

D.**Intake and the Initial Family Assessment**

Conceptual Framework

There are many critical decision-making points in the protective service process. The very first decisions in any case are made at the time of intake. In this context, intake refers to the initial receipt, screening, and assessment of referrals, not necessarily to an agency unit; although in many child welfare agencies, the entire process takes place within a formal intake unit.

The purpose of the intake assessment is quite different from a police investigation, which normally identifies when someone has performed a wrongful act and attempts to establish guilt. While caseworkers must determine whether a child has been hurt, or is likely to be, our goals are child protection and family preservation, not prosecution and conviction. And, while we must know the identity of the perpetrator to assess the level of risk and to develop a case plan, it is the responsibility of law enforcement, not child protection workers, to determine when an offender should be prosecuted. This is why intake assessments are often performed jointly by caseworkers and law enforcement personnel when a child has been injured or killed, or in many cases of sexual abuse.

Intake in child protection is a fact-finding process that assesses whether a child has been harmed, and the degree of risk to the child, determines the need for immediate protection, and identifies the most effective and least disruptive strategies to assure such protection. The intake assessment must, therefore, be considered the first step in the case planning and service delivery process, and several critical activities must occur:

- The caseworker must establish the framework for family-centered practice by approaching the family in a collaborative manner, communicating that the agency's interests and responsibilities are to

protect children and strengthen families, and by beginning to establish the casework relationship with family members.

- The caseworker must use casework strategies that reduce resistance, and that build trust and rapport with family members, to create a safe environment that encourages families to disclose pertinent information, and to participate fully in the problem-solving process.
- The caseworker must gather information that validates or refutes the allegation cited in the report. While the purpose of the intake assessment is not simply to refute or substantiate the allegation, accurately determining the scope and circumstances of recent maltreatment are an essential part of the initial assessment, since a history of maltreatment is usually a strong predictor of potential future risk.
- The caseworker must contact all identified persons who might have information regarding the family, their situation, and the report allegation. Face-to-face interviews should occur with the alleged child victim, the parent or primary caregiver, the alleged perpetrator, and all other members of the family system. Contacts must also include all persons who have first-hand knowledge of the allegation, such as collaterals, other professionals who have been involved with the family, or witnesses. Agency procedures may vary with respect to when a release of information is necessary; however, a release is generally not necessary, if the respondent has first-hand knowledge about the allegation.
- The caseworker must gather pertinent information to identify and weigh the interacting effects of risk and protective factors, in order to establish the degree of imminent risk to the child(ren) and the likelihood of harm in the foreseeable future.

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- The caseworker must identify and initiate interventions that protect children who are at high risk, yet that prevent the need for removal and placement whenever possible.
- The caseworker must complete appropriate documentation of all information to substantiate or refute the allegation, and record the likelihood of future harm.
- The caseworker must prepare and present appropriate documentation and testimony in situations when juvenile court action is required to protect the child.
- The caseworker must prepare the family for ongoing service intervention and case transfer to the ongoing caseworker.

Conducting an initial assessment at the intake level is a complicated process that requires the mastery and integration of many areas of knowledge and skill.

These include:

- 1) The ability to assess the continuing risk to the child, and to determine the ability of family members to protect the child;
- 2) The ability to recognize and properly identify physical, behavioral, and developmental indicators of maltreatment in children;
- 3) The ability to observe, recognize, and assess family dynamics that contribute to risk of maltreatment, or that represent strengths and protective factors;
- 4) The ability to use various interviewing strategies to defuse family members' anger, to engage and empower the family, to gather appropriate assessment data, and to begin to establish a helping relationship;

- 5) The ability to use strategies and community resources to protect children within their own homes, through immediate supportive and protective services that develop the parents' ability to protect their own children, thereby preventing the need for placement; and,
- 6) When placement is necessary, knowledge of methods to determine when and how to remove children from their families, and where to best place them to assure their safety and prevent unnecessary placement trauma.

Because of the complexity of conducting a thorough and valid family and risk assessment at the intake level, it is not recommended that new caseworkers with limited child protection experience be assigned sole responsibility for the assessment of reports.

Application

Screening Referrals

The first step in the intake process is the screening of referrals. This is generally performed by a caseworker or screener over the telephone, but may, at times, occur in a face-to-face interview. Screening activities must include:

- Receiving all incoming referrals regarding children who are reportedly being maltreated.
- Assessing the referrals to determine their validity; that is, whether the nature of the allegation accurately describes conditions which could possibly place children at potential risk of harm from abuse or neglect.
- Gathering essential information about the family, the allegation, and the family's situation to enable the screening worker to make an

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accurate judgment about the likely level of risk, and to help determine the immediacy of the agency's response.

- Providing guidance, support, and feedback to a reporter increases the likelihood of the reporter providing accurate and thorough information, and helps the worker determine when the motivation of the reporter is questionable. This may include: explaining the goal of child welfare services (to protect the child and support the family); explaining the importance of reporting thorough and accurate information; and addressing the fears and concerns of the reporter.
- Checking agency records to determine whether there have been previous reports on the family, and whether the family is currently receiving, or has received, services from the agency.
- Documenting the referral information for the permanent record.
- Arranging for the transfer of appropriate referrals to the intake caseworker, who will conduct a more in-depth risk and family assessment.
- When a referral is clearly not appropriate for services through the child welfare agency, the screener often refers callers to other community service providers.

Screening is the point at which the first assessment of risk occurs. The intake screener does not substantiate the occurrence of abuse or neglect, nor make a determination of risk. Like a grand jury in matters of criminal law, the intake screener has no responsibility to prove or disprove an allegation. Rather, the intake screener's job is to gather sufficient information to determine whether further assessment is warranted, depending upon whether the child named in the referral is potentially at risk. The decision of whether to pursue further assessment is usually best made with input from a supervisor.

The screener should gather the following information from the reporter [Public Children Services Association of Ohio 1994]:

About the report and reporter:

- Date and time of the report;
- Name, address, and phone number of the reporter;
- How the reporter obtained knowledge of the allegation;
- The relationship of the reporter to the alleged child victim;
- The length of time the reporter has known of the alleged abuse or neglect;
- Whether any action has already been taken; whether the child has received medical attention or been removed from the home; whether law enforcement has been notified; or if other professionals are involved.
- Reporter's willingness to participate further in the assessment process; and
- Names, addresses, and phone numbers of other persons with first-hand information about the allegation.

About the alleged child victim(s):

- Name of the child;
- Date of birth, gender, school grade level, ethnicity or culture, and child's primary language;
- Name of school the child attends;
- Child's behavior and level of functioning; child's ability to protect himself or herself;
- Where and when the alleged maltreatment occurred; the type, extent, severity, duration, and frequency of the alleged maltreatment, and the child's current condition;
- Current location of the child; specific address;

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- Whether there have been prior suspected or documented incidents of maltreatment in the family; when, and of what nature;
- The circumstances or cause of the alleged maltreatment in the referral;
- Whether there have been any interventions by the family to reduce the risk to the child, either within the home or in an out-of-home setting.

About the child's parent or primary caregiver;

- Name of parent or caregiver (note if name is different from alleged child victim's name);
- Aliases or "Also Known As (AKAs)" of adults in family;
- Parent or caregiver's ethnicity, culture, primary language; whether the parent or caregiver can understand and converse in English;
- Behavior and functioning level of the parent or caregiver;
- Other adults living in the home, and their relationship to family members;
- Parent or caregiver's employment information;
- Whether parent or caregiver is aware of referral; and
- List and location of extended family members, friends, neighbors, who may be helpful in intervening, or who may have relevant information about the allegation; their role in the family system.

About the alleged perpetrator:

- Name, address, telephone number, and aliases or "AKAs";
- Relationship to alleged child victim;
- Age, gender, general level of functioning;
- Access of perpetrator to alleged child victim;
- Whether the alleged perpetrator has victimized other children inside or outside the home;
- Whether the alleged perpetrator is known to abuse drugs or alcohol; and
- Whether the alleged perpetrator is known to be violent.

About the other children in the home:

- Names of other children in the home, ages, gender, and relationship to alleged child victim.

Safety issues for the intake assessment worker:

- Whether there are guns, knives, or other weapons in the home;
- Whether family members are known to have engaged in assaultive or violent behavior;
- Whether the family is known to have engaged in domestic violence;
- Whether family members are known to use drugs or alcohol;
- Whether family members are believed to be involved in crack/cocaine dealing, or other criminal activity; and
- Whether there are animals in the home that might pose a danger to the worker.

Reporting suspected child maltreatment is often difficult for the reporter. The screener should provide support and reassurance to help the reporter feel comfortable in providing the information the agency needs to assess the potential risk to the child. The screener should reassure the reporter that the information will remain confidential. State confidentiality laws generally protect the identity of the reporter. The exceptions might be:

- If a case is referred to law enforcement, the investigating officer would be told who called the agency. Law enforcement personnel should also keep the information confidential.
- Reporters may be subpoenaed to testify in court. However, caseworkers and police officers are usually able to provide sufficient data in court to make the case without revealing who called the agency.

- If the referral source is a professional, such as a physician or therapist, he or she might be called to testify in court proceedings. A signed release of information should be obtained before revealing the identity of the reporter, or any other information about the referral.

Responsibilities of the Intake Caseworker

The intake caseworker's responsibilities can be divided into four primary areas:

- 1) Gathering and accurately assessing information to determine whether the allegations of maltreatment are substantiated, determining the level of risk to the child, and initiating interventions to assure immediate protection, when needed.
- 2) Establishing the agency's relationship with the family in a manner that will promote an ongoing joint effort to identify the causes of maltreatment, to provide services to eliminate them, and to strengthen the family's ability to protect and care for the children.
- 3) Beginning the formal family assessment by gathering information about the family's needs, strengths, and problems, and identifying immediate service needs.
- 4) Providing feedback to reporters to assure them that the agency has responded to meet the needs of the children named in the referral.

Approaching the Family

The caseworker must keep two things in mind when approaching a family at the time of intake:

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- It is important to prepare the family for the intake assessment in a manner that will enable and encourage them to disclose as much pertinent information as possible, and empower them to be a partner in the fact-finding and problem-solving process.
- The caseworker must be ready to provide immediate protection, if necessary, for the child, for other family members, and for himself or herself.

Families' responses to the intake worker may range from cooperative surprise to hostile threats. The worker may be able to determine what to expect from:

- Information gained during the screening process that suggests certain family members might be hostile, dangerous, or verbally abusive.
- Information gained during the records check that indicates previous criminal behavior by family members, or past agency contacts during which family members were hostile or dangerous.

In some situations, the caseworker should request accompaniment by law enforcement personnel when conducting intake home visits. This would generally occur if there is indication that a person in the home is violent or potentially dangerous; if weapons are reported to be in the home; if there is suspected criminal activity in the home; or, if there is a high indication from referral information that removal of the children may be necessary. Law enforcement personnel will often accompany caseworkers to jointly assess allegations of sexual abuse.

In most situations, the caseworker will not know ahead of time what to expect. There are several basic principles to assuring safety:

- 1) Remain calm.

- 2) Introduce yourself and explain your presence in a supportive, matter-of-fact manner, reassuring the family that your purpose is to help the family and assure the child's protection, and that you are interested in working collaboratively with the family to do this.
- 3) Use "talk down" strategies in your interviewing to defuse hostility and resistance. Acknowledge family members' expressions of anger or fear, and provide reassurance. Do not challenge family members or make accusatory statements.
- 4) Interview the family members in a room that is near an exit. Always be aware of accessible exits to enable you to leave the premises if you must, and try to stay between the client and an exit to prevent being blocked inside.
- 5) Disband groups of people. Take the primary interviewee to your car, to the yard, to the porch. Ask to speak to people alone to maintain their privacy. While family interviews are an important component of the intake process, they should not be held if you believe the family to be potentially dangerous as a group.
- 6) Do not behave defensively, or be threatening in your tone of voice or actions. Regardless of the threat, always retain a calm, matter-of-fact and supportive demeanor, such as, "I understand how angry you are, Mr. Jones. Most people are. Even so, I would like to try to work with you. You're an important part of this family, and I need your help. Let's sit down, shall we?"
- 7) Recognize a person's body language that might indicate that the person is potentially volatile. Recognize signs of escalation. If "talk down" does not help to defuse a person's anger, and hostility appears to escalate, take steps to leave.

- 8) In the event of escalating anger and hostility, temporarily discontinue the interview. Tell the person quietly that you'll come back at another time when he or she isn't so upset. Then leave. Return as soon as possible with police protection. In most circumstances, don't tell family members you're getting the police. It may be interpreted as a threat, and provoke an already volatile person to hurt you or the child.
- 9) Try to establish rapport and a relationship with family members using supportive and open-ended interviewing methods. (See Section IV-F, "The Casework Interview: Implementing the Helping Process.")
- 10) Use strategies to involve family members in a joint process of problem analysis, identification of strengths and resources, and planning for solutions.
- 11) At times, the environment around the client's home may present more dangers than the client family. Be aware of the surroundings at all times, and be alert to potentially dangerous situations, including groups "hanging out," and parking areas that could be blocked.

Gathering and Interpreting Information

Before beginning the intake assessment, the intake worker should prepare by reviewing the report and all other available information, and developing a plan for the intake process. The plan should list the persons to be interviewed, the order of contacts, the nature of the information to be gathered from each interviewee, and possible interview questions.

There are several ways to gather relevant information about family members and their situation.

Conducting Face-to-Face Interviews

An interview is a face-to-face contact with persons who are likely to have the information about the family, their needs, their strengths, and the referral complaint. This would include immediate and extended family members, and collateral sources such as neighbors, other professionals serving the family, and school personnel. The worker should also interview all persons known to have first-hand information about the alleged complaint. With each respondent, the worker must:

- 1) Establish an initial level of trust early in the interview by clearly stating the purpose of the contact, and reaffirming the agency's intent to work collaboratively with the family;
- 2) Create a safe and supportive environment that encourages respondents to talk about the referral and its ramifications;
- 3) Use open-ended, clarifying, and supportive interviewing strategies to fully explore the family's situation;
- 4) Demonstrate empathy and understanding for the family, while helping them fully understand the potential seriousness of the situation;
- 5) Ask more specific, closed-ended questions to validate facts; and
- 6) Use process-oriented interviewing to begin to explore the family's feelings and concerns, and to provide encouragement and support. (See Section Section IV-F, "The Casework Interview: Implementing the Helping Process," for further information on interviewing and question formulations.)

Direct observation of the child, family members, and the family interactions can provide considerable insight into the family. The worker should take note of family members' behaviors toward the worker and toward one another, including their facial expressions and tones of voice, which can offer insight into their feelings, and their body language. The worker should identify incongruities between what the family members are saying and their behaviors or affect (mood or feeling tone), and utilize interviewing strategies that help clarify the meaning of their communications. The worker must be certain that the interpretations drawn from these observations are accurate, based upon the family's cultural norms and values. (See Section IV-C, "Conducting the Family Assessment," and Chapter III, Culture and Diversity in Child Welfare Practice.)

Finally, the worker should review documentation from agency case records, court reports, police records, medical records, and correspondence or reports from other agencies that have had contact with the family.

The caseworker should try to gather facts regarding what happened, who was involved when the event occurred, what each family member did, and other pertinent information that can help the worker to assess whether maltreatment has occurred, and to identify pertinent risk and mitigating factors. The caseworker should be attuned to explanations which are inconsistent with physical evidence of abuse or neglect, and to inconsistencies among explanations given by different family members.

The proper order for conducting interviews to gather information is generally as follows:

- The alleged child victim(s):
- Siblings or other children in the home;
- The nonoffending parent or caregiver; (a parent or caregiver who is not alleged to be involved in the maltreatment);

- The alleged perpetrator (the parent or caregiver reported to be responsible for the maltreatment); and
- Other persons reported to have first-hand knowledge of the alleged maltreatment.

This order may change, depending upon circumstance and availability. However, the alleged child victim should always be seen first. The intake caseworker must observe the child to determine the presence and extent of injury or illness. Both physical and behavioral indicators should be assessed, including:

- The child should always be seen first to enable the worker to gather first-hand information regarding indicators of maltreatment, and to begin assessing the risk of future harm. If the child is of preschool age or older, the caseworker should directly and privately interview the child. While the primary purpose of seeing children first is to determine risk, this also helps lessen the likelihood that they will change or recant their story in response to parental threats.
- The child should be interviewed in a neutral setting, such as at school or at the hospital. If the initial interview with the child must occur in the home, the child should be interviewed separately from other family members. In situations of physical or sexual abuse, the interview with the child should never be conducted in the presence of or within hearing distance of the alleged perpetrator.
- The caseworker should use specialized child-oriented interviewing techniques that can relax the child. The child should be helped to describe the situation and sequence of events with the least amount of trauma and embarrassment. If at all possible, the child should not have to repeat the story more than once during the initial assessment

process. This is facilitated by joint interviews when law enforcement and child welfare workers are both involved in the assessment.

- The caseworker must be prepared to protect the child from retaliation or punishment by the parent for having disclosed the maltreatment.
- When the alleged perpetrator is a stranger, or someone not emotionally involved with the family, the initial contact may be made with the parents. This can help to promote a collaborative relationship with the parents and mobilize them to provide necessary protection for the child.
- Methods of interviewing and family assessment in situations of sexual abuse are highly specialized, and should only be conducted by an experienced caseworker with specialized training in assessing sexual abuse.

Assessing the Child's Condition and Potential Risk

Infants and nonverbal children named in the referral should be located immediately, and should be examined by the caseworker for evidence of illness, injury, or neglect.

In allegations of physical abuse, the caseworker should examine the child's body for evidence of injury. The child should be asked to show the caseworker where she has been hurt. It is generally good practice for the caseworker to ask someone who knows the child, such as the parent, a school nurse, or teacher, to be present while the child is being undressed. To provide the least disruption to the child, if the child is three years old or older, the caseworker should:

- 1) Explain briefly to the child what is being done, and why, if the child is old enough to understand. For infants and very young children,

conduct the examination as if you were changing the child's clothing or diaper.

- 2) If children are first seen in their own homes, the parent should be asked to undress the child. Children may undress themselves, if they are able. School-age or older children should not be undressed in the presence of a caseworker of the opposite gender. If this is not possible, another person of the same gender as the child should always be present, and the caseworker should take care to respect the child's need for privacy and modesty. Anal and genital examinations should be conducted by medical professionals. When a school-age or older child's private body areas (buttocks, breasts) must be examined, all examiners should be of the same gender as the child.
- 3) When a child is unable to disrobe without assistance, the caseworker or another adult should assist the child in the following manner: Clothing should be removed from the waist up. Remove one piece of clothing and check the area; take photographs if appropriate, and replace the article of clothing prior to removing the next piece. Then remove clothing from the waist down, using the same procedure.
- 4) In situations of alleged sexual abuse, or when serious physical injuries are apparent, the child should be taken immediately to the hospital emergency room and should be examined by a medical professional trained in evaluating child abuse. The caseworker should not attempt these examinations.

Observation of children's behavior and parent-child dynamics can provide valuable clues to the presence of maltreatment or risk of maltreatment, and can help to substantiate findings. The caseworker should be very familiar with typical family dynamics and behaviors in child abuse and neglect, and the specific emotional and behavioral indicators of maltreatment in children. (See Section II-A, "Identifying Abuse and Neglect: Physical and Behavioral

Indicators," and Section II-B, "Dynamics of Child Maltreatment.") The caseworker should observe these indicators and document them in descriptive, behavioral terms. Vague descriptions such as, "The mother appeared affectionate," or, "The child seemed afraid of the mother," are of little use. The following descriptions are more accurate and explicit: "The mother patted her child on the back, and stroked his head several times during the interview;" "The child moved away when the mother came near at several times during the interview;" "The child cringed and hid himself behind the couch when his mother's tone of voice became angry."

Ensuring the Safety of the Child

If the assessment information suggests that the child is at high risk of further harm, the intake caseworker must take immediate steps to protect the child. The caseworker has several options that range on a continuum from least to most intrusive and disruptive.

While removal of the child from the home to a safe place may seem to be the fastest, most certain way of guaranteeing the child's safety, it is also the most traumatic and disruptive intervention for both the child and the family.

Family-centered practice presumes that the best way to protect a child is to empower and strengthen the child's family to provide this protection. Only when this is not possible should more intrusive interventions be considered. The following interventions are consistent with a family-centered approach to reducing risk:

- 1) Intensive home-based family service programs are designed to provide immediate intervention to prevent the need for removal and placement of children. These programs provide comprehensive supportive services to help family members resolve their problems and stresses, and to mobilize their strengths and resources to enable them to

provide proper care for their children. Referral of at-risk families by the intake worker to such intensive service programs is the preferred model of intervention to protect children while preventing the need for placement.

- 2) When a child cannot be protected at home, temporary placement with extended family members, family friends, or neighbors, until the assessment can be completed, is often the best option. The parent should be included in discussions to identify an appropriate temporary caregiver. Placing the child with someone the child knows can also greatly reduce placement trauma.

For this option to be effective, parents must understand the rationale for the child's staying elsewhere temporarily, and they must be in agreement that they will not disrupt or interfere with the placement. This type of negotiated, voluntary agreement regarding the child's placement can strengthen the cooperative nature of the casework relationship, while still affording the child the needed protection until the intake assessment can be completed, and the case plan developed.

- 3) The caseworker might suggest that the perpetrator be temporarily removed from the home, rather than removing the child. In cases of serious injury, the police can file appropriate charges, issue restraining orders, or when appropriate, can arrest or detain the perpetrator until a plan for the child's safety can be developed. There are risks to this approach, however, since removing the perpetrator is often a short-term solution, and may be very difficult to monitor. The family must be very supportive and willing to prevent the perpetrator from having access to the child. Otherwise, removal of the perpetrator may not provide sufficient safety in serious risk situations.
- 4) Hospitalizing a child in need of medical care for a few days can permit observation and treatment while assuring the child's safety.

- 5) The caseworker might identify and assign responsibility for care of the child in the child's own home to a responsible adult or substitute caregiver. For example, if the maltreatment is perpetrated by a psychotic mother, enlisting the help of the father's sister in caring for the child while the father is at work can provide protection without removing the child from the home, until an ongoing case plan can be developed. Protective day care services provide a safe placement for the child during the day, but allow the child to return home each night.
- 6) Some courts will issue an order for protective supervision, which gives the child welfare agency the authority to access the family and provide protective services without having to remove the child from the home.
- 7) Removal and placement in a relative's home or a foster home should be considered when it is the only way to assure the child's protection. Foster care placement should be considered when there is reason to believe the parent will hide the child, leave town, disrupt the placement, direct anger about agency intervention at the child, or otherwise further harm the child. The caseworker should know the proper ways to prepare and implement a move of a child, and should approach this task with the utmost care to prevent creating a crisis for the child and the family. (See Section VII-C, "Placement Strategies to Prevent Trauma.")

Assessment Findings and Conclusions

The intake caseworker's final task is to consider all the information that has been gathered during the intake process and to recommend a case disposition. The possible options are:

- 1) Maltreatment cannot be substantiated, there is no evidence of imminent risk, and the family appears to need no services. The complaint should be documented, filed, and closed.
- 2) There is no evidence of maltreatment or imminent risk, but the family or child is in need of other community or social services, such as mental health counseling, income-related services, or special educational services. The intake caseworker should make appropriate linkages to the proper community agencies, document the complaint, and close the case.
- 3) Maltreatment is substantiated, and /or there is an indication of continued imminent risk to the child. Immediate action should be taken to protect the child, and the case should be transferred quickly to an ongoing family service caseworker.
- 4) Past maltreatment cannot be verified, but there is strong suspicion that it is occurring or is likely to occur in the family. The case may then be opened for protective services, and transferred to an ongoing family services caseworker, who will conduct an ongoing and more thorough assessment, and will provide intervention. However, unless previous maltreatment can be substantiated, or the agency can provide clear and convincing evidence that the children are at risk of harm, or the family consents to services, these cases ultimately may have to be closed.

Cultural Issues in Intake

The nature of a family's situation, the family's response to the intake caseworker, their perception of the agency, their willingness to share information, their parenting and child rearing practices, and their level of collaboration may all be influenced by cultural factors. A lack of understanding of cultural factors may negatively affect a caseworker's ability to assess the family's needs, problems,

and strengths. Caseworkers should consider these factors carefully when planning their approach to the intake assessment:

- The worker must first determine, from the family's viewpoint, who is considered a family member, who is the primary caregiver of the allegedly maltreated child, and who should be interviewed first. The roles and positions of various family members must also be considered to prevent an unintended insult to a family member who has decision-making authority and responsibility.
- The worker must determine how to explain the purpose of the agency, the reason for the contact, and the referral situation to the family members in a manner they will understand, and is most likely to promote acceptance of the worker's activities.
- The worker should consider encouraging the family to involve other persons who know the family and understand their culture in the assessment interviews. This may include a pastor of a local church, an extended family member that the parent trusts, a social service worker who has worked with the family, or a close family friend. The use of a skilled interpreter is critical if the family's knowledge of English is limited, and the worker is not fluent in their language.
- At times, the structure and culture of the family will influence which intake caseworker should be assigned to work with the family. To the degree possible, a caseworker who knows the culture and the local community, and who speaks the family's language, is most appropriate.

The intake process is the initial step in the service delivery process. The intake worker has the opportunity, and the responsibility, to establish a collaborative relationship with family members which can facilitate an accurate, valid, and comprehensive case assessment, and the development of a relevant case plan. If

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the intake worker approaches families in an abrupt or punitive manner, this can erect barriers to further casework intervention, and can seriously interfere with the agency's effectiveness in promoting positive family change. Setting the stage for family-centered practice at the intake level is as important to assuring a positive case outcome as accurately identifying maltreatment and determining risk.