



# Frequently Encountered Families

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Promising Practices and Intervention of Chronic Neglect Forum  
Seattle, Washington

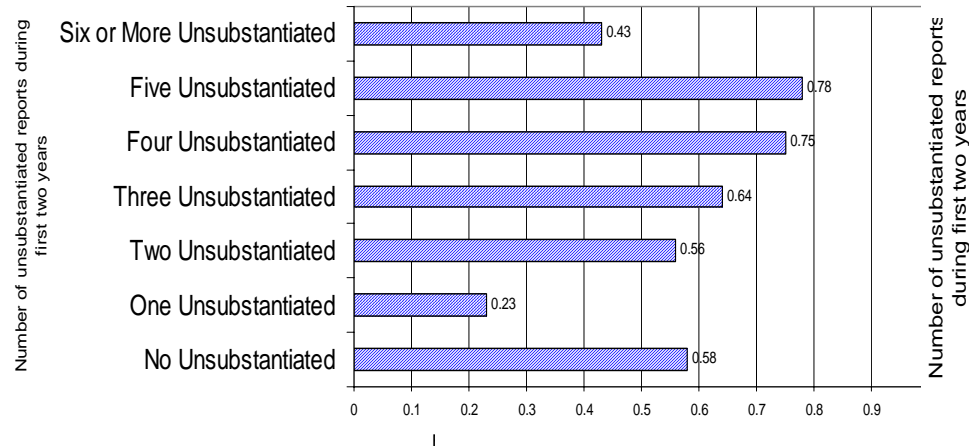
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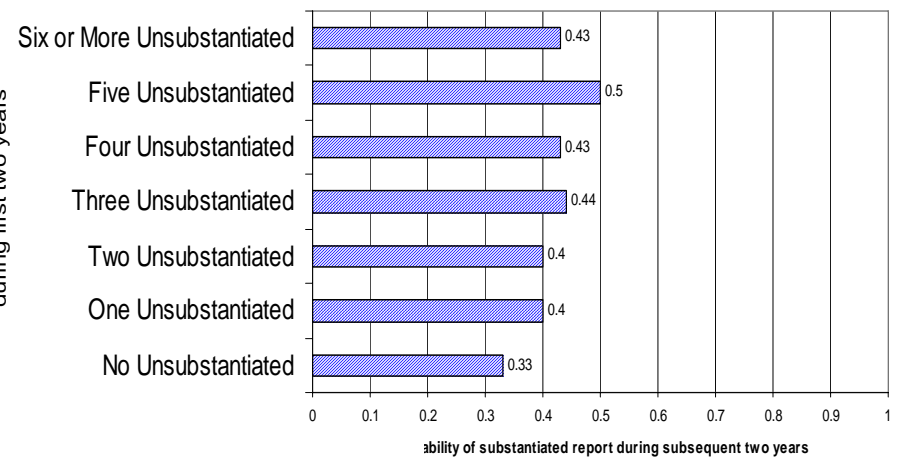
These graphs show the probability (relative frequency) of a substantiated report being received for families during a two year period based on combinations of substantiated and unsubstantiated reports during the preceding two years. Notice that the relative frequencies (that is, the probabilities) increase in relative to the number of previous substantiated and unsubstantiated reports.

## Probability of a later Substantiated Report from the Number of Past Substantiated and Unsubstantiated Reports (Total families = 9,829)

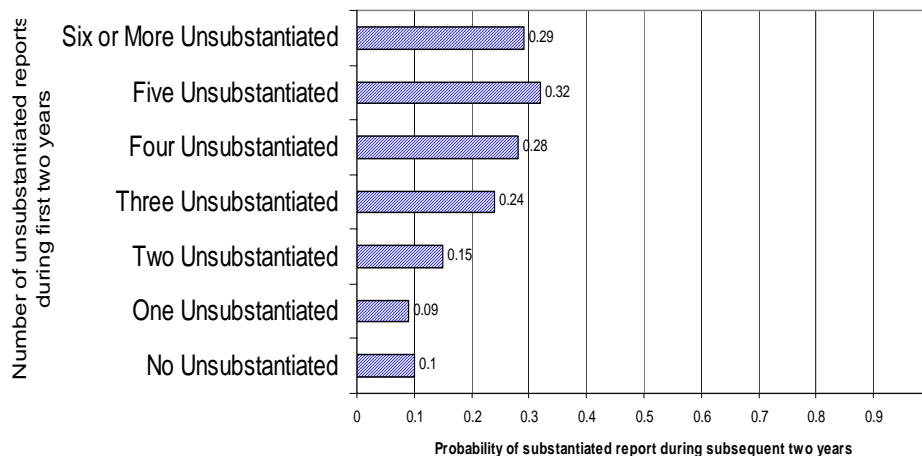
Four or More Substantiated Reports during first two years (n = 64 Families)



Two Substantiated Reports during first two years (n = 296 Families)



No Substantiated Reports during first two years (n = 8,148 Families)



This listing represents some of the negative characteristics of Parent Support Outreach Families in Minnesota. Reports of child abuse and neglect on these families were not accepted for further action by CPS. They were approached by workers for voluntary services. Around four in every ten families accepted services. The families considered here are those that accepted services. Compare to chronic and non-chronic families in the next slide. (Worker description except where family report indicated)

## Characteristics of Families Accepting Services through the Minnesota Parent Support Outreach Program

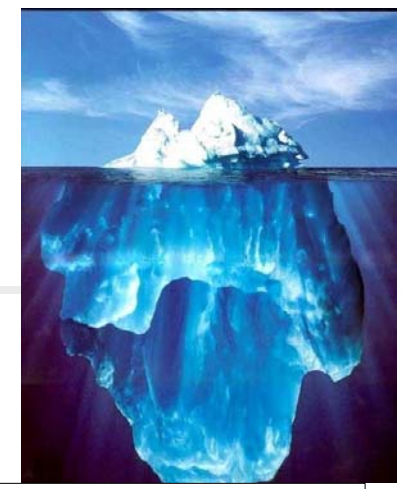
■ Domestic discord	23.3%	serious/DV	8.0%
■ Adult - minor or moderate diagnosed mental health problems	33.5%		
■ Adult - chronic or severe diagnosed mental health problems	8.3%		
■ Adult alcohol abuse – moderate or severe problem	15.0%		
■ Other substance abuse – moderate or severe problem	7.5%		
■ Housing /Environment /Basic physical needs			
■ Serious problems, not corrected	13.7%		
■ Basic needs deficiency	2.3%		
■ At least one child has severe/chronic (behavior) problems	18.2%		
■ Adult disability/MR – moderate	7.6%	severe	1.6%
■ Child disability/MR – moderate	7.5%	severe	2.8%
■ Limited support network	43.7%		
■ Income of less than \$10,000 per year	45.0%		
■ \$10,000 to 20,000 (reported by families)	23.0%		
■ Female-headed family (reported by families)	55.6%		
■ Mother-only with no other adult present (reported by families)	46.5%		
■ Primary caregiver unemployed (reported by families)	44.1%		
■ Primary caregiver high school dropout (reported by families)	17.5%		
(36.5% of families had at least one previous accepted CPS report)			

This table is drawn from the report: Families Frequently Encountered by Child Protection Services: A Report on Chronic Child Abuse and Neglect ([www.iarstl.org](http://www.iarstl.org)), where it is described in detail. It shows that 55.5% of families reported in Missouri had subsequent reports over a five year period. When new reports were received they were different from the initial report more often than they were the same. For example, over half (54.2%) of the 1,834 families initially reported for educational neglect had later reports. Educational neglect reports were largely screened for family assessment in Missouri. These totaled to 2,611 (right column of table). But only 698 of these were for educational neglect. The other three-quarters were for other kinds of abuse and neglect. Thus, it is incorrect to think that a family can be characterized or understood by looking at a single report. Types of reports do not tell us about types of families. This suggests that many families screened into family assessments, when viewed over several years, may not be very different from families screened into investigations.

## Number of Subsequent Reports of Abuse and Neglect for Each Type of Initial Report (n = 33,395 Missouri Families Tracked for Five Years)

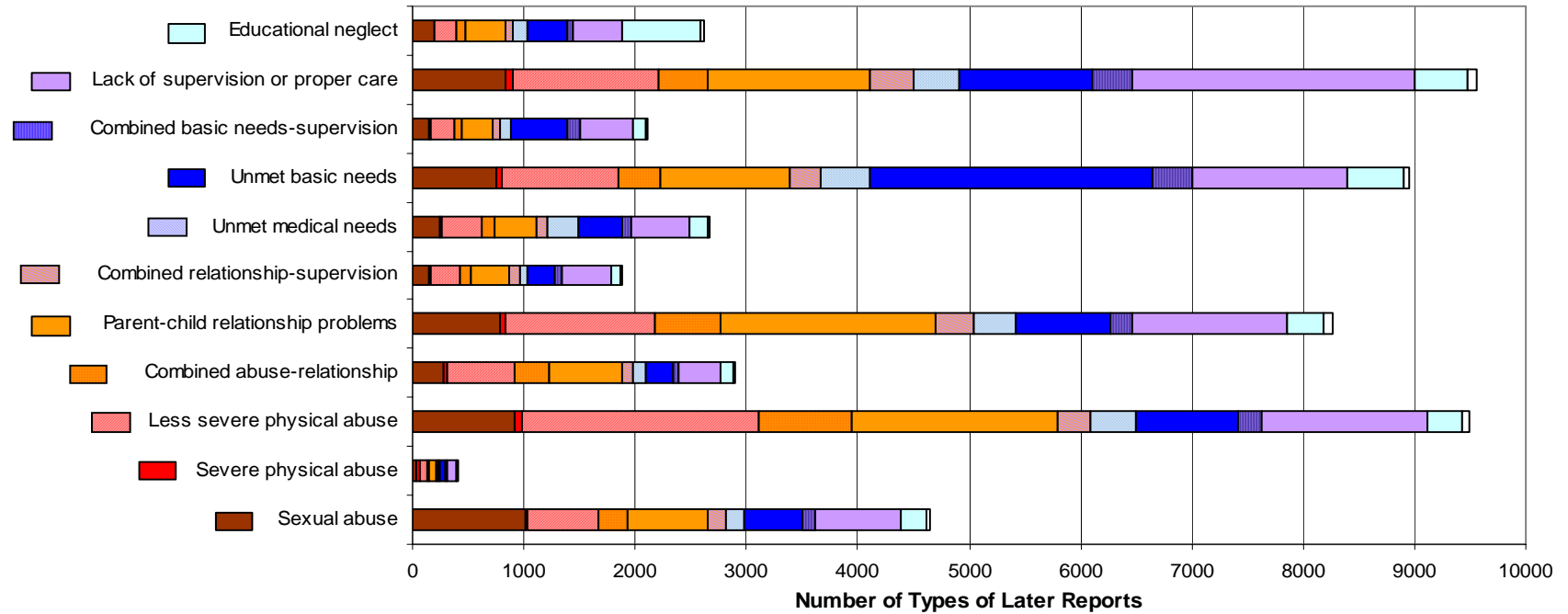
Initial types of reported child abuse and neglect during the 7/97-6/98 period	Families by category of initial report	Percent of families with new reports	Later types of reported child abuse and neglect during the five-year follow-up period												5-year Totals of new reports
			1. Sexual abuse	2. Severe physical abuse	3. Less severe physical abuse	4. Combined 3 and 5	5. Parent-child relationship prob.	6. Combined 5 and 10	7. Unmet medical needs	8. Unmet basic needs	9. Combined 8 and 10	10. Lack of supervision/proper care	11. Educational neglect	12. Other combination	
1. Sexual abuse	3,570	49.4	1,015	22	639	249	726	162	166	527	104	777	236	26	4,649
2. Severe physical abuse	338	41.1	39	28	69	18	60	16	14	50	11	80	13	6	404
3. Less severe physical abuse	6,245	53.7	917	60	2,135	834	1,843	297	412	924	198	1,490	317	62	9,489
4. Combined 3 and 5	1,845	54.6	284	21	609	313	656	92	124	237	52	383	110	17	2,898
5. Parent-child relationship prob.	5,854	51.4	793	44	1,341	590	1,924	350	370	863	196	1,379	332	77	8,259
6. Combined 5 and 10	1,004	60.8	144	17	269	99	344	86	79	232	73	433	94	16	1,886
7. Unmet medical needs	1,502	59.3	242	21	351	121	380	101	267	400	89	521	155	15	2,663
8. Unmet basic needs	4,242	64.9	748	59	1,039	372	1,176	276	444	2,525	372	1,392	498	50	8,951
9. Combined 8 and 10	909	71.3	146	12	214	77	263	69	101	502	127	472	114	21	2,118
10. Lack of supervision/proper care	6,048	55.4	839	62	1,313	445	1,456	386	410	1,195	351	2,550	475	76	9,558
11. Educational neglect	1,834	54.2	190	8	189	93	351	69	124	361	63	439	698	26	2,611
12. Other combination	4	100.0	1	0	2	0	3	0	1	6	3	5	2	0	23
<b>Total</b>	<b>33,395</b>	<b>55.5</b>	<b>5,358</b>	<b>354</b>	<b>8,170</b>	<b>3,211</b>	<b>9,182</b>	<b>1,904</b>	<b>2,512</b>	<b>7,822</b>	<b>1,639</b>	<b>9,921</b>	<b>3,044</b>	<b>392</b>	<b>53,509</b>
Percent types of new reports			10.0	0.7	15.3	6.0	17.2	3.6	4.7	14.6	3.1	18.5	5.7	0.7	100.0
												Number of new reports per family =			<b>1.60</b>

## Subsequent Reports of Abuse and Neglect for Each Type of Initial Report (n = 33,395 Families Tracked for Five Years)



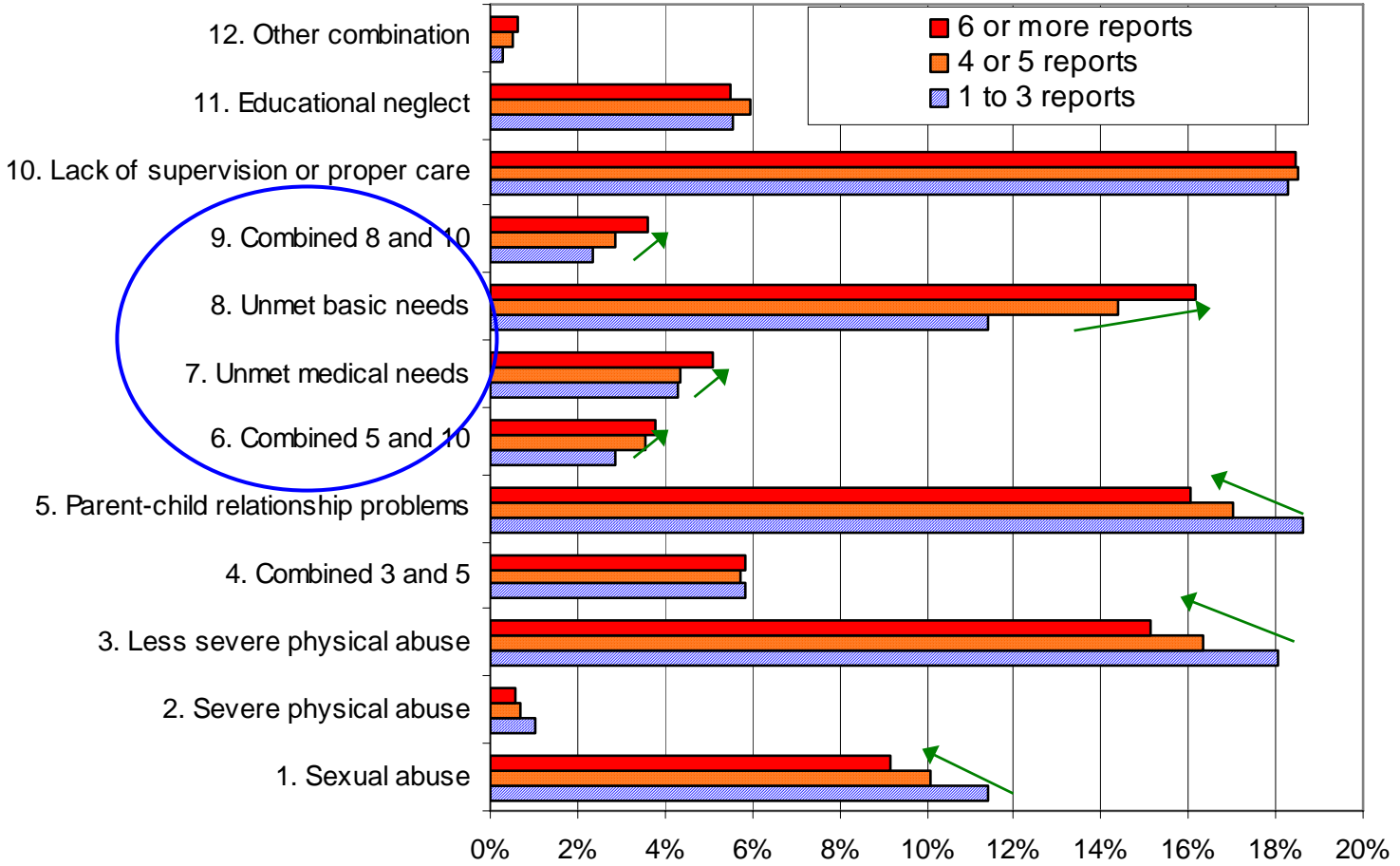
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| <ul style="list-style-type: none"> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: #8B4513; border: 1px solid black; margin-right: 5px;"></span> Sexual abuse</li> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: #FF8C00; border: 1px solid black; margin-right: 5px;"></span> Combined abuse-relationship</li> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: #ADD8E6; border: 1px solid black; margin-right: 5px;"></span> Unmet medical needs</li> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: #DDA0DD; border: 1px solid black; margin-right: 5px;"></span> Lack of supervision or proper care</li> </ul> | <ul style="list-style-type: none"> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: #DC143C; border: 1px solid black; margin-right: 5px;"></span> Severe physical abuse</li> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: #FFA500; border: 1px solid black; margin-right: 5px;"></span> Parent-child relationship problems</li> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: #0000FF; border: 1px solid black; margin-right: 5px;"></span> Unmet basic needs</li> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: #ADD8E6; border: 1px solid black; margin-right: 5px;"></span> Educational neglect</li> </ul> | <ul style="list-style-type: none"> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: #F08080; border: 1px solid black; margin-right: 5px;"></span> Less severe physical abuse</li> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: #D2B48C; border: 1px solid black; margin-right: 5px;"></span> Combined relationship-supervision</li> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: #6A5ACD; border: 1px solid black; margin-right: 5px;"></span> Combined basic needs-supervision</li> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: #FFFFFF; border: 1px solid black; margin-right: 5px;"></span> Other combination</li> </ul> |
|--|---|--|

**Type of Initial Report**



This chart represents types of reports broken by the number of reports received on families over a five year period. Families with 4 to 5 or with 6 or more reports showed increased reports in the categories of child neglect that are circled. This the primary justification for the term “chronic neglect.”

## The More Reports Received, the More Neglect Reports Received (n = 33,395 Missouri Families Tracked for Five Years)





## Conclusions Concerning Types of Reports

- Any report whether accepted or unaccepted, substantiated or unsubstantiated is a risk factor that might be considered in deciding whether to offer assistance and services to families.
- Sequences of reports on families are more likely to be about different kinds of child abuse and neglect than the same kind.
- These two conclusions suggest that a particular incident tells us little about families. Sequences of incidents are like rolling icebergs, each time manifesting different concerns.
- The focus should be on broader and deeper family assessment (and on the safety of children).
- Frequently encountered families are reported more for neglect than abuse, however. The more reports received in the past, the more likely a new report will be for some form of child neglect.

The following list shows some the risk characteristics associated with Frequently Encountered Families (in Minnesota, families with 4 or more reports over 27 months; in Missouri (MO), families with five or more reports over five years). It is apparent that families with many reports were substantially riskier, but compare to the characteristics of the PSOP families in the earlier slide with reports unaccepted by CPS.

## Characteristics of Frequently Encountered (Chronic) and Non-Frequently Encountered Families

	FE Families	Non-FE Families	
■ Primary Caregiver relationship that involved DV	34%	18%	
■ Primary Caregiver had low self-esteem	23%	14%	
■ Emotionally disturbed or mentally ill child in family	24%	13%	
■ Disabled or developmentally disabled child in family	24%	13%	
■ Mentally ill adult in family	7%	2%	
■ Alcohol or substance abuse by an adult in the family	41%	21%	
■ Severe financial difficulties	21%	12%	
■ No employed adult in family	51%	40%	(MO)
■ Initial report was for child neglect	73%	59%	
■ Parent 29 years or younger	48%	29%	
■ Parent 29 years or younger	66%	57%	(MO)
■ Families with 3 or more children	46%	30%	
■ Families with only 1 child	58%	71%	(MO)
■ A child in family less than 1 year	10%	8%	(MO)
■ 1 or 2 years old	21%	15%	
■ 3 to 5 years old	32%	24%	
■ 6 to 10	46%	35%	
■ 11 or 12	10%	7%	
■ 13 or older	26%	37%	



# Some Underlying Risks Correlated with Neglect

**Red:** Indicates a correlate of low income populations and poverty localities

**Green:** Indicates a possible direct effect of parent's inability to purchase

- Supervision and Proper Care
  - Age of Children / Developmental disabilities of child / Children's mental illnesses / Availability of childcare-daycare / Number of children / Dangerous relatives / Dangerous neighborhoods / Mother-only household / Ability to purchase safe daycare...
- Providing for Basic Needs (food, clothing, hygiene, safe and secure shelter)
  - Ability to purchase food and clothes, pay rent / Knowledge of nutrition, hygiene, child clothing needs / Availability of emergency food / Availability of affordable housing / Knowledge of community services / Cleaning supplies (e.g. lice) / Landlord's cooperation in repairing structure, furniture, appliances / Lead abatement programs ...
- Providing for Medical Needs
  - Ability to purchase medical care (working poor) / Knowledge of children's health needs / Presence of community clinics, doctors who accept Medicaid / Transportation / Hygiene of homes / Safety of homes, yards, neighborhoods / Knowledge nutrition and exercise needs / Availability and safety of places to exercise / Knowledge re obesity prevention / Availability of early childhood screening / Assistance with prenatal care ...
- Providing for Educational Needs
  - Children's illnesses / Children's accidents / Preschool programs / Adequate schools ...
- All Categories
  - Parent's disabilities, illnesses, addictions / Helping relatives and friends / Parent's knowledge of child development / Parent's mental health / Parent's own history of CA/N / Domestic violence...
- Given this background, what should the approach be to neglect.



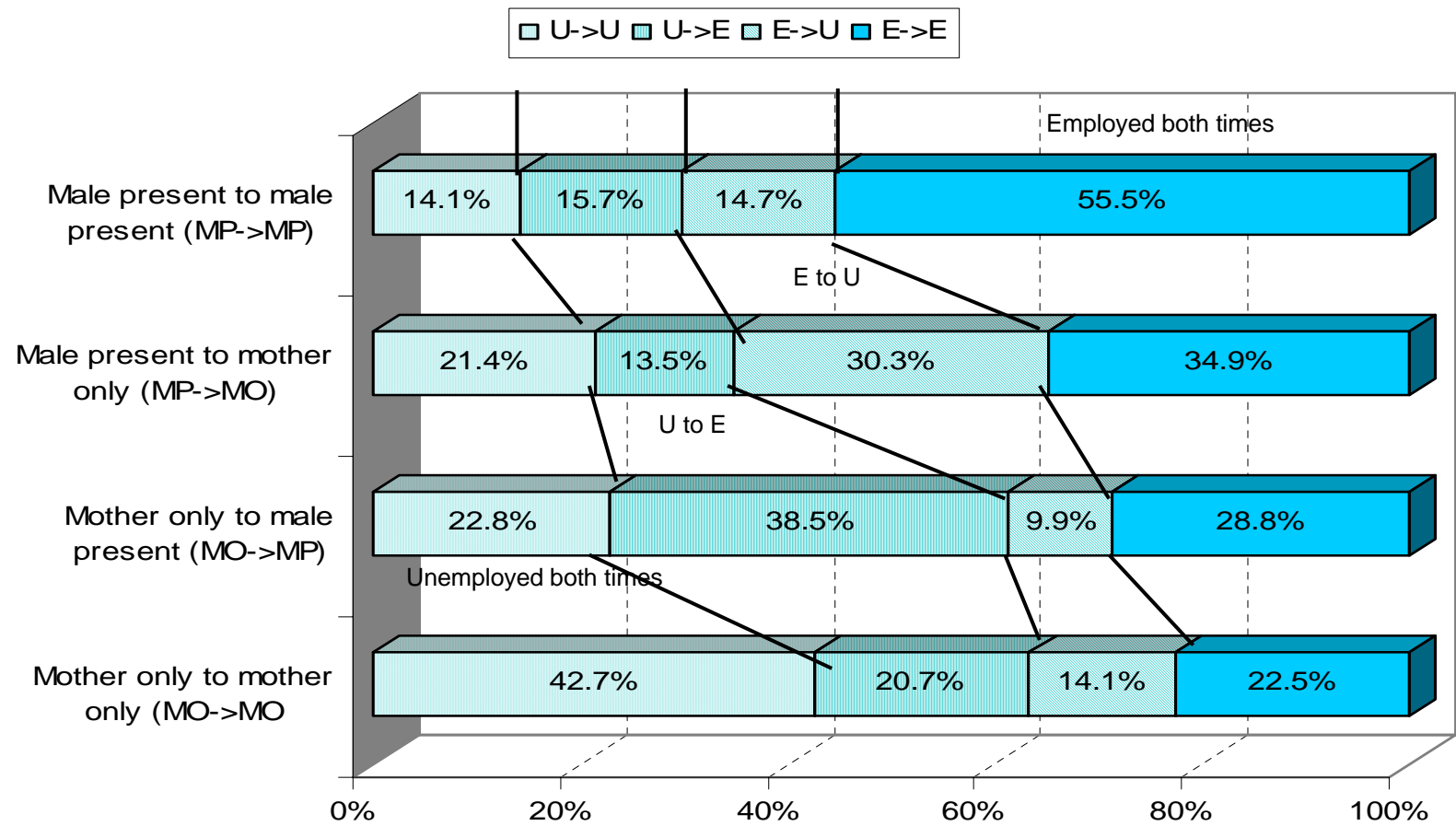
## Poverty as Moderating or Mediating other Causes and Conditions of Child Neglect

- In this case poverty:
  - Aggravates, exacerbates, worsens, impairs, inflames, intensifies, is a barrier to, obstructs, hinders, impedes, frustrates, creates difficulties, thwarts,...
  - Examples from our studies (of substantiated child neglect)
    - Medical neglect: improper care of a child with spina bifida by a impoverished single mother with two other children and no family or spousal support who could not afford child care for her children and found bus travel to the clinic with three children very difficult and expensive.
    - Unsafe living quarters: endangerment of a child by two parents, one with effects of head trauma and the other mildly mentally retarded who were both unemployed and dependent on poor grandparents, who could not afford to move and whose landlord would not fix malfunctioning toilet.
    - Lack of supervision: a single mother with an dusk to dawn minimum wage job, unable to afford childcare, regularly left her 11-year old son and 12-year old daughter sleeping alone in her apartment.
    - We have scores of other examples—Add your own.

This chart shows the relationship between changes in employment status and changes in family structure of families between pairs of CA /N reports. The relationship between the number of adults in families and employment is clearly visible. The chart shows that the transition to and from two-adult households is correlated with the transition to and from at least one employed adult and no employed adults. When men enter families the probability of employment increases but when they exit it decreases. In the next slide the same transitions in family structure (and economic status) are shown to contribute to the risk and fall of various types of child neglect. Risk factors change over time and their effects are manifested differently over time in large populations of families.

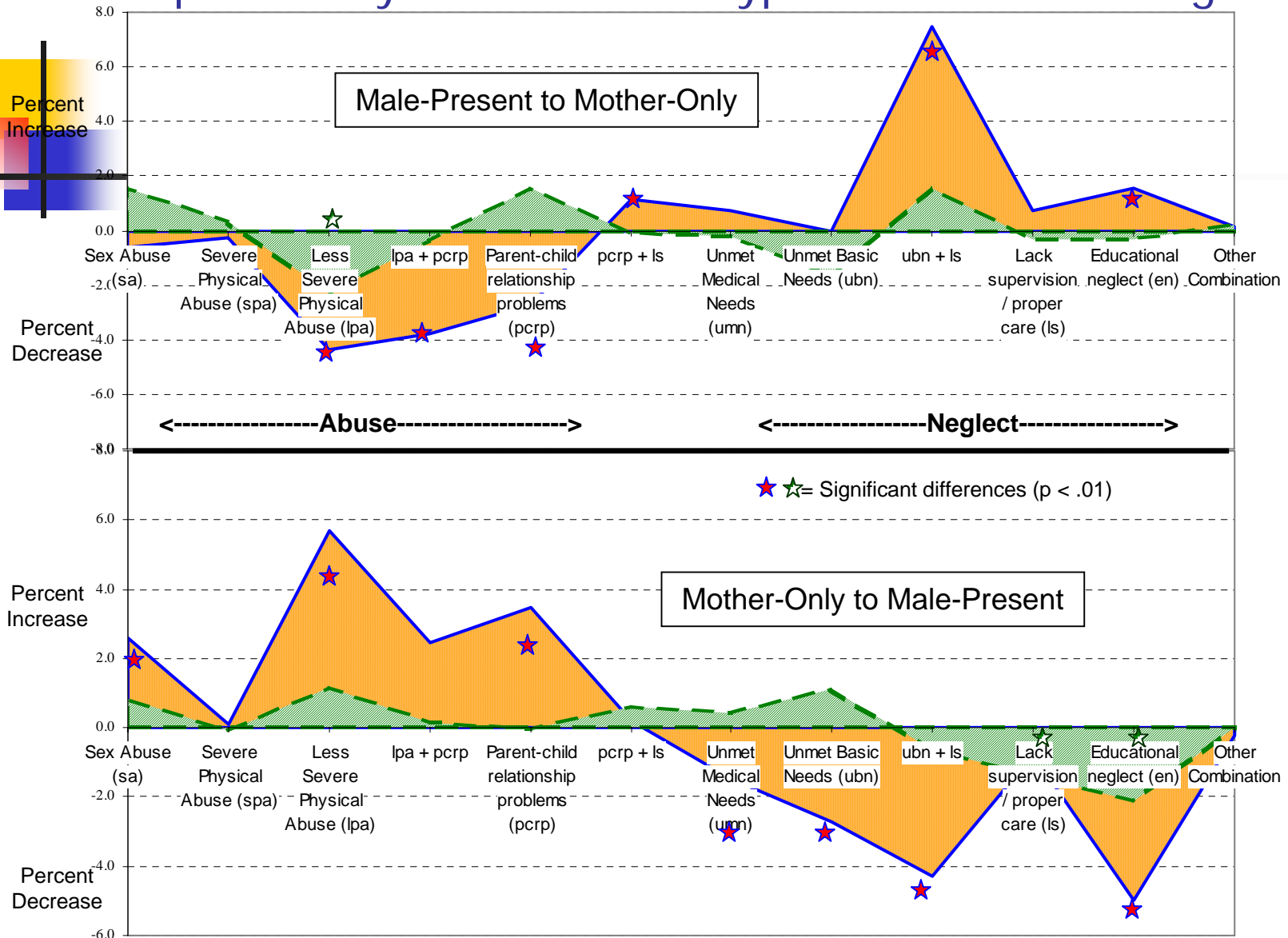
## Changes in Contributing Factors over Time

### Example: At Least One Employed Adult and Family Structure



# Changes in Contributing Factors over Time

## Example: Family Structure and Types of Abuse and Neglect



Transitions in Types of Abuse and Neglect when Family Structure Changes



## Implications of the Two Preceding Slides

- Poverty, as lack of employment, changes with family structure.
- Types of reported child abuse and neglect change with family structure.
- We know that child neglect is associated with the lowest income status of families.
- We also know the physical and sexual abuse are associated with changes in family structure, that is, the entrance of males (as husbands or live-in companions) creates conflicts and in some cases results in physical abuse and sexual abuse, particularly when adolescent children are present.
- So which accounts for the change in types of child maltreatment— income or family structure? This illustrates the problem of distinguishing the causes of child neglect. And this is a consideration of only two general variables: employment and mother-only/male-present status.



## Can More Complex Analyses Separate Out the Causes of Child Maltreatment?

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### ■ An Example,

- Psychosocial stress and caregivers' adaptations to it may be an important factor in understanding the effects of poverty.
- Take this pathway found in "The Domino Effect," a study of Hispanic mothers:
  - Financial stress → Family conflict → Loss of social support → Maternal efficacy → Risk of depressive symptoms → Ability to care for infant/toddler.



## The Personal Dimension

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- Risk factors—including poverty and social isolation—are social science variables
  - Do not include the central features of human life: choices, intentions, striving toward goals, love, caring, respect...
  - Trap of viewing human beings as automatons—as effects of socialization, as pawns of variables within larger social systems and within subsystems (biology, neurology)
  - Providing services, resources, job, health care, education, ... is only effective when caregivers want to participate and do participate. Thus, the importance of engagement, participation in decisions, democratic rather than authoritarian approaches and consequently motivation, cooperation, self-worth, sense of accomplishment, etc.



## Difficulties in Showing the Importance of Poverty

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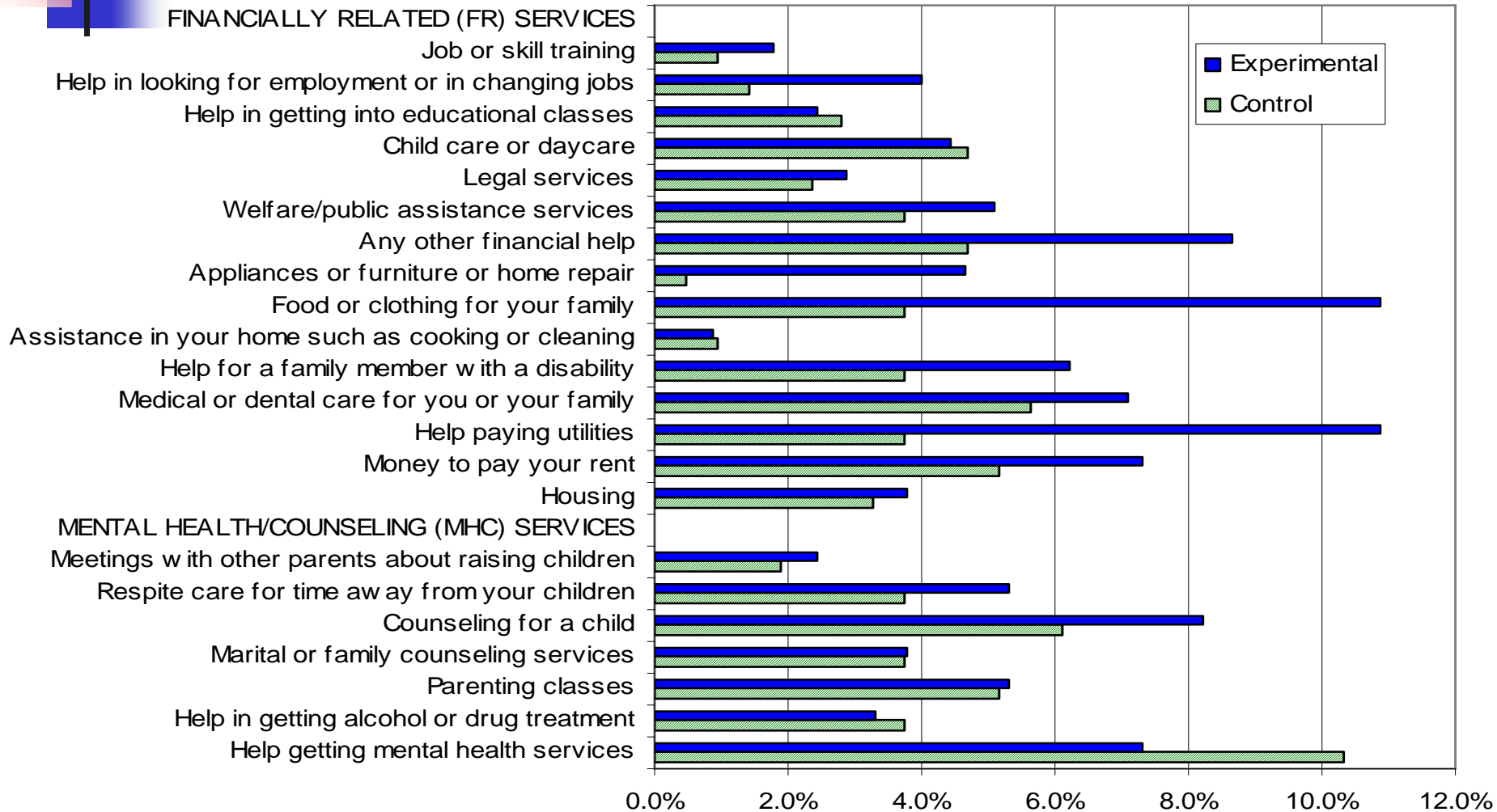
- It is simple to show that poverty is correlated with official child neglect.
- It is more difficult to show how poverty might be implicated in child neglect because it is always mixed with other states and changes in family life.
  - The previous example of changing family structure and the changing nature of reports is a case in point. Was it the changing financial situation of families or the entrance/exit of males from families that led to the CA/N changes? Or both?
- Couple this with attitudes and biases about the personal dimension of poverty, income, and abuse and neglect, and the difficulties in convincing others are compounded.
- A better approach is to examine whether addressing financially-related issues reduces child abuse and neglect. The remainder of the slides address this issue.



# Flexible Funding / Flexible Spending

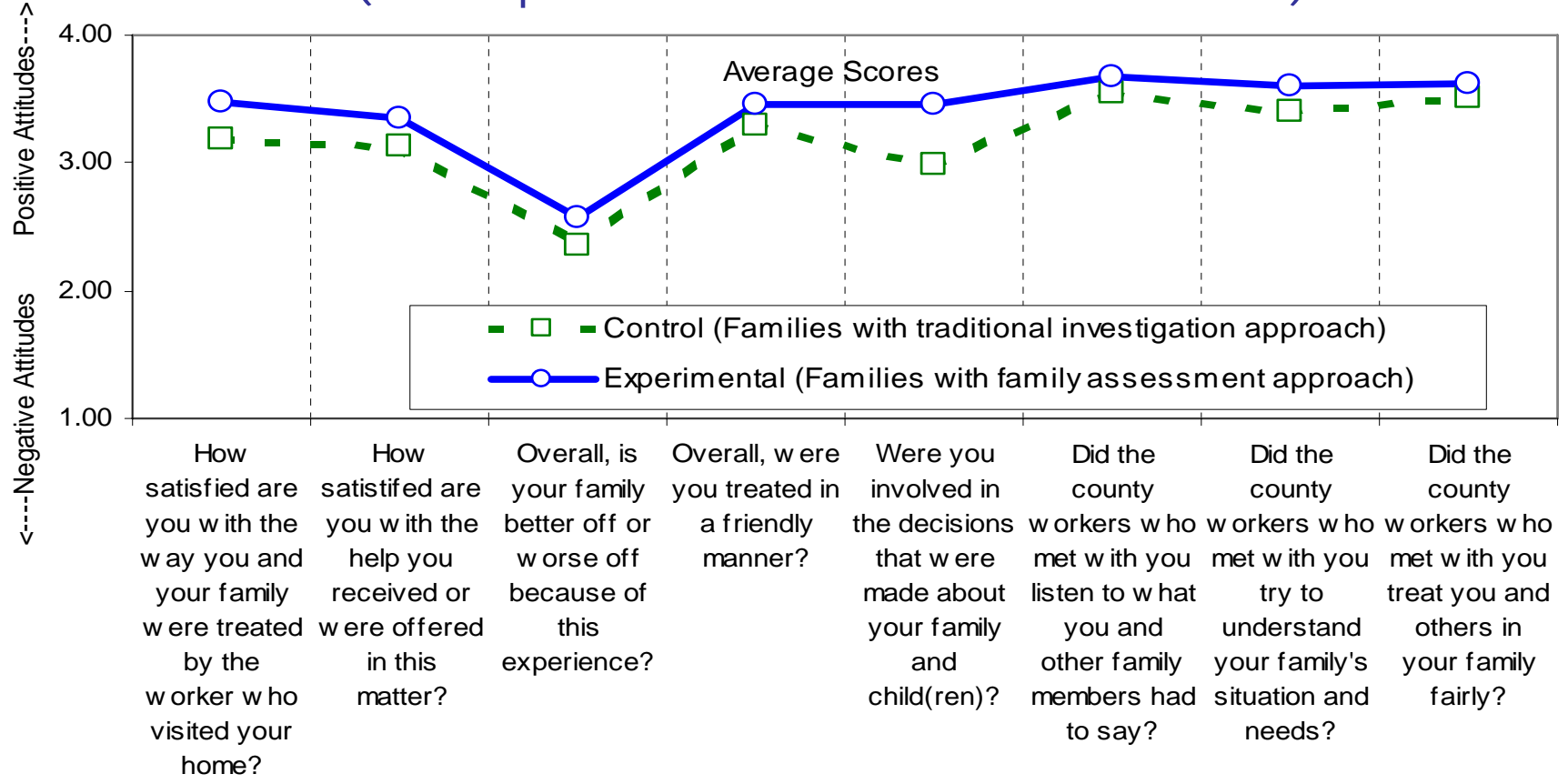
- Differential Response generally involves flexible funding
  - Under DR workers are able to assess families more broadly and to direct spending toward a broader array of family needs than was the case in traditional CPS
- There are some other examples of flexible funding programs
  - Two of the Title IV-E Waiver programs (Indiana and Mississippi) involved flexible use of funds that were formerly restricted to foster care payments only to bring children home or avert placement.
  - The Minnesota Parent Support Outreach (PSOP) program provides flexible funds for various family needs
- When CPS workers are permitted to use funding flexibly a curious thing happens: they begin to assist families with basic, poverty-related needs: food, clothing, utilities, rent, housing, transportation, etc. These are the needs that CPS families assign the highest priority. When families participate, services shift.
- This is the first indication of the importance of these issues for families encountered by CPS.

# Minnesota DR Evaluation: Services that Experimental (DR) versus Control (traditional CPS) Families Reported Receiving



These questions were asked of each experimental and control family in the Minnesota study. In each case the difference was statistically significant, with experimental families that received a family assessment more positive than control families that had received a traditional CPS investigation. These were summated into a single index of caregiver satisfaction. These are indirect measures of changes in family engagement under DR. These questions were asked after the initial assessment/investigation (and service case) had been concluded. They represent an initial outcome difference. Besides these kinds of positive responses, families reported significantly more often that they had received the services they really needed.

## Responses of Minnesota Caregivers Concerning their Experience with CPS after the Initial Research Case was Closed (415 Experimental and 213 Control Families)



We were also able to distinguish families with the highest financial need—the poorest and least educated families in the experimental and control groups. What is not said in this slide is that we found that about half of the families that had had previous cases under CPS before the report that brought them into this study were in the high financial need group. Families with a previous history tended to be in the high financial needs group significantly and substantially more often. This finding corresponds with the discussion in slide 18 that chronic families tend to be the financially poorest families seen by CPS. The last bullet argues that financial need is a risk factor, that is, it is positively associated with certain kinds of neglect. Poverty predicts chronic neglect.

## Minnesota: Measure of Financial Need

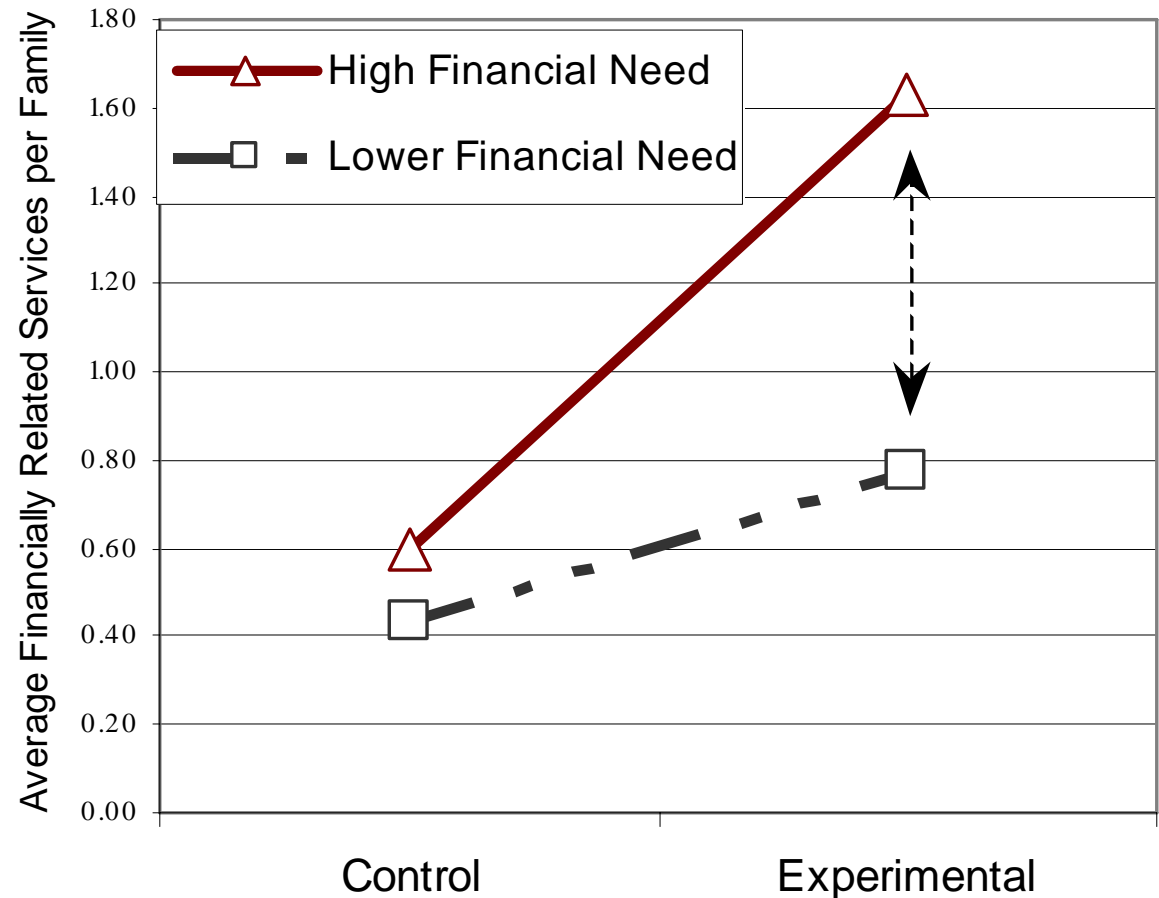
- Using Income and Education:
  - High Financial Needs was defined as an education level of high school or less and a 12-month income of less than \$15,000.
  - Lower Financial Needs was defined as either greater than high school education or income of more than \$15,000.
- Comparable proportions of families were in the high needs group: 25.8 percent of control families and 22.4 percent of experimental families (difference was not statistically significant,  $p = .19$ ).
- Financial need (poverty) is a risk factor for child abuse and neglect, particularly for lack of food, inadequate clothing, health threatening hygiene, lack of medical care, unsafe or unhealthy shelter, and homelessness.

This was a factorial analysis of variance considering who received financially related services. The variables described in the three bullets in the box on the left were important overall (main effects). Perhaps not surprisingly, we found that families with high financial needs received more financially related services. However, the graph on the right (interaction effect) illustrates that this occurred almost exclusively among experimental families. **The conclusion: the DR approach led to more financially related services being offered (previous slide) and to significant increases of such services among the most financially needy families.** This is an important finding that we have reported before but is established with greater certainty through this analysis.

## Determinants of which MN Families Received Financially Related Services

- High financial need families received more FR services
- Families for whom formal service cases were opened received more
- Families offered family assessments received more

Levels of Financially Related Services for Experimental/Control by Financial Need

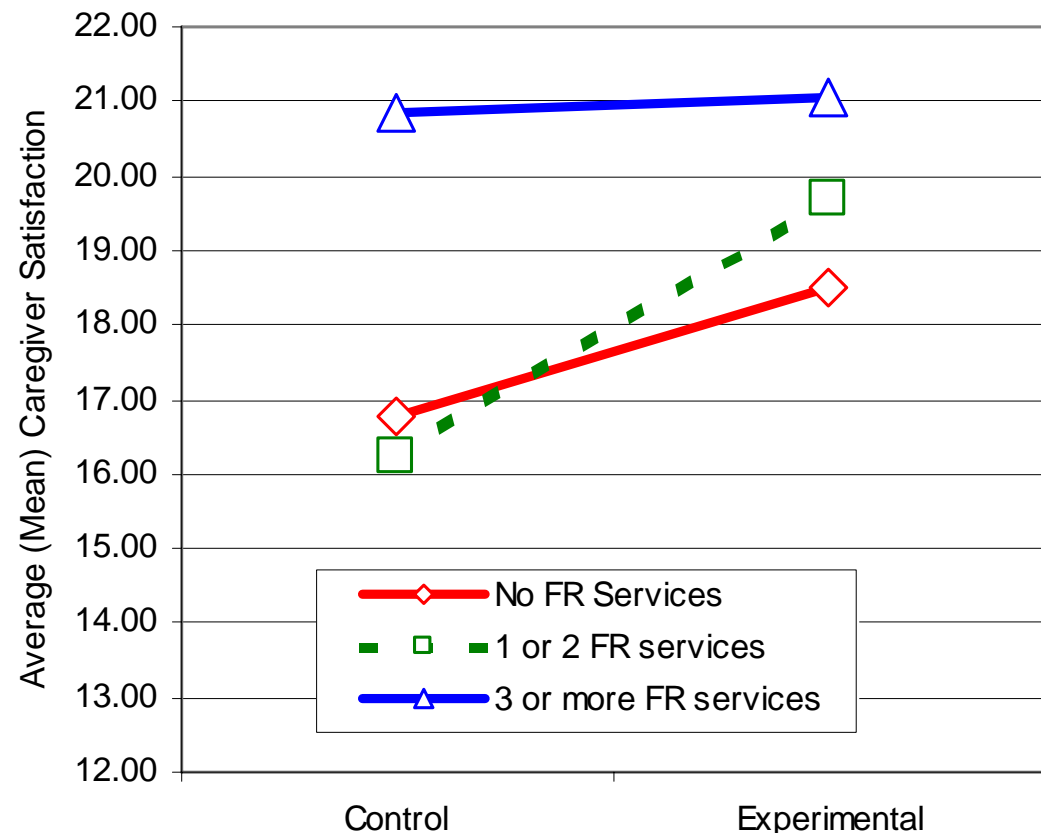


Caregiver satisfaction increased under the new approach. This analysis asks whether the increase in financially related services might have contributed to this. The answer is yes—in part. Families that received three or more such services were about equally satisfied whether they were approached through investigations (control) or family assessments (experimental). Families that received 1 or 2 such services, however, were more satisfied under the experimental group conditions (family assessment). And finally, satisfaction was also greater for families that received no services, which means that the family friendly approach alone led to greater satisfaction.

## Minnesota: Determinants of Caregiver Satisfaction

- Caregivers of families offered family assessments were more satisfied overall.
- Caregivers that received financially related services were more satisfied.

Experimental and Control Differences, Financially Related Services and Caregiver Satisfaction



Finally, the variables discussed in the previous slides were entered into a combined analysis, asking whether they may have been implicated in the relative reduction of later child abuse and neglect reports observed in the experimental group. In this case FR and MHC services were recombined, although the same results occur when only FR services are considered. Caregiver satisfaction immediately at the end of the initial case was the weakest predictor. Financial need was a predictor of increased reports, although the increase was less under the family assessment approach—a point not made in these bullets. The new approach led to reduced reports. **The very interesting finding was that the most powerful predictor of future report reduction through the use of family assessment was both the opening of a service case and the delivery of actual services.** This suggests that services are important but are most effective when offered in the context of ongoing contact with a service worker. The service workers in many of these cases were community agency workers (with public workers as case managers). In others they were public agency CPS workers. The important variable in making concrete services effective seems to have been ongoing contact and the important variable in making ongoing contact effective seems to have been the provision of concrete services.

## Minnesota: Factors determining Subsequent Reductions in Reports of Child Abuse and Neglect

- Taking reduced report recurrence as a measure improvement...
  - Caregiver satisfaction was a weak direct predictor of **reduced** reports.
  - Financial Need was a strong direct predictor of **increased** reports.
  - The family assessment approach independently **reduced** future reports.
  - Formal Services cases with no services was not a statistically significant predictor of reduced future reports.
  - Concrete Services with no formal service case was not a statistically significant predictor of reduced future reports.
  - A combination of concrete services and formal service cases appeared to produce the most positive effects on families.



## Full Circle in Minnesota

- The Minnesota evaluation involved a designed experiment (DR versus traditional) and a natural experiment (large difference in the service response between DR and traditional cases).
- Substantially more services were received by DR families compared similar control families under traditional CPS.
- Under DR financially-related services increased and were shown to be directed toward the most needy families.
- Families were more satisfied under DR than the same kinds of families were under traditional CPS.
  - Families also reported that they had received the services they needed and this was correlated with overall satisfaction
  - This was considered an indication of improved family engagement.
- The non-adversarial approach alone apart from services had long term effects.

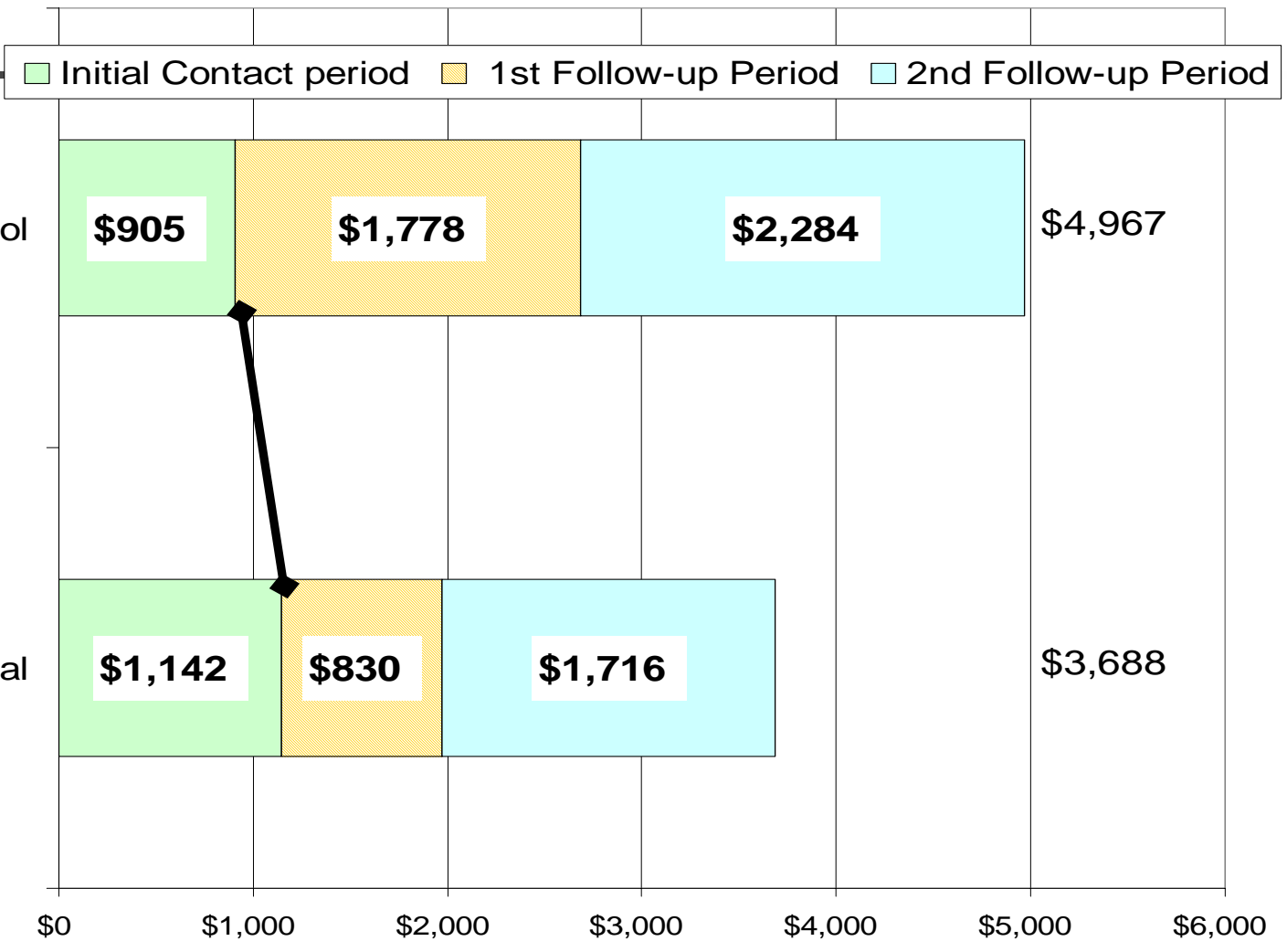
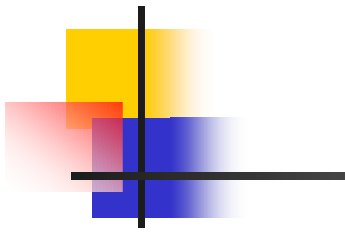


## Full Circle in Minnesota (continued)

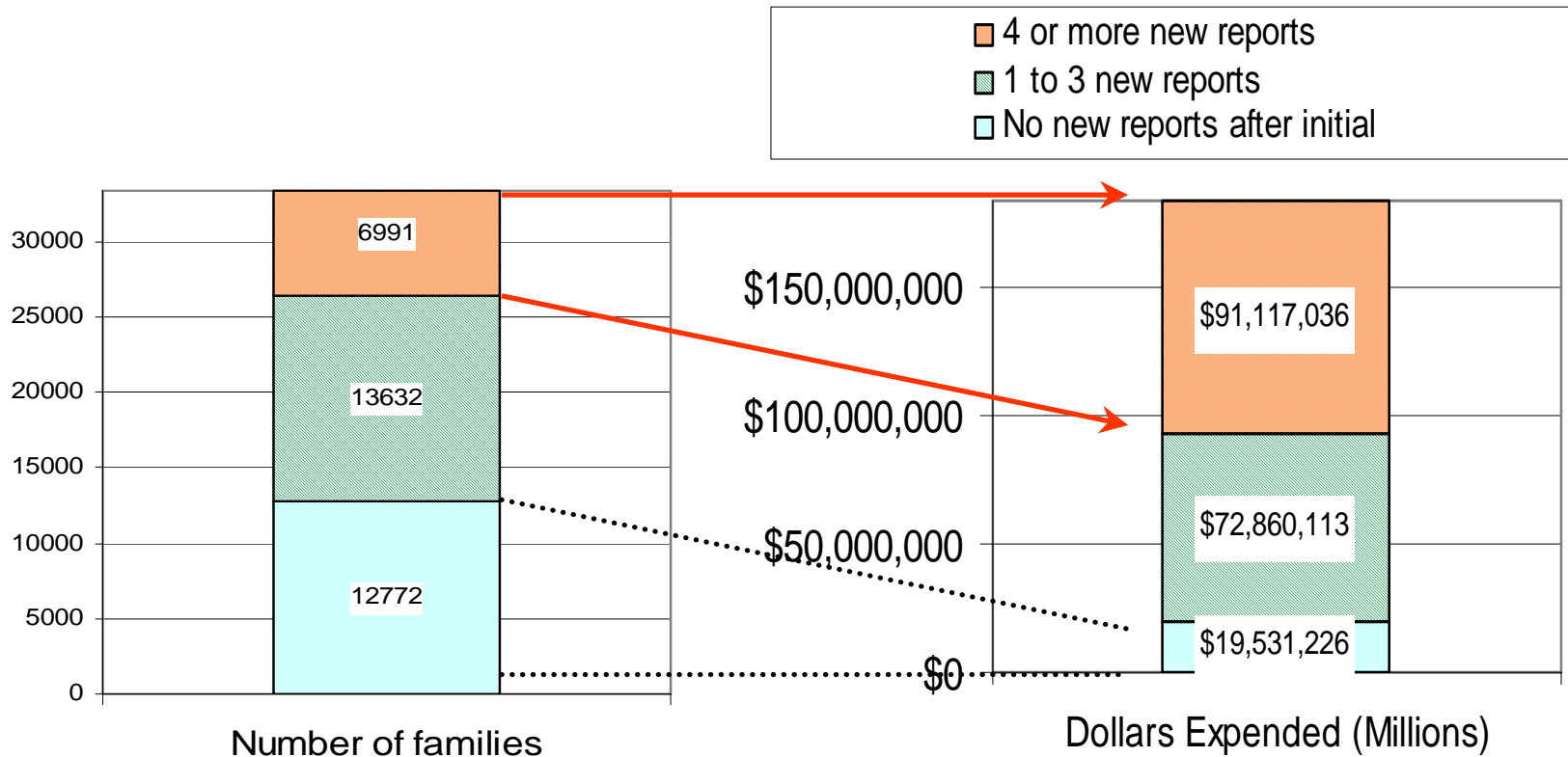
- In addition, services (including large increases in basic financially related services) were shown to reduce future reports, but particularly for families with services that also had ongoing worker contact (continuing engagement).
- Thus, there was support for the notion that increased help was most effective in the context of participatory decision making, emotional support, and respect (which DR families report more frequently).
- The DR approach appears to be more effective for many families but is it more cost effective? Consider the next slide.

This slide shows the final outcome of these changes. It costs more up front to offer family assessments and subsequent services (\$1,142) compared to investigations and subsequent services (\$905) but the additional monies (and by implication the additional services provided to families) are preventive. The reductions in later reports and later placements led to reduced costs over a follow-up period that averaged 3.6 years per family.

## The Cost Analysis Extended through March 2006



Depending on how defined, CN families account for upwards of half the expenditures of CPS agencies



## The Costly Replay Cycle

(Missouri: 6,991 FE Families in 33,394 CPS Family Sample )

- 47% of FE families had been in at least one open case that had closed before the initial report.
- 13% were in open cases when the initial report was received.
- 74% were in at least one open case during the five-year follow-up.
- Looking at the entire seven years of data, 84 percent had at least one case.
- During the follow-up, cases averaged to 123 per 100 families. Thus, multiple cases were frequent during the follow-up.
- The total time in formal cases during the follow-up period averaged to 536 days per FE families (that had a case opened) or about a 1.5 years out of the 5 years.
- The average time after a case closed to the next CA/N report (that was investigated or assessed) was 262 days or a little less than 9 months.
- Because case closure followed by a new report happened more than one time per family, the average minimum time to a new report per family was shorter (189 days or about 6 months) while the average maximum time was longer (344 days or about little under a year).
- Of the 6,991 families defined as chronic, 5,146 (74 percent) had a case closure followed by a new report during the follow-up.



## The Costly Replay Cycle (Continued)

- About one in every ten (11%) of FE families had a child removed and placed outside the home during the period preceding the initial report for this study.
- In a slightly smaller number of cases (7%), a child from the family was in placement at the time of the initial report (on other children in the family).
- However, upwards of two-fifths (37%) of FE families had at least one child removed and placed in out-of-home care at least one time during the follow-up period.
- Among these families, an average of 1.5 children were removed and placed per family.
- Looking at the child in each family that remained out-of-home for the longest period, the average time in placement was 913 days.

## The Costly Replay Cycle with Gaps (Continued)

- A mechanism is needed to avert the replay cycle.
- The replay cycle of FE families consists of repetitions of any or all of the following:
  - CA/N reports, assessments and investigations
  - formal CPS cases, worker contacts
  - services from various sources
  - child removals and placements
- Contact with CPS may cease after any of these, but the key idea of the replay cycle is that after a gap in time the cycle begins again when a new CA/N report is received.
- The gap usually results in assignment of new workers (investigators, assessment workers, case managers and social workers), who have to learn anew the history of the family and the strengths and needs of family members.
- The replay cycle also involves trying again approaches to the family that failed in the past. The problems of gaps and ignorance suggest that a mechanism of ongoing availability is in order.



## What is Needed to Address the Replay Cycle with Gaps

- To be avoided:
  - Univocal approach of traditional CPS (Investigation-Substantiation-Case-Removal...)
  - Short-term approach of both traditional CPS and Differential Response
- A Third Track within CPS should be considered, involving:
  - Identification of FE families. Is early identification possible?
  - Engagement (Family Assessment rather than Investigation) and continuing availability to families
    - Working example: Missouri Chronic Neglect Pilot
  - Services that address Basic Financially Related Needs and Potential
  - Intensive and long-term services
    - Working example: family treatment courts
  - Community Involvement (Families with Children are a Community Responsibility)
    - Working examples: Community Partnership Programs and Differential Response