Imagine yourself as an investigator in the child welfare system. On a weekly basis, you are asked to evaluate a number of cases of alleged child maltreatment to decide whether a child has been abused or neglected. Each case presents with an assortment of information about family history, home environment, medical data and observations. If you decide the allegations are “founded”, you must then decide the degree of risk to the child and whether the child should remain in his or her family or be placed outside the home. You must also decide what services to offer to the family and whether or not the situation qualifies for court action. Your workload and your deadline pressures are high. How do you make these decisions that will seriously affect the lives of children and their families? That is, how do you determine the relative risk in each situation? There is an overwhelming responsibility that accompanies the work of child welfare. At intake there are decisions about whether a report meets the statutory definition of child abuse and neglect. If it does not, what does the intake worker do? If it does, what are the options? Safety risks must be assessed. Should removal be requested under an emergency removal order? Or, should the child remain in the home with services? If a child is removed, at what point is it safe for the child to return home? In agencies with Multiple Response Systems, for certain cases, a worker can choose the option of bypassing investigative and instead assess family strengths, provide services, and monitor the case. Finally, a decision must be made to close a case after service goals are met.

These are weighty decisions. VCWN has explored aspects of the decision-making process in past issues (see volumes 10 and 30). With the changes that the Multiple Response System (MRS) will bring, to Victoria, (see VCWN, volume 50) it seems timely to review literature and practice in decision making.

General Principles

The process of decision making is of great interest because inappropriate decisions can be costly. Ignoring the need for child protection can be tragic, resulting in death or permanent injury for a child. However, separating a child from his or her family unnecessarily can be traumatic. Providing

History of Decision Making

During the 1980’s CPS agencies were criticized for lacking research basis for decision making. Investigations were perceived as subjective and inconsistent. Interactions were regarded as ineffective and resources were allocated inefficiently. Risk assessment was conducted informally by CPS workers who relied upon general policy and practice guidelines and, ultimately, on subjective judgment (Couchiall, 1995; Curzan, 1995). As a result, agencies were encouraged to develop standardized criteria for determining the most

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Decision Making
continued from page 1

appropriate responses, and to develop a standardized protocol for assessing risks as well as guidelines for identifying appropri- ate services (English, 1996).

The anticipated benefits of structured decision making and risk assessment were several. It was thought that standards of child welfare practice would improve through the use of informed and consistent decision making. A second benefit was the possibility of targeting high and moderate risk cases for intervention. Other potential benefits were improved documentation and reduced worker and agency liability. It was also hoped that worker attention would be directed towards the most important risk factors and that risk assessment systems would encourage comprehensive case review (Cicchetti, 1995).

Since 1987, at least 48 states have developed definitions of risk assessment and 42 states have adopted some form of risk assessment in child protective services (Cicchetti, 1995). However, DeWeck, English, DePaulis, & Moote (1993) report that most of these states continue to be "incident focused" rather than risk-focused and services are offered based on severity of maltreatment.

The evolution of risk assessment models is interesting. Initially, risk assessment tools grew from local needs, so many localities had developed their own. Local variation highlighted the already existing diversity of opinion about how to define risk assessment and the best methods for risk assessment (Schene, 1996). Criticism of risk assessment was fueled by the different purposes for various risk assessment models, the lack of clarity in terminology, inconsistencies in module components, uncertainty about how to interpret risk factors and questions about whether or not identified risk factors predicted what they were designed to predict. Implementation of risk assessment procedures was often incomplete or inadequate. The accuracy in predicting future harm, the relevancy of mod- els to CPS decision making, and increase in worker liability were all issues of concern (English, 1996).

It is true that Low, instruments have been refined and validated ... thousands of children's outcomes. Wells, et al. (1995) report that some studies showed that 90 percent of those cases screened low risk were determined not to need investigation, to be low risk. However, 10 percent were found to be appropriate for investigation.

According to a recent review by English (1997) several factors influence whether or not a report of maltreatment is investigated. These factors are the amount of information available, the presence of an observable injury; the number of prior reports, the child's age, and the source of the referral.

In a 1995 review of literature, Johnson found a few studies that examined the likelihood that case information, collected at the time of screening reports, could accurately predict whether or not a report would be confirmed when investigated. According to Johnson, Clark, & Drabick (1989), Orme & Haggart (1995) and by Johnson & Clark (1989) all found that factors identi- fied at the time of screening could predict status after investigation. In contrast is a study by Wet, et al., 1995. Wells, et al. conducted a study using 12 sites from five states. All states averaged at least 100 child abuse and neglect reports per month. They found that in these sites, approximately 20% of the reports, com- plaints were "screened out" (not investigat- ed). The percentage of investigated in the 12 sites ranged from one percent to 71 percent. Five sites screened out 40 percent or more of the reports received.

The investigators were dismayed to find many of the "screened out" cases appeared to be beta false allegations of child maltreatment. Of appropriate reports, only 10 to 15 percent were investigated. The researchers found that case variables which influenced the decision to investigate were not always those found in policy. It was also apparent that screening decisions in the 12 sites were not consistent.

The conclusions reached were not able to be general- ized to other settings faced by CPS workers. They were not primarily due to the lack of information but primarily due to the number of potentially appropriate cases. Nationally funding and public support have leveled, meaning that agencies are...
Spotlight on

Child Welfare

Founded in 1983, the Child Welfare Institute (CWI) provides two core services: Training Service and Organizational Services. Training has been provided in outcome-based practice, supervision and management practices, systems training for the Federal Statewide Automated Child Welfare Information System (SACWIS), and technology at a practice tool. CWI's organizational consulting services help agencies an organization's strengths and problems and identify opportunities for change. Their paradigm is a flexible planning process which provides direction for agency assessments, decisions, and actions.

A sampling of specific training programs includes:

- Achieving Performance Through Teamwork — a 24-hour training which prepares child welfare staff and foster parents to work effectively together to better serve child and birth families.
- Applying Cultural Competence to Recruitment and Retention of African-American Families — 12-hour training and 6 hours for administration. The framework can be applied to all families of color.
- Building Partnerships with Birth Parents — a 24-hour training for foster parents and staff.
- Caring for Our Own: An Educational/Group Support Program for Relative Caregivers — a 9-hour educational/support program for kinship caregivers that enable them to better meet the needs of the children in their care.
- Child Welfare and Substance Abuse Intervention — a 7-day training that provides skills to effectively identify and intervene in families with chemical dependences.
- Connecting: Essentials of Residential Child Care Practice — a 40-hour program that includes training about birth families, child and adolescent development, attachment needs of youth, separation, and loss issues, communication and developing a therapeutic environment for youth.
- Fostering and Adopting the Child Who Has Been Sexually Abused — a series of 12 three-hour meetings that prepares parents to help the child to disclose and to resolve his or her feelings.
- Preparing Youth for Independent Living — teaches how to work with youth to develop their emotional readiness and practical skills for daily living.

Trainings are also available for supervisors, managers and administrators.

For more information, contact: Child Welfare Institute, 1349 W. Peachtree Street NE, Suite 900, Atlanta, GA 30309-2956 (404) 876-1934, FAX: (404) 876-7949, E-mail: info@cwii.org Web site: www.cwii.org

Designing a Comprehensive Approach to Child Safety, by Wayne Hennesy and Thomas Merton, 1999, 50 pages, $25 (includes shipping and handling)

As proposed, the assessment of general risk of child maltreatment, assessment of child safety is focused and time limited. This guide is designed to assist states and local agencies in an approach to safety decision making and restoration. The guide outlines the elements involved in safety and details a process for assessing each of those. Safety through the CPS process is addressed. The process of training decision-makers is reviewed and implementation issues are considered. This manual presents safety decisions to the requirements of the Adoption and Safe Families Act (ASFA) and family-centred practice. It is a practical, useful guide to policy-makers and supervisors. In particular.


This monograph, with its many articles, is a valuable resource for CPS professionals in our review of the literature. The work begins with chapters on the issues in CPS decision making, the rate decision theory and the impact of the decision maker. In the fourth section, Diane Lengly requires current knowledge about CPS decision making. Each of the key CPS decisions - screening, intake, child safety, investigation, evaluating progress and case closure - is treated with a separate chapter in section six. Finally, cultural issues and emerging issues are addressed.

Available from: Cynthia Clasen, Publications Coordinator, Child Welfare Institute, 1349 W. Peachtree Street NE, Suite 900, Atlanta, GA 30309-2956, (404) 876-1934, FAX: (404) 876-7949, E-mail: cclasen@cwii.org Web site: www.cwii.org

able to investigate only the most serious cases (Wells, 1997).

Many states are using dual-track or different response systems similar to Virginia's Multiple Response System to respond to this problem. If criteria for a report of abuse and neglect is met, then, these sys- tems allow the worker to assess child safety and risk of re-abuse and then make a decision regarding the need for a full investigation. Investigation can be deferred in favor of assessing family needs and strengths and providing services designed to address the issues leading to the report.

Wild and Woolverton (1990) note that risk assessment instruments have, in gen- eral, not been designed to screen cases prior to investigation. Many factors important to assessing risk are not known when a report is received. Therefore, seriousness of injury or harm to the best criteria if a screening decision must be made.

Virginia anticipates that under the MBS system some cases initially placed in the Assessment Referral Track or the Referral Response Track will, at a later time, need to be considered for a full investigation. Thus, in Virginia's MBS, a case can be removed from the Investigation Response Track at any time if it appears that the criteria for this track is met.

Assessing Child Safety

Risk assessment and determining the safety of the home is something that should occur continuously in the course of a case. Therefore, risk and safety should be as- sessed at intake, during investigation and at all other points in the investigation such as reassessment, reunification, case review and case closure (Engländ et al., 1994). However, risk assess- ment has been found to be uppermost in the worker's mind only in the early, investi- gation stage (Schuurmans, 1989).

In 1982, Illinois developed and imple- mented what is believed to be the first state- wide structured risk assessment process, called CATS-IL. Illinois used a system for assessing risk related to the risk of abuse and neglect faced by a child that relied upon 17 risk factors. The CATS-IL was not assessed prior to its imple- mentation. Rather, the factors were derived from the child abuse and neglect literature avail- able at the time (Doucette et al., 1993).

These risk factors have remained re- markably consistent over the years. This is possibly related to the inclusiveness of the original set of factors, or maybe to the lack of empirical work challenging the factors or suggesting others. (Schindler, 1996, p. 4).

Of those initial risk factors, the factors with the most empirical support are:

- the child's age;
- the child's developmental characteris- tics;
- the characteristic of the abusive incident;
- the actual level of harm (severity);
- the repetitive nature of the behavior;
- the caregiver's degree of involvement.

Continued on page 4
Decisions to Remove a Child

More than any other area of CPS decision making, the consequences for errors in this determination can be devastating (Fellman, 1997). However, workers have little research to guide them in making this decision (Wald & Vooleryton, 1970). Some researchers suggest that there are no consistent factors used in making a decision to remove a child from his or her home, while other studies indicate a variety of specific factors are involved. Knudson (1986) reports that the results of a questionnaire to CPS workers and supervisors showed risk to the child, severity of the incident, age of the child (along with coop- eration and functioning of the parent), were identified as the most important covariates to consideration. Another study of CPS workers responding to descriptive cases identified severity of the injury, the presence of emotional disturbance in the parent, the degree of en- viromental stress, and presence of unusual behaviors in the child as primary factors in validating abuse and making removal decisions. It was noted that workers did not always interpret cases in the same way and showed little consistency in relating evi- dence of abuse to degree of intervention (Knudson, 1986).

A study of decision making in Cook County, Illinois (Schauman, 1989) found that four general factors entered into the decision to take protective custody. These were: a) the child's age (the younger, the more likely it is the severity of the injury); b) the caregiver's level of functioning; and c) the worker's assessment of risk of recur- rence.

The newer safety determinations (de- scribed earlier) may some day be seen as the most helpful models available for aiding in decisions to remove a child. In making this decision, workers need to approach the question by asking, "Is there any way to make this home safe for this child?" Inter- ventions which might lower the risk to the child and prevent removal should be con- sidered. The decision to remove a child be- cause risks to the child resulting from re- moval, as well as the risks of non-removal, must be considered.

Decisions Related to Substantiation

Yeates et al. (1995) found that workers were fairly consistent in factors used to make decisions with regard to whether or not to substantiate after an investigation. The severity of the injury was the most con- sistent factor influencing working decisions in both actual case investigations and in studies using case analogues. When the in- jury was not severe or maltreatment not considered serious, many other factors were considered: number of the perpetrator, car- taker cooperation with CPS, ethnicity of the child, and status of the report. 

A study of decision making in Cook County, Illinois (Schauman, 1989) found that four general factors entered into the case: a) the child's age (the younger, the more likely it is the severity of the injury); b) the caregiver's level of functioning; and c) the worker's assessment of risk of recurrence.

the caregiver's prior history of violent behavior (Fellman, 1996; Yeates et al., 1995). In addition, parental history of abuse, parents' recognition of the problem and ability to cooperate, parent response to the child's behavior, parent level of stress, and the level of social support are also impor- tant (English, 1997).

Research has consistently shown these risk factors to be valid predictors of future harm: 68 percent of the cases classified as high risk had subsequent investigations and 51 percent had subsequent substanti- ated maltreatment. The importance of some risk factors over others has been docu- mented; cases involving drug abuse, for example, were much more likely to have substantiated maltreatment (Schechter, 1996).

More recently, risk assessment has been differentiated from safety assessment. Risk assessment refers to risk of harm to the foreseeable future and is long-term in scope. Safety assessment, as used by groups such as ACTION for Child Protection, refers to a time-limited determination of projected harm in the next 30 to 45 days.

Some factors about the alleged maltreat- ment, the child, the caretakers, the family and the environment may independently indicate that a child is unsafe. Other factors may be important only in combination. ACTION for Child Protection refers to these factors as "danger-based influences" and to combinations of danger-based influ- ences as "vulnerability combinations." (Defaldis, 1997) focus on 14 maltreatment factors: 4 child factors; 3 parent or caregiver factors; 4 family factors; 3 environmental factors which should be examined. A somewhat different approach is af- filiated with the Child Welfare Institute (see block for more information about CWI). The comprehensive approach to child safety (see book review, this issue) advocated by CWI balances protective factors against threats of harm within a 40-family centered intervention philosophy. Rather than a list of factors to be assessed, the model offers a process at each decision making point. The CPS worker must determine the threats present, the extent to which the threat is uncontrolled, the imminence of the threat, and the resulting effect on the child if the threat is uncontrolled. Workers are encouraged to find observable situations (e.g., unsafe house, crime activity), behaviors (e.g., intrusive action, assault), emotions (e.g., immobilizing depression), motives (e.g., in- tension to harm the perpetrator, e.g., viewing the child negatively), and capacity (e.g., physical capability).

CONSIDERATIONS IN EVALUATING SAFETY

CHILD FACTORS

- age
- physical/mental abilities
- basic needs

PARENT/FAMILY FACTORS

- amount of behavioral control (espe- cially of substance abuse, violence be- haviors, symptoms of mental illness)

FAMILY FACTORS

- conflict/stress
- support networks

MALTREATMENT FACTORS

- frequency and severity of harm
- intention of perpetrator
- admissibility of perpetrator
- explanation of maltreatment

INTERVENTION FACTORS

- level of cooperation

Adapted from Martin & Molder, 1997.
our criteria. The case is closed if the family moves out of state, can not be located, or if the perpetrator no longer has access to the child (for example, if a teacher or babysitter was the perpetrator). If the risk of recurrence was felt to be minimal, or if the family was being monitored by another agency, this could result in the case being closed, as well (Schweerman, et al., 1989).

Also, the family's desire for service and degree of cooperation may be a factor.

A study of English and colleagues (reported in English, 1997) found several factors significantly related to opening a case for service. The chronicity of the maltreatment was one factor. Others were the parent's history of abuse as a child, parental impairments (such as substance abuse, mental health problems, or mental retardation), the amount of social support available to the parent, parental perception of the problems, and cooperation with the agency.

Decisions about offering services arise, in part, as a consequence of an inability to adequately intervene in all child maltreatment situations. While people agree that families should receive assistance in order to be able to adequately care for their children, in practice, resources are limited. Also, some families, no matter how much intervention is offered, are not able to achieve competence; it is in these cases that services are more frequently available (Reid, 1997).

Identifying Family Strengths and Needs

A family needs assessment will be the basis for focusing the service plan. Like Virginia, (see Multiple Response Article, this issue) the Michigan Department of Social Services has developed a structured approach to assessing family needs. Workers evaluate the family’s needs in 13 different areas. Assessment of these targeted areas provides information about problems or needs which, if left unresolved, could contribute to abuse or neglect of children.

Further, the family needs assessment provides an important case planning reference. The needs assessment serves as a mechanism for monitoring service referrals and provides a baseline for evaluating changes (Baade, Wagner & Neumfelden, 1991; CRC, 1993). (For an example of a family needs assessment, see the resource reviews, this issue.)

Developing a Service Plan

Services should be targeted to the areas of need. Further, as the needs of the family increase, so should the services. Thus, services should be calibrated to the level of risk.

Efficient management of limited resources is a prime goal of a case management system. There simply are not sufficient resources to optimally serve all families, and this reality imposes difficult choices on workers. Risk assessment can help the worker target resources to the cases with the greatest need (CRC, 1993).

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ACTION For Child Protection

ACTION is a private, not-for-profit organization that provides consultation and training to public and private child welfare agencies responsible for protecting children and providing intervention services to their families. ACTION can assist with any area of child welfare practice including relative decision making that supports effective case practice; family system outcome-driven intervention; safety and risk assessment; implications of the Adoption and Safe Families Act for CPS foster and adoptive family assessments; and community collaboration and multidisciplinary training. ACTION also can facilitate management practices, training and intervention efforts.

For more information, contact ACTION's national headquarters at 212 Saddle Road North, Suite 204, Charlotte, NC 28227 (704) 445-2121, FAX: (704) 845-8577, e-mail: xthol@earthlink.net, Web site: www.actionchildprotection.org

Family Assessment Change Strategy by Wayne Holder, 1998, 228 pages, $30

Available from: ACTION for Child Protection, 2101 Smiths Row North, Suite 204, Charlotte, NC 28227, (704) 845-2121, FAX: (704) 845-8577, e-mail: xthol@earthlink.net

Family-centered practice is an option for CPS intervention. It considers case maltreatment to be a symptom related to family needs. This system is a revision of the Child At Risk Field Decision making which has been used since 1985.

Using a strengths orientation, this system incorporates safety assessments as well as family assessments. The initial portion describes the theoretical and conceptual basis for this model. Chapter 2 provides a step-by-step description of the procedures and assessment at each stage in the CARS process. The final family assessment (to determine who will be served), safety evaluations, coupling family assessments (done with the family to assess needs), and the change strategy (developing a service plan). Forms for recording information are included and there are complete instructions and descriptions for completing each section. A sample of a completed case is given. The FACS assures effective, professional record keeping and documentation and a chapter is devoted to this issue. The need for case review is outlined in chapter 10 which details how to assess family progress. Finally, case closure is addressed.

For those wanting to implement family-centered practice concepts, this manual operationalizes the approach. Content listing, technical assistance and training is also available from ACTION for those who wish assistance in implementation.

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Jagannathan and Camasso (1996) conducted a study designed to explore the extent to which risk factors of child maltreatment are reflected in patterns of service co-ordination or case management. These specific service patterns emerged.

1. Older children with behavioral problems tended to generate a service pattern characterized by a significant number of unsuccessful telephone calls but relatively low unsuccessful field visits.

2. Economically disadvantaged households with prior history of abuse or neglect tended to exhibit a service pattern distinguished by a high number of unsuccessful field contacts.

3. Households where the parent/care-taker was not employed seemed to trigger a service pattern of higher service intensity and duration, higher supervisory involvement and the generation of a greater number of telephone calls. These researchers concluded that risk assessment can be useful in anticipating specific patterns of family behavior and re-sulting workload levels.

Others question whether risk levels should be the sole determinant of services. Families with lower or moderate risk may be as secure for services, responsive to interventions, and benefit greatly from help. However, if a help is offered only, or first, to the most severe cases regardless of whether or not these dysfunctional families can benefit from services, those who are most likely to benefit are afforded the lowest chance of getting worse before they are helped. Schene addresses this dilemma: “An implication of our progress in successfully predicting cases that are at the highest risk of serious substantiated maltreatment is that we immediately assume that these are the cases that should receive the bulk or our scarce resources. This assumption does not address the question of whether the higher risk cases are sufficiently maladaptive to be the types of interventions we offer. Or, maybe even more importantly, do we want to support a ‘waiting room’ of the moderate and low risk cases which remain unserved until their circumstances deteriorate sufficiently to be considered high risk?” (Schene, 1996, p. 8).

Indeed, recent research by Inkelas & Halton (1997) supports the idea that it is inefficient to withhold treatment and services from less severe cases. Their analysis of California’s child welfare system reveals that 30 percent of children entering the child abuse system are “reopening.” These children and families were identified as less severe in prior investigations and were offered lower levels of service or no service. The study concluded that, due to inadequate risk assessment and inadequate service delivery, these children suffered further abuse and “cyced” back into the system.

In actuality, services may depend more upon what is available than upon family needs. For example, an analysis of service delivery in Cook County, Illinois determined that the services a family received seemed “to be a matter of chance, dependent on the particular office, worker, and point in time” (Scheuer, 1989, p. 35). Other factors that impacted upon services chosen were client cooperation, worker knowledge of services, and “trial and error.”

Assessing Change

As the service plan is implemented, the worker must assess the degree of change in key variables. This process has proven problematic. How much change is sufficient? What if a family can change some areas of risk but not others? If the family is able to function better without committing a daily child-marring, will they maintain these gains if a child’s returned home?

Conditions within the family may change over time and could affect child safety. For example, a family member with a history of violence or chemical dependence may move in or out of the household. Adults or juveniles released from incarceration may re-enter the family system. A move to a new neighborhood, places the risks of the child. A new baby entering the family, a death or loss of a family member, or significant illness or disability of immediate family may change the risks of harm for the child.

There is limited research aimed at measuring change in abusive and neglectful families. Schene (1996) notes, “we are better at assessment in all its forms than we are at actually helping families change and measuring outcomes of our interventions in terms of the reduction of risks” (p. 8).

If the service plan involves a multidisciplinary effort, there may be some advantages over a single worker engaging in solitary decision making. Decisions made in groups have the advantage of multiple perspectives and the additional information of multiple observations. Such group decisions have been shown to be superior to decisions of individuals in child maltreatment cases (Calgun, 1988). Thus, use of a treatment team is highly recommended for monitoring and assessing difficult families.
Evolution

There have been some major changes since the beginning of structured risk assessment and decision making. One is the growing propensity to supplement risk factors with strengths of the family that are viewed as offsetting factors. A second is the recognition of the need to risk assessment and decision making to particular maltreatment categories (Schene, 1996). Factors placing a child at risk for physical abuse overlap with factors causing neglect and those related to sexual abuse. However, each type of maltreatment is correlated to different factors as well. Thus, separate ways of assessing risks are needed, but different types of maltreatment. Research has not only identified different risk-associated different types of abuse, but also risk factors that can vary within the individual, family, and social context (English, 1996). A third change is the issue of prioritization of risk factors that have been shown to be relatively important as well as the introduction of the dimension of chronicity as relevant to the assessment of risk and to decision making.

A fourth area of change is the movement away from the use of "scores" for overall risk. Rather, following Tevermeyer's lead, there is interest in setting minimally acceptable levels of risk. A more recent development has been that of a separate tool to assess safety. New York was one of the first states to develop a separate safety assessment process.

Another change has been the development of actuarial models of risk assessment. Actuarial models help staff identify and classify cases at risk of future maltreatment. By use of specific demographic information. Actuarial predictions are based on the study of case characteristics. It identifies factors having a strong association with future abuse and neglect. A second characteristic is assigned a "risk weight" (low, medium, high) on the basis of the strength of its correlation with maltreatment recurrence. Cases with low numbers of risk points are called "low risk" and are predicted to have low rates of maltreatment recurrence. Cases with higher numbers of risk points are termed "high risk" and are predicted to have higher rates of maltreatment recurrence (Baird, 1997; Johnson, 1996). The focus is on grouping different types of cases as more likely than other types of cases to result in subsequent maltreatment.

Spotlight on: National Resource Center on Child Maltreatment

The NRCM provides direct training, technical assistance and consultation to states, tribes, and local CPS agencies. During its first two years of operation, the NRCM provided technical assistance, consultation and/or training in 38 states and tribes.

Examples of assistance include:

- Training on substance abuse and its contribution to maltreatment.
- Assistance to agencies implementing new CPS legislation and policies.
- Review of risk and safety assessment procedures.
- Assessment of CPS services and operation.

Assistance is available free of charge under a cooperative agreement with the Children's Bureau, Office of Child Abuse and Neglect, States, tribes and local agencies interested in making a request for services or obtaining a complete listing of training areas may contact NRCM at 1349 W. Fricklne St., Suite 700, Atlanta, GA 30309-2956, (404) 876-1354, Fax: (404) 876-7494, E-mail: nrcm@gocwi.org. Website: www.gocwi.org/nrcm. The NRCM is sponsored by the Child Welfare Institute and by ACTION for Child Protection under the auspices of the Children's Bureau.

Publication Abstracts


Available from National Clearinghouse on Child Abuse and Neglect Information, 330 C Street, SW, Washington, DC 20447, (800) 973-0895, (202) 377-4951, E-mail: ncchc@cbsi.com. Website: http://www.childhelp.com/nccan.

These abstracts have been selected from 3200 documents related to child maltreatment.

National Center on Child Abuse and Neglect

A New Approach to Child Protection: The CRC Model.


Available from Children's Research Center, 428 S. Willlows Drive, Suite 250, Madison, WI 53719, (608) 831-1190, FAX (608) 831-6446, E-mail: jethwrh@as! com. Web site: http://CRC-CRC.org

This booklet describes the CRC Model, a new approach to case management. The model provides risk assessment and computerized documentation to routinely monitor and evaluate programs. The end result is efficient management of limited resources by linking assessments to service plans. The Center's mission is to continue research and evaluation efforts for child welfare and to assist agencies in improving their service delivery systems.
UPDATE: VIRGINIA’S MULTIPLE

In the summer of 1997, VCPN reported about the implementation of Virginia’s Child Protective Services reform initiative. The pilot program, called the Multiple Response System (MRS) allows for a range of responses to a child abuse complaint, instead of requiring that every complaint be investigated.

Instead of a single response of investigation, the MRS provides three intervention tracks when a report is received. The Investigation Response Track is the traditional CPS response. For the MRS pilot, the Code of Virginia Section 63.1-245.18 requires investigation for child fatalities, sexual abuse allegations, cases where the child has serious injury and cases where the local department has taken custody of the child. These complaints and others involving serious safety issues are placed in the Investigative Response Track. In this track, an investigation is undertaken. If the local agency determines that abuse or neglect did occur, a disposition of “rounded” is made. The parent(s) of the caretaker(s) responsible for the abuse is placed in the Commonwealth’s Central Registry and a service plan is formulated.

The second response alternative is the Assessment Response Track. Reports placed in this track do not meet the definition for child abuse and neglect and, thus, are valid reports. However, there is no immediate concern for child safety. In this option, a family needs assessment is conducted in order to identify family strengths and service needs. Local agencies offer services, when needed, to reduce the risk of abuse or neglect. These services may be provided by the local agency, purchased by the local agency, or the family may be referred to a community resource. The family may also seek services independently; no disposition is made and no names are entered into the Central Registry.

The third response is the Referral Response Track. It is for reports that do not meet the definition of abuse or neglect but where there is concern for a child’s welfare and where assistance from the local department or some other community agency might be helpful to the family.

In addition to differential responses, the Multiple Response System also requires formalized relationships between the local department and service providers and law enforcement agencies. These relationships support a community response to child maltreatment.

VCPN talked to each of the five pilot sites so they were preparing their new programs and reported on the pilot projects in VCPN, volume 52. Each director discussed their anticipation of the positive and, potentially, negative aspects of this new program. After a year of implementation, VCPN staff interviewed the five sites once again, following up on that initial conversation. The data compiled by the Virginia Department of Social Services at the end of the first year of implementation is also summarized.

INTAKE

At intake, the Multiple Response System (MRS) provides two forms designed to assist the CPS worker in deciding the best intervention. These forms are the Child Abuse and Neglect Intake Screening Form (for collecting data), and the Multiple Response System Report Matrix (for guiding decisions about which track to place the case).

Agency personnel from all five sites agree that the intake screening form is lengthy and time-consuming. With many questions designed to collect data and specific information related to the complaint and to child safety, it takes much more time to complete than the traditional form. According to Leigh Atchison-Hensden, BSFS and Child Protective Services Worker with the Montgomery Department of Social Services for seven years, the form at first can be daunting. "The form takes data in a different format than the habitual information. It can get confusing," she says. Having said that, however, she, along with representatives from the other four sites, finds the form very much, according to all those interviewed, the form provides a more complete and well organized picture of the family and of the incident.

I am surprised at how much my staff likes this form," reports Judy RanSe, CPS Coordinator for the Albemarle County Department of Social Services. "At first, I thought they didn’t like it because I would find the form wasn’t always tally completed. But, what I learned is that it wasn’t always completed because some questions weren’t relevant to the case. However, the workers like having the breadth and depth of questions available when needed. "Another aspect of the form they like," she continues, "is that the reporter is less likely to be identified. There is so much more infor-
mation extraneous to the reported incident that we can show the family the information with greater assurance that the report is likely to remain anonymous."

—Carolyn Griffin, Child and Family Services Supervisor for the York-Poquoson Social Services, also likes the intake process. She comments, however, on the need for critical thinking skills when using the Child Abuse and Neglect Intake Screening Form for making decisions. "We will often discuss the information in team meetings so we can work together to think critically about which track to place this family Group input assists in that process. We continue to develop critical thinking skills." These interviewed also had favorable opinions about the Multiple Response System Report Matrix. "As a rule, the definitions for abuse and neglect are clear and, therefore, useful in making a decision about the validity of the report," comments Carl Johnson, Social Work Supervisor and CPS Coordinator for Pettisville Department of Social Services.

Henry Schilling, LSW, CPS worker for Loudoun County Department of Social Services, suggests, however, that it is not always necessary to refer to the matrix. "In every situation, the information being collected makes it clear whether the definition for abuse and neglect is being met. We know the definitions, so we don't always want to review them. However, when a case is tricky, it is very nice to have the Matrix for reference." 

REFERRAL RESPONSE TRACK

The purpose of the Referral Response Track is to formalize child abuse or neglect prevention or early intervention activities of the CPS program when criteria for abuse and neglect are met. While these interviewed liked the idea of tracking these calls and referrals, there are also some frustration. Raudies summarizes, stating, "As a result of this track we are spending more time within those that are not traditionally CPS cases. We are, essentially, involved with more people."

However, all these interviewed noted that they are engaged in important prevention activities. While these calls may not move quickly for child abuse and neglect, there can be serious problems," says Strock. "For instance, ones where parents are having significant problems with teenagers and don't know what do at times. It happens in simple intervention activities because they feel they need some guidance. It is for them that the Family Needs Assessment is appropriate to determine if a referral is necessary. The Family Needs Assessment is a complete and determined service system through the Department of Social Services, or through community agencies. Compliance with the service plan is monitored by CPS."

According to Strock, the Matrix is very helpful in determining if a case is appropriate for the Assessment Track. "The severity / danger criteria on the Matrix is very helpful. If, according to the Matrix, a case is low on the scale of severe and also low in immediate danger, the case is likely to be put into the Assessment Track. If either are high, it goes into the Investigation Track. There appears to be little disagreement as to the benefits of the Assessment Track. All interviewees believe it to be "family friendly," because people are less defensive and more likely to cooperate. The idea of assessing and building on family strengths rather than pursuing an allegation is a useful approach to intervention."

The topic that met with the most variety of responses was the Family Needs Assessment Form itself. Responses varied from, "we don't like it at all" to "I find that it flows well, in basis and easy to understand." Some admit that it is not always used, and others maintain that there is sufficient time to use the instrument in the way it was designed to be used, that is interactively with family stakeholders.

Strock is somewhere in the middle on this issue. He explains, "The Assessment form covers areas of family life that provide information essential to assessing family needs and family strengths. However, it is used differently by each worker. It serves as a foundation for all of us. We know we need to assess all areas. Now we go about that varies according to staff experience as well as to individual families. We can use the Family Needs Assessment as a concrete interactive tool with families or as a guide line for discussion with families. Less experienced workers may rely on it more than that experienced workers. Of course, we all eventually complete the form for data purposes."

Sandle summarizes what he sees are the "pros" and "cons" of the assessment track generally. "First, the fact that there is no finding of abuse or neglect is very helpful."

Continued on page 10
The Virginia Department of Social Services was able to compile data regarding service needs from January through March, 1998. Because of some personnel shortages in Portsmouth and, thus, their inability to give the same attention to service needs that would have been given under normal circumstances, the Portsmouth data was excluded. The data reported here includes combined information from the other four agencies.

The four pilot agencies identified service needs in 67 percent of the Assessment Response Track cases. During the assessment period, counseling or therapy was the most frequently received service (35 percent). Parenting education was second (19 percent) with medical/psychiatric services and medical services tied for third (6 percent each). Financial assistance was fourth (7 percent). The remaining services provided were substance abuse evaluation (2 percent), day care (4 percent), counseling, and "other" (14 percent). The category of "other" included homemaker services, patient aids, educational/vocational services, transportation, emergency shelter, budgeting assistance, and respite care.

Of these services, 25 percent were provided by local DSS staff, seven percent were purchased, thirty percent were referrals to community providers. Thirty-eight percent of the services were obtained independently by the family, without any arrangement or referral by the local agency.

Data shows that for a number of cases after the assessment period were similar to those provided during assessment. A quarter (25 percent) of the service recommendations were rejected by the family.

INVESTIGATION

Under the MRS system, the Investigation Response Track is the traditional approach to CPS intervention. In the traditional approach, all reports are investigated whereas in MRS system investigation are triggered by severe maltreatment and/or high safety risks. When initially interviewed, pilot site-staff predicted that with the assessment track available, investigations would drop significantly. During the year of the pilot project, the five counties conducted 665 investigations compared with the annual rate of 2469 during the baseline period. The percentage of founded cases increased (from 20 percent during baseline to 43 percent during the pilot year), a result that was expected since the pilot sites were completing with serious child safety issues were investigated.

So, what did the staff in the pilot sites think about the new MRS system? Overall, the response is very positive. For some agencies, the MRS system isn't significantly different. "Most of our staff feel very good about this program," reports Griffin. "However, it is not the different from what we were doing before. We already tended to have the least authoritarian approach to traditional CPS intervention of all agencies in Virginia. So, it wasn't a great shift for us."

Others, however, report a major adjustment. "I'm not sure we have developed a feeling in either a negative or a positive direction," explains Hendricks. "It was a big adjustment initially. All of a sudden there is a new way of looking at CPS work."

Still others find the Multiple Response System over the traditional system. "The MRS system is getting back to good social work practice," he says. "I'm very comfortable with it, and families are more receptive to it. I'm a strong believer in this system. I believe it works to the benefit of children, parents and families."

According to Nan McKenney, the MRS Project Coordinator at the Virginia Department of Social Services, the preliminary data from the first year of MRS implementation suggests that the pilot program is developing along expected lines. Most reports are being placed in the Assessment Response Track. Fewer investigations are being conducted (see graph). Service needs are being identified and services offered. In the final year of the MRS pilot, the Department, five local pilot agencies and the MRS evaluation staff will continue to work collaboratively to verify the most appropriate and effective strategies to reform the CPS program in Virginia.

A copy of the report, "Interim Report on the Multiple Response System for Child Protective Services in Virginia" (December 1, 1998) is available from Nan McKenney, Virginia Department of Social Services, 729 E. Broad Street, Richmond, VA 23219-1454, (804) 692-1251. E-mail: nmkens@dss.state.va.us

Number of investigations during Baseline and MRS Periods

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[Bar chart showing comparison between Baseline and MRS periods]
Decision Making continues from page 7

The model is practice-oriented and dynamic. WMA was developed from a thorough search of the research literature in child abuse and neglect and a collaborative effort of management, supervisors, staff members and researchers to identify: personnel needs. Extensive pilot studies were conducted before the model was implemented statewide (Doucet, et al., 1995).

Research on the Washington Assessment of Risk Matrix has shown several things. First, data indicates that the use of guidelines improves consistency both within and between CPS offices. Secondly, data on decision making at intake indicates CPS workers can attribute it errors and identify low-risk cases at intake using specific guidelines. A follow-up study of 1,400 cases identified as low risk were ranked for out- comes related to re-referral, recurrence, actual harm, and level of severity. Less than five percent of cases had a recurrence of maltreatment within six months, and less than one percent of children were actually harmed. No child suffered serious harm (Doucet, et al., 1993). Finally, data suggest that while different risk systems have different levels of importance associated with different levels of abuse, there is still a common core of risk factors (English, 1996).

Another exception is the Child At Risk Field (CARF), a consensus-based instrument developed privately, not-for-profit organization, Action for Child Protection (Johnson, 1986). CARF is considered a comprehensive system that guides caseworkers and is applicable throughout the entire CPS process. It was developed from the ecological approach of child maltreatment, which conceptualizes child maltreatment as a sociopsychological phenomenon uniquely determined by factors at work in the individual, the family and the culture in which both the individual and the family and their lifestyle (AC- TION for Child Protection, 1990). It is considered as one of the more comprehensive system available (Doucet, et al., 1993).

Studies conducted on the risk assessment process using the CARF have been favorable. Specifically, there was a statistically significant relationship between the final risk rating and cases remaining open after substantiation. Also, cases with higher ratings were referred or provided more services. Cases with safety concerns were more likely to remain open and be offered or provided greater services than lower risk cases. Children placed out of their home had higher final risk ratings than those who remained in their homes (ACTION for Child Protection, 1989; Doucet, et al., 1993).

In contrast to the WMA model, the CARF system differentiates "risk" from "safety." For example, even though the risk for future maltreatment is considered high, the child might be safe from immediate danger. A risk assessment is a much more focused than risk assessment. Having identified the threats to safety, the caseworker can then develop an in-home or out-of-home safety plan.

In general, these plans cover 30 to 60 days. Thus, safety assessment and planning is a short-term endeavor as opposed to the long-term outlook of risk assessment. A specific safety assessment justifies and documents the decision making in terms of child placement. According to Warne Holster, director of ACTION for Child Protec- tion, a safety evaluation, as found in the CARF system, also meets the requirements specified in the Adoption and Safe Families Act of 1997. "Most child welfare orga- nizations need development in this area," he concedes.

The Safety Evaluation designed by Holster and others at ACTION evolved from work on a grant from the Elna McConnell Clark Foundation. The safety instrument was piloted tested in Anne Arundel County, Maryland (Allen, 1986). In a review of 76 cases over a six-month pe- riod, there was a 2% reduction in the rate of placement. For 100 percent of children with a developed safety plan, there was no further report of child maltreatment while the safety plan was intact. For children for whom placement was considered necessary, the model clearly outlines the reasonable efforts mandated by the agency.

In a recent interview, Holster noted that ACTION for Child Protection is no longer trying to market or promote the CARF sys- tem. He explains, "While the CARF does specify the families more likely to repeat child maltreatment, I no longer think that risk assessment holds the promise we thought it did. Risk assessment has not been implemented properly and interrater use decreases its effectiveness." Others support Holster's position. For example, Sheets (1996) found that "CBT is an in- teractive process that needs support, not by designing a better manual of electronic instrument, but rather by more thoroughly training the caseworker staff to help them interpret the model into their practice. When she is with a client, the cases risk is the risk assessment system" (Sheets, 1996, p. 9).

In the place of CARF, Holster and his associates have developed a "white new generation of material" based upon the

Continued on page 12.
Decision Making  
Continued from page 11 
CARE system and the lessons learned by its use. The newer approach, The Family Assessment Change Strategy (FACS) is reviewed elsewhere in this issue. The FACS is a comprehensive system that incorporates safety, education, family-based care management systems, case management, and family-located care. This approach to CPS decision making and intervention offers a structured way to address each of the major decision-making points: intake, validating maltreatment, safety evaluation, family assessment, service planning, assessment of change and case closure.

To summarize the state of the research literature, it is generally acknowledged that risk assessment can improve case documentation by organizing information. Risk assessment can be an effective framework for training staff to focus on relevant areas. Risk assessment also has provided a common language for case consultation. Risk assessment is an effective framework for organizing information. Risk assessment can be an effective framework for training staff to focus on relevant areas. Risk assessment has provided a common language for case consultation.

Research on risk assessment methods has been reviewed elsewhere in this issue. The FACS is a comprehensive system that incorporates safety, education, family-based care management systems, case management, and family-located care. This approach to CPS decision making and intervention offers a structured way to address each of the major decision-making points: intake, validating maltreatment, safety evaluation, family assessment, service planning, assessment of change and case closure.

Implementation 
Implementation of risk assessment models has a remaining challenge. Many CPS workers do not use risk assessment at all. The practice of risk assessment is becoming widespread. Workers who use risk assessment need to be trained to use it effectively. The use of risk assessment is increasing. The use of risk assessment is increasing. The use of risk assessment is increasing. The use of risk assessment is increasing. The use of risk assessment is increasing.

References 

Risk assessment is an effective framework for training staff to focus on relevant areas. Risk assessment has provided a common language for case consultation.
DECISION MAKING IN CHILD PROTECTIVE SERVICES
VIRGINIA'S PICTURE

With few exceptions, Virginia's CPS workers make decisions according to written policy rather than a combination of their own risk assessment tools. The exceptions are those agencies who: are a part of the Multiple Response System Pilot Program, began almost two years ago (see separate article for an update on the Multiple Response System Program). Let us begin with a discussion agent decision making among the majority of the 785 systems, and then explain how the Multiple Response System differs.

Decision Making by Policy

First, it is important to note that Virginia regulations and policy related to Child Protective Services (CPS) has recently undergone a major revision. This was the result of the development by the State Board of Social Services of a CPS subcommittee charged with conducting a full review of the CPS system. In 1990, the subcommittee studied the system and held several public hearings throughout the state. "As a result, the subcommittee recommended revising new regulations to provide direction about how to best protect children from abuse and neglect while considering family integrity and the rights of parents," explains Denise Pilgrim, Policy Consultant with Virginia's Department of Social Services, charged with drafting the new policy in accordance with the new regulations.

According to Pilgrim, work on drafting the new regulations began in 1996. The regulations and policies were enacted July 1, 1998. The new policy is easier to use and clarifies expectations of the regulations promulgated by the Virginia State Board of Social Services. The new policy includes the Virginia Code (the law), the Virginia Administrative Code (regulations), and policy. This serves as a helpful reference for workers.

The new policy reflects recent changes in the Virginia Code and the Virginia Administrative Code, many of which are related to dispositional decision making. These include: 1) priorities for more immediate risk assessment, which are: a) the immediacy of danger to the child; b) the severity of the type of abuse alleged; c) the age of the child; d) the circumstances surrounding the alleged abuse or neglect; e) the physical and mental condition of the child; and f) reports made by mandated reporters; 2) the change from "clear and convincing evidence" to "a preponderance of the evidence" when making a final disposition; 3) information related to the procedure for ensuring that each CPS has a set of guidelines for dealing with substance abuse—when it arises as an issue during an investigation; 4) the requirement that a CPS worker inform a parent being accused of child abuse and neglect that he or she may refuse to allow a CPS worker entry into the home; and 5) provisions for audiocassette interviewing with child victims.

The policy clarifies how workers are to make decisions at any given point. For example, the policy outlines definitions of abuse and neglect which meet criteria for a "foundered" disposition. It gives examples for each definition. It sets timelines for each definition to be considered when making a disposition for each category of abuse and neglect. For instance, under physical abuse, after giving definitions and examples, the policy states "Essentially the definition of physical abuse requires answering four questions. Each question must be answered by a preponderance of evidence to make a founded disposition. First, was the injury caused by the defendant? Second, did the defendant cause the injury? Third, was the defendant acting on the child's behalf? Fourth, did the child sustain an injury or is there
Virginia’s Picture continued from page 13
evidence that the child was threatened with
sustaining an injury? Third, does the evi-
dence establish a nexus, or causal relation-
ship (i.e., a link or tie) between the action or
inaction of the caretaker and physical
injury or threatened physical injury to the
child? Fourth, was the injury, or threat of
injury caused by non-accidental means?” (Serv-
ice Programs Manual, p. 13).

Another important decision making is-
issue is that of assessing risk. Virginia does
not use a standard tool for risk assess-
ment. Rather, policy stipulates that a risk
assessment be documented after a founda-
ded disposition and then details how one de-
termines level of risk. It states, “The level of
risk is determined by the evidence gath-
ered during the investigation, an analysis of
its reliability and importance in an evalua-
tion of how the various risk factors inter-
relate. The investigative data collected must be
carefully considered in order to deter-
mine whether the child’s family is willing and
able to provide the child with a safe home.
It is most critical that assessments regard the
degree to which the child is at risk continue to
be made throughout the period of interaction
with the family” (Serv-

ice System Manual, p. 115). The policy lists
questions which relate directly to facts col-
lected during the investigation. The ques-
tions are incident-related, child-related,
caretaker-related, family-related and others.
The worker is then instructed to categorize
risk as “High risk,” “moderate risk,” “low
risk,” and “no reasonable accessible risk”
according to the answers to those questions.

Development of this policy was complex and
lengthy. According to Fibbers, it took
approximately two years to draft the regu-
lations, seek comments, and finalize the
regulations. Development involved partici-
patation of local area and local child protec-
tive service staffs.

Multiple Response System
Decision making for these supervisors and
workers at the pilot testing a Multiple
Response System is somewhat different.
The traditional decision for CPS workers is
whether or not the complaint meets crite-
rion for an investigation. Multiple
Response System has a formalized three-tier
system: referral and response track, response
track, assessment response track and inves-
tigation response track. These tracks and their
definitions in deciding which track is appropriate is outlined for the
worker on the Multiple Response Sys-

First, the person conducting the intake
(taking a report) will determine if the case
meets criteria for the statute’s definition of
abuse or neglect. For this determination, the
decision making process is identical to any
intake. The difference is that the intake
worker has more options than investigation
or informal services staff in determining
whether or not a referral to service can be made.
If a report comes in and the worker de-
cides that it does not meet criteria for abuse
or neglect but is a concern related to chil-
dren, then a referral to a service can be made
formally documented, “explains" Henry
Stribling, LCSW, CPS worker with Loudoun
County DSS. “An example might be I am hav-
ing serious problems with my teenager and
I am at my wits end.” That
‘could easily lead to a discussion of the prob-
lems and a referral to a mental health 
agency. And, I may even choose to do fol-
low-up on that referral because of my con-
cern for the family getting some help.
While a valid concern, it clearly misses the
mark for a child abuse and neglect complaint.

All of the information taken at intake is
documented on the Child Abuse and Ne-

Neglect Intake and Screening Form. Judy
Randie, Social Work Supervisor and CPS
Coordinator for Albemarle DSS, said that
initially she was worried about this form
because it is so long. However, she finds
that she and her workers like it. “We like it
because we may or may not need to com-
plete that entire form,” she explains. “How-
ever, when we want the information to help
make decisions, it is all there. It also affords
us an opportunity to educate the complain-
ant about our new system for responding to
complaints. We are on the phone a little
longer but we are benefitting from more
information and from educating others.
In addition, we are getting much more extra-
novous information to the allegation which
makes it more difficult for the complainant
to be identified by the alleged perpetrator.
This is a benefit to the desire for anonymity
for some people,” included in the In-
take Form is the Child Safety Assessment,
a risk assessment form.

If the complaint does meet criteria for a
valid child abuse and neglect complaint, the
MPS worker has two options rather than
the single option to investigate that other
agencies have. For agencies in the pilot MPS
study, one option is to investigate; the other
is the Assessment Response Track.

“‘This has been one of the greatest ben-

efits to us with this new system,” reports
Carl Johnson, Social Worker Supervisor and
CPS Coordinator for Portsmouth DSS. “It
used to be ‘one size fits all’ when in fact,
we know that not all cases were equal. This
allows us to provide needed services with-
out doing a full investigation.”
It works like this. If a complaint is de-
termined to be a valid CPS complaint, i.e., it
meets statutory requirements for a valid
complaint, the worker once again refers to the
matrix and determines the level of se-
verity. If the abuse or neglect is severe or
the child is in imminent risk then an inves-
tigation is required. This is the traditional
procedure and ends with a disposition and,
covered cases, a report to Central Regis-
try. However, if the level of severity is low and/or
the risk is not serious, then the as-
seessment track may be chosen instead.

If the Assessment Response Track is chos-
en, a worker contacts the family to discuss
the concern and initiates a needs assessment
process. The Department has developed a
Family Needs Assessment Form and a list of
Suggested Interview Questions for Par-
ents/Caretakers. The Family Needs Assess-
ment Form is six stages and covers 13 prim-
ary areas: 1) family assessment factors, where
individual members of the family and their needs are assessed, including as-
seessment of the children, the caretakers, the environment, and the support systems, and
2) a family risk assessment. A list of ques-
tions supports the worker’s ability to ob-
ducate the family and aid them in rec-
ognizing their strengths and abilities. It is
this process which helps the worker and the
family decide upon services that would be
helpful to them and, thus, develop a Ser-
vice Plan, which is a formal plan of services to
which the family agrees. In those cases
where disposition is made and there is no re-
port to the Central Registry.

“This system gives us more latitude,” sug-
gests Johnson. “The process is low-
overhead, low-maintenance, is less threat-
ening, since a disposition is not required.
The workers, for the most part, are willing to lis-
ten and receive services. Many families rec-
ognize that they are having problems. Some
will accept this aid, whereas others, will
ask us to help. Regardless, the worker becomes an advocate and is seen in a very
different light than in the old system.”

It is important to note that an Assess-
ment Response Track is not a full in-
vestigation if necessary. This may happen
at any time. For instance, if the case did not
appear to meet the standard for a required
investigation at the onset, but different in-
fornmation is gathered during the assess-
ment, then a change can be made from the
Assessment Track to the Investigation
Track. This is the latitude that workers like
and that other Virginia CPS systems do not
have. To learn more about the agencies at
Resources

NEW BOOKLET RELEASE
RECOGNITION & MANAGEMENT OF ABUSE & NEGLECT OF CHILDREN WITH DISABILITIES

Available from:
Virginia Department of Social Services
Children's Protective Services
225 East Broad Street
Richmond, VA 23219-1049
(804) 786-1256
No change prior to July, 1990.

This booklet is a guide and resource resource for Virginia professionals seeking information and assistance. Contains information on Virginia child abuse laws and reporting requirements, confidentiality issues, abuse-related indicators, the relationship between neglect, isolation, and child abuse.

Child Welfare League of America

Available from Child Welfare League of America, P.O. Box 609, Des Moines, IA 50306-0609. (515) 284-3140. E-mail: info@cwla.org.

In 1998, with the support of the Edna McConnell Clark Foundation, the Child Welfare League of America began to document current approaches to assessment in child protective services and to recommend improved assessment strategies. The goal of the project was to create a tool or vehicle that would improve assessment capacity in child protection. The program and Assessment Working Group of the National Child Welfare Clearinghouse were involved in creating this child welfare reform with the conviction. This guidebook is the result of this work.

This guidebook has many uses and purposes. It is intended to be a tool to help practitioners involved in child protection reform develop a comprehensive approach to assessment in child protection. 2) To help legislators assess current child welfare practice, 3) To help planners enhance assessment capacity by suggesting a new framework for assessment, demonstrating how to link assessment to the desired outcomes, structuring a step-by-step process for developing a comprehensive assessment approach, recommending core elements of an assessment strategy, and providing information on the tools of assessment tools and processes that are currently available. The key features of this guidebook are organized around these objectives. The guidebook describes the components of a Assessment Tool Kit which would include a variety of specific assessment tools and methods. It is an essential tool for agencies whether evaluating decision-making processes.

1997: Cuts to Keep by Patricia A, and Anna Lewis, 106, 40 pages, $32.45
Available from Child Welfare League of America, P.O. Box 609, Des Moines, IA 50306-0609. (515) 284-3140. E-mail: info@cwla.org.

The following are highlights (such as the median salary of CEOs and a comparison of the quality of direct service workers to the salary of postal workers) of the 1997 findings and 1996 findings:

CEOs earned a median salary of $64,740, while the median salary of postal workers was $26,974. The median salary of CEOs increased by 3.9% in 1997, while the median salary of postal workers increased by 3.0%.

The median salary of CEOs increased by 3.9% in 1997, while the median salary of postal workers increased by 3.0%.

The introduction of a Workplace Protection Act, which would require employers to offer workplace protection to employees who seek medical care for workplace injuries, was included. The remainder of the report contains tables of salary information.

This is a informative publication for those interested in salaries and benefits information for employees of child-serving agencies.
suggested that they consider the seriousness of the incident to be important. Of the 11 workers, 5 believed the seriousness of the incident to be an important factor while 3 included the age or vulnerability of the child as important. Three workers also mentioned the family’s history of abuse as important while only one supervisor listed that as an important factor.

No one mentioned substance abuse as an important factor in a decision to intervene, and yet many stated that it was a frequent contributing factor in child abuse and neglect. Twelve supervisors and 5 workers believe substance abuse to be a contributing factor in over 50 percent of the cases. Most supervisors and workers report referring people to substance abuse treatment, with 16 supervisors and 5 workers reporting that they refer substance abuse to treatment 50 percent of the time or more.

VCNPN inquired about attitudes towards risk assessment, since there continues to be controversy nationally. First, staff asked if respondents were familiar with risk assessment models other than the manual. Most responded “no” (14 supervisors and 6 workers). The model used in Virginia’s policy manual is the only risk assessment protocol known by the majority of respondents. Most of those interviewed felt satisfied with the policy manual. A large majority found it useful with only one supervisor and one worker thinking the policy manual was not particularly helpful.

In Virginia, family preservation is a priority. However, not every attempt to remediate parents is successful. In some cases, parents remain unsafe and a child cannot return home. Who makes the decision to request termination of parental rights? Six supervisors and five CPS workers said the social worker makes the decision. Ten supervisors and 8 workers said that their director or supervisor made the decision. Seven supervisors and 5 CPS workers said the foster care worker is the primary decision-maker, while 5 supervisors and 2 CPS workers relied upon the agency’s attorney.

Return Service Requested