NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Social Services

North Carolina Department of Health and Human Services
Intake in Child Welfare Track Training

Participant's Workbook
Day Two

March 2026

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This curriculum was developed by the North Carolina Department of Health and Human Services, Division of Social Services and revised by Public Knowledge® in 2024 and 2026.

Table of Contents

Instructions

This course was designed to guide child welfare professionals through the knowledge, skills, and behaviors needed to engage with families in need of child protection services. The workbook is structured to help you engage in the lesson through reflection and analysis throughout each week of training. Have this workbook readily available as you go through each session to create a long-lasting resource you can reference later.

If you are using this workbook electronically, each workbook page includes text boxes for you to add notes and reflections. Due to formatting, if you are typing in these boxes, blank lines will be "pushed" forward onto the next page. To correct this, when you are done typing in the text box, you may use the delete key to remove extra lines.

Course Themes

The central themes of the Intake in Child Welfare Track Training are divided across several course topics.

- Purpose and Legal Basis
- North Carolina Practice Model
    - Core Values
    - Essential Functions
- Overview of Intake
- Roles and Responsibilities in Intake
- Legal Definitions and Maltreatment Allegations
- Disproportionality in Child Welfare Services
- Intake Skills
    - Engaging Reporters
    - Gathering Information and Interviewing Skills
    - Collecting Narrative Information
    - Support Networks
    - Documentation
- Provisional Harm and Worry Statements
- SDM® Screening and Response Tool
- Overview of CPS Intake Process
- Intake Skills Learning Lab
- Intake Process
    - Selecting Maltreatment Allegations
    - Response Time and Track Assignments
    - Two-Level Review, Assignments, and Notifications
- Intake Process Learning Lab
- Special Policy Circumstances
- Ambivalence
- Intake Learning Lab
- Worker Safety and Well-being

Training Overview

Training begins at 9:00 a.m. and ends at 4:00 p.m. If a holiday falls on the Monday of training, the training will begin on Tuesday at 9:00 a.m. This schedule is subject to change if a holiday falls during the training week or other circumstances occur. The time for ending training on Fridays may vary and trainees need to be prepared to stay the entire day.

Attendance is mandatory. If there is an emergency, the trainee must contact the classroom trainer and their supervisor as soon as they realize they will not be able to attend training or if they will be late to training. If a trainee must miss training time in the classroom, it is the trainee's responsibility to develop a plan to make up missed material.

Pre-Work Online e-Learning Modules

There is required pre-work for the Intake in Child Welfare Track Training in the form of online e-Learning modules. Completion of the e-Learning is required prior to attendance at the classroom-based training. The following are the online e-Learning modules:

1. North Carolina Worker Practice Standards
2. Safety Organized Practice
3. Understanding and Assessing Safety and Risk
4. Understanding and Screening for Trauma

Transfer of Learning

Transfer of learning means that learners apply the knowledge and skills they gained during training to their daily child welfare work at their DSS agencies. During the track training, learners will complete a transfer of learning tool at various points:

- Pre-training
- During training
- Post-training

The transfer-of-learning tool will enable learners to create a specific action plan to implement the training content on the job. A key component of successful child welfare practice is the involvement of supervisors in reinforcing new knowledge and skills. Supervisors will assist new workers in completing and reviewing their transfer of learning tool and will support them in applying what they have learned in training to their child welfare roles and responsibilities through action planning. Completion of the transfer of learning tool is required to complete the training course.

Training Evaluations

At the conclusion of each training, learners will complete a training evaluation tool to measure satisfaction with training content and methods. The training evaluation tool is required to complete the training course. Training evaluations will be analyzed to determine the need for revisions to the training curriculum.

All matters as stated above are subject to change due to unforeseen circumstances, and with approval.

Day Two Agenda

Intake in Child Welfare Track Training

Welcome, Team Agreements, and Agenda

Essential Functions

Essential Function: Communicating

Disproportionality in Child Welfare

Institutional Racism and Disproportionality in Child Welfare

Intake Skills

Overview of Intake Skills

Essential Function: Engaging

BREAK

Engaging Reporters

Essential Function: Assessing

Gathering Information and Interviewing Skills

LUNCH

Gathering Information and Interviewing Skills, continued

Provisional Harm and Worry Statements

BREAK

SDM® Screening and Response

SDM® Screening and Response Tool

Overview of the Intake Process

Self-Reflection Training Wrap-Up

Self-Reflection Activity

Learning Objectives

Day Two

Disproportionality in Child Welfare Services
• Explain the history of institutional racism in child welfare and its impact on disproportionality in child welfare Intake screening specifically.
• Discuss the impact of institutional racism in child welfare on safety, well-being, and permanency outcomes for children and families.
• Describe how marginalized children and families have been historically overrepresented in child welfare.
• Identify institutional racism in assessment and decision-making processes.
• Demonstrate methods of self-reflection and self-exploration to uncover biases that may influence work with children and families.
• Describe how biases may impact Intake screening decisions.
• Demonstrate an understanding of cultural humility as a lifelong process of self-awareness and learning from other cultures.
Intake Skills
• Describe the stages of a discussion with a reporter
Engaging Reporters
• Engage reporters to gather information about family strengths.
Gathering Information and Interviewing Skills
• Identify appropriate threshold-based follow-up questions based on preliminary information in scenarios.
• Develop solution-focused questions to obtain detailed information from reporters.
• Describe how to use the desk guide while receiving reports.
• Formulate open-ended questions to engage reporters.
Provisional Harm and Worry Statements
• Describe the benefit of developing provisional harm and worry statements during the Intake stage.

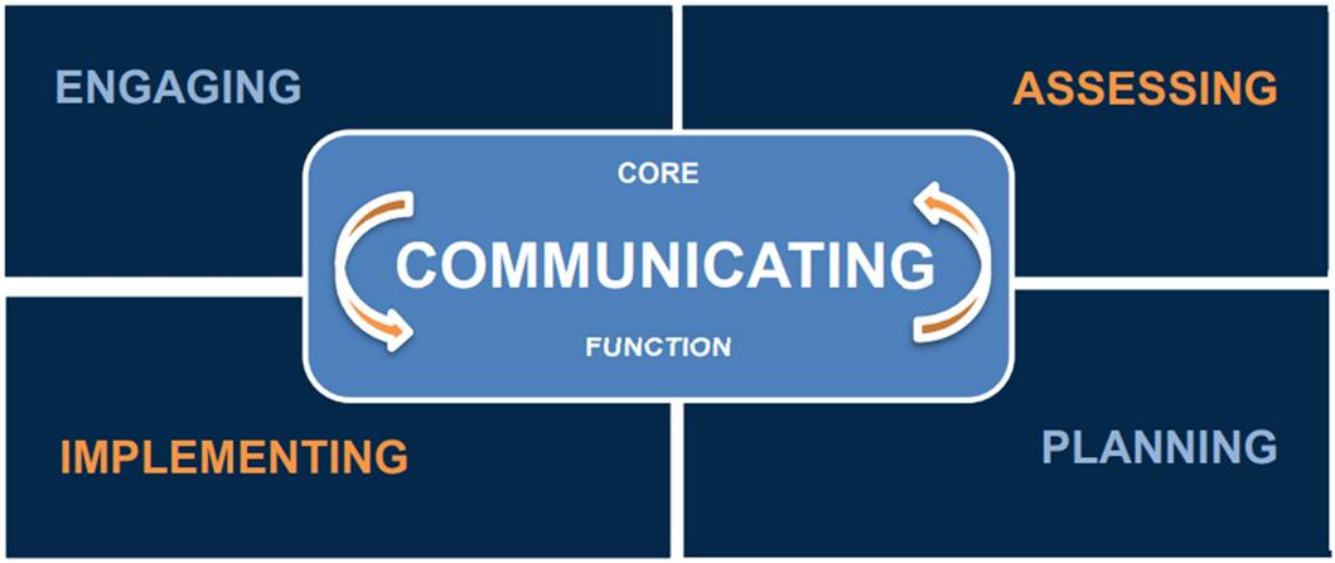
• Formulate harm and worry statements based on scenario information.
SDM® Screening and Response
• Understand how the SDM® Screening and Response tool guides assessment track and response time determinations.
• Explain how to use policy to determine response time and assessment track.
• Explain how DSS policy is applied to the decision-making process in the SDM® Screening and Response tool
• Document Intake reports using behaviorally specific language in the narrative portion of the SDM® Screening and Response tool.

Intake in Child Welfare Track Training Day 2

Welcome, Team Agreements, and Agenda

North Carolina Essential Functions

Learning Review: North Carolina Child Welfare Essential Functions



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Essential Function: Communicating

Communicating Core Activities

Communicating is defined as “timely and consistent sharing of spoken and written information so that meaning and intent are understood in the same way by all parties involved.” Open and honest communication underpins the successful performance of all essential functions in child welfare.

Throughout this training, we will explore our own knowledge and skills related to the North Carolina Practice Model, especially the core functions and the practice standards that comprise them. Understanding the Practice Model is one thing; putting it into action is another. We will begin with the foundational core function of communicating.

The function of communicating can be broken down into three core activities. Each core activity can be further broken down into seven practice standards. We can assess our ability to put the standards into practice by evaluating the key strategies we use with children, families, and their support systems.

Activity: Essential Function Communicating Self-Assessment

The purpose of this activity is to build on your knowledge of the core activities of communicating and assess how you use the communicating core activities in your practice.

What to do:

- Complete the Handout: Communicating Self-Assessment
- Answer the debrief questions below the assessment form

North Carolina Worker Assessment: Communicating

Introduction

Communicating is defined as timely and consistent sharing of spoken and written information so that meaning, and intent are understood in the same way by all parties involved. Open and honest communication underpins successful performance of all essential functions in child welfare.

There are four Communicating core activities: (1) use clear language and checking to assure two-way understanding, (2) using respectful, non-judgmental, and empowering language, (3) operating with transparency, and (4) respecting confidentiality and privacy.

Table 1. Core Activity: Using clear language and checking to assure two-way understanding

Practice Standard 1: Ensure clarity when communicating				
	A	S	N	Notes
I use clear, specific, understandable oral and written communication	(1)	(2)	(3)	
I share important information with families verbally and in writing	(1)	(2)	(3)	
Practice Standard 2: Adapt communication to family needs and preferences, and provide consistent information to all family members who need it				
	A	S	N	Notes
I consider language barriers, preferences, literacy, and tailor communication	(1)	(2)	(3)	
I use preferred gender pronouns	(1)	(2)	(3)	
I attend to the child and family's language and use their words	(1)	(2)	(3)	
I ask families for their communication preferences	(1)	(2)	(3)	
I share appropriate information, provide consistent information	(1)	(2)	(3)	
Practice Standard 3: Allow time to enhance two-way communication with families through questions and checks for understanding				
	A	S	N	Notes

I seek to allow enough time for two-way communication	(1)	(2)	(3)
I inform families of time limits, fully present, schedule follow-up meeting	(1)	(2)	(3)
I actively listen to families, reflect back	(1)	(2)	(3)
I ask questions for deeper understanding	(1)	(2)	(3)
I encourage and respond to questions from families, confirm understanding	(1)	(2)	(3)

Table 2. Using respectful, non-judgmental, and empowering language

Practice Standard 4: Speak with youth and families in a non-judgement, respectful manner				
	A	S	N	Notes
I convey interest and respect through body language	(1)	(2)	(3)	
I use consistently objective, strengths-based language	(1)	(2)	(3)	
I regularly seek out families' feelings, validate them	(1)	(2)	(3)	

Table 3. Operating with transparency and honesty

Practice Standard 5: Clearly and openly express to youth and families what is expected from them and what they can expect from child welfare				
	A	S	N	Notes
I explain the role of child welfare, what to expect, decision points, timeframes	(1)	(2)	(3)	
I fully inform families of options and opportunities, seek options from families	(1)	(2)	(3)	

I follow through with commitments, explain changing circumstances	(1)	(2)	(3)	
I set timeframes for responses to questions, follow through	(1)	(2)	(3)	
I answer questions honestly	(1)	(2)	(3)	
Practice Standard 6: Always tell the truth, including during difficult conversations, in a manner that promotes dialogue				
	A	S	N	Notes
I acknowledge mistakes and misunderstandings	(1)	(2)	(3)	
I acknowledge when information is not known, cannot be shared	(1)	(2)	(3)	
I consistently model transparency and honesty	(1)	(2)	(3)	
I share important information without threatening or attacking, promotes dialogue	(1)	(2)	(3)	

Table 4. Core Activity: Respecting confidentiality and privacy

Practice Standard 7: Diligently respect confidentiality while sharing information when necessary and appropriate				
	A	S	N	Notes
I clarify and follow legal expectations for confidentiality, explain what can be shared	(1)	(2)	(3)	
I follow-up with my supervisor on what can be shared	(1)	(2)	(3)	
I take the release of information process seriously	(1)	(2)	(3)	
I ensure families know their right to revoke release of information	(1)	(2)	(3)	
I anticipate and minimize breaches of confidentiality	(1)	(2)	(3)	
I understand that families perceive confidentiality as isolating, discuss confidentiality, obtain releases	(1)	(2)	(3)	

How was the experience?

What did you learn about yourself?

Disproportionality in Child Welfare Services

Institutional Racism and Disproportionality in Child Welfare Systems in the United States

Institutional Racism in Child Welfare Systems

Video: The Racist Roots of the Child Welfare System

Watch The Racist Roots of the Child Welfare System video at https://www.youtube.com/watch?v=UsJCFWi_IbE and respond to the questions below.

What are your reflections, thoughts, and feelings after watching this video?

How does this history impact the work you are doing today?

How does institutional racism show up in your cases or in your regions today?

Disproportionality in Child Welfare

Referral and Investigation

- Black families are overreported for suspected maltreatment

Substantiation

- Caseworkers are more likely to substantiate and remove in cases involving neglect that disproportionately involve Black families

Removal and Foster Care

- Black and Latino children are more likely to be removed and placed in foster care and less likely to receive treatment services

The impact of disproportionality is profound on children and families involved. Disproportionality is a red flag, an indication that something is unfair within a system.

A family's initial contact with the child welfare system begins when they are referred to CPS for suspected abuse, neglect, or dependency. As we discussed earlier, mandatory reporting requirements influence who contacts DSS to report alleged maltreatment and which types of concerns are reported. Reporters are not responsible for distinguishing abuse and neglect; that is DSS's role. Reporters are obligated to report their concerns.

While the disproportionality in reporting of Black, Native American, and families of color is a contributing factor in disparate outcomes for children and families, the receiving and screening process is also a critical factor contributing to disproportionality. Not only are families disproportionally reported, but they are also disproportionally assigned for assessment.

Human decision-making, by both reporters and intake staff, plays a role in perpetuating disparate outcomes for families of minority racial and ethic backgrounds who encounter the child welfare system. From the language we use to receive and write up reports to the implicit priority we may grant professional reporters over non-professionals, there is much room for bias in our screening process. While much of the intake process is guided by structured decision-making tools, there is subjectivity in how the tools are used.

Our job as Intake caseworkers is to engage in a process of exploration, as the ways we operate may be contributing to disproportionality in screening reports for assessment for children and families of color.

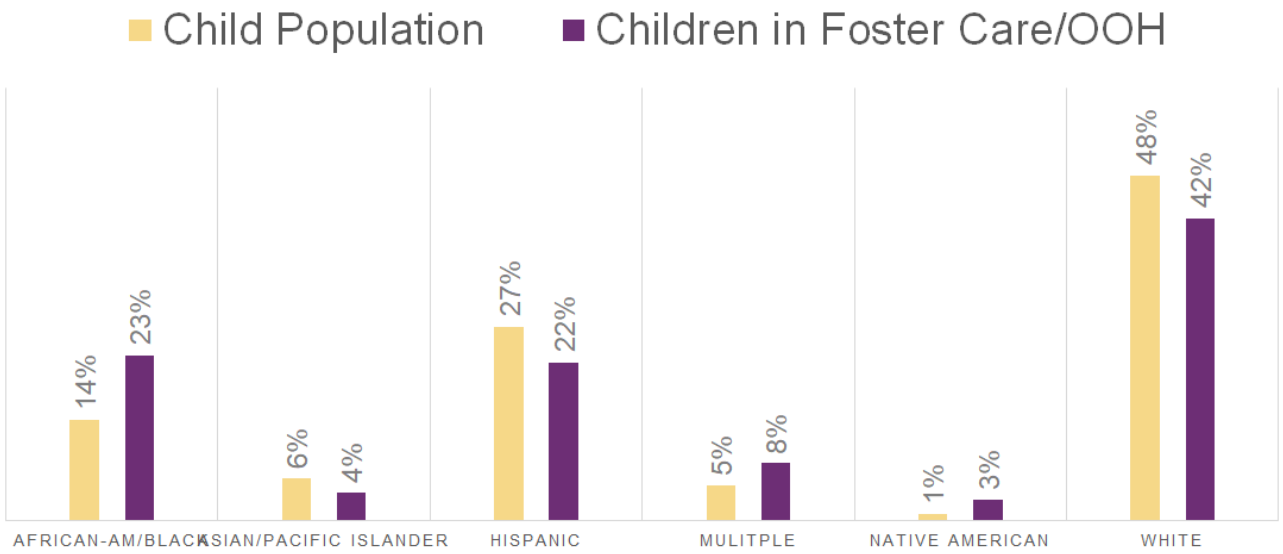
As a child welfare caseworker, what's important about recognizing disproportionality in our workplace

What happens when we do not recognize children and families' uniqueness or how individual and family differences affect their lives?

What are some of the reasons that a disproportionate number of reports are made on Black and Indigenous families of color?

What does this mean about our screening process?

Impacts of Disproportionality Rates on Child and Family Outcomes



The Annie E Casey Foundation. (2024). Children in foster care by race and Hispanic origin in the United States, Kids Count 2023.

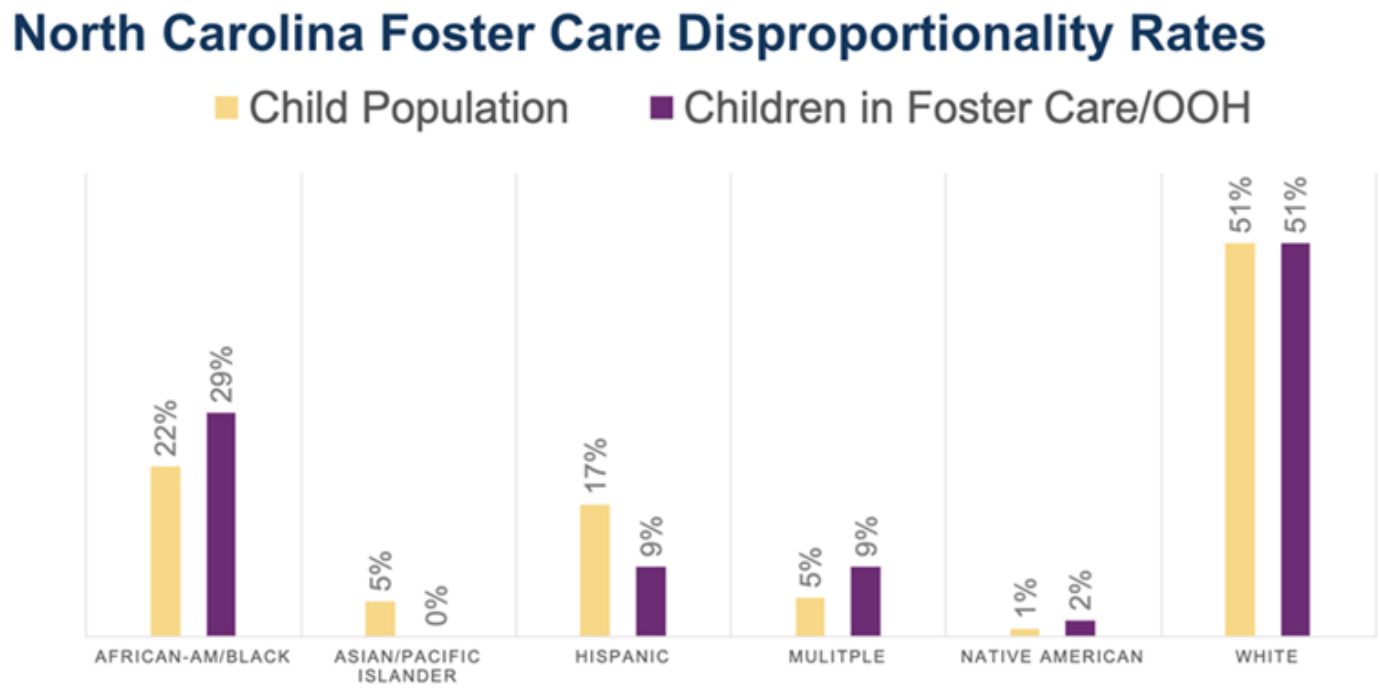
The Annie E Casey Foundation. (2024). Child population by race and ethnicity in the United States, Kids Count 2023.

The child welfare workforce should reflect the demographics of the communities it serves. Child welfare clients, the children and families in our communities, come from all walks of life, with many ethnicities, backgrounds, and parenting and family styles. Child maltreatment occurs in every society, and in the United States, almost all minority populations are over-represented in the number of concerns called into child welfare services and in having their allegations confirmed for child abuse and neglect.

The graphs show the number of children in out-of-home placement by race, compared with the population by race. Compare the data on this slide with the data found on the Handout: Disproportionality in Foster Care in North Carolina. The graph above (and on the slide) shows data for the United States, while the handout below shows data for North Carolina.

What stood out to you from pre-service training that you recall now?

Handout: Disproportionality in Foster Care in North Carolina



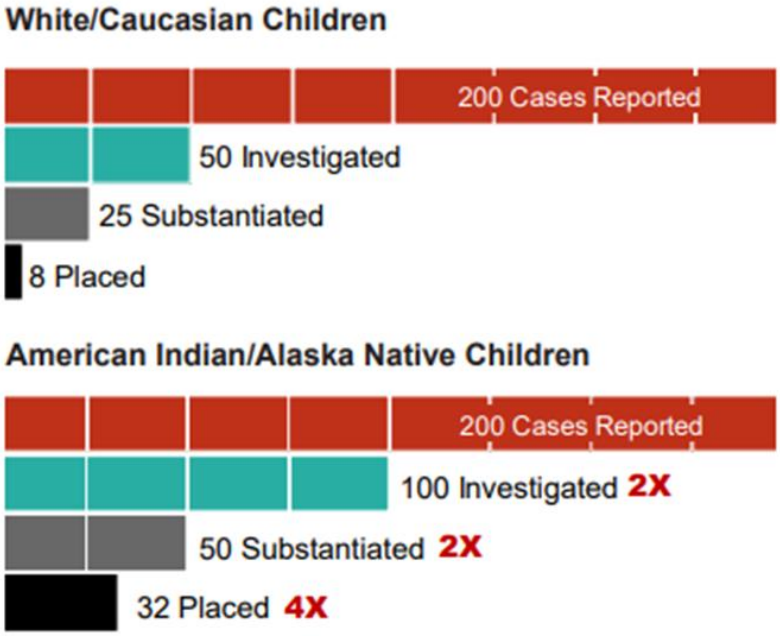
Annie E. Casey Foundation, *Kids Count*, 2023.

What difference does it make when we recognize disproportionality in our communities?

How have you been able to implement a practice or seen other caseworkers implement practices that address disproportionality or biases since Pre-Service?

CPS Assessment and Substantiation Disproportionality

Disproportionate Foster Care of AI/AN Children: 15 States with the Highest Rates[3]			
State	Disproportionality Rate (2019)	% of children who are AI/AN	% of children in foster care who are AI/AN
Minnesota	14.99	1.7%	25.8%
Wisconsin	5.87	1.3%	7.7%
North Dakota	5.16	8.5%	43.7%
South Dakota	4.52	13.7%	62.1%
Nebraska	4.16	1.3%	5.3%
Iowa	4.14	0.4%	1.8%
Montana	3.45	10.6%	36.7%
Washington	3.16	1.8%	5.6%
Hawaii	3.02	0.2%	0.6%
Oregon	2.98	1.6%	4.7%
Alaska	2.65	21.6%	57.3%
Utah	2.26	1.1%	2.4%
North Carolina	1.74	1.3%	2.3%
California	1.52	0.5%	0.8%
Maine	1.41	1.1%	1.5%



For every 200 cases reported involving White children, 50 are screened in for CPS Assessment. When compared to the rates for Native American and Alaska Native children, for every 200 cases reported involving Native American children, 100 are screened in for CPS Assessment, twice the number of White cases.

A Native American child is twice as likely to be investigated if someone calls in concerns about them to CPS Intake. Of the 50 white children who are investigated, half of those children will be substantiated, and eight of them will be placed into out-of-home care. Compare that to the 100 American Indian/Alaska Native children investigated: the same 50% of children are found to have substantiation, and yet 32 out of 50 children are placed into out-of-home care.

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Impacts of Disproportionality Rates on Child and Family Outcomes

Video: Implicit Bias in Child Protection

Watch the Implicit Bias in Child Protection video at https://youtu.be/PsWkqtO4HLY.

Video Debrief Activity: Implicit Bias in Child Protection

The purpose of this activity is to process the information received in the video regarding the impact of implicit bias on child protection.

What to do:

- After watching the video, find a partner and discuss the questions below.

What do you think contributes to or causes disproportionate Child Welfare involvement for some children and not others?

What role do you play in disproportionality rates in North Carolina CPS?

How will you develop self-awareness of your own implicit biases?

What are your reflections on this information?

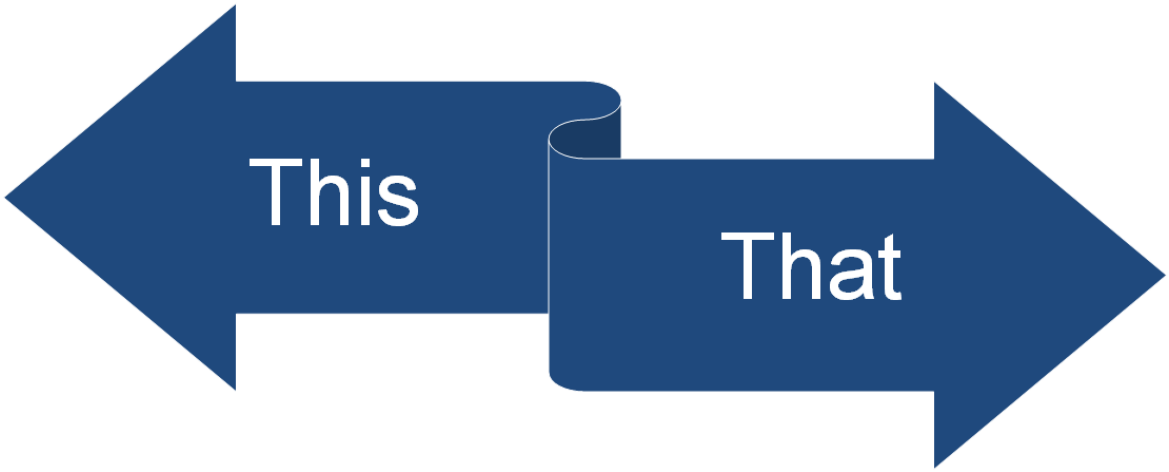
What have you learned since preservice that supports your ability to disrupt institutional racism and implicit bias?

Give an example of a time when you were able to disrupt institutional racism and/or implicit bias and support family-centered practice.

Intake Skills

Overview of Intake Skills

This or That?

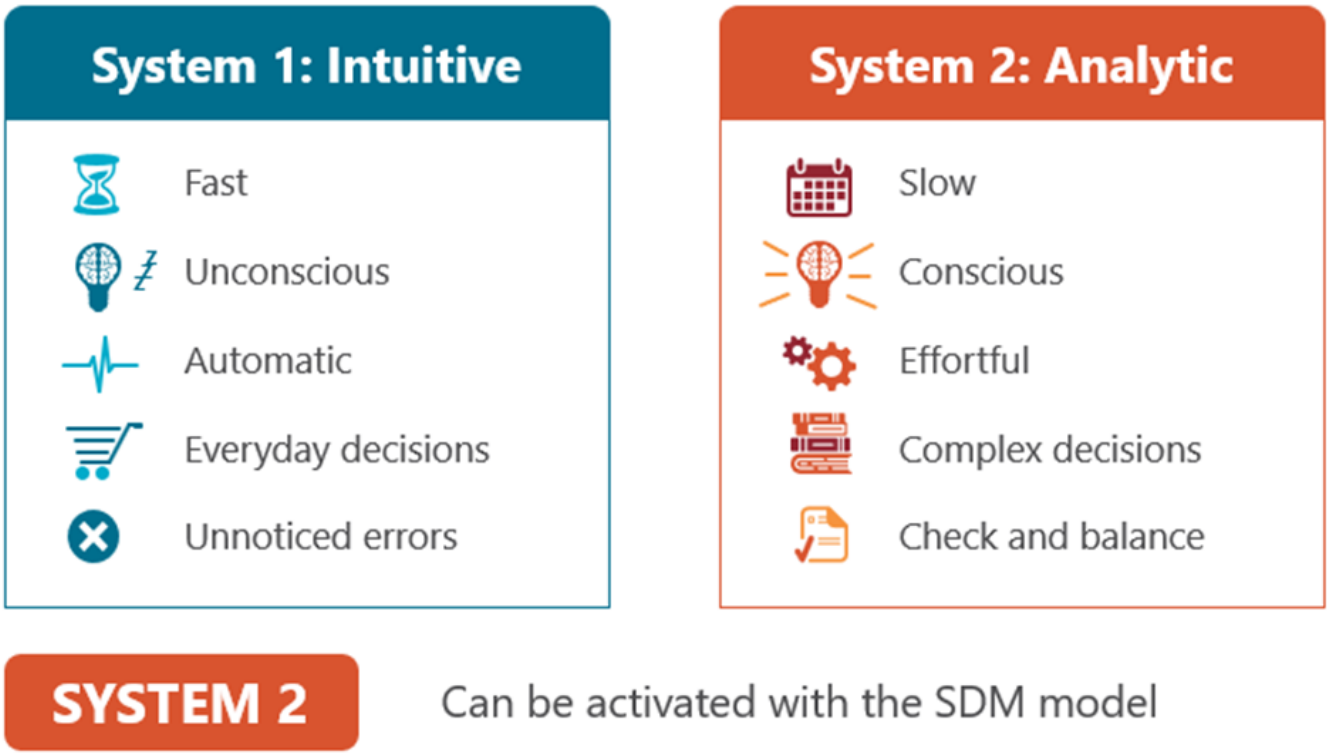


Intake requires the collection of comprehensive and accurate information to support informed screening, safety, and service decisions. Effective Intake interviews rely on intentional strategies that promote engagement. Strategies for approaching interviews include:

- Gut instinct is not enough
- Thorough documentation (PATH NC)

Use this space to record notes about the activity.

The Two-System Model of Thinking



Handout:Two-System Model of Thinking

Extensive research over the past 40 years, especially in the past 10 years or so, has explored how our brains take in and make sense of information, then make decisions based on it. One of the most prominent researchers in this area is psychologist Daniel Kahneman. While Kahneman has written extensively in academic, peer-reviewed literature, his book Thinking, Fast and Slow, written at the end of his career, is an accessible summation of his life's work and helped him win a Nobel Prize.

The Two Systems of Thinking come from Daniel Kahneman's book "Thinking, Fast and Slow." Kahneman theorized that our brains process information in two ways: System 1, or "fast" thinking, and System 2, or "slow" thinking.

- System 1 thinking is a more intuitive process, occurring in the blink of an eye, and it makes rapid use of all the human nervous system's resources to make quick, effortless, and automatic decisions needed for survival. System 1 thinking, however, is prone to error. Importantly, even when errors are made, System 1 does not notice when it is wrong.
- System 2 thinking is more of an analytic process. This is a slower process in which more complex decisions and problem-solving occur. It requires a more deliberate, conscious process and takes longer.

Child Welfare casework requires both systems. SDM tools support the activation of System 2 for decision-making. When we think about the high stakes of fast-paced child protection investigation work, we can all recognize how System 1 thinking serves us pretty well in conducting assessments and making decisions quickly. The trouble is that System 1 thinking—our intuitive process—does not notice when it is wrong! Structured assessment instruments allow us to combine these two types of thinking to assess the benefits of both.

What system of thinking are you most comfortable using?

Which system do you feel is important to make sense of all the information you have learned, and which information is needed for the decision at hand?

How does it feel to know you have SDM and SOP to support you in your assessing and decision-making process?

Balanced and Rigorous Approach

- *What are we worried about?*
- *What is working well?*
- *What needs to happen next?*

EVIDENT CHANGE

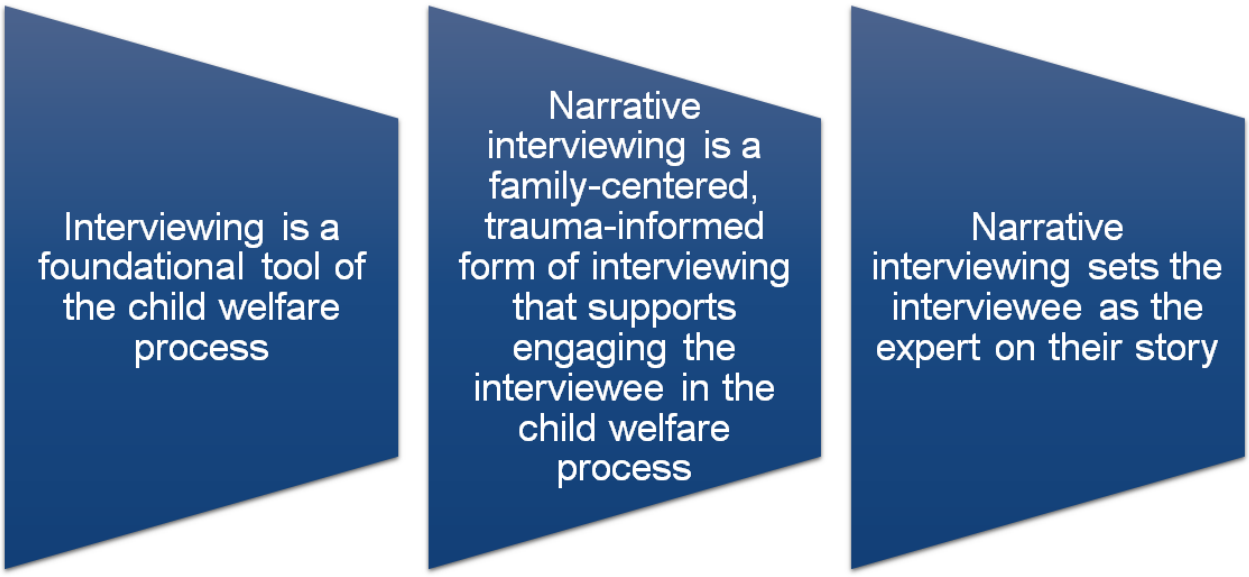
All families have strengths. Families are complex and nuanced. When we seek information to inform our screening and response that focuses only on our concerns, we end up with a limited picture of what is happening within the family's dynamic and leave ourselves without the information needed to support safety-focused, family-centered, and trauma-informed decision-making. Offering a balanced, rigorous approach supports families and aligns with our core values.The Three Questions are a foundation for Safety Organized Practice:

What are we worried about?

What is working well?

What needs to happen next?

Interviewing as a Tool



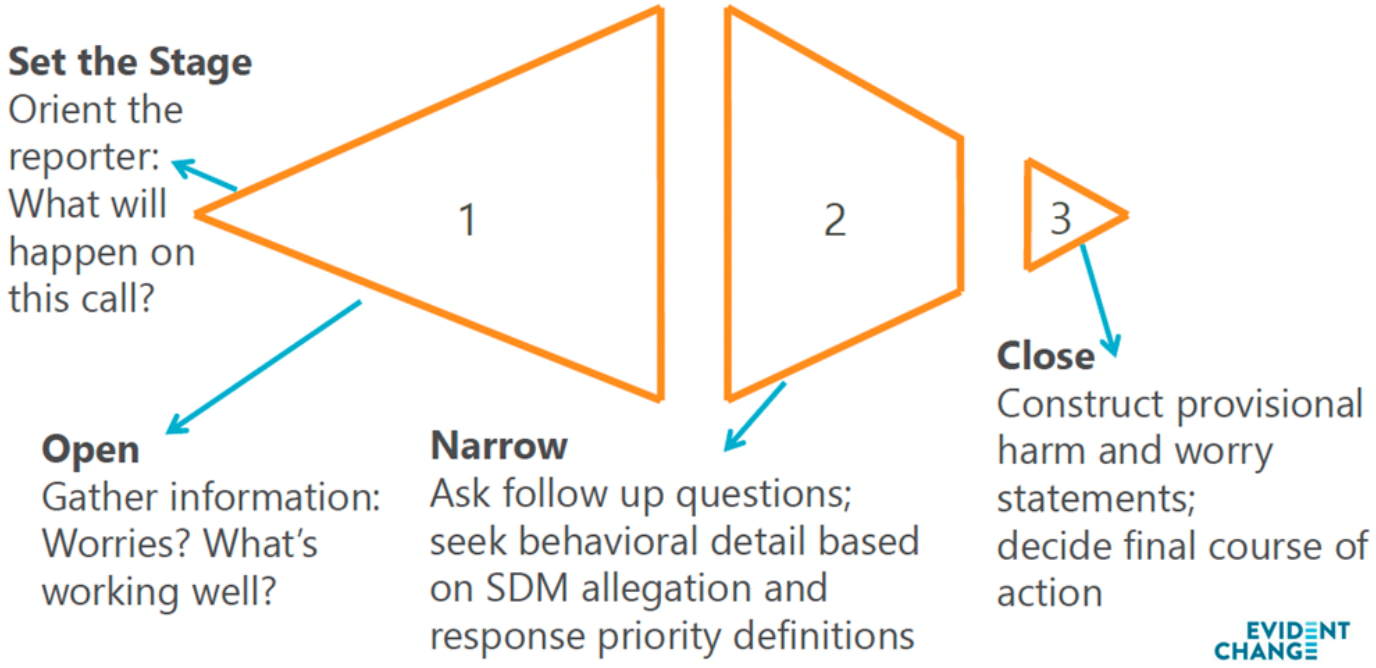
Interviewing is a foundational tool of the child welfare process that serves all aspects of the North Carolina Practice Model essential functions: communicating, engaging, assessing, planning, and implementing. North Carolina employs the Narrative interviewing strategy.

Narrative interviewing is a family-centered, trauma-informed approach that supports the interviewee's engagement in the child welfare process. The approach sets the interviewee as the expert on their story.

Research supports the notion that open-ended questioning facilitates better recall, reduces suggestibility, and promotes a more accurate representation of events. Use of narrative interviewing to gather information is a helpful tool in gathering as much information as possible from the reporter for screening purposes.

How does it feel to discuss interviewing as a tool for child welfare that addresses all essential functions?

Stages of an Intake with a Reporter



The stages of discussion with a reporter include:

- "Set the Stage" – introduces the initial purpose and expectations of the interaction
- "Open" – focuses on encouraging broad, open-ended information sharing
- "Narrow" – emphasizes clarifying, probing, and gathering specific details
- "Close" – includes summarizing information, confirming understanding, and outlining next steps

Effective communication and engagement with the reporter is essential throughout all stages of the Intake discussion.

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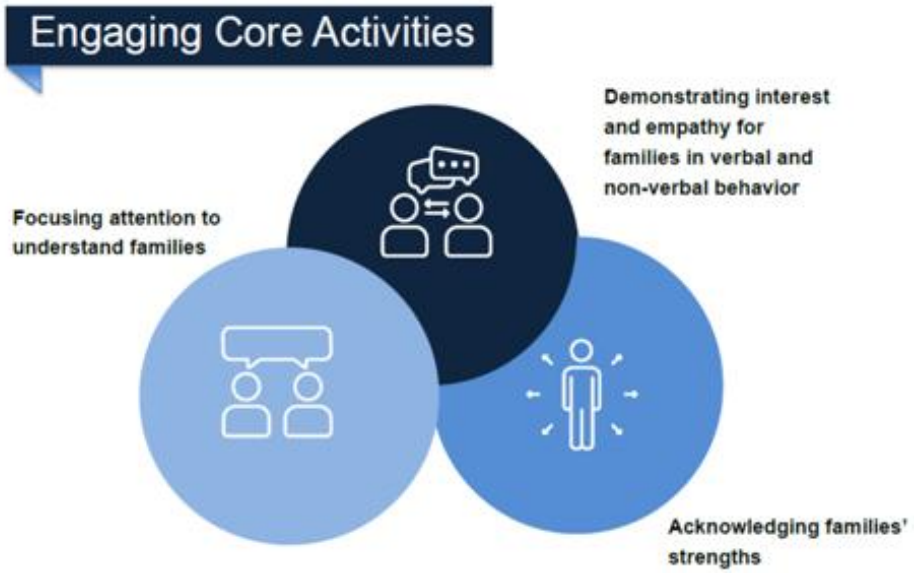
Essential Function: Engaging

Engaging Core Activities



North Carolina Practice Standards define Engaging as, "Empowering and motivating families to actively participate with child welfare by communicating openly and honestly with the family, demonstrating respect, and valuing the family's input and preferences."

Engagement begins upon the caseworker's first meeting with a family and continues throughout the family's involvement with child welfare services. Engagement can be broken down into three Core Activities:

- Focusing attention on understanding the family
- Acknowledging families' strengths
- Demonstrating interest and empathy for families

Activity: Engaging Core Activities

The purpose of this activity is to bring the practice standards to life in your day-to-day work of taking reporters' calls.

What to do:

- The training facilitator will give each group a set of card decks.
- One set of cards has the core activity and corresponding practice standard, and the other set has strategies.
- There is a number on each of the practice standard cards that corresponds to the number of strategies that fit under that standard.
- Work together with your group to pair the strategies with the practice standards.
- You have five minutes for this task.
- When time is up, check your answers against the "North Carolina Worker Practice Standards Desk Guide" found in Appendix A of this participant workbook.

Were you aware of all the strategies that you employ to engage with children and families?

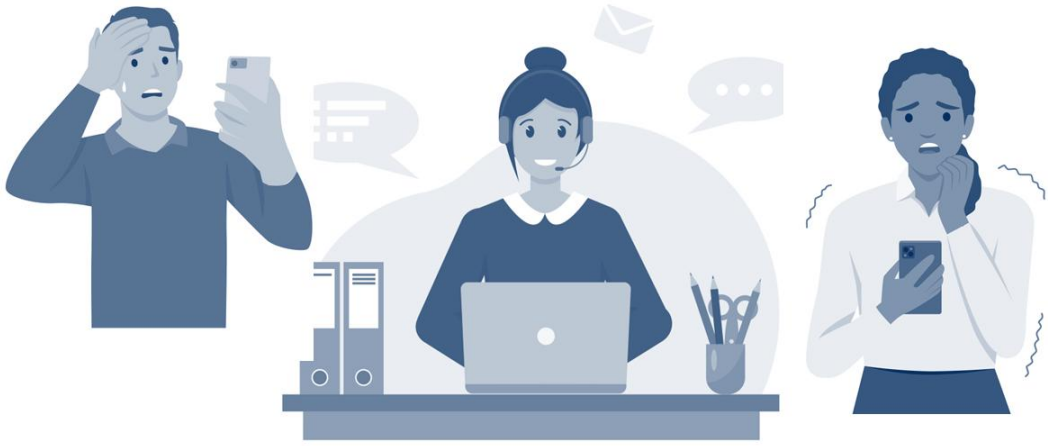
Are there activities, standards, or strategies that come more easily to you?

Are there activities, standards, or strategies that feel more challenging?

What do you need to grow your skills across all these areas?

Engaging Reporters

Mandated Reporters



Activity: Experience with Reporters

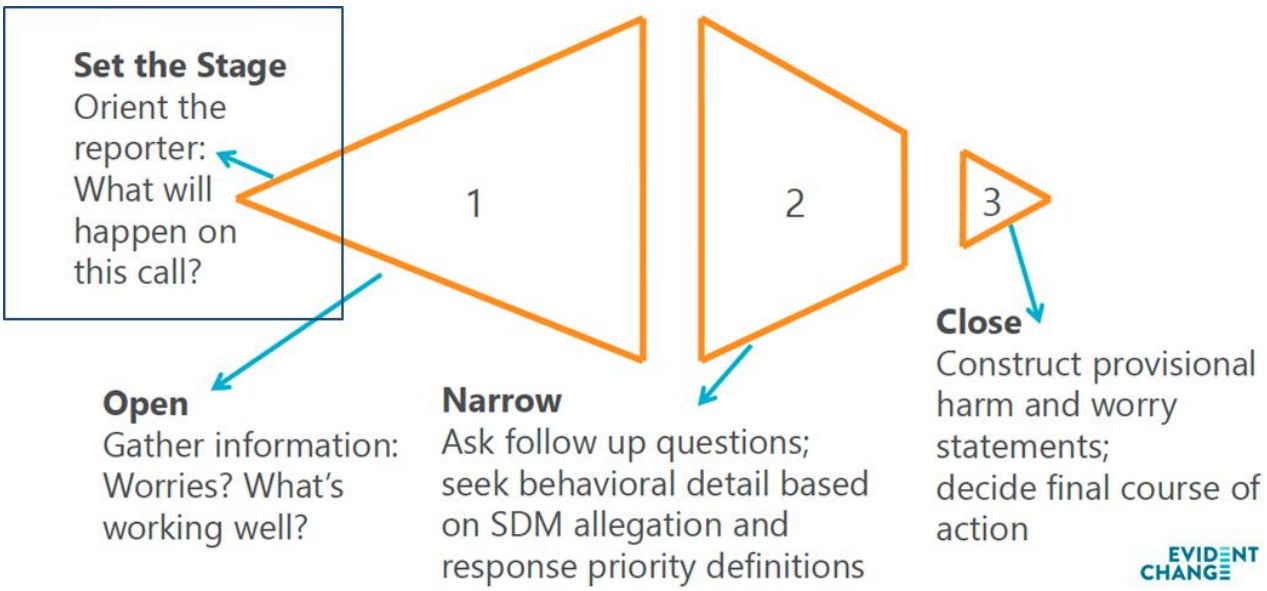
The purpose of this activity is to reflect on intake experiences and identify patterns in interactions with mandated reporters.

What to do:

- Spend three minutes creating lists using the table below:

Relationships Reporters have with the families about whom they are calling	Concerns Reporters express when calling to make a report	Dynamics that stood out to you while taking Intake reports

Setting the Stage

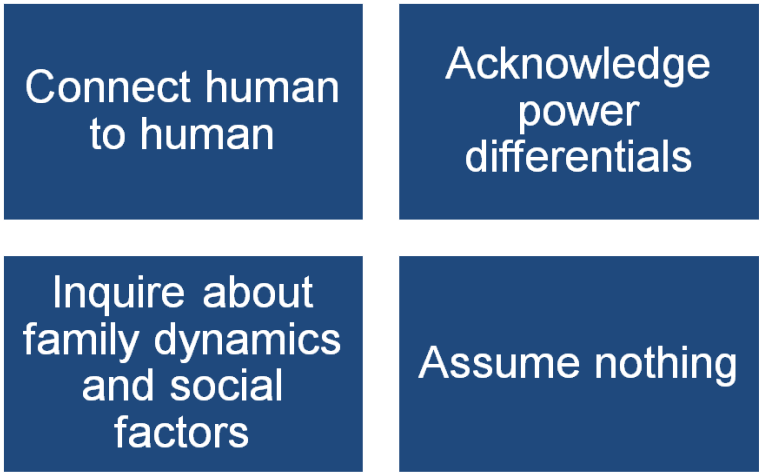


Intake caseworkers need to share information with reporters, including:

- How long the call will take (up to 45 minutes)
- An explanation of the purpose of CPS
- An affirmation of the importance of reporting
- An overview of the type of information needed and questions that will be asked
- An overview of how Intake screening decisions are made
- What the reporter can expect as follow-up after the report, including how they will be notified of the outcome
- Information regarding confidentiality of reports, including the reporter's identity

What key information should be provided to the reporter?

Strengths-Based Interviewing



It is important to connect human-to-human. Bring your humanity, meaning your desire to help, your concern, and your hopes for the family, into the conversation.

This is a relationship that requires attention to the power differential between you (a caseworker) and the reporter. Transparency about the process is one way to manage this power differential.

- Inquire about and honor the experiences and perspectives of reporters.
- Recognize that reporters have a choice about what they share with you.
- Value the information provided, listen attentively as they share their perspectives, and acknowledge both the difficulties and successes can help foster more open and thoughtful communication.
- Ask about the family's dynamics and social factors.
- Acknowledge differences and ask how you can better understand their needs.
- If they identify something you can do or should stop doing, be responsive.
- Remember, knowing about a group the family or child belongs to doesn't mean you know the family's experience.
- Tell the reporter that you may ask for help understanding beliefs or practices if you think that context would provide clarity.

Assume nothing. Old records must be reviewed, and it is crucial to avoid leaping from a red flag to a conclusion. A consequence of jumping to conclusions during the intake process is that others may make judgments or perpetuate the error, thereby impacting future outcomes.

Use this space to record notes

Beginning an Interview

Building Rapport

- Introductions
- Supporting psychological safety
- Assessing capacity and motivation

Interview Agreements

- Explaining the purpose of the interview
- Providing full disclosure
- Establishing expectations

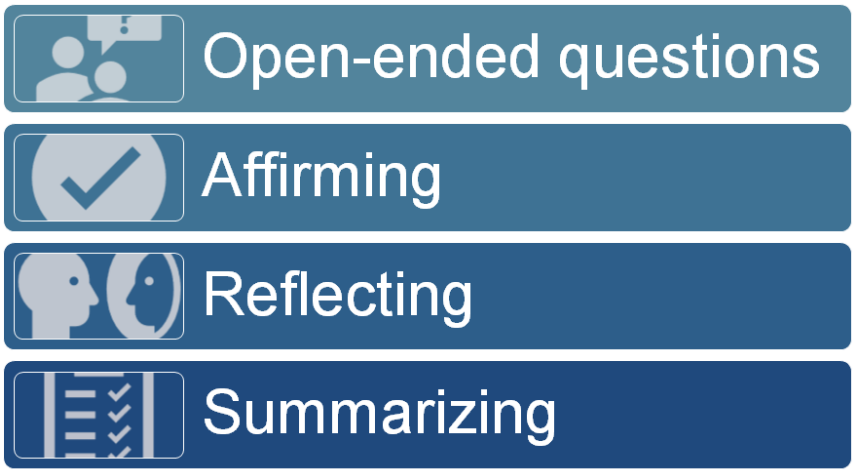
Narrative interviewing as a technique offers a structured flow. Setting the stage is the beginning of the interview process. To begin, you will build rapport with your interviewee. Building rapport is a crucial step that involves making introductions and engaging with the interviewee to create a sense of psychological safety and comfort during the intake interview. When people feel safe and comfortable, their nervousness and reluctance can be reduced.

Building rapport and establishing interview agreements takes time and is not to be diminished or skipped due to time constraints or urgency. Narrative interviewing requires caseworkers to take a "not-knowing" stance.

How might taking time to build rapport and establish agreements support the intake process?

What ways have you considered to support a "not-knowing" stance?

Techniques for Intake Interviews



Four techniques to incorporate into Intake interviews to support effective communication and engagement:

- Open-ended questions: Open-ended questions are an appropriate starting point for Intake interviews and invite reporters to share their experiences, observations, and concerns in their own words
- Affirming: Affirming the importance of reporting to reinforce and support the reporter
- Reflecting: Active listening skills demonstrate and show reporters that their concerns are being heard and understood
- Summarizing: Helps connect key points shared by the reporter and allows them to hear a cohesive retelling of their concerns

These techniques are drawn from Motivational Interviewing, an approach that helps individuals work through ambivalence or hesitancy around difficult topics

Activity: Techniques for Intake Interviews

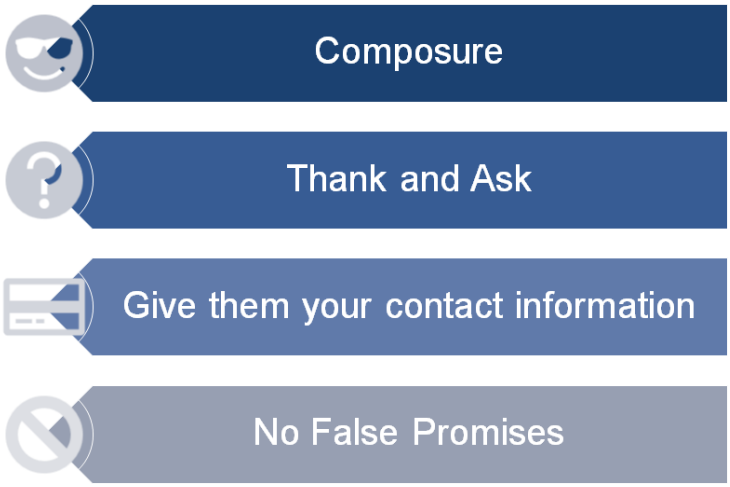
The purpose of this activity is to become familiar with how the practice standards apply to your role as Intake caseworkers.

What to do:

- Review the North Carolina Worker Practice Standards Desk Guide found in Appendix A of this participant workbook.
- Highlight the behaviors you think are especially important for intake interviews.

Use this space to record any additional questions you want to ask.

Closure



Narrative Interviewing at Intake includes a 4-step closure process:

Step 1: Composure:

Give the interviewee time to regain their composure by saying something like, “What you told me is very important.” How do you feel about this call?

Step 2: Thank and ask:

Thank the interviewee for talking to you, for taking it seriously, or for doing their best. Ask if there is anything else you need to know, and if they have any questions.

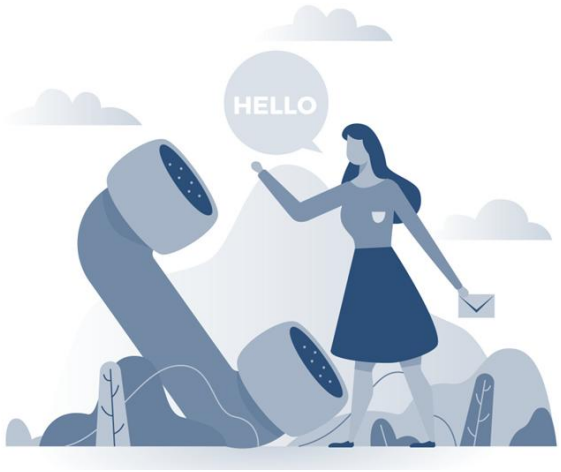
Step 3: Give them your contact Information:

Give the interviewee your name and phone number so they can contact you if they have any questions or concerns.

Step 4: No false promises:

Don’t make promises you can’t keep. This includes providing information about how the report will be reviewed and the potential outcomes of a future assessment.

Introducing Your Role



To learn about families, it is important that you build engagement through strong communication. Inake caseworkers are required to share certain things when taking a report of suspected maltreatment:

- Your name
- Your role
- How long the call will take (up to 45 minutes)
- An explanation of the purpose of CPS
- An affirmation of the importance of reporting
- An overview of the type of information needed and questions that will be asked
- An overview of how Intake screening decisions are made
- What the reporter can expect as follow-up after the report, including how they will be notified of the outcome
- Information regarding confidentiality of reports, including the reporter's identity

Use this space to record notes.

Activity: Introducing Your Role

The purpose of this activity is to practice introducing themselves in a manner that aligns with the practice standards for communication.

What to do:

- Spend a few minutes writing down your introduction in the space provided.
- When time is up, find a practice partner.
- Each person will practice introducing themselves and their role while the other person plays the role of a reporter.
- Reporters will reflect on something the Intake interviewer has shared about their responsibilities and ask one question of the Intake caseworker about their role or how the assessment is done.
- Reporters share strengths-based feedback with the Intake caseworker.
- When time is up, switch roles and repeat the practice.

Introduction Practice Scenario
You have received a report that 7-year-old Anita has recently lost weight. The report alleges that at breakfast and lunch, Anita is seen “shoveling” food in her mouth. Anita eats so fast that she often throws up. In the second half of the school day, Anita lays her head on her desk and is so lethargic that she cannot really participate in class. Reporter alleges that when asked, Anita says that she doesn’t eat at home, only at school, and that her empty belly “hurts so bad all the time.” The report alleges that the parents recently lost their jobs and are probably too proud to apply for food stamps, as they refused the free food bag that is delivered to families in need on Fridays. This report is screened as Neglect: Unsafe food/nutrition and assigned as a Family Assessment track with a 72-hour response time.

Write your introduction here.

How do you anticipate parents will react when you introduce yourself?

How could you help parents be more comfortable with your role?

How does a clear and concise introduction help you engage with the family?

What practice standards do you demonstrate when you engage families and are transparent about your role?

Skills Practice: Supporting Reporters

Activity: Skills Practice: Supporting Reporters

The purpose of this activity is to practice reporter engagement and communication skills.

What to do:

- The training facilitator will have the class count off. Record your assigned number: _____
- Find a partner with the correct number (One with Two, Three with Four)
- Each person will take turns playing the roles of Intake caseworker and reporter
- Ones and Threes will start out playing the part of the Intake caseworker
- Those playing the role of caseworker will have about a minute to prepare what they want to say based on a prompt, then three minutes to respond to the prompt assigned to their number:
    - Ones follow the first prompt on the slide: “Explain the purpose of child protective services.”
    - Threes use the third prompt on the slide, “Describe the types of cases accepted by CPS and the type of information needed from the reporter.”
- When time is up, switch roles with your partner
- Repeat the process with the Twos and Fours playing the Intake caseworker role
    - Twos will respond to the second prompt on the slide, “Emphasize the importance of reporting and explain the process to track the report.”
    - Fours will use the prompt, “Respond sensitively to the fears and concerns of the reporter.”

Which specific communication and engagement skills we discussed were used effectively?

What information did you find most helpful as a listener?

Essential Function: Assessing

Assessing

Gathering and synthesizing information from children, families, support systems, agency records, and persons with knowledge to determine the need for child protective services and to inform planning for safety, permanency, and well-being.

Assessing occurs throughout child welfare services and includes learning from families about their strengths and preferences.

Assessing is “gathering and synthesizing information from children, families, support systems, agency records, and persons with knowledge to determine the need for child protective services and to inform planning for safety, permanency, and well-being.” Assessing occurs throughout child welfare services. Intake caseworkers must gather information to:

- Identify and locate the child, parents, or primary caretaker
- Assess whether the report meets the statutory guidelines of abuse, neglect, and dependency
- Assess the seriousness of the child's situation
- Understand the reporter's motives and relationship to the family

Assessing is more than just gathering facts. It's about understanding the full picture of a child and a family's situation. According to the NC Child Welfare Practice Standards, assessing is defined as: gathering and synthesizing information from children, families, support systems, agency records, and persons with knowledge to determine the need for child protective services and to inform planning for safety, permanency, and well-being.

This means we’re not just collecting data; we’re interpreting it, connecting the dots, and using it to make informed decisions that support families and protect children.

For Intake caseworkers, sufficient information must be gathered not only to identify the child, parents, or primary caretaker, but also to adequately assess whether the report meets the statutory guidelines for abuse, neglect, and dependency, and the seriousness of the child’s situation. Additionally, understanding the reporter’s motives and relationship to the family is important to the assessment.

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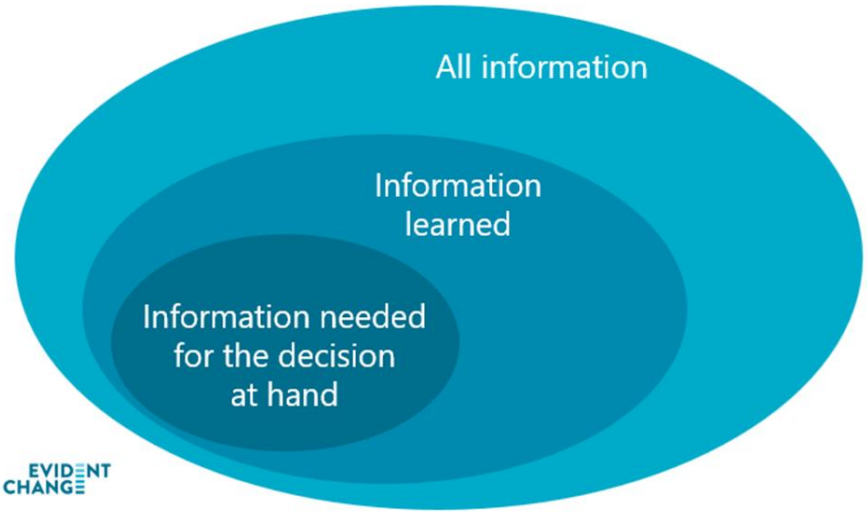
Gathering Information and Interviewing Skills

Information Gathered



Collecting information for an effective Intake requires knowing what information is needed for the decision at hand. Strong interview skills and SDM® tools support focusing on the information needed for the decision at hand.

During an Intake, reporters will share information. Depending on the reporter, their relationship with the family, and other factors, the amount of information shared will vary. As an intake caseworker, it is important to understand the required information for the decision at hand and to solicit this from the reporter.

This diagram reminds us to focus on the most important information needed to make a good point-in-time decision.

- The outer circle is the entirety of information about a family. We will never really know all of this.
- The middle circle represents what we learn about the family as we work with them.
- The inner circle is the information needed to make the decision at hand, which is where the SDM assessments help caseworkers to focus.

How do you imagine yourself managing all the information that is received and focusing on the information needed for the decision at hand?

Specific Information Needed at Intake

- Identify and locate the child, parents, or primary caretaker
- Determine whether the report meets the statutory guidelines of abuse, neglect, and dependency
- Assess the seriousness of the child's situation
- Understand the reporter's motives and relationship to the family

Who | What | When | Where | How

What do you think is meant by "who"?

What should we consider with "when"?

What information should we be seeking when answering "what"?

What should we think about with "where"?

What should we be looking for to answer "how'?

"Unasked" is different from "Unknown." What do you think we mean by that?

Intake requires gathering specific information that answers the key questions of who, what, when, where, and how related to the report. The report should gather enough information to:

- Identify and locate the child, parents, or primary caretaker
- Determine whether the report meets the statutory guidelines of abuse, neglect, and/or dependency
- Assess the seriousness of the child's situation
- Understand the reporter's motives and relationship to the family

Intake decision-making is guided by two primary questions that structure the information gathering process.

1. Screening decision: Do you have enough information to determine if the report meets the threshold to be screened in for any maltreatment type?
2. Response Planning: Do you have enough information to properly inform a CPS Assessor's response if the report is screened in?

Two key pieces of information help inform a response

- Family's strengths: provide important context and may reduce risk or inform appropriate interventions.
- Family's support network: help to assess protective factors and available resources.

A critical principle of intake practice is recognizing that "Unasked" information is different from information that is truly "Unknown."

Handout: Sample Information to Obtain from Reporter During Intake

Demographic Information			
Child: • Name • Age (date of birth) • Sex • Race/Ethnicity • Tribal affiliation (if applicable) • Permanent address • Current location • School or day care attendingof prior CPS reports or placement (e.g., foster care, adoption) (for reporters who would have this knowledge)	**Parents/Caregivers:**[5] • Name • Age (date of birth) • Race/Ethnicity • Relationship to the child • Permanent address • Current location (i.e., is the alleged abuser currently with the child or will be soon?) • Place of employment • Telephone number(s) • Email address *If the person alleged to have maltreated the child is a caregiver other than the child's parents, the above information should be gathered about both the parents and caregiver.	**Family Composition:** • Names and demographics of all children and adults in the household including: ○ Ages (dates of birth) ○ Gender ○ Race/Ethnicity • Current location of all children in the household • Names, ages, and location(s) of other children in the alleged maltreater's care outside of the household • Names, addresses, and telephone numbers of other relatives and their relationship to the child • Names, addresses, and telephone numbers of other sources of information about the family	**Reporter:** • Name • Address • Telephone number • Email address • Relationship to the child/family • How he or she learned of the alleged maltreatment

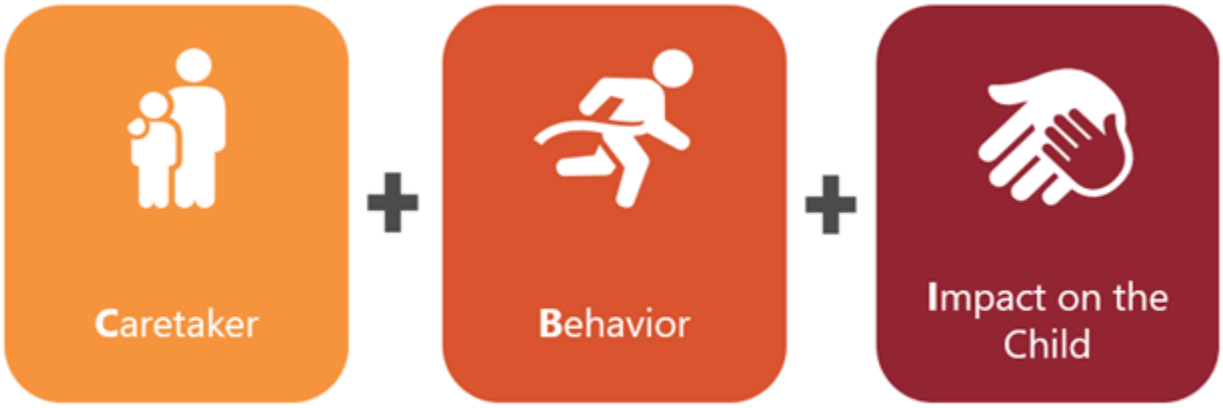
Information About the Alleged Maltreatment			
Type(s): • Physical abuse • Sexual abuse • Neglect • Emotional or psychological maltreatment	**Nature of Maltreatment:** (Behaviorally-specific characteristics and parental acts or omissions) • Physical abuse: burning, beating, kicking, biting, and other physical abuse • Neglect: abandonment, withholding of needed medical care, lack of supervision, lack of adequate food or shelter, emotional deprivation, failure to register or send to school, failure of child to thrive, and exposure to domestic violence • Sexual abuse/ exploitation: fondling, masturbation, oral or anal sex, sexual intercourse, viewing or involved in pornography, and prostitution/ trafficking • Emotional/ psychological maltreatment: constantly berating and rejecting child, scapegoating a particular child, and bizarre/cruel/ ritualistic forms of punishment	**Severity:** • Extent of the physical injury (e.g., second and third degree burns on half of the child's body) • Location and size of the injury on the child's body • Extent of the emotional injury to the child (e.g., suicidal behavior, excessive fear of the parents/ caregivers) **Chronicity:** • Prior incidents of abuse or neglect • How long the abuse or neglect has been occurring • Whether abuse or neglect has increased in frequency or remained relatively constant	**Surrounding Circumstances:** • Situation leading up to the incident of alleged abuse • Setting where abuse or neglect occurred (e.g., home, school, community) • Alcohol/drug use • Number of alleged victims • Number of alleged maltreaters • Use of threat or intimidation • Interpersonal violence • Intentional/ unintentional • Use of an object, e.g., extension cord, knife, gun • Parent's explanation or lack thereof Ex

Information About the Parents/Caregivers			
Emotional and Physical Condition: • Expresses feelings in positive and healthy ways • Misuses drugs/ alcohol • Suffers from physical or mental illness • Affect regarding or following the alleged abuse **Parents/Caregivers' Functioning/ Behavior:** • Employment status • Impulse control • Awareness of triggers that cause anger • Engagement in violent outbursts or bizarre irrational behavior • Possession of weapons in the home • Abuse of pet	**View of the Child:** • Empathizes with the child • Views the child as bad or evil • Blames the child for the child's condition or maltreatment • Has incongruent perceptions about children and child conditions	**Child Rearing Practices:** • Realistic and age-appropriate expectations of the child • Extent to which use of verbal or physical punishment is the first response to misbehavior • Knowledge of different disciplinary techniques appropriate for the child's age and developmental level • Aversion to parenting responsibilities • Parenting stress or frustrations	**Relationships Outside the Home:** • Friends and quality of those friendships • Social and emotional isolation • Conflicts with neighbors/others

Information About the Child		
Child's Condition: • Physical condition • Emotional condition • Trauma symptoms • Disabilities/impairments • Strengths		**Child's Emotion/Behavior:** • Extremes in behavior • Appropriateness of behavior given child's age and developmental level • Tense or anxious • Appropriate communication or noncommunication
Information About the Family		
Family Characteristics: • Family configuration, e.g., single parent, two parents, blended family • Family income • Parent's employment • Flow of strangers in and out of home • Evidence of drug activity (e.g. use, selling, etc.) in the home	**Family Dynamics:** • Serious marital conflict • Interpersonal violence • Disorganization and chaos	**Family Supports:** • Extended family members that are accessible and available • Relationships with others outside the family • Connections in the community, e.g., houses of worship

Source: DePanfilis, D. (2018). Child Protective services: A guide for caseworkers. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, Office on Child Abuse and Neglect. https://kids.myflfamilies.com/documents/46076.pdf

Questions about Impact



Gathering information about the impact or likely impact of caretaker behavior on the child is a crucial component of Intake. Some circumstances affect children and are not due to caretaker behaviors.

C+B+I must be applied against the threshold established by maltreatment definitions to determine if information meets the statutory requirements for CPS intervention.

To decide whether a child protection concern exists, you must understand the behavior that the caretaker is exhibiting and the impact or likely impact of that behavior on the child. Most SDM® definitions require a caretaker's action or inaction and its impact or likely impact on the child to support the selection of the corresponding item. Even if you have information in all three buckets (caretaker, behavior, impact, or likely impact), it does not equate to a maltreatment type. You can take the information that you have gathered and apply it against the threshold established for the definition to determine if the information meets the threshold.

Questions that help elicit the impact or likely impact:

- When the caretaker is doing X, where is the child? Tell me more about that.
- How often does X happen? In what context? Then what happens?
- Where else does the child display the behaviors? Who has seen this happen? Who has noticed these behaviors?
- When the caretaker is doing X, is someone else there to keep the child safe and cared for?
- What makes you feel confident that protective actions will continue? Who else helps?

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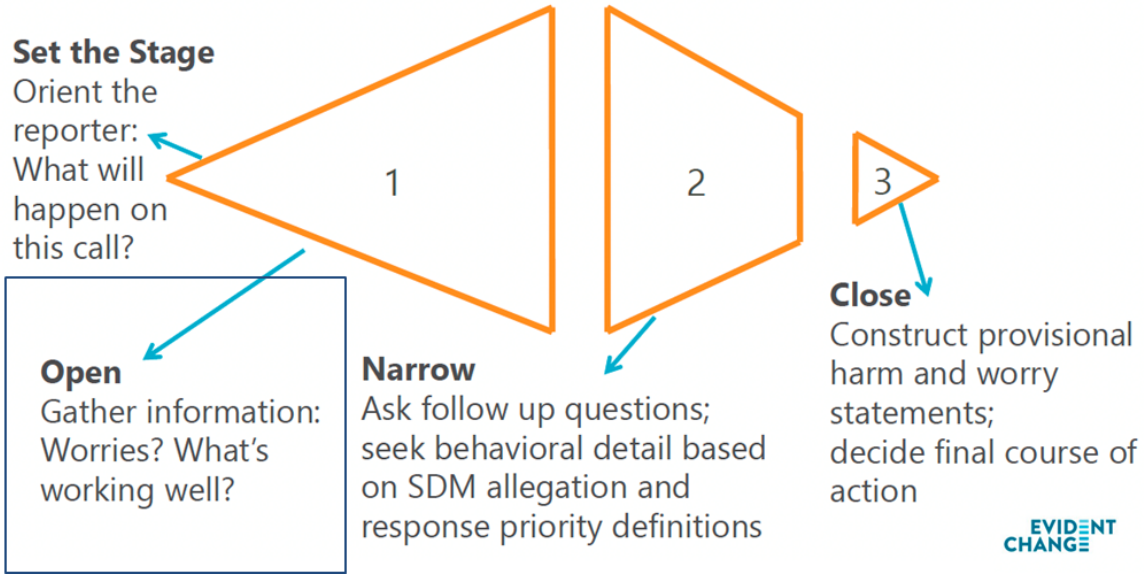
Opening Questions



Opening the interview is the second stage of the interview process and is focused on gathering information. Intake workers allow reporters to finish speaking without interruption to support accurate information gathering and effective engagement.

When you are setting the stage, let reporters know you need to gather general information about family members and that you will ask a series of mandatory questions. We will discuss those in more detail tomorrow. Once you set the stage and ask the mandatory questions, you are ready to really open the interview.

During this stage of the interview, it's important to remember the funneling narrative interview technique. Remember the tip we mentioned earlier about letting reporters finish what they are saying without interrupting.

At this point, you should be listening for the main categories of maltreatment (physical abuse, sexual abuse, physical neglect, etc.) and have the definitions on hand to see if you recognize any information that indicates a specific subcategory criterion. Note these to guide your follow-up and let the reporter finish telling their story.

It is ok to ask clarifying questions during this stage, and you want to be certain you clearly understand from the beginning how the reporter knows about these concerns, meaning if they directly witnessed something or have information secondhand.

While you are listening for worries and indicators of specific maltreatment types, it is important to ask about and gather information on what is working well for the family at this stage as well.

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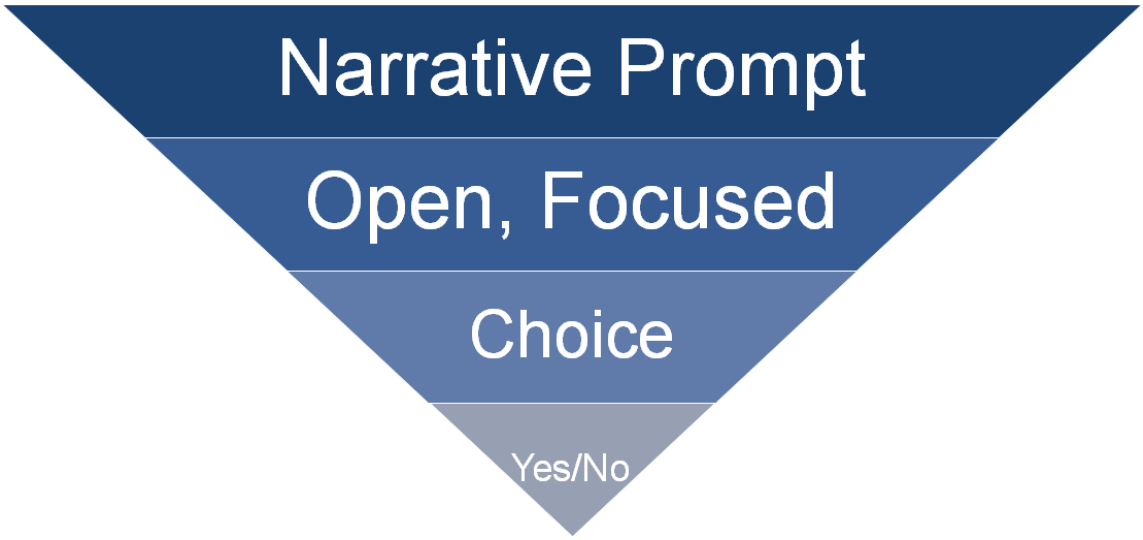
Funneling



Funneling encourages a free narrative and refers to a technique of interviewing that begins with open-ended questions. Funneling always starts with a Narrative Prompt and follows up with open, focused questions. You only ask a direct question after you have tried an open one, and even then, only if necessary. You should always follow up by returning to the top of the funnel and asking a Narrative Prompt or an open, focused question. This is often called “recycling.”

Narrative Prompts begin with “tell me,” “help me understand,” or “explain…” Examples are:

- “Tell me everything that happened.”
- “Tell me everything you can remember about that.”
- “Tell me everything from the beginning to the end.”
- “Help me understand what you mean.”
- “Explain how that worked.”
- “What are you worried about?”

Open-ended questions invite people to tell their story in their own words rather than selecting from limited response options. They typically cannot be answered with a simple “yes,” “no,” or short fact, and instead encourage reflection, elaboration, and exploration. Open-ended questions are intentionally designed to be:

- Curious, not corrective
- Non-judgmental and neutral in tone
- Focused on the person’s meaning, not the practitioner’s assumptions
- Evocative, drawing out values, concerns, strengths, and hopes
- Strategically used to invite deeper conversation

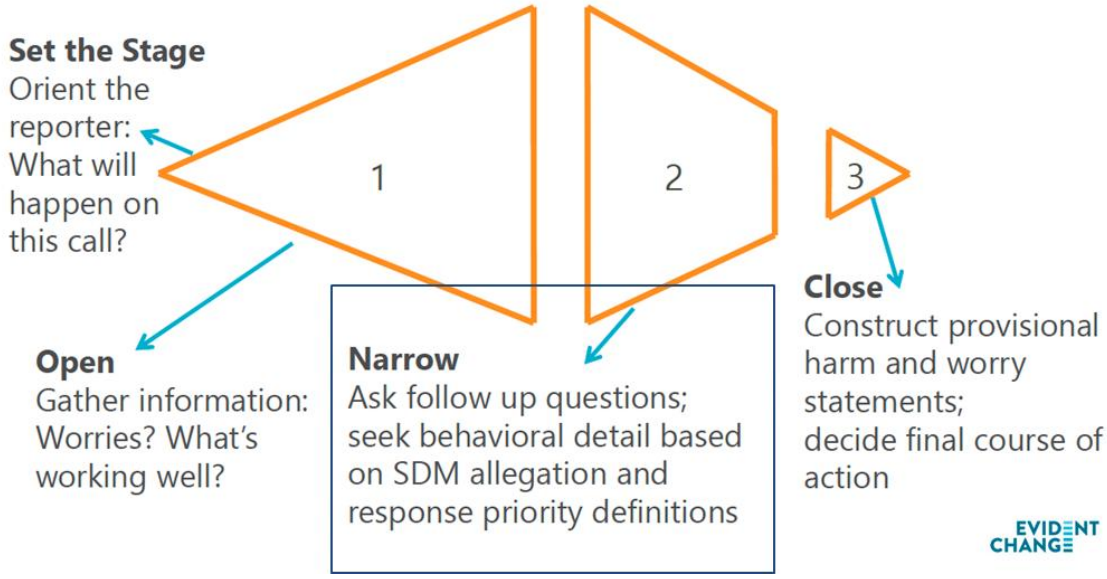
Focused questions: usually start with “W” — who, what, where, when. How is also a focused question.

Choice Questions: multiple choices to pick from to provide an answer.

Yes/no: questions that only solicit a yes or no response

Do not ask “why,” as why can be judgmental, place blame, or put people on the defensive.

Narrowing Questions



As you move into the narrowing stage of the discussion, you are seeking behavioral detail based on SDM allegations and response priority definitions. This is a time for you to:

- Ask threshold-based follow-up questions.
- Ask solution-focused questions to help add detail.
- Ask questions to better understand the family's social context, customs, lifestyle, and habits.

How do you all think narrowing questions are helpful in an intake interview?

Scaling Questions

Scaling questions are a simple but powerful interviewing tool used to help people describe their experiences, concerns, or confidence using a numbered scale, most often from 1 to 10. Rather than asking someone to explain everything at once, scaling questions break complex or emotional information into more manageable pieces. They help Intake caseworkers understand intensity, frequency, confidence, and perceived safety in a clear, concrete way.

In Intake practice, scaling questions are most effective when paired with follow-up questions that highlight strengths and protective factors. For example, after asking where someone falls on a scale, you might explore what makes the number higher than it could be, what is already working, or what would need to happen for the number to move up one point. Used thoughtfully, scaling questions support balanced, strengths-based conversations and provide valuable information to inform screening, safety, and response decisions.

Use this space to record notes.

Developing Questions

Activity: Developing Questions

The purpose of this activity is to apply what was learned by practicing formulating narrative interviewing, funneling questions earlier in the training.

What to do:

Step One: Prepare

- With your table groups, spend five minutes reviewing the Intake policy and the notes/ flipchart that lists the needed information to meet threshold criteria that they created during the Maltreatment Type activity
- Intake policy can be accessed at PATH NC Intake Manual January 2026 [https://policies.ncdhhs.gov/wp-content/uploads/PATH-NC-Intake-Manual-January-2026-1.pdf].
- Fill in any gaps in their list of information needed to determine if their assigned maltreatment threshold has been met
- Note general information about the family they need and determine priority of need
- Indicate which information they would specifically need to make a screening decision by putting a star (★) by it

Step Two: Develop Questions

- Spend 17 minutes developing funneling questions to determine if the concerns meet the maltreatment threshold
- You can do this individually, with a partner, or in a small group
- Remember, funneling questions include:
    - A narrative prompt
    - Open, focused question, start with “who, what, when, where, and how”-never ask why
    - Choice Questions: multiple choices to pick from to provide an answer
    - Yes/no: questions that only solicit a yes or no response
- When time is up, get back together with your table group to review everyone’s questions and pick the best set of funneling questions to report out

Use this space to record notes.

Generalizations vs. Behavior and Impact

Activity: Generalizations vs. Behavior and Impact

The purpose of this activity is to practice skills to move from subjective statements to objective documentation. This will require that you identify a buzzword in the example given, then ask an intervening, behaviorally specific question that provides clarity.

What to do:

- Review the Handout: Buzzwords and pay particular attention to the examples given on page three
- Find a partner with whom to practice
- Turn to the “Behaviorally Specific Language” worksheet that follows the Handout: Buzzwords
- Take turns being the reporter and the Intake Worker with your partner, using the four beginning statements
- If you have time, complete two rounds each during the activity
- Discuss the Activity Debrief Questions with your partner

Debrief Questions

What makes behaviorally specific language so important during the intake process?

What will you remember to do when you go back to your office?

Handout: Buzzwords

Capacity Building
CENTER FOR STATES

Buzzwords: Moving to Behavioral Descriptors

What Are Buzzwords and Why Do They Matter?

"Buzzwords" are popular words, phrases, or jargon frequently used to quickly communicate ideas in a particular field or in popular culture. Buzzwords often are harmless in meaning and impact. However, they can be misleading and damaging when used to describe individuals and families in child welfare settings. This publication looks at buzzwords in the context of words or phrases commonly used in child welfare reporting and documentation that can be subjective or carry negative connotations, and offers strategies to minimize their negative impact.

Buzzwords can begin as early as an intake call with a reporting party's description of a suspected child abuse or neglect case or a caseworker's interpretation of a reported incident, and can be repeated throughout the life of a case. Commonly used statements in child welfare reporting like "The child was filthy," and "The parents were hostile," can form negative characterizations that may lead to unintended biases and can create barriers to effective engagement if left unchecked. Because word choices can influence perceptions, frequently repeated negative buzzwords may affect how a caseworker views the child and family during the assessment and may directly impact decision-making. Buzzwords may also lead to labeling that can be difficult for families and individuals to overcome.

Some Potential Consequences of Using Unchecked Buzzwords:

The use of negative, subjective buzzwords may have potential consequences, including:

- Incomplete information that may impact assessment and decision-making
- Assumptions that could lead to a limited understanding of child and family needs and barriers to effective engagement
- Case planning and services that might not match actual needs
- Creation of stigma or false perceptions that result in unnecessary investigation, removal, or delayed reunification
- Unsupported decisions that are not in the best interest of the child and can affect safety, permanency, and well-being

In addition to the potential consequences listed above, the use of buzzwords may lead to further stigmatization related to race, ethnicity, or marginalized populations in child welfare. Buzzwords associated with poverty, substance use disorder, mental illness, race, ethnicity, or gender can create labeling that leads to bias and disparities among certain populations. For example, research points to racial bias by caseworkers and reporters as one of four likely contributing factors in

disproportionality (Child Welfare Information Gateway, 2016). Understanding the potential bias effect of buzzwords used to describe groups or individuals can help child welfare agencies further understand potential factors related to disproportionality. Similarly, understanding the potential impact of buzzwords on engagement, as well as assessment and decision-making, can help child welfare agencies achieve improved outcomes around child welfare safety, permanency, and well-being.

A Success Story:

As a part of the 2010 California Disproportionality Project Breakthrough Series, the Alameda County Department of Children and Family Services implemented and tested a project to eliminate unintended biases connected to disproportionality of child welfare investigations involving children of color. The project, Hot Words (Asking Questions and Using Language that Does Not Result in Bias), found that the effect of "hot words" was profound as they moved from intake to the investigation narrative, court reports, and beyond. By raising awareness of "hot words," intake workers were more successful in obtaining context that led to a clearer understanding of allegations and a reduction in referrals assigned to be investigated (Alameda County Social Services Agency, 2010).

Strategies to Interrupt the Use of Buzzwords in Case Documentation:

Translating negative, subjective buzzwords into more descriptive language—objective language that describes the circumstances based on seen or heard facts and observations (see below for examples)—can have an immediate impact on assessment and decision-making and lead to better outcomes. It can also result in obtaining additional information about a family's circumstances that can help support assessment, decision-making, and individualized service delivery. The following strategies are designed to help child welfare workers and agencies increase awareness about the use and impact of buzzwords and take personal responsibility for initiating changes that can eliminate their negative impact.

- **Learn to recognize buzzwords.** Review the list below to help identify some of the most common buzzwords found in child welfare documentation. Consider creating a chart of commonly used buzzwords in your county or region to share with program managers and staff.
- **Know where buzzwords are commonly found:**
  - Intake/screening reports taken from child protective services (CPS) hotlines
  - Investigation reports and related documentation if intake reports are substantiated
  - Court reports related to child welfare investigations or juvenile delinquency cases
  - Case management documentation, such as mental and behavioral health assessments, progress reports, permanency plans, reports on wraparound services, and more
- **Be self-aware and take personal responsibility.** Be aware of the potential effect of repeating buzzwords in writing and verbally. When you see or hear a buzzword, ask

whether it could create unintended bias. Ask what the worker or reporting party means by the statement, or what evidence they have in order to provide context and clarification:

- Examples: "When you say he was unkempt, what does that look like?" and "Can you give me an example of when he acted hostile?"
- Engage families and children with open, respectful communication during assessment. Use age-appropriate language to communicate and understand responses. Ask clarifying questions to better understand labels and buzzwords used by the family or individual, and avoid repeating those labels in verbal and written documentation.
- **Recognize and translate buzzwords into more objective, behavior-based descrip tions.** Objective, behavior-based language includes facts based on what is seen, heard, and observed. See Exhibit 1 for examples.

Exhibit 1

- Example 1:
  - Subjective statement: "Mr. Smith was hostile and resisted removing Bobby from the home."
  - Intervening question: "What did Mr. Smith do to create that impression?"
  - Objective description: "Mr. Smith responded with a loud, frustrated tone when the case manager raised the possibility of removing Bobby from the home to stay with his aunt."
  - Document: When mentioning the possibility of removing Bobby from the home to stay with his aunt, Mr. Smith responded with a loud, frustrated tone.
- Example 2:
  - Subjective statement: "The counselor said Bobby always comes to school filthy."
  - Intervening questions: "What does he look like?" and "How often did that happen?"
  - Objective description: "The counselor said Bobby came to school wearing the same clothing several days in a row and wore an oversized, torn, and dirty jacket."
  - Document: The school counselor reported Bobby wore the same clothing with an oversized, torn, dirty jacket several days in a row.
- Example 3:
  - Subjective statement: "A neighbor says Ms. Smith is crazy and unstable."
  - Intervening question: "Did the neighbor give examples of what makes Ms. Smith appear crazy?"
  - Objective description: "The neighbor says Ms. Smith rarely smiles, and he has seen her break down crying and come outside wearing pajamas to yell at her children."
  - Document: The neighbor observed Ms. Smith crying and yelling at her children outside.

- **Write descriptive case notes and assessments.** Record facts, specific behaviors, and concrete observations in case notes and assessments. Use nouns and verbs to describe behavior, and avoid subjective language by limiting the use of value-based adjectives (e.g., "hostile" or "uncooperative") (National Resource Center for In-Home Services, 2015). See Exhibit 1 for examples of ways to translate negative buzzwords into more descriptive, factual observation.
- **Train and engage partners.** Hold meetings or trainings with staff, community partners, Tribal partners, and other relevant parties to discuss the use and effect of buzzwords and the importance of interventions.
- **Review buzzwords in past case files and use them as teaching tools.** Train staff on how language can affect assessments and decisions, understanding of individualized needs, and access to appropriate services. Training should also emphasize the long-term impact of labeling.

Commonly Used Buzzwords in Child Welfare

Exhibit 2 presents a list of buzzwords and phrases commonly found in initial hotline intake/screening and case documentation that are sometimes used in a subjective manner.

Exhibit 2

Abusive	Filthy/dirty	Prostitution history
Addict	Frequent flier (runaway)	Resistant
Afraid	Hot-headed	Scared
Aggressive	Hostile	Sexually exploited
Alcoholic	Hysterical	Substance abuse history
Angry	Incorrigible	Terrified
Assaultive	Isolated	Threatening
Belligerent	Limited	Traffic in home
CPS history	Loud	Trouble maker
Crazy	Marginal (financial)	Unattended
Criminal history	Mental health history	Uncooperative
Defiant	Nasty	Uneducated
Destructive	Neglect	Unfit parent
Disruptive delinquent	No resources	Unkempt
Drug user	Noncompliant	Unstable
Dysfunctional	Nonresponsive	Unsupervised
Emotionally disturbed	Not engaged	Violent
Explosive	Out of control	Volatile
Failure to rehabilitate	People in and out of home	Weird
Father is absent	Promiscuous	Whooping and whipping

** The buzzwords in Exhibit 2 have been adapted from the Alameda County "Hot Words (Asking Questions and Using Language that Does Not Result in Bias)" project in conjunction with feedback from various stakeholder groups.*

** Please note that some of the words listed above could be used to objectively describe an incident or situation. It is important to avoid using these, and similar terms, in a subjective manner without providing further context.*

Key Reminders

- Increase awareness: Buzzwords begin as early as intake/screening; therefore, it's important to "unpack" buzzwords from the initial hotline call.
- Avoid subjective interpretations of buzzwords. How you define certain buzzwords is often different than what is meant and how others define the same buzzwords.
- Take personal responsibility: Remember, we all have used buzzwords as quick descriptors. You can stop the continuation of negative, subjective buzzwords in written documentation and verbal communications when you see or hear them by asking follow-up questions to describe related behaviors, actions, or observations.
- Provide objective descriptions: Take the sting out of buzzwords by making sure your case notes, court reports, case consultants, and all communications are free from subjective buzzwords.

References:

Alameda County Social Services Agency. (2010). DCFS moves forward on the disproportionality project. (DCFS Press, Summer, 3). Retrieved from http://www.alamedasocialservices.org/public/departments/children_and_family_services/pdfs/dcfspressSummer10_DCFS_Press_-_Summer_2010.pdf

Child Welfare Information Gateway. (2016). *Racial disproportionality and disparity in child welfare*. Issue Brief. Washington, DC: U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Administration for Children and Families, Children's Bureau.

National Resource Center for In-Home Services. (2015 draft). *Effective home visits with intact families: Safety decision-making, management, and documentation*. Developed for the Children and Family Services Agency, Washington, DC, based on a training from the Institute for Human Services, Ohio Department of Job and Family Services Training.

Children's Bureau

This product was created by the Capacity Building Center for States under Contract No. HHSP233201400033C, and funded by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

Worksheet: Behaviorally Specific Language

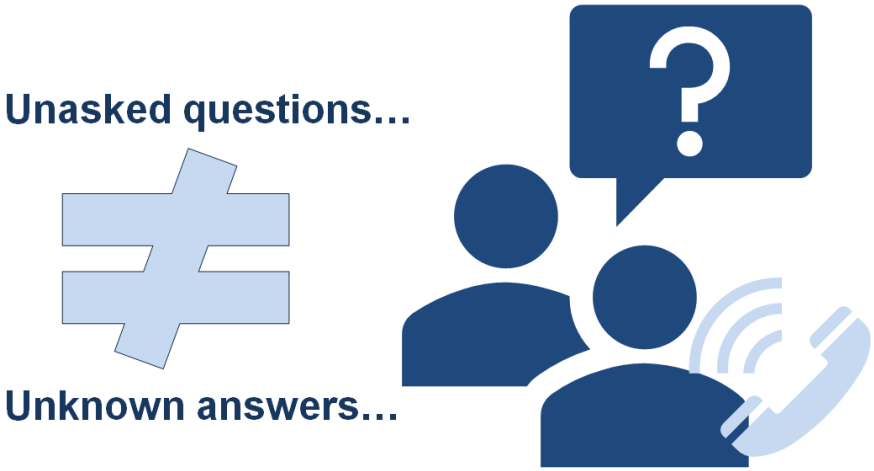
Statement 1
Subjective Statement: “Mrs. Stephens neglects her children.”
Intervening Question:
Objective Description:
Documentation included in the Intake Narrative:

Statement 2
Subjective Statement: “Both parents have been nonresponsive to our efforts to address the concerns.”
Intervening Question:
Objective Description:
Documentation included in the Intake Narrative:

Statement 3
Subjective Statement: “Mr. Meadows is high as a kite whenever I try to talk to him.”
Intervening Question:
Objective Description:
Documentation included in the Intake Narrative:

Statement 4
Subjective Statement: “The children are terrified of their mother.”
Intervening Question:
Objective Description:
Documentation included in the Intake Narrative:

Following Up With Reporters



Unasked information is different from truly unknown information. Intake caseworkers must engage reporters and ask the required and appropriate follow-up questions to gather the information needed to make screening and response decisions. It may be necessary to contact reporters again to obtain additional information to support clear, informed decision-making.

If information a reporter may know would provide clarity in your decision-making, you have a responsibility to follow up with the reporter.

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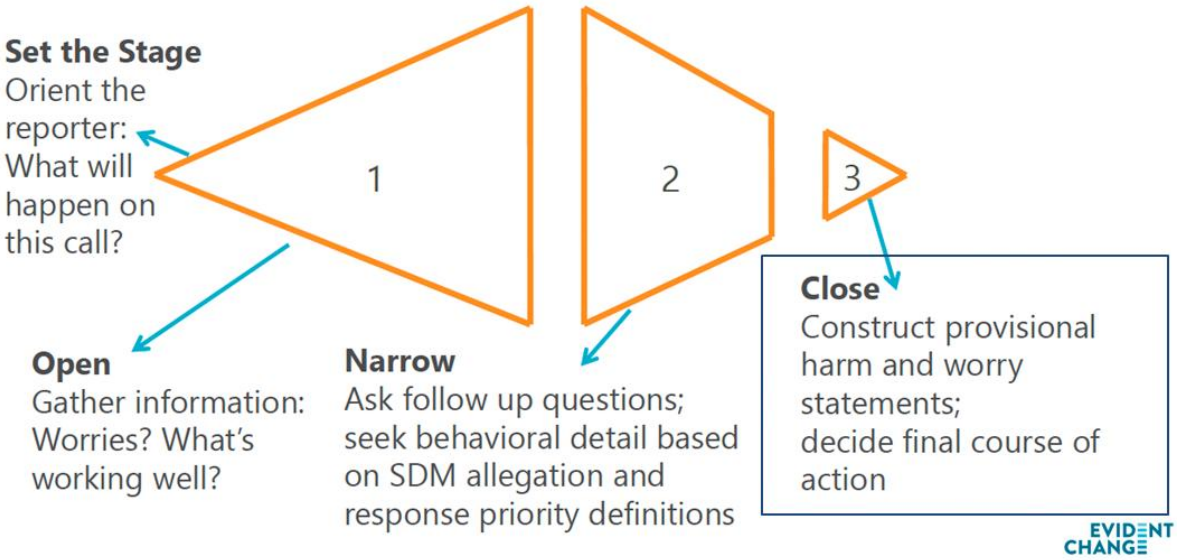
Provisional Harm and Worry Statements

Closing an Interview



The last stage of the Intake interview is closing. In this stage, you will construct provisional harm and worry statements. Doing so with the reporter offers a summary of the report and the reporter's primary concerns.

Intake caseworkers determine the final course of action based on the information gathered during the Intake process. This involves applying the maltreatment definitions to the information gathered to screen the report. This is done with a supervisor in a two-level review.

Use this space to record notes.

Provisional Harm and Worry Statements

Harm and worry statements are a SOP tool used to communicate danger, safety, and risk concerns with families. These statements are short, simple, and behaviorally based, allowing a clear understanding of what has happened and why DSS is involved with the family.

Harm and worry statements are used throughout all program areas in child welfare. They are short, simple, behavior-based statements that workers can use to create a shared understanding of what has occurred, or allegedly occurred, and of the concerns for the future. These statements facilitate important, difficult conversations and help ensure we talk with families about the most critical issues.

At Intake, harm and worry statements are based upon allegations, which are differentiated by using the term “provisional.” Intake caseworkers should use the reporter’s own language when crafting statements. If allegations of harm have not been made, a report may not have a provisional harm statement. All reports contain a provisional worry statement.

Provisional harm and worry statements are also a useful tool for CPS Assessment workers who are making responses on screened-in reports, as they outline why DSS is initiating an assessment, what DSS and others are worried about, and help guide what needs to happen next. The statements should be written in honest, detailed, non-judgmental language.

Harm statements are clear and specific statements about the alleged harm or maltreatment experienced by a child. The harm statement includes specific details:

- Who reported the concern (when it is possible to share) and what was reported
- What exactly happened, including the specific caretaker behavior
- The impact on the child

Worry statements answer two questions:

- What are we worried will happen to the children if nothing else changes?
- In what situations or contexts are we worried this could happen?

Worry statements are composed of the following:

Child > May be impacted how? > If/when?

Activity: Provisional Harm and Worry Statements

The purpose of this activity is to practice creating provisional harm and worry statements.

What to do:

- Draft a harm statement for scenario A
- Draft a worry statement for scenario A
- Repeat this process with scenario B

Scenario A
Demographics: Two-month-old female child/infant
Reporter stated: His nephew and his nephew's girlfriend are not taking proper care of their two-month-old baby. He looks in on the family every other day. Since he was last there two days ago, the couple ran out of formula, so they gave the baby whole milk. The baby is crying constantly, and he believes the baby is constipated and having stomach pains. The reporter says the parents do not appear bonded with the baby and seem unconcerned about her care. The baby was crying and lethargic when he visited today, and he is concerned for the child's safety.
Provisional Harm Statement:
Provisional Worry Statement:

Scenario B
Demographics: Thirteen-year-old male child
Reporter stated: Reporter is a hospital social worker. She reports that this 13-year-old child was hospitalized for injuries received in a fight with another child in the home. The parents have not visited the child while he has been hospitalized and have stated they do not want him to return home due to his bad behavior and their inability to control him.
Provisional Harm Statement:
Provisional Worry Statement:

SDM® Screening and Response

SDM® Screening and Response Tool

Tools are a Prompt for Practice

While the Structured Decision-Making Tools help us narrow our focus to the information needed to make specific decisions, and the system's functionality guides us based on policy, the tools do not make decisions for us.

People make decisions. Tools help people make better decisions. An Intake caseworker's professional knowledge and consultation with their supervisor are always the deciding factor.

Using tools helps guide consistent, reliable, and objective assessment to support decisions; increases consistency and accuracy in decisions; and helps social workers, supervisors, and administrators plan and appropriately allocate resources so we are serving families in the most appropriate setting.

The tools also create a common language and can help reduce bias and other decision-making errors. Just because you are using the tool, however, does not mean you do not need to be aware of your own biases and ensure that you respond to the family circumstances objectively.

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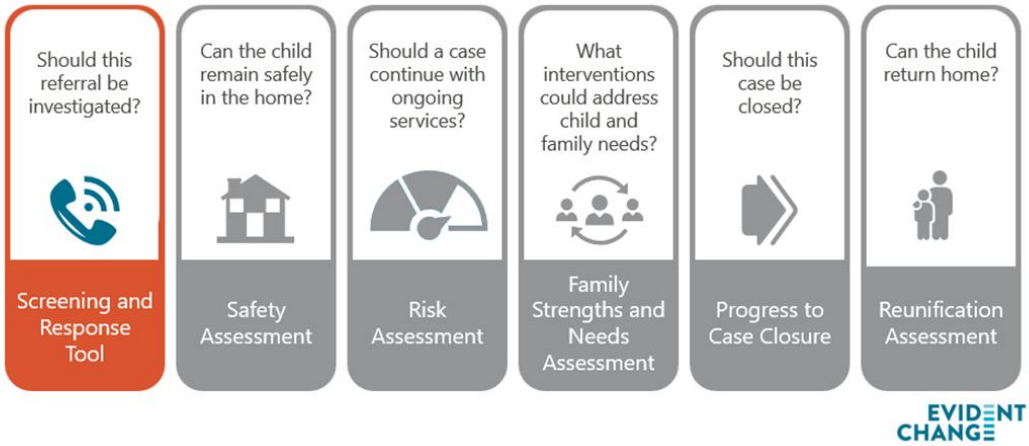
SDM Screening and Response Tool



The first decision the child protection system is asked to make is whether a report constitutes a child protection concern, and, if so, how quickly the department must respond. The screening and response tool provides a structure for thinking about this decision. The screening and response tool is based on your local statutes and policies. The concerns outlined in the tool are the child protection concerns that your jurisdiction has identified.

If the report constitutes a child protection concern, the question to ask is, ‘How quickly do you need to respond, and what type of response?’ The response time and track section of the tool help identify reports that call for a family assessment, an investigation assessment, or both, along with the response time.

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Mandatory Questions and Screen Outs

Handout: Mandatory Questions

The Intake system has built-in decision-making assistance by responding to questions in an if/then format. In the case of Mandatory Questions, it provides assistance with pre-screening.

The Intake caseworker must answer a series of mandatory questions in the Screening and Response Tool before gathering narrative information to assist in determining whether the use of the Screening and Response Tool is necessary. If the allegations are not regarding a child and there are no other children in the home, the Intake caseworker will bypass the remainder of the tool and screen out the report. In cases involving allegations of abuse or severe neglect against an individual who is not a caretaker, with the exception of Human Trafficking, the Intake caseworker will still gather the narrative and participant information from the reporter and send it to the appropriate agency.

In cases where the agency does not have statutory authority to intervene because there is not a child under 18 in the home or the allegations do not involve a caretaker, except Human Trafficking, the information will be screened out prior to completion of the Screening and Response Tool and go straight to the supervisor for second-level review.

Mandatory Questions include:

1. Is the victim a child under 18 years of age?
2. Is the child a victim of fatality?
3. Is this a near fatality, where a physician has determined that a child is in serious or critical condition as a result of sickness or injury caused by suspected abuse, neglect, or maltreatment?
4. Is the child a resident of North Carolina?
5. Where did the incident occur? (This question has a narrative box)
6. Is the perpetrator a parent/caretaker?
7. Are you aware of any relatives or kin supports for this family?
8. Does this report include information about a child who is missing, abducted, or on runaway status?
9. Are there concerns for Human Trafficking?
10. Are there concerns for Domestic Violence?
11. Is this a licensed facility or group home?

It will be important for Intake caseworkers to be able to communicate the definitions for words such as caretaker, Human Trafficking, and Domestic Violence that may not be familiar to the reporter so they can understand and answer the questions accurately.

If ANY of the following conditions are reported by a medical provider, as the result of abuse or neglect, the question about a near fatality must be marked “yes.”

- Life-saving procedures have been performed (CPR, intubation); or
- Child will be/was admitted to the Intensive Care Unit (ICU)*, as a direct result of the injury and/or alleged neglect.

SDM Screening and Response Tool Components

The Screening and Response Tool provides accurate, consistent, and equitable screening across the state. The screening criteria include selecting maltreatment allegations, which leads to the screening decision. The response section is also informed by the selection of maltreatment allegations, with one set of response-time questions for allegations that require an investigative assessment and another for those that could be addressed with a family or investigative assessment.

Screening is the first step and answers the question, “Should we screen in the report?”

Two components of screening sections:

- Maltreatment allegations
- Screening decision

Response is the second step and answers the question, “How quickly should we respond?”

Two components of the response section:

- Response time and track assignment
- Final decision

The screening section informs the response section.

Use this space to record notes.

Understanding Maltreatment Allegations

The SDM Screening and Response Tool helps establish consistency and accuracy in Intake decision-making. The maltreatment definitions represent the legislative and policy mandates that dictate child protection practice in North Carolina. Understanding whether a definition threshold is met ensures that Intake caseworkers focus on the most relevant information when making critical screening and response decisions. Knowing how to interpret and apply the maltreatment definitions is a vital skill for Intake caseworkers and an essential tool for effective practice.

Tips for reading and understanding definitions:

- Read to the period. This means read the entire definition. One common mistake is applying a phrase or a piece of a definition inappropriately.
- Examples are not complete lists. The examples in definitions illustrate the threshold, nature, and severity intended by the definition. An example that fits your situation does not necessarily mean the whole definition applies. Likewise, lack of a specific example does not necessarily mean the definition does not apply to a circumstance.
- Be aware of “and” and “or”. When you see a big “AND,” the circumstances stated on both sides of the “AND” must be true for the definition to apply.
- When unsure, ask others. When an example or a definition does not make sense, or you are not sure how to apply it, consult with your supervisor.
- “Unasked” is different from “unknown.” Remember that information that has not been asked about is different from unknown information. If the reporter has not provided information, is there something present that could help meet the definition? Sometimes the answer is simply “no” if we lack information.
- Use professional judgment and common sense. For example, if the definition says the child must be 10 years old and the child is a few days or weeks from turning 10, the child is substantially 10.

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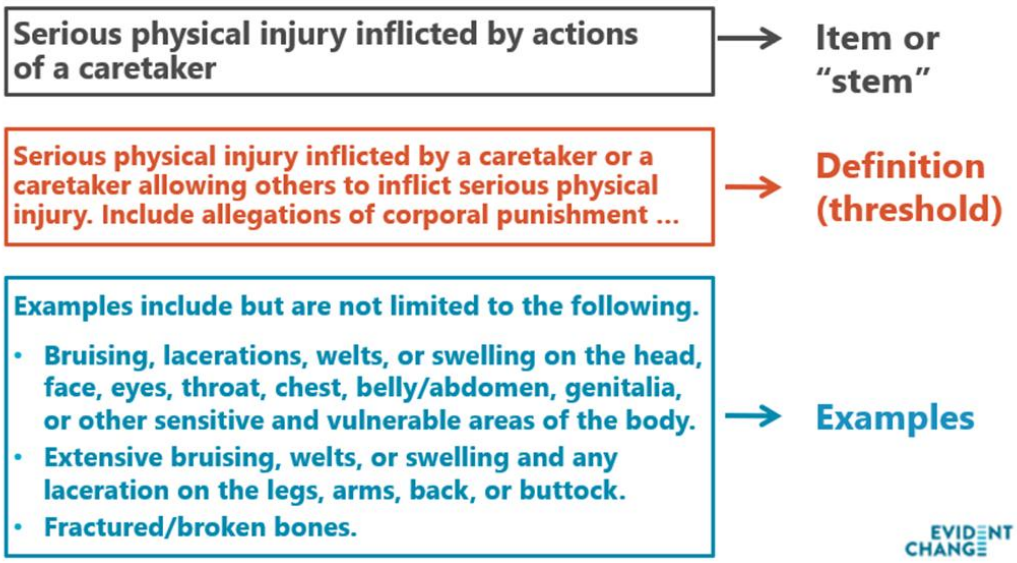
Definition Components



Each item on the Screening and Response Tool has a corresponding definition and examples. SDM® items are also called "stems." Each SDM item (stem) and definition was carefully developed to improve consistency and accuracy in the use of the assessments.

Definitions for each maltreatment allegation establish the threshold. Information gathered from the reporter must meet the threshold for the allegation to be selected. If information does not reach the threshold for any maltreatment allegation, the call is screened out.

Activity: Understanding Maltreatment Definition Components

The purpose of this activity is to help you strengthen your understanding of maltreatment definitions used in the SDM® Screening and Response Tool. You will practice breaking down definitions into their key components so you can apply them accurately and consistently during Intake decision-making.

What to do:

- Each group will be given an envelope containing materials related to 2–3 maltreatment types.
  - With your group, open your envelope and review the contents. Inside the envelope, you will find pieces that include the maltreatment item (or stem), the full definition, and examples that illustrate the definition
- As a group, match the pieces together. Your task is to correctly pair each maltreatment item with its corresponding definition and the correct set of examples
- Talk through your reasoning as a group and come to consensus before moving on
  - As you work, discuss what must be present for the definition to be met, how the examples help clarify severity, nature, or intent, and why examples are helpful, but not exhaustive
- Once your group believes the definitions are correctly assembled, confirm your answers by reviewing the SDM® Screening and Response Tool Policy and Procedures Manual (available online at https://policies.ncdhhs.gov/wp-content/uploads/SDM-Screening-and-Response-Instructions-Manual_FINAL-20252-1.pdf.

Overview of the Intake Process

CPS Intake Process

The SDM Screening and Response tool follows the CPS Intake Process:

- Complete Reporter information
- Complete mandatory questions, collect narrative information, and add participants
- Complete Screening and connecting of Maltreatment
- Complete Response Time, Assessment, and Screen Responses
- Two-level review and sign off

The screening process is an if/then system, not artificial intelligence (AI). The system does not allow a slower response time, although a supervisor override is possible to achieve a faster response time.

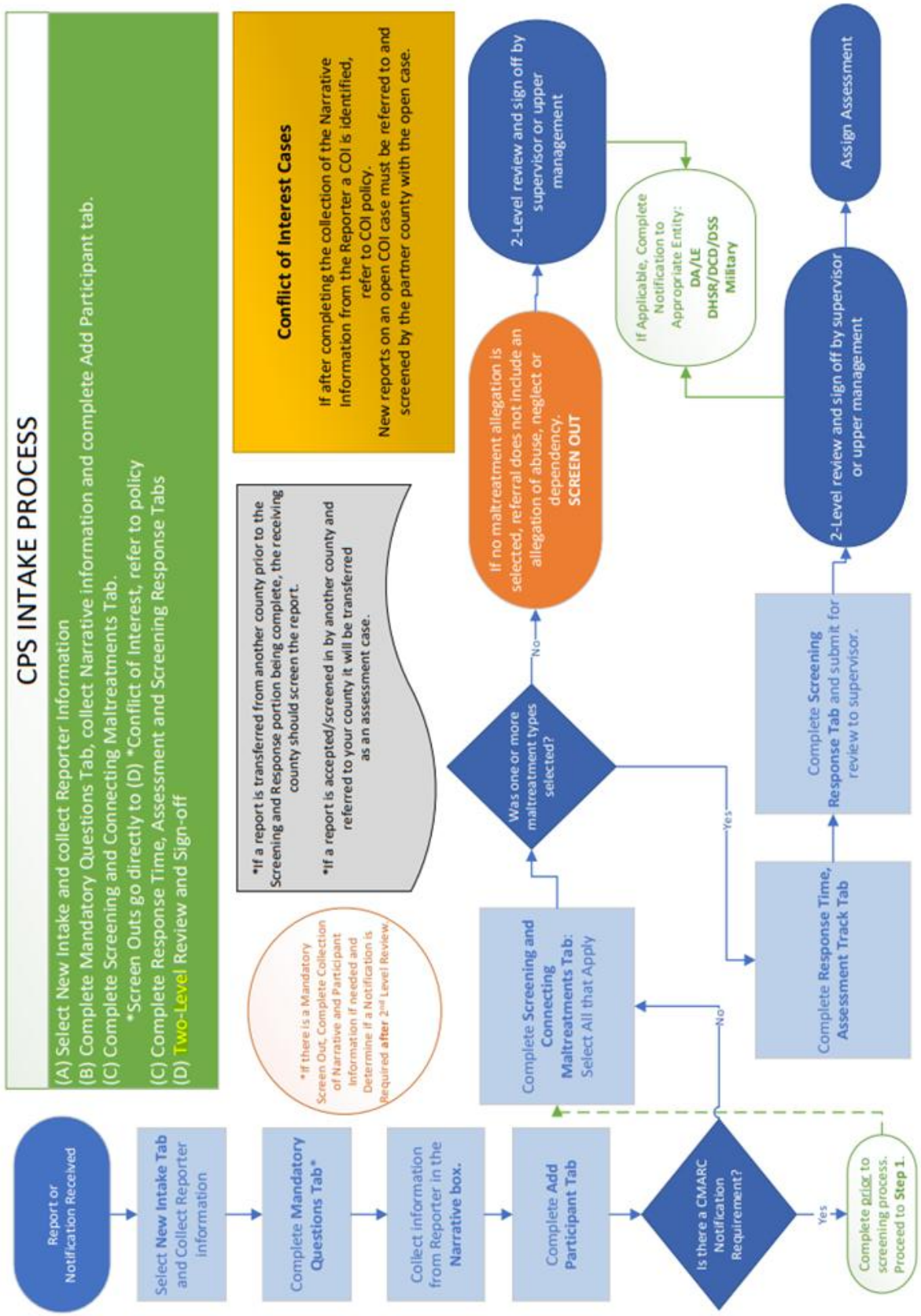
Please review the *Handout: CPS Intake Process Map* and *Handout: Mandatory Questions* found on the next pages.

What questions do you have about the CPS Intake Process map?

What stands out to you about this process map?

What are your thoughts about the mandatory questions?

Handout: CPS Intake Process Map



Investigative Assessment Track

The Intake report will be assigned as a CPS Investigative Assessment when one of the following allegations is made:

- Death of a child, maltreatment is suspected, and other children are in the home
- Near fatality, where a physician has determined that a child is in serious or critical condition as the result of sickness or injury caused by suspected abuse, neglect, or maltreatment
- Human trafficking, any allegation subtype
- Physical abuse, any allegation subtype
- Sexual abuse, any allegation subtype
- Emotional abuse, mental injury
- Encouraging or enabling delinquent offense, moral turpitude
- Abandonment
- Unsafe living conditions, a child exposed to a methamphetamine lab/fentanyl
- Medical neglect of a disabled infant with a life-threatening condition
- Child in custody of child welfare, foster care, or residential care
- Physician or law enforcement has taken emergency custody

When there is an existing open CPS Assessment with the exact same maltreatment allegation(s) as this reporter is alleging, the cases will be linked. You will link the cases by either adding the county case number or relating the two in PATH NC to the open CPS Assessment case.

Assessment Track Determination

ALLEGATION CHARACTERISTICS	RESPONSE TRACK
❑ Child exposed to methamphetamine lab/fentanyl ❑ Medical neglect of an infant with life-threatening condition ❑ Child is in custody of child welfare or placed in foster care, group home, or residential care. ❑ Physician or law enforcement officer has taken emergency custody. ❑ Child is admitted to the hospital due to suspected abuse or neglect. ❑ Other (reason required): _____.	**Investigative assessment response**
❑ Allegations do not meet criteria for investigative assessment.	**Family assessment**

When the report includes only neglect or dependency allegations, complete the Allegations Characteristics and Assessment Track matrix. Reports accepted for neglect of dependency are Family Assessments except when they include any of the following:

- A child exposed to a methamphetamine lab/fentanyl
- Medical neglect of an infant with a life-threatening condition
- A child is in the custody of child welfare or placed in foster care, group home, or residential care
- Child is admitted to the hospital due to suspected abuse or neglect

Response Time – Immediate

ALLEGATION CHARACTERISTICS	RESPONSE TIME
❑ Injury to a child aged 3 years or younger ❑ Child is afraid to go home and/or has a credible fear of experiencing abuse in the care of the alleged perpetrator within 24 hours ❑ Child needs urgent or emergent medical or mental health care for illness or injury due to alleged abuse ❑ A family may leave their current location, and CPS may not be able to find them ❑ Forensic considerations would be compromised with a slower response. ❑ No food in the home or otherwise available to the children. ❑ A child under the age of 8 is currently alone. ❑ A Child 12 years or younger self-reports to the county DSS agency. ❑ A Safe Surrender Infant	**Immediate** Initiation must occur at once, immediately after completion of the Intake report.

When the situation is currently unsafe/harmful or will deteriorate to unsafe/harmful within the next 24 hours. Consider the child's age and developmental status, allegation severity, access of alleged perpetrator, and presence or absence of other responsible adults.

The following must be considered to determine an immediate response:

- Injury to a child age 3 years or younger
- Child is afraid to go home and/or has a credible fear of experiencing abuse in the care of the alleged perpetrator within the next 24 hours
- Child needs urgent or emergent medical or mental health care for illness or injury due to alleged abuse
- A family may leave their current location, and CPS may not be able to find them
- Forensic considerations would be compromised with a slower response
- No food in the home or otherwise available to the children
- A child under the age of 8 is currently alone
- A child 12 years or younger who self-reports to the county DSS agency
- A Safe Surrender Infant

Use this space to record notes.

Response Time – Immediate

ALLEGATION CHARACTERISTICS	RESPONSE TIME
❑ A child fatality with concerns that abuse or neglect contributed, and other children are in the home ❑ Near fatality of a child ❑ Abandonment of a child ❑ The situation is currently unsafe/harmful or will deteriorate to unsafe/harmful within the next 24 hours. Consider the child's age and developmental status, allegation severity, access of the alleged perpetrator, and presence or absence of other responsible adults ❑ Child is afraid to go home and/or has a credible fear of experiencing abuse in the care of the alleged perpetrator within the next 24 hours ❑ A child needs urgent or emergent medical or mental health care for illness or injury due to alleged abuse ❑ A family may leave their current location, and CPS may not be able to find them ❑ Forensic considerations would be compromised with a slower response ❑ A child under the age of 8 who is currently alone ❑ A child 12 years or younger who self-reports to the county DSS agency	**Immediate** Initiation must occur at once, immediately after completion of Intake report. The system will allow the Intake caseworker and/or supervisor to check "other" but there must be a reason included for a faster response time.

When the report includes an allegation of child fatality, near fatality, human trafficking, abuse, or abandonment (physical, sexual, emotional, moral), the Intake caseworker will be directed to this decision matrix. This should be checked when the report includes one of these criteria:

- A child fatality with concerns that abuse or neglect contributed, and other children are in the home
- Near fatality of a child
- Abandonment of a child
- The situation is currently unsafe/harmful or will deteriorate to unsafe/harmful within the next 24 hours. Consider the child's age and development status, allegation severity, access of the alleged perpetrator, and the presence or absence of other responsible adults
- Child is afraid to go home and/or has a credible fear of experiencing abuse in the care of the alleged perpetrator within the next 24 hours
- A child needs urgent or emergent medical or mental health care for illness or injury due to alleged abuse
- A family may leave their current location, and CPS may not be able to find them
- Forensic considerations would be compromised with a slower response
- A child under the age of 8 who is currently alone
- A child 12 years or younger who self-reports to the county DSS agency

Use this space to record notes.

Response Time – Within 24 or 72 Hours

ALLEGATION CHARACTERISTICS	RESPONSE TRACK
❑ Child has visible injuries due to neglect that do not require urgent or emergent medical care. ❑ The situation is currently unsafe/harmful or will deteriorate to unsafe/harmful within the next 72 hours. Consider the child's age and developmental status, allegation severity, access of alleged perpetrator, and presence or absence of other responsible adults. ❑ A child needs urgent or emergent medical or mental health care for an illness or injury due to alleged neglect ❑ Investigative assessments that due not meet immediate response criteria	**Within 24 Hours**
❑ When neglect allegations do not meet criteria for immediate response or response within 24 hours.	**Within 72 Hours**

Allegations that meet criteria for 24-hour response time include:

- Child has visible injuries due to neglect that do not require urgent or emergent medical care
- The situation will likely deteriorate to unsafe/harmful within the next 72 hours
- A child needs urgent or emergent medical or mental health care for an illness or injury due to alleged neglect
- Investigative assessments not already identified as an immediate response

Allegations that meet criteria for 72-hour response time include:

- When neglect allegations do not meet the criteria for immediate response or response within 24 hours

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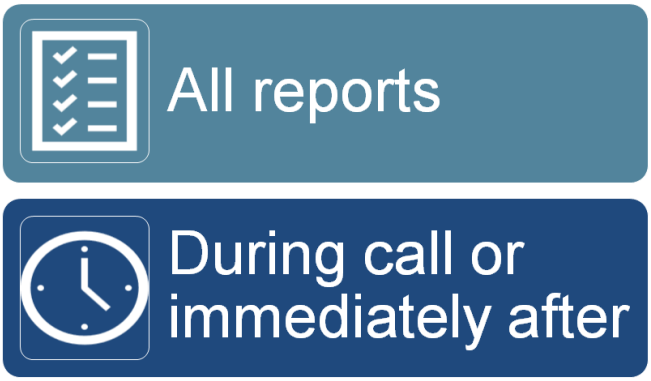
Timeframes and Policy Requirements for Documentation



All Intake reports must be completed using the Screening and Response tool in PATH NC. Preferably, you will work in the system while taking the report. When that is not possible, the documentation must be completed in the system immediately upon receipt of the report.

PATH NC is the system of record, and an assessment cannot be initiated until the Intake is completed and documented in PATH NC.

It is important to review the narrative after the initial documentation to confirm you use objective terminology and avoid labels or generalizations. Workers may use quotes to signify a reporter's specific language. Be certain to follow up the quote with more behaviorally ensure information.

The report is about the family, and what is recorded in the system follows the family. This may unfairly influence the perception of a CPS Assessment worker or another individual reviewing the Intake report.

Use this space to record notes.

Self-Reflection Training Wrap-Up

Self-Reflection Activity

Worksheet: Reflection and Check-In

Reflection and Check-In	
 Strengths Reflection	
Opportunities for Growth Reflection	
 "Aha" Moments	

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Day Two

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Appendix A: North Carolina Worker Practice Standards Desk Guide

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Worker Practice Standards Desk Guide

Practice Standards *are essential behaviors in working with agencies, staff, and families that apply to all members of the child welfare system, including leaders, supervisors, and workers. For workers, Practice Standards describe how they should interact with children, youth, and families from the beginning to the end of child welfare services. Each essential function has accompanying core activities, which embody that function, and practice standards, or desired behaviors that staff at all levels should be saying and doing to practice in accordance with the Practice Model and to help achieve positive outcomes for children, youth, and families.*

North Carolina's Practice Model Pyramid

What is a Practice Model?

Practice Models provide a framework or organizing principles to guide the agency to achieve their mission and values. (Child Welfare Policy and Practice Group. Adopting a Child Welfare Practice Framework)

What is a Practice Standard?

Practice Standards provide guidance to workers on the concrete actions and behaviors they should be demonstrating to carry out the agency's Practice Model. (Metz, A., Bartley, L., Blase, K. & Fixsen, D. (2011). A guide for creating practice profiles. Chapel Hill, NC: National Implementation Research Network, FPG, Child Development Institute, UNC.)

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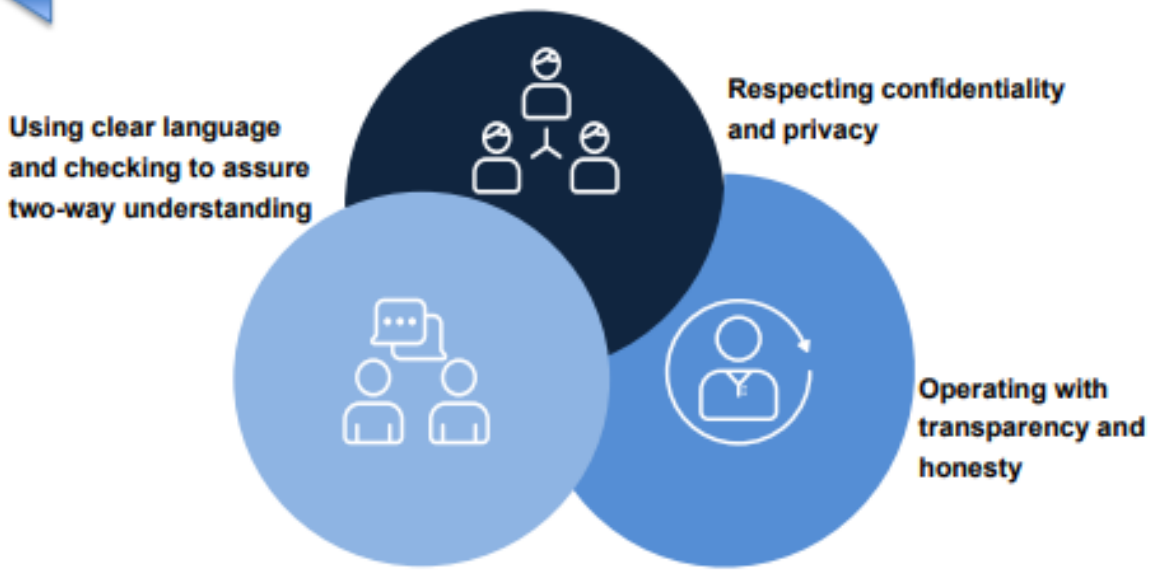
Key Behaviors and Core Activities

Communicating: *Timely and consistent sharing of spoken and written information so that meaning, and intent are understood in the same way by all parties involved. Open and honest communication underpins successful performance of all essential functions in child welfare.5j*

#1	Ensure clarity when communicating.
#2	Adapt communication to family needs and preferences and provide consistent information to all family members who need it.
#3	Allow time to enhance two–way communication with the family through questions and checks for understanding.
#4	Speak with the family and youth in a non-judgmental, respectful manner.
#5	Clearly and openly express to youth and the family what is expected from them and what they can expect from child welfare.
#6	Always tell the truth, including during difficult conversations, in a manner that promotes dialogue.
#7	Diligently respect confidentiality while sharing information when necessary and appropriate.

Communicating Core Activities



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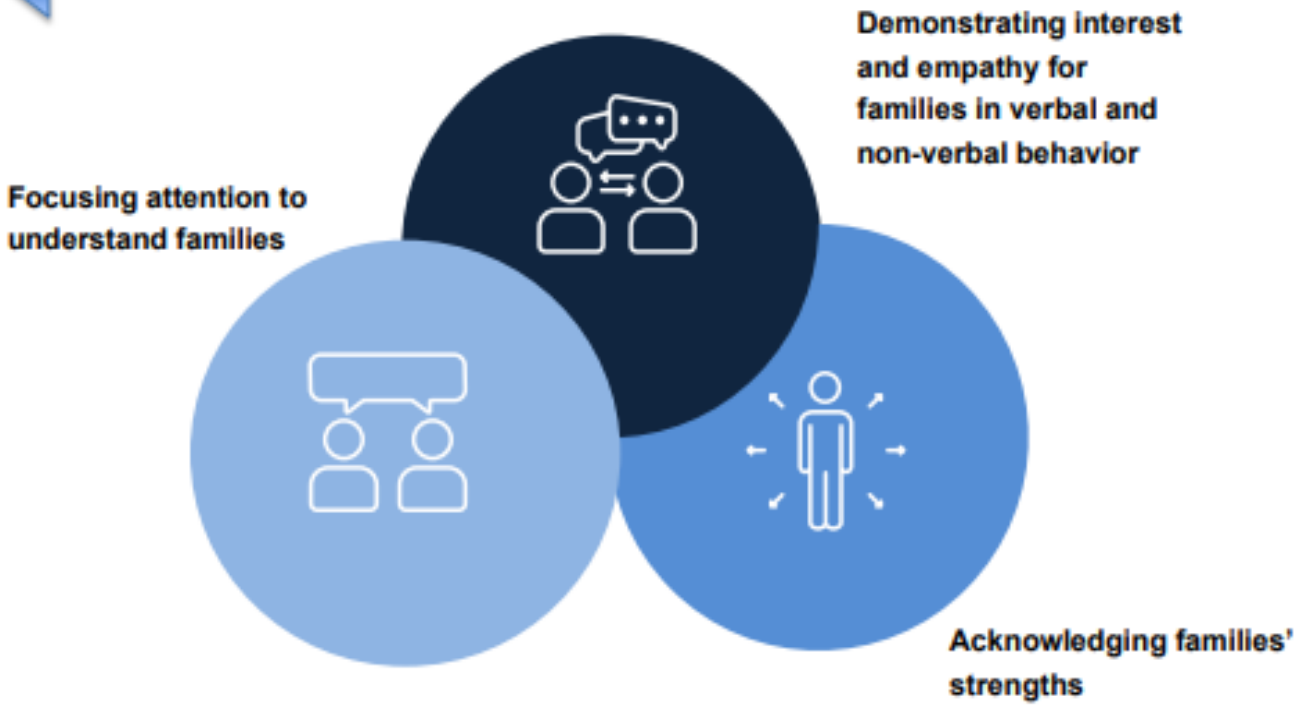
Engaging: *Empowering and motivating families to actively participate with child welfare in the functions of assessing, planning, and implementing by communicating openly and honestly with the family, demonstrating respect, and valuing the family's input and preferences. Engagement begins upon first meeting and continues throughout child welfare services.*

#1	Be fully present when meeting with the family.
#2	Prepare in advance to be able to connect with the family.
#3	Consider the family's perspective in all exchanges and actions.
#4	Recognize the family's perspectives and desires.
#5	Use body language to convey interest in the family.
#6	Acknowledge and celebrate strengths and successes.

Engaging Core Activities



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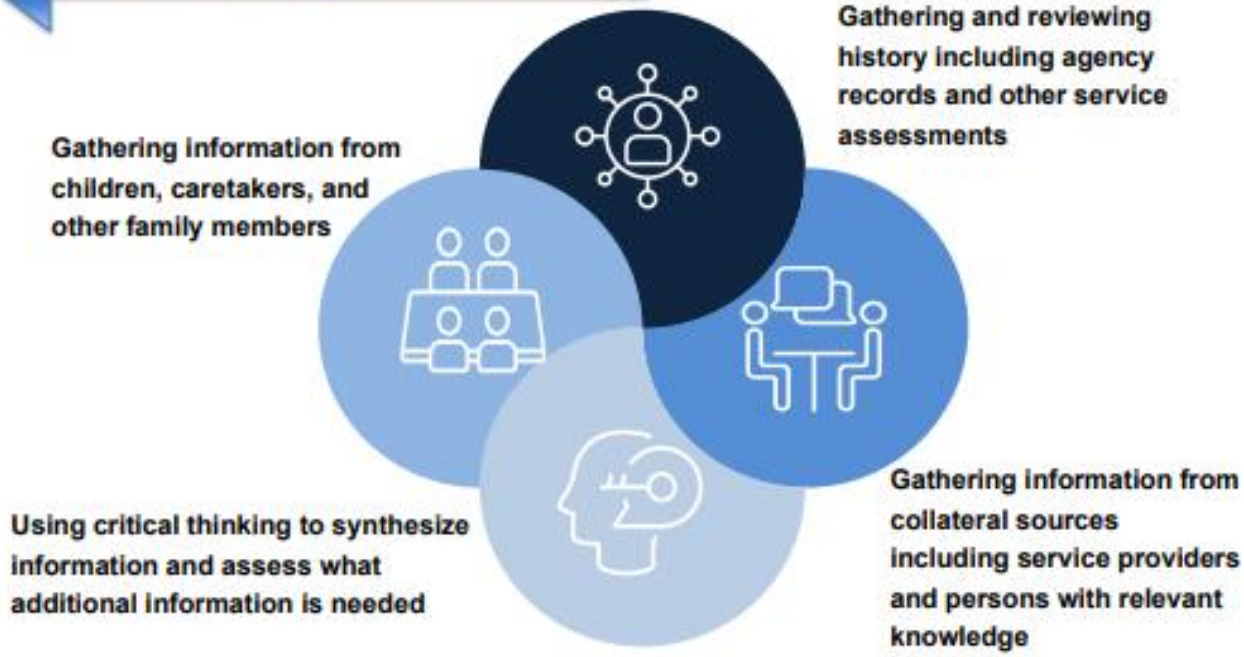
Assessing: *Gathering and synthesizing information from children, families, support systems, agency records, and persons with knowledge to determine the need for child protective services and to inform planning for safety, permanency, and well-being. Assessing occurs throughout child welfare services and includes learning from families about their strengths and preferences.*

#1	Differentiate between information and positions.
#2	Take time to get to know the family and explain the assessment process.
#3	Ask questions based on information needed and at ease asking uncomfortable questions.
#4	Stay open to different explanations of events in the record, keeping biases in check.
#5	Balance what is read in the record and what the family shares.
#6	Obtain all sides if there are differing positions among collaterals, engaging the family in the process.
#7	Synthesize information and consider sources, relevance, and timelines.
#8	Remain non-judgmental when processing information.

Assessing Core Activities



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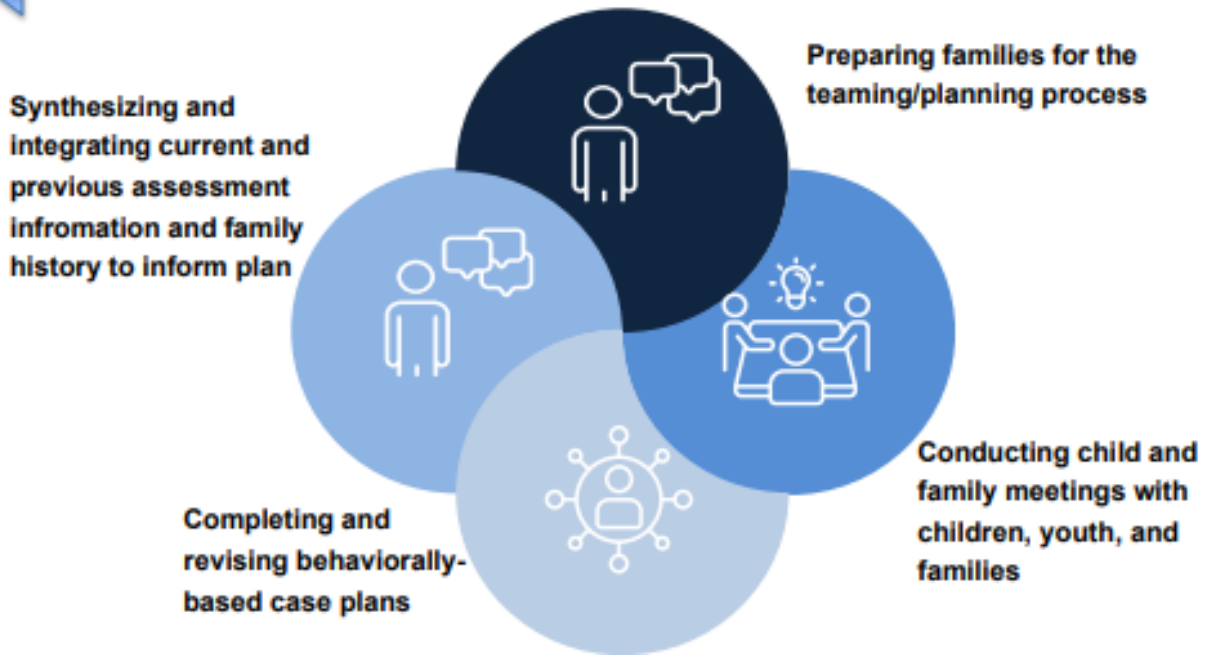
Planning: *Respectfully and meaningfully collaborating with families, communities, tribes, and other identified team members to set goals and develop strategies based on the continuous assessment of safety, risk, family strengths, and needs through a child and family team process. Plans should be revisited regularly by the team to determine progress towards meeting goals and changes made when needed.*

#1	Engage the family in understanding assessment and history, focusing on strengths to customize the plan.
#2	Discover root causes and underlying reasons for the family's involvement.
#3	Believe and practice the importance of preparation both for self and for the family for teaming and planning.
#4	Actively engage the family in identifying their team.
#5	Promote the family's voice as the cornerstone of the meeting.
#6	Facilitate and engage participants throughout, acknowledging and managing conflict.
#7	Revisit case plan regularly, willing to modify or update as needed, but at a minimum per policy.

Planning Core Activities



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Implementing: *Carrying out plans that have been developed. Implementing includes linking families to services and community supports, supporting families to take actions agreed upon in plans and monitoring to assure plans are being implemented by both families and providers, monitoring progress on behavioral goals, and identifying when plans need to be adapted.*

#1	Support the family to take action.
#2	Work with the family to find solutions to problems.
#3	Explain to the family what services are and what they could do for the family to provide information and informed decisions.
#4	Offer an array of service providers to choose from if there are choices to be had.
#5	Advocate with and for the family with providers regarding what behavioral change is expected to ensure quality service delivery.
#6	Access natural supports in the community to assist the family to achieve their goals.
#7	Check in on an ongoing basis with the family on progress with the Family Services Agreement.
#8	Assess progress in implementing actions of the plan, making adjustments as needed.
#9	Track service delivery for the achievement of safety, permanency, and well-being outcomes for the family.

Implementing Core Activities

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Strategies for Applying Practice Standards in Your Everyday Work

Communicating

- Use clear understandable language, both when speaking and writing, avoiding acronyms and jargon.
- Understand the unique communication needs of the family, including communication preferences or language barriers. If barriers exist, ensure that appropriate language services are provided.
- Continually practice active listening, which means asking questions to both understand and show you are listening.
- Through your words and actions, show the family interest, respect, and empathy. Examples include leaning in when they speak, head nodding to show understanding, and being transparent with note taking.
- Make sure you understand and can explain the "why" behind certain requirements and decisions with the family.
- Always respect the family's right to privacy and be cognizant of who you are sharing information with, what you are sharing, where you are sharing, and why you are sharing.
- Have honest discussions with the family regarding expectations, both yours and theirs. Be sure to follow up and follow through on your conversations.
- Model transparency and honesty, including when information is not known, difficult, or incorrect.

Engaging

- Be fully present by eliminating any potential distractions.
- Review previous notes from meetings with the family and prepare follow-up questions and items to discuss. Demonstrating your preparedness shows the family that you respect your time together.
- Treat the family as the "expert" of their own situation. They know their strengths and struggles best.
- Put the family first in conversations and consider the perspective of the child and family. For example, engaging relatives for placement is important from an agency perspective, but can be extremely meaningful from the family's perspective.
- Show empathy and acknowledge any struggle experienced by the family when talking through courageous conversations.
- Empower the family to feel confident, encouraging their active involvement in problem solving and planning, and help the family identify their own strengths and successes.
- Engage the family through body language and demonstrate interest, empathy, and understanding when they speak.

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Assessing

- Ask open-ended, strengths-based questions.
- Be transparent and share the purpose of gathering and assessing information, and who may be contacted as part of the process.
- Understand that assessing is an ongoing skill and never ends during the life of a case.
- Provide space for reflection on opinions and biases and how they could impact your work. Brainstorm strategies to mitigate bias with your supervisor.
- Prepare ahead and review what is in the record to understand what has worked for the family in the past, while also being cognizant of what the family is communicating with you in the present.
- Know what questions to ask that will elicit the most comprehensive answers and share along the way what is being learned by those questions.
- Gather information and observations from a wide variety of collateral sources, while understanding they may also can contain opinions and biases as well.
- Be inquisitive, not judgmental through the assessing process.
- Before contacting collaterals, engage the family in what information is being obtained and when you intend to make contact, when it is possible to do so.

Planning

- Create buy-in for the family by involving them from the beginning, ensuring that their voice is used throughout the plan.
- Fully process information gathered to best inform case planning.
- Dig deep to understand and address the root cause for child welfare involvement, using creative ideas and solutions that are congruent with the needs of the family.
- Check for plan alignment with the root cause of involvement. The family should not be asked to complete tasks that are not directly tied to concerns.
- Prepare yourself for Child and Family Team Meetings (CFTs) by thoroughly reviewing the case history, documenting questions, and consulting with your supervisor.
- Prepare the family for CFTs by explaining the purpose, letting them know what to expect, and engaging them in setting the agenda.
- Help the family identify relatives ,friends, and others to be involved in the planning process as an advocate and source of support.
- Thoroughly review plans to ensure that the plan's goals and objectives continue to tie back to the family's assessment and reason for involvement.
- Update the plan accordingly when tasks are completed so the family can see and feel progress.

Implementing

- Partner with the family on determining services and service delivery and what will work best for their family.
- Offer to make initial phone calls to assist in navigating a complex service array system.
- Bust barriers to accessing services, such as lack of transportation, lack of a communication device, or lack of funds.
- Help the family fully understand the purpose of each service so that they understand what progress will look like.
- Use a three-step process of: "What is going well?"; "What needs to happen?"; and "What are our next steps?".
- Continuously assess services with the family and adjust as needed. Reassess barriers once services begin to ensure the family can continue to be successful or if changes are needed.
- Always remember the power differential that exists and that the family may be unsure of how to advocate for themselves with providers, therefore you must advocate both for and with them.
- Consider the family's interests, culture, and faith when exploring natural supports that may help them feel confident and supported during the process.
- Celebrate along with the family when progress is made, and goals are achieved.

Resources

North Carolina Worker Practice Standards

Practice Standards Worker Self-Assessment

Transfer of Learning Tools: Self-Assessment, Peer Review, and 360-Degree Evaluation