



**CHARTING THE COURSE TOWARDS
PERMANENCY
FOR CHILDREN IN PENNSYLVANIA:
A Knowledge and Skills-Based Curriculum**

**MODULE EIGHT (8)
SCREENING, INVESTIGATION
AND DOCUMENTATION**

A Training Outline

**Developed by:
The Pennsylvania Child Welfare
Training Program**

**University of Pittsburgh,
Pittsburgh, PA**

August 2007

Module 8: Screening, Investigation/Assessment, and Documentation

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Module 8: Screening, Investigation/Assessment, and Documentation

Agenda for One-Day Workshop on Module #8: Screening, Investigation/Assessment, and Documentation

Estimated Time	Content	Page
35 minutes	Section I: Introduction	3
1 hour, 45 minutes	Section II: Screening: Initial Phase of Child Welfare Practice	8
1 hour, 50 minutes	Section III: The Intake Investigation/assessment	27
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Module 8: Screening, Investigation/Assessment, and Documentation

Section I: Introduction

Estimated Length of Time:

35 minutes

Learning Objectives:

Participants will be able to:

- ✓ recognize the course competencies and learning objectives

Methods of Presentation:

Lecture, Individual Activity, Small Group Activity, Large Group Discussion, Large Group Activity

Materials Needed:

- ✓ Overhead Projector and Screen
- ✓ **Handout #1 (CTC Participant Investigation/Assessment Letter)**
- ✓ **Handout #2 (CTC Participant Accommodation Letter)**
- ✓ **Handout #3 (Learning Objectives and Competencies)**
- ✓ **Handout #4 (Agenda)**
- ✓ **Handout #5 (Phases of Casework Practice: Navigational Guide)**
- ✓ **Overhead #1 (Learning Objectives)**

Outline of Presentation:

- Prepare the training room
- Welcome trainees to Charting the Course for Children in Pennsylvania
- Introduce himself/herself to the group
- Facilitate trainee introductions
- Review the learning objectives for the session using **Overhead #1 (Learning Objectives)** and **Handout #3 (Learning Objectives and Competencies)**

Section I: Introduction

Trainer Note: Prepare a poster for the wall entitled WIIFM (What's In It For Me)?

Trainer Note: Prior to the beginning of the training day, remove Handouts 8, 11, and 17 from the participant's handout packets. The handouts give the answers to activities that the participants will be doing. These handouts should be distributed after the activity is completed.

Trainer Note: Prepare the training room in advance by placing name tents, markers, and handout packets (if using) at each table. As participants arrive, greet each one.

Five minutes before the training starts, provide 4 participants with **Handout #1 (CTC Participant Investigation/Assessment Letter)** and the rest of the class with **Handout #2 (CTC Participant Accommodation Letter)**. Tell them that there will be no time in the morning if the participant wants to discuss the letter but you will discuss it with them at lunch if they want to. (In actuality, the letters will be used in Section I, Step 5)

As participants enter the room, ask them if they completed their assigned pre-work.

- A) Bring a copy of their agency Intake Screening Form
- B) Bring a sample of their agency Case Notes.

Tell them they will be referring to them during the training. If they do not have their pre-work, discuss the importance of preparing for training and make recommendations, such as how the participant can remember to complete their pre-work for the next section.

Step 1: (10 minutes)

Lecture

Trainer Note: If you are working with a cohort, you do not need to do this step.

The trainer starts the training session by covering the following points:

- Welcome participants to the training.
- Introduce the trainer
- Complete name tent
- Remind participants of the classroom cultural including:
 - Be on time -15 minute rule
 - Training Schedule – 9:00 to 4:00 with Breaks
 - Document your presence -sign-in sheet
 - Provide Constructive and Motivational Feedback
 - Respect
 - Risk taking
 - Practice makes permanent
 - Focus on Learning - No cell phones & only contact office for

- emergencies

Step 2: (5 minutes)

Individual Activity, Small Group Activity

If this training is for a cohort group, participants will complete their name tents upon arrival and this step may be deleted. If this training session is not part of a cohort group, guide participants through the completion of their name tents.

The trainer instructs participants to write the county in which they work in the top right corner of the nameplate. The trainer instructs participants to write their position in the agency in the top left corner.

The trainer asks participants to write the amount of time they have been in their position in the bottom left corner. The trainer asks participants to write the amount of experience they have in child welfare in the bottom right corner.

When the name and four corners are complete, the trainer asks participants to place the name tent in front of them.

Trainer gives each participant a cartoon-like “thought bubble” (or other appropriate graphic) that has been printed on card stock. Trainer asks the participants to list two or three important pieces of information that should be gathered at the screening through assessment phase of a case. Trainer tells participants to tape the bubble to their name tent. In lieu of card stock paper with a “thought bubble” or index cards, the trainer may have the participants write the information on their name tent or other piece of paper.

The trainer asks participants to share introductory information from their nameplates with the others seated at their table. Ask each participant to share one important piece of screening/assessment information with those at their table. Trainer should listen in and “sprinkle” some of the overheard comments into the Review of the Training Day (Step 3) to make the agenda more meaningful.

Trainer should ask participants to think of one thing that they want to learn about screening, assessment and/or documentation and take back to their agency practice. Participants should write this thought on the WIIFM poster. At the end of the training, review the WIIFM poster and make sure that all of the concerns and questions have been addressed.

Step 3: (5 minutes)

Lecture

The trainer reviews the competencies, objectives, and agenda for the workshop using **Handout #3 (Learning Objectives and Competencies)** and **Overhead #1 (Learning Objectives)**. The trainer describes how the learning objectives will be accomplished by reviewing **Handout #4 (Agenda)**.

Inform participants that the purpose of this training is to learn skills related to screening calls, investigating, and recording the information within the context of departmental policy and procedures. First participants will learn how screening fits into the casework process. Investigation/assessment will then be discussed in terms of the outcomes of child safety and well-being. Once participants have this foundation they will learn the specific intake process foundation-level skills and knowledge of the investigative process. This training will include how to gather information from people reporting possible child abuse and neglect, investigating those allegations, and the interviewing and documentation skills involved with this process. The training focuses these skills on a variety of common screening calls, and examines the issues that affect our ability to gather important and necessary information from reporters. Many reporters are not practiced in their role—giving clear and useful information—and the screener’s skill is crucial. Additionally, the training outlines how to conduct a thorough and well-documented investigation/assessment while keeping the ASFA goals of child safety and child and family well being in mind.

Step 4: (5 minutes)

Individual Activity, Large Group Discussion

Using **Handout #5 (Phases of Casework Practice: Navigational Guide)**, have participants individually review the chart and identify at least three areas of the intake and investigation/assessment process that they must know in order to perform their casework function at the agency.

- How to screen a call: is the case appropriate for CYC assessment/investigation, or should the caller be referred to another community agency?
- When must the investigation/assessment begin? Immediately, within 24 hours, other?
- What laws must be considered based on the information known at any given time during the screening/investigation/assessment?
- Should this case be kept open for on going services?
- Is the child/children safe in their present living situation?
- What should be the goals and objectives of the Family Service Plan?

Step 5: (10 minutes)

Large Group Activity

Ask participants who received a letter regarding Module 6: Safety and Family Assessment raise their hands – all the participants will raise their hand.

Trainer Note: Some participants will have received positive letters about their behavior during Mod. 6 while others received letters that stated it is alleged that their behavior was poor during Mod. 6. All letters were received at the beginning of the training day.

Ask participants the content of their letter. Some will quickly volunteer – most likely the one’s who received positive letters – some will not immediately respond – the one’s who

received negative letters. Ask participants how they felt when they read the letter.

Ask the participants if they received letters that raised concern... attempting to get someone to share that they have been falsely accused of misbehavior. Ask participants who received the letter accusing them of misbehavior how they felt when they read the letter.

Connect these feeling to how clients must feel when they receive a letter/phone call accusing them of child abuse/neglect.

<p>Trainer Note: Be sure that the participants understand that the letters were dummy letters developed for the purpose of this exercise. Emphasize that they should remember the feelings raised by being falsely accused throughout today.</p>

Connect participants back to **Handout #3 (Learning Objectives and Competencies)**. Today they will be learning the screening, investigation/assessment, and the documentation process. Explain to participants that these processes are the beginning stages of a child welfare case and may be accessed and reviewed by other workers, lawyers, police, judges, and DPW officials throughout the life of the case. Therefore, it is important that screening, investigation/assessment, and documentation be done completely and correctly.

Module 8: Screening, Investigation/Assessment, and Documentation

Section II: Screening: Initial Phase of Child Welfare Practice

Estimated Length of Time:

1 hour, 45 minutes

Learning Objectives:

Participants will be able to:

- ✓ Recognize the federal and state laws, mandates, regulations, and PA Standards that guide the screening and investigative process.
- ✓ Recognize the elements required for a complete screening of a referral to Children and Youth Services

Methods of Presentation:

Lecture, Large Group Discussion, Large Group Activity, Individual Activity

Materials Needed:

- ✓ Flip chart stand
- ✓ Blank flip chart pad
- ✓ Colored markers
- ✓ CD Player
- ✓ **Reference books: Reference Book for Charting the Course towards Permanency for Children in Pennsylvania** (1 for each participant to use during the training. NOTE: These are to stay in the training room.)
- ✓ **Overhead #2 Definition of Assessment and Investigation**
- ✓ **Overhead #3 (Pennsylvania Child Abuse/Neglect Referrals)**
- ✓ **Overhead #4 (The Child Abuse/Neglect Screening Process)**
- ✓ **Overhead #5 (Law that Mandates CYS Responds to Reports of Abuse and Neglect)**
- ✓ **Overhead #6 (Safety Decisions)**
- ✓ **Overhead #7 (Safe Versus Unsafe)**
- ✓ **Overhead #8 (Reporters of Child Abuse and Neglect)**
- ✓ **Overhead #9 (Description of Caller's and Issues)**
- ✓ **Overhead #10 (Questions about Callers)**
- ✓ **Handout #6 (Overview of the Screening Process)**
- ✓ **Handout #7 (Screening Intake Calls)**
- ✓ **Handout #8 (Checklist: Information to be Obtained from the Reporter)**
- ✓ **Handout #9 (Receiving a Child Abuse/Neglect Report)**
- ✓ **Handout #10 (Tuning into Reporters of Child Abuse/Neglect)**
- ✓ **CD: Intake and Screening Calls (Track 1)**
- ✓ **CD: Intake and Screening Calls (Track 2)**
- ✓ **CD: Intake and Screening Calls (Track 3)**

Outline of Presentation:

- Review the definitions of investigation and assessment

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- Present overview of the screening process
- Review laws and regulations pertaining to Children and Youth's mandate to investigate and assess child safety
- Review safety decisions
- Review engaging the reporting source

Section II: Screening: Initial Phase of Child Welfare Practice

Step 1: (10 minutes)

Lecture

Explain to participants that in Pennsylvania, the terms investigation and assessment are often used interchangeably when in fact they are two different methods of gathering information. The term investigation refers to Child Protective Services (CPS) cases (child abuse) while assessment refers to General Protective Services cases (GPS). The distinction is a fine one but participants must be made aware of the difference. In actual practice, there is a significant level of overlap and variations in the activities that occur, depending on the organization of your agency.

On the top of a flip chart sheet, write the word Assessment. Ask participants to list some steps/characteristics of an assessment. If they have not done so, add the following information on assessment:

- Assessment:
 - Uses the word information
 - Uses strength based and family focused interview styles
 - Most often associated with general protective services cases

After the list is complete, on the top of another flip chart, write the word Investigation. Ask participants to list some steps/characteristics of an investigation. If they have not done so, add the following information on investigation:

- Investigation:
 - May use the word evidence
 - Use forensic interviewing techniques
 - Most often associated with Child Protective services cases (child abuse)

When both of the lists are complete, discuss the similarities and differences between the lists.

Ask participants to state what words they use in their county. Are the words different for a CPSL (investigation) case than they are for a general intake (assessment) case?

Display **Overhead #2 (Definition of Assessment and Investigation)** and inform participants that by definition the similarities and differences are:

- Assessment: A professional, systematic, and informed approach to gathering and evaluating specific information about a child and/or family for the purpose of making decisions regarding allegations of maltreatment, protection of the child, services to the family, and family progress.
- Investigation: The activities that follow the process of intake in order to assess the safety of the child, initiate the appropriate interventions with the family, make a decision of the substantiation of the report, and identify and initiate services for children and families.

Step 2: (5 minutes)

Lecture

Trainer should explain to participants that screening and investigation/assessment are two distinct processes.

Use **Handout #6 (Overview of the Screening Process)** to provide a broad overview of the screening process from start to finish. Trainer should review the handout with participants.

Discuss the following: following a report to a public child welfare agency, the first priority is to assess the safety and well-being of each child in the family. The agency must document whether the children are thought to be in immediate danger of serious harm. An initial safety tag and a response time must be assigned to the case by the call screener. After a safety tag and response time has been established, the assessment of family functioning, the risk of future harm, and the investigation/assessment of reported allegations can proceed.

Once the data is gathered, the Screener or assigned supervisor must make an initial assessment of child safety and risk. Is the child safe now? What is the likelihood the child will be injured in the near future? This initial "safety tag" determines when the agency must begin its investigation/assessment. Note, that legal guidelines require that if the allegation falls under the category of a CPS investigation, the child must be seen immediately if protective custody has been taken or is needed or it cannot be determined from the report whether or not emergency protective custody is needed. Otherwise, the child must be seen within 24 hours.

Display **Overhead #3 (Pennsylvania Child Abuse and Neglect Referrals)**. Provide the following statistics to participants: in addition to the 23,181 child abuse referrals investigated in PA in 2006, it is estimated that more than 54,000 non-child abuse, or GPS, referrals are assessed/investigated yearly by local CYS agencies. Encourage participants to find the statistics for their counties during break or at lunch.

Pennsylvania Child Abuse/Neglect Referrals

*These Stats are from the DPW 2006 Annual Report and the Department of Health and Human Services Publication-Child Maltreatment 2002

- 23,181 reports of suspected child and student abuse were received. (Note: 24 of these were suspected student abuse)
- 4,152 reports of suspected child and student abuse were substantiated. (Note: 15 of these were involving student abuse: all were sexual abuse)
- Sexual abuse was involved in 59 percent of all substantiated reports.

- 31 children died from abuse, 9 less than in 2005.
- 400 or 10 % of substantiated reports involved children who had been abused before.
- 8,514 children were removed from the setting where the alleged or actual abuse occurred.
- PA reported to the Department of Health and Human Services that in 2005, “CPS caseworkers account for approximately 30 percent of the total reports investigated and or assessed by the Child Welfare System.”
- In total, over 77,000 child abuse/neglect reports are assessed and/or investigated by Pennsylvania Child Welfare per year.

Step 3: (5 minutes)

Large Group Discussion and Lecture

Ask participants:

- “Who is the person who accepts these calls at your agency?”
- “What is their job title?”
- “Is the screener at your agency a separate position?”
- “If so, is the screener a caseworker with child welfare experience?”
- “Why do you think the screener needs to have experience?”

Give participants the following information about screening:

Screening is the first stage of the Child Protective Services process, the “Front Door.” Careful, detailed, and thorough work at this stage lays the foundation for making well-informed decisions throughout the life of a case, including risk and safety assessments and the basis for service and permanency plans to meet the safety plan goal. The quality and consistency of the information gathered at this stage directly impacts subsequent interventions; what happens at the front door impacts our entire child welfare system.

Many people will judge the whole agency by what happens in this first stage of the process. The screener’s number one responsibility is to gather information so the agency can insure child safety and well being, but s/he is also in the role of public relations.

Display **Overhead #4 (Child Abuse/Neglect Screening Process)** and discuss the following: the screening process involves accepting calls from individuals and screening them to determine the nature of these calls (e.g., information only, requests for services, child abuse and neglect reports, other). If there are reports of child abuse and neglect, the screening unit staff quickly determines the risk of abuse and neglect and any safety concerns that warrant an immediate response from the Investigation/Assessment Unit. In case of reports that do not involve child abuse and neglect, the individuals or families may be referred to appropriate community-based agencies for support services. Based

on the data gathered, four (4) major decisions are made...

1. Should the referral be accepted for evaluation by the agency?
2. If yes, what is the risk level?
3. What is the response time?
4. If not accepted, should the reporter be referred to another community agency for assistance Intake and Referral (I & R)?

When reports of maltreatment or dependency are received, it is crucial that the screener use his or her Interactional Skills to gather sufficient information from the reporter. Hearing and listening to the reporter leads the screener to begin the child protection process. Crucial decisions must be made as to whether an initial investigation/assessment is required and the urgency of the response by CYS.

Step 4: (5 minutes)

Lecture, Large Group Discussion

Ask participants:

“Why does an agency accept phone calls from individuals and agencies?”

Trainer connects them to the laws and mandates that require county agencies to respond to all allegations of abuse and neglect. Remind participants that all public child welfare interventions are related to legal mandates.

Display **Overhead #5 (Law that Mandates CYS to Respond to Reports of Abuse or Neglect)** and discuss the following from the Child Protective Services Law:

- Section 6362 (a) states that:
 - The county agency shall be the sole civil agency responsible for receiving and investigating all reports of child abuse made pursuant to this chapter . . . for the purpose of providing protective services to prevent abuses of children and to provide or arrange for and monitor the provision of those services necessary to safeguard and ensure the well being and development of the child and to preserve and stabilize family life wherever possible.
- Section 6375 (b) states that:
 - Each county shall be organized and staffed to ensure that the agency can provide intake for general protective services. Intake occurs when a report or referral is made to the agency or when a parent or person responsible for the child’s welfare requests the assistance of the agency.

Step 5: (5 minutes)

Lecture

Tell the participants that, in addition to the laws, there are regulations that interpret those laws. Regulations 3130 dictate the goal of Children and Youth Services and the

responsibilities of Children and Youth Services. Ask participants to look at the 3130 Regulations section – 3130.11, 3130.12(a) and (c), and 3130.31 (2). Review the regulations.

- 3130.11. Goal of children and youth social services.
 - It is the goal of children and youth social services to ensure for each child in this Commonwealth a permanent, legally assured family, which protects the child from abuse and neglect.
- 3130.12. Responsibilities for children and youth services.
 - (a) The Department and each of the 67 counties are jointly responsible for the achievement of the goal of children and youth services and for assuring the availability of adequate children and youth social services to children who need the services, regardless of race, sex, religion, settlement, residence, economic or social status.
 - (c) Each county is responsible for administering a program of children and youth social services that includes:
 - (1) Services designed to keep children in their own homes; prevent abuse, neglect, and exploitation; and help overcome problems that result in dependency and delinquency.
 - (2) Temporary, substitute placement in foster family homes and residential childcare facilities for a child in need of the care.
 - (3) Services designed to reunite children and their families when children are in temporary, substitute placement.
 - (4) Services to provide a permanent legally assured family for a child in temporary, substitute care who cannot be returned to his own home.
 - (5) Service and care ordered by the court for children who have been adjudicated dependent or delinquent.
- 3130.31. Responsibilities of the county agency. The county agency shall be organized and staffed to ensure the following:
 - Intake to services, including the following:
 - (i) Provision of 24-hour, 7-day-per-week telephone access and the capacity to respond to emergency requests for service.
 - (ii) The direct investigation and assessment, by county agency staff, of complaints, requests and referrals for service to determine their appropriateness for the following:
 - Child abuse protective service.
 - General child protective service.
 - Referral to other service providers and agencies.

- Cooperation with other providers and agencies to ensure the appropriateness and follow-up of referrals to and from the county agency.

Ask one or two participants to share aspects of the screening in their agency.

Step 6: (10 minutes)

Lecture, Large Group Activity, large Group Discussion

Remind participants that intake screeners must use all of the interactional skills that they have learned: Tuning into Self, Tuning into Others, Clarifying Purpose, Role, and Function, Reaching for Feedback, Dealing with issues of Authority, and Questioning.

Review Handout #7 (Screening Intake Calls).

Process of Receiving a Call:

1. Gather sufficient information from the reporter and agency records to be able to:
 - Identify and locate the child, parents, or primary caregiver;
 - Determine if the referral meets the statutory guidelines for child maltreatment and should be accepted by the agency or referred for appropriate services;
 - Assess the seriousness of the child's situation; and assign a "safety tag" and
 - Understand the relationship of the reporter to the family and the motives of the reporter.
 - Determine a response time based on safety factors (immediate, 24 hours, other)

* If a referral has a ChildLine number, the child must be seen within 24 hours or immediately if safety cannot be established. If a child abuse report is received by the screener and it has not yet been registered with Childline, the screener must call Childline (1-800-932-0313) and register the report.

Providing support and encouragement to reporters whether they are third party, anonymous, or self-referrals by:

- Explaining the goal of child protective services (to protect the child and to strengthen the family);
- Explaining the importance of reporting;
- Dealing with the fears and concerns of the reporter;
- Discussing confidentiality and being honest as to how a reporter's identity might be revealed.

Handling a crisis situation which may require you to:

- Calm the caller;
- Assess the precipitating factors;
- Determine an appropriate response based on the needs of the child and family being reported.

Step 7: 10 minutes
Activity

Ask participants to list on a flipchart elements/information they think necessary to complete a good intake sheet and why.

Trainer Note: Participants had pre-work for this module that asked them to bring a copy of their agency's Intake Screening Form. The trainer should ask participants to share if some participants forgot to bring a form.

Ask participants to look at their agency's screening form (participants who did not bring a form should share with someone at their table). Explain that there is no standardized statewide screening form used in Pennsylvania. Agencies may adapt a screening format to fit their own intake documentation process; however, certain areas of information must be present in any version. These areas mirror the major areas on the risk assessment form and that the assessment areas are: Child factors, caretaker factors, and family environment. Screening forms must also include a screener "safety tag" (low, high or moderate), the basis for the safety tag, the disposition—accepted for assessment/investigation or unaccepted, and the response time (immediate, 24 hours, and other).

Give participants **Handout #8 (Checklist: Information to be Obtained from the Reporter)**. Compare the respondents list on the flipchart to the handout and ask participants to review their county intake form to see if it has all of the necessary information.

Step 8: (5 Minutes)
Lecture

Trainer Note: Overheads #6, #7, and #8 (Safety Decisions, Safe Versus Unsafe, and Reporters of Child Abuse and Neglect) are a review; this review must be very brief in order to provide time for practice.

Remind participants that the number one goal of child welfare intervention is child safety and well-being as they learned during Module 6 – Safety and Family Assessment.

Using **Overhead #6 (Safety Decisions)** review the following bulleted information about safety:

As this is critical learning, review these points that were learned in Module 6

1. Safety responses are interventions to control safety threats or to supplement the protective factors of the family. The safety plan is a strategy that incorporates the identified safety threats and presents protective factors and a child's vulnerability in a manner that controls the threats and/or increases available protective factors.
2. "Risk" and "safety" are terms that are often wrongly used interchangeably. A safety assessment is the process of determining the present level of

safety of a child, the seriousness of the threat or harm to the child, the strengths and resources that may be used to increase child's safety, and the steps, if any, needed to provide protection for the child. A risk assessment is the process of determining the likelihood that a child will be abused or neglected in the not to distant future.

3. Safety is first about the need for immediate action. Later it is about whether the withdrawal of current interventions would mean a return to unsafe levels of threats of harm within the foreseeable future. Safety is also carefully considered when making a decision to place a child in a specific placement setting.

Using **Overhead #7 (Safe Versus Unsafe)** the trainer should review the two primary considerations for an intake screener.

- **Safe:** There are no immediate threats of serious harm stemming from the caretakers' actions or inactions or the protective factors of the family are able to prevent these actions or inactions.
- **Unsafe:** Caretakers' actions or inactions present immediate threats of serious harm to the vulnerable child and the family's accessible protective factors are insufficient to prevent these actions or inactions.

Note the following: Protective factors are a key variable in both definitions and it is critical that a family's protective factors are not only accessible, but also actionable.

Actionable means that there is evidence that the family will reliably deploy these protective factors on its own and without external incentives. Caretakers' actions or inactions may include thoughts, beliefs, perceptions or feelings as well as behavior.

Ask participants to think about these definitions in the context of intake and screening and state:

Imagine that you are the intake worker taking a referral. There are certain questions that will need to be answered and specific information you need to determine the IMMEDIATE safety of a child, and whether immediate action is necessary. Some examples include:

Is the child currently alone in the house?

Is the father drunk right now?

Ask participants to offer other examples of questions that might indicate immediate threat of serious harm, and write these on a flip chart. Examples might include: "Is the child hurt right now?" "Does the parent have a weapon?" "Are there currently drugs being used/manufactured in the home?"

Remind participants that they learned about general sources of referrals in Module 5: Identification and Assessment of Child Abuse/Neglect.

Ask each table to name one mandated reporter. The list may include:

Police

Teacher
Bus Driver
Child Welfare Professional
Doctor
Nurse
Day Care Staff
School Janitor
MH Therapist
D&A Counselor

Trainer Note: In accordance with CAPTA (Child Abuse Protection and Treatment Act), health care providers who deliver or care for infants are required to report when a child is born and identified as being affected by illegal substance abuse or is having withdrawal symptoms as a result of prenatal drug exposure. The county Children and Youth Agency is required to provide for or arrange for appropriate services for the child.

As a review, show and discuss **Overhead #8 (Reporters of Child Abuse and Neglect)**

Step 9: (10 minutes)
Lecture, Large Group Discussion

Inform participants that you are now going to discuss receiving a child abuse/neglect report.

Distribute and review of **Handout #9 (Receiving a Child Abuse/Neglect Report)** and discuss the following:

- Reports that come to agencies fall under one of three categories:
 - 1) Information and referral – these reports do not meet the criteria of the legal mandates of child welfare investigation/assessment.
Ask participants to give an example:
Example: Custody and visitation matters: Domestic Relations, Delinquency, Children over 18-Juvenile.
 - 2) Reports that fall under the category of GPS
 - 3) CPS/Child Abuse

Continue the discussion with the following points about these types of referrals.

- General Protective Services:
 - ✓ Services provided to prevent the *potential for harm* to a child.
 - ✓ Every county must provide, arrange or make available GPS services.
 - ✓ The county must make available the same services for children in need of general protection as are available for abused children.
 - ✓ There are no mandates regarding the reporting for GPS services.
 - ✓ Purposes of GPS Services:
 - Protect the safety, rights and welfare of children so that they have an opportunity for healthy growth and development.
 - Assist parents in recognizing and remedying conditions harmful to their

children and in fulfilling their parental duties in a manner that does not put their children at risk.

- To prevent cases from escalating to reports of child abuse or an adjudication of dependency.

Trainer explains:

General protective services are defined as “services to prevent the potential for harm to a child.” General Protective services insure the safety and well-being of a child.

“Potential for harm” is defined as: “likely, if permitted to continue, to have a detrimental effect on the child’s health, development or functioning.” General protective services are provided by each county for non-abuse cases.

The county agency must provide, arrange, or make available the same services for children in need of general protective services as are available for abused children. These services seek to prevent cases from escalating to reports of child abuse or an adjudication of dependency by providing services to families at an earlier point in time. There are no mandates regarding the reporting of a need for such services; however, each county agency is responsible for administering a program of general protective services to children.

Trainer Note: Explain the child abuse cases must fall under the strict definition as follows: Remind participants that they learned the definition of each category of abuse during Module 5: Identification and Assessment of Child Abuse/Neglect.

- Child Protective Services (Child abuse shall mean any of the following):
 - ✓ Any recent act or failure to act by a perpetrator, which causes non-accidental serious physical injury to a child under 18 years old.
 - ✓ An act or failure to act by a perpetrator, which causes non-accidental serious mental injury to or sexual abuse or sexual exploitation of a child under 18 years old.
 - ✓ Any recent act, failure to act or series of such acts or failures to act by a perpetrator, which creates an imminent risk of serious physical injury to or sexual abuse or sexual exploitation of a child under 18 years of age.
 - ✓ Serious physical neglect by a perpetrator constituting prolonged or repeated lack of supervision or the failure to provide the essentials of life, including adequate medical care, which endangers a child's life or development or impairs the child's functioning.

- ✓ The purpose of child protective services is to:
 1. Provide protection for children from further abuse.
 2. Provide rehabilitative services for children and parents involved so as to ensure the child’s well-being.
 3. Preserve, stabilize, and protect the integrity of the family whenever appropriate.
 4. Provide another alternative permanent family when the unity of the family cannot be maintained.

5. Assess risk of harm to the child.

Step 10: (10 minutes)

Lecture, Large Group Discussion

Inform participants that although they may not be “screeners” in their agencies, it is important they understand the knowledge and skills needed to screen a potential intake. Ask participants to give examples of why understanding the screening process is important even if screening is not their job at their agency:

- (1) At any point in time during their work or personal time, someone may report a case of abuse or neglect to them and they will need to know how to respond to the reporter (i.e. foster parents, neighbors, school personnel, community agencies).
- (2) Any one who is an on-call worker is essentially a screener.

We have reviewed the laws/mandates/regulations of receiving a report of abuse/neglect. Now it is time to review the interviewing skills that one must use to obtain the necessary information from a reporter of child abuse/neglect.

Explain the purpose of strengths-based interviewing during the screening process.

Making effective screening decisions requires caseworkers to have competent interviewing skills, awareness of the information needed, the skills to organize and analyze information to arrive at accurate conclusions, and the ability to support reporters. The reporter’s information/impressions regarding the allegations needs to be listened to and documented in detail for the agency’s needs and in order to make the reporter feel heard.

Each reporter must be given support and encouragement for deciding to make a report.

In addition, the reporter’s fears and concerns should be elicited and addressed. It is important to understand that it is often very difficult for the reporter to make the call. Discuss the importance of understanding various emotions, motivations, fears, and expectations common to callers.

Trainer asks: “What Interactional Skills would you use to achieve this goal?”

Explain that when the screener tunes into the caller, s/he can guide the call in a direction that allows the caller to provide as much useful information as possible.

The telephone call or visit to an agency usually comes after much thought has been given to the consequences for the child and family.

While gathering information from the reporter, the distinction between events and interpretation of events is important. The perspective of the caller can be determined from a compilation of judgment s/he is making about the case. Caseworkers will be able

to make better decisions about the case if they have a good understanding of the reporter's perspective. Helpful questions to establish the reporter's perspective include:

1. "What convinced you to take action and call us now?"
2. "What do you see as the cause of the problem?"
3. "What do you think should happen?" "How would that solve the problem?"
4. "What, in your view, are the worst aspects of the behavior you are talking about?"
5. "What do you think the family should do?" "What are they capable of doing?"
6. "You say the family has problems." "What would the family be like if these problems were solved?"

Ask participants to come up with other examples of strengths-based questions to ask reporters. Additional examples may include:

1. "Can you share anything good about these parents?"
2. "How do family members usually solve this problem?"
3. "What other people in the community might share these concerns?"
4. "What do you imagine us doing to make the child safer?"

Discuss what is gained by taking a strengths-based approach with reporters:

1. Questions associated with a safety approach may be unexpected, causing the reporter to think more critically about the situation.
2. Exceptions, strengths, and goal-oriented questions cause the reporter to think about the family's situation and stress the idea that child safety and protection is a community issue, which calls for collective responsibility.

Identify the challenges of taking a strength-based approach. They are:

1. It is easier/simpler to focus on what is wrong.
2. It may be necessary for the intake worker to take more time to explain the questions and acknowledge that some of the questions may be unexpected.
3. There will be some reporters who are willing to engage in a discussion regarding safety and some who are not because they feel they have done their job by notifying CYS.

Step 11: (25 Minutes)

Lecture, Individual Activity, Large Group Discussion

Explain to the participants that you are going to conduct a brief exercise to explore the range of issues to consider when screening phone calls. Play **CD (Intake and Screening Calls [Track 1])** with the eleven brief monologues, each with different people who are calling to report, refer, or request help. Play them one right after another without stopping. The vignettes represent different child welfare issues and the voices convey varying degrees of emotion and certainty about their role as a reporter/referent. Only the opening voice of the caller is heard (no response by screener).

Monologues (recorded on CD with a brief pause between each):

1. "I want to report a case of child abuse. I am calling from Douglass Elementary School and I am calling about a 9-year-old boy, Jon Forrester, who came to school this morning with a serious bruise on his forehead and the cause seems very suspicious to us although he claims he fell off his bicycle."
2. "I need some help right away! My baby girl came back from her father's house and she has blood in her diaper and she is all swollen looking and I think he has messed with her! I need some help!" (Desperate, close to hysteria)
3. "I am calling from a summer recreation program about an eight year old child who is from Mexico and she has those cup welts all over her chest. We are not sure what is going on but someone here thinks that sometimes-Mexican families put hot cups on their chests to bring out a chest cold or something. But we don't know. Her grandmother picks her up every day and we can't communicate with her. Nobody here speaks Spanish. We pointed to these marks and grandma didn't seem at all concerned. Are we supposed to report this or not?" (Perplexed)
4. "I have been debating about whether I should be calling you but I am worried about this little boy in my day care home. He doesn't have any bruises or
5. anything but he is always so starved in the morning and his mother tells me she doesn't have time to feed him in the morning but I think he might not be eating at night either. And the mother, she just seems like a mess, never brings me diapers or nothing." (Perplexed)
6. "I am calling to make a complaint about your department and about some children that aren't getting taken care of. When are you people ever going to do your jobs?! I know for a fact that neighbors have been calling and calling you but you people never get anything done and now these kids are in that apartment alone again and their mother is probably out somewhere turning tricks. What is with you people?!" (angry, exasperated)
7. "I want to talk to you about my daughter. I want you people to get involved. She is totally out of control and you need to take her out of here! She is beating me up and she won't listen and she won't go to school and she is up to all kinda no good." "I can't take this anymore." (Angry, frustrated)
8. "I am with a runaway shelter in Philadelphia and we have a 15 year old here who says that he was physically abused in his Lancaster foster home."
9. "I am pastor of a church and one of my parishioners says that her sister is beating on her children quite badly but I have known her to exaggerate. I do not want to get this woman in trouble if it isn't warranted. How does your agency handle these types of things?" (Hesitant, concerned)
10. "My ex's mother is trying to keep me from seeing my kids. She is saying I hit

them and stuff but the truth is she is married to a guy that I am one hundred percent sure is a pervert. She wants to protect him so she is going after me. So, I want someone to get out there and talk to my sons. My ex won't let me see them so I can't even find out." (Angry, but controlled)

11. "I think my daughter may be hurting my grandson. My daughter gets kind of down. She is supposed to take pills but she doesn't like them." (Worried)

12. "I've seen these three children, the oldest about 7 or 8 and the other two around 4 years old wandering in the neighborhood a couple of times in the past week or so, wearing shorts and t-shirts, in 40-degree weather. One time I saw them asking a lady walking by if she had any food."

After you play the CD wait an entire 60 seconds before you say anything.

Ask participants to Tune in to Self. Have a discussion about what they realized when they Tuned in to Self.

Refer participant to **Overhead #9 (Description of Caller's Role and Issue)** with each caller's name/role, followed by a brief description of the issue. You do not need to have a discussion about each caller: just list them for the participants as they will hear some of the callers again.

1. School Nurse. 9-year-old with a bruise on his forehead.
2. Desperate mom: baby she thinks has been molested by baby's father.
3. After school program: child with cupping.
4. Daycare provider: hungry child.
5. Angry neighbor: unsupervised children in apartment.
6. Angry mother: out of control daughter.
7. Runaway Shelter: 15-year-old.
8. Pastor: beaten children.
9. Father, accusing ex father-in-law of sexual abuse.
10. Worried Grandmother.
11. Anonymous reporter, unsupervised children in neighborhood asking for food.

Tell participants that you will play several of the calls again and that as a group you will briefly discuss their thoughts about the following series of questions about each caller's voice. Record their responses on a flip chart.

Play **CD (Intake and Screening Calls [Track 2])**, stopping after each call to respond to questions outlined on **Overhead #10 (Questions about Callers)**.

Trainer asks the following after each call:

- Is this caller a mandated reporter?
- What do you think this caller was feeling?
- Was this call going to be cut and dried in terms of getting the information you need – or were you going to have to take more control of the call? What were the

clues?

- What reactions are you having to this reporter/caller?
- What risk and safety assessment questions would you ask the reporter/caller?
- With just this little bit of information, do you think an investigation/assessment will be needed?

These dialogs are as follows:

Caller #1: School Nurse:

Caller I want to report a case of child abuse. I am calling from Douglass Elementary School and I am calling about a 9-year-old boy, Jon Forrester, who came to school this morning with a serious bruise on his forehead and the cause seems very suspicious to us although he claims he fell off his bicycle.

Screeener OK, I'll need some information from you. First, your name and also where you work?

Caller Carla Sams (spells it), Douglass Elementary School, 1010 East Street, phone is 222-3333.

Screeener OK, and the child: his name again please, and the spelling?

Caller Jon Forrester (spells out). He lives with his mother, Susan Forrester (spells out) and I think there is a younger sibling, but we don't have any information written in the record, I'm not sure why. There is no father listed. I know you need to get a lot of facts and I will give them to you, but listen, what I am concerned about is whether CYS is going to really deal with this. A month ago we called in a neglect situation on another family and believe me it was not a good situation, a mother leaving a 7 year old, we think taking drugs, in the end CYS just left her there, with the mom.

Caller #2: Desperate Mom:

Caller I need some help right away! My baby girl came back from her father's house and she has blood in her diaper and she is all swollen looking and I think he has messed with her! I need some help!

Screeener OK, I'll need to get some information to be able to help you.

Caller OK, OK, what, what?

Screeener Let's start with your name and address and also your phone number.

Caller Carmen Ortiz. I live at 3030 Carl Court and I don't have a phone. This is my girlfriend's cell phone and I borrowed it and I don't have a number for it. Listen, my little girl, what should I do, should I take her to the clinic.

She is only 8 months old. O, God, I don't know what I should do.

Screener Tell me more about your daughter's condition.

Caller See, I took her to him yesterday and picked her up today and my mother, she told me that she thought he was no good, his aunt even told me that the family thinks he is weird, O my God what has he done!

Caller #3: After school Program:

Caller I am calling from a summer recreation program about an eight-year-old child who is from Mexico and she has those cup welts all over her chest. We are not sure what is going on but someone here thinks that sometimes Mexican families put hot cups on their chests to bring out a chest cold or something. But we don't know. Her grandmother picks her up every day and we can't communicate with her. No body here speaks Spanish, We pointed to these marks and grandma didn't seem at all concerned. Are we supposed to report this or not?

Screener Well, let me get a little more information from you. Can you describe the marks?

Caller Well, they are round, like a cup would make them, and look like welts, there must be five or six of them over her chest. They are sore to the touch, I mean one of us touched them and she winced. First she said her grandma did it, then I guess she realized something might be wrong and then she wouldn't talk about it.

Refer participants to **Handout #10 (Tuning in to Reporters of Child Abuse/Neglect)**. Trainer plays **CD (Intake and Screening Calls [Track 3])**. After each dialog, stop the CD and ask participants to answer the questions on their handout. These dialogs are as follows:

Caller #6: Angry mother: Out of Control Daughter:

Caller I want to talk to you about my daughter. I want you people to get involved. She is totally out of control and you need to take her out of here! She is beating me up and she won't listen and she won't go to school and she is up to all kinda no good. I can't take this anymore.

Screener Tell me how she is out of control, specific incidences.

Caller Well, how bad does it have to be before anyone does something?! She won't even go to school except when she wants to see her friends and then she cuts classes and she won't do a damn thing I ask and just a half hour ago here, I catch her going into my wallet and when I try to stop

her, she hits me back, and then takes off. I will have a black eye from this one.

Caller #7: Runaway Shelter Staff:

Caller I am with a runaway shelter in Philadelphia and we have a 15 year old here who says that he was physically abused in his Lancaster foster home.

Screeener What is he saying about the foster home?

Caller Well, that the foster mother was, in his words, “on a tear” all the time, angry at the kids, including him and that she called them names and wouldn’t feed them if she was mad and kept the place a mess. He says she didn’t hit them. But, he said, she drinks and gets seductive but nothing has really happened.

Caller #8: Pastor:

Caller I am pastor of a church and one of my parishioners says that her sister is beating on her children quite badly but I have known her to exaggerate. I do not want to get this woman in trouble if it isn’t warranted. How does your agency handle these types of things?

Screeener We take the information and then the children are seen as well as the family.

Caller As I say, I do not want to be involved in this but I want someone to check on the children.

Screeener What information do you have about the children possibly being beaten.

Caller Well, my parishioner says she sees her sister get enraged at her children, screaming at them for messing up the house, stuff like that. And then she has a bread board that she hits them with.

Step 12: 5 Minutes

Lecture

Inform participants that post work for this module will be to listen to an intake screener in their home county who is receiving a screening call and thinking about what skills the screener is using and what questions they are asking related to child safety.

Trainer Note: This may be a good time to stop for lunch
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Module 8: Screening, Investigation/Assessment, and Documentation

Section III: The Intake Investigation/Assessment

Estimated Length of Time:

1 hour, 50 minutes

Learning Objectives:

Participant will be able to:

- ✓ Describe the PA Standards for Child Welfare Practice, federal and state laws, mandates and regulations that guide the investigative process.
- ✓ Use Interaction Skills to engage biological parents, other caretakers, and children in the casework process that involves assessment of child abuse and neglect and accessing services and treatment resources needed to assure safety and well-being of children and families.
- ✓ Gather sufficient information from the family and collateral contacts to make informed decisions concerning what subsequent actions, if any are necessary in the case.
- ✓ Assess initial and on-going safety of the child and possible risk to the child.
- ✓ Take precautions and use observation skills to ensure their own safety.
- ✓ Identify family strengths and build on those to assure child's safety and well-being.
- ✓ Engage the family and child to solicit necessary/relevant information.
- ✓ Recognize the importance of in-person contacts with all of the children in the family who are the subject of the maltreatment report.
- ✓ Identify service needs during risk and safety assessments.

Methods of Presentation:

Lecture, Small Group Activity, Large Group Discussion

Materials Needed:

- ✓ Flip chart stand
- ✓ Blank flip chart pad
- ✓ Colored markers
- ✓ Masking tape
- ✓ Overhead Projector and Screen
- ✓ **Overhead #11 (Responsibility of the Intake Caseworker)**
- ✓ **Overhead #12 (Methods of Gathering Data)**
- ✓ **Handout #11 (The Intake Investigator)**
- ✓ **Handout #12 (The Intake Investigation/assessment)**
- ✓ **Handout #13 (Intake Investigation Case Study)**
- ✓ **Reference books: Reference Book for Charting the Course towards Permanency for Children in Pennsylvania** (1 for each participant to use during the training. NOTE: These are to stay in the training room.)

Outline of Presentation:

- Review the investigative and assessment process
- Review how to engage the family in the casework process
- Facilitate a discussion on a case study

Section III: The Intake Investigation/assessment

Step 1: 5 minutes

Lecture

The Investigation/Assessment phase begins soon after the Screening Unit refers the family for an evaluation of the report of child abuse and neglect. The purpose of an investigation/assessment is to substantiate the allegation with facts. If the maltreatment allegation is substantiated, the family is referred for child welfare services. However, if facts do not support such allegations, the family may be referred to community-based agencies of support services. Interviews with the child, parent/caretaker, perpetrator, other household members, and collateral contacts provide the basis of such decisions. Risk and safety assessments are conducted to determine whether a child is at significant risk and whether the child can be safe in the family home. The objective of such investigation/assessments is to discern facts from opinions and beliefs of the reporting individuals and to determine the need for protective services. Protective service investigation/assessment is a critical step toward developing a child safety plan that includes permanency and service plans designed to remedy the conditions that cause maltreatment.

Ask participants to locate Standard I:C on page 5 in their **Reference Book for Charting the Course towards Permanency for Children in Pennsylvania**. Ask one participant to read the Standard. Explain to participants that this Standard will be reviewed in this section of Module 8.

Trainer should provide an overview of the responsibilities during the intake and investigation/assessment stage of the casework process. Display **Overhead #11 (Responsibility of the Intake Caseworker)** and discuss its contents.

Step 2: 10 minutes

Small Group Activity, Large Group Discussion

Ask each table to identify two activities that the intake caseworker must do to fulfill their responsibilities. After each group has given their answers, distribute **Handout #11 (The Intake Investigator)** and discuss any activities not mentioned by the group.

Step 3: 5 minutes

Lecture

Tell participants they are going to review behaviors and actions they must consider when approaching the family.

Explain that the worker must keep two things in mind when approaching the family at the time of the initial investigation/assessment:

- The need to prepare the family for the investigation/assessment in a manner

- that will enable and encourage them to disclose as much pertinent information as possible;
- The need for the worker to provide immediate protection, if necessary, for both the child and the caseworker.

Explain the family's response to the Child Welfare Professional might range from cooperative surprise to hostile threats. The Child Welfare Professional may get an idea of what to expect from:

- Information gained during the screening process that suggested certain family members might be dangerous;
- Information gained during the records check that indicated previous criminal behavior by family members, or past agency contacts during which family members were hostile or dangerous.

When approaching families, it is important for workers to consider the situation they are entering and always consider their own safety. If they suspect a situation may be volatile, the worker should consider requesting accompaniment by law enforcement personnel, or take other steps as outlined by their agency.

When they first approach the family, it is important that they use the Interactional Skills they learned earlier in the training.

Step 4: 15 minutes
Lecture

Discuss the following: now that you have assessed the situation and can safely assure your own safety, you can begin the Investigation/Assessment process to assure the child's safety.

To ensure child safety you must gather and analyze data from numerous sources. In doing so, remind participants that the worker must always consider the cultural factor.

Refer participants to their Pennsylvania Standards for Child Welfare Practice books. They should locate Standard I: H on page 15. Trainer should ask one participant to read the Standard. Ask one other or several participants to read the Staff Responsibilities 1: Knowledge and Value base a-f.

The Child Welfare Professional must be aware of the family's response to them the caseworker, their perception of the agency, their willingness to share information, their standards for parenting and child rearing, and their level of cooperation may all be influenced by cultural factors.

Refer the participants to page 1 of **Handout #12 (The Intake Investigation/Assessment)**. Explain to the participants the Child Welfare Professional should consider these factors when planning an interview and should structure her/his

approach accordingly. This will include the following:

1. Determining whom the worker will initially approach to interview. The roles and position of family members must be considered to prevent an unintended insult to a family member who has decision making authority and responsibility;
2. Determining how the Child Welfare Professional will explain the purpose of the child protection agency and the situation to the family members;
3. Determining whether the worker should encourage the family to invite other community members who have knowledge of the family or the culture to jointly participate in the interview. This may include a pastor of a local church, an extended family member that the parent trusts, or a close family friend;
4. At times, the structure and culture of the family will influence which investigation/assessment staff should be assigned to work with the family. To the degree possible, a Child Welfare Professional who knows the culture and the local community, and who speaks the family's language, is recommended.

Ask participants to share other examples of how culture might impact an interview.

- Indian Child Welfare Act: If there is any thought of placement, the Child Welfare Professional must consider whether the child is of American Indian heritage and proceed accordingly. Tell participants that ICWA will be discussed fully in Module 13: Out of Home Placement and Visitation and Module 14: When Reunification is not in the Best Interest of the Child.
- In Asian-American and Hispanic families, the family member might sometimes speak softly, avoid eye contact when listening, and speak to the person present with the highest status.
- Native Americans may sometimes speak more slowly and softly and use indirect gaze.
- Some African-Americans may be characterized as speaking with affect and emotion, using prolonged eye contact when speaking.
- Some European-Americans may be characterized as speaking loudly and rapidly in a controlled manner, using greater eye contact when listening, and are quick to respond.

Using **Overhead #12 (Methods of Gathering Data)**, explain there are several ways to gather data.

1. By conducting interviews with persons who are likely to have the information you need, such as family members, the child, and collateral sources, including neighbors, extended family, school personnel, etc;
2. By directly observing the child, the family, and the family interactions;
3. By reviewing existing documentation from past agency records, court reports, police records, medical records, and records from other agencies.

Now that you have the various methods to gather the data it is time to begin the process.

Referring back to pages 2 & 3 of **Handout #12 (The Intake**

Investigation/Assessment) explain that the worker should gather facts regarding what happened, who was involved, when the event occurred, what family members did, etc. The worker should be attuned to explanations that are consistent with each other, or with the physical evidence of injury.

In both GPS and CPS investigation/assessment, it is ALWAYS MANDATORY that the child be seen. The worker must observe the child to determine the presence of injury. As you learned in Module 5 Assessing Child Abuse/Neglect both physical, environmental, and behavioral indicators of child abuse and neglect should be assessed.

1. In most situations, the child should be seen and/or interviewed first to gather first-hand data to substantiate or refute the allegation. If the child is of preschool age or older, the child should be interviewed directly by the worker, in private. This is most critical if the initial disclosure was made by the child. If the child is not interviewed immediately, the child may be threatened by the parent, may change the story, or may recant the allegation.
2. The Child Welfare Professional should use specialized interviewing techniques for children to gather accurate and pertinent data from the child, with the least amount of trauma to the child.
3. The Child Welfare Professional must be prepared to protect the child from retaliation or punishment by the parent for having disclosed the maltreatment.
4. When the alleged perpetrator is a stranger, or someone who is not emotionally involved as a member or friend of the family, the initial contact may be made with the parents, who may then be interviewed jointly with the child. This can help to promote a collaborative relationship with the parent.
5. In allegations of sexual abuse, there are very highly specialized means of interviewing the child and conducting the investigation/assessment. This should be done by a well-trained sexual abuse Child Welfare Professional. If at all possible, the child should not have to repeat her story more than once during the initial investigation/assessment process.
6. Infants and nonverbal children should be located immediately and should be examined by the Child Welfare Professional for evidence of illness, injury, or neglect.

Trainer Note: On October 27, 2006 the Governor signed Senate Bill 63, Printer's Number 1988 now known as Act 126 of 2006. The law amends the CPSL at § 6368 (relating to investigation of reports) by providing for photo identification of a child to be maintained in the file for reports of suspected child abuse and for general referrals for neglect. The CPSL is also amended at § 6375 (relating to county agency requirements for general protective services) and requires the county children and youth agency to maintain an annually updated photograph of the child and verification of identification of the child. In addition, the county agency is required to include any photographic identification and annual photograph of the child whenever transferring a file relating to a child who is receiving protective services or is in need of protective services.

In allegations of physical abuse, the Child Welfare Professional should not undress the

child; however, the child's body should be examined for evidence of injury. The Child Welfare Professional should get a parent, school nurse, or other adult who knows the child to assist the child with removing their clothes, if necessary. The Child Welfare Professional should consult his/her supervisor for information regarding their agency policy. However, in general, to provide the least disruption to a child age three or older, the worker should:

1. Explain briefly to the child why it is necessary to see the area of their body that the Child Welfare Professional must see.
2. If the child is first seen at the school, the child should undress themselves in the presence of a witness; i.e. a school nurse or the child's teacher. If the first interview takes place in a relative's home, ask the relative to serve as the witness. For a young child first seen in his/her own home, ask the parent to undress the child.
3. If a child is preadolescent or adolescent, he or she should undress in the presence of a worker of the same sex.
4. In situations of alleged sexual abuse, or when serious physical abuse is apparent, the child should be taken immediately to the hospital emergency room, and should be examined by a medical professional trained in evaluating child abuse. The Child Welfare Professional should not attempt these examinations;
5. Following the best practice standards, Child Welfare Professionals should always have another person in the room (or watching) when any child is undressed or undresses themselves.

Also important is observation of children's behavior and the parent-child dynamics that can provide valuable clues to the presence of maltreatment and can help to substantiate findings.

As we learned in Module 5, family dynamics and specific behavioral indicators play a role in child maltreatment and are observable and measurable.

Step 5: 35 minutes

Small Group Activity (As an alternative, this activity may be conducted with the group as a whole, with the trainer facilitating the discussion.)

Divide group into subgroups of 4 to 5 participants. Distribute **Handout #13 (Intake Investigation Case Study)**, and give each subgroup a flip chart sheet and marker. Instruct subgroups to review the case and develop a specific, detailed plan for the investigation/assessment. The plan should be outlined on the flip chart sheet. Allow 20 minutes for the task.

Trainer should sit in on subgroup discussions and challenge participants to fully explore the issues and to develop a detailed plan. For example, if a participant suggests, "I'd talk with the grandmother first," the trainer should prompt, "Where would you see her?" "How would you introduce yourself?" "How would you explain your presence?" "What would you ask her?"

Ask subgroups to post their plans. Reconvene the entire group and discuss the various intervention and interview strategies. Participants should be polled periodically for their concurrence with the investigation/assessment strategies, and disagreements among participants should be fully explored and discussed. Use the following information to process out the group's answers:

1. Who would you interview, and in what order? What would you say?
 - Interview the doctor and/or the social worker first to get the medical facts about the injury and its etiology
 - Child
 - Grandmother
 - Mother
 - Boyfriend
2. What factors might need to be considered because of the family's cultural background?
 - Often minority families are more guarded around persons of authority. The Child Welfare Professional may need to work a little harder to form a trusting relationship with the grandmother.
3. What types of family dynamics would you look for?
 - How do Martha and Donna get along?
 - What is the relationship between Donna and her current boyfriend?
 - Where is the biological father?
 - What is the relationship between Donna and her son, James?
 - What is the relationship between Martha (GM) and James?
4. What types of documents would you need to build your case?
 - Medical records
 - CYS records
 - Research on spiral fractures
5. How would you assure the immediate protection of James?
 - Safety Plan
6. How would you determine the likelihood that the grandmother was telling the truth and did not abuse the child herself?
 - Get the doctor to date the injury
 - Grandmother's demeanor
 - Child's reaction/interaction with grandmother
 - Grandmother's reaction/interaction with child
7. How would you go about locating Donna?
 - Check with neighbors where Donna lives
 - Check with friends of Donna
 - If she works, check with her work
8. Would you consider submitting this report to law enforcement officials pursuant to protocol?
 - Yes

Ask participants for possible explanations of James' injury. Record their responses on a flip chart:

1. The grandmother was frustrated with the mother for "dumping" the child off and

- took it out on the child.
2. The mother lost her temper and abused the child. Mother may be involved with drugs again.
 3. The mother's boyfriend abused the child. At this point, there is little known about him.
 4. Nobody abused the child and the injury was accidental (the doctor's opinion would weigh heavily here).

Remind participants that the Child Welfare Professional's first responsibility is to assure the child's safety. In order to do that, the Child Welfare Professional must make an immediate safety assessment and create a safety plan.

Assuring the Safety of the Child and Creating a Safety Plan:

- 1) If the data indicate that the child needs immediate protection, the investigation/assessment worker must take steps to protect the child. The worker has several options that range on a continuum from least to most intrusive or disruptive.
- 2) While removal of the child from the home to a safe place is the fastest, most certain way of guaranteeing the child's safety, it is also the most traumatic and disruptive intervention for both the child and the family.
- 3) Using Interactional Skills, less intrusive strategies should be tried first by appropriately using protective authority.
- 4) In some situations, a child may be safely placed on a temporary basis with extended family members, family friends, or neighbors until the investigation/assessment can be completed, and the case disposition made. The parent should be included in discussions to identify an appropriate caregiver. Placing the child with someone he/she already knows can prevent placement trauma. Parents must, however, agree with the option, and must understand their responsibility not to disrupt or interfere with the placement. The Child Welfare Professional should explain that her/his intent is to prevent separation of the family, but that she/he will place the child in a foster home, if the child's safety cannot be assured.
The substitute caregiver must also agree to notify the agency or the police if the parent attempts to take the child, or becomes otherwise disruptive. When a negotiated, voluntary consent agreement (in writing) regarding the child's placement is possible, it can strengthen the cooperative nature of the casework relationship, while still affording the child the protection that is needed until the investigation/assessment can be completed and the ongoing case plan developed.
- 5) The Child Welfare Professional might suggest that the perpetrator be temporarily removed from the home rather than moving the child. In cases of serious injury, the police can file appropriate charges and can arrest or detain the perpetrator until a plan for the child's safety can be developed.
- 6) Hospitalizing a child in need of medical care for a few days can permit observation and treatment while assuring the child's safety.
- 7) Assign responsibility for care of the child in his own home to a responsible adult

or substitute caregiver. For example, if the maltreatment is perpetrated by a psychotic mother, arranging for the father's sister to care for the child, while the father is at work, can provide protection without removing the child from the home, until an ongoing case plan can be developed. Homemaker and protective day care services can also be used to maintain the child at home.

- 8) Removal and placement in a foster home should be considered when it is the only way to assure the child's protection. Foster care placement should be considered when there is reason to believe the parent will hide the child, leave town, disrupt the kinship placement, direct his/her anger about the investigation/assessment at the child, or otherwise further harm the child.

The Child Welfare Professional should be knowledgeable of the proper way to prepare and implement the removal of a child, and should approach this task with the utmost caution to prevent creating a crisis for the child and the family. (Legal Knowledge and Casework skills regarding out-of home placement will be taught in more detail in *Module #12: The Court Process*, and *Module #13: Out of Home Placement and Visitation*).

Step 6: 35 minutes

Small Group Activity, Large Group Discussion

In small groups, brainstorm possible safety plans for James' case. Assign a recorder in each group. Tell the groups to come up with as many safety plans as they can and why that safety plan is appropriate for James' case. While the group may come up with several options, have each recorder report one of their safety assessment outcomes. The recorder should explain why the group chose that plan. Trainer should record the responses on a flip chart.

Possible outcomes for a safety plan for James:

- Leave James with his Grandmother while the investigation/assessment continues. This would necessitate the initiation of in home services such as Family Preservation or day care services.
- Place James with another relative while investigation/assessment continues.
- Place James in foster care while investigation/assessment continues.
- Ask the doctor to keep James in the hospital while investigation/assessment continues.

Tell participants that the Child Welfare Professional's final task is to weigh all the evidence/information and make a case disposition. The options are:

Possible Investigation/Assessment outcomes:

- Maltreatment cannot be substantiated, and the family is not in need of services. The complaint should be documented, filed, and closed;
- There is no evidence or information of maltreatment, but the family or child is in need of other community or social services, such as mental health counseling, income-related services, or special education services. The intake worker should make

appropriate linkages to the proper community agencies, document the steps taken, and close the case within 60 days;

- Maltreatment is substantiated. One or more of the following steps should be initiated:
 - Take the case to court if parent/caregiver is uncooperative with suggested services and the child's safety is questionable without intervention.
 - With the family, complete a Family Service Plan that outlines specific goals and objectives for the family and transfer to the on-going worker.
- If there is not enough evidence to verify maltreatment, but there is strong suspicion that it is occurring in the family. The Child Welfare Professional has two options. The case may remain at the investigation/assessment level for further assessment, or the case may be opened, with the family's permission, for protective supervision and transferred to an ongoing Child Welfare Professional, who will conduct ongoing safety assessments and interventions.

Ask participants what the disposition of James' case might be and why?

- Case will be unfounded: Could not prove injury was the result of abuse: Case closed.
- Case will be unfounded: Could not prove injury was the result of abuse BUT case opened as GPS.
- Case will be indicated:
 - Child placed with Grandmother via voluntary placement agreement with mother.
 - Child placed with mother with in-home services voluntarily.
- Case will be founded:
 - Child placed in foster care.
 - Child placed with Grandmother via court order.
 - Child placed with mother with in-home services court ordered.

Step 7: (5 minutes)

Lecture

Tell participants that although we have thoroughly discussed the mechanics of how to do an investigation/assessment, the investigative process is not complete until the case is documented. We will now proceed to discuss the documentation process

Module 8: Screening, Investigation/Assessment, and Documentation

Section IV: Documentation

Estimated Length of Time:

1 hour, 15 minutes

Learning Objectives:

Participants will be able to:

- ✓ Demonstrate an awareness of the need for accurate, detailed case documentation during the investigative process.
- ✓ Identify what information needs to be documented in case records.
- ✓ Identify pertinent detail that must be contained in their notes.
- ✓ Demonstrate the ability to record information in a clear, concise, and efficient way.
- ✓ Recognize the importance and purpose of documentation of all casework related tasks during the screening and investigative process.
- ✓ Gather and document sufficient information to make informed decisions concerning what subsequent actions, if any are necessary in the case.

Methods of Presentation:

Lecture, Large Group Discussion, Video, Individual Activity, Small Group Activity

Materials Needed:

- ✓ Flip chart stand
- ✓ Blank flip chart pad
- ✓ Colored markers
- ✓ TV
- ✓ VCR/DVD Player
- ✓ **Reference books: Reference Book for Charting the Course towards Permanency for Children in Pennsylvania** (1 for each participant to use during the training. NOTE: These are to stay in the training room.)
- ✓ **Handout #14 (Elements of Well Documented Case Notes)**
- ✓ **Handout #15 (Effective Documentation)**
- ✓ **Handout #16 (Your Case Notes)**
- ✓ **Handout #17 (Claudia's Actual Case Notes)**
- ✓ **Video (Interactional Skills Demonstration with Claudia [the worker] and Mr. Kelly [the father])**

Outline of Presentation:

- Explore the importance of good documentation to the casework process
- Review the elements of a well documented case note
- Practice writing a well documented case note

Section IV: Documentation

Step 1: 5 minutes

Lecture

Documentation is a critical task in the casework process. Screening/ intake process information related to the report of child abuse and neglect, preliminary assessment of the severity of risk to the child, and the decision to refer the family for more in-depth investigation/assessment must be documented in the record and any other child welfare data system. Information obtained during investigation/assessment from the interviews with the child, the parent/ caretaker, the perpetrator, collateral contacts, as well as risk and safety assessment forms, the safety plan and the decisions whether to accept a case for services or refer it to community-based agencies must be documented in the case record and/or other data systems. Documentation of screening/intake and investigation/assessment tasks, decisions, and service plan information is critical to Child Welfare Professionals who must provide ongoing services to the family.

Step 2: 10 minutes

Large Group Discussion

Through large group discussion, develop as complete a list as possible reasons why documentation is important and list these on a flipchart. After every answer, the trainer can ask the group: "And why is that important?" When complete, the list should include at least the following:

- Provides a history of case activity for the future
- Documents how a family has responded in past to agency intervention
- Documents decision making
- Measures client progress
- Means of communication to future service providers
- Evidence in court testimony
- Supports worker in the event of client challenges
- Assures services to the child
- Provides means of supervision
- Allows worker opportunity to process case decisions
- Provides for cultural competence assurances
- Allows the Child Welfare Professional to look for patterns
- Provides information in the absence of a Child Welfare Professional

Step 3: 15 minutes

Lecture

Instruct participants to go to their **Reference Book for Charting the Course towards Permanency for Children in Pennsylvania** and find the Pennsylvania Standards for Child Welfare Practice. Instruct them to find the sections of the Standards that address Documentation at the assessment phase of child welfare casework. After the participants have found the sections, ask a volunteer to read them aloud and pick 2-3

staff responsibilities: Knowledge and value base items. The sections most relevant are:
I-I: Document Assessment Process (page 18)
III-C: Service Delivery: Document Key Issues and Decisions (page 6)

Tell participants that since every agency has its own documentation requirements, we are going to be presenting the Pennsylvania “standards” for case documentation located in the Pennsylvania Chapter 3130 Regulations - 3130.43 (a) (b). These standards include:

§ 3130.43. Family case records:

- (a) The county agency shall establish and maintain a family case record for each family accepted for service.
- (b) The family case record shall contain the following:
 - (1) The date the family was accepted for services.
 - (2) The name and address of the parents.
 - (3) The name, race, sex and date of birth of each family member.
 - (4) A family service plan as defined in § 3130.61 (relating to family service plans), including the results of plan reviews.
 - (5) A record of service activity, including the following:
 - (i) The dates of the contact with family members.
 - (ii) The parties involved in the contact.
 - (iii) The action taken.
 - (iv) The results of the actions.
 - (6) Correspondence between agencies and individuals involved in the case.
 - (7) Appropriate medical information on family members.

The list of items that should be included in case notes can be summarized as "who did what, when, where, how, and why (purpose)." Using **Handout #14 (Elements of Well Documented Case Notes)** identify the specific elements of a case note.

Have participants review the examples of their agency’s dictation (pre-work) to see if all of the above elements are present.

Using **Handout #15 (Effective Documentation)** explain the correct way to record case notes. Briefly present this information as participants will be referring back to the information as they continue to learn and practice the skill throughout the remaining training modules.

Trainer Note: Explain to participants that child abuse cases have the greatest chance of being appealed through the Department of Public Welfare or being subpoenaed for a criminal action so it is extremely important to document child abuse investigations in detail, perhaps even using the child's direct quotes when appropriate.

Step 4: 25 minutes

Video, Individual Activity, Large Group Discussion

Show participants the **Video (Interactional Skills Demonstration with Claudia [the worker] and Mr. Kelly [the Father])**. Remind them that they saw the video before in Module 2: Introduction to Pennsylvania's Child Welfare Practice when the Interactional Skills were introduced. Tell participants to use page 1 of **Handout #16 (Your Case Notes)** to take notes from the video demonstration.

Following the video, discuss participant's notes on **Handout #16 (Your Case Notes)**. Use the content from **Handout #16 (Your Case Notes)** as a reference and way of "critiquing" participant's notes. Additionally, use the following examples to demonstrate effective documentation techniques:

- ✓ Record accurate information: Mr. Kelly agreed to talk to Mrs. Murphy and his sister Katie to establish a safety plan for Eileen.
- ✓ Record facts-not judgments: Mr. Kelly said that 10-year old Eileen is "able to take care of herself just fine."
- ✓ Use behaviorally-anchored language: Mr. Kelly stood up and asked the caseworker to leave when personal questions were asked.
- ✓ Record only relevant information, and be concise: The Kelly home is neat and clean and no environmental safety issues were observed.
- ✓ Summarize activities in lists, not narratives:
 - Purpose of meeting:
 1. Learn more about the extent of Eileen being left home alone
 2. Learn why Eileen is left home alone, i.e. father out socially or at work
 3. Establish a working relationship with Mr. Kelly
- ✓ Use summary dictation whenever possible, not process recording: Date of Contact:
11/19/02
2 p.m.

Step 5: 20 minutes

Individual Activity, Small Group Activity, Large Group Discussion

Give participants 5-7 minutes to record new case notes on page 2 of **Handout 16 (Your Case Notes)**. Remind them to address safety issues, information relevant to risk, strengths, decisions, action plans, and next steps.

Distribute **Handout #17 (Claudia's Actual Case Notes)**.

Ask participants to pair up and exchange their case notes from **Handout #16 (Your Case Notes)** with another person at their table. Using **Handout #17 (Claudia's Actual**

Case Notes) as a guide, participants are to provide constructive and motivational feedback to their classmate's case notes and select one section that could benefit from improvement and one that is exceptionally good. Write a clear motivational and constructive statement besides the case note. Instruct the group to look for the elements of effective documentation [remind participants to use **Handout #14 (Elements of Effective Documentation)**] and look for strength-focused entries.

After about 10 minutes (or sooner if participants have completed their reviews), ask them to verbally present their motivational and constructive feedback to each other.

After 5 minutes, conduct a large group discussion that reinforces the elements of good case notes and the importance of accurate case documentation throughout the life of the case.

Tell participants that we have now covered the content for the day. The next section covers training self-assessment and a review of the TOL activities to reinforce learning.

Module 8: Screening, Investigation/Assessment, and Documentation

Section V: Self-Assessment and Transfer of Learning

Estimated Length of Time:

35 minutes

Learning Objectives:

Participants will be able to:

- ✓ Construct a plan for the successful transfer of their learning to the workplace.
- ✓ Make an assessment on their current level of knowledge and skill.
- ✓ Identify the activities they need to complete to prepare for the next module.

Methods of Presentation:

Lecture, Individual Activity, Large Group Discussion

Materials Needed:

- ✓ Trainer evaluation forms
- ✓ **Handout #18 (Self-Assessment for Module 8)**
- ✓ **Handout #19 (Transfer of Learning Activities for Module 8)**

Outline of Presentation:

- Presenter facilitates trainer self-assessments and transfer of learning plans

Section V: Self-Assessment and Transfer of Learning

Trainer Note: Review the WIIFM poster and be sure that all of the questions and concerns have been addressed.

Trainer Note: This is a critical section and will need the entire 35 minutes assigned.

Step 1: (5 minutes)

Lecture

The trainer advises the group that they have reached the stage of the training requiring them to develop a transfer of learning plan that they will implement upon return to their agencies. The plan is “key” to transferring what they learned to their work behavior.

Using **Handout #18 (Self-Assessment for Module 8)**, the trainer reviews the objectives of the training day. Note these are the same as the self-assessment knowledge and skill categories.

Step 2: (20 minutes)

Individual Activity

The trainer distributes **Handout #18 (Self-Assessment for Module 8)** instructing participants to complete the Self Assessment Transfer of Learning Plan. Inform the participants that it is important that they accurately assess their abilities. It is not expected at this stage of training that they have mastered all the areas of training. It is through their recognition of a need to continue to learn and grow that they can take the steps necessary to do so. For each item, participants list who, will do what, by when. Participants should not be limited by the form and should feel free to list additional items if they choose. The trainer asks participants to individually complete their plans.

If time allows when participants have completed their plans, the trainer concludes the activity by asking several volunteers to each share an action they will take to transfer their learning.

Step 3: (5 minutes)

Lecture

Using **Handout #19 (Transfer of Learning Activities for Module 8)**, remind participants of their next day of training and their required pre-training responsibilities.

Step 4: (5 minutes)

Individual Activity

Distribute evaluations and have participants complete them. Thank participants for their partnership in learning critical skills, remind them of the date and time of the next training module, and dismiss the group.

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