

Introduction

This month's article focuses on intake – receipt of the CPS referral. We are considering receipt of the referral from the perspective of intake as launching the safety intervention system. The purpose of intake is to conduct a *winning* process which identifies families CPS should serve and those that are not in need of CPS intervention.

Agencies (i.e., program and practice models) have always used state statutes to govern intake decision making. The use of statutory criteria for intake decision making can take a sort of “whatever we want but not less than” perspective. What this means is that intake screening decisions can sometimes result in reports of varying sorts of family conditions and different levels of severity to be assigned for CPS intervention. That is, the “whatever we want” criteria. However, very seldom if hardly ever do intake screening decisions avoid accepting clear and serious child abuse and neglect that is consistent with a state's statute. That's the “no less than” criteria. This kind of approach to intake decision making lacks focus and is difficult to regulate, understand, or justify. Some believe that it allows CPS to involve itself beyond what is acceptable for government intervention. Others suggest that it contributes to involvement with less serious cases at the expense of doing effective work with serious cases. Yet others believe

that it provides a wider net of assistance and services to families within the community who have varying kinds and degrees of problems.

In this article, we wish to describe and promote the idea of intake as a functional component of the safety intervention system. The purpose of intake as a functional component of the safety intervention system is to identify families in which children are not protected. We will demonstrate that the Intake Assessment is part of the comprehensive assessment framework that supports and drives the safety intervention system. This will include considering the intake function as a service to the community, to the reporter, and to the family being reported.

Philosophy

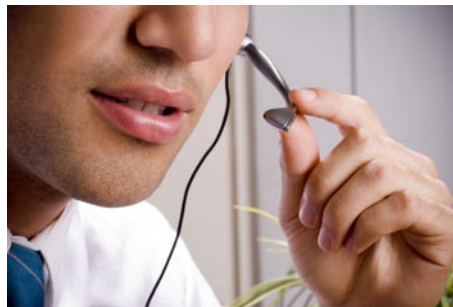


Intake—receiving the referral—is the first function within the safety intervention system. The Intake Assessment is the first assessment within a comprehensive assessment process which is part of the safety intervention system. The Intake Assessment is the decision-making method concerned with evaluating reports of threats to child safety in order to identify families that may be in need of Child Protective Services (CPS). Intake is a service with two service objectives: (1) To provide the point of contact for the community to express its concerns about children who may be in need of protection, and (2) To launch the safety intervention process whereby children in need of protection and families in need of CPS are identified and served. The model for conducting the safety intervention intake function is customer service. The customer service model requires a high degree of responsiveness to the person reporting the concern.

Responsiveness is characterized by:

- ✘ Respect for the reporter.
- ✘ Courtesy in all interaction.
- ✘ Interest in all aspects of the reporter's account and concerns.
- ✘ Patience which allows the reporter to participate according to his need.
- ✘ Information that enlightens the reporter and facilitates his ability to state and explain his concern.
- ✘ Empathy for feelings and circumstances the reporter may be experiencing.
- ✘ Support to the reporter for the expression of his responsibilities and concerns.
- ✘ Assistance to the reporter which encourages elaboration and clarification of the reporter's concerns and personal knowledge.
- ✘ Adherence to CAP and professional standards concerned with conducting intake information collection and the IA.

Purpose



The purpose of the intake function within a safety intervention system is to identify caregivers who are unable or unwilling to protect their children from impending danger. This includes consideration of the presence of threats to a child's safety, the presence of vulnerable children, and caregivers with diminished caregiver protective capacities.

The objectives of the safety intervention system intake function are:

- To assist individuals who are reporting their concerns to provide behaviorally specific, detailed information.
- To determine if the reported concerns include the identification of present or impending danger and diminished caregiver protective capacities.
- To identify whether the concerns being reported must be referred to law enforcement.
- To determine the response time for a CPS initial assessment and safety assessment.
- To provide information to reporters about other agency programs and/or community resources that may be of assistance when the intake information indicates the children are not at threat of impending danger.

Intake Information Collection Standards



Intake as a functional component of the safety intervention system operates in accordance with standards. These standards provide a specific description of what this function does which in turns provides clarification for how it launches and fits within the safety intervention system. The intake information collection standards consider worker competence, information collection methods, and protocol. Here we see the emphasis of intake as an assertive service which requires essential and professional behavior.

The intake worker possesses knowledge of and considers safety intervention concepts as the foundation for conducting intake information collection and decision making.

Child safety is the operating concept applied at intake (and throughout the safety intervention system). The intake worker is responsible for knowing and using essential safety concepts and practices that are necessary to perform effective practice and decision making. The essential safety intervention concepts applied at intake are:

- ▶ Safe and unsafe.
- ▶ Present danger.
- ▶ Impending danger.
- ▶ Safety threshold.
- ▶ Allegations of child abuse and neglect.

The intake worker communicates and behaves in ways that engage the reporter interpersonally in the information sharing and collection exchange.

The intake function employs a customer service approach for interaction with all who report a concern for child abuse and neglect, present danger, and impending danger. The customer service approach incorporates the following essential principles:

- ✧ Demonstrate respect to the reporter and for the family.
- ✧ Show courtesy and an intention to be helpful.
- ✧ Respond promptly and appropriately to the reporter.
- ✧ Provide support and encouragement to the reporter.
- ✧ Always maintain professionalism and self-control.
- ✧ Enable and promote participation.
- ✧ Provide direction which empowers the reporter.
- ✧ Provide necessary information.

Engaging communication and behavior in association with cardinal themes that prevail at the onset and throughout the information collection process include:

- The reporter's concern is of utmost importance.
- The reporter is doing the right thing by reporting.
- The reporter's message deserves careful listening and consideration.
- The reporter is a highly valued source of information.
- The reporter's opinion matters.
- The reporter exists as the catalyst for launching the safety intervention system.

Engaging communication and behavior is intentional, conscious, and purposeful. Engaging communication and behavior occur as a result of the application of pertinent interviewing skills and effective interview management.

Intake is an assertive service. The effectiveness of intake as a service depends on successfully engaging and involving the reporter in the process which results in the intake decisions.

The intake worker possesses knowledge of and facility for using the intake safety intervention information collection standard.

The effective intake depends on successfully gathering sufficient, relevant information which reveals or is indicative of present danger, impending danger, diminished caregiver protective capacities, and/or child abuse and neglect. In so far as a reporter knows and is able to report relevant and sufficient information, the intake worker attempts to collect it.

The safety intervention information collection standard for intake is as follows:

- ▶ Client – family demographics including name, age, gender, race, and ethnicity for all members of the household and their relationship to each other, the family’s address and phone number, the adults’ places of employment, and the child’s school or childcare, when applicable.

- ▶ Alleged child abuse and/or neglect (CAN), present danger, and impending danger, including—
 - Specific caregiver behavior indicative of CAN, present

- C Current location.
 - C Habits, routines.
 - C Violence or acting out.
 - C Community relations.
 - C Employment.
 - C Use of substances.
 - C Mental health functioning.
 - C Unusual stress or coping problems.
 - C Caretaking interests and abilities.
 - C Attitudes toward/perceptions of child(ren).
 - C Openness/awareness.
 - C Previous relevant history including CPS history.
 - C Likely response to CPS.
- ▶ Family, including—
 - C Domestic violence, together with power, control, entitlement.
 - C Unusual stressful circumstances.
 - C Living arrangements.
 - C Household composition.
 - C Household activity—including people in and out.
 - C Condition of domicile.
- ▶ Description of any present danger threats, as well as a description of possible/likely emergency circumstances.
- ▶ Identification of protective adults who are or may be available.
- ▶ The reporter's name, relationship to the family, motivation and source of information, if possible; why the reporter is

reporting now; and any actions that the reporter suggests should occur.

- ▶ The names and contact information of other people with information regarding the child or family.

The intake worker is expected to complete agency record clearance in accordance with the agency's policy.

The intake worker uses the intake interview protocol.

The intake interview protocol is a procedure that the intake worker uses to structure and guide the reporter through the information collection process. The use of the protocol among all intake workers promotes a consistent professional approach to information collection which emphasizes reporter respect and diligent inquiry.

The intake interview protocol is as follows:

Stage 1: The Introductory Phase

- ▶ The intake worker directs necessary introductions (i.e., the reporter, the agency, the intake worker, and the intake purpose).
- ▶ The intake worker allows and encourages the reporter to share his or her concern, story, reason for calling, and uninterrupted version of report. During the reporter's description of concerns, the intake worker captures and prompts identification of demographics.
- ▶ The intake worker engages the reporter in sharing information through support and encouragement, including

attention to the reporter's concern, sense of timing and urgency, emotion, and seriousness of content.

- ▶ As the reporter continues to share concern, the intake worker assists the reporter to focus.
- ▶ The intake worker begins assessing the reporter's reliability, motives, and credibility.

Stage 2: The Exploration Phase

- ▶ The intake worker informs the reporter that a series of questions will be asked in order to better understand the family's situation and the needs of the children. The intake worker conducts a diligent consideration of the intake information collection standard with due respect for what is reasonable to expect that a reporter knows.
- ▶ The intake worker attempts to gain a thorough understanding of the factors that may contribute to circumstances or conditions which could be associated with or indicative of CAN, present danger, and/or impending danger.
- ▶ The intake worker seeks detailed information that has not been provided up to this point.

Stage 3: The Closing Phase

- ▶ The intake worker ensures that all basic information has been collected from the reporter, incorporating names, addresses, phone numbers, present whereabouts, and collaterals.
- ▶ The intake worker seeks information from the reporter regarding his opinion on what he believes should happen.
- ▶ The intake worker reassures the reporter of the importance of making the report.
- ▶ The intake worker explains the decision-making process.
- ▶ The intake worker completes the call by thanking the reporter for his or her assistance; summarizing anything the reporter agrees to do, informing the reporter of the next steps the intake worker will take; confirming the reporter's phone number and willingness to receive a call back if deemed necessary.

The intake worker uses pertinent interviewing skills and manages the interview to facilitate information collection.

There are eight (8) interviewing techniques that are fundamental to effective interviewing skill during intake. These techniques are used to build rapport and engage the reporter in the information collection process, to facilitate specific information collection, to increase the depth and breadth of information collected, and to control the intake interview.

The 8 interviewing techniques are:

1. Open-ended questions.
2. Close-ended questions.
3. Reflective listening.
4. Refocusing and suppression.
5. Probing.
6. Affirming.
7. Verbal cuing and encouraging.
8. Summarizing.

The IA worker performs all DHR required clearances, including agency records, history with agency, and other records.

This is a long-standing standard associated with intake state of the art and practice.

Intake Decision Making Standards



Intake is a decision point in every agency's practice model. It is the first one in the safety intervention system practice model. We've emphasized that intake is an assertive service. As we now turn to decision-making standards, we want to introduce the concept of **Intake Assessment** which is the first assessment within a comprehensive assessment process which drives the safety intervention system. Intake staff conduct an Intake Assessment (IA). As we continue with the intake standards, we will begin referring to what is expected as the Intake Assessment (IA).

The IA applies safety intervention screening criteria for decision making to determine indications of present or impending danger and diminished caregiver protective capacities.

Intake assessment (safety intervention) screening criteria refers to the standard, rule, or test by which reported information can be judged with respect to who an agency seeks to serve (if serving unprotected – unsafe children and their caregivers is the population). Application of the screening criteria results in identification of which reports will be assigned for an investigation,

initial assessment, or family functioning assessment (...see what this is at the end of this article). Children who are reported to be unsafe are assigned for an initial assessment. Therefore, the purpose of the screening criteria is to analyze reported information in order to identify unsafe children.

The IA worker uses screening criteria to analyze or determine the extent to which reported information reveals child maltreatment, present danger, and impending danger. Intake assessment screening criteria include an initial screen and a secondary screen. The IA worker applies the initial screen against reported information in order to identify indications that a child is unsafe because of child maltreatment and/or family conditions that appear to rise to the danger threshold. If the analysis of reported information causes the IA worker to believe that a child's safety is in question, then the intake worker applies the secondary screen to determine how promptly the initial assessment should begin.

1. The Initial Screen to Accept the Report Based on an Unsafe Child
 - a. Does the report identify a child who is under 18 years old?
 - b. Does the report identify a vulnerable child in the family?
 - c. Does the report identify a primary caregiver who has responsibility for the protection of the vulnerable child?
 - d. Does the report identify the location of the caregivers, the child, and the child's residence?

- e. Does the report identify events and circumstances indicative of child abuse, neglect, or threats of serious harm as defined in state statutes (or agency policy)?
- f. Does the report describe family conditions, behaviors, emotions, perceptions, attitudes, motives, thinking, intentions or situations that appear to be out of control?
- g. If information within the report is accurate, is it reasonable to believe that a child has suffered, is suffering, or could suffer severe harm?
- h. Does the report indicate that caregivers may be or are unwilling and incapable of behaving in ways that result in protection of the child?
- i. Does the reporter appear to be competent and appropriately motivated?

2. The Secondary Screen to Judge Response Time Based on Present or Impending Danger

- a. Does the report describe observable and specific threats to a child?
- b. Does the report describe the caregiver's capacity, intent, or motivation to protect as diminished or in question?
- c. Does the report identify an immediate, significant, and clearly observable family condition or situation occurring in the present or in process which can be concluded to endanger or threaten to endanger a child?

- d. Does the report describe what can be concluded to be a state of danger based upon reported family behaviors, attitudes, motives, emotions, and/or situations which pose a threat to a child's safety?
- e. Does the report identify a threat that may not be currently active but can be anticipated to become active and likely could have severe effects on a vulnerable child?
- f. Does the report indicate that there is nothing or no one within the home who can or will protect the child?
- g. Does the report indicate that the child(ren) are in the protective care of a responsible adult at the time of the report?
- h. Does the report indicate caregiver response to CPS intervention that can be expected?

Remember screening decisions must always be approved by a supervisor.

The IA worker applies safety intervention priority response criteria for decision making to determine when the investigation/initial assessment worker must complete a face-to-face contact with children identified in the report.

Safety intervention response time refers to designated times that in-person initial contact is made by the investigation/initial assessment worker because of information within a report that suggests a child's safety is threatened. The in-person initial contact is expected for all children who are reported to be threatened with serious harm.

Safety Intervention Response Times

- ▶ If reported information suggests a child is in present danger, the investigation/initial assessment worker conducts an in-person initial contact within two (2) hours from the receipt of the report unless the child is also reported to be temporarily under the care of a protective adult. If a child is temporarily under the care of a protective adult, the investigation/initial assessment worker completes the in-person initial contact within the same day as the receipt of the report.
- ▶ If reported information suggests a child is in impending danger, the investigation/initial assessment worker conducts an in-person initial contact within twenty-four (24) hours of receipt of the report unless the child is also reported to be temporarily under the care of a protective adult, and other reported information supports or justifies a delayed response.

The response time is determined by analyzing the information collected at intake (including the review of existing agency records) and through application of the Safety Intervention Screening Criteria which incorporates consideration of state statutes and/or agency policy for judging present and impending danger and determining corresponding response times.

Priority response decisions must always be approved by a supervisor.

The intake worker consults with a supervisor as necessary in order to reach screening and priority response decisions.







Supervision is the cornerstone and essential source of quality control related to all case assessments and decision making that are a part of and form the safety intervention system. Supervisory consultation occurring during intake provides the intake worker with guidance about information sufficiency, follow-up information collection, analysis of information, application of screening criteria, application of priority response criteria, and intake conclusions. Supervisory consultation can be considered anytime during the intake process, even if it requires call interruptions or call backs.

All intake decisions require supervisory approval.

The IA worker recommends to a supervisor screening decisions and priority response decisions (for screened-in reports) and is prepared to justify the recommendations based on the reported information.

The intake assessment decision which commits the agency to intervening in a family's situation is extremely serious. That the decision be considered carefully and diligently is crucial since it results in launching government intrusion into the lives of private citizens. Additionally the importance of this decision is associated with the management of the agency's resources. But most importantly as related to safety intervention intake, the decision is concerned with judgments associated with a child's safety and the possibility of severe outcomes.

The standard for justifying decisions is the same for all decisions recommended by the IA worker. This includes reports screened out (closed at intake). The standard is based on:

-  Sufficient information.
-  Diligently gathering all that a reporter can reasonably Provide.
-  Analysis of the information.
-  Use of screening criteria.
-  Use of priority response criteria for reports recommended for assignment.
-  Use of other* screening criteria.

The IA worker recommendation accompanied by the supervisor review and approval creates a means for effective quality control and properly associates practice, decision making, and conclusions with the appropriate roles.

The IA supervisor reviews and approves screening decisions which include acceptance for assignment for investigation/initial assessment or screened out—closed at intake. The IA supervisor reviews and approves priority response decisions for reports accepted for assignment to investigation/initial assessment.

The IA supervisor assures that recommendations associated with screening and priority response decisions are supported by the information contained within the intake and can be justified by the IA worker.

The IA supervisor assures that the same level of effort, diligence, and application of procedures and processes occur in accordance

with all recommended intake assessment decisions (i.e., screen in, screen out, differential approach, offer of services, prevention services, I and R, and so forth).

The supervisor decision to approve the IA worker's recommendation means that the supervisor agrees with the recommendations, believes them to be supported by intake information, accepts the manner in which the intake information was analyzed, accepts the use of intake decision-making criteria, and is prepared to defend the recommendation as correct.

When a report is to be assigned for investigation/initial assessment, the IA supervisor assigns or transmits the case for assignment to ongoing CPS in a timely manner consistent with intake assessment priority response decisions.

Since child safety is the operating decision-making concept in intake, it is critical that the exchange of work between the IA worker, the IA supervisor, and the investigation/initial assessment supervisor/worker be highly expedient. The IA supervisor (when this is a person different than the investigation/initial assessment supervisor) assures that intake information and intake assessment decisions are communicated/ transferred to investigation/initial assessment staff in a timely manner governed by the intake assessment decisions related to present danger and impending danger.

The IA worker thoroughly and clearly documents reported information, identifies specific intake assessment decisions, and provides rationale for intake assessment decisions.

Intake documentation is the official basis for agency intervention into family life based on child safety. Intake documentation is sufficient when all that is known and relevant about a family (reported or available from other sources) is clearly and fully stated. The IA worker employs agency forms and documentation expectations to assure that each intake is fully documented. The standard for intake documentation is the same regardless of the intake assessment decision outcome (i.e., screened in/accepted for investigation/initial assessment assignment or other agency offered responses and for screened out/closed at intake).

Documentation includes a statement of the conclusions of the intake analysis, recommendations for supervisory approval, and justification for recommendations based on what has been reported. The format and required content for documentation is based on safety intervention, safety concepts, and these standards.

When reports do not comply with safety intervention screening criteria, the IA worker applies other agency response/service screening criteria for decision making to rule in or rule out the suitability of completing an offer of service to the reported family (such as risk, differential response, prevention, offer of service, I/R, and so forth).*

After screening the report out (not safety related), the intake worker could evaluate reported circumstances to judge whether there was sufficient, believable information that connects the family or caregiver situation with a child's quality of life and well-

being. To be accepted for other agency responses within the reported information, it seems reasonable that a relationship exists between the family situation; caregiver behavior; family functioning; family problems; and the child's condition, experience, and effects of family life and parenting.

Specific criteria for screening families eligible for other agency responses should be as specific and well developed as the safety intervention screening criteria.

Coming in January

Next month we will focus on the next functional component in a safety intervention system. In this article we've been referring from time to time to that function as investigation/initial assessment. Either of these two terms is used in most agencies for the function that follows intake. We have begun calling investigation/initial assessment *The Family Functioning Assessment (FFA)*, and we consider the FFA to be the second assessment within the comprehensive assessment process that drives the safety intervention system. The first assessment is what we wrote about in this article and we refer to that as *The Intake Assessment*. We'll explain why we are promoting different terminology for the investigation/initial assessment (the first safety intervention face-to-face contact in a case) next month.