

# Evaluating Reporters at the Intake Assessment

## How do reporters to CPS know what they know?

### Introduction

As anyone who has ever worked at a CPS Intake unit will tell you, call volumes can be very high, and the need to ensure reporters are not waiting in a queue (or worse - lost) is pressing; ultimately, we need to gather a great deal of information in a short period of time.

We have written previously that information collection must support essentially two decisions: (1) whether to accept the report for assignment and (2) how quickly to respond. As we gather information at Intake, certain elements tend to be fairly intuitive, such as the extent or severity of maltreatment, or the current condition of the child. Other important areas of information may require more digging, e.g., determining how the child or caregiver functions on a day-to-day basis, or identifying a caregiver's parenting style or disciplinary approach.

Given the need to gather information quickly, and the challenge to make accurate decisions, we could use some techniques for getting at some helpful information fast; one such technique is completing an initial evaluation of the reporter.

### Early Evaluation of the Reporter

When we talk to intake assessment staff about evaluating a reporter, they tend to get a bit nervous, so let's be clear what we are *not* saying.

We are not talking about making quick decisions about reporter credibility as the basis for even quicker decision making. For example:

- Reporter seems somewhat intoxicated
- Reporter is in a custody battle with the caregiver they are reporting about
- Reporter was recently evicted by roommate and is now making a report about the former roommate's child
- Reporter reveals they had used drugs with the caregiver they are reporting about

These examples would certainly lead us to think critically about the credibility of the reporter, but none of these examples, in themselves, would be enough to justify not

accepting a report. Any of these elements could be true, and yet the report may meet criteria to be accepted for CPS.

That leaves the question of what 'early evaluation of the reporter' means, and why it is important.

Essentially, we are attempting to understand the basis for the report – what does the reporter know about the family and how do they know it? What is the level of exposure the reporter has to the child or to the parents? What is the timing of the exposure?

*Some Examples of Questions:*

- How do you know this family?
- How long have you known about this situation?
- How did you come to know about this?
- Have you tried to do something about this in the past?
- Why are you calling now?
- Did you actually see this happen?
- Where did you hear about this occurring?

The information collected during the Intake Assessment can, in a sense, be qualified - and its importance better understood - if we know how the reporter knows something.

Sometimes actual case examples can be clearer:

*A counselor reports that she is concerned about her 12-year-old client. The child discloses that he has several scratch marks on his neck that occurred while his mother was trying to get him into the shower. Child alleges he was dragged to the bathroom by his neck and his mother dug her nails into his neck. During the altercation, the child punched the mother in the face, was eventually arrested, and taken to juvenile detention.*

Missing in this report was information about the reporter's relationship with the child and the family, and the extent of his/her knowledge about the family dynamics. If we want to move away from an incident focus at the Intake Assessment, and avoid being forced into making decisions contingent on the severity of the injury, we set the stage for the information collection by establishing these elements about the source:

- "How long have you been working with the child?"
- "Have you met the parent?"

- “Have you seen the parent and child interacting?”
- “How long have you been aware of these issues between the child and mother?”

Whether the reporter states that it is the first time they ever met the child, or they have been working with the family for years, we will know a great deal about where we will need to spend more (or less) time in exploring additional information.

Another actual case example:

*A relative reports that their sister is abusing alcohol and prescription pills daily and has so for “years”. The relative is concerned for the safety of the child, aged 3, in the home. The report describes a messy and disorganized home, the child is often dirty but doesn’t have any known health problems.*

This is a pretty typical type of report; the intake assessment worker and supervisor have to explore whether the information is consistent with a state of danger. Additional, detailed information is necessary – but the early evaluation of the reporter is often overlooked and would be helpful:

- “The alcohol and drug use has been ongoing for years. What brings you to call today?”
- “How often are you in home? When was the last time you saw your sister and her child?”
- “How do you know about her drinking and substance use? Have you actually witnessed her use, or heard about it from someone else?”

Evaluating the reporter’s exposure and knowledge of the family early in the conversation will assist us as we move forward in the information collection process. It will also help establish the credibility and quality of the information provided. Finally, the decisions: (1) whether to accept the report for assignment and (2) how quickly to respond will be clearer and easier to make.