps to safeguard the interests and rights of those clients.

Termination of services. CPS caseworkers should terminate services to clients when child safety is assured or permanence has been achieved.

Source: National Association of Social Workers. (1999). *Code of ethics of the National Association of Social Workers.* Washington, DC: Author.

To view or obtain copies of other manuals in this series, contact the National Clearinghouse on Child Abuse and Neglect Information at:

800-FYI-3366
nccanch@calib.com
www.calib.com/nccanch/pubs/usermanual.cfm