

And the Survey Says . . .
Selected Findings from the First Survey of Line Social Workers and Supervisors
April through November 2006

Purpose

The survey had two purposes. The first was to identify common social work practices in the rural counties of the east and west (intervention and control) and the second was to determine if involvement with this project had any measurable impact on social work practice and supervision in the intervention counties—particularly in increasing best practice activities such as day one conferencing, inter- and intra-agency collaboration/staffing, and data-based planning and supervision. These results are from the pre-test only and are provided to give a description of rural social work in NC.

A Word about Methodology

The survey was designed to build on success stories shared in four focus groups conducted using appreciative inquiry (AI) techniques. One focus group for workers and one for supervisors was held in the West (Qualla Boundary) on 2/18/05 with parallel sessions held in the East (Ahoski) on 3/4/05. Scenarios of practice situations were developed from material gathered in the focus groups and questions about the usual practice followed each scenario. Some of the same scenarios were used for both line workers and supervisors, but each of the two surveys had one scenario only for that group of respondents. The supervisor's survey included questions designed to tap learning objectives of the Cornerstone IV training and both included questions on types of learning opportunities used in the past 12 months.

Participants were recruited and consent information distributed by direct email to line workers and supervisors in both intervention and comparison counties. This mailing also included information about how to access and use the online survey. The Pre-test version was distributed in three waves—targeting intervention counties prior to their supervisors' receipt of the Cornerstone training. Distribution started on 4/25/06 and finished on 6/19/06 with the comparison counties receiving the last round of recruitment emails. The online survey was closed to responses on 7/21/06. Paper surveys were mailed to non-respondents during the week of 7/24/06.

A total of 288 line social workers were recruited for the pre-test survey—162 from the East and 126 from the West. They were told at that time that they would be receiving a follow up survey the next winter. One hundred twenty-seven line social workers either accessed the online survey or returned a paper survey (8 paper) but only 101 line social workers provided complete or relatively complete answers for a net response rate of 35.1percent.

A total of 70 supervisors were recruited for the pre-test survey—35 from each of the two regions. Forty-two of these either accessed the online survey or returned paper surveys and all of them were usable for a response rate of 60.0 percent.

What's Special about Rural Social Work?

Access to Resources: In which setting is it easier to . . . ?

- Arrange ***transportation*** for families?—90 percent of supervisory and 87 percent of line social workers say it is easier in ***urban*** counties. The numbers were similar for those who had and had not previously worked in an urban DSS.
- Find safe, adequate ***housing*** for families?—82 percent of supervisors and 54 percent of line social workers say it is easier in ***urban*** counties, with 18 percent of workers saying easier in rural and 28 percent saying the same for both. All supervisors who had previously worked in urban DSSs said it was easier in urban areas, compared to 72 percent of those who had only worked in rural DSSs. This difference is statistically significant ($p = .035$). The difference between line social workers who had and had not previously worked in urban DSSs was not significant, and was in the other direction (i.e., line workers with previous urban experience were less likely to say it was easier in urban DSSs).
- Find the ***resources*** families need to succeed?—79 percent of supervisors and 78 percent of line workers think it is easier in ***urban*** DSSs. There is little difference in the opinions of workers and supervisors who have previous urban DSS experience and those who do not.
- Find ***time*** to conduct ***home visits***?—64 percent of supervisors and 53 percent of line social workers say it is the ***same for both*** rural and urban DSSs. A large minority of both line social workers (37 percent) and supervisors (31 percent) felt that this was easier in rural DSSs. There is essentially no difference in the views of supervisors or line workers who had or had not previously worked in an urban DSS.
- ***Travel the distance*** between clients' homes, office, and needed resources?—58 percent of supervisors and 53 percent of line social workers say it is easier in ***urban*** DSSs. Again, a substantial minority felt that it was the same for both settings (32 percent of line social workers and 24 percent of supervisors). There is little difference in the opinions of workers and supervisors who have previous urban DSS experience and those who do not.

Work Environment: In which setting is it better?

- Workers' ***safety during home visits***—Among supervisors, 54 percent said the ***same for both***, and 41 percent said better in rural areas. Among line social workers there was no majority answer, but the largest group (49 percent) also said the same for both, while only slightly fewer (41 percent) said better in rural areas. There was little difference between those who had and had not previously worked in an urban DSS.
- ***New line workers*** from other counties or states are ***accepted by the clients***—60 percent of line social workers say that this is the ***same in both settings***. However,

the supervisors are more divided on this issue, with 46 percent who think this is the same for both, but 41 percent who think there is better acceptance in urban agencies. In particular, supervisors who have worked in urban DSSs are more likely to believe that acceptance is better in the urban DSSs—62 percent versus 28 percent of supervisors who have only worked in rural DSSs. This difference is significant ($p = .045$). One or more of the focus groups held before the design of the survey indicated that social workers from outside the community had to work very hard to be accepted by people in the community. Perhaps, as the difference between the answers of supervisors with and without urban DSS experience suggests, this is a perception of former “newcomers” that people who have always worked in rural agencies are less aware of.

- New staff members from other counties or states are ***accepted by the other staff members***.—57 percent of supervisors and 63 percent of workers say it is the ***same for both***. There is very little difference between workers or supervisors with and without experience in urban DSSs in the proportion who say it is the same for both, though for those who don’t say it is the same, those who have previously worked in urban areas are more likely to say it is better in urban DSSs. (These are small numbers and not statistically significant.)
- DSS gets ***support from non-agency organizations*** such as the faith community, business community, and/or civic organizations—The disagreement on this question is such that findings are easier to see the table below. The differences between supervisors and line social workers shown in this table are not statistically significant.

	Percent of Supervisors	Percent of Line Social Workers
Better in rural DSS	25	43
Better in urban DSS	31	24
The same for both	44	34

Supervisors who had previously worked in urban DSSs were more likely to say that it was the same for both (62 percent compared to 32 percent of those who had not had urban experience). This difference was borderline significant ($p = .080$). It should also be noted that 16 of 103 workers who answered the survey chose not to answer this question.

- DSS has ***collaboration across agency lines***—49 percent of supervisors felt that this was the same in urban and rural counties, while 43 percent felt it was better in rural counties. Among workers, 34 percent thought it was the same for both, while 43 percent thought it was better in rural counties. (not a significant difference). Differences between worker and supervisors who had previously worked in urban DSSs and those who had not were not statistically significant.

Opportunities for Good Social Work Practice: In which setting is there more. . .?

- Freedom for social workers to be ***flexible*** when seeking solutions for a family’s problems—This question was also one in which opinion was substantially

divided. Answers are shown in the table below. Differences between those with previous experience in urban DSSs and those without are not significant.

	Percent of Supervisors	Percent of Line Social Workers
More in Rural DSS	32	33
More in Urban DSS	32	28
The same for both	37	39

Note: Percentages sum to more than 100% due to rounding.

- **Being proactive** for families instead of just “putting out fires”?—58 percent of supervisors and 51 percent of line social workers say it is the *same for both* rural and urban DSSs. Here a substantial minority (32 percent of line social workers and 34 percent of supervisors) said it was easier in rural counties.
- Line workers devote their energy to **understanding and respecting local values and culture**—55 percent of supervisors and 58 percent of line social workers believe that this happens more in *rural* DSSs, with most of the others saying that it is the same for both groups. Line social workers who have previous urban experience are actually more likely than those who don’t to say it happens more in rural DSSs, but this difference is not statistically significant.
- Line workers have **culturally-competent practice** with diverse groups—53 percent of supervisors and 54 percent of line social workers believe that this is found more in *urban* DSSs, with most of the remainder saying that it is the same in both groups. Differences between those with previous experience in urban DSSs and those without are not significant.
- Line social workers **communicate clearly with families**, such as using language that they are sure the families will understand—This question, too, is one in which opinion was substantially divided. Answers are shown in the table below. Differences between those with previous experience in urban DSSs and those without are not significant.

	Percent of Supervisors	Percent of Line Social Workers
More in Rural DSS	39	35
More in Urban DSS	21	16
The same for both	39	49

- Line social workers find **evidence-based practice** ideas for difficult cases—68 percent of supervisors and 51 percent of line social workers say that this is *equally likely in rural and urban* DSSs. Differences between those with previous experience in urban DSSs and those without are not significant.
- Line social workers believe that **they can really make a difference**—70 percent of supervisors and 57 percent of social workers say that this is the *same for rural and urban*, though a substantial minority (24 percent of supervisors and 36 percent of line social workers) say this is more true in rural DSSs. There is little difference in this answer between those who have previous urban experience and those who don’t. This finding is a little surprising, because the greater impact of the individual in rural areas is something we’ve heard in interviews and read in

the literature, along with the mathematical reality that, all things being equal, one person has more influence in a small group of decision makers than in a large one. However, this seems to be believed by only a little over a third of workers and less than a quarter of supervisors.

- Line social *workers are respected* for the job they do—78 percent of supervisors and 67 percent of line social workers believe that this is the *same in both* settings. Responses from those with and without previous urban experience (line social workers and supervisors) were nearly identical.

The Bottom Line on “What’s Special”

- For four of the five **resources** the survey asked about (transportation, housing, time used for social worker travel, and the general category “resources families need to succeed”), both supervisors and social workers believe they are easier to find in urban areas. Generally these opinions were similar among respondents who had previously worked in urban DSSs and those who had not. However, in the area of housing, supervisors with previous urban DSS experience were significantly more likely to say that urban DSSs had an easier time finding this resource. A small majority of both supervisors and workers felt that it was equally easy to find time for home visits in rural and urban DSSs; but a substantial minority of both felt that was easier in rural areas.
- In three of the five **work environment** questions (safety during home visits, community acceptance of social workers from another area, and agency staff acceptance of new staff members for another area), the majority of supervisors and line social workers felt that rural and urban DSSs were the same. In the areas of community support and interagency collaboration there were no clear majorities. In both areas, the supervisors were slightly more likely to say these were the same in rural and urban areas, and the line social workers were more likely to say that they were better in rural area.
- In the eight questions about **opportunities for good social work practice**, there were four in which the majority felt that rural and urban opportunities were the same. In two more, there was considerable division of opinion with no category getting a majority endorsement, but the modal response was also same for both. There was one area (understanding and respecting local values and culture) in which the majority rated rural DSSs higher and one (culturally-competent practice with diverse groups) in which the majority rated urban DSSs higher.
- Our analysis of performance data has shown that in most measures rural and urban DSSs are similar, but where they differ, the rural DSSs have superior performance. Opinions of the rural DSS line social workers and supervisors show that they, too, see many similarities; but they believe that in most cases, when there is a difference, things are better in the urban DSSs. In areas where there is less consensus, there is an overall pattern of line social workers rating rural DSSs higher than supervisors; but no single difference is significant.

Community Collaboration

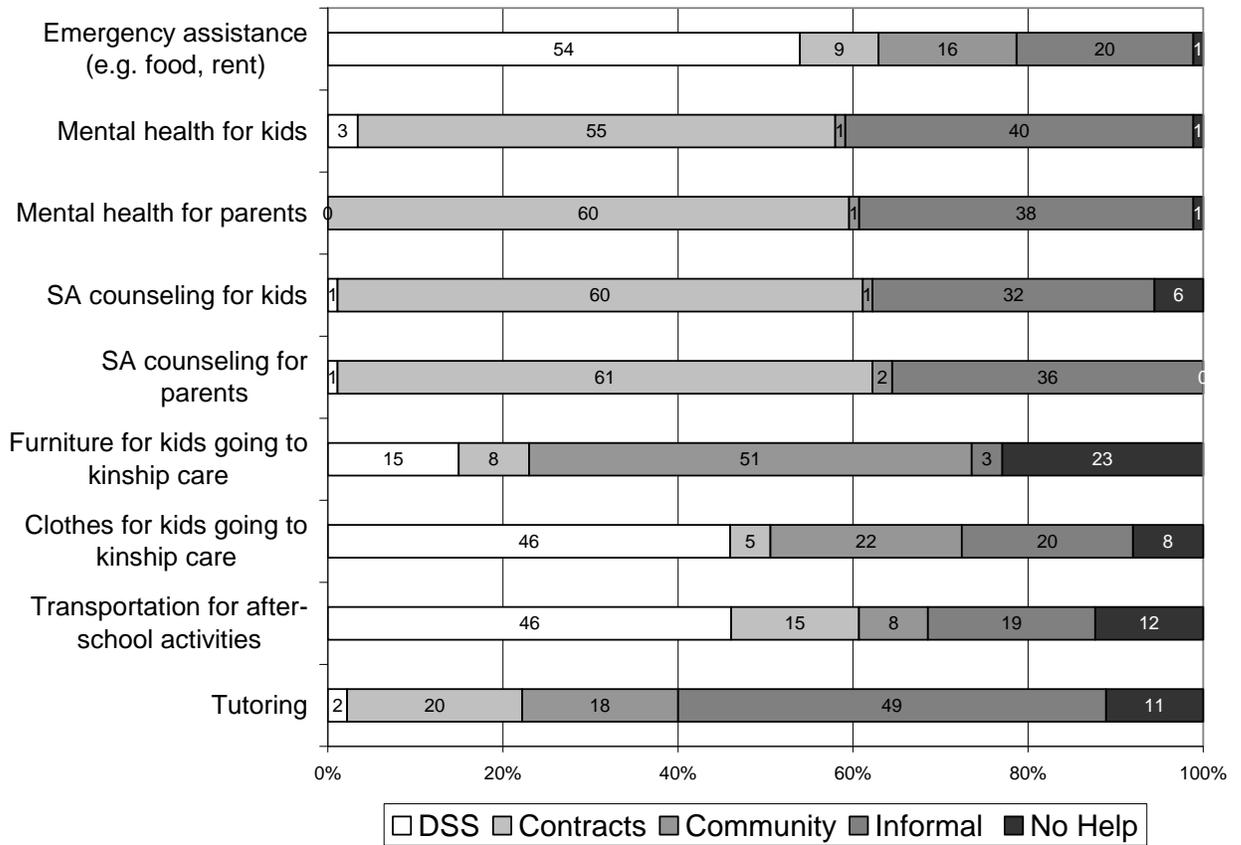
Types of Collaboration in Your Community/Agency (asked of line social workers only)

Type of Collaboration	% Yes
A group of professionals from different agencies meets regularly to share information about the kinds of resources they have available—especially new services, pilot projects, or changes in scope or eligibility.	63
A group of professionals from different agencies meets regularly to “staff” or problem-solve about strategies and resources to meet the needs of specific families that are challenging to one or more of the member agencies.	68
Teams that cross unit lines within the agency (e.g., Work First and Child Welfare)	73
Teams that cross agency lines (e.g., law enforcement and CPS teams)	78
N=92	

- Line social workers were also encouraged to write in other types of collaboration they were involved in. Three of the five people who did so mentioned collaboration with the schools (one CPS and two general child welfare). The remaining answers were from one person each. (The same person may have listed multiple collaborations.)
 - CPS and medical professionals
 - Mental health.
 - Interagency Children’s Collaborative
 - Adoption Promotion and Support Services (APASS) consortium
 - Child & Adolescent Health Issues committee.
 - Substance Abuse Task Force
 - Sexual Abuse Response Team
 - Multi-Disciplinary Team/ Child Advocacy Center
 - CAT meetings
 - Treatment Team meetings
 - Safe Abandonment Act

Where Do You Usually Find These Resources? (Line Social Workers Only)

Figure 1. Sources of Specific Resources Needed by DSS Consumers



Key: DSS = "Inside DSS" Contracts = "Through formal interagency agreements or contracts;" Community = "Through informal relationships with non-agency groups (e.g., faith or civic groups);" Informal = "Through informal relationships with other agencies;" and No Help="Usually cannot get help."

Community Collaboration Scenario for Line Social Workers

Scenario: Miss L. is a rising high school senior who has been in placement with her aunt since she was 10. She wants to go to college and her grades are definitely good enough to get into a good school, but they might not be good enough to earn her a scholarship. Even if she got a scholarship, her aunt would not be able to pay for books and other college expenses. In fact, the aunt doesn't even have a car to drive Miss L. to look at colleges or to go back and forth between semesters, on breaks, etc.

Based on the scenario above how often would you and/or your co-workers. .

Actions that a majority of line social workers would do "always" or "usually" for children in a situation like the scenario above.

Action to be taken	% of Line Social Workers

Encourage them to talk to their high school guidance counselor about scholarships and student loans	100
Be emotionally supportive, but let them know that they are “aging out”	80
Use resources your county—DSS, other agencies, or teams collaborating among agencies—has already developed to support foster kids who want to go to college	73

Actions in which there is no clear consensus among line social workers.

Action to be taken	% Always or usually	% Sometimes	% Rarely or never	% Not in this agency*
Discuss the situation with an existing community team or call a meeting of professionals, civic groups, and the faith community to get help, and try to establish a community team or other community mechanism for helping others like her.	45	31	37	1
Approach faith communities, civic groups, and other helping professionals separately, asking them each to take on some part of the help needed (e.g., ask one group to pay for books, one group to arrange transportation, one to supply dorm furnishings, etc.)	33	29	36	2

*Not available in this agency” or “Not permitted in this agency.”

Thirty-four line social workers took advantage of the opportunity to write in additional things they would do. Many of them spoke of multiple strategies. Of these thirty four workers, 19 gave answers that included the use of LINKS and/or ETV funds. Seven spoke specifically of CARS agreements or said that they would have the youth sign an agreement to remain in DSS custody after turning 18 in order to continue to receive DSS support. One of these also reflected that the agency has often provided transportation and financial help to former foster children even when they do not remain in custody. Seven workers mentioned helping pursue grants, scholarships, and other financial aid, by educating the child about them, talking to colleges about them, helping the child apply and/or teaching the foster parent (the aunt in this case) about searching for and applying for these resources. Four of the workers voiced the view that they and their agencies will do everything possible and will find a way to enable the child to go to college. Five talked about approaching community or collaborative groups. Three said that they would take the child (or ask permission to take the child) to visit colleges. One of these mentioned getting the college-specific information on financial aid while doing the visit. One of these also suggested trying to set up a program through the high school that would help groups of teens visit colleges they were interested in if their families couldn’t afford to do this for them. One reported that a worker in her agency has already compiled information on colleges and financial aid for such occasions. One mentioned referring the

child to the community courses for the basic curriculum and then helping with transfer to finish a degree. This same person mentioned looking into a university that would not be so far away. One mentioned approaching the aunt to see if there are any family members who could help.

Collaboration Scenario for Supervisors

Scenario: Mrs. R., the sister-in-law of one of your friends, works in your county’s Public Health Department. She calls you to tell you about a grant opportunity which, if funded, would provide some flexible money for transportation assistance in the county. She wants to know if you would be interested in working with her in planning and writing the grant application. This month alone, two of the workers that you supervise have mentioned their frustrations about not being able to arrange transportation for clients—a foster child with an after-school dental appointment and three mothers needing transportation to a parenting class.

Most Likely Reaction to the Call in the Scenario

Reaction	% of Supervisors
Tell her that you are interested but will need to discuss it with your DSS director and other supervisors. Arrange to get more information about the grant opportunity from her to share with them.	37
Set up a meeting with Mrs. R., the DSS director and other supervisors (if applicable) and yourself at which Mrs. R. will talk about the grant opportunity	32
Tell her that she needs to discuss it directly with the DSS director and give her the appropriate phone number and/or e-mail address.	24
Agree to help write the grant and get out your calendar to figure out when you can start working on it with her.	5
Thank her and tell her that it sounds like a great opportunity, but that you are so busy that you could not possibly find time to work on a grant application.	0
Other	3

Sums to over 100% due to rounding

Priority Considerations for Pursuing the Grant in the Scenario

Considerations that a majority of supervisors rate as
“Important” or “Very Important”

Considerations	% of Line Social Workers
Verifying that a substantial number of DSS clients and their families would benefit from this grant if it were funded	100
Taking advantage of an opportunity to build a stronger working relationship with the Health Department	97
The interest in and relevance of this grant to other units in the DSS such as TANF and Adult Services	95
Finding a way to balance my time working on the grant application with my other duties	95
Figuring out how this opportunity fits or doesn't fit with the mission and vision of the DSS or the child welfare unit you supervise	86
The likelihood that the grant will be funded (e.g., how many are being given, how well this county fits the profile of areas this funding source usually helps)	86

How the DSS Could Contribute to Scenario in Grant

My DSS could contribute to the grant application in these ways	% of Supervisors Saying “Yes”
We could provide anonymous examples from among our clients to describe the people and situations that would be helped by additional transportation	100
We could identify other agencies and community groups whose inclusion would strengthen our application.	97
We could look for data from the data warehouse to document baseline measures of transportation provided and unmet need for transportation services in the county	87
We could draw a timeline for project activities	86
We could help with the evaluation plan by identifying the baseline values for outcome indicators that we could use to measure the grant initiative's effectiveness.	76
We could identify consultants who would help us with the technical aspects of the application	76

Public Awareness of DSS

**Approaches/Resources Your DSS Uses Now
to help keep the community informed about the resources it offers, reporting laws,
chances for community involvement, or other matters relevant to
citizens outside of the professional helping community**

My DSS agency . . .	% of Supervisors	% of Line Workers
Uses billboards, radio, TV or print ads to recruit foster and adoptive parents	89	63
Places radio, TV, or print ads about the availability of special services such as energy assistance	77	58
Relies on informal communication efforts of employees to friends, relatives, faith communities, etc., to inform the community about DSS services and needs for community support.	68	71
Has a website which provides information about services and needs for community support	67	38
Produces and currently distributes a guide to DSS services for ordinary citizens	64	42
Has a designated person or group to report positive events to the press	62	41
Has a speakers' bureau to address groups about CPS reporting, foster parenting, helping meet the needs of families, or other subjects in which the community needs to know more about DSS.	36	37

Note: It appears that workers are less well informed about available resources than supervisors. Alternately, if in those agencies with the best public awareness efforts, the supervisors answered in greater proportion than the workers, this same effect would be produced.

- Eight supervisors wrote in additional comments about this question.
 - We do have social work staff that meets with different community organizations upon request to discuss reporting laws as well as provide general information about child abuse, neglect, and dependency.
 - We attend public 'fairs' in the community and serve on many boards and inter-agency teams which serve to educate the public and enhance the provision of services. We have also developed many on-going MOAs, Protocols, and special trainings with certain key groups which have greatly assisted in education and service provision.
 - Offer presentations to the community as requested (day care centers, schools, hospitals, military personnel) regarding CPS reporting laws.
 - The agency is always willing when someone or group ask for information about DSS and what the agency does in the community.

- We do not have a speakers’ bureau, however, the supervisor and the SWs attend civic group meetings, church meetings, service agency meetings and schools to educate about CPS. The high school invites us each semester to talk to their ‘teen living’ class to discuss CPS issues and protocols.
- Posters are posted at businesses, etc.
- Our Director reports to the paper whenever an issue needs to be addressed.
- Public board meetings

Public Awareness Scenario

Scenario: Six months ago the local paper ran a story very critical of DSS for “taking a woman’s children” over “an accident that could have happened to anyone.” The so-called accident was part of a larger pattern of substantiated abuse. Of course, DSS could not share any information with the public about the specific case. Yesterday, two children were seriously injured when a home meth lab exploded. Interviewed neighbors said, “Everyone in this end of the county knew there was a meth lab there. Why hadn’t DSS done something to keep those children safe?” (There had never been a report to DSS about this family.)

Actions that a majority of supervisors or line social workers would do “Definitely” or “Probably” in response to the scenario above.

Action to be taken	% of Supervisors	% of Line Social Workers
Give the child welfare social workers you supervise a chance to talk with you and each other about how the negative publicity for DSS makes them feel	100	Not asked
Talk to the child welfare social, supervisors, and other administrators about creating a way to educate the public about DSS?	100	84
Talk informally to your friends, neighbors, members of your faith community, etc., about what DSS really does, restrictions on what they can do, and how they need the community’s help and support	92	82
Volunteer to be on a speaker’s bureau or participate in some other planned agency effort to educate the community	88	66
Arrange to talk to your civic club, faith community clubs or classes, or other groups about what DSS really does, restrictions on what they can do, and how they need the community’s help and support	82	52
Encourage the child welfare social workers you supervise to talk informally to their friends,	78	Not asked

neighbors, members of their faith community, etc., about what DSS really does, restrictions on what they can do, and how they need the community's help and support		
Encourage the child welfare social workers you supervise to talk to their civic club, faith community clubs or classes, or other groups about what DSS really does, restrictions on what they can do, and how they need the community's help and support	72	Not asked
Complain to your peers (supervisor to supervisor or line worker to line worker) about the negativity of the press	62	87
Talk among yourselves (with other social workers) about how this kind of negative publicity for DSS makes you feel	Not asked	88

Actions that a majority of supervisors or line social workers would do "Probably Not" or "Definitely Not" in response to the scenario above.

Action to be taken	% of Supervisors	% of Line Social Workers
Complain to the child welfare social workers you supervise about how the public doesn't understand anything about DSS	77	Not asked
Complain to the child welfare social workers you supervise about the negativity of the press	73	Not asked

Actions in which there is no clear consensus among supervisors or line social workers

Action to be taken	Supervisors		Line Social Worker	
	% Definitely or Probably	% Definitely or Probably Not	% Definitely or Probably	% Definitely or Probably Not
Complain to your peers (supervisor to supervisor or line worker to line worker) about how the public doesn't understand anything about DSS	47	53	81	19

- The following comments were written by supervisors and workers to clarify the actions they would recommend or take for this scenario:

Supervisors

- Assist in educating the public by newspaper interviews, producing literature for public education
- Refer the questions and responses to our Director for proper responses to the public.
- It would not be an issue that I would just sit around and talk about. If one of my SW wanted to talk about it we certainly would discuss. In situations like this it really is about educating the public about what DSS can and cannot do. I would probably recommend to my program manager a greater need for more community education.
- I would call the local newspaper and ask them to help us get the word out there to OUR community. This has worked well in the near past for us especially around substance abusing parents.
- We regularly talk to various community groups and schools about the role of DSS. In this scenario, if the community complaints were loud and public, we might do an article in the local paper about the responsibilities of DSS in CPS cases.
- I would not use the word ‘complain,’ but rather would discuss it with them and let them know that freedom of the press is a right, then try to encourage them in the great work they do and how worthwhile it is. If brought up by relatives, friends, or acquaintances, I would explain very generally DSS perspectives and that the Department does not have a crystal ball and cannot foresee what will happen. If no reports are made on families, then the Department has no way of knowing the activities in the home. As a supervisor, I would do as my director or program manager asked concerning talking to groups or organizations. In a nutshell, I would try to avoid negativity because I feel it breeds negativity. I would attempt to strengthen and comfort my staff bringing out what good they do on a daily basis and arrange a meeting for them to talk with me and each other. I would try to bring in a mental health worker to counsel with and help the workers if they are very upset about the situation.
- Each situation is different and you have to act accordingly. You also have to let your superiors handle some situations and work within your own agency. Your most effective way of handling the situation may be to help your own workers, help the families they are working with, etc. Again, each situation is different.
- I would encourage my family and friends to write letters to the editor of the paper in response to the negative publicity as it would not come across as unbiased if I did so.
- Many times over the past 20 years I have had to deal with this kind of issue. We need to be able to vent our frustration among ourselves while looking for formal and informal ways to educate the community on the limitations of DSS and the need for all people to take responsibility for the events in their community. In the past I have spoken many times to educators, medical persons, faith community and the general public about the need to take responsibility to make reports and what we can and can’t do as an agency. DSS will always get bad press because we can’t defend ourselves, our actions

or our lack of action. The key is to build integrity for our agency as a whole in the community understanding that there will always be people we don't make happy.

- News paper articles, hand out flyers, etc.
- Our agency sets up community awareness meetings and has staff and leaders talking to groups concerning the press the impact of children coming into care or death of a child. We meet regularly with civic groups. Since this is a norm for our agency I would lead my workers into using these avenue when this type of press comes about.
- Write a news article and give to local media

Line Social Workers

- public forums, public education seminars, a article that explains child welfare practices, etc.
- Make written information available to the public explaining what DSS really does, restrictions on what they can do, and how they need the community's help and support?
- I think any article that specifically blames DSS should be responded to in some way. If there is no response from DSS, than public opinion could become negative based on a one sided argument. Without giving details to a case, the DSS director could do an 'interview' and respond to the negativity in a way in which the public could be educated about the responsibility of DSS as well as the responsibility of the individual.
- We would correct other that may bring the problem to our attention. We would explain what it takes for our agency to get involved in a case.
- Contact news and print media and request the opportunity to outline for them the restrictions and abilities of the DSS to intervene in the lives of children, as provided by state law.
- These are the same issues we face everyday. As the Intake worker, I take a lot of time educating the public by doing the things already listed. I also participate in many other Teams/Committees and Task Forces that work on education, support and treatment resources. We recently held a public forum, ironically, on Meth Labs on April 11, 2006 in which we plastered information all over the news, radio, by e-mail , fax and letters to every place possible. Over 1, 000 letters went out to the public by the Chamber of Commerce on our behalf. Only a total of about 75 people showed up between the three presentations we gave through the day. I have given presentations to professionals, college classes, workshops, schools and anyone else that has asked, problem is getting people interested in attending or asking us to come out. Our agency is VERY good about allowing me to go out for presentations. I have had people tell me that they though about not attending the presentation, but was glad they did because it was so informative. Problem is we don't reach enough people and we constantly work on different ideas on how to get people interested in being educated. We have held Child Abuse symposiums, Child Safety Fairs, Adoption Awareness Carnivals and we also attend various community events on a yearly basis that allow booths to be put up with educational information.

- Send brochures with letters to people who use our services.
- Informally educate other professionals, continue doing trainings that we already do for elementary schools, college classes, library, etc.
- Meet with various agencies like school personnel, mental health, and law enforcement to name a few and review the standards we maintain. There would be a plea to for people to make reports if they have concerns. This is an ongoing need.
- We have been there and did provide training throughout the county and other counties.
- Write a general article for the newspaper, explaining the role of DSS
- Probably the supervisors/director would handle this type of situation and any education/public forum discussion.
- In addition to speaking to individuals/groups, may write an article for the local newspaper to explain DSS role in protecting children
- Share information about DSS at outside stage or outside theater.
- I would try to organize a supportive community event or be a strong participate in such an event in order to generate positive press. I would also try to keep a positive relationship with members of the press.
- Talk to Board of Commissioners and County Manager about a community conference/ awareness meeting or presentation at the next town meeting. Yes, it is that important for people to know the correct role of DSS in order for people to understand that DSS intervention can actually help a family in need, but first people have to be accepting of that help in order for the help to be effective. Community awareness is vital because how we are perceived is going to be key in how a family responds to our intervention.
- Due to confidentiality, not a whole lot can be done to educate the community on a particular case, but rather as a whole about what we are limited to doing and what we are limited with not doing in certain situations.
- No such actions would be taken unless our Director or Supervisors specified that we should do so.
- With all of the negative publicity that DSS so frequently gets, the fact that the public does not understand is something that I have just had to come to live with as part of my job. I think there will always be ridicule and criticism of DSS. I think this is what happens to Agencies who have the amount of authority DSS has. However, at the same time that I have come to a certain amount of acceptance, I also still feel it is crucial to provide on-going education about DSS' roles in the community, and what DSS can and cannot do. I also think it is critically important to make the public aware of how DSS is often prohibited from defending themselves or making any comment due to the laws of confidentiality.
- Coordinate community education effort with Community drug education team for safe kids/ safe community. Likely have article in paper related to role of DSS.
- Possibly write an article in the paper or editorial. Stay consistent with he policies and try not to let the media determine how I work.

- Education is important to the community. The community needs to know they can report to Social Services any/all suspected child abuse/neglect/or dependency. They do not have to know something is occurring in a family. They can report on suspected issues and the report is confidential. Flyers in Family Resources Centers, Libraries, Hospital lobbies/Doctor Offices would be helpful.

Keeping Children Safe/Family Engagement

Questions about the following scenario were only to be answered by line social workers who would be involved in a case such as this, and supervisors of line social workers who would be involved in such a case.

Scenario 1: Mrs. S. has three children—a 4-year-old son and two daughters ages 6 and 7. She also has a continuing problem with substance abuse despite 3 rounds of in-patient treatment (2 voluntary and 1 court-ordered). She has more-than-adequate parenting skills when she is not “using,” but forgets about everything when she goes back to her drug of choice. The two little girls have been trying to take care of themselves and their little brother. However, after the 6-year-old “forgot” her lunch three days in a row, her teacher coaxed her into telling what was really going on at home. As a result of neglect, the family has been found “in need of services.”

Based on this scenario, how often would “you and your coworkers” (line workers’ version) or “social workers that you supervise” (supervisors’ version). . .

Actions that a majority of line social workers would do “Always” or “Usually” in response to the scenario above—as reported by supervisors and line social workers.

Action to be taken by Line Social Worker	% of Supervisors	% of Line Social Workers
Try to get enough support services (formal and informal) into the home to keep the children safe without bringing them into custody	100	98
Come to supervisor for one-on-one advice	81	79
Staff the family situation in DSS without the family (i.e., present the case and receive suggestions from their co-workers and supervisors in a meeting format)?	78	74
Supervise and hold a meeting with the family, supportive people of the family’s choice, and professionals? (this might be called a child-family team meeting or family group conferencing)	75	63

Assume that, as the situation progresses, removal from the home appears necessary. How often would you look for relatives who will take the children to avoid bringing the children into foster care and how often would you bring the children into placement first, but look to kinship placement as the first alternative?

Kinship care actions to be taken by Line Social Worker “Usually” or “Always”	% of Supervisors	% of Line Social Workers
Look for kinship care to avoid taking children into care, but if the children are taken into care, look for kinship caregivers as first placement option	67	63
Look for kinship care to avoid taking children into care (but not usually once the children are taken into care)	12	11
Take the children into care first, then look for kinship care placement	5	5
Do not usually look for kinship care	17	21

Suppose that Mrs. S.’s children have been placed with foster parents that are not related to the children.

- 60 percent of supervisors say that their social workers would usually or always suggest or help negotiate a shared parenting plan with Mrs. S. and the foster parents (contingent on Mrs. S. only being involved with the children when she is not using substances). 70 percent of line social workers say they would usually or always do this.
- 79 percent of supervisors say that their social workers would usually or always develop a concurrent plan for Mrs. S.’s children to move toward adoption if return to Mrs. S. is not feasible. 77 percent of line social workers say they would usually or always do this.

Suppose that Mrs. S.’s children have come into foster care, and there are no foster placements available to take all three children. One set of foster parents would take two children and another would take the remaining child.

Action to be taken	% of Supervisors	% of Line Social Workers
Divide the children among the two homes based on the social worker/social work team’s assessment of the best fit between the children and the foster parents.	71	79
Place the children in a group facility so that they	18	13

could stay together, even though they would not be in a family setting.		
Explain to the children that they could not all three live together, but allow them to decide among themselves which two would stay together.	3	3
None of the above	9	6

Note: Percentages sum to more than 100% due to rounding.

- The following comments were written by supervisors and workers to clarify the actions they would recommend or take for this scenario.

Supervisors

- The concurrent plan would be in accordance with the child not being able to return home and what is in the best interested of the child.
- I supervise foster care services, thus, if my input was requested at the CPS intervention, I would recommend that relatives be a resource without taking the children into placement. If no resource was available at that time— placement would be made but alternative relative or community resources looked into ASAP.
- Reunification with the parents would be our first option and if it was not feasible we would look for relative or others persons whom the court would approve to be legal guardians if none are located we would move into adoption. If all family members have been exhausted previously our concurrent plan would be adoption.
- We would certainly try to put as many services in place as we are trying to maintain the children in the home. If that did not work and placement became necessary for their protection we do allow parents that opportunity to participate in that process of making their own plan for the children, as long as it's appropriate. If the children must enter foster care then we always explore relative placement first.
- We would almost always give the mother the chance to place her children with relatives or a friend. We would take their names and do systems checks within the agency and a criminal record check before agreeing to the placement with the relative or friend as a placement resource. If we exhaust all possible placement resources, then we take the children into DSS custody. We attempt to locate compatible foster parents that would agree to shared parenting. When mom continues to violate the Court Orders and we have no further relatives (nor the father, whom we have attempted diligently to locate) we would pursue TPR and adoption.
- If supportive services could not be provided in the home to prevent removal and relatives were not available, an alternative may be a treatment facility/half-way house that offers an opportunity for the children to be joined with the parent. Although these are not available in our area, we have utilized them in other areas for clients from our county.
- We might look for family friends who would be willing to help the parent.

- In concurrent planning, if reunification is fruitless, we often look to relatives as a permanent placement through custody and guardianship, to ensure permanence for the children.
- This scenario is common with CPS/MRS. Our roles are to help keep families together instead of finding a quick fix. If the children are removed, it is our role to reunify if at all possible. Children, if at all possible need to be together. Strategies of helping families with their children needs to be less threatening to get positive responses. Social Workers are to be a help tool. The help for the families when all else fails starts here.
- Staff, begin the assessment, staff with SWS and co-workers, have CFT, see if a safe support person could come into the home so the children wouldn't have to leave or do a kinship if appropriate, see if situation improves with support system with regular HVs, collaterals and talking to the family, if not; have CFT to discuss options and possibly petition without custody. If the mother continues to chronically abuse substances, work on temporary guardianship with the relative if he/she is appropriate to give the mother an opportunity to improve on her own. If after a year, there have been no improvements, then do permanent guardianship. If the kinship placement fell through and none other was available and the mother continued to put the children at risk, they would go into FC. I do not supervise foster care so I am unable to answer those questions.
- All recommendations should be based on the situations surrounding the family. There may be family and/or significant adults that can take guardianship but not adopt. Each family needs to be looked at individually. There are no cookie cutter plans when people are involved.
- Review all options with the family, including guardianship with family prior to adoption. If this was not an option then look at adoption and if the current placement would be appropriate.

Line Social Workers

- If reunification was not possible, I would hope that the children are already placed with relatives. If no relatives are available, I would look at neighbors, friends, etc. for placement and possibly guardianship in time.
- In cases where the children cannot go back to their mother our agency may look at giving custody or guardianship to a relative instead of making the plan adoption.
- We would have a CFT during case management case. If we could not ensure the safety of the children with their mother we always talk with the mother about relative placement prior to filing a petition. If she was unable or refused to name a relative placement then we would file a petition. During the foster care case we would continue to look for family members to place the children with especially if it looked like the children would be in care long term.
- If it was not possible for the children to return to their mother relative placement would be the next alternative. Then if that is not possible then adoption would be the alternative goal.
- Inpatient treatment program where the children may be taken with Mrs. S. so that she can get skills while treating her SA problem

- First choice—If the minor children are placed with relatives then the agency would move toward custody with the relatives. If the children are small children where the period of care will be more than a couple of years, and financial assistance is necessary to maintain placement then the agency would move toward adoption by a relative. During the interval time of placement prior to adoption; the agency would make MAPP certification class available to become a licensed relative placement to provide a monthly stipend.
- There are treatment facilities where parents can take their children with them in other counties such as Summit House.
- On occasion, it has been feasible that the mother move into the home of an appropriate relative with her children while receiving substance abuse treatment. At other times the father of the children has been appropriate so that there is less intensive involvement needed from the agency regarding placement.
- If there are no relatives willing to care for the children, we may use family friends, if sanctioned by the court, before foster homes. This way the children are not with strangers.
- If Mrs. S is not complying to what is expected from her and she is still continuing to use drugs, I would try and find kinship before considering Adoption, but if there are no current family members that are able to care for the children, Adoption would be the final source.