

Testing 1, 2, 3.

Testing 1, 2, 3.

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Testing 1, 2, 3.

So we have about one minute. Is there anything else that we... confirmed that that's working? Yes, I see it.

Testing.

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>>: Recording in progress.

>>: All right. We will get started. And let people come in as they will many we are already at a few hundred and two people.

Welcome, everybody to our social workers confronting racial injustice conference. I'm happy you all are here for this breakout presentation, which we have titled department of Human Services mandated -- shifting the mindset on mandated reporting.

I should have known that. I, again, am B, thany. I am a black, bald, low feed, blondish black woman. I won't say my age. Wearing gold glasses, gold hoop earrings and a gold nose ring and burned orange lipstick ala a big bird yellow sweater. And I'm really happy to welcome you all to this session. We are providing live captioning and CART services. You can see the captioning if you click on the caption button. And this recording, like all of our recordings for this conference, will be available on our conference website later today, maybe. But they definitely will be available once the conference has ended.

And so before I yes, ma'am dues our speakers, just a few Zoom info items.

To access this presentation, you are required to provide your name and email. This allows us to log in our attendees and give you CEUs for this presentation, which will be distributed via email at a later date. Your cameras and microphones will remain muted. We do have the Q&A feature, which you can submit questions for our presenters. They will track those as or presentation goes along. Mease note that due to our large number of attendees, we play not be able to get to all of the questions. But they will try. I'm putting that on the presenters. They will try.

[Laughter]

So it is a pleasure for me to introduce our speakers. I've known both of them since I was a baby social worker, as I say. So I'm happy they're here today to do this presentation.

First, I want to welcome Tess, the French lady with the French last name, Duchateau. Good? So Tess is an access social worker for Dane County for department of Human Services for 11 years. She's a graduate of the title IV welfare training program. She's given this presentation to various providers and other agencies since August 2021, including at the 2022 public child welfare conference. She is actively working with agencies to implement structural change to reporting requirements to further the goals of mandated support. Our next printer is Lisa Martin. She's a CPS initial assessment supervisor. She's worked in the field of child protection for 35

years, five years in Oklahoma and 30-plus years in Dane county. She's been providing initial assessment for 21 years. The she's with the professional development for social workers throughout the state of Wisconsin for 22 years. She has trained or trained in the areas of sexual's byes, sexual abuse interviewing, initial assessment, access, and ethics ask boundaries. She was a peer reviewer for department of child and families. During the initial assessment review pear that in 2019 through 2022, completing over 90 reviews of initial assessments completed throughout the state.

So, again, I want to welcome you all to shifting the mindset on mandated reporting. And also just acknowledge that our preliminary speakers spoke about mandated reporting. This is a great follow up if that's what brought you here to talk about the ways about the ways we shift the mindset of mandated reporting. There is movements to abolish the practice. This is a great approach to how we think about mandated supporting and really work to support our community rather than seeking ways to involve more folks into various systems.

I'll pass it on to Tess and Lisa.

>>: Beth, you said it all. So I'll be finished with the training. I'm Tess, excited to be here. White woman, short brown hair, wearing a flower top with a wrote cardigan. And I have various children decorations behind me that my children have made. So -- welcome. I'm glad you're here.

>>: And only is a Martin. So glad everyone is here. I am going to be rocking my 60s. Age embracing them in a couple of months. So I'm going to be hitting the 60s crowd. I have brown hair. I decided today to jazz you with my new sweater that is white and black. And I go by he and she pronouns. I'll start by saying I will be running the PowerPoint. I'm looking at three screens. And there might be a time or two that I lose my mouse. But I'll try my best to keep up with everybody.

Take it, Tess

>>: Thank you. I might say next slide to Lisa.

If you see me looking off to the right, I'm just looking at my notes. So welcome, everyone. We just want to go over some training objectives with you. And also we just want to acknowledge that this is likely new information or different perspective of the CPS system that you've been previously informed about. We are not only taking on preconceived notions of childcare system. Sometimes these conversations can be comfortable. There's a lot of new information coming in. We invite you to take small sips of information and ask questions as you go.

Our training objections include -- our children's code in Wisconsin. Under the child welfare system. And in the process when CPS is contacted. Under the information needed when making a CPS report and committing to providing all that information. Provide critical thinking and analyze the situation to see if a report needs to be made or if the family needs might be better met through a community resource. Understand the power differential. Be aware of themes of race, oppression, pow, privilege, and how that impacts who's reported

to CPS and how that plays out throughout our system. Participate in the Wisconsin child welfare system. We've been covering all this today. But if at the end you don't feel we did, please let us know. I want to make sure we address it.

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First slide.

First Poll. I'll read the question, and then please answer if you can.

1. What message have you been given about mandated reporting in the past? See something, say something or when in doubt call CPS or after a certain number of reports, CPS will open a case, or critically analyze info utilizing reasonable cause and the statutes.

give the polls a minute.

Do you want to give it another second? Or if you see most people have answered, you can close the polls and launch the results.

All right. The majority of you said "when in doubt, call CPS".

Followed by "see something, say something." The smallest percent is answer D.

I hope as you finish out this training you will all say moving forward it's going to be answer D.

I'm sure the other messages have been given in the past. There's been mixed messages about what we've told mandate reporters. Including at our own agency. And we're really hoping today that we can give you a new message.

You can go on to the next slide.

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This is a graphic from Wisconsin DCF child welfare transformation presentation. I know there's a lot going on in this photo, but let me break it down for you.

This picture shows what we're aiming for in a community approach to raise up families in order to keep children safe at home. At the bottom right you see ambulance, police, school bus. Those are all our community providers responding. They're helping create that foundation, the bridge for the families. Everyone working together. Sami, service providers, and CPS professionals.

The second take away is the dam holding back that flood, kind of in the top right left corner. I think of that flood as the potential emergency, the crises. We're keeping those away because we have this community approach. Everyone helping. Everyone creating the social net for the family.

I also want you to know that this approach to mandated reporting is not just for Dane County, but all counties. It's also being used on a national scale. Arizona, Georgia, Nebraska, and Vermont all utilize mandated reporting. Several states are pushing mandating reform.

This training is Dane counsel's response to that.

Next slide.

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All right. Quick overview of the CPS system, in case some of you are not familiar.

We start at access. We open cases. We don't open cases. Then it

goes to initial assessment. Then ongoing. I know there's probably terms on here that you don't really know or are not familiar with. We will explain all of these terms by the end of the presentation. The important thing that I want you to understand about the CPS process is that access -- that's where I am at. An access social worker. That's the foundation of the child welfare system many most of you as mandated reporters may only have contact with CPS at access. It's a common messages conception that mandate reporters are outside the child welfare system. But that's not true. As a mandated reporter, you are part of the child welfare system. You help create the access.

Next slide.

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All right. We're going to have several statistics throughout this presentation. This is our first one. Out of the gate, I just want to highlight the why our agency started doing this and the urgency of what we're all doing. Everyone here represents multiple systems working together to make sure children in our community are safe. But we also must remember that the systems recommend have caused eerie pairable harm to communities of we are asking you a part at the be a part of the new framework. Engage in the structural paradigm. We must under the why which will get us to the how.

We are going to encourage you to question yourself at every decision-making point you have, just as we're asking our own staff, including supervisors. The first people we did this presentation for was Dane county staff.

The statistics. This is the snapshot of the last two years. We received over 8,000 reports and screened in about 20% of them. You'll see we completed over 1600 investigations. Of those, 314 were substantiated for abuse and neglect, which is about 18.6% total of screened in reports. Those were substantiated. That means we found that there was evidence that child abuse and neglect occurred. So of the 8,000 calls made to our department, own three-point% of them were found out to be true; that a child was abused and neglected. In the kind of left side there, neglect is by far the most reported type of abuse. If you hone in on the reporter relationship, that's dead center. Law enforcement is our number one reporters followed by educational professionals. Maybe they were larger pre-pandemic. But our top five reporters are pretty solid.

So why is it so important to understand the role of a mandated reporter? I always think history is the best way to understand what you're doing now. So I'm going to give you a little history lesson. 1960s, that's when mandated laws women into affect. Focus was healthcare workers and they only had to report physical abuse. That only impacted a small number of children. They were hidden. The only way they would know about it is if professionals made reports about them. In 1974 the law was passed and expanded the child welfare system in terms of mandated reporting as we know it now. All. Other professions were added. Other forms of abuse were added. Emotional abuse, sexual abuse, neglect.

So when it was expanded no one really did research to know if this system was going to work or not. Well, we have research now. We have information that the system has completely backfired and completely overloaded the system. A small number of cases are true. But due to the overwhelming amount, it's just hard to find the needles in the haystack or the 3.8% of substantiated cases.

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Next slide. Thank you.

All right. So the statute that creates it all, the mandatory reporting statute. Feel free to read the statute. I want you to take particular note of the bolded words. Reasonable cause to suspect. And in the course of your professional duties.

So what is reasonable cause? That is a suspicion that a reasonable person would have based on known information in a certain instance. It's based on evidence of specific and articulatable fact that's more than a hunch but less than proof. It's going to be different based on your profession

A. Kindergarten teacher who sees a child every day is going to have a way higher level of information compared to a police officer at 2:00 a.m. So when we -- when you might have a suspicion about child abuse, you have to think if you have reasonable cause. And if reasonable cause is going to meet the statutes, how they are listed, for sexual abuse, physical abuse, neglect, et cetera.

So if you're associating based on feelings -- a hunch, gut, feeling -- that's making your report based on bias, not information you need to meet reasonable cause. We're going to be talking about reasonable cause throughout this training, so much so that you you're going to say I get it. Stop. But I want you to make a mental note now. It's a very important term. And keep it in mind while we move on through the statutes.

All right. Take it away, Lisa.

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>>: All right. Whoops. Sorry about that.

Okay. So now we're going to talk about the types of maltreatment and the legal definitions. These are the Chapter 48 statutory definitions of abuse. So it's what the state Legislature has decided needs to be met in order for CPS to intervene in the family. If what is being reported to us does not meet this definition or if significant safety issues are not present, our agency legally cannot intervene on a family situation. Each state has their own definition. And some are more strict than others.

So let's go ahead and put up our second poll.

There you go.

Poll 2. Is use of physical discipline considered physical abuse? Yes or no.

This was a pretty easy one. So maybe we can post the results.

Okay. All right. No. Most of you said no. So let's see what the definition is.

All right. So I'm going to let you go ahead and read this slide.

This is the Chapter 48 statutory definition of physical abuse.

With regards to physical abuse, you'll notice that this is a very high bar, that is really requires a child to have not just an injury, but a severe injury. Additionally, the way it's written it lends itself to subjective -- what is severe? What is frequent? How do you know? We use the reasonable person standard. Would more people think than not that it meets the definition of severity or frequency?

For example, we might argue about whether or not once a month is frequent. But I think we all would agree three times a week would be frequent. So we kind of use that reasonable person standard. So how do you articulate this information identify the phone? You'll get a lot of questions from our access workers to really try to understand how the injury is presenting. The size. The shape. The color. Location. All those are important descriptors for us to decide who it meets this definition. Sending a picture to us is not great use, this might be against agency policy. If you're able, the child with the injury might go to the school nurse or go to the primary doctor. These people can look over more sensitive areas on the child. And many of them are trained in being able to measure and describe. Injury. Otherwise, we ask that you slow down. Take a good mental note of what the injury looks like. And what words you're going to use to describe it.

It's very helpful to compare it to an every day object, like the size of a quarter. If it has any linear presentation, or if there's

>>: I'm going to go ahead and let you read that definition. The highlights in this definition are that the information has to seriously endanger the physical health the child. This is often a conversation we have internally when reading a report. We need to be able to say that the incident occurred places the child at great risk of physical harm, which is a high bar to prove or take legal action on. We'll talk about more examples of this as we go through.

Another highlight is for reasons other than poverty. That can be very challenging to tease out, the line between poverty and neglect is blurred. Right? So as poverty may exacerbate other risk factors for child maltreatment. Our access staff may ask you specifically how a child is impacted by the parent's behavior. Is it a failure, refusal or inability to perform or provide certain care? And, again, this can depend on the child's age and functioning.

Examples. Children being left home alone. The age of the child is important. There are certain ages that are clear, six and under, that children should not be left alone. Other ages not so. So when you're thinking about that, think about the age of the child. Age of the other siblings, the time they're being left alone, where is the parent, what's the developmental age of the person left alone. Every 11 year old is not every 11 year old. Was this a circumstantial situation or has it occurred multiple times. Children coming to school wearing the same clothes all week, struggling with hygiene issues. It's really hard to say whether these circumstances will place a child at familiar risk of physical harm, although they may pull on our heartstrings many of these are the sad cases.

Lack of medical care. Here is routine versus a known medical

condition that can have a significant impact on the child's health if the parent is in the addressing it. Routine care, prevent deaf care is good for kids and healthy for the kids, but it's not likely to result in severe harm.

Recommend tam drug use. This is a big one. Age of the child and what the care of the child is that they are not receiving. We need more information than a mom is using heroin around her three-year-old. We need to know about the mom's functioning ask what does that really mean for that three-year-old. Parent being arrested we know racial profiling is a very real issue in our community many we know people are being pulled over for poverty reasons daily. Broken taillights, license plates, things like that. While it's helpful to know that the parents were driving over the legal limit, but were they driving in a way that seriously dangerous for the health the child.

For domestic violence, children witnesses domestic violence is not in and of itself -- when it goes over the line is when a child is targeted. If they're injured during a domestic incident or if they try to intervene. Wisconsin does not have a neglect statute, so missing school does not meet neglect. So meeting your true wantsy liaison is the best way to address those concerns.

The other thing is threat of harm or unsafe conditions are present. So example.

In other words, nothing has happened -- yet. But a reasonable person would agree that conditions are such that something might result in significant harm to a child many.

So, for example, going back to the domestic violence. If a weapon was used, if a gun was shot off in the home, it's just by chance that the child was not injured, but they very likely could have been.

Going back to the heroin example. If you have information that the mom is using heroin and she became unconscious and her friend just happened to walk in the home -- so the child was not harmed, but it's just by chance that the other adult came into the home and therefore the child was not harmed.

The next category is sexual abuse.

>>: Lisa?

>>: Yes.

>>: A couple of questions on neglect.

>>: Okay.

>>: So we often hear teachers say that we should call CPS because. Parent won't take their kid to get mental health support when there is time and time again evidence of suicide I had I can't gives.

>>: So this depends. The question is why is the parent not providing the mental health services and is that child clearly suicide tam. So we do take some reports like that. So if it's clear that the parent is simply not addressing it, doesn't believe it, thinks the child is attention seeking, and you as a professional really believe that this child is at imminent risk of harm due to their own suicidal thoughted, that would be reportable.

>>: All right. Next question. Do you think that RMS workers interpret poverty as neglect? If so, how widespread? Do you think

that misinterpretation is among CPS?

>>: That is a question for a whole breakout session in itself. I think that we have to be really continuing guess within ourselves about sort the sorting that out. And that certainly can play into people's bias. And our own implicit bias. And our own feelings about what we think kids should have. So that comes in the dialogue that happens between supervisors and workers as they're addressing those.

>>: Two more. How does your agency handle situations in come because of poverty a family neglects medical care for a child facing life threatening illness?

>>: So in that situation, again, it depend on why.

We now have something that's called targeted safety services. Which, if it's truly a funding issue for the parent and it provides -- and it's a problem for safety that will result in significant harm to that child, we can have a plan with the family that's an inhome safety plan that can access some funding to get some of those medical needs met. That might be helping the family get badger care or get some kind of medical coverage for them. Depending upon -- like, some people don't know that that exists for them and badger care can cover it. It might have to do with transportation. And so those are some of the things that we ask at access prior to us screening a report, if some of those services or conversations have been had with parents.

>>: And last one. How do you navigate withholding medication for mental health, such as ADHD or other.

>>: So, again, what it has to result is in severe physical harm to a child. Right? So withholding an ADH medicine might help them perform better in school, might keep them be able to concentrate -- but is it going to cause severe harm to that child, physical harm, if they're not provided that medication? So I would say the answer to that is that is not a case that we would open.

>>: Okay. Keep going, Lisa.

>>: Okay. Sexual abuse. Okay.

So you can go ahead and look over that. I'm not going to -- we're not going to go identify every point of this slide. The important thing to know is that this is the one that's most similar with the criminal statute. So access staff will want to know certain things that will decide how quickly we're going to respond. They want for know the maltreater's relationship to the child, their accessibility. Is the child residing in the home or is someone that the child is going to see frequently? What did the child report? Get specifics. Did they actually sexual assault or sexual abuse, or is that a term you're using to describe what they said.

So what the child said specific to what they mean. We don't want to ovary actor underreact based on our own assumptions of what different terms mean to different age view.

Think about if you have assumptions on what different terms mean about reasonable cause to suspect. Do you have evidence? Is it specific? Can you articulate it? It's not just a H. So, like, if a child says "I don't like how he was touching me," this isn't specific enough to state that that's sexual abuse. We suggest that you ask a few more



follow-up questions. A simple question to that would be what do you mean? Who was this? Does anyone else know?

We also recently started coordinating with law enforcement on investigating sex trafficking cases.

We used to think that children with sexualized behaviors were likely victims of sexual assault, but we don't think that anymore, given how readily sexual content is through social media and the knowledge base of kids. So sexualized behavior alone is not indicative of sexual abuse.

Okay. You can go ahead. This is emotional abuse. You can go ahead and read that definition. So as you can see, this is a really technical definition, which means it's very difficult to prove. It's the least reported type of abuse and rarely substantiated. Highlights in this definition are there has to be harm to a child's psychological or intellectual functioning, exhibited to a severe degree. So it just can be a diagnosis of depression, it needs to be significant and for reasons other than poverty, it's not within the normal range for the child's age and stage of development.

It's really hard to draw a straight line from the parent's behavior to the child's mental health without ruling everything else out.

Also, we have to have a clinician willing to testify to all these different pieces of the definit.

The mother was actively telling the child to kill himself. The child was acting out on this and was suicidal. And the mother was not taking any steps to ameliorate that. When we think back to reasonable causing make sure you're reporting based on known information and not how you think a control should be treated or talked to.

The last one is unborn child abuse.

Again, I'll give you a second to read that.

>>: Would you mean reading it allowed, just so that it's a little more accessible to everyone?

>>: Okay. Yes, I will.

So when used in referring to an unborn child, serious physical harm inflicted on the unborn child and the risk of serious physical harm to the child when born caused by the habitual lack of self-control of the expect ant mother of the unborn child in the use of alcohol beverages, controlled substances or controlled substance analogs, exhibited to a severe degree.

This statute is in a bit conflict with whether or not mandated reporter laws applies to this.

These reports usually come from medical staff. And they need to have the three elements that are in iphtalics -- serious physical harm, habitual lack of self-control, and exhibited to a severe degree.

It's difficult for a doctor say serious harm was inflicted to the unborn child as a result of the mother's drug abuse. This is only about substance abuse. It's not about DB or lack of pre natal care. Child support does not have the resources to hold the expect ant mother and there's a lot of legal questions around our authority to do so. There have been occasions where there's a Chapter 51 commitment where the mother is held, but we really don't see that too often

either.

So you suspect maltreatment. Now what?

So first we want you to slow down. Take a breath. And think about the information you have in front of you.

You might have heard possibly an incredibly incident from a child. The child might have an injury. You might have feels of your own. And your mind is always trying to process this information and help the child. Taking a deep breath if you're looking at injuries, making a note of what they look like be like we talked before -- size, shape, color. Sometimes in situations the injury can seem bigger and different as you're hearing a story than what the injury actually looks like. In real life, because you yourself are processing your own trauma.

The next question to ask is does this meet reasonable cause and the definition of abuse and neglect? If you're not sure, you can ask questions 1 and 2. "tell me more."

"happened next?" we want to focus on the 4W questions, who, what, where, when. Let's take a look at what that really means. To ask more questions.

Often service providers get a little bit actionsconscious about what this means. You want us to interview kids? That's your job.

This is partially our fault. The reason why is because for a long time we told people not to ask kids questions, that's our job.

While it's partially true, it's backfired on us. We found when reporters get a little more information we actually make a lot better decisions.

Also, we're not asking you to do a formal interview. We just want you to gather a couple of questions. There's a difference between interviewing and information gathering.

Control investigators are trained to interview kids. We teach kids about the interview process. And the interview might be recorded. Information gathering is just a few, couple of questions to determine if you have reasonable cause.

Things to keep in mind. Staying neutral can help how a child processes or opens up with the initial assessment social worker, if one is assigned. It's also important to keep in mind that a case may not be opened and the message about the process can impact how the child or children interact with CPS in the future.

A couple other things. Now that the information is all in front of you, and you believe that you have reasonable cause, there's two more things to think about. One is does the child need immediate medical care? If the child needs immediate medical care, take care of that first before you call us and make a report. Because that's most important, the child's safety and they're health and well being.

Who do you call? As a mandated reporter you can call law enforcement or CPS. You will meet your mandate either way. But remember law enforcement has to respond to every call that they get. And CPS has discretion about in screening out a report. And we'll talk about why that's important in a little bit.

So, Tess?

>>: All right. Thank you. So now you're actually going to calls. What does that mean? What does that look like? On the slide we have listed our phone number touring the week. You know. Office hours. And then on our evenings, weekends, and holidays we have our EPS, emergency protective social workers. One social worker for 12 or 14-hour shift handling all the calls for the counter. So please be kind. It's one person.

Information to have when calling. We want basic demographic information. What happened, when, information about the child. I know that's a lot of information. We're trying to make a really good assessment for everything we know to make the best informed decisions. We also ask about if there's any need of American Heritage. And then information we already have that we might consider. CCAP. That's referring to circuit court access. We look up criminal history. We also see if there's a sex offender living in the home. And then past CPS history in the report. Patterns for safety concerns.

Things I want you to keep in mind when you call in is making a report can take anywhere from 25 to 45 minutes. It pretty much is the intensity of the case. We ask for a lot of information. The it may take multiple phone calls to get information. There is limited time to process this all in one day. People who receive the information first happened are the Truman dated reporters in that sense. They should be. Ones make the report. Someone else making the report for you does not release your mandate. It is really best and also make reports. Not while you're on speakerphone. It's difficult to hear. We have to document who said what each call.

Sometimes I take reports from nurses who are reading off my chart. What a doctor got during disclosure. And that can really have some insufficient about what the child said, what's the safety concern. We don't want to hear just about the negative or the crisis. We want to hear about the good things, too. These are called protective characters that can really mitigate any safety concerns and give us information about just how the family handles crises and highlights good parenting techniques as well. Research studies show that these common sense notions, when they're well-established in family, reduce the likelihood of child abuse and neglect.

>>: We have a question in Q&A.

What support do CPS receive to decrease burn out. I've had several interactions with calling access workers and they have not been the most welcoming and have actually told me I should not be calling them regarding my concerns.

>>: Oh. Sorry about that. To decrease burn out at Dane county access, I would say we have a very strong unit. We constantly call each other if we've want to be a under so be board many we can access our supervisors to consult. Laughter, honestly, is the best medicine. We try to find humor in little things of the day. Because we hear so much heavy stuff that we carry and don't realize it. I will say sometimes it is really hard to manage it all. I could take three phone calls back-to-back, each one 20 minutes. And go on to the next one without a blink of an eye. So it's very much you're hearing a lot

of information. You're hearing a lot of live trauma. That's just kind of the nature of the game. But we have a really strong staff that happy helps us with that.

In terms of, you know, someone having a bad day and maybe not being the most welcoming -- like I say, I too apologize. We do the best that we can. I just try to give everyone grace in those situations and just write it off as a bad day.

Okay. We've want you to be mindful of the words that you use when you call in and describe a family or condition. These often are called "buzz" words that can lead to implicit bias for a family unintentionally. For example, calling something a dirty home. What does dirty mean? To me, it's very different now that I have two children under five. There's spaghetti on the walls. I didn't make it, how did it get there? I think that we'll ask a lot of questions what dirty is. We're not trying to put someone on the stop. We're just really trying to understand what you mean. What did you see. And what's. Safe is aty concern about it.

The reason why I'm saying is to be so careful about the words you use is research shows buzz words stay for life with the family, even if it's an offhand comment made several years prior. RMS is not the only one who has access to RMS records. The other agencies can read them and react negatively to a family, even though those allegations from years prior were found to be untrue.

>>: We have another question for you.

How do you--all balance out utilizing CCAP and recognizing the racial disparities and undertones that come with CCAP -- I'm sorry, I don't know what this mean -- but BIPOC community.

>>: That's a great question.

Our state standards want us to document any felonies or misdemeanors. So I think we take into consideration, you know, racial profiling. And, you know, that someone could be charmed with something. It could be true or not true. That was just the situation what they were going through at the time. What we're really also trying to check our own perceived -- preconceived notions when we're looking at this history. We're looking more for patterns of violence, if that makes any sense. So like if I had a case about a father, you know, having an OWI, but we had information that, you know. Children -- there was no concern from the reporter that there was, you know. Children's basic needs were met. There was nothing else brought up. It's not like we would open that case then because the father had a past OWI. But maybe if he had seven OWIs and the report was about the father possibly, you know, driving intoxicated again, could we use that information to kind of look at the whole picture? Maybe. But it's also not like a final thing that said -- it's more for information to know about that we may not have otherwise.

One last thing I wanted to say about Native American heritage. People are often mystified about why we ask about this. It's a federal and state requirement. Oftentimes we've heard from Wisconsin tribes that it's the best way no tribes to be notified of other possible members in the state. So if we don't open an access report, we have to send

it to the tribe within 24 hours, if they have a known member. And then they might do their own investigation or reach out to the family to offer services.

All right. Go on to the next slide.

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If a report is screened in, there are two types of reports that could be opened with CPS. Ask the first one is a child protection report. We have a couple of response teams. We have a couple of response times that we have, that include same day, 24-48 hours, or five business days.

>>: It's not being interactive for me, Tess.

>>: Okay. I'll just keep riding.

The report means that we're going to investigate child abuse and neglect. Like I was saying, we have different response times. It's going to be dependent on. Information that we get. There's 23 conditions. If we pick one of them, that means we're going to have a same day response. If 24-48 hours, it's one of 11 that was picked. Same day is --

>>: It just kicked in. So there we go.

>>: All right. Thanks, Lisa.

So this is like a childlike with a black eye. You know. That would obviously be really concerning and would require same-day response. 24 to 48 hours response. Maybe there was domestic violence incident and the alleged maltreater is now in jail. The family is safe. We've don't have to respond the same day. We ask respond. Next day before the alleged person gets out of day.

Five day. Meets alleged abuse and neglect but no immediate safety concern many.

Initial assessment. Take in the screened report. They investigate. Sometimes we close out the cases because the child is safe. There's no information the child was abused or neglected. Or it could go on to juvenile support and we could petition for CHIPS. Child in need of protection or services.

Then there's also a child welfare type of report that we can open. Child welfare report is assigned to make an offer of services to the family many this is completely voluntary. Families can decline our involvement. I want to make clear, though, that these services reports are for our agency to provide services to a family that they normally can't access. So a child needs to be placed and go for evaluation, that's the type of service only the family can access if there's a CPS case involved.

If the family needs to get for a therapist, we will not open that because anyone can access that.

A child being currently suicidal. We wouldn't open it for that reason. We're not trained mental health providers. Your local mental health crisis agency should be contacted instead.

All right. Moving on to the next slide.

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Okay. If a report is screened out, it did not meet the definition of child abuse or neglect, which means that we cannot legal plea make

contact with the family. This is really sometimes confusing to people. Oftentimes people make reports because they want to connect the family to services. But if it doesn't meet the legal definitions like Lisa just went over then we cannot make any legal contact with them.

It can also mean that more than one report was made about the incident. We open. Other person's report, but you got a screened out letter because your report was not opened but someone else's was. It also can mean that a report is forwarded to law enforcement. In non caregiver sexual abuse cases, that means that we don't have the ability to investigate. They're automatically sent to law enforcement. I have talk about this multiple times a day with different providers of when they call in sexual abuse. I always and did you call the parents? A lot of times then say no. I say you really need to. We're not going to open this, but somewhere along the law enforcement officer will pop up at their tore. That's traumatic, especially for a sexual abuse victim.

I oftentimes recommend if there's sexual abuse concerns, contact the parent. Call with the parent to law enforcement to report it. Because by calling us you are calling law enforcement. And I think parents and children should have more authority and space to control that situation as much as they can.

All right. Of before I think that that's it for that one.

So many of you have been saying in the chat when are you going to talk about mandated reporting? We are really getting close to it. I'm sorry you had to be patient. But that other information we went over, we want to make a solid foundation how the system works what we actually too open before we go on to mandated reporting. Before of so we've talked about the why. We've gone over the definitions and the CPS process. We're going to shift our gears and talk about the how. How do we keep children in our community safe? Because it's not the sole responsibility of CPS. We are all maying a part. This is really why we coined the phrase of being a mandated reporter. And we're asking you to take additional steps in that process rather than just reporting what you hear. We're asking you--all to be brave and extend Europe thinking further. We want you to differentiate between harm and risk.

Shifting our moan set. A couple of. Examples they give. This is from the Wisconsin stem. The system is broken, there's nothing I can do -- switch that to behind willing to step up and make an improve many.

From they're only time to put out the fire quickly and move on to I'll spend addressing the underlying issue with the family.

Or the family is the problem -- switch it to the family is not the problem, the family is the solution.

I'll let it go on to Lisa.

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>>: You're not going to get a scheduled break. Sorry, you all.

Tess, I've been trying to keep up with the questions by typing in.

Q&A box. But there's one at least I know I didn't get to. So I don't

know if you wanted to type anything in there.

All right. So reflections.

This is just a question that you just answer to yourself. And I want you to hold in your space as we present next information.

And that is: Does racial bias influence reporting?

So I want to show you some more statistics.

So this is population by race in Dane County. It's six years of data. Population has been stable for the white and African-American population. The Hispanic population is fast-growing in Dane County. So African-American children make up 10% of our population. Hispanic children make up 12%. And white children make up 70%.

I really want you to keep this in mind over. Next few slides regarding African-American children making up 10% of our population.

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So you see since 2018 there has been a reduced number of referrals to CPS. This is not a bad thing, as less African-American children and parents have experienced system intervention. But African-American children continue to be referred at a rate that is 7 times higher than the rate of white children referred.

So just how many children will be through the trauma of a CPS investigation? And it is true that when CPS is involved, no matter how great our intervention is, it does produce a trauma for the child. Just us being at people's doors produces a sense of trauma, because the power that we hold. Right?

So in the United States 53% of African-American children will experience an initial assessment within their lifetime.

This is about 33% for all other races. Which in and of itself is astonishing high all on its own.

So that means a third of the people on this Zoom call will have a report made against them at some point in their life. And even more likely if you're a person of color.

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This rate of disproportionately continues in the rate of out of home care, based on referrals that are screened in. So the majority of children in out of home care continue to be our African-American children between -- this is the age group for 0 to 17. You can see at the bottom, this line, which is blue, represents children that are white. That has been stable over time. And the Hispanic population has gone up and down a little bit.

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This next graph kind of hones in on the younger children, age 0 to 11. Again, the white population has been pretty stable. We've done a little bit better with the black population, African-Americans, but they still are in here at a really disproportionate rate.

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So this graph shows that historically, between 70% and 80% of CPS reports come from mandated reporters. Disproportionate reports are not being made by friends, relatives, or someone else. They're made by all of us. We're the ones that are making them.

So think back to our discussion about reasonable cause. This is a

really low standard. And the training or information you received around a mandated reporting on the first poll we talked could be even lower, which is see something, say something. If you have a hunch it's worth calling. We bring this up is this is where subjectivity and decision making, we're making a report on personal values or personal impact creep in and lead to disparities within our systems. And we get that these structures are in our organization as women. This is not about one or two individuals. It's about your organization could be risk averse. They could ask you to report just on opinion or just because, not because you have a reasonable cause to suspect.

We're asking you today to challenge that and challenge Europe organization.

Whether we started doing mandated reporting training, we targeted our own organization first. We knew we were making biased reports. Mandated reporting must have a focus. Because if we want to affect racial inequities in our communities to change, we have to contact those who are making the records.

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Mandated reporting is not neutral. Okay. We found this website, mandated reporting is not neutral, about a year ago. And it really changed our view on our messaging. We used to think that we didn't have any control over the reports coming into our agency, that we had to act as customer service representatives, scribes of people's concerns, and make it a smooth, easy process for callers.

We now see training the community around the legal definitions and reasonable cause is an essential role for access.

So what can you do?

Before making a CPS report, refer back to this document and back to the definitions and hold them up to see if the information that you have actually, does it actually meet the definition of one of the maltreatment categories. We tell our community folks you can always call or access people to clarify the definitions. They'll talk with you about those.

Don't overreport. Be sure you're not reporting to ease your conscience. We are not building a case against anybody. Often reporters call because they're concerned and don't know what else to do and what they ultimately want is for families to get services.

Most of our reports, as Tess talked about the reports screened, we never even contact the family. We just create a record for them. Even of those families that we are contacting and we do screen in for an assessment, they're not necessarily getting those services or provisions of services. And we're not following families if we find no maltreatment occurred. The community can access many of the services, almost every service we can, outside of our intervention. Consider your implicit bias when you're reviewing your concerns and making a CPS report. It includes ageism, racism, gender-based discrimination among some of them. These can all impact someone's perceptions of the family many.



Consider your impact. Reporting has real consequences for families. Our community takes mandated reporting seriously. But not necessarily at the cost of reporting and not at the cost of a family. It's not no harm/no foul. Parents might lose work. They might lose rent money. They might lose sleep. They might struggle with their mental health. Our intervention could cause a relapse because of the stress. The children might be less likely to speak to an adult in the future if they need to.

All of our information is in a statewide system. Or if law enforcement or DA office calls and wants background of a family, we're obligated to give that information to them. They use this information to consider whether a family will be formally charged or offered prosecution or even what kind of jail time they might get. Even if reports have not been screened in there is a thought out there that if a family is even referred to CPS there must be something there. Right?

So what could be the alternatives to this?

So using your professional judgment. You are all professionals that are highly trained and skilled. Use your knowledge to help support a family. If your agency has a required mandate to report everything, advocate for change. Making a CPS report does not absolve you from intervention with the family. Reporting should not be about your mandate. It needs to be about keeping kids in our community safe. We all hear information from kids that is alarming and uncomfortable. We are asking you to hold that information up to these definitions. And if they don't meet it or you don't have a reasonable cause to suspect that the children are really unsafe, even though nothing bad has happened, we want you to walk through the discomfort, sit with the information. It's okay not to tell anybody. We want you to be brave and have the courage to use this information to talk with co-workers and stand up for what's right, after you alter your world view around mandated reporting.

It's the only way we're going to change. Bias in our community.

So this is a reflection on policy.

We encourage you to begin a conversation about your own agency. We tend to primarily reflect on our own level of individual bias, which is good. But oftentimes it's on an organizational bias or culture and how it impacts the individual. There are agency rules dictating to people what you can and cannot do. People have to unwillingly follow a policy that has racial bias, which is complicated. And so the question is: Do you have an agency policy that might be influencing racial discourse in your community and look through your agency policies and see if one might be like that and make some changes in your own organization around that.

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What we also like to think about are observations from the COVID period, which has been quite influential. As you can see, the statistics on the right -- and you may have heard about this in the news -- with school closings and stay at home orders, reports to CPS

were down in 2020. And, boy, people were afraid. We were afraid that the economic and emotional toll of the pandemic was fuming a parallel hidden epidemic of child abuse, that it was all going to go underground. Right? But what we saw was our substantiation rates stayed the same. Which means that we were catching cases that we needed to. And we were not seeing as much of the fluff.

If there was one thing that we got out of the COVID-19 pandemic is that increased reports or oversurveillance doesn't necessarily mean our community is safer. Our community became safer as together we sought to help each other with compassion and assistance.

There have been some really interesting studies from Columbia University around the child welfare system in New York City over the course of 2020 and 2021. Reports to CPS was down 20%. Juvenile and family court saw a reduction in court filings but they also saw a decrease in the number of children being seen in the ER for major trauma and child fatalities. And they did not see an increase in courts when the community started opening up again in 2020 and 2021. So they really questioned this regulation system that was built up prior to the pandemic and if it was really needed.

We also saw during the pandemic, we saw that there was an overwhelming response from the community wanting to help their neighbors or complete strangers. We saw government give out cash aids, public relief funds. It was the type of response that addressed the poverty that really made sure children in our community had their needs met and were safe. And so we took some of the things that we learned during COVID to apply them to how community response can really work to effectively provide safety for children and families.

And so -- do we have any questions? Are they all answered, Tess? Oh, no. There's a bunch of them.

>>: Okay.

>>: I'm trying to keep up with them as best as possible.

This is a sexual abuse one. Do you want to come back to it later?

Since we're far away from sexual abuse.

>>: Is it a quick one?

>>: No. Okay.

They want you to speak more on what maybe changed in 2007, 2008 at the beginning of the study, increased in the study of reporting children and black children. Anything that occurred locally or nationally that would explain the increase?

>>: That is a really hard question. Wisconsin, and Dane county particularly, has had an awful rate and disproportionately of African-American families, both in contacts with law enforcement, interfacing with CPS, and then resulting crimes.

I have my own opinions on why that might be. But they might not be informed enough to put them out there. So I have my suspicions. I think this is a big subject matter that would take quite a bit of time to talk through.

I think it has to do a lot with, at least in Dane county, a change in our legal partners' interpretation of what CPS could do, should do, and did not do. And became some oversight at least for our county.

>>: Okay. Last one, and then I'll move on the slides.  
Can you speak to reporting when newborns are positive for substances?  
>>: Oh, boy. Boy, you guys are asking some really hard questions.  
Yes, I can. So there's an interesting thing that we just learned that just happened in our community, is that Meriter is stopping their process of testing because they believe that it causes more racial disparity in reporting and are choosing instead to go with the maternal history and what they report and believing them. Which is an amazing step. We just learned about that recently.  
What we look at in those cases is we open the cases that we have to, according to act 79, which was a Wisconsin legislative act which went into effect -- I'm probably dating myself -- but eight to nine years ago. And we're required to open some of those cases. But what we are really looking for is not whether or not they tested positive, but what kind of parental care is being provided or not provided due to the maternal drug use. Pre natal care.  
>>: I think. Other questions will have to wait until the end. We have 14 minutes. Okay.

Okay. Last poll.

Poll 3. How reded is your agety to rethink mandated reporting? Rate yourself on a scale of 1 to 5. 1 is least ready and 5 is most ready. I'll give you a second to do that.

It looks like most have responded. Please go ahead and launch it.  
All right. Some said not at all. We've got some 3s and 4s and 5s. I think that's great. I'm usually hoping for 3 and above. Because this is new material for a lot of people.

All right. You can go on to the next slide.

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My hope is to really talk about some concrete example of mandates that maybe will push you from 3 to 5. So that's my goal for the rest of the presentation.

So when we want to change. Narrative about mandated reporting, it means you need to be a supporter and prevent deaf service to the family. How do you do that? What does that look like?

The reason -- just to give you the research. It says most people who call in with their mandate, a small minority were really concerned about serious harm. And the majority wanted to connect people to reef sources. And then there's other people that just want to comp themselves legally.

So imagine if that mandated reporting law was appealed. I would love to abolish mandated reporting laws. If we got rid of the mandate, then really people would just call about the kids being concerned. If you ever made a CPS report, I want you to think about the ones that you call many were you concerned about child safety and serious harm or something else? Do a self-assessment.

So what can you do to help? Three things. Talk to families. Reach out. Helping problem solve. And refer to community resources.

So here are some examples. Talking to families, reaching out. This kind of came up with the familiar abuse question. So let's say that you learned of a kid being physically disciplined at home. There were

no injuries. I think historically most people would pick up the phone, call. Because a kid shouldn't be hit. We know research--whiles I had cans should not be hit.

Instead of bigging up the phone and calling us, I would suggest that you pick up the phone and talk to the parents about this. They may disagree with you. And they legally can physically discipline their kids. But ion find a lot of people discipline their children because of how they're racism it's intergenerational. And they really don't have any other methods of knowing how else to approach the situation. Maybe they don't know the research of how this impacts children's well-being. Maybe they need more things in their toolkit. Maybe they normally do take away toys but in that moment they got upset and made a mistake and don't want it to happen again. I know this can be an uncomfortable situation for most people. But most parent -- they're concerned about their kid, but they want to hear from someone connected to their kid than a government agency.

Help problem solve. The common example I get about this is let's say that a 17-year-old said that he had to sleep at a friend's how last night because mom or tad kicked them out and they can never go back. I think historically it would be to call CPS. But I would encourage you to call mom or dad and say what happened last night? They might say I didn't kick them out. I took away their phone and they left. And that is a common thing that I hear on the access line.

Or mom says -- a dad says, yeah, I am sick of them not following my rules. They can't come home. And then in that instance, lets a say they can't come, I would say that you should reach out to community programs. So calling in our area ---calling prior patch. Seeing if they can stay at prior patch. And then calling us. Because you mutt put the solution in place. And then you're calling us. And, you know, you've already connected them to resources. Maybe we can get them started in counseling right away.

Other examples.

I once had a grandfather call me and said my daughter has left. I have no idea where she is. She's very young. She now -- she left me with this baby that I can't take care of. His wife had a medical -- like a continuous medical problem that she needed help with. He had to work. There was no child care that they had.

So I talked him through how to gain guard inship, that he didn't need CPS. And he did it. He followed all of my steps. And that day his granddaughter was not placed into foster care. Instead he got emergency guardianship of his granddaughter and we were able to keep CPS out of it. And a child was with family instead of a foster care familiar leach. That's how it should be.

That's the type of re-thinking our mindset that behind talking about. And I I'll do one more, just because they're fun.

So we had a kid who had possibly a UTI. And cook staff had talked to her multiple times many you need to take this kid to the doctor. Mom wasn't taking them to the doctor. It's unclear why. I often find in cases of neglect there's some type of unmet need many we just have to figure out what the root of the cause is. What is the unmet need?

Lisa and I have worked with families and childrens for years. We've never a parent who is it not love their kids. They just need some help or direction in how to do things sometimes.

It turns out in this case with the UTI the parent was worried about medical cost. And we figured out a way to do the medical cost. And then the kid went to the doctor. I mean, this is it what I'm talking about. Creating a social net around the family and really being creative. And the kid's needs are met. They're safe. That's the most important thing.

I really want to make sure we have time for questions.

So I have frequently asked questions that I normally go over. I'll do that quick. You had a lot of questions today.

So calling a parent let's the parent know you made a CPS report.

Oftentimes the jig is already up. All the parent has to do is ask the kid -- who did you tell? I told so-and-so. Then they know. Will this ruin your relationship? Yes, that's absolutely possible.

But they might also be mad if you don't talk about it and call CPS.

Framed in another way -- are they mad or are they scared?

The next question I often hear I don't have time to be a mandated report. People have more on their plate, less time on their hands every day. Let's reframe it. Are you calling to do a consult or call the parent -- you might save the 20 or 30 minutes I was talking about creating a CPS report and the family's needs are met. That will save time in the long run.

We'll do some questions.

You will get a copy of our slides. And we have resources on there as women.

>>: There are a ton of questions in there.

I think that a really simple way to kind of like put together everything is say that, like, the purpose of this was specifically about child protection. I saw that as a question. Child protection and elder abuse services are different. They're separate. And so you've got to find another training about elder abuse. This was not it. Sorry, you all. So for those who are interested in that, we don't have it.

For those who had questions about abolish CPS, about race and disability and all of those things, please understand that, as social workers, we all individually hold a responsibility to understand those things. Not just in CPS but in any system you're working in. There is no system that social work touches that is not oppressive. So please do not think that -- please do your research, please know. Please learn from folks who have experienced that, with lived experience. And please don't think that you are somehow immune or set aside from that. If you call yourself a social worker, myself included, you are a part of the problem. And we all have work to do all. Time it. Is our responsibility.

I will also say that as someone who works with agencies across the country specifically doing child welfare, Dane county is one of the few talking about mandated reporting even. There are states in this country where you are not allowed to train anything about anti--

racism. You can't say anything that will make people uncomfortable. So I'll often sit in front of hundreds of spoke folks in this space saying you all have a problem, but I can't say what it is. You have to figure out. That's how restrictive it. So when we talk about abolish CPS -- yes, that is great. But we are not even there yet. Understand what is happening across this country. And start, like, taking these steps and doing the work to understand those things and actually address them. Because you cannot talk about, like, abolishing CPS or changing CPS or even mandating supporting without really understanding all of the barriers, blockades, laws that are going into effect impeding on the ability to even do these very simple things that we all can do.

And then finally I think. Purpose of this, right, is critical thinking. If you are -- if that is what you are tasked to do as a social worker, is to think critically. And not be reactive. And just, you know, hope that somebody else will do something. We all actually have a reef responsibility to actually be supporters of everyone in our community. Because we are one community, no matter how much we try to fight it. We have to be Mr. community with each other. And so in that way we all are deserving and worther of having that -- of having that and being able to live in it slavery. So whenever you are considering any of this and thinking back and watching this presentation, think about what you are doing to be critical of what it is you are being tasked to do. Let's just put it out there. Some laws are unjust, but they are still there. So what are you doing around that to be supportive and be in community with people and have an impact.

So with all that, I hope to welcome you all back. I want for thank Lisa and Tess for their time and valuable information today. I want to thank you-all for being in attendance and being a part of this event. Please watch for an email with a link for evaluation of today's conference. And there will be a separate email -- I answered several questions about this -- there will be a separate email regarding CEUs from those that requested them. When you rent sistered and requested them, you will get those CEUs. You don't have to do any further action. They will come to you. This (tax. Recording and slides, will be on the conference website soon after the conference. So please look out for that. We hope to see you next week, February 2, for the next part of this conference. With that, we will end. And I hope everyone has a wounderful rest of the day.

Recording stopped. 4:30.