

MRS!

INFORMATION IN SUPPORT OF NORTH CAROLINA'S MULTIPLE RESPONSE SYSTEM

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July 2011

Pulling Back the Curtain

by Holly McNeill, NC Division of Social Services

Remember the first time you watched the *Wizard of Oz*? (I know I'm old, but even you youngsters know the *Wizard of Oz*, right?)

Think back to the part where Dorothy and company make it to the Emerald City and get an audience with the "Great and Powerful Oz." He's got that booming voice and he sounds mean, even terrifying. Our friends from the yellow brick road are confused because they have been told the wizard would help them.

Then that feisty little dog Toto goes and pulls back the curtain and we find the "Great and Powerful Oz" is just a man doing the best he can after his hot air balloon strands him in the land of Oz. Hey, it could happen.

MRS and "Pulling Back the Curtain"

When county and state DSS partners were planning North Carolina's Multiple Response System (MRS), they realized that although as child welfare professionals we had the best of intentions, families and community partners often couldn't see those intentions clearly. Many had no idea what was being considered in the decisions we made—it was as if a "Great and Powerful Oz" were directing things.

County and state DSS partners decided to change this. Through MRS they introduced new ways of giving families and our other partners a "peek behind the curtain." I am going to highlight a few here today, and I am betting each of you can come up with five more ways to share our power by being open in our work.

Ongoing Community Education

Let's start with educating your community. Toto would love this, because this is a great way to help all kinds of community partners understand how we work. Who should we be educating? How about church groups, civic clubs and associations, pediatricians, law enforcement, child care providers, teachers and other school personnel, foster parents—the list could go on and on.

What do we educate them about? Well there is reporting information (laws, definitions of abuse/neglect, the difference between the two tracks...) family-



MRS is about greater transparency. It's about helping families and our other partners understand and get involved with what's happening in child welfare.

MRS Meetings

MRS and System of Care meetings take place three times monthly via conference call. Dates and call-in information are listed below.

July 21, 27, & 28

Call times: 10-11:30 a.m.
Call-in number:
(218) 936-4141
Access code: 956303

MRS Questions?

If you have questions regarding the implementation of any aspect of MRS, please contact Holly McNeill 828/757-5672 holly.mcneill@dhhs.nc.gov

Training Dates

Step-by-Step: An Introduction to Child and Family Teams

July 28-29
Marion

August 8-9
Kannapolis

August 17-18
Spindale

August 30-31
Rocky Mount

September 7-8
Boone

To learn about these courses or to register, go to <http://www.ncswLearn.org>

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Comments?

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Online

www.ncdhhs.gov/dss/mrs

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centered practice, how a family might move through the child welfare system, what families in your community might need help with and how partners can help, child development, and much, much more.

What's that you're saying? This is a lot of work, and you are already overworked? Tap into your natural resources! Talk with staff and find out who attends which church, or belongs to community groups, or knows someone at one of the agencies you would like to talk with. Most people are happy to share information if they have a connection to the group they will be speaking with. Don't forget to share the joy: spreading these kinds of duties around is a great way to give staff valuable experience in working with community partners.

Prevent Child Abuse North Carolina is another resource to tap into when educating the community. PCANC gets financial support from the Division for many of its "Recognizing and Reporting" educational activities. To learn more about this resource, go to <http://tinyurl.com/3je8n6g>.

CPS Intake

CPS intake can be an educational tool. When a reporter calls there are often opportunities to provide information about what the law allows us to do, as well as how reporters themselves might be part of the solution. To use intake effectively as an educational tool you must coach intake staff and encourage them to explore concerns and ask questions such as "What are the family's strengths?" and "What could you do in this situation?"

SDM and CFTs

Structured Decision Making (SDM) tools provide us one of the best opportunities we have for pulling back that curtain throughout the life of the case. Sharing the tools we use with families and other partners lets them know what areas we are looking at and helps us educate them about how risk and safety are affected by different behaviors.

Many social workers have pointed out that the SDM tools are not written in a "family friendly" manner, and I agree. However, this should not keep us from talking through what the forms are looking for and what the different elements mean to the family. Over and over again I hear stories about how pulling back this particular curtain has provided information that turned out to be key to achieving the goals of the family. Discussing SDM tools in Child and Family Teams meetings (CFTs) allows us to provide transparency for partners outside of the family, too.

Have you come up with other ideas since you started reading? I hope you'll share them with co-workers and with me; I am always looking to learn about new ideas being used out there. As you travel down the "yellow brick road" to safety and permanence, I hope you will give some of these ideas a try, and look for even more opportunities to pull back the curtain.

Involving families and sharing power with them is a sure way to let your inner "wizard" shine through!

From the Field: Talking with Families about Structured Decision Making Assessments

Reprinted with permission from SDM News, issue 21 (<http://tinyurl.com/43yg76y>)

Would families on your caseload know their current risk level, safety status, or priority needs? If not, there is a good chance that you are filling out structured decision making (SDM) forms without truly using SDM assessments to guide practice. SDM assessments and the decisions they guide should be completely transparent to families.

Many workers are taking hard copies of SDM assessments into the field and going over them with families. This can be a valuable clinical practice when done in a family engagement framework. Here are some ideas for talking to families about SDM assessments.

- Create some rapport before pulling out the form.
- Explain the purpose of each assessment. For example, explain that the risk assessment is a way to help figure out whether the family has a lower or higher chance of experiencing a future report to child protection.
- Explain how you will integrate the family's perspective. For example, you will interview family members, and will answer the items in a way that best captures what the family tells you, along with your observations and review of records.
- Explain how you will use results. For example, explain that the risk assessment results will help guide your decision about whether to recommend ongoing services.
- Use good interviewing skills in shaping questions, beginning with the most open-ended questions and using follow-up questions as needed to be sure you have enough information to determine whether definitions are met. (Do NOT use the SDM form as an interview guide.)

An SDM assessment can be as "strengths-based" as you make it. For example, upon completing a risk assessment that results in low or moderate risk classification, you can use that information to reinforce the efforts the family has made to keep their risk lower. *continued page 4*

"Pulling Back the Curtain" on the Use of Safety Resources

The NC Division of Social Services often receives calls from families who are upset because they feel their children were taken by a county DSS without any court involvement. Talking with many of these callers, it is clear that the county DSS has placed the child with a safety resource based on the information found during the Safety Assessment. Explaining the use of safety resources usually answers most of these callers' questions.

To help "pull the curtain back" a little further and spare families unnecessary confusion, county CPS staff should take pains to thoroughly explain placement with safety resources to families. Transparency about how and why we make decisions can have a huge impact on family engagement!

Training Dates

Placement in Child Welfare Services

September 27-30
Greensboro

October 4-7
Kenansville

November 7-10
Charlotte

Understanding and Intervening in Child Neglect

September 6-20
Online

November 1-15
Online

Participants have two weeks to complete a self-paced online session (approximately 6–8 hrs.) after which they take a knowledge assessment and receive a certificate of completion. 12 credit hours

Widening The Circle: Child and Family Teams and Safety Considerations

September 8-9
Elizabethtown

To learn about these courses or to register, go to <http://www.ncswLearn.org>

Training Dates

Methamphetamine: What a Social Worker Needs to know

This self-paced online course is always available. To take it, simply log on to <http://www.ncswLearn.org> and access this course via the Personalized Learning Portfolio (PLP) / Online Courses section of the website.

LINKS 101

October 18-20

Burlington

Medical Aspects of Child Abuse and Neglect for Non-Medical Professionals

September 13-14

Smithfield

October 11-12

Winston-Salem

November 3-4

Asheville

November 16-17

Charlotte

Fostering and Adopting the Child Who Has Been Sexually Abused (CSA/ MAPP)

Aug. 30-Sept. 2

Greensboro

October 4-7

Candler

To learn about these courses or to register, go to <http://www.ncswLearn.org>

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If instead they are high or very high risk, it is important to help them understand that this may simply mean that they are experiencing more than the average stressors, not necessarily through any fault of their own. Few families abuse or neglect their children because they choose to. For most, abuse or neglect happens when the stressors overwhelm the family's good intentions. The good news about learning that risk is high is that something can be done to prevent future abuse or neglect.

Knowing your risk is the first step in being able to do something about it. Use a higher risk classification to tap into the family's desire to keep their children safe by offering interventions to help the family reach their goal. High risk does not need to be a disparaging statement; it can become an empowering piece of information. Think of someone you know, perhaps yourself, who learned he or she was at high risk for something like heart disease or cancer, and initiated positive life changes as a result of learning about that risk.

As a good clinical practitioner, you will identify some situations where bringing out a hard copy of an SDM assessment isn't indicated. Some first-time visits are too chaotic, or the family too angry. In most other settings, however, it will often serve you and the family well. It can reassure the family that you are not making capricious decisions. It is transparent. It can create an opportunity to help the family begin to learn about the differences between safety, risk, and needs. It can help everyone stay focused on priority needs.

Raelene Freitag, Director of National Council on Crime and Delinquency's Children Research Center



Helping At-Risk Families Avoid Out-of-Home Placements

Reprinted from *CB Express*, June 2011, <<http://cbexpress.acf.hhs.gov>>

Hard Times Made Harder: Struggling Caregivers and Child Neglect, a new study from the Carsey Institute, examines the relationship between child neglect, poverty, and out-of-home placement of children. Using data from the National Survey of Child and Adolescent Well-Being (NSCAW), researcher Wendy Walsh determined that neglected children from poor families were more likely to be placed in out-of-home care than neglected children from non-poor families, and children whose caregivers struggled with substance abuse or mental health problems were more likely to be placed in out-of-home care than families without such struggles, even after controlling for other risk factors.

The author goes on to suggest that a differential response option by the child protective services agency may provide more meaningful supports for these struggling families and could reduce out-of-home placements and result in better outcomes. She cites Ohio's Alternative Response Pilot Project as one successful example of addressing comprehensive family needs, many of which result from poverty. The Ohio study results indicated that providing poverty-related services (such as food, clothing, rent, help with obtaining appliances, transportation, and other financial help) and connecting families to counseling and mental health services reduced subsequent reporting of families for child abuse and neglect. Removals and out-of-home placements of children also declined.

The Carsey Institute is affiliated with the University of New Hampshire. The report is available on the institute's website: www.carseyinstitute.unh.edu/publications/IB-Walsh-Neglect-Final.pdf.