The Critical Initial Response:
DCS Assessments

An Indiana Department of Child Services Ombudsman Bureau

Report

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Introduction

Pursuant to IC 4-13-19-5, in addition to the authority to investigate and resolve complaints concerning the actions of DCS, the Department of Child Services Ombudsman may periodically review relevant policies and procedures with a view toward the safety and welfare of children. The Ombudsman may also recommend changes in procedures for investigating reports of abuse and neglect. The following report is prepared in accordance with this authority and in the spirit of promoting best practice.

The Issue

The Importance of the Initial Response

The charge of the DCS Family Case Manager (FCM) responsible for the initial Assessment of abuse/neglect allegations is overwhelming. Armed with limited information, the Assessment FCM is expected to inform the family of the allegations while simultaneously engaging them, conducting interviews, acquiring enough information to accurately assess safety, evaluating risk, selecting the appropriate level of intervention, coordinating with appropriate partners, and determining findings. As each situation is unique, there is no one size fits all response and the ability to creatively problem solve within the parameters of DCS's legal responsibility is crucial. The term Assessment implies an in-depth analysis of the family dynamics resulting in problem identification and corresponding resolutions to eliminate risk. All of the above responsibilities require a high level of critical thinking, decision-making and interpersonal skills. The Assessment FCM is also expected to have sufficient knowledge of DCS laws, rules and written policies concerning best practice. It is the recognition of this daunting responsibility in addition to the factors listed below that prompted an interest in taking a closer look at the DCS Assessment/Investigation process to evaluate opportunities for providing additional support to those performing this critical function.

Complainants' Perspective

The DCS Ombudsman Bureau continues to receive complaints alleging that DCS failed to complete a thorough Assessment. While the complainants may use different language to describe their concerns, the allegations always involve DCS failing to consider additional information/testimony/evidence and/or failing to take what the complainant believes is the appropriate action. As a result of these complaints, the DCS Ombudsman Bureau has had the opportunity to review a large number of Assessments, including all types of maltreatment from all Regions. While most complaints were determined not to have merit and DCS's actions were primarily compliant with the minimum requirements for a thorough Assessment, it was noted there was a wide range in the depth of practice relating to the Assessment process. Some Assessments were incident-based, while others involved a more comprehensive analysis. Some involved detailed interviews after a forensic model, while others involved less formal interviews. Sometimes an

abundance of collateral information was factored into the analysis, and at other times the collateral information was minimal. Team meetings were randomly employed. These observations, along with the complainants' perception of the scope and limitations of the Assessment process, indicated further exploration.

Community Interest

During the past year, the media has called attention to child fatalities caused by abuse that occurred in families with previous DCS involvement, questioning the efficacy of the prior Assessment. This coverage has created community interest in DCS's actions.

Historical Perspective/Commission Report

The creation of DCS during 2005 followed the recommendations from the Indiana Commission on Abused and Neglected Children and Their Families. In their report dated August 15, 2004, the Commission submitted 32 recommendations covering a variety of issues that impact child welfare practice and programming. This year an Interim Study Committee was created to study the progress and improvements made by the Department of Child Services since its creation in 2005 (SEA 286). The Commission recommendations covered a variety of Child Welfare programs and issues, many of which have been implemented. One of the recommendations that specifically referred to the Assessment process was the recommendation to adopt an Alternative Response System. The Commission report stated, "Indiana should adopt an Alternative Response System in response to allegations of abuse and neglect. Traditional investigations should be limited to the most serious cases of physical and sexual abuse and severe neglect while low risk cases should receive the Alternative Response of supportive counseling and case management services." This recommendation has not been implemented per se, and is a concept worth revisiting.

Scope

Considering all of the above, a review of the Assessment process appeared timely. This review includes an analysis of the Assessment process with regard to progress, challenges, resources, program development and evaluation. To examine this topic, information was gathered from four sources: Ombudsman reviews, a literature review (Appendix C), DCS reports, data and policies, and input from the Assessment Focus Group (Appendix A). Since 2010 the Ombudsman has reviewed literally hundreds of Assessment reports in the course of responding to complaints and conducting investigations. Information about practice and trends was garnered from these reviews. The literature reviewed included papers on Differential Response/Alternative Response, Child Welfare Decision Making and Secondary Trauma Stress. DCS Child Welfare Manual Chapter 4 on Assessments was frequently referenced, as were DCS training materials and DCS data and progress reports. The Focus Group consisted of DCS Local Office Directors (LODs), DCS Supervisors (FCMSs), DCS Family Case Managers (FCMs), DCS Policy Analysts and Community Social Workers from the Central Region of the State, as well as the Ombudsman and Assistant Ombudsman. The group met three times over the course of three months to engage in discussions on the topics listed

above. The DCS Regional Managers also provided additional information from their perspective. It is hoped this report will generate discussion among the stakeholders regarding the Assessment process and opportunities for improvement.

Assessment Overview

The Process

Per DCS statistics, DCS completed 115,474 Assessments during SFY2010. Of this number 13,005 involved sex abuse allegations, 15,579 involved physical abuse allegations and 86,890 involved neglect allegations. Approximately 28.6% of the sex abuse allegations, 15.7% of the physical abuse allegations and 19.4% of the neglect allegations were substantiated. (Source DCS Victims of Abuse and Neglect, July 2002 to June 2012, ODM) Unsubstantiated Assessments are closed upon completion and may involve a referral to Community Partners, a voluntary service. Substantiated Assessments generate a range of responses. The Assessment FCM is required to complete a thorough Assessment on each one of these reports within 30 days. A thorough Assessment per policy includes but is not limited to preparing for the Assessment, conducting the required interviews, gathering collateral information, assessing home conditions, examining the child, assessing safety and risk, staffing and/or teaming the Assessment, determining findings, providing due process information, completing all required written documentation and submitting the written report. Within each one of these areas of responsibilities are subcategories with corresponding requirements. Fatality and near-fatality Assessments have additional requirements and are not subject to the 30 day time limit. If a Child In Need of Services (CHINS) petition is filed the Assessment FCM has additional Court and placement responsibilities until the case can be transferred to the Ongoing worker, if applicable.

Program Changes

Major changes have occurred in DCS programming since 2005, some affecting the Assessment process more than others. The increase in staff and the decrease in the workload was a significant change that provided the opportunity for manageable caseloads. The introduction of the Practice Model changed the way of doing business. The Practice Model is based on teaming, engaging, assessing, planning and intervening (TEAPI). At the heart of the Practice Model is the utilization of the Child and Family Team Meeting (CFTM) as a format for engaging families, setting goals and making decisions. Although the implementation of the Practice Model is more fully developed in Case Management (Ongoing Services), the basic tenants are also to be reflected in the Assessment process. This resulted in changing the name of the process from Investigations to Assessments during 2006, coinciding with the beginning of training on the Practice Model. Other significant changes include but are not limited to, the creation of a comprehensive Staff Development Program, the addition of a Quality Improvement Program, and the creation of a Centralized Hotline. A policy change that directly affected the Assessment process was a decrease in the time frame for completing Assessments from 60 days to 30 days, eliminating backlog and creating an intense fast-paced work environment for the Assessment FCMs.

Improvements

The decrease in caseload size, increase in staff and implementation of a comprehensive training program are indicative of noted DCS improvements, enhancing the opportunity for best practice in the Assessment phase, and the practice indicators reflect positive results. Policies have been updated to provide guidance for improved practice, including but not limited to, policies pertaining to the utilization the CFTM in the Assessment phase, clarification regarding child interviews, and guidance for writing the Assessment report. Support programs such as the DCS Clinical Unit, Pediatric Evaluation and Diagnostic Service (PEDS) Referrals, and Child Advocacy Centers also provide opportunities for enhanced practice. The use of the Structured Decision Making (SDM) Safety/Risk Assessment tool has been implemented which adds Protective Factors to the analysis. The recently introduced data management system (MaGik) has many features supportive of good practice. The emphasis on family engagement in the Assessment phase was identified as an improvement by the Focus Group.

Challenges

Staffing/Caseloads

IC 31-25-2-5 sets caseload limits for DCS Family Case Managers. The caseload standard for an Assessment caseload is 12 active Assessments at any given time and 17 children for an Ongoing caseload. According to the DCS Fact Sheet of June 2012, 17 out of the 18 Regions were in compliance with the caseload requirement. However, this is an average figure based on a complex calibration of staffing and workload components that does not reflect how many individual workers are carrying caseloads within this limit. Factors influencing the calculations include the fact that trainees, who do not have a caseload, are included in the mix, as are FCMs who have specialized or mixed caseloads. However, the addition of various specialists in theory may serve to reduce the workload for some FCMs who were responsible for performing the tasks assumed by the Specialist. A review of the DCS Statewide caseload statistics for the individual workers reveals that depending on the County/Region and the point in time, high caseloads remain a challenge for some. This office has noted a correlation between the number of Assessments an FCM has and the quality of the Assessment. Supervisors play a critical role in ensuring the quality of work of the Assessment FCM by mentoring, teaching and monitoring the work. The Supervisor's role has been determined to be pivotal with regard to FCM retention. In the CSFP report DCS stated that the established ideal supervisor-to-worker ratio is 1:7, and that on the average, DCS maintains just below this ratio. On the date the number was checked for this report the ratio was 1:6.8. The 1:7 ratio is higher than the Child Welfare League of America (CWLA) Standard of 1:5. The Focus Group identified staff turnover as a problem. Per DCS turnover data, the majority of FCM turnover occurs during the first two (2) years of employment. Total FCM turnover (staff leaving their positions) from June 2011 through May 2012 was 21.6%. Negative turnover (staff leaving the agency) for this period was 19.8%. Per the US

General Account Office (GAO 2003) the national turnover rate was between 30% and 40% in 2003. A CWLA Fact Sheet reports that turnover for Child Protection Services Workers increased from 19.9% in 2000 to 22.1% during 2004. More recent national turnover statistics were unavailable. It is noted that those studying Child Welfare turnover focus on recruitment issues as well as job satisfaction issues, recognizing the importance of finding the right match for the position at the onset.

Turnaround Time

The Assessment worker has 30 days to complete an Assessment that involves physical abuse, sexual abuse and/or neglect; the timeline for fatality/near fatality Assessments is 180 days. FCMs may receive authorization from Management to extend the deadline under certain circumstances. There are challenges in meeting the 30 day time limit when the number of assigned Assessments increases. It is noted that reports have increased significantly in the past few months, resulting in a recent increase of overdue Assessments per the DCS trending report. Reportedly this time frame is also a challenge when the complexities of a case are such that completing a thorough Assessment, involving an analysis of family functioning, rather than an incident-based Assessment simply requires more time.

Investigation vs. Assessment

In the previous paragraph a reference was made to an "incident based" Assessment. When the focus of the Assessment is to understand what happened to the child in the incident reported, to ensure safety and determine findings, this more aptly describes an Investigation. When the focus is to understand the underlying conditions and factors that present risk to the child's safety and the family functioning that needs to be strengthened by engaging the family and community supports, this more aptly describes an Assessment. Although the Practice Model calls for an Assessment approach, DCS is still charged with the responsibility of determining findings, a duality which at times can interfere with a partnering model. This was noted in the wide range of the depth of practice observed in the Assessment reviews. For example, in one Assessment involving a custody dispute, the FCM's primary interest was in gathering the information that would provide a Preponderance of the Evidence (POE) for an unsubstantiation, whereas in another similar Assessment the FCM held a CFTM including informal supports to assist the parents with co-parenting issues. A chart further depicting the differences and similarities between an Investigation and Assessment is located in Appendix C.

Incorporating Practice Initiatives in the Assessment Phase

An Assessment that is strengths-based and encourages the family's partnership with DCS and the community to protect the children and reduce risk reflects the basic tenets of the Practice Model. Teaming with the family to resolve problems can be challenging in the Assessment phase because the family is primarily in crisis mode and not yet receptive to the idea of working with DCS. This challenge does not mean that teaming and engaging is not an appropriate model for this phase, but simply indicates that there may have to be an additional step involving a crisis intervention response prior to

attempts to engage. The Focus Group concluded that the CFTM is most useful during the Assessment phase if it is optional, modified to meet case specific needs and family driven. Examples of instances in which team meetings were helpful during this phase included meetings for the purpose of developing a safety plan, identifying supports and/or to assist parents with co-parenting issues. CFTMs are less likely to be utilized in sex abuse Assessments or those involving criminal activity. As new initiatives are developed and adopted by the agency, it is important to provide guidance as to how this will be demonstrated in the day-to-day activities of the Assessment worker.

Stress

Assessing allegations of child abuse and neglect is inherently a high stress job due to the gravity of the work and the magnitude of the responsibility. Decision making for the Assessment FCM occurs in isolation, as frequently the only other person consulted is the FCMS. There is usually not an ongoing CFTM or Court oversight in this phase. In addition, the continuous intake flow leaves little time for the kind of emotional recovery that is built into many emergency responder positions. Assessment FCMs also are responsible for on call duties, challenging work/life balance efforts. The literature reveals an increasing interest in the Child Welfare worker's exposure to Secondary Trauma Stress (STS) and the impact on worker performance. In addition, DCS has experienced recent public scrutiny, which is an identified stressor for Child Welfare staff.

Specific Populations

While the uniqueness of each situation cannot be over-emphasized, there are specific challenges associated with certain types of allegations that merit discussion.

Domestic Violence: DCS developed practice tools and has revised portions of the Child Welfare Manual to provide guidance for working with families in which Domestic Violence has been identified. During 2009 all field staff received Domestic Violence training. Research indicates children exposed to domestic violence are at an increased risk of being abused or neglected. Therefore, when conducting an Assessment alleging domestic violence, the FCM needs not only to consider whether or not abuse/neglect occurred with regard to the reported incident, but the degree of risk posed to the children. Such factors as patterns of behavior, the children's exposure to the violence, and the non-violent parent's ability to protect need to be considered when determining the appropriate intervention. The questions of whether or not a child witnessing domestic violence constitutes abuse/neglect, and the level of accountability the non-violent parent has regarding the action of the abuser, continue to be debated among Domestic Violence and Child Welfare professionals. Such nuances further emphasize the complexity of the decisions involved.

Substance Abuse: When assessing allegations of substance abuse DCS's major consideration is whether or not the parent's abuse of substances impairs his/her ability to meet the child's needs and ensure safety. DCS refers to this as the nexus between the caregiver's use of substances and ability meet the child's basic and safety needs. A

careful analysis of the safety, risk and protective factors is required, indicating that an incident-based Assessment would not be sufficient to determine this nexus. Complainants who are concerned about a parent's substance abuse have difficulty understanding this type of analysis, particularly when his/her involvement with the children is considered a protective factor that reduces risk. The FCM considers the type of substance, history, pattern of use, the parent's general functioning, and the parent's awareness of the problem, to name a few. The FCM also has to decide if a drug screen should be requested. It is noted that in the event it is determined that children have been exposed to an active meth lab, a more emergent response occurs. When a child is removed from the home due to the substance abuse of the parent, the Ongoing FCM then faces the challenge of assessing when the parent is sufficiently rehabilitated to provide a safe environment for the child. Frequently, parents who abuse substances have a dual diagnosis, which compounds the challenges of Assessment.

Mental Health Issues: The Focus Group identified parents with mental health issues as particularly challenging for DCS because DCS FCMs are not clinicians and rely on providers for mental health information. In addition, it frequently takes more than 30 days for a mental health provider to complete a correct diagnosis and/or for the effectiveness of prescribed medication to be appropriately evaluated. There are times when HIPPA regulations prevent DCS staff from acquiring information that would be helpful for the Assessment. Recently DCS added a Clinical Unit, which is available for consultation on mental health issues. Relevant training has also been provided.

Sex Abuse: Many of the DCS counties have Child Advocacy Centers that provide an opportunity for DCS to partner with Law Enforcement and the Prosecutor on sex abuse investigations. Forensic interviewers, who must be qualified as such, conduct the interview for all of the participating agencies. There are two trainings available for forensic interviewers, the Corner House Finding Words Curriculum and the DCS Forensic Interviewing Curriculum. While the Focus Group concurred that the sex abuse investigations were generally running smoothly, problems have occurred when prosecutors insisted on only using Finding Words trained interviewers. Another barrier to completing timely and thorough Assessments occurs when DCS is unable to interview the alleged perpetrator (AP) because they are waiting for Law Enforcement to initiate the interview. Law Enforcement is not subject to the same 30-day time limit and DCS is reluctant to interview the AP while law enforcement still has an open case. Per the Assessments reviewed, this can result in DCS closing an Assessment without ever having interviewed the AP or receiving a report of the interview from a law enforcement agency. Another issue to be considered is the value of collateral information in sex abuse allegations, particularly when a child has made a credible disclosure to a therapist but is unwilling to speak to the interviewer about the abuse.

Custody Disputes: Remaining objective when parents allege abuse/neglect in the midst of a custody dispute is challenging. It is difficult to refrain from suspecting that the report was driven by the parent's motivation to acquire documentation for a custody

case, because this is always a possibility. This office frequently receives complaints alleging that DCS dismissed the allegations because it was a "custody issue." While the context of the custody dispute is certainly a relevant factor to be considered, the allegations should be explored without bias. It is important to be mindful that children of parents who are in conflict are suffering, and regardless of the findings, DCS is in a position to provide a service that would be beneficial to the child. In a few extreme cases, parents' constant allegations against each other during custody proceedings have resulted in a determination of emotional abuse because the parental conflict dramatically impacted the child's well being.

Physical Abuse without Evidence: Assessing physical abuse allegations when there is no evidence of abuse is particularly challenging because the lack of visible injuries does not mean that abuse/neglect has not or is not occurring. However, in the event the child does not disclose abuse, and there is not sufficient corroborating evidence to support a POE, the allegations are unsubstantiated and a DCS intervention does not occur. To conclude such an Assessment with lingering doubts can be unsettling. In the event that serious maltreatment or a fatality occurs at a later date, the impact is devastating. Predicting child fatalities among less severe CPS investigations is a national challenge that continues to be addressed with refined risk assessment tools, training, legislation and policy revisions. With the benefit of hindsight and the input from the Focus Group, the following recommendations have been developed to ensure that an FCM has done everything he/she can do when faced with this type of an Assessment:

- Be mindful of how biases can affect the Assessment. These include FCM biases as well as Report Source (RS) biases.
- Interview as many collateral sources as necessary until enough information can be received to support the conclusion. Collateral sources can provide information that leads to valuable insights.
- Address **all** the allegations in the petition. When the FCM focuses on the major allegation and overlooks any minor allegations in the report, an opportunity is missed.
- Address any other allegations that arise in the course of the Assessment. Following up with all allegations, seemingly unrelated, will add to the understanding of underlying dynamics.
- The quality of the child interview is particularly important in these cases. It is not uncommon for children to be too fearful to disclose maltreatment that is occurring, particularly in cases of chronic serious abuse and/or confinement. Therefore, consideration should be given as to how, when and where the child should be interviewed. In this scenario multiple interviews may be appropriate.
- Consult with Supervision or any other professional who may be able to provide insight into the information. Processing information with others is helpful in achieving clarity and checking for biases.
- Pay attention to the abuse/neglect history.

- A Focus Group member suggested that a good strategy to ensure thoroughness was to do "just one more thing" before concluding the Assessment. Because sound decision-making requires the utilization of the maximum amount of available information, getting that one last bit of information could be enlightening in terms of opening up a new line of thinking or affirming the conclusion. The recommendation of doing "one more thing" has been a frequent outcome in Ombudsman reviews of DCS Assessments/Cases. For example, in a very complicated situation that involved children being placed in another country, when DCS reported that they had done all they could do and planned to close the Assessment, this office recommended one more interview with a particular person, resulting in the acquisition of the information that enabled the agency to take the appropriate action to protect the children.

Serious Maltreatment: Assessments of child maltreatment in which serious injuries and/or neglect are evident involve more emergent considerations, as the worker is involved in gathering evidence and responding to immediate safety needs of the victim and siblings. The focus of these Assessments tends to be incident-based and is more investigative in nature. Frequently this type of investigation involves collaboration with Law Enforcement and medical personnel, as well as Court activity. The Assessment process is particularly challenging when there are serious injuries highly indicative of abuse sustained on a young, non-verbal child and a perpetrator cannot be identified. While the risk has been identified, it is difficult to develop the most appropriate intervention when the identity of the perpetrator is unclear.

Decision Making

Decision making in Child Welfare involves many considerations, the complexities of which are unparalleled. The Assessor gathers and analyzes information to determine safety and risk, and is then called upon to make decisions regarding the best course of action based on this analysis. Using the Practice Model, the expectation is for DCS to make decisions with the family about the need for change and the actions that will promote change. The American Humane Association has studied the Decision Making Process in Child Welfare for a decade and urges the field of Child Welfare to pursue greater understanding in this area for the purpose of improving the decision making process in Child Welfare.

Tools: To assist the FCM with assessing safety, DCS requires the completion of the Structured Decision Making (SDM) Safety Assessment to provide guidance with regard to the safety decision. In the event the allegations are substantiated, the SDM Risk Assessment is also completed. Each of these tools then includes a decision/recommendation section in which the scores are matched with the appropriate action/level of service. The SDM tool replaced the former tool and includes Protective Capacities as well as Safety Threats. The tool can be used at critical case junctures for Reassessment. The Strength and Needs of Caregivers are also assessed using another form. The Focus Group concurred that the tools were useful to guide the FCM in

analyzing the information, but that staff did not rely on the tool to make decisions. The Group reported that assessing safety usually occurs as a mental process utilizing the concepts in the tool, and the form is completed at a later date. Other comments included the tool's limitations in picking up case specific nuances, but there is an override feature. Upon occasion this office has reviewed an Assessment or Case in which DCS's action did not match the recommendation on the tool, generating further discussion about the best utilization of the tool. Based on this discussion, it appears the full potential of the tool has not been realized, as it could also serve as basis for discussions regarding safety and risk with parents.

Critical Thinking: Assessment Workers need to be problem solvers. Because Child Welfare issues are human issues, the problems arising usually are unique, complex, fluid, ambiguous, and without a roadmap for a clear resolution. Although policies, tools and training can provide a base from which to operate, these resources cannot totally prepare a worker for the range of issues he/she will encounter and staff will be called upon to think critically. The Center for the Development of Human Services/Research Foundation of SUNY describes critical thinking as "a mental discipline used to continually gather, analyze, and re-examine information in order to assure that assessments are as current and accurate as possible and that the actions taken are consistent with these assessments." The DCS training manual defines critical thinking as follows:

- Purposeful thinking through which individuals systematically and habitually impose criteria and intellectual standards upon their thoughts.
- A composition of skills and attitudes that involve the ability to recognize the existence of problems and to support the truthfulness of the problems.
- The process of using purposeful and self-regulatory judgment.

Based on the definitions, critical thinking in Child Welfare not only involves the cognitive process, but also requires taking action that is consistent with the cognition. This office has frequently reviewed case situations in which the utilization of critical thinking could have provided a better outcome. Worker bias has been identified as one of the major barriers to thinking critically, including but not limited to selective memory, looking only for information that supports a predetermined conclusion, contributing too much to general impressions, weighing negative more heavily than positive, and stereotyping. While this is not an uncommon phenomenon, awareness of these cognitive shortcuts can increase objectivity when conducting an Assessment. The Focus Group also noted time constraints can be barriers to critical thinking as defined because it is easier to comply with a policy than take the steps necessary to pursue an alternate action. While there is skepticism concerning whether or not critical thinking is a trainable skill, the topic is included in the DCS Assessing Maltreatment Training Module for new workers. In addition, the Focus Group noted DCS Management has the opportunity to create an atmosphere in which critical thinking is fostered, and the Supervisor plays an important role in modeling and guiding the critical thinking process.

Experience: Considering the average tenure of Child Welfare workers is less than two years (GAO-03-357 Child Welfare Staff Recruitment and Retention), having an

experienced Assessment workforce is a challenge. Acquiring confidence in the competencies required to conduct an Assessment is achieved in time, and there is consensus among Child Welfare professionals that experience is needed in the Assessment workforce. DCS Regional Managers reported that if staffing circumstances allow, they prefer not to place new workers in Assessment because of this recognized need. However, this is not always possible, resulting in an inexperience Assessment workforce in some regions. Thus, again, highlighting the significant role of the Supervisor.

Resources

Policy

Chapter 4 of the Child Welfare Manual is devoted to policies governing the Assessment process. There are 33 Sections covering each component, and each Section is subdivided into Policy, Procedure, Guidance, Forms and Related Information. Thus, as written, it is a policy and practice manual. The policy on Assessments provides an abundance of detailed information and serves as a useful reference tool for compliance and procedural questions. While the policy outlines the requirements for a thorough Assessment, it cannot encompass every possible scenario and nuance, and reason and/or common sense may direct the Assessment worker to a course not referenced. Therefore it is the important role of the Supervisor to provide policy clarification/interpretation or guidance for a more critical analysis of the information. The FCM currently is responsible for compliance with a number of complicated policies of varying priority. The absence of clear policies is another identified stressor for Child Welfare workers, and the clarity of the policies is an important consideration for those drafting policy.

Training

A review of the Indiana DCS Staff Development Program reveals a state of the art program, which is constantly being revised and enhanced as a result of ongoing needs assessment. New workers receive 12 weeks of pre-service training, including 29 classroom days, 21 county based transfer of learning days and 10 county based on the job reinforcement days. The curriculum is based on established child welfare competencies. The section on Assessing Child Maltreatment includes 5 classroom days and 5 transfer of learning days. In addition trainees are assigned a Peer Coach to assist them in becoming CFTM facilitators and a Field Mentor to assist on the transfer of learning and on the job days. Peer Coaches and Field Mentors are trained FCMs. Additional training of 24 training hours per year is required of each FCM. A variety of topics are offered, several of which address challenges discussed in this report. An Individualized Training Tool (ITNA) has been developed to identify training needs. One of the topics identified for 2012 is Teaming in the First 30 Days. In summary, DCS's training program provides the knowledge and skills necessary for an FCM to perform his/her duties.

All new Supervisors receive 5 modules of training over a 5 month period including the following topics: orientation and overview of clinical supervision, administrative supervision, personnel and technology issues, educational supervision and supportive supervision. The FCMS training is provided as needed approximately twice annually. FCMSs are required to complete 32 hours of additional training annually. DCS also provides training opportunities through a workbook/workshop series developed by the McKenzie Services Consulting Group to address Staff Retention and Better Outcomes in Child and Family Services. This program is described as having a strong emphasis on the day-to-day skills and practices needed by front-line Supervisors to establish positive working relationships with staff while meeting agency goals.

Supervision

The information reviewed highlights the importance of the role of the Supervisor in ensuring that the FCM receives the guidance and support necessary to perform good work and in ensuring the quality of the work. As stated above policy and training have provided valuable resources within their purview, but it is up to the Supervisor to integrate all of the pieces to provide continuity of learning and practice for those he/she supervises. Based on the Assessment reviews, there appeared to be a wide range in the level of Supervisor/Case Manager interaction, with some Supervisors actively engaging in a mentoring/coaching role, while others performed a more administrative role. Research recognizes that good supervision is a critical factor in staff retention and good outcomes for children and families. DCS recognized this as well by providing the workbook series on Staff Retention and Better Outcomes for Supervisors. The Focus Group noted that Supervisors have many administrative responsibilities that prevent them from spending needed time with supervisees. Again, it is noted that CWLA Standard for Supervisor/Worker ratio is 1:5. It would stand to reason that the current 1:7 ratio would not provide Supervisors the opportunity to perform optimally.

Support

Several factors noted above such as clear policies, sufficient training, positive feedback and competent supervision have been mentioned as factors contributing to a supportive organizational environment. Organizational factors such as ambiguous policies, constant changes, high caseloads, and inadequate supervision are factors that contribute to an unsupportive organizational environment. There are also personal factors, such as the individual worker's resources for managing job related stress and cultivating informal supports that contribute to a worker's general sense of support on the job. The resources provided by DCS, such as training, MaGik, and Specialists, to name a few, demonstrate the agency's commitment to providing staff with the tools necessary to perform their duties. As stated above, in addition to Supervision, new workers have a Peer Coach and a Mentor. New Supervisors also have a Mentor. In the event DCS staff experience a child fatality/near fatality and/or other job related trauma, DCS has implemented a Critical Response Team to ensure the worker receives the needed support during this time. Employee Assistance Programs (EASY) are also available to DCS staff. However, those studying Secondary Trauma Stress (STS) for Child Welfare

workers believe a more systemic recognition of the problem is needed. Child Welfare workers are believed to be particularly vulnerable to STS because not only are they exposed daily to people who have experienced trauma, but they are charged with meeting job responsibilities within this trauma environment. STS can contribute to low morale, use of more sick leave, skill impairment, turnover and ultimately poorer outcomes for children and families. The Children's Trauma Institute (CTI), a collaboration between Mount Sinai School of Medicine (MSSM) and New York City Administration for Children's Services (ACS) developed resiliency interventions for Child Welfare workers. Other agencies have begun to offer STS education training for staff. Based on the literature, STS can best be addressed through education, skills training and supervision. Lastly, there is the issue of compensation, as an indicator of support. The starting salary for a new FCM is $33,228 and for a new FCMS is 37,206.00. According to the Bureau of Labor Statistics, the average median income for a Child Welfare caseworker was $37,480 in 2006.

Program Development (Differential Response)

In Indiana, the Juvenile Code was enacted in 1979, requiring the development of a system to report and investigate allegations of child abuse/neglect. The agency charged with this task experienced the expected challenges of implementing legislation of this magnitude, but met the challenge and a system was established. Problems identified along the way were addressed with policy revisions, agency restructuring, legislation and study commissions, to name a few, and the program developed accordingly. As previously noted, since practice reform there has been a shift in philosophy from an Investigative model to an Assessment model in response to child abuse/neglect allegations. However, this approach is being actualized in varying degrees, indicating a need for further program development, including consideration of a Differential Response System. Differential Response/Alternative Response/Dual Response has been referenced throughout the report and refers to a practice reform that allows for more than one method of initial response to reports of child abuse/neglect. This practice has grown out of the recognition that "one size does not fit all" when responding to reports of child maltreatment. According to the Child Welfare Information Gateway briefing on Differential Response, "The introduction of Differential Response has been driven by the desire to:

- Be more flexible in responding to child abuse and neglect reports
- Recognize that an adversarial focus is neither needed nor helpful for all cases
- Understand better the family issues that lie beneath maltreatment reports
- Engage parents more effectively to use services that address their specific needs."

Based on the literature, interest in a Differential Response System was generated as a way to reconcile what appeared to be conflicting objectives of identifying a perpetrator while providing supportive services to the family. It is noted that when a case is diverted into the Alternative Response track, there is no determination of findings. Conversely, the Differential Response System recognizes that there are certain cases that require an Investigation with findings. Proponents of the Differential Response System contend

this practice recognizes the importance of family engagement, improves the quality of the assessment, enhances service delivery and provides an opportunity for earlier intervention and prevention. They purport the focus on underlying problems in addition to safety concerns produces better outcomes for children and families.

Several states have adopted a Differential Response System. Due to the fact that each State has specific legal mandates with regard to Child Protective Services, there are a variety of patterns implemented. Detailed information about various programs, research and position papers on Differential Response is provided by the American Humane Association, CWLA and the National Quality Improvement Center (NQIC). Attachment D is a map produced by NQIC depicting the States that have adopted a Differential Response System.

The Focus Group discussed the viability of a Differential Response System in Indiana. They likened this response to the former Service Referral Agreement, which provided DCS follow up without Court involvement. It was also noted that DCS's collaboration with Community Partners serves as a version of an Alternative Response. DCS refers families to Community Partners on unsubstantiated Assessments or substantiated Assessments that do not require DCS intervention. Community Partners provides prevention services to the family on a voluntary basis. However, once a family has been referred there is no guarantee that they will follow up with services, and feedback is not provided to DCS by Community Partners. The Focus Group noted pros and cons of the Differential Response System. They concurred that not having to determine findings would create a less adversarial environment for engagement and enable staff to focus on underlying risk factors rather than "what happened". The Group had difficulty envisioning the logistics and believed it would involve a huge paradigm shift for staff.

Evaluation/Outcomes

Quality Reviews

DCS formulated a Performance and Quality Improvement (PQI) unit to manage the quality review process. The quality review process consists of four components: the Quality Service Review Process (QSR), the Continuous Quality Improvement Process (CQI), the Quality Assurance Review Process (QAR) and the Reflective Practice Survey (RPS). The QSR is Regional and consists of a review of a sample of cases to assess how well the Child Welfare service system is implementing the Practice Model, the effectiveness of the service system, and outcomes for children and families. Data is analyzed and a report is generated; the results are shared with community partners in a "Grand Round" session. This information is then utilized by Regional Managers in the CQI process to develop action plans to address areas needing improvement. The QAR is a second party review completed by FCMSs on Assessments, IAs and CHINS focusing on compliance with federal/state laws, regulations and policies. The MaGik system now has the capability of entering and computing the QAR data, and this will no longer be completed by the FCMSs. The RPS is a comprehensive review of one case per worker

per quarter completed as a qualitative complement to the QAR. The RPS is an opportunity for the FCMS to provide clinical supervision and an in-depth analysis of the FCM skill set. The RPS is a relatively new component to the quality review process and is still being refined. The QSR, CQI and QAR provide DCS with the qualitative and quantitative information required to identify areas for system improvement, and the RSP provides opportunities to analyze individual workers performance strengths and needs. Specifically, with regard to the issues pertaining to this discussion on Assessments, the PIQ report of 2011 provided the following information: The QSR identified assessing and understanding families' needs as an area for practice improvement. The QAR information revealed that ensuring the child's safety in the Assessment process was a significant strength, but that developing a safety plan during a CFTM or Case conference on substantiated cases was an area needing significant improvement.

Repeat Maltreatment

It is difficult to measure Assessment outcomes because the number of instances of child maltreatment that have been prevented as a result of DCS's actions is and will remain an unknown number. Therefore the only measurable outcome is repeat maltreatment. DCS uses the Federal guidelines for calculating the Absence of Repeat Maltreatment. A recurrence of substantiated abuse/neglect of a child within 6 months of the original report is considered repeat maltreatment. The percentage is calculated and reported in terms of the Absence of Repeat Maltreatment. The Percentage of Absent of Repeat Maltreatment Statewide for June 2012 was 92.61%: the National Standard is 94.60%.

Summary

Assessment is a critical function of DCS, not only because of the daunting responsibility of protecting children, but because the initial Assessment determines the subsequent intervention. Interest was generated in reviewing the Assessment process after Ombudsman observations of the wide range in the depth of practice in the Assessment process, media coverage referencing DCS Assessments, and the Commission recommendation to adopt a Differential Response System. Since 2005 several systemic changes including reduced caseloads, practice reform, a comprehensive training program and a quality improvement program provided unprecedented opportunities for best practice to be implemented in the Assessment process. Additional areas needing improvement will continue to be identified in the quality review process, indicating a likelihood that resolutions may already be in progress for some of the issues identified in this report. Nevertheless, this review brought to light certain factors that are likely to be influencing the quality of the Assessments that merit attention, such as high caseloads in some areas, Supervisory support, conflict about the role of the Assessor (Assessor vs. Investigator), and staff stress. The following recommendations are offered to address those identified issues.

Recommendations

1.) It is recommended DCS reallocate staff and/or reconfigure the calculations of caseloads to ensure that each individual FCM's caseload is within the 12/17 limit. To accomplish this, consideration should be given to establishing a system of "floaters" available to fill the necessary gaps when vacancies occur and/or excluding trainees from caseload calculations.

Rationale: When caseloads are above the standard, the work suffers regardless of any other supports or resources available. Therefore, manageable caseloads are a priority.

2.) It is recommended DCS seek additional Supervisor positions to meet the CWLA standard of a 1:5 Supervisor/Case Manager ratio. Correspondingly, the role of the Supervisor to educate, mentor and oversee should be emphasized and supported via trainings and allocation of time.

Rationale: Supervisors play a critical role in ensuring quality work and staff retention. Supervisors provide hands on guidance necessary to operationalize and integrate policy and training information into best practice. The Supervisor is in a position to model and promote the type of critical thinking that is essential for sound decision making in Assessments. Supervision is particularly important in Assessments because this is frequently the only resource available to assist the worker in the decision-making process. The number of inexperienced workers in Assessments heightens the need. Therefore, providing Supervisors with a workload that enables them to perform these important functions is a priority. Adopting the CWLA standard for Supervisor/Case Manager ratio would demonstrate a vision alignment with the caseload standard.

3.) It is recommended DCS develop a Differential Response System in response to allegations of abuse and neglect and seek any changes required to implement the program. The model developed should be tailored to meet Indiana's needs.

Rationale: DCS appears to be heading in the direction of a Differential Response System, as evidenced by the shift from an Investigative approach to an Assessment approach and the collaboration with Community Partners in response to abuse/neglect allegations. However, the fact that the Assessor is still responsible for determining findings influences the approach to the Assessments, and has ultimately created limitations in the ability to actualize the type of Assessment that focuses on underlying causes. The range in the depth of practice observed in the Assessment reviews suggests Assessors are conflicted about the expectations when conducting an Assessment. Adopting this flexibility in response would continue to promote family engagement and

enhance the quality of the Assessment, and it appears to be the natural progression for what is currently in place.

4.) It is recommended Secondary Trauma Stress training continue to be provided to DCS staff and that recognition of the need for staff support is reflected in the day-to-day operations.

Rationale: STS has been identified as a factor influencing worker performance and retention. Agency provided education regarding STS and/or resiliency training would assist the worker in developing stress management skills and demonstrate organizational support.

Attachment A

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Attachment B

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Attachment B

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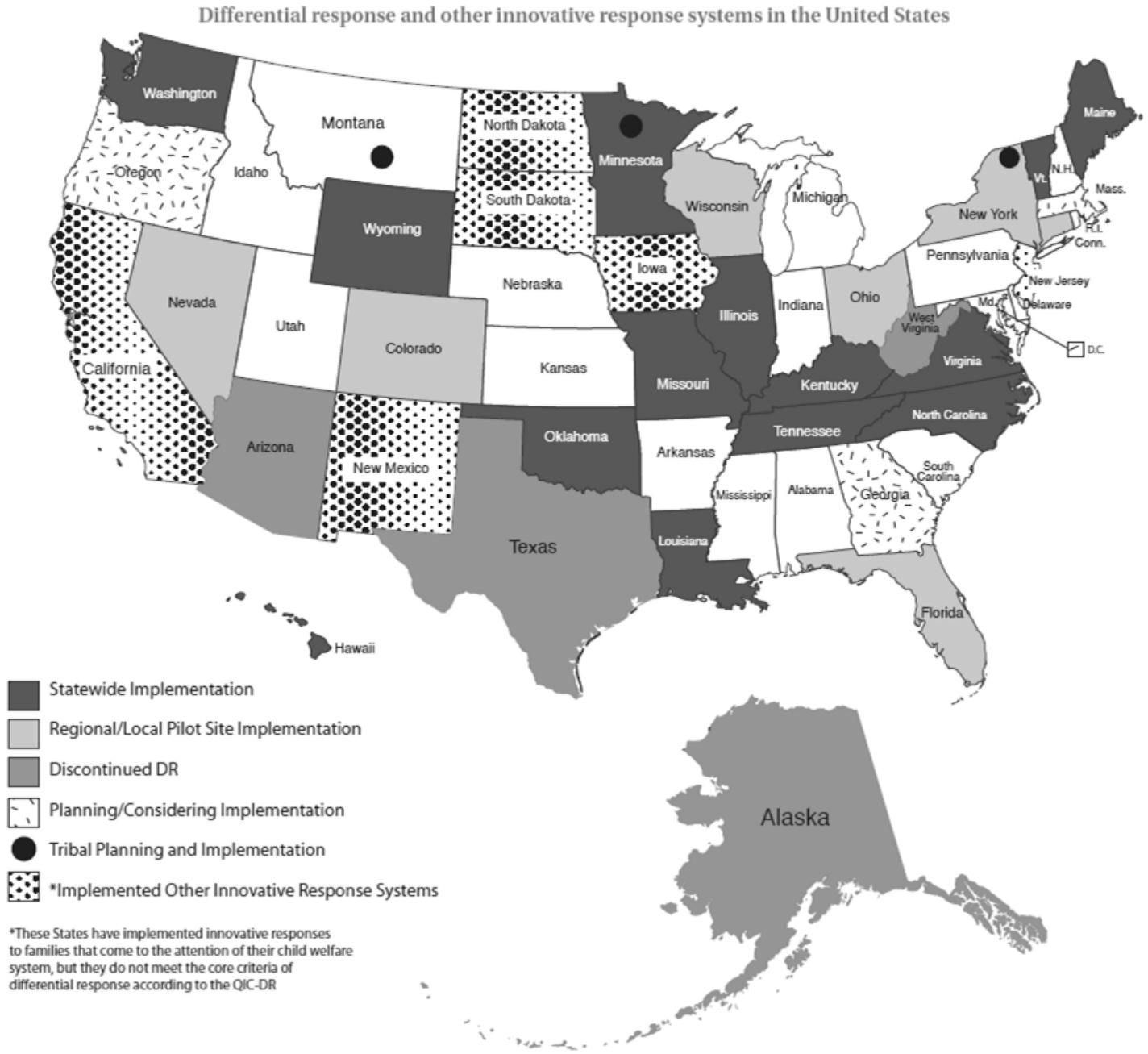
Attachment C

Assessment vs. Investigation

	Assessment	Investigation
Focus	To understand the underlying conditions and factors that could jeopardize the child's safety as well as areas of the family functioning that need to be strengthened	To understand what happened to the child in the incident being reported, who was responsible, and what steps need to be taken to ensure the child's safety
Type of Maltreatment	Generally targets low- to moderate-risk cases	Generally reserved for more serious reports that will likely involve court action and/or criminal charges (currently used for all reports)
Purpose	To engage parents, extended family network and community partners, in a less adversarial approach, to recognize problems and participate in services and supports to address their needs	To determine "findings" related to allegations in the report and identify "perpetrators" and "victims"
Substantiation	Reports of child abuse or neglect are not substantiated, and therefore perpetrators and victims are not identified	A decision on substantiation of the allegations in the report is a key objective
Central Registry	Alleged perpetrators' names are not entered into the state's central registry (CPI)	Perpetrators' names, based on the findings are entered into a state's central registry (CPI)
Services	Voluntary services offered. If parents do not participate, the case is either closed or switched to another type of response	If a case is opened for services, a case plan is generally written and services are provided. Families can be ordered by the court to participate in services if CPS involves the court in the case
Areas of Commonality	All responses continue to include a focus on child safety, the promotion of permanency within the family whenever possible, the authority of CPS to make decisions on placement and the court involvement, the value of community services, and the need to respond to changing the family circumstances that challenge or promote child safety.	

Attachment D



U.S. Map showing the States, tribes, and other jurisdictions that are implementing differential response, considering implementation, or implementing similar front-end system reforms. *Last updated July 18, 2011.*