Missouri Family Assessment and Response Demonstration

Final Evaluation Report

Prepared for
Missouri Department of Social Services
Division of Family Services

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Institute of Applied Research
St. Louis, Missouri

November 1997

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Acknowledgements

The Institute's work on this study was greatly assisted by many people. First and formost, we would like to recognize and thank administrators with the Children's Services unit of the Division of Family Services, including Dick Matt, Fred Simmens, Anna Stone, Joan Garrison, and Kelli Henson, who provided guidance and support throughout the course of the project. We would also like to thank Rich Koon of the Research and Evaluation Unit of the Department of Social Services and his staff, including Scott Jenkins (and Rich's predecessors Diane Drainer and Michael Malaby), who supplied us with monthly data tapes.

We would like to take this opportunity to express our deepest appreciation to the administrators, supervisors, caseworkers, and clerical staffs in all the counties that participated in this study. In particular we would like to thank the following individuals. In pilot counties: Jeff Adams, Tammy Barnes, Caroline Bradford, Lynn Cole, Jean Even, Romona Garrett, Larry Gaston, Marta Halter, Becky Hamer, Lois Highfill, Cynthia Hufstedler, Frances Johnson, Wayne Langston, Beverly Long, Carolyn Million, Jean Mockobey, Edna Philips, Betty Richardson, Rick Robertson, Phil Ross, Linda Russel, H.G. Shaw, Helen Shore, Angie Soetebier, Linda Swinney, Tena Thompson, Marvin Turner, Sandra Wall, Violet Wise, Patricia Witham, and Ronald Woody. In comparison counties: Melody Arnold, Kate Baldi, Donna Bedsworth, Alfred Blair, John Carter, Andrea Cook, Sharon Croskey, Frank Floyd, Debbie Hinrichs, Ellie Little, Michael Logsdon, Ron McAdams, Carolyn Morris, Danny Moritz, Terry Phillips, Rebecca Seitz, Bill Wirtel, and Susan Yows. The many caseworkers and supervisors who assisted us are too numerous to list, but without their help and feedback the study would not have been possible.

We would also like to thank Ruth Ehresman, Lauri Johnson and Susan Scribner of Citizens for Missouri's Children; Dawn Williams and Sandy Wilkie of the Family Investment Trust; and Sarah Barwinski of the Center for the Study of Social Policy for their advice and assistance.

We would also like to extend our thanks to the many persons who consented to be interviewed and surveyed, and who gave their time and views during this project. This includes a wide variety of officials, professionals, and agency administrators and as well as family members in both pilot and comparison communities.

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Family Assessment and Response Demonstration
Impact Evaluation Findings
Executive Summary

Major findings

- The safety of children was not jeopardized and in certain types of cases it was improved.
- Children were made safer sooner.
- Hotline reports declined in pilot areas.
- The percentage of reported incidents in which some action was taken increased.
- Cooperation of families improved.
- Needed services were delivered more quickly.
- Investigations were not adversely affected; but may have been enhanced.
- There was greater utilization of community resources.
- Recidivism decreased overall.
- Removal of children from homes neither increased nor decreased.
- Children spent less time in placement in counties with both Family Assessment and Family-Centered Out-of-Home demonstrations.
- Families were more satisfied and felt more involved in decision making.
- The demonstration was a catalyst for other initiatives in pilot communities.
- Community representatives preferred the family assessment approach.
- Workers judged the family assessment approach to be more effective.
- The impact of the demonstration was mitigated by large caseloads and limited resources.

Description of the Demonstration

The Family Assessment and Response Demonstration was mandated by the Missouri State Legislature through Senate Bill 595 in 1994. The bill required the Department of Social Services to pilot a new, more flexible response to reports of child abuse and neglect (CA/N). In pilot areas, hotline reports were screened into two groups, investigation and family assessment. Certain kinds of incidents were specifically defined in the law as requiring an investigation, because of their relative severity and potential to involve criminal violations. Other reports could be screened for family assessment and kept out of the central CA/N registry. The family assessment response was meant to be nonaccusatory and supportive, offering needed services as soon as possible without the trauma, stigma, or delay of the investigative process, and to involve the family in a collaborative relationship in addressing problems and needs. An important element of the new approach involved establishing stronger ties to resources within the community able to assist children and families.

The demonstration was piloted in three areas of the state consisting of 14 small and medium-sized counties and in parts of the City and County of St. Louis. For the purposes of the evaluation comparison areas were selected that included 14 other outstate counties and selected parts of St. Louis City and County. By July 1, 1995, the family assessment approach was implemented in each of the 16 pilot sites, and this date was taken as the start of the demonstration for evaluation purposes.

The evaluation was conducted by the Institute of Applied Research in St. Louis. The research design consisted of two central elements: an analysis of baseline data covering the 24-month period prior to the start of the demonstration versus data from the first 24 months of the demonstration period, and a pilot versus comparison site analysis.

Discussion of Findings

Safety of Children. The first and most important finding was that child safety was not compromised in the Family Assessment demonstration.

In addition, certain improvements were discovered:

- In cases of neglect of children's basic needs, lack of supervision and proper care, and less serious physical and verbal abuse, the safety of children was found to be improved. These were the types of families that were very likely to be screened into the assessment response.
- More children in pilot areas were made safe in such cases, and they were made safe earlier (within the first 30 days of cases).
- There was no worsening or improvement in safety found for cases of sexual abuse and very serious physical abuse. These were the types of cases that were virtually always investigated.
- There was evidence indicating an overall improvement in the comprehensiveness of investigations in pilot areas, and there was an increase in the percentage of cases involving severe injury referred to prosecutors.

Hotline Reports. Reports alleging child abuse or neglect in pilot counties declined during the demonstration. They were 8.6 percent below what they were expected to be, given the rate of reported incidents in comparison areas. The primary reason for this appears to lie in the changing relationship between the child welfare agency and the community, especially schools. In some sites in particular, caseworkers and school staff worked jointly with families in addressing problems such as educational neglect, thereby heading off the need for a report to be filed.

Service Provision Effects. Despite the decline in reported incidents, there was an overall increase in the percentage of reports in which child welfare workers provided some assistance to families or children.

More specifically, there were increases in assistance to three types of families:

- Those who lacked basic needs.
- Those in which children experienced milder forms of physical abuse.
- Those in which there were conflicts between parents and older children.

These unplanned, latent effects were taken to be positive outcomes of the demonstration. They show an increase in attention paid to types of families that traditionally have received few services due to the intense demands of a relatively small number of very serious and time-consuming cases. This and other evidence indicates a system shift from an approach that primarily emphasizes remediation to one that places increased attention on primary prevention.

Screening. Sixty-nine percent of hotline reports in pilot areas were screened for family assessment; thirty-one percent were investigated. These screening percentages varied somewhat from one pilot county to another. Some of this variation was attributable to differences in incident type and family characteristics, but a greater amount was due to differences in the manner in which the demonstration was implemented and differences in service-versus-policing orientation in initial contacts with families.

Timeliness and Appropriateness of Services. **The period between incident and first service in pilot counties (17 days) was half that in comparison counties (34 days).**

Other findings included:

- The shortest service response time occurred in family assessment cases, but the time between incident and first service was reduced in pilot-area investigations as well.
- Comparison families experienced longer service delays on average, and a greater proportion of families in these areas experienced such delays.
- In cases in which the safety of the child was less threatened, the level of cooperation of families with the child welfare agency was greater in pilot areas.
- No difference in cooperation was found for families in more severe cases, which in pilot areas were more likely to experience an investigative response.
- The analysis revealed an increase in pilot areas in the delivery of basic necessities to families, including food, clothing, shelter, medical care and the like. Other services, including those provided directly by workers, remained at about the same level in both pilot and comparison areas.
- Individual workers in pilot areas were more likely to possess comprehensive knowledge of families on caseloads due to greater case continuity.

Formal Services. **There was an overall decline in the percentage of families who received formal, family-centered intervention by the public child welfare agency.** This was due to the number of times the family assessment resulted in sufficient intervention, and assistance and contact with the family was ended short of a formal case opening. The average length of time families were in contact with the agency declined by 35 days (15 percent), without a reduction in child safety or services to families.

Utilization of Community Resources. **Workers in pilot areas were more likely to link client families to community resources overall than were comparison area workers.**

- There were differences, sometimes large ones, in the patterns of referrals made by workers in different pilot sites. These were primarily due to:
  - Variation in the resource base with which each office worked.
  - Differences in the way workers and offices approached families—some more narrowly, focusing primarily on the incident, and others more broadly, considering a wider set of needs and underlying conditions.
- Workers in pilot areas were more likely to know the names of contact persons at specific resources in the community and to have met them. This was particularly the case with schools, churches, providers of early childhood services, job-related agencies, and neighborhood organizations.

Addressing Central Problems. **Workers in pilot areas were more likely to provide some assistance targeted at central problems identified in families.** In particular, they more frequently provided information about and made referrals to available resources within the community. While no differences were found in the level of positive change in specific family problems by the time the worker made the last contact with the family, the positive change that did occur in pilot areas was accomplished within a shorter time span overall.

Recidivism: Later Reports of Abuse or Neglect. **Recidivism was reduced in pilot areas.** The simple frequency of repeat CA/N hotline reports in pilot counties declined relative to comparison counties.

More specifically, there was less recidivism involving:

- Children lacking basic necessities such as food, proper clothing, hygiene, and safe and secure shelter.
- Lack of supervision or proper care of children.
- Lack of proper concern by parents for the educational welfare of their children.

Preserving the Integrity of the Family. **No differences were found between pilot and comparison areas in the percentage of families with children placed outside their homes or families that were reunited.**

- No differences were found in:
  - The number of children placed after the initiating incident.
  - The number of new placements after the child was reunified with the family.
  - Placements where reunification was not a goal.
  - The number of days in placement with a relative as a proportion of all days in out-of-home placement.
- However, children in pilot areas on average spent less time in placement during the demonstration period. This was found to be related to the experience of children in the Family-Centered Out-of-Home (FCOOH) project. Evidence indicated that FCOOH operated more effectively in offices where it was combined with the Family Assessment demonstration.

Family Satisfaction. **Pilot families expressed satisfaction more often than comparison families with the way they were treated and with the help they received from the child welfare agency.**

- Pilot families were also more likely to feel their children were better off because of the involvement of the child welfare agency, and they were more likely to report they were involved in decisions that affected them.
- Both pilot and comparison area families appreciated and responded to expressions of genuine compassion and concern from workers. They strongly objected to being accused of wrongdoing at the start of their interaction with workers, and they expressed a need for recourse when they perceived inequities.
- Families tended to express needs for practical assistance, needs they often saw as remaining unmet, while workers were seen as focusing on traditional forms of assistance, such as counseling.
- Overall, families tended to respond positively and favor an approach that represents the philosophy and policy of the family assessment approach, whether they experienced this approached in pilot or comparison areas.

Based on family feedback, it was apparent that some workers in comparison areas were perceived as approaching families in ways similar to what was expected in family assessment, and that some pilot area workers were seen as not applying the assessment approach fully or effectively. Differences found in this study were obtained despite this, and findings were probably mitigated by it.

Worker Perceptions of Worker-Family Relations. Workers in pilot areas versus those in comparison areas saw families as:

- More satisfied overall with the child welfare agency.
- More likely to view the child welfare agency as a resource and source of assistance.
- More likely to see families as better off as a result of agency intervention.

These differences between the two groups of workers were attributable to the family assessment approach. In addition, workers saw families who received the assessment approach in pilot areas as more receptive to intervention by the child welfare agency than similar families in comparison areas.

Community-Related Initiatives. The demonstration was a catalyst for a number of initiatives in pilot areas. Often these involved new relationships with other community agencies, organizations, and institutions (frequently schools). Other efforts included establishing or joining multi-agency collaboratives to improve working relationships between major service systems and community organizations, and outstationing workers to form closer ties with local communities. The establishment of linkages with community resources was reduced by limited staff expertise in community development and time to devote to such activities.

Attitudes of Community Representatives. Community representatives in pilot areas were more positive in their evaluation of the child welfare agency overall.

- They were more likely than those in comparison areas to see the agency as a source of services and assistance to families and as more effective in protecting children at risk of physical abuse and neglect.
- They described worker-family relationships as more supportive and less adversarial, and reported families as more satisfied with the way they were treated by caseworkers.
- Pilot area respondents also said that child welfare agency workers made better use of available resources in the area.
- Respondents in St. Louis City and County, where both the new and traditional approaches were monitored, were consistently more positive in their responses regarding the family assessment versus traditional approach.
- The most positive evaluation of the family assessment approach overall came from professionals who worked in both pilot and comparison counties and had first-hand knowledge of both the new and traditional approaches.
- A majority of respondents in pilot areas would like to see the family assessment approach expanded statewide.

Organizational Impact. The attitudes of pilot-area workers toward the family assessment approach tended to be positive.

- There was some resistance in certain areas from workers with longer tenure, and the demonstration appeared to produce some worker turnover in pilot areas.
- The potential of the family assessment approach was viewed by a number of workers to be blunted by caseload size, the overwhelming demands of certain cases, particularly Alternative Care cases, and limited resources.

- Overall, workers in joint Family Assessment/ FCOOH demonstration areas expressed the highest level of satisfaction with the child welfare agency. These workers were more likely to report that they were able to intervene effectively with children and families and that the system was more effective in protecting children at risk of either abuse or neglect.

Conclusion. The findings of the evaluation indicated that the safety of children and the wellbeing of families are better safeguarded by an approach in which:

- The response is immediate, without a time lag between initial family contact and the subsequent intervention.
- The worker approaches families not just with reference to a particular incident but with sensitivity to broader problems and underlying conditions.
- The worker's attitude is positive and supportive rather than accusatory and police-like, seeking to gain the participation of families in identifying sources of support and in facing their problems and needs.
- The local community is actively engaged in a collaborative effort with the child welfare agency to support families and protect children.

While most measures indicated a positive impact of the family assessment approach across the spectrum of dimensions investigated, and no findings favored the traditional approach, the relative impact of the demonstration was often modest and mitigated by caseload size and limited resources, that is, restrictions in the time workers were able to devote to individual families and the amount and kind of assistance workers were able to provide families and children.

Introduction

This is the final report of the impact evaluation conducted by the Institute of Applied Research on the Family Assessment and Response Demonstration implemented in the state of Missouri. The demonstration was implemented by the Children's Services Unit of the Division of Family Services (DFS) within the Department of Social Services. This report provides findings and conclusions based on a two-year follow-up of the demonstration.

The demonstration was mandated by the Missouri State Legislature through Senate Bill 595 (210.109 RSMo) in 1994. SB 595 required the Department of Social Services to pilot a new, more flexible response to reports of child abuse and neglect (CA/N). In areas where the approach was piloted, hotline reports were screened into one of two groups: investigation and family assessment. Reports screened for investigation were those that were specifically defined in the law as requiring an investigation, because of their relative severity and potential to involve criminal violations. These reports were investigated in the traditional manner, frequently involving law enforcement personnel. When evidence was found which substantiated the report it was entered into the child abuse/neglect automated system (and the person found to be the perpetrator was entered into the central registry) and appropriate treatment services were initiated. Hotline reports that were not specifically required to be investigated and which did not indicate a need for criminal prosecution were screened for family assessment. An effort was made to respond to these reports in a positive, supportive manner, offering needed treatment or other services as soon as possible without the trauma, stigma, or delay of the investigative process. Services offered to these families were voluntary and, whenever possible, provided through community resources. The Children's Services worker sought to form a collaborative relationship with the family and build on its existing strengths. An important element in the new approach involved establishing ties between Children's Services workers and other resources within communities able to provide the specific assistance and services these families needed. In both responses, child safety was a priority and cases were transferred from assessment to investigation and *vice versa* to ensure appropriateness of response.

The demonstration was piloted in 15 counties across the state and in the City of St. Louis. In all pilot areas but two the demonstration was implemented on a county-wide bases. The exceptions were the City of St. Louis and St. Louis County, where the new approach was piloted in selected areas only.

Variations in the organization of Children's Services staffs in county DFS offices existed before the family assessment demonstration began. In some offices, staffs were organized in a highly specialized manner, while in others workers were generalists and retained cases from investigation through closure. When selecting pilot sites for the demonstration, DFS did not prescribe a single model for organizing staff and staff functions but allowed individual sites or groups of sites to determine this. As a result, there were staffing and organizational variations in the way the demonstration was implemented. A description with diagrams of the four major staffing models utilized in pilot areas is provided in Appendix C.

The objective of the impact evaluation was to determine if the new approach increased the effectiveness of Children's Services in achieving a set of specific goals that were set for it. These included goals central to the child protection system as well as objectives related more specifically to the flexible-response approach to CA/N families. They were:

Central Goals

1. Promote the safety of the child.
2. Preserve the integrity of the family.
3. Remedy the abuse/neglect, or the defining family problems.
4. Prevent future abuse or neglect.

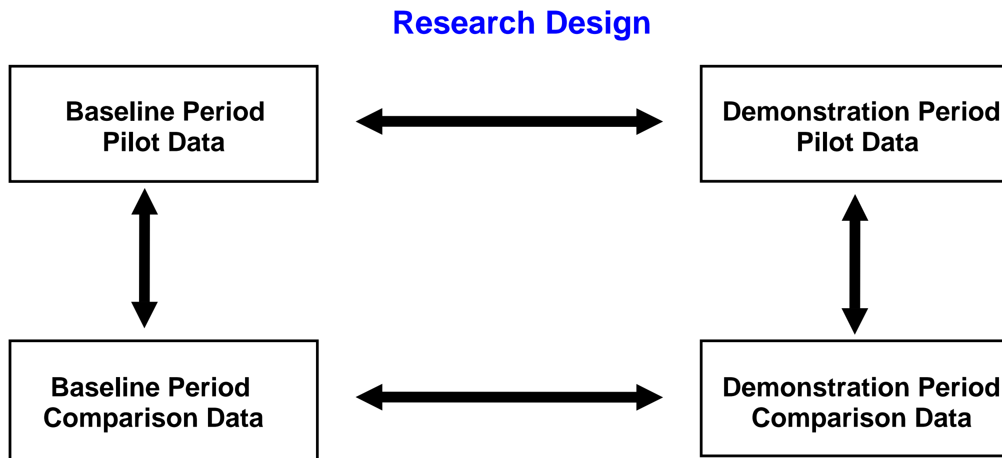
Supporting Goals

5. Successfully assign cases between the two response modalities.
6. Provide less adversarial and more supportive interaction with families in appropriate cases.
7. Make more efficient use of investigative resources.
8. Improve client satisfaction.
9. Improve the court adjudication of probable cause cases.
10. Assure that families receive appropriate and timely services.

These goals, around which this report is organized, were converted into the central research questions which drove the evaluation. Because the demonstration was intended as a test for a new approach to Children's Services and, subsequently, administrative and policy decisions would be made regarding possible expansion of the approach to other parts of the state, the study also examined issues related to organizational impact that might be important for such decisions.

The research design used in the evaluation was quasi-experimental and consisted of two central elements. The first which outcomes during the two years prior to the demonstration were compared with outcomes during was an analysis of baseline versus demonstration-period data, in the first two years following its implementation. The

second involved pilot versus comparison site analysis, in which outcomes from the 14 outstate[1] pilot counties and the selected pilot sites in the City and County of St. Louis were compared to outcomes in a set of 14 comparison outstate counties along with comparison zip code areas within St. Louis City and County. Both baseline and outcome data were analyzed for both pilot and comparison areas. In rudimentary form the design looked like this:



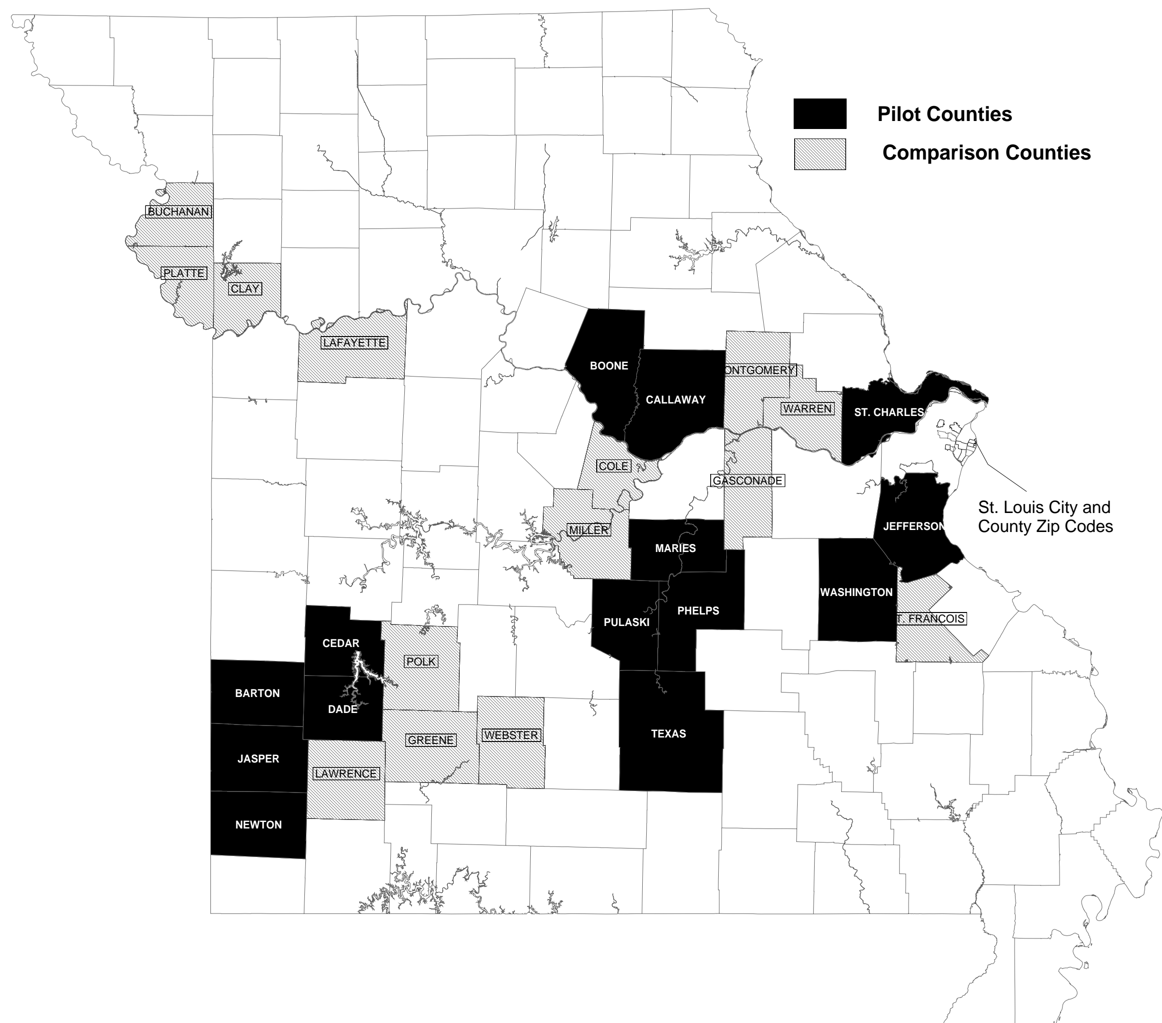
The demonstration was implemented in pilot counties during the spring and early summer of 1995 and all counties participating in it had fully implemented the new approach by July 1, 1995. This date was taken as the beginning of the demonstration period for evaluation purposes. Only cases entering the system in pilot and comparison areas from this date forward were considered part of the study population as demonstration cases.

The research methodology employed in the evaluation included integration and analyses of data in the automated client record system for the baseline period and throughout the demonstration, detailed record reviews of sample cases, a case-specific assessment of families in the study sample at closing, client family surveys and interviews throughout the demonstration, surveys of Children's Services workers at the beginning and end of the demonstration period, surveys of professionals and other representatives of the communities in the pilot and comparison areas at the beginning and end of the demonstration, along with site visits and interviews. Appendix A provides a description of the research methodology and data sources utilized.

[1] In Missouri the term outstate typically refers to those parts of the state outside the metropolitan areas encompassed by St. Louis City and County, in the east, and Jackson County, including Kansas City, in the west.

The map on the following page shows the location of pilot and comparison counties involved in the evaluation. In analyses conducted and presented in three interim reports, the fundamental similarity of the comparison areas as a group to the pilot areas as a group has been shown and substantiated.

Missouri Family Assessment Demonstration
Pilot and Comparison Sites



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The Study Population and Its Characteristics

Definitions

The study population of this evaluation consisted of families from pilot and comparison areas on whom a hotline report was received by the state Child Abuse/Neglect Hotline Unit and a system response was made by the Children's Services Unit. As used here, *system response* refers to actions that followed either 1) a finding of "probable cause" (system code "B") or "unsubstantiated-preventive services indicated" (system code "C") following an investigation of the report, or 2) a finding that the family is in need of services following a family assessment (system code "J"). Family assessments were conducted only in pilot areas.

Data on "families" in the study population contained in the state management information system (including 12 distinct data files) were received in monthly data tape downloads and, through a set of computer programs, integrated into a data information and analysis system developed for the evaluation.[2] The system allowed us to distinguish information on new client families from additional information on families already in the master data base--new hotline incidents, case openings or closings, placements outside the home, etc. Families are the primary social units within which children are either more or less safe or at risk, and they are the focus of family preservation and reunification efforts. In addition, the strengths and weaknesses of family units and their relative social isolation or integration were a primary focus of the new service approach.

In the traditional service approach (utilized in the baseline period in all areas and during the demonstration phase in comparison areas), the initial worker response always involved an investigation and a conclusion that probable cause of child abuse or neglect was either present or not, or that preventive services were called for. Incidents involving findings of probable cause or the need for preventive services moved into the service system as cases and into our study population as client families. In pilot areas during the demonstration

[2] The term "families," as used here, must be understood in part as a construct of the research. The state record keeping system maintains data on specific hotline incidents and on individual child victims and individual perpetrators, but not on "families" as such. The logic and process for integrating state data files in order to identify individual family units were described in our first interim report, *Impact Evaluation Baseline Report*.

period, reports were first screened as either appropriate for investigation or family assessment. Investigation reports that resulted in findings of probable cause or preventative services needed entered our study population as client families as did family assessments that resulted in judgments that the families needed services or assistance. *Thus client families are those families in which a system response was judged to be appropriate*. Note: The terms "client families" and "study population" are interchangeable in this report.

Population

In order to be included in the study population, new client families had to have a CA/N incident date within an 18-month period between July 1, 1995 (the date by which all pilot sites had begun implementation of the demonstration) and December 31, 1996 (a date determined by the need to allow as many cases as possible to close prior to the end of the two-year evaluation window on June 30, 1997). There were a total of 6,404 new client families who entered the study population during this time period, 3,313 in pilot areas and 3,087 in comparison areas. By June 30, 1997, 73 percent (4,740) of these cases had closed, meaning that all services and planned contact with Children's Services had formally ceased and the families were no longer on any worker's caseload.

The baseline population consisted of families who met the criteria described above (that is, there were findings of probable cause or preventive services needed during the investigation of hotline reports) and who had CA/N incident dates that fell between July 1, 1993 and April 30, 1995. There were a total 5,308 client families who entered the baseline population during this period, 2,783 in pilot areas and 2,525 in comparison areas. By June 30, 1995, 70 percent of these cases had closed.

While all pilot sites had implemented the demonstration by July 1, 1995, some pilot sites had begun during the previous two months, May and June, the last two months of the baseline period. In order to avoid data contamination from this brief overlap period all analyses involving comparisons between baseline and demonstration-period families were restricted to a 22-month period—July 1, 1993 through April 30, 1995 for the baseline and July 1, 1995 and April 30, 1997 for the demonstration.

Sample

In order to gain a more complete understanding of what happened to families while they were in contact with the service system, a random sample of 15 percent was drawn each month from the new client families entering the population (slightly fewer in comparison counties), and these families were tracked more closely. After eliminating cases in which the family moved out of the area, the final sample size totaled 919—516 in pilot areas and 403 in comparison areas. By June 30, 1997, 78 percent (717) of these cases had closed.

Table 1.1 lists the counties in the state in which the new family assessment approach was implemented (pilot counties) as well as the set of counties which served as comparison areas for evaluation purposes. The table shows both the number of new client families which have entered the study population from each county as well as the number drawn in

Table 1.1
Study Population and Sample by County

Pilot Counties	Study Population	Sample	Samp/Pop
Barton	56	10	17.9%
Boone	363	53	14.6%
Callaway	86	13	15.1%
Cedar	55	12	21.8%
Dade	6	3	50.0%
Jasper	568	81	14.3%
Jefferson	564	91	16.1%
Maries	25	10	40.0%
Newton	159	25	15.7%
Phelps	101	16	15.8%
Pulaski	128	16	12.5%
St. Charles	451	73	16.2%
Texas	94	15	16.0%
Washington	91	12	13.2%
St. Louis County[3]	179	25	14.0%
City of St. Louis	387	61	15.8%
pilot total	3313	516	15.6%
Comparison Counties			
Buchanan	185	26	14.1%
Clay	334	45	13.5%
Cole	176	23	13.1%
Gasconade	31	8	25.8%
Greene	783	74	9.5%
Lafayette	98	16	16.3%
Lawrence	80	13	16.3%
Miller	111	18	16.2%
Montgomery	47	10	21.3%
Platte	190	27	14.2%
Polk	67	9	13.4%
St. Francois	227	37	16.3%
Warren	67	9	13.4%
Webster	89	12	13.5%
St. Louis County	158	23	14.6%
City of St. Louis	444	53	11.9%
comparison total	3087	403	13.1%

[3] Selected zip codes only from St. Louis City and County for both pilot and comparison groups.

the random sample (and the percentage the sample figure is of the study population in each county).

Population Characteristics

A variety of demographic and other characteristics of the study population (client families) are provided in Table 1.2 for both pilot and comparison areas. The table also shows these characteristics for families in the baseline population. As can be seen, families who entered the Children's Services system in comparison areas had very similar characteristics to those in pilot areas during both the baseline and demonstration periods. This similarity reinforces earlier findings that validate the role the comparison areas in aggregate were intended to play in this evaluation. Where there are differences we can see some of the impact the demonstration had on the relationship between families and the service system.

Families in the study population from pilot and comparison groups during both baseline and demonstration periods were essentially identical in the amount and type of prior contact with the Children's Services agency. Just over one in three had a previously opened Family Centered Services (FCS) case and about one in ten had a prior Alternative Care (AC) case, involving removal of the child from his or her home. With some variation this important caseload characteristic was remarkably constant across the counties which had implemented the Family Assessment demonstration. Figure 1.1 shows the percentages of new client families who entered the service system in these counties during the demonstration period with prior FCS and AC cases.

With respect to basic demographic variables—type of family, age of parents, age and number of children, employment status, and ethnicity—the four groups of families (baseline-demonstration x pilot-comparison) were also very similar, although we can see some decrease in both pilot and comparison areas in the proportion of two-parent families during the demonstration from the baseline period. The large number of single-parent families and the many families without a wage earner present are two indications that Children's Services workers often face multiple-need, complex family situations. Another indicator of case complexity was the large number of "blended" families in the population, that is, families with children with different last names.

While high-need and complex family situations were well represented on the caseloads of all county offices, they were more often found on some than on others. As can be seen in Figure 1.2 workers in St. Louis City and County and in Boone, St. Charles, Barton, Cedar, and Jasper counties tended to work with fewer two-parent families. And as Figure 1.3 shows, workers in St. Louis City and in Washington and Jasper counties were more likely to encounter families without a wage earner present.

Table 1.2. Population Characteristics
Pilot vs. Comparison during Baseline and Demonstration Periods

	Baseline Pilot	Baseline Comparison	Demo Pilot	Demo Comparison
Prior Contact w/ Children's Ser.				
prior FCS case	36.5%	35.4%	35.2%	35.3%
prior Alternative Care case	10.1%	10.1%	11.0%	9.8%
prior FCS or Alternative Care case	39.4%	37.5%	38.1%	37.4%
prior FPS	2.5%	2.5%	4.1%	5.8%
Family Type				
two parents	28.1%	26.5%	22.1%	22.7%
single parent	58.5%	59.8%	61.3%	62.9%
single mother	52.4%	53.2%	54.4%	56.3%
single father	6.1%	6.6%	6.9%	6.6%
single mother never married	17.1%	19.2%	22.3%	21.0%
paramour present	12.1%	12.0%	11.5%	10.4%
mean age of parent	31.75	31.18	31.70	32.00
parent(s) employed	53.6%	50.0%	52.5%	51.6%
complex or blended family*	54.7%	55.6%	56.0%	56.9%
Ethnicity				
European-American	81.7%	79.8%	77.8%	76.9%
African-American	13.8%	16.3%	17.1%	17.9%
other ethnicity	0.6%	0.8%	0.8%	0.7%
mixed ethnicity	4.0%	3.1%	4.2%	4.5%
Children				
any infant less than 1 year old	10.0%	12.8%	9.2%	9.8%
any aged 1 to 2	17.8%	19.1%	16.9%	17.5%
any aged 3 through 5	25.1%	26.6%	25.6%	25.7%
any aged 6 through 10	34.3%	33.9%	33.0%	36.0%
any aged 11 to 12	7.6%	7.5%	8.1%	8.5%
any older than 12	38.2%	35.6%	37.9%	36.1%
mean number of children in fam	1.57	1.58	1.55	1.60
Reporters				
law enforcement/juvenile officer	18.8%	17.7%	16.9%	19.9%
medical professional	6.9%	7.3%	7.0%	7.6%
mental health prof/social worker	18.1%	18.4%	17.8%	19.3%
educator	15.1%	15.9%	13.3%	15.4%
any professional	58.8%	59.5%	54.7%	61.9%
unknown	33.9%	31.2%	32.6%	30.4%

(Table 1.2. Population Characteristics, cont.)

	Baseline Pilot	Baseline Comparison	Demo Pilot	Demo Comparison
Alleged Perpetrator				
parent perpetrator	91.7%	91.3%	91.5%	92.1%
other relative perpetrator	4.4%	4.2%	4.8%	4.4%
nonrelative perpetrator	3.9%	4.5%	3.7%	3.5%
Initiating Incident[#]				
severe abuse	1.2%	1.4%	1.1%	1.3%
milder physical abuse	17.6%	19.55	23.2%	21.2%
sexual abuse	15.2%	13.5%	10.5%	12.2%
unmet physical needs	14.4%	14.8%	18.5%	16.7%
unmet medical needs	5.9%	6.85	5.8%	5.6%
parent-child relationship problems	34.2%	31.8%	32.2%	28.5%
lack of supervision or proper care	26.9%	29.1%	25.9%	27.1%
educational neglect	9.8%	8.7%	7.3%	11.2%
Service Responses				
reopened FCS case	11.9%	10.0%	11.5%	9.9%
reopened alternative care case	2.8%	2.1%	2.95	1.9%
new FCS case	86.1%	87.2%	56.0%	87.0%
new alternative care case	20.9%	20.3%	20.2%	18.7%
new Family Preservation case	6.7%	8.5%	7.9%	9.6%
assessment only (without FCS)			27.8%	
Mean Number of Opened Case Days	**7/1/93 - 4/30/95**	**7/1/93 - 4/30/95**	**7/1/95 - 4/30/97**	**7/1/95 - 4/30/97**
new or reopened FCS case	201.7	187.8	224.3	194.6
new or reopened AC case	236.5	245.2	218.4	242.9
new or reopened FPS case	36.8	36.6	36.5	48.6
assessment only (no FCS)			37.4	
total days on caseload	250.9	241.6	199.8	234.6
Number of additional reports				
from initiating incident through	**4/30/95**	**4/30/95**	**4/30/97**	**4/30/97**
none	64.1%	64.3%	62.2%	59.6%
one	21.4%	20.7%	21.9%	21.7%
two	7.9%	7.4%	8.5%	9.6%
three	3.3%	3.9%	4.0%	4.3%
four or greater	3.3%	3.7%	3.4%	4.8%

* Complex or blended families are those in which children have more than one last name.
[#] A discussion of the analysis that produced these categories can be found in Appendix B.

Table 1.2 also shows basic CA/N variables present in the baseline and demonstration population—who made the report, who the alleged perpetrator was, and the nature of the incident. For the most part there was a great deal of similarity between pilot and comparison groups in both time periods. Two differences worth noting, however, showed some influence of the demonstration. One involved a small but statistically significant change in the types of cases entering the system, that is, changes in the initiating incidents. Specifically, this involved increases in what we termed reports of "least severe physical abuse" as well as in unmet basic needs of children and parent-child problems, and a decrease in reports of educational neglect. These changes, which have been noted in earlier reports, were accompanied by a slight overall increase in families which received some system response in pilot areas (which will be discussed in the next section). The second difference was a small change in reporter percentages, particularly involving school and law enforcement personnel. This issue is taken up in the next section as well as in Part 9 in the discussion of the relations between Children's Services workers and their communities.

Figure 1.1. Percent of Client Families with a Prior FCS And Alternative Care Case by Pilot Site

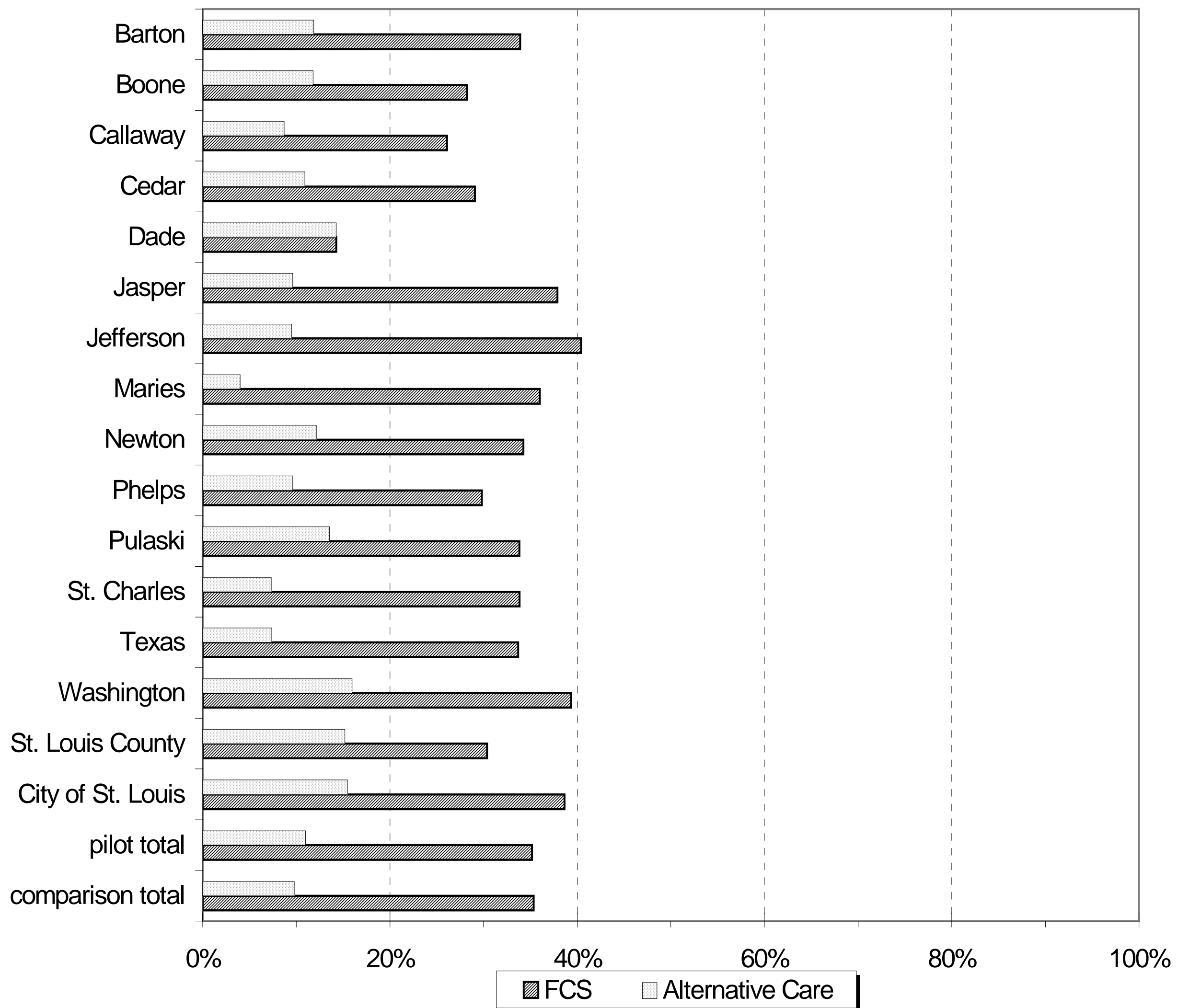
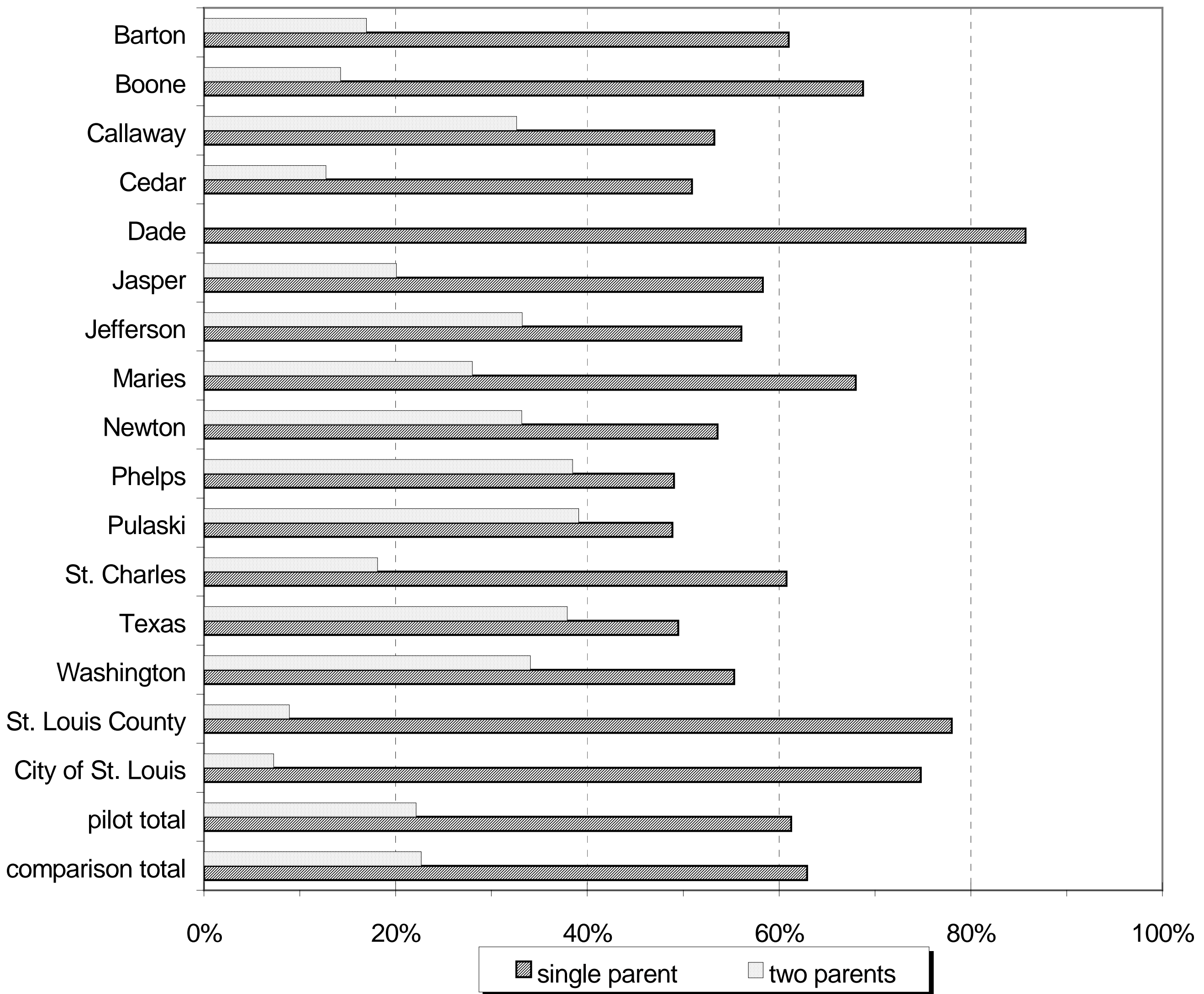


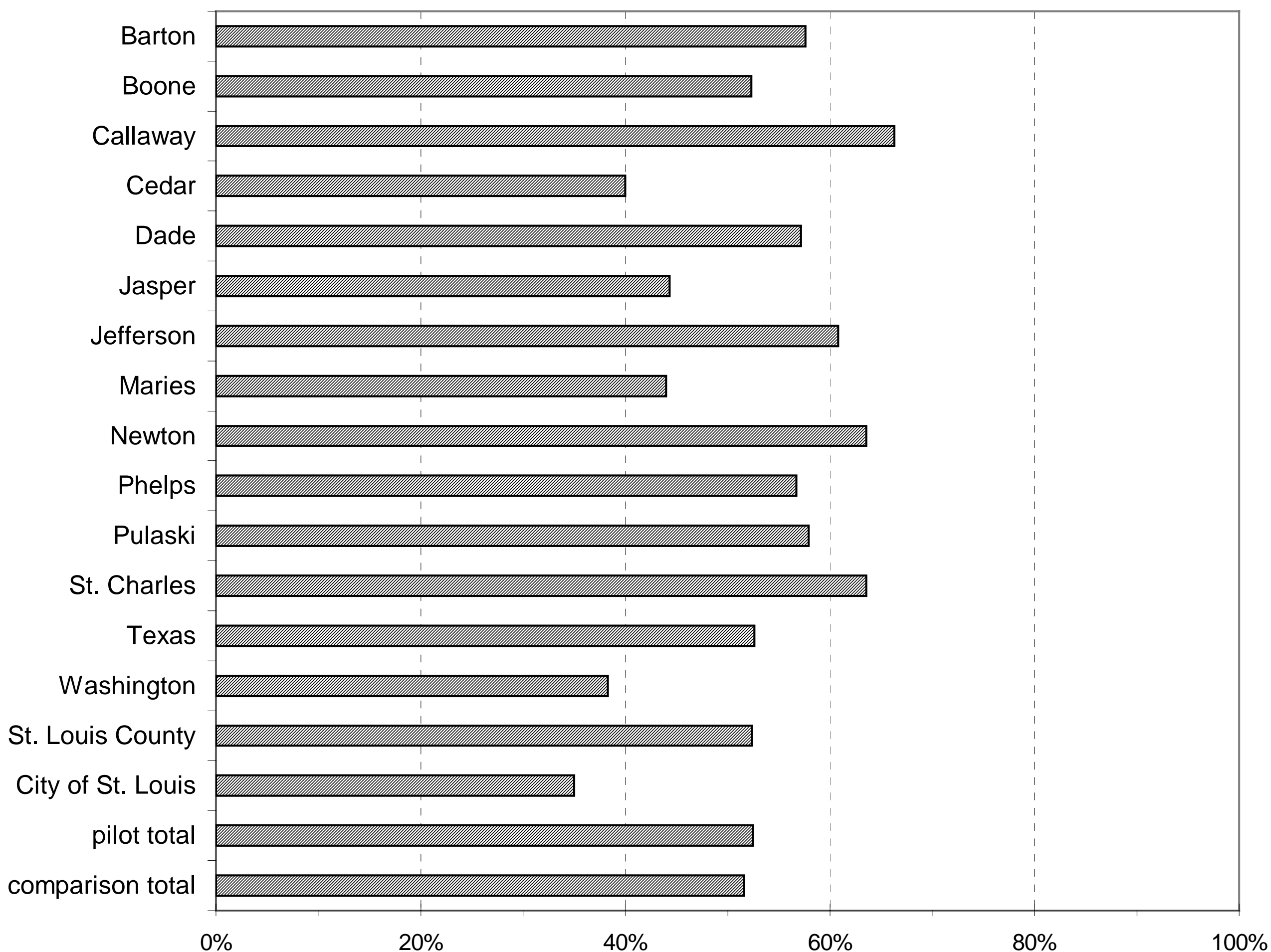
Figure 1.2. Percent of Pilot Area Families with Two-Parent and Single-Parent Households



The general nature of the service response is also shown in Table 1.2.. Sometimes this involved reopening an FCS or AC case on a family already on a caseload when the incident was reported. The bulk of the families entering the system, however, were not currently on a caseload and so had new FCS, alternative care, or family preservation case openings, or, in the case of pilot counties, received family assessment with or without a subsequent FCS or AC case being opened. As this part of the table shows, one of the results of the demonstration was the displacement of some formal FCS services with family assessment services. In the traditional service approach, a family centered services case is opened about 87 percent of the time that probable cause is established in an investigation. Opening an FCS case is the primary vehicle for providing services in the traditional system. Family assessments provide a new opportunity for workers to try to assist families with supports and services they need outside the FCS framework, by linking them up to a community resource or by directly assisting them in some way through their

own efforts or counsel. Family assessments also allow workers to intervene immediately when possible, without the delay often required for the formal investigation process to run its course. Because the family assessment process was always of limited duration (the mean was 37.4 days), there was an overall decline of about 15 percent, or 35 days, in the mean length of time families remained on Children's Services caseloads in pilot counties during the demonstration.

Figure 1.3. Percent of Client Families with an Employed Parent



Finally, Table 1.2 shows the percentage of families in pilot and comparison areas with additional hotline reports after the initiating incident that brought them into the study population. As can be seen, the percentage of pilot families with additional reports was 37.8 percent versus 40.4 percent among comparison families. This difference appears small, and the percentages were virtually identical during the baseline period. The figures in the table also show that there was a reduction in multiple reports on the same families. Part 5 provides an analysis of recidivism findings.

Family Assessment and Investigation Families

Nearly 7 out of 10 families (69 percent) in the study population from pilot areas had hotline reports screened for family assessments, while the others (31 percent) had reports screened for investigations.[4] Table 1.3 provides a look at the similarities and dissimilarities between these two groups of pilot families across the same set of demographic and service system categories covered in the previous table.

Virtually equivalent proportions of the two groups of families (about 38 percent) had had some prior contact with Children's Services. This runs against an expectation that investigation families would have had more prior contact with the agency, an expectation consistent with assumptions often made about the nature of families and individuals with protective services involvement. Moreover, having a prior case opening can be taken into account in screening cases for investigations. However unexpected, this finding is consistent with other data we are finding about the nature of Children's Services cases that appear to be counter-intuitive and will be discussed at later points in this report.

Overall, the demographic characteristics of the two groups of families were generally similar. There were, however, differences that were statistically significant. Assessment families included a somewhat higher proportion of single-parent households and a lower proportion of two-parent households. Investigation families included a somewhat higher proportion of households in which there was a wage earner as well as a higher proportion of blended families and African-American families. This latter finding appears to be most related to the higher percentage of younger children in these families, a factor found to be associated with screening for the investigation response. On the other hand it does not appear to be directly related to the type of incident—there were, for example, proportionately fewer African-American families with reports of sexual abuse and there was no statistical difference in reports of severe physical abuse by ethnicity.

There were substantial differences in the reporters of CA/N incidents that were screened for family assessment or investigation responses. Mandatory reporters, such as law enforcement, health, and mental health personnel, accounted for a relatively high percentage of reports that were screened investigation. More nonprofessionals were involved in reports screened assessment and more of these reporters remained anonymous. The alleged perpetrator also made a difference. There was a higher percentage of investigation families with incidents involving perpetrators other than parents.

The nature of the incident was a central factor determining screening outcome as can be seen in the table under the heading "initiating incident." These percentages show the frequency of reports of specific types of incidents using an eight-category typology developed for the evaluation (based on information in the Children's Services management information system). A specific report may include more than one of these characteristics.

[4] If hotline reports are considered instead of families, 71 percent of all reports in pilot areas were screened for family assessments and 29 percent for investigations.

Table 1.3 Population Characteristics
Assessment vs. Investigation Families (demonstration only)

	Assessment	Investigation
Study Population	2275	1038
Prior Contact w Children's Services		
prior FCS case	35.1%	34.8%
prior Alternative Care case	10.5%	11.6%
prior FCS or Alternative Care case	37.7%	38.9%
prior FPS	3.8%	4.5%
Family Type		
two parents	19.5%	28.7%
single parent	63.3%	55.8%
single mother	56.2%	49.3%
single father	7.1%	6.5%
single mother never married	21.9%	21.2%
paramour present	10.6%	13.6%
mean age of parent	31.64	32.07
parent(s) employed	51.6%	55.9%
blended family	54.2%	59.4%
Ethnicity		
European-American	80.6%	74.7%
African-American	15.1%	19.0%
other ethnicity	0.6%	1.2%
mixed ethnicity	3.6%	5.2%
Children		
any infant less than 1 year old	9.6%	7.7%
any aged 1 to 2	17.2%	15.3%
any aged 3 through 5	25.8%	25.8%
any aged 6 through 10	33.5%	31.5%
any aged 11 to 12	8.4%	7.7%
any older than 12	38.2%	38.4%
mean number of children in families	1.57	1.48
Reporters		
law enforcement/juvenile officer	12.8%	25.4%
medical professional	5.8%	9.4%
mental health prof/social worker	14.8%	23.6%
educator	14.9%	10.4%
any professional	49.0%	67.3%
unknown	35.9%	25.4%

(Table 1.3. Characteristics of Assessment and Investigation Families, cont.)

	Assessment	**Investigation**
Alleged Perpetrator		
parent perpetrator	93.7%	86.7%
other relative perpetrator	3.6%	7.4%
nonrelative perpetrator	2.7%	5.9%
Initiating Incident		
severe abuse	0.2%	2.9%
milder physical abuse	20.7%	29.4%
sexual abuse	0.2%	32.4%
unmet physical needs	22.9%	8.9%
unmet medical needs	6.5%	4.2%
parent-child relationship problems	35.8%	25.3%
lack of supervision or proper care	26.7%	24.3%
educational neglect	9.8%	1.8%
Service Responses		
reopened FCS case	12.4%	9.9%
reopened alternative care case	1.8%	5.5%
new FCS case	41.6%	84.9%
new alternative care case	12.7%	34.8%
new family preservation case	6.7%	10.2%
assessment only (without FCS)	41.5%	
Mean Number of Opened Case Days		
new or reopened FCS case	214.02	235.74
new or reopened AC case	217.59	222.48
new or reopened FPS case	36.75	36.40
total days on caseload	160.4	282.8
Number of additional reports		
from initiating incident thru 4/30/97		
none	60.5%	66.9%
one	22.2%	21.3%
two	9.0%	6.9%
three	4.5%	2.6%
four or greater	3.8%	2.3%

Forty-one percent of the families screened for the family assessment response had no subsequent opening of an FCS or Alternative Care case. On the other hand, a report that was screened investigation was more likely to lead to the opening of a Family Centered Service case and/or the removal of a child from the home.

As noted earlier, one of the consequences of using the family assessment approach was an overall reduction in the mean length of time families were on Children's Services caseloads. Families in the assessment response averaged 160 days on pilot area caseloads, while families in the investigation response averaged 283 days.

Finally, as can be seen at the bottom of Table 1.3, a somewhat higher percentage of assessment families (39.5 percent) had a subsequent hotline report since entering the study population than did investigation families (33.1 percent). This may be explained, in part, by the different nature of the incidents that lead to the assessment and investigation responses. Incidents screened for the family assessment responses are more likely to represent an ongoing state of affairs, problems arising out of poverty, for example, such as unmet physical needs or supervision problems resulting from lack of child care associated with low earnings and/or night or weekend work hours. An ongoing state of affairs has a higher chance to be observed and, therefore, reported than are specific, concrete actions that may be taking place behind closed doors even when these occur with some regularity. A second factor that may explain some of the difference in recidivism rates is the difference in length of time assessment and investigation families spend on caseloads. This factor is discussed with other recidivism issues in Part 5.

2

Hotline Reports and Service Responses

This section provides an overview of some of the central data that was tracked during the evaluation. This includes the number of incidents of child abuse and neglect reported to the state hotline and the major service responses to these reports. There is also a discussion of the screening process: the determination of whether a reported incident warrants the family assessment or investigation response. Finally, there is a discussion of the entry effects of the demonstration, that is, changes in the types of cases on worker caseloads.

Hotline Reports and Clients Families

Figure 2.1 is the basic tracking chart covering the 24-month period prior to the demonstration and the 24 months following the full implementation of the demonstration. The pre-demonstration period runs from July 1, 1993 (month –24 on the graph) to June 30, 1995 (month –1 on the graph). The demonstration period covered in this evaluation began July 1, 1995 (month 1 on the graph) and ended June 30, 1997 (month 24). The two lines in the upper portion of the graph show the number of monthly hotline reports received by the state's Child Abuse and Neglect Hotline Unit during the baseline and demonstration periods in both pilot and comparison areas. The two lines in the lower portion of the graph show the number of new client families each month. These new client families represent the study population of this evaluation. The findings reported in this document pertain to these families. Note: The data in Figure 2.1 is shown in moving averages, a statistical device that smoothes out the monthly fluctuations (by averaging into the data from any one month the numbers from the four months nearest it) making overall trends easier to see.

One of the intriguing findings of the tracking we have done has been the decline in the number of hotline reports in pilot counties. The overall change has been about 9 percent (see Figure 2.2). During the baseline period pilot areas averaged 816 hotline calls per month. This dropped to 759 during the demonstration period. At the same time hotline calls remained fairly constant in comparison areas, actually increasing slightly from a baseline mean of 785 to a demonstration period mean of 798. Without the frame of reference provided by the comparison areas we would not know whether the change in pilot areas was due to the demonstration or other factors, such as improving economic conditions. The question remains, however: What is it about the demonstration that may

Figure 2.1. Hotline Reports and Client Families

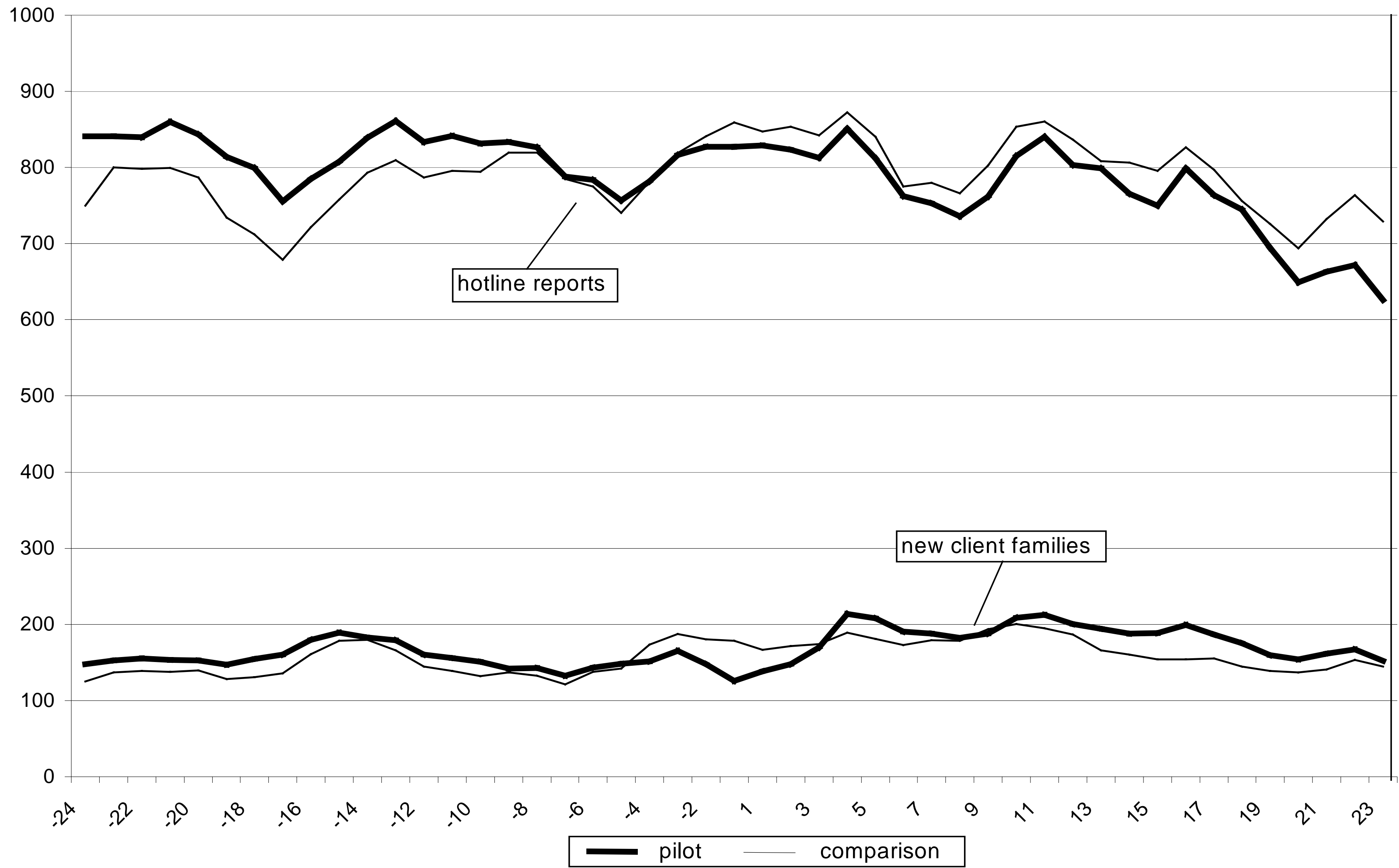
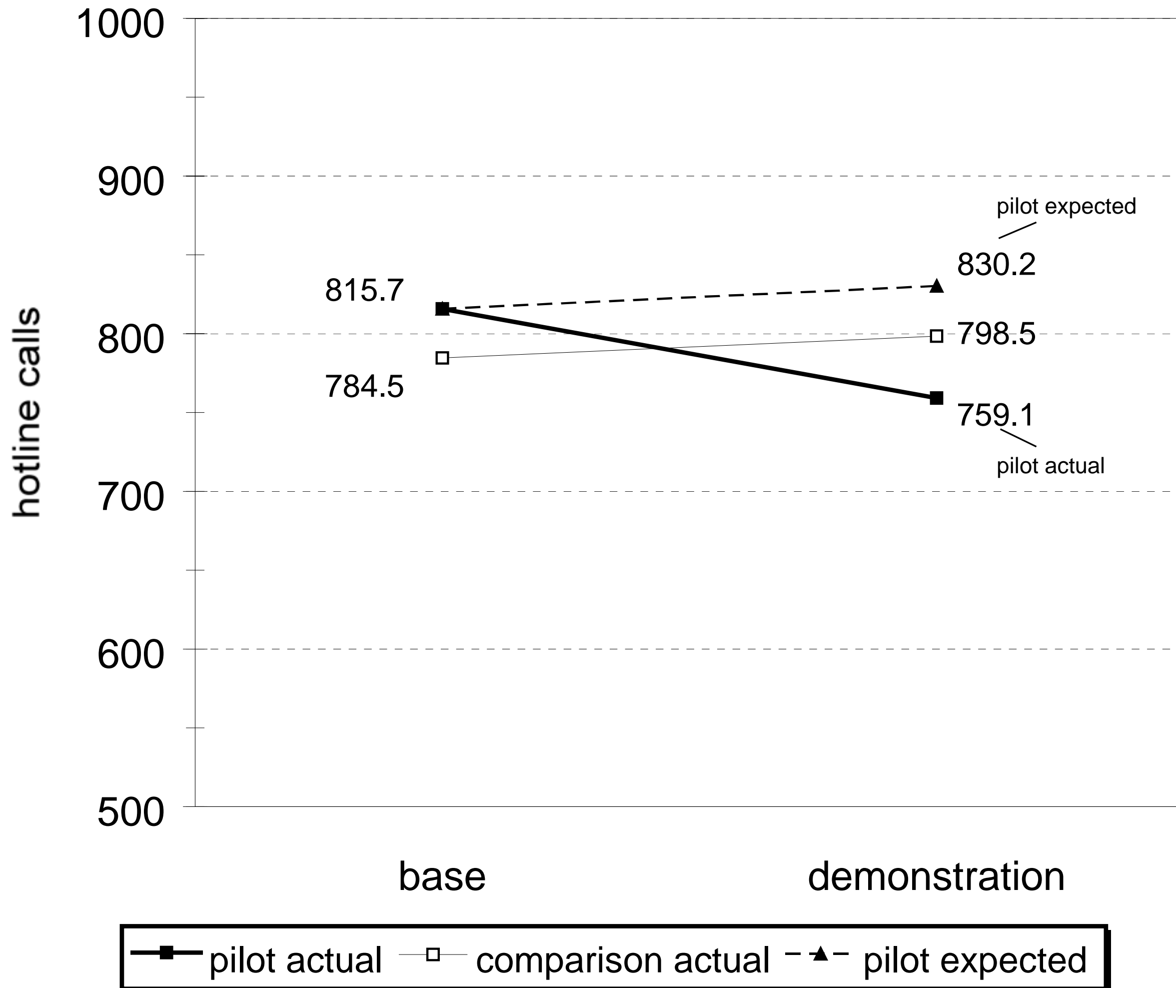
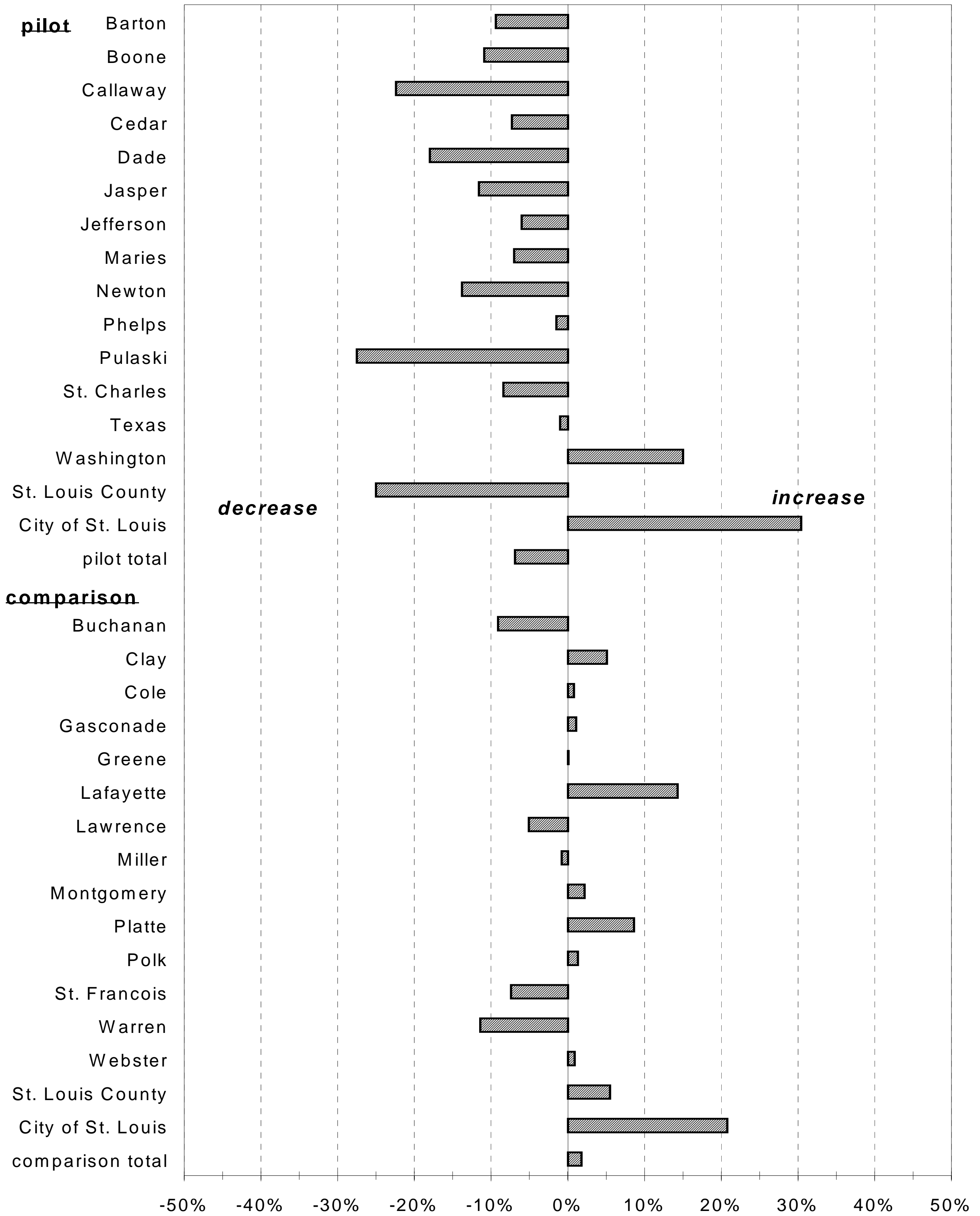


Figure 2.2 Mean Number of Hotline Reports per Month



have caused it? At least part of the answer appears to lie in the changing relationship between Children's Services and the rest of the community. The relationship with schools seems to be particularly important. To one degree or another, every pilot office made a concerted effort to establish stronger working ties to schools in their areas. New direct lines of communication between school personnel and Children's Services workers were established in many places. Some Children's Services workers worked part of the time at the school and some were based in the school full-time. This provided the condition for some problems to be addressed immediately through joint action, heading off the need for a report to be filed. These arrangements also supported the Caring Communities initiative of the Division of Family Services which places schools at the focal point of a more collaborative relationship between the service system and the community. In addition to new relations with schools, the demonstration was a catalyst for a number of new initiatives, most involving other community institutions, agencies and organizations. Some of these are described in chapter 9.

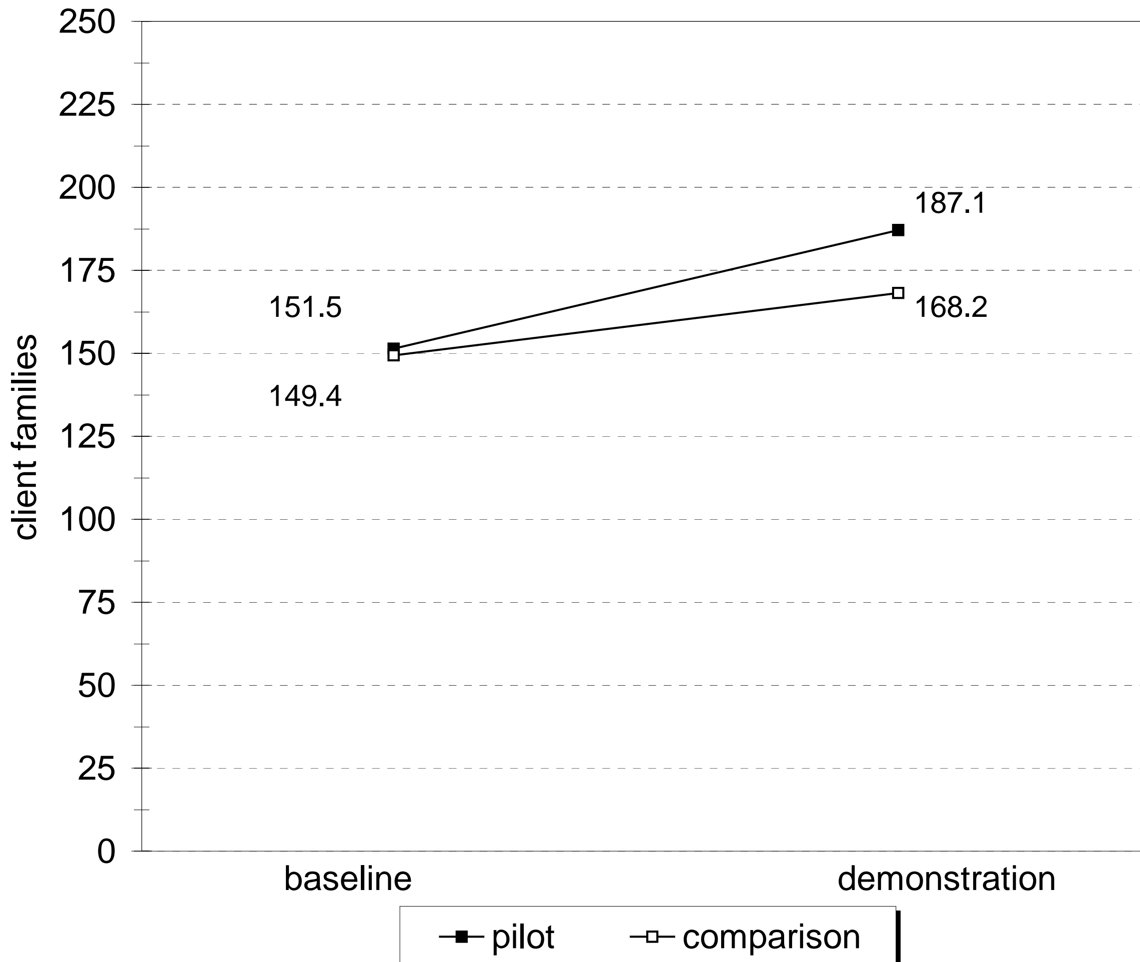
Figure 2.3. Percent Change in Number of Hotline Calls



The decline in hotline calls in pilot areas was found in all counties participating in the demonstration with the exception of Washington, where there has been a small increase, and in the portions of the City of St. Louis where the new approach is being piloted (see Figure 2.3). At the same time, some of the comparison counties have experienced a modest decline in the number of hotline calls from the baseline through the demonstration period while others have seen a small increase. Again, the parts of the City of St. Louis being tracked as part of the comparison area had the largest increase in reports.

The numbers of new client families entering the service system are also plotted on Figure 2.1. It should be remembered that the term "client families" refers to the primary study population: families on whom a hotline report was received and either 1) following an investigation a finding was made of "probable cause" (system code "B") or "unsubstantiated, preventive services indicated" (system code "C"), or 2) following a family assessment a finding was made that the family was in need of services (system code "J"). It is evident from viewing the tracking chart that there was an increase in the number from the baseline through the demonstration period in both areas. What is not immediately apparent is the relative size of the increase, which can be seen in Figure 2.4.

Figure 2.4. Mean Client Families per Month



In comparison areas the number of families who received some kind of system response increased by 12.6 percent during the demonstration period over what it had been during the two-year baseline period. At the same time in pilot areas the increase was 23.4 percent. When this increase is coupled with the overall decrease in hotline calls it means that a higher proportion of hotline calls received some service response in pilot areas (24.6 percent) versus comparison areas (21.6 percent) during the demonstration period.

Family-Centered Services

A programmatic outcome of the demonstration was an overall reduction in the number of families receiving formal Family-Centered Services in pilot areas (see Figure 2.5). During the baseline period, pilot areas opened an average of 144 new FCS cases per month. This declined by 22 percent during the demonstration to 112 per month. At the same time, FCS case openings in comparison areas increased by 8 percent during the demonstration period. Change in FCS case openings varied a great deal among pilot areas. As can be seen in Figure 2.6, a decrease occurred in 11 counties, while 5 areas (Maries, Phelps, Pulaski, Texas and the City of St. Louis) showed an increase. The increase in the City of St. Louis was most likely an indication of the dynamic nature of this pilot site. It was an area of significant demographic transition and population fluidity, and, as noted in the previous section, of a large number of very poor, multi-need families. The other four counties which experienced an increase formed a mid-state service area with a partially integrated staff and a unique way of implementing the demonstration.[5] In these four counties, initial contact with all families, whether screened for the family assessment or investigation response, was made by a separate staff of investigators. If these investigators determined that an FCS case should be opened, the case was turned over to an FCS worker.

As was noted in Part 1, in the traditional service approach, a Family-Centered Service case was opened for about 9 out of 10 families in which probable cause was found. As can be seen in Figure 2.7 (bottom), this rate of case opening remained fairly steady in different situations—during the baseline period in both pilot and comparison areas, during the demonstration period in comparison areas, and in pilot areas for families screened for the investigation response. At the individual county level, there were some fluctuations, as the figure shows, primarily to do with the nature of cases encountered.

The decline in the use of FCS during the demonstration occurred among assessment families. Forty-two percent of these families had FCS cases opened following the family assessment, 58 percent did not. There was considerable variation from one pilot site to another in the percent of assessment families who had FCS cases opened. It ranged from a low of 23 percent in Cedar and Jasper counties to a high of 83 percent in Washington County. This latter figure was very high compared with all other pilot sites. In no other did more than 55 percent of assessment families have an FCS case opened.

[5] See implementation model C in Appendix C.

Figure 2.5. Number of New FCS and Alternative Care Cases

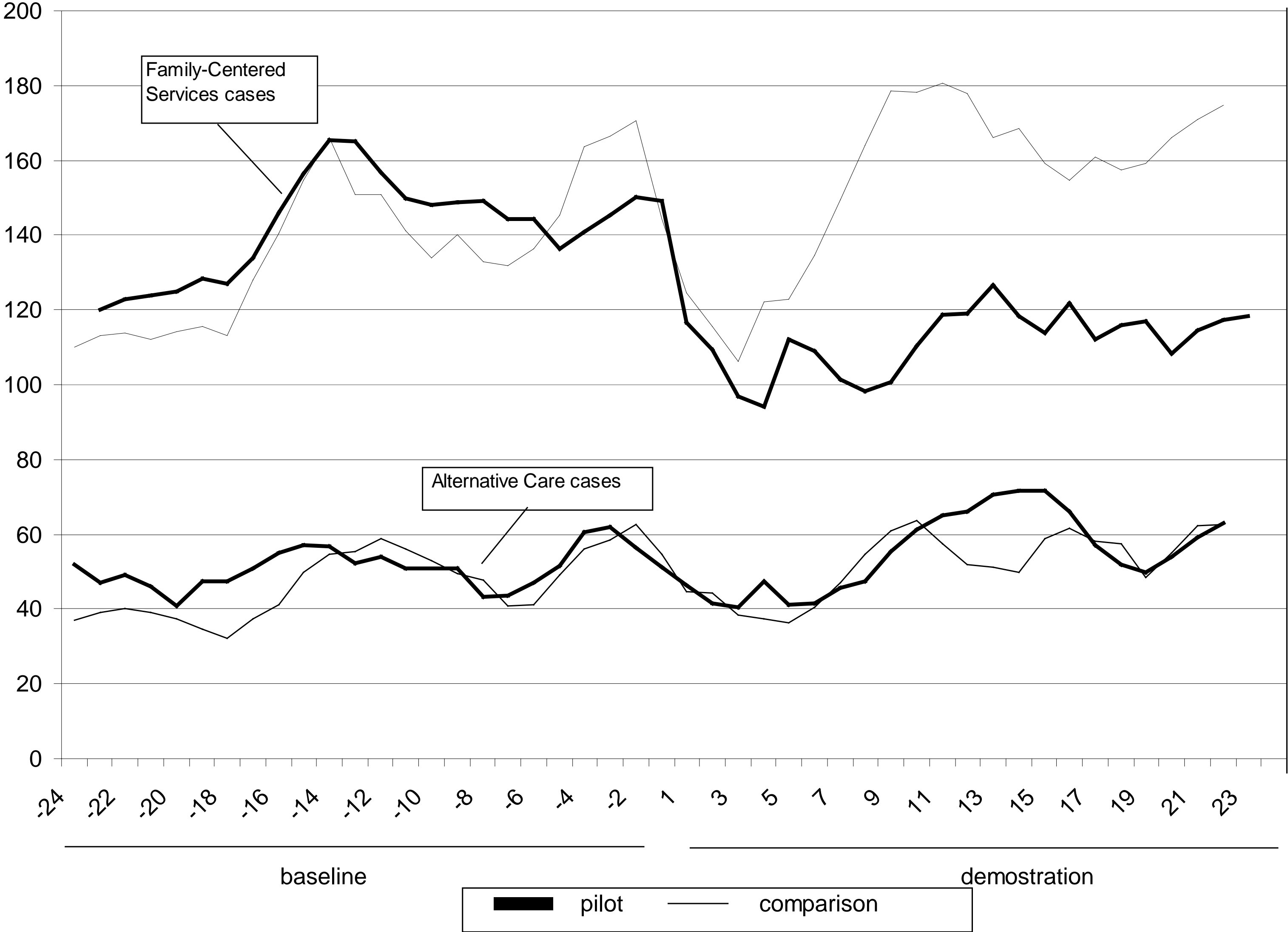


Figure 2.6. Percent Change in Number of FCS Cases Opened per Month

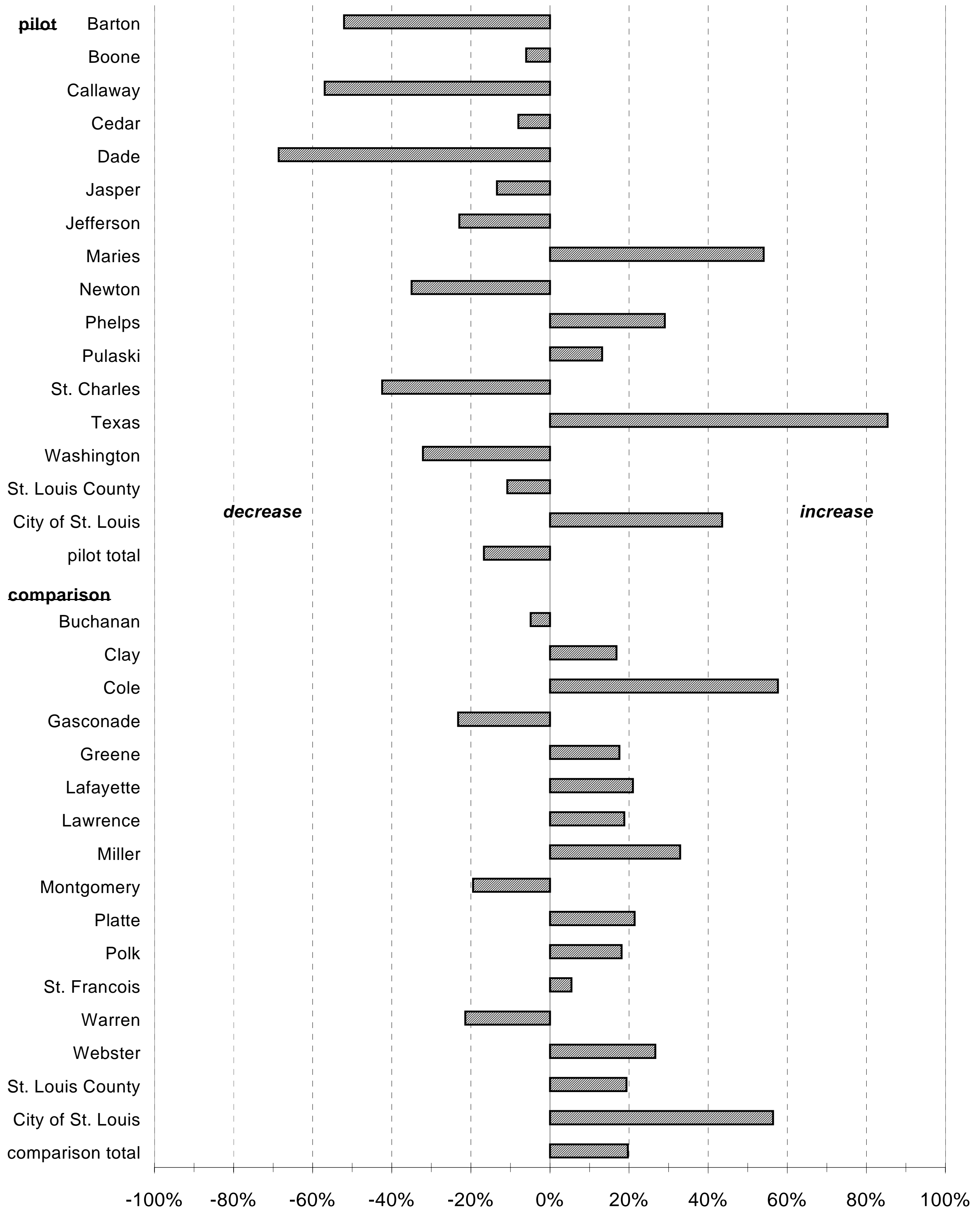
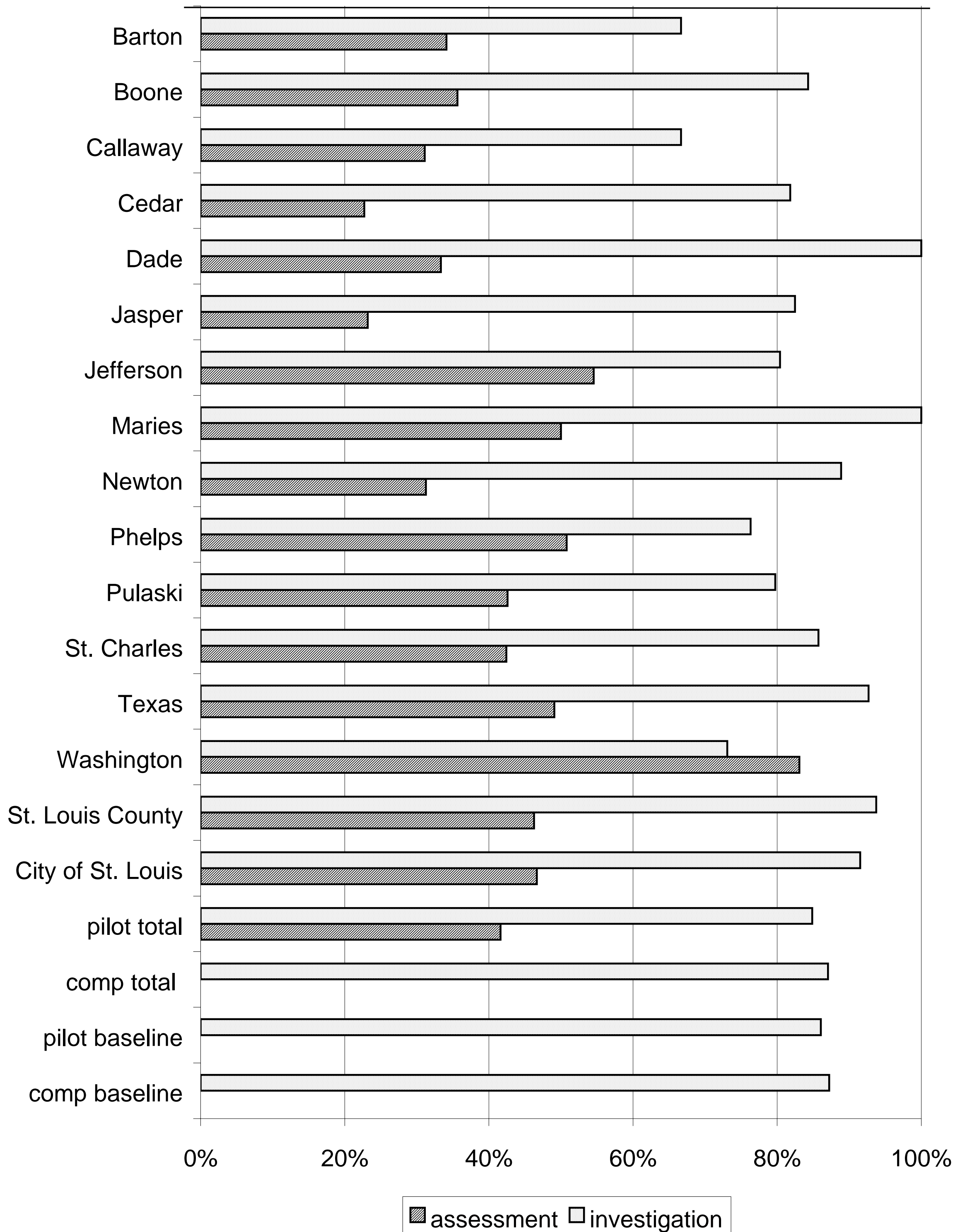


Figure 2.7. Percent of Pilot-Area Families with New FCS Cases[6]

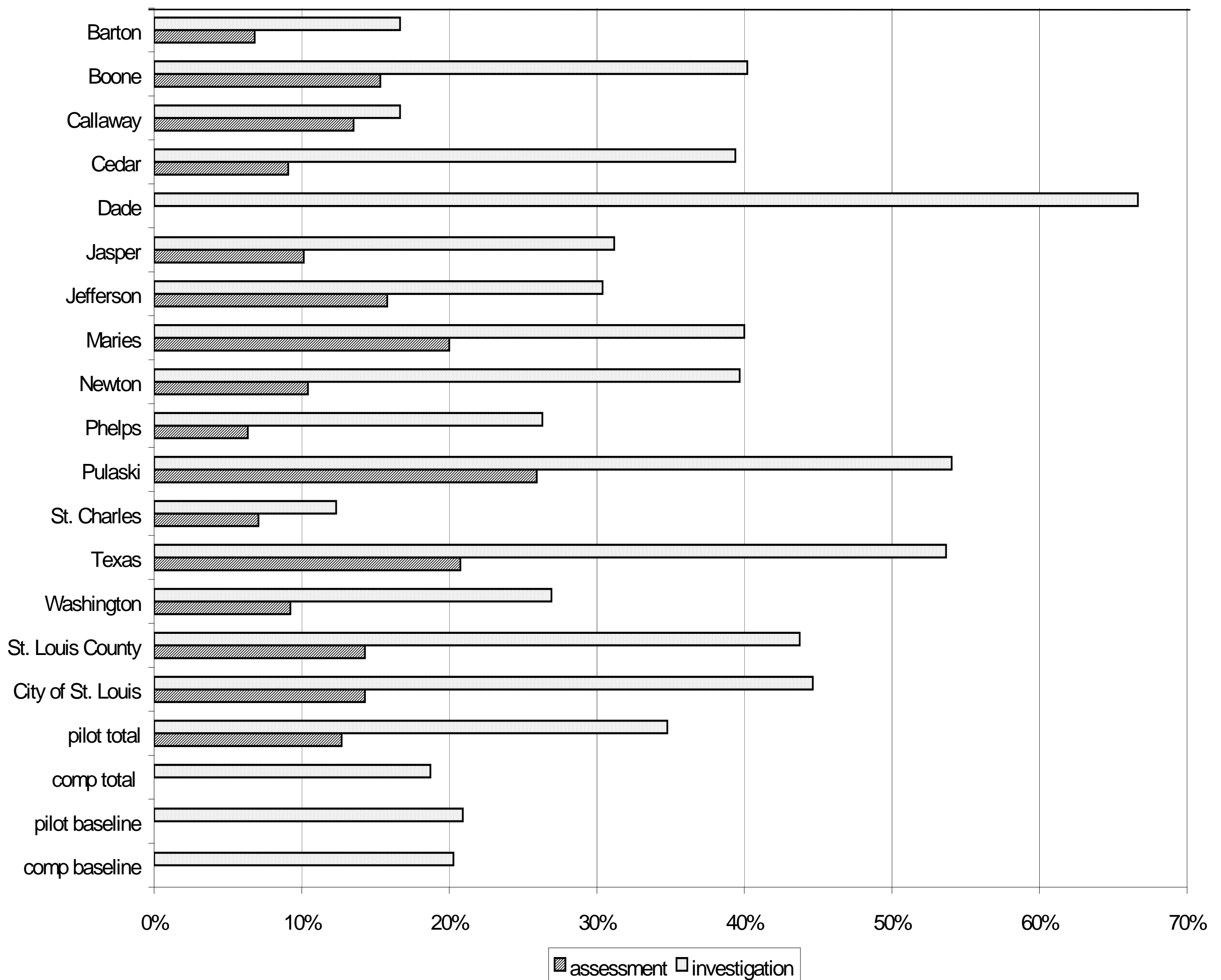


[6] In some of the smaller counties, the number of families screened investigation was quite small. In Dade and Maries counties, where FCS cases were opened on 100 percent of these families, the numbers were 3 and 15 respectively.

Alternative Care

The lower portion of Figure 2.5 shows the number of Alternative Care cases opened each month during the baseline and demonstration periods in pilot and comparison areas. During the baseline period the mean number of out-of-home placements in pilot areas was 53.2. During the demonstration period the mean increased by 3.4 percent to 55.0 placements. In comparison areas the mean number of placements rose from 49.0 during the baseline to 52.1 in the demonstration period, an increase of 6.3 percent. Figure 2.8 shows the percentage of assessment and investigation families in different pilot areas in which a child was removed from the home during the demonstration period. (Note again that the percentage of Dade county cases is based on a very small number of families overall.)

Figure 2.8. Percentage of Families with any Children Placed in Alternative Care Cases



Screening of Hotline Reports

In pilot areas the first response of offices to a hotline report was to screen it for a family assessment, the new approach being implemented in the demonstration, or for an investigation, the traditional approach. This determination affected the nature of the worker response and, in important ways, the nature of the relationship between the family and the Children's Services system. Following the first meeting between the worker and the family, workers could change the screening category should the situation be found to vary significantly from the reporter's description. Changes were made in both directions, from assessment to investigation (for example, if the worker had reason to suspect sexual maltreatment) or from investigation to assessment (if the situation was found not to involve possible criminal violations and the worker believed the family could better be served through the assessment approach).

Across the entire pilot area, 69 percent of all hotline reports were screened for the family assessment response throughout the demonstration period. Figure 2.9 shows the percentage of hotlines that were screened for assessment in each of the pilot areas. The figure shows the percentages both of the initial screening as well as for the final screening. The screening category was changed on only a very small number of reports following the initial worker visit (and possible conversations with the reporter and law enforcement personnel). In 11 pilot sites, two-thirds or more of the reports received were screened for assessments. In Barton, Jefferson, and St. Louis counties the percentage was over 80 percent, and in Washington County it was 79 percent. In two counties, Maries and Pulaski, a greater proportion of reports were screened for the investigation response.

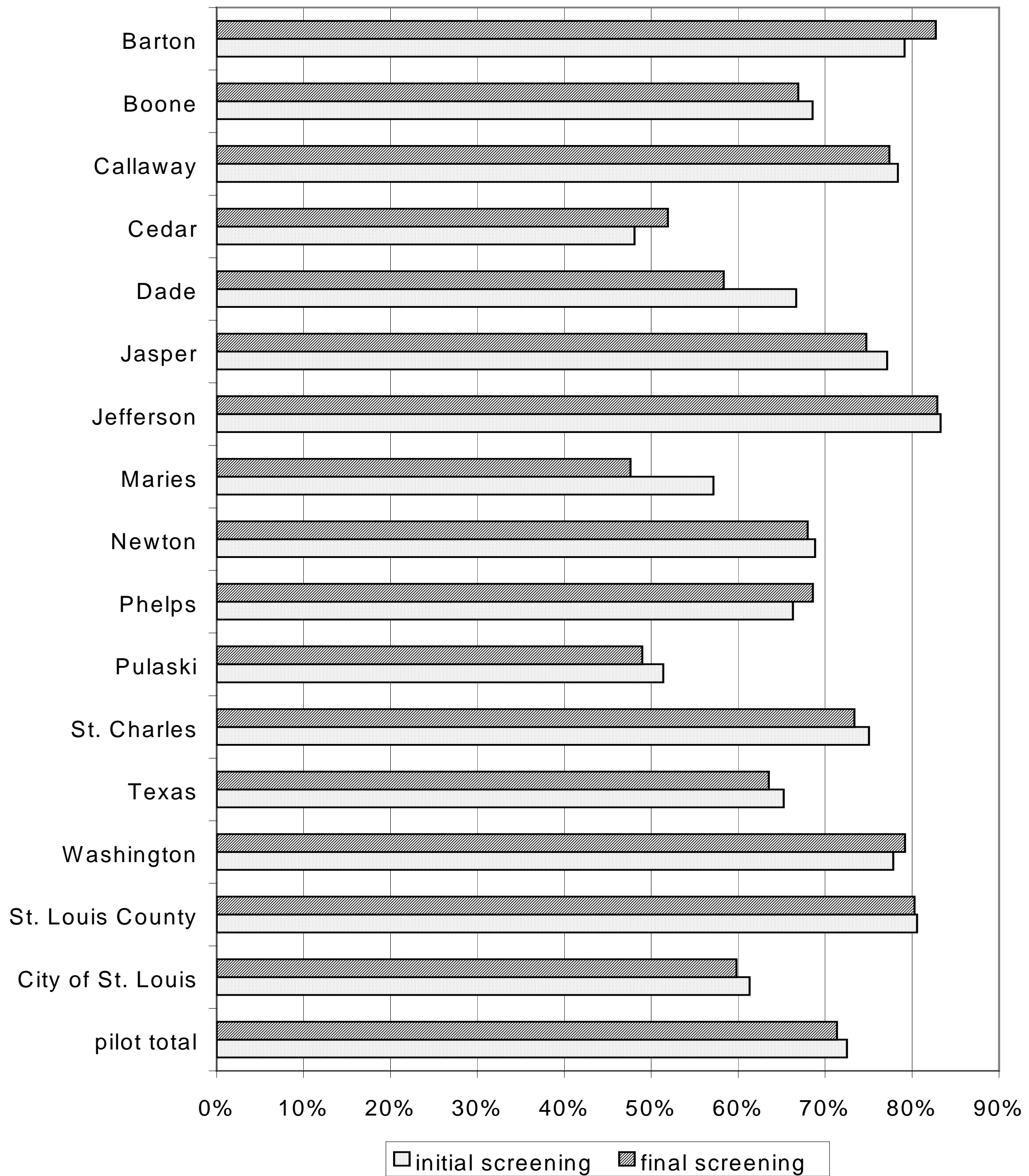
Variables Associated with Screening Decisions. Some inter-site variation was attributable to differences in the nature of the incidents reported. An analysis which examined this was conducted and described in the second interim report.[7] The analysis involved an examination of 12,650 incidents in the demonstration counties during the period from July 1, 1995 through November 30, 1996. Information contained in the state's CA/N data system was utilized. There were several general findings concerning the application of screening criteria overall.

1. Screening rules permitted little or no discretion concerning reports of child fatalities or sexual abuse. These types of reports were to be routed automatically to CA/N investigations. Our analysis indicated that this indeed happened in virtually all such cases.

2. Reports of serious physical abuse were to be investigated. We found that the determination of severity was associated with two factors. A high percentage of reports of severe injuries to children (broken bones, skull fractures, intentional burns, and the like) were indeed investigated. These constituted a very small portion of all physical abuse reports (112 severe physical abuse reports of which 92 were investigated). Of the

[7] *Child Protection Services, Family Assessment and Response Demonstration: Impact Evaluation, Preliminary Findings at 10 Months.*

Figure 2.9. Percent of Hotline Reports Screened for Family Assessment



2,371 other physical abuse reports that could be considered milder, 509 or 21.5 percent were investigated. The age of the child was a consideration. Significantly more physical abuse reports on families with children younger than six years of age were investigated. The magnitude of the difference was modest, however, indicating that other factors entered into the determination of severity.

3. Similarly, reports of severe child neglect were supposed to be investigated. A large number of reports (6,385) contained allegations of problems with food, clothing, hygiene, households, medical care, dental care, or lack of supervision. Of these, 570 (8.9 percent) were coded as serious neglect. Like physical abuse, the age of the child was significantly related to serious neglect determinations. For these reports as well, the magnitude of difference attributable to the age of the child was small.

4. Other criteria increased the probability that reports would be investigated. These were: custody of the child by a law enforcement officer or physician prior to the report, violence in the family, bizarre behavior, intent to harm the child, a need for placement, and previous similar cases. Only rarely, however, were these items alone used to justify investigations.

5. There were frequent contacts between screeners and law enforcement personnel. For this reason, it was assumed likely that in assigning cases to the investigation track screeners were often influenced by new information that was not contained in original CA/N report.

6. Reports of educational neglect were rarely investigated. Of the 728 incidents where this problem was reported, 42 (5.8 percent) were investigated, and of these, 25 involved another kind of CA/N problem (physical abuse, sexual abuse, lack of supervision, etc.).

Given the overall relationships between the characteristics of incidents and screening decisions, it follows that differences among counties in these characteristics will result in differences in decisions. All sexual abuse reports, for example, were to be investigated. We discovered that the proportion of sexual abuse reports among offices ranged from a low of 6.3 percent to a high of 15.3 percent. This factor alone led to higher rates of investigations in some offices. Offices with greater proportions of sexual abuse reports also investigated more total reports. Secondly, the age of children in physical abuse and neglect reports had been shown to be a factor in determination of seriousness and consequently of the decision to investigate rather than assess. We found that counties ranged from a low of 38.4 percent to a high of 52.8 percent of reports on families with children younger than six years of age.[8] This difference was related to higher rates of investigations. Offices with greater proportions of reports on younger children investigated reports more frequently. Thirdly, because educational neglect reports were virtually always assigned to the assessment track, difference in the rates of educational neglect could affect the rates of incidents screened as investigations. In general, this was found to be the case. The exceptions to this rule were St. Louis County and the City of St. Louis where much higher percentages of such reports were received.

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[8] Two of the very small offices had percentages that were smaller than 38.4 percent, but because the numbers of incidents reported to these offices were very small, the percentages were not considered reliable.

These factors accounted for some of the differences in screening decisions among offices, but not all. An attempt was made to analyze screened reports using the statistical technique known as discriminant analysis. We utilized the variables indicated above and demographic and case information available through the CA/N reporting process. Although we could accurately predict upwards of 90 percent of the actual assessment assignments, we could accurately predict only slightly more than 60 percent of the actual investigations. This indicated that factors other than incident characteristics contained in the automated MIS were influencing screeners in their determinations of danger to children in hotline reports and the potential for criminal charges.

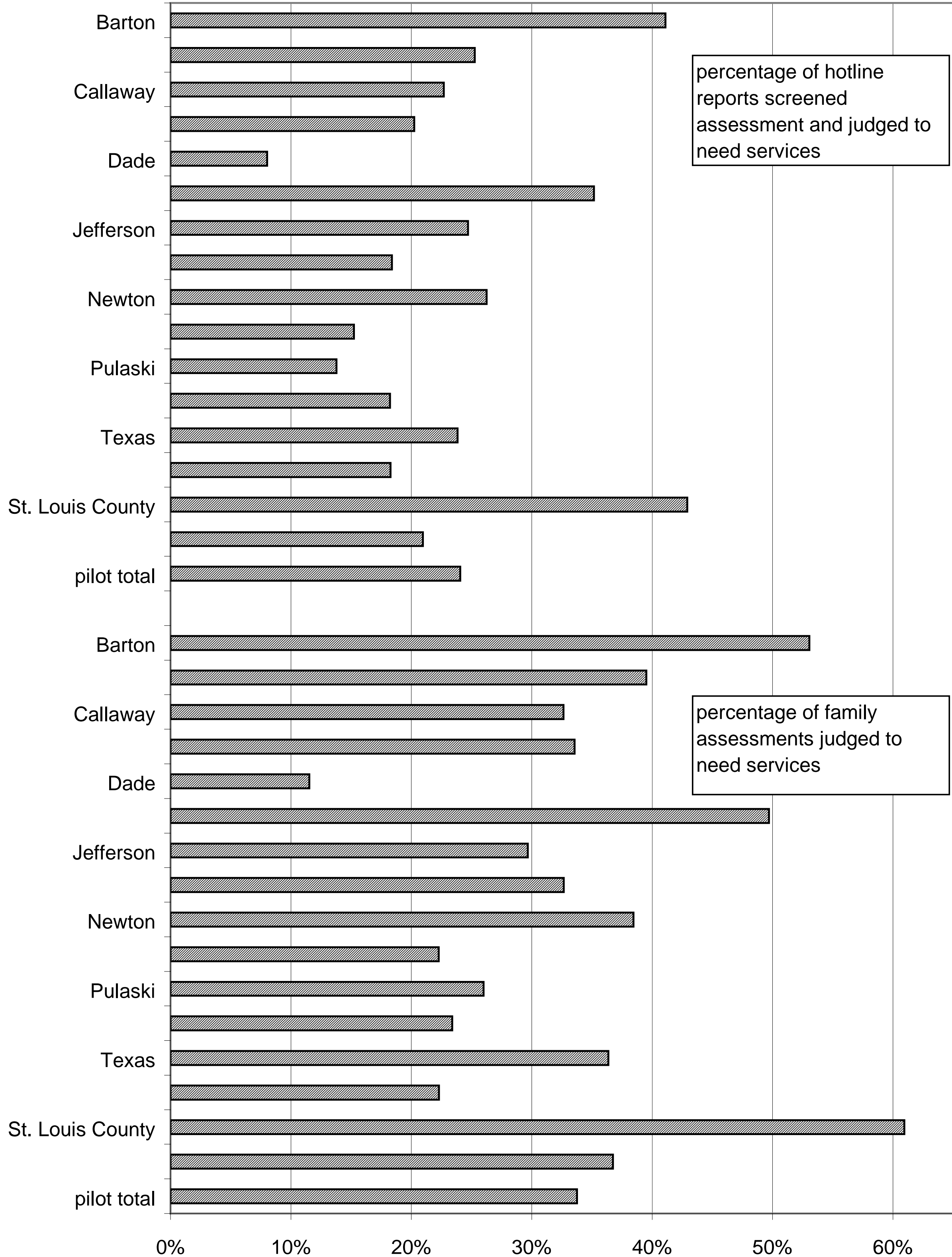
Workers in the field, of course, often know more about families and incidents than what is contained in the MIS, particularly about families that have had prior contact with the office. At the same time, field interviews conducted in the summer of 1997 revealed differences in the application of screening criteria across sites. In some cases, differences were found among workers in the same office. In some pilot areas, hotline reports were unlikely to be screened for an investigation unless there was a strong probability of criminal violations. In other areas, the screening criteria were applied less stringently. An important difference was the role that prior CA/N incidents played in screening decisions in different offices: some sites were more likely to screen a chronic, persistent condition for an investigation as a way of leveraging a family's cooperation, while workers in other sites were likely to see this as counterproductive and to consider the kind of assistance that was or was not provided in the past to alleviate the condition.

Impact of Screening Decisions. Within an area, screening decisions and subsequent decisions about the needs of families were important intervening factors influencing the impact of the demonstration. The family assessment response represented the new approach piloted in the demonstration. Variation in the proportion of client families screened for assessment equated to variation in the central treatment modality and in the opportunity for the new approach to produce effects. Figure 2.10 (top half) shows the number of client families who were determined to need services (system code J) through family assessments as a percentage of all hotline reports. The relative impact of adopting the family assessment approach depends in large measure on what happens with these families. Screening families into the assessment track and then determining that there are some supports or services they need are prerequisites for enacting the philosophy and practice represented in the demonstration. The lower half of the same figure shows the proportion of assessment interviews that resulted in a determination by a worker that the family needed services. The remaining proportion were families screened for assessment but judged by workers following contact not to need services.

Differences among offices in the proportion of families coded as needing services resulted from at least three factors in addition to differences in case characteristics: the manner in which the demonstration was implemented in a site, how staff interpreted and implemented the "voluntary" aspect of family assessments, and the service orientation of

the staff. The mid-state, Circuit 25 counties (Phelps, Pulaski, Texas, and Maries), where workers trained as investigators both screened new hotline reports and made the initial

Figure 2.10. Families Determined to Need Services Following Family Assessments (as a percent of all hotline reports and as percent of all assessments)



determination about service need, all had relatively low percentages of "service need" or "J"-coded cases. The relatively low percentage of families with service needs in St. Charles County reflects a staff view that "family assessment intervention is voluntary and families shouldn't be pushed to accept services." The high ratio of service need ("J") families to total hotlines and to assessment screenings in St. Louis County reflects a desire to serve as many families in need as possible (a laudable objective but one which has stressed the small pilot work force there). Greater consistency in screening and assessment decisions cannot be expected unless these factors are addressed and issues related to the application of screening criteria discussed above are clarified.

Entry Effects: Changes in the Kinds of Families Served

When a new program is instituted, a natural question is: Does it affect the types of families being served? Changes in the kinds of clients entering a system are generally regarded as sources of error (called entry effects) in experimental evaluation research. In field research, however, they can also point to important changes that are sometimes on a par in importance with the planned objectives of the program. One person's error is another person's revelation. This analysis focuses on such effects to discover what they may tell us about changes in family and child welfare in Missouri.

The kinds of families being served or attended to by the child welfare system depend upon actions at two decision points—the reporter's decision to report a family for abuse or neglect and the DFS worker's decision to take action concerning a family that has been reported. There is every reason to believe that the family assessment approach, involving both new community outreach efforts and a new emphasis on services, should impact these decision points, and that the question is one of how much rather than whether.

Our analysis focused on reported *incidents rather than families*. For this reason, some differences can be found when the results below are compared to Table 1.2 in the first chapter. That table showed percents of various characteristics within groups of study population families under our four experimental conditions (baseline-demonstration and pilot-comparison). Many of these families, in fact, were the subject of two or more incident reports. In addition, this analysis includes hotline reports on the larger proportion of families that never made it into our study population because their CA/N incident reports were unsubstantiated or they were assessed as not in need of services. Over the four years (two years for the baseline and two years for the demonstration), there were 103,890 incidents that fit the criteria for this analysis. A small number of reports involving harassment or where the family could not be found were set aside.

The kinds of changes we examined are illustrated in the following diagram (Figure 2.11). On the left side of the figure the four conditions are shown: pilot and comparison areas during the baseline period, and pilot and comparison areas during the demonstration period. For each of these four categories, CA/N hotline reports were divided into those with action and those without action. *No action* referred to reports that were either unsubstantiated or, in the pilot counties during the demonstration, involved

family assessment in which workers decided that services were not needed. *Action* referred to any of three outcomes: the report was substantiated, the report was unsubstantiated but a preventive case was opened or, in the pilot counties during the demonstration, the assessment resulted in a determination that services were needed. The content of the cells are only different in the pilot-demonstration condition (cells 5 and 6) where family assessment cases are introduced. It is these cells, particularly cell 6, that are the focus of interest. The analysis concerns shifts in the proportions of these cells.

Figure 2.11. Diagram of Comparisons for Entry Effects Analysis

Location and Time of CA/N Incidents	**CA/N Incident Reports with NO action**	**CA/N Incident Reports with ACTION**
Baseline period Pilot counties	1 % unsubstantiated	2 % probable cause or preventive
Baseline period Comparison counties	3 % unsubstantiated	4 % probable cause or preventive
Demonstration period Pilot counties	5 % unsubstantiated or no services needed	6 % probable cause, preventive, or services needed
Demonstration period Comparison counties	7 % unsubstantiated	8 % probable cause or preventive

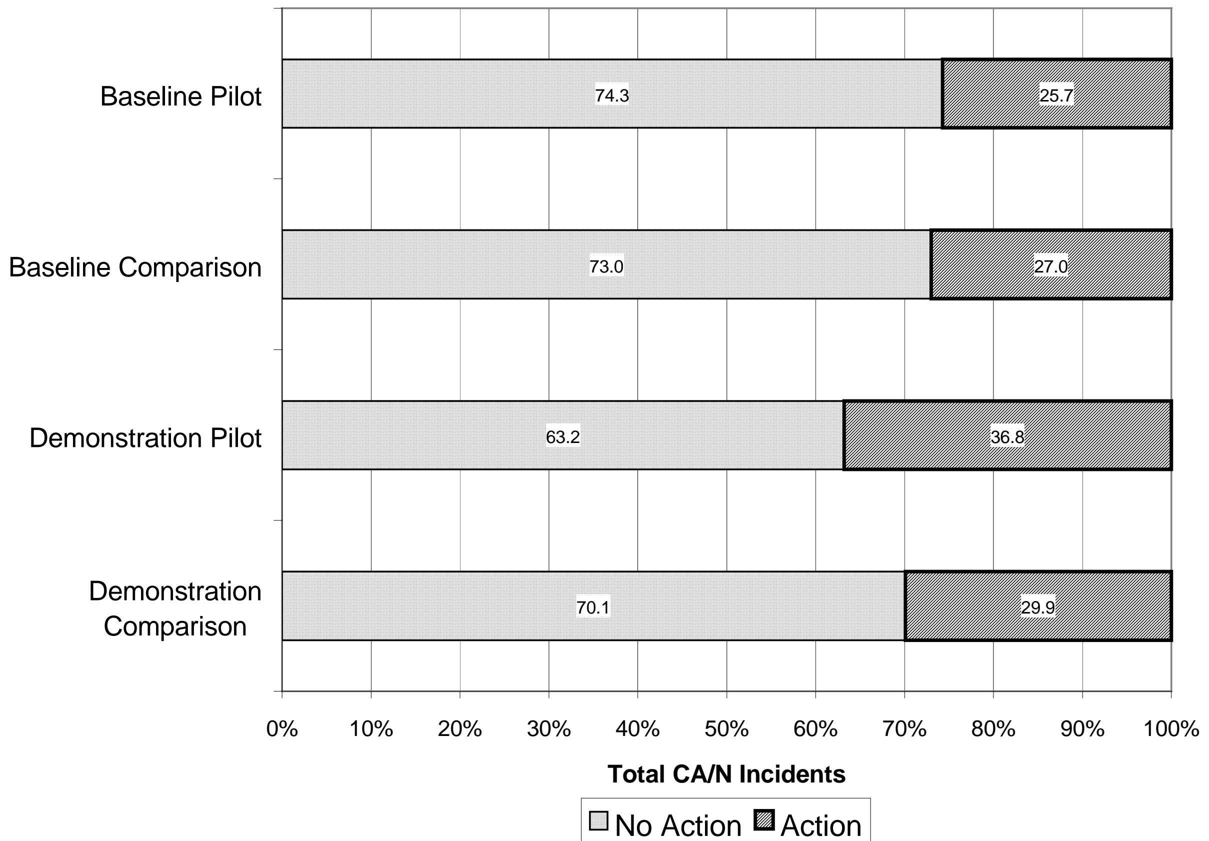
A number of shifts were found. Reports by certain types of reporters shifted slightly and the percentages of reports on certain types of incidents that were accepted for action changed. The types of initiating incidents that prompted reports were factor analyzed, and an eight-fold schema for organizing them was produced.[9] Reports involving four of the incident types involved changes that appear relatively small but were statistically significant.

1. Reports that Children Lack Basic Necessities. In general, these reports correspond to components traditionally associated with child neglect: lack of food or improper feeding, inadequate clothing, improper hygiene, and inadequate or unsafe shelter. The most frequent kinds of reports concerned children's hygiene and the condition of homes. While these types of reports did not as a whole change between the pilot and comparison areas or during the baseline and demonstration periods, the percentage where any action took place increased significantly. This increase is illustrated in Figure 2.12. The black areas of the bars represent incidents that resulted in some action being taken. The lighter portions of the bars represent incidents where the

[9] This schema is used extensively in this report and is described in detail in Appendix B along with the factor analysis that produced it.

outcome was no action. During the baseline period no difference was apparent between the top two bars of the graph (p = .122, Fisher's Exact). During the demonstration period, however, more reports in pilot areas resulted in some action being taken (p < .001, Fisher's Exact).

Figure 2.12. Reports that Children Lack Basic Necessities (food, clothing, hygiene, shelter) Resulting in No Action or Action



These kinds of incidents are related to family poverty. Reports of these kinds were more likely to be received on the lowest income families. For example, they were received significantly more often on families where the parents were unemployed and where there were three or more children, characteristics associated with lower income. Such reports were also received more frequently for families with preschool children and where the mother was very young.

The actual number of such reports declined slightly in the pilot counties (baseline: 3,389; demonstration 3,166) while reports of this kind increased in the comparison counties (baseline: 3,448; demonstration: 3,545). There was a 2.6 percent relative

increase, however, in the pilot areas between the baseline and demonstration period.[10] This shift suggests that, because of the Family Assessment demonstration, DFS was beginning to deal with an increasing number of families where these types of problems were reported. The majority of these cases were *not* investigated, so activities were focused on remedying the food, clothing, hygiene, and shelter problems that led to the hotline report. We will see in Chapter 4 that families in pilot areas with these kinds of problems were significantly more often given information about providers specifically associated with these problems. We will also see in Chapter 6 that the reception of services related to family income and employment increased significantly in pilot areas. This may have been a response to these family situations.

Least Severe Physical Abuse. There were three categories of reporter descriptions that we interpreted as milder physical abuse. These were 1) bruises, welts, and red marks, 2) abrasions and lacerations, and 3) wounds, cuts, and punctures (see Appendix B). This interpretation does not mean that such reports *never* involved serious injury. It simply means that on average these reports were associated with less severe forms of violence and injury. In fact, they usually were *not* reported when very severe forms of abuse were included in reports (fractures, concussions, etc.). The present category (least severe) represents the majority of physical abuse reports where *only one* of the three was reported. For example, a teacher might have called saying that a child in her class had a bruise on his arm or a mother may have reported that her son had a scrape on his face after returning from a weekend visit with his father.[11]

In the past all such reports were investigated. The action alternatives were either to substantiate the case or to talk the parent into preventive services. The former is often difficult to carry off in cases of mild abuse, unless the child's testimony supports physical abuse allegations. In addition, the investigative orientation was often a source of irritation to parents in these situations, especially when the injury to the child was marginal. This made voluntary cooperation with DFS less likely, as we will demonstrate in a comparison of preventive services cases in Chapter 6.

In pilot cases these kinds of incident reports were usually screened as assessments. The orientation was on the whole different. We will see in Chapter 3 that no reduction in child safety could be detected as a result of this change in approach to families. However, it did lead to an increase in the proportion of such families that received any assistance from Children's Services, as is evident in Figure 2.13, and to a more immediate or timely response, as we will see in Chapter 6.

The pattern of change in Figure 2.13 is similar to that found in the previous figure. The demonstration pilot category shows an increase in such cases being served

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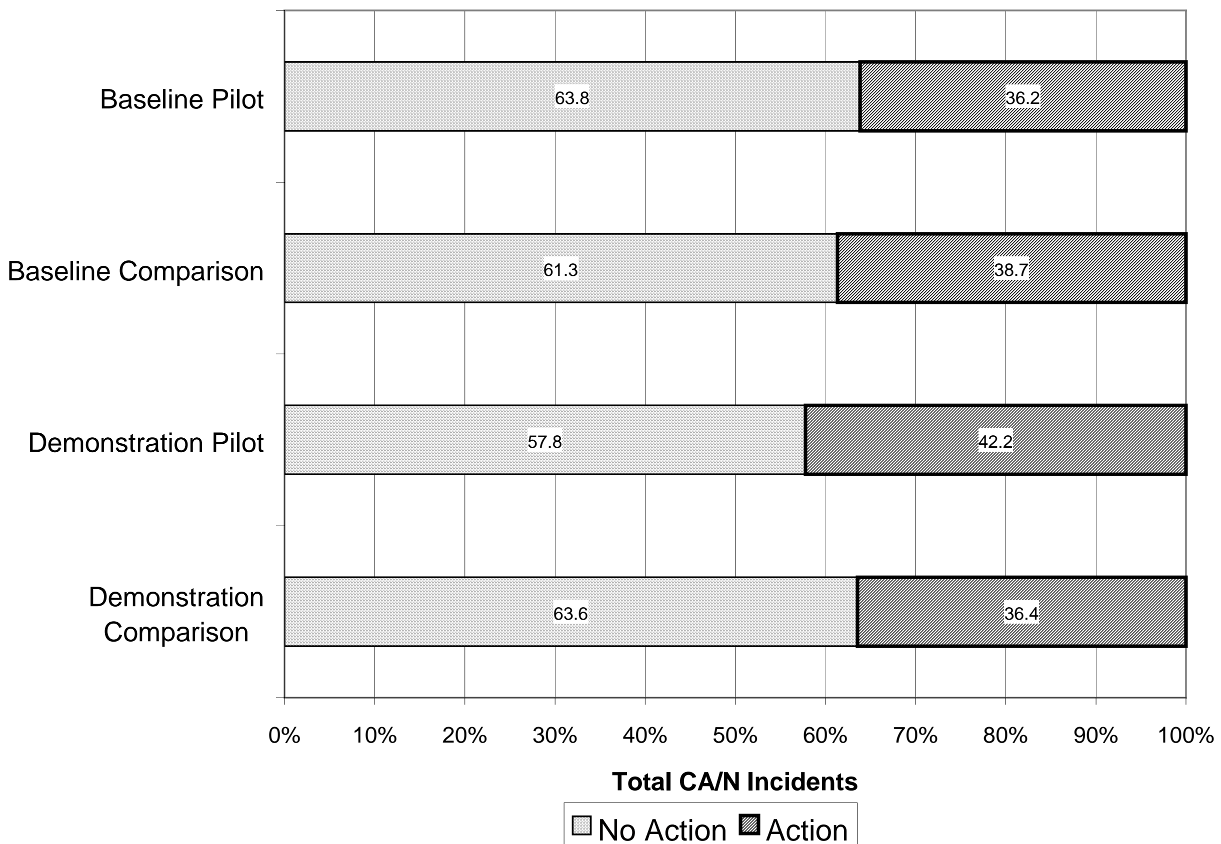
[10] "Relative increase" refers to the percentage increase of this particular kind of report in relation to all reports on which some action was taken in pilot and comparison counties.

[11] Physical abuse reports could be grouped into two major categories, severe and milder, based upon our analysis. The milder category was based on the three types of reports indicated in the text. Through a subsequent analysis we found we could split the milder category into two parts: less severe and least severe.

(p< .001, Fishers Exact). In this instance, the two baseline bars are also significantly different (p = .031), with the comparison greater. The pilot-comparison change represented a reversal between the baseline and the demonstration period. The relative increase in the pilot area was 3.3 percent as a portion of all action cases (substantiated, preventive and family assessment with services). The relative change in total hotlines of least severe physical abuse was about equivalent between pilot and comparison. We observed increases in both areas: Pilot (baseline: 2,672; demonstration: 3,168) and Comparison (baseline: 2,633; demonstration: 3,243). This may be interpreted to suggest that no changes in the activity of reporters occurred.

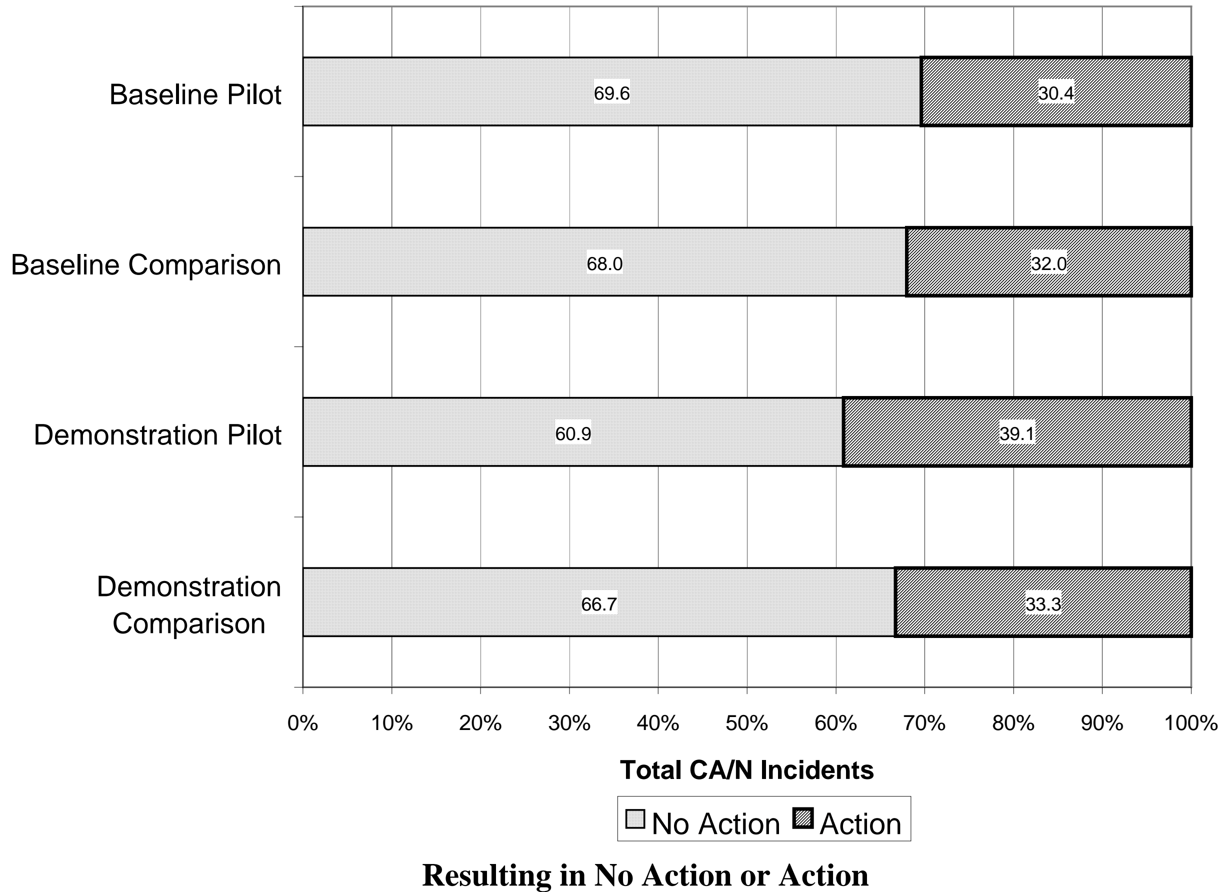
Figure 2.13. Reports of Least Severe Physical Abuse Resulting in No Action or Action



Poor or Damaging Adult-Child Relationships. A third area was found in which the types of cases entering the system for action increased slightly. This category included rejection, blaming and verbal abuse, locking out of the home, etc. These types of reports were significantly associated with families in which the children were older than 12 years. The differences among the four conditions are shown in Figure 2.14. Again, the pilot counties during the demonstration period showed a significant increase (p< .001), and like the previous figure, this represented a reversal of pilot and comparison

proportions during the baseline period (p = .027). The relative increase in pilot areas was 2.1 percent as a proportion of all action cases.

Figure 2.14. Reports of Poor or Damaging Adult-Child Relationships



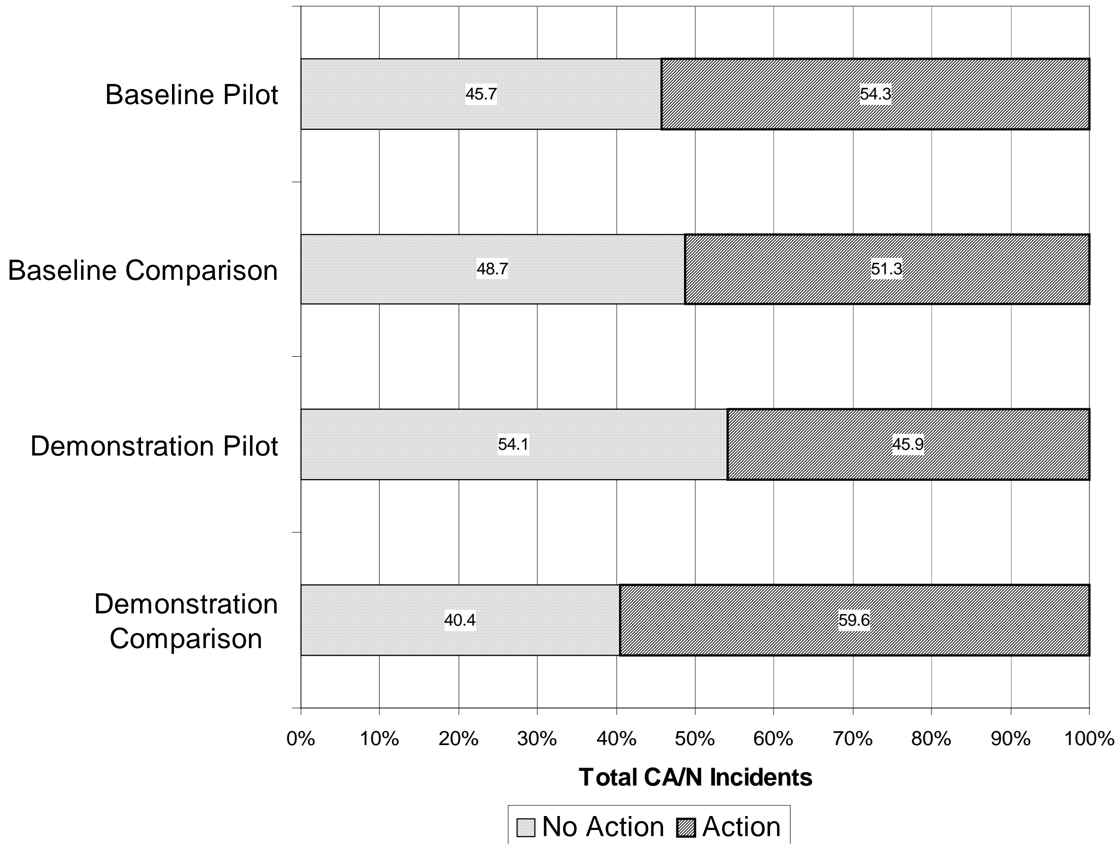
Resulting in No Action or Action

Total hotline reports of such problems declined in both pilot and comparison areas between the baseline and demonstration periods. It declined more steeply in the pilot area, however, (baseline: 6,321; demonstration: 4,815) than in the comparison (baseline: 5747; demonstration: 5,054). Why this occurred is unknown but it tends to accentuate the change illustrated in Figure 2.14. It raises the possibility that certain types of cases of this type in the pilot counties were being underreported or diverted in some way before hotline reports were necessary.

Lack of Proper Concern for Education. The previous three sections recounted increases in DFS action for certain types of reports. The opposite occurred for reports of educational neglect. Focusing on the demonstration-pilot bar in Figure 2.15, a reduction is evident ($p < .001$) in comparison to the baseline period where the pilot counties actually served more educational neglect cases (p = .078). The relative decline was 4.9 percent as a proportion of all action cases. It is possible to explain this change as DFS

workers taking the opportunity to ignore certain families where marginal educational problems were found. We know from other work with the DFS system that educational neglect cases received the least attention and services of all child welfare cases. Traditionally they were the lowest priority cases for most DFS Children's Services workers.

Figure 2.15. Reports of Lack of Proper Concern for Education Resulting in No Action or Action



For several reasons, however, we favor an alternative explanation of the observed changes. Teachers and school administrators are traditionally responsible for the bulk of educational neglect reports. It is more plausible that changes in the relationship between DFS and these individuals explain the difference we have seen. The overall size of the decline of reports in pilot areas represents a substantial difference and suggests a change in the behavior of hotline reporters. This, in turn, would seem to be explained by the stronger working ties with school districts in a number of the pilot areas (see Chapter 9). Moreover, most of the difference occurred in pilot counties with highly developed school-oriented programs.

Ethnicity. Finally, one other entry shift was found to be statistically significant. There was an increase in the number of African-American families who entered the system in

pilot areas during the demonstration period. This is evident in the graph shown in Figure 2.16. The difference during the demonstration period was significant ($p < .001$), and the change represented a reversal of proportions since African-American families received action significantly more often in comparison counties during the baseline period ($p = .045$). The relative increase was 1.4 percent of all action cases.

Nearly all the African-American families in the study were found in four locations: City of St. Louis, St. Louis County, Pulaski County (where Fort Leonard Wood is located) and Boone County. The increase occurred in only two of these: Boone and St. Louis County.

The reasons for this are not simple, because "African-American" is a proxy variable for lower socio-economic status in American society. It tends to be correlated with a wide set of variables characteristic of families with lesser means. Such variables include number of children, younger children, single-parent and female headed households, and unemployment. These variables are associated with poverty and with certain kinds of child abuse/neglect. We would expect an approach which increased services to families with needs related to poverty to show an increase in populations which are overrepresented in poverty. The data showed that the increase in African-American families did not result from all types of initiating incidents. For example these families had fewer reports of sexual abuse and mild physical abuse overall, but more reports of severe physical abuse and neglect of children's basic needs. Because we did not have financial or income information about families, we are unable and unwilling to speculate further about the causes of this shift.

Summary of Findings and Conclusions

Reports alleging child abuse or neglect in pilot counties declined during the demonstration. They were 8.6 percent below what they were expected to be, given the rate of reported incidents in comparison areas. The primary reason for this appears to lie in the changing relationship between the child welfare agency and the community, especially schools. In some sites in particular, caseworkers and school staff worked jointly with families in addressing problems such as educational neglect, thereby heading off the need for a report to be filed.

Despite the decline in reported incidents, there was an overall increase in the percentage of reports in which child welfare workers provided some assistance to families or children.

More specifically, there were increases in assistance to three types of families:

- Those who lacked basic needs.
- Those in which children experienced milder forms of physical abuse.
- Those in which there were conflicts between parents and older children.

These unplanned, latent effects were taken to be positive outcomes of the demonstration. They show an increase in attention paid to types of families that traditionally have received few services due to the intense demands of a relatively small number of very serious and time-consuming cases. **This and other evidence indicates a**

system shift from an approach that primarily emphasizes remediation to one that places increased attention on primary prevention.

Sixty-nine percent of hotline reports in pilot areas were screened for family assessment; thirty-one percent were investigated. These screening percentages varied somewhat from one pilot county to another. Some of this variation was attributable to differences in incident type and family characteristics, but a greater amount was due to differences in the manner in which the demonstration was implemented and differences in service-versus-policing orientation in initial contacts with families.

There was an overall decline in the percentage of families who received formal, family-centered intervention by the public child welfare agency. This was due to the number of times the family assessment resulted in sufficient intervention, and assistance and contact with the family was ended short of a formal case opening. The average length of time families were in contact with the agency declined by 35 days (15 percent), without a reduction in child safety or services to families.

3

The Safety of Children

The common sense view of child safety is usually very specific and focused on immediate threats to the physical and psychological well-being of children: "a child is being beaten up by his father," "she is not being fed properly," "those preschoolers are being left alone for long periods." Such reports are commonly received by child welfare agencies and correspond to the kinds of problems that most people associate with threats to child safety. We have tried to adhere to this view in the present chapter. Safety here concerns removal of threats that 1) are currently present in a child's environment or were present and could return, and 2) have resulted or could result in physical or psychological damage to the child. The primary emphasis in the following analysis is child protection—the removal of imminent safety threats to children.

Safety can also be considered in other ways. Achieving short-term safety (within the limits of a child welfare case) does not insure long-term safety. When a sexual abuser leaves the child's home that child may momentarily be safe from further abuse, but the abuser may return six months later to threaten the child again. In addition, protecting a child from one kind of threat does not insure protection from other kinds of threats. These may be present but undetected at the time the child welfare worker is in contact with the family or they may arise later. For example, protecting a child from being assaulted by an adult caretaker does not protect against dangers arising from unsanitary living conditions. Finally, child safety is sometimes confused with risk of abuse or neglect. This term should be reserved for *conditions* with the potential to threaten child safety (and child welfare generally). Children are at greater risk if their parents are unemployed. For example, they *may* go hungry. This should be a concern, but hunger is only a potential consequence of unemployment. Each of these three concepts—long-term or recurrent safety threats, unknown or new safety threats, and conditions putting children at risk are important extensions of the idea of child safety that go beyond the analysis presented in this chapter.

The primary analyses of this chapter are based on the sample of families for which case reviews were conducted. Of the total sample, 559 cases were closed[12] and

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[12] In this study the notion of case opening is broader than commonly used by DFS Children's Services. We included among "open cases" family assessment cases considered by assessment workers to "need services" which were never formally opened in the child welfare system. They were considered "closed" when the assessment worker ended contact with the family.

available for reviews. Population and sample cases were selected following an incident and hotline report. We reviewed sample cases only after they had closed or when effective contact with the family had ceased. The characteristics of sample families and the process of case reviews are considered in detail in Appendix A. Case reviews were conducted using a strictly controlled methodology to insure the reliability of the information extracted from case files. In addition, a second judge checked all case extracts coding, after which differences were reconciled.

Because family assessment cases on average closed more quickly, a greater proportion of cases were available for review in the Family Assessment demonstration (pilot) areas than from comparison areas at the conclusion of the evaluation period (24 months). Of the reviewed cases, 315 (56 percent) were pilot cases and 244 (44 percent) were comparison cases. The comparability of these two portions of the case-review sample is also considered in Appendix A.

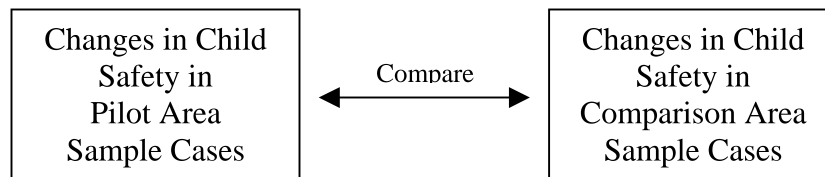
Basic Objectives of the Safety Analysis

The first and most fundamental goal of the child welfare agency is to promote the safety of children, and this goal runs through all agency activities and programs, including this demonstration. In examining the impact of the demonstration on the safety of children two research questions drove the analysis:

1. Was the safety of children compromised in any way by the demonstration?

2. Was the safety of children improved in any way by the demonstration?

These are the positive and negative sides of the question of changes in child safety. By carefully selecting pilot and comparison cases in the study and comparing change in each set we were able to address both questions. The critical element in the comparison is achieving a high degree of similarity between pilot and comparison area samples.



Proportion of Cases with Unsafe Children

Immediate child safety is *not* an issue in all Children's Services cases. Action is sometimes taken with families where child safety is secondary to the long-term welfare of the child and family. The traditional mechanism for opening such cases in Missouri is the category known as "unsubstantiated-preventive services indicated." These are cases where no child abuse or neglect was verified that are nonetheless opened on a voluntary basis when the investigator and family agree that services are needed. The family assessment process also permits and encourages assistance to families when there are no

immediate threats to child safety. For example, an assessment worker might discover that a family is in danger of being evicted from its home and might assist that family in getting emergency housing. Strictly speaking the child is not in danger at the time of the worker's action but the long-term welfare of the child is clearly contingent on the family finding a safe and secure place to live.

In our review of the 559 cases, 553 (99 percent) were found to have had child safety *questions* raised in CA/N hotline calls or through other sources. In only 445 (80 percent) of the 553 were workers able to verify that a child safety problem existed. The remaining 114 were served for other reasons. Most of these were in pilot counties (82 families or 72 percent) with a minority in comparison counties (32 families or 28 percent). Of the 82 cases in pilot areas, 68 (83 percent) were assessment track cases. This supports that hypothesis that a consequence of the demonstration is an increase in the number of cases opened in a preventive mode. This point was made in our discussion of entry effects in the previous chapter.

About one out of every five sample cases overall and about one of every four cases in the pilot counties (82 of 315), therefore, were pursued in some way by DFS Children's Services when no immediate threats to child safety were found. These cases involved problems and service needs such as drug or alcohol abuse by an adult, poor knowledge of parenting, child behavior problems, disabilities of children, ongoing family conflicts, and many others.

Among the 445 cases with verified safety problems, 234 were pilot cases and 211 were comparison. Overall, 501 separate child safety problems were identified with 263 in pilot cases and 212 in comparison. This amounted to about 1.1 verified child safety problems per case.

Types of Child Safety Problems

All potential child safety problems were extracted during the case reviews from caseworker written narratives contained in case files. Depending on the length and complexity of the case, narratives ranged from four or five handwritten pages to 20 or more typed pages. Virtually all, including assessment case narratives, addressed the fundamental issues of child safety that led the worker to contact the family. Safety problems were then coded into the categories shown in Table 3.1.[13] Actual coding was somewhat more specific and the types in Table 3.1 represent a smaller set used for comparative purposes. In the final analyses they were collapsed even further. The categories in the table are not mutually exclusive in that the same problem fell into more than one category. Furthermore, a family may have appeared in more than one category. For example, the same family and the same act of abuse might be counted as hitting with an instrument and as a severe injury.

The verified safety problems were coded for *research purposes*. They differ from official agency conclusions is some ways. First, they do not always correspond to

[13] To guard against bias, the judge who coded safety categories and the final degree of threat (see next section) was unaware whether cases were pilot or comparison at the time of final coding.

categories of abuse and neglect. The issue here is the safety of the child, not the legal categories of child abuse and neglect. One official type of child neglect (educational neglect) was excluded from this analysis on the grounds that strictly speaking it is not a safety issue. Lack of education is clearly a detriment to the child but it does not represent an immediate physical or emotional threat according to our definition.

Table 3.1. Types of Child Safety Problems, Number* Verified and Rate per 100 Cases

Child safety problem area	Count of problems		Rate/100 cases	
	Pilot	Comp.	Pilot	Comp.
Sexual Abuse				
unspecified	5	3	2.1	1.4
penetration—oral/anal/vaginal	10	8	4.3	3.8
touching/fondling/kissing/nudity	13	18	5.6	8.5
Medical Neglect				
Failure to take child to health provider	3	4	1.3	1.9
Failure to give meds./treatment/equipment	7	5	3.0	2.4
Verbal Abuse or Threats				
Verbal abuse/emotional maltreatment	11	9	4.7	4.2
Less severe threats of violence	5	5	2.1	2.4
Severe threats-w. gun or knife/to kill	6	6	2.6	2.8
Physical Violence				
Physical abuse in child discipline	14	12	6.0	5.7
Serious injury-fractures/stitches/burns...	4	6	1.7	2.8
Less serious injury-bruise/scrapes/cuts	42	34	18.0	16.0
Hitting/pushing/shoving/shaking...	61	40	26.2	18.9
Hitting with an instrument	21	21	9.0	9.9
Physical abuse/restraint, unspecified	4	2	1.7	0.9
Basic Life Needs: Food, Clothing, Shelter and Hygiene				
Household unclean or unsafe/homeless	20	19	8.6	9.0
Lack food/clothing/hygiene	25	13	10.7	6.1
Supervision/Proper Care of Children				
Child locked out	3	3	1.3	1.4
Child left—dang. person/situation/abandon	31	24	13.3	11.3
Lack of Supervision, 12 years or older	13	7	5.6	3.3
Lack of Supervision, age 6-11 years	2	9	0.9	4.2
Lack of Supervision, Infant to Preschool	18	27	7.7	12.7
Total Cases	233	212		

* Categories are not mutually exclusive and cases are duplicated across categories. The numbers within any one cell represent an accurate count of cases, however, for that category (e.g. 18 cases of lack of supervision of infants or preschool children in the pilot sample).

A concern in drawing the sample, indeed of specifying the population at all in pilot areas, was that we would assemble groups of cases from pilot and comparison area that were very dissimilar.[14] Comparability was an important prerequisite to the analysis being considered here. The rates in the right hand columns of Table 3.1 show that differences between pilot and comparison samples were minor and within expected ranges. The only variations of any size were in the categories "hitting/pushing /shoving/shaking," where slightly more pilot cases were found, and in lack of supervision for younger children where more comparison cases were found.

Severity of Safety Threat

The degree of threat to the safety of children was coded into four categories. These were:

1) Possible threat requiring a service response
2) Low level threat
3) Moderate to high threat
4) Extreme threat

Different safety problems involved somewhat different threats. These are illustrated in Appendix A. For example, the possibility of sexual intercourse between a child and an adult would be considered an extreme threat. At the same time, multiple fractures arising from adult violence to a child would be considered an extreme form of physical abuse. They are both extreme but the safety emphasis is somewhat different. The former is based primarily on emotional and developmental injuries to the child and secondarily on physical damage (depending on the age of the child). The latter is based first on physical injuries; the emotional consequences of physical abuse would usually be considered secondary. Underlying both are considerations of the possibility of serious injury to the child and the likelihood that the damage will recur (or continue).

The sources of our determination of threat were workers' descriptions of safety problems and secondarily whether they acted "as if" the problem were real by taking action to see that the child was protected. Take the example of a father who reportedly beats his children when he gets drunk, but the child welfare worker can find no indication in the immediate time frame that such violence has taken place. However, if the worker said that she thought abuse was a real possibility or engaged in actions implying this we coded the safety threat as potential physical abuse. The other levels of safety threat all involved some statement of evidence that children had been harmed or that conditions causing harm were actually observed.

Coupled with the likelihood of threat was the notion of the severity of injury that could result. Here we focused on the permanency of damage to the child were the problem to recur or continue. Going to school every day unwashed and in the same dirty

[14] The analysis of entry effects in Chapter 2 was conducted in part for this reason. By including "assessment-services needed" cases we were concerned that the pilot group might turn out to be different than the comparison. Differences were in fact found for the full study population but their *magnitudes* were quite small—too small to have a significant effect for the present analysis.

clothes can have health consequences and may be an indicator of other hygiene problems, but this problem is easily reversible and permanent damage is unlikely. In the absence of other factors this kind of threat would be rated as low. Multiple fractures and contusions from physical violence, on the other hand, would be considered extreme because the physical and emotional damage could be long lasting or permanent.

Safety threats were also coded into two other categories: unverified and unknown. Unverified means that the worker explicitly acknowledged the safety issue, engaged in information gathering, and indicated that in fact the safety threat was not real or could not be determined. This determination does *not* correspond to "unsubstantiated," because we sometimes regarded a problem as a *possible* threat when the worker never explicitly substantiated the case. For example, substantiation *never happens* in family assessment cases but workers virtually always make judgments about child safety.

Unknown outcomes on safety occurred in 9 cases for 13 types of safety problems. In these cases we could find no evidence in worker accounts that the problems had ever been addressed with the family. Four were assessment cases. The other five were secondary safety issues in investigations. Six of the cases were in pilot counties.[15]

Changes in Child Safety

Through the case review both positive and negative changes in safety were noted for each case. These in turn were coded into a five-category system ranging from relapse to complete disappearance of the safety problem.[16] They were:

1) Relapse as indicated by new threat events.
2) No recurrence but safety state unknown.
3) No recurrence and parental agreement to change or services in place but change unknown.
4) Worker or professional reported or assessed that positive changes occurred indicating reduced threat.
5) Problem solved and threat completely removed.

The emphasis in this variable is on *protecting the child*. Delivery of services or putting services in place immediately may have important consequences for child safety in both the short-term and long-term, but the presence of services is not necessarily the basis for assessing whether the child is *more* or *less safe*. For example, removal of a child instead of offering Family Preservation Services is a direct response to a safety

[15] It was possible that the worker addressed the problem when talking to the family and that it proved to be so minor that it was passed over in the written narrative. Safety assessment was a central emphasis of the original Family Assessment forms developed for the demonstration. This analysis shows that workers nearly always made safety determinations but it does not tell us whether they were comprehensive. DFS tested a safety assessment checklist in the City of St. Louis during the demonstration period that may prove useful in routinizing safety assessments and insuring that workers touch all the bases.
[16] Like other coding in this portion of the study, the individual responsible was blind to whether the problems were associated with pilot or comparison cases.

problem and, at least in the short run, protects the child. We scored any action positively that improved the safety of the child within the context of the case.

Just like severity of threat, changes in safety mean different things for different kinds of safety problems. This suggested that as a first step in analysis different kinds of safety problems should be considered separately.

In the traditional approach to child protective services, an investigator was the first person on the scene in response to a CA/N report. In the family assessment approach, the first to arrive is a service-oriented worker. This suggested that differences in safety might be evident early in cases. Perhaps the absence of an investigator made the children immediately *less safe*. Alternately, it is possible that the changed orientation to families implicit in the assessment approach may have quickly *enhanced child safety*. To determine this we assessed changes in safety at two points:

1) safety changes within 30 days after incident report, and
2) safety changes at the end of the case or last contact with family.

Validity of the Safety Change Measure. If this measure of change is valid it should be correlated positively with other measures of child safety. Elsewhere in this report we have used the number of new hotlines received after the target hotline that brought the family into the study population as a measure of recurrent child welfare problems. This is certainly not a perfect measure of child safety because not all subsequent hotline reports are true and they often concern other kinds of threats to children. Nor, as we have indicated, can end-of-case safety be equated with long-term safety. Other things being equal, however, we would expect more repeat hotline calls for children that were less safe at case end. An analysis was conducted at the case (or family level) and utilized the end-of-case measure of change in the problem that most severely threatened child safety. Mean recidivism scores ranged from 1.76 per family for the first category of safety change (relapse) to .70 per family for the fifth category (problem solved) ($p = .013$, F). The greater the safety at end of cases the fewer later CA/N incident reports received. This supports the validity of the safety measure.

Extenuating Circumstances

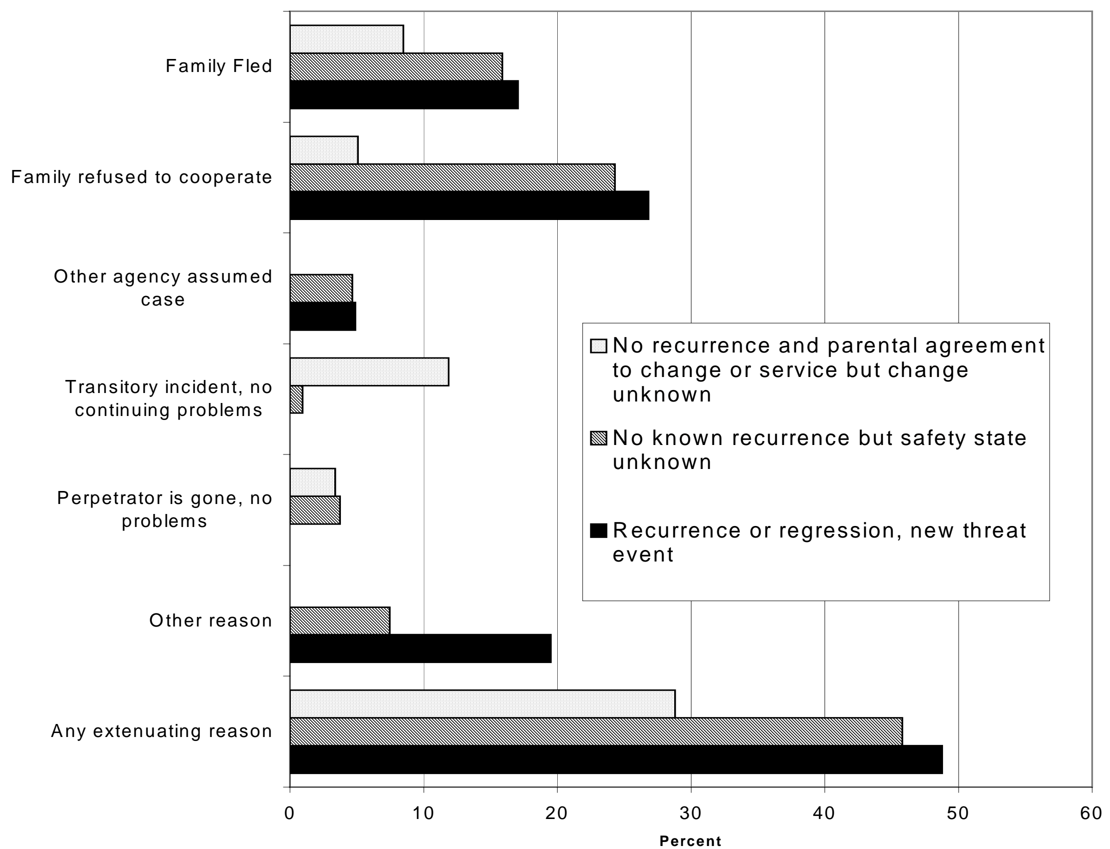
An assumption that is often made about child welfare workers is that they wield great power over families. However, except for the minority of cases that are accepted by the family court, workers have only the power of a moral suasion over families. They can cajole, argue with, be a model for, and sweet-talk families, but they can rarely force them to comply. This is as true of substantiated cases in the traditional system as of preventive cases and the new assessment cases in pilot counties. In fact, the large majority of child welfare cases *have de facto always been voluntary in nature*. The assessment approach is perhaps an admission of this reality. In this context it was questionable whether to include in the analysis of impacts on child safety cases involving circumstances that were beyond the control of child welfare workers.

We carefully documented each instance of extenuating circumstance and coded it into one or more of several categories. The most frequent categories were:

1) Family moved or fled from area.
2) Principal caretaker or whole family refused to cooperate with worker.
3) Another agency took over the case.
4) Incident was transitory—no indications of continuing problems.
5) Perpetrator was no longer present—no continuing safety issue.

In addition to measures of type, severity and change, each safety problem was also coded with one or more categories of extenuating circumstances. Such circumstances were present for a large proportion of safety changes coded as 1 and 2 and some coded as 3 (see the previous section). These are illustrated in Figure 3.1. This figure is based on a count of *problems* but the proportions apply to families as well.

Figure 3.1. Extenuating Circumstances by Categories Indicating Negative or Little Change in Safety (Total Verified Safety Problems)



Family flight often involved moving out-of-state. In most instances, this appeared to be done to avoid agency contacts because the move occurred within 30 days after a hotline or investigation. In a few cases families moved to escape their life situations, such as violent spouses, bill collectors, fights with in-laws, and so on.

Lack of cooperation ranged from hostile or indifferent refusals to see workers to passive resistance or apathy. Missed appointments with caseworkers and no contacts with service providers rather than out and out refusals characterized the latter cases.

The "other agency" that most often took over cases was the Missouri Division of Youth Services where adolescents were placed for delinquency or status offenses (especially truancy). Others included Department of Mental Health providers and local agencies. In some instances, the family already had a relationship with the agency before the incident and that agency was more appropriate for the family (e.g., special counselors for a hearing-impaired mother).

When perpetrators were gone in sexual abuse cases and in some physical abuse cases, the family was often resistant to further contact with the worker. Cases rated as (2) "no recurrence-safety unknown" had this extenuating circumstance when the worker was unable to arrange further contacts with the family to determine whether the child was safe.

All extenuating reasons are combined at the bottom of the graph in Figure 3.1, showing that large proportions of the safety problems encountered and rated as no change were not amenable to action by DFS Children's Services. For the present analysis the question was whether cases in which these items were prominent should be set aside in analyses of changes in safety. The question may be framed as, *are such extenuating circumstances related to the service approaches to the family embodied in the traditional and the demonstration programs?* If they are, then these may be taken as legitimate factors affecting child safety and such problems should be included. If they are not, then they should be set aside as special cases where no safety change was possible.

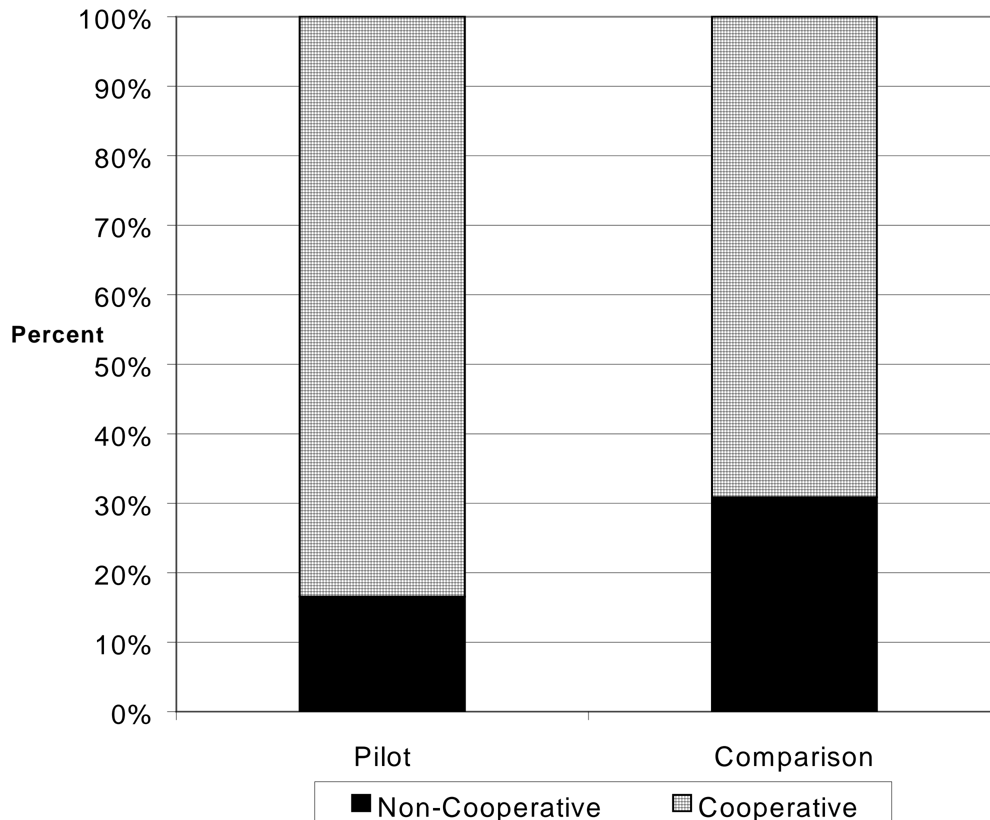
Family cooperation was to a greater or lesser extent an explanation for a large portion of the extenuating circumstances, but it was most evident in the first two (family fled and family refused to cooperate). These were also the largest categories. With this in mind we combined these two reasons and compared pilot and comparison safety problems, where extenuating circumstances were involved. This simple comparison of proportions is shown in Figure 3.2.

We counted safety problems with or without an extenuating circumstance that could be defined as lack of cooperation with the child welfare agency. Workers in comparison cases experienced lack of cooperation more often. The difference is statistically significant ($p = .003$, Fisher's Exact).

Given that the distribution of verified problems was quite similar for pilot and comparison areas (see Table 3.1), this finding may have important implications. There are at least two ways to explain the difference. It may have resulted from earlier service contacts by assessment workers (see chapter 6). In the past, for instance, family cooperation was sometimes lost because a great deal of time passed—usually 30 to 60 days—between the end of investigations and first service worker contacts. Families often

lost interest or they were simply lost. The difference could also have resulted from changes in orientation of workers to the family. Investigations are primarily adversarial; family assessments are primarily helpful (see Parts 7 and 8 for worker and family perceptions of these differences).[17]

Figure 3.2. Percent of Verified Safety Issues Involving Family Flight or Refusal to Cooperate by Study Areas



Whatever the reasons behind the differences, we concluded that safety problems with extenuating circumstances should be included in the analysis of changes in safety. They indeed are related to differences in approach in pilot and comparison counties.

Pilot-Comparison Differences in Change in Safety Status of Children

Our approach involved examining similar types of safety problems before attempting a case-level analysis. Only in this way could difference in outcomes be

[17] This does not mean that investigators are never helpful. See chapter 6 for data on services provided by investigators. It also does not mean that all family assessment workers were helpful. We cite examples later in the report of assessment attempts that failed. We are referring here to the structure of the two processes and the values and orientation implicit in them.

understood. We divided the safety problems into five general types for comparative purposes. These were:

1) Basic needs: food, clothing, shelter and hygiene problems
2) Supervision and care of children
3) Less serious physical violence and verbal abuse
4) Very serious physical violence and verbal abuse
5) Sexual abuse

These categories represent collapsed groups of the sub-categories shown in Table 3.1 and are based on logical similarities and high intercorrelations. In each area the goal was to compare changes in the safety of children after 30 days of contact and at the end of the case.

Changes in Threats to Basic Life Needs of Children

Food, clothing, safe shelter, and hygiene are closely related problems. They are often reported in the same cases. There were 69 verified safety problems of this kind in the sample.

Over half of these safety issues concerned the state of the children: dirty and in dirty clothes; untreated lice, fleas, or scabies; insect bites; children coming to school dirty; children who were seldom bathed; and the like. This was often coupled with worker observations about the cluttered, dirty, unsafe, or unhealthy condition of the household. In only four cases were the children without food.

In the remainder, the primary focus was the home itself, usually that it was dirty and unhealthy or, in smaller number of cases, that the home (e.g. a trailer) was too small or was in dangerous condition. In six cases the family was homeless and living where they could. For example, one family was living out of their automobile.

In no case were the problems rated as extremely dangerous (last level of threat category), although approximately half were rated moderate to high. No significant difference was found in the level of threat between pilot and comparison cases within this category.

Positive changes involved cleaning the children or treating them for insect bites, cleaning the house, repairing structures, and other related changes. In eight instances the children were removed, usually on an informal basis and most often to a relative's home until conditions changed. When this occurred it was rated as a positive, immediate safety change. (In most instances the children were returned by the close of the case.) In a few cases the positive change was finding a residence or a new residence.

In Table 3.2 it can be seen that relapse occurred in 25 of the 69 cases during the first 30 days of the case. It can also be seen that this occurred less frequently in pilot than in comparison areas (26.8 percent versus 50 percent). This was a direct consequence of immediate efforts begun by assessment workers. In comparison areas, the relapses often

reflected conditions found by the Family-Centered Services (FCS) worker when she first contacted the family. There were some cases where CA/N investigators provided direct services to help the family clean up, but investigators were primarily focused on their assigned task of determining abuse and neglect.

Looking at the final outcome of the cases in Table 3.2 we can see that a higher percentage ended positively in pilot areas (34.1+48.8 = 82.9 percent) than in comparison areas (10.7+51.1 = 61.8 percent). In addition, a much smaller proportion of relapses occurred in the pilot area (9.8 percent versus 28.6 percent). The numbers in these tables are quite small, requiring large differences to be statistically significant. A trend appeared for change during the first 30 days ($p = .1$, τ_b), but the association was weaker for the end-of-case portion of the table.

Table 3.2. Safety Changes in Problems of Basic Life Needs during the First 30 Days and at End of Case or End of Family Contact for Pilot and Comparison Areas (Column Percents)

Level of change in first 30 days of case	Pilot %	Comparison %	Number of cases
1. relapse	26.8	50.0	25
2. no recurrence, safety unknown	2.4	0.0	1
3. no recurrence, agreement or services, change unknown	9.8	10.7	7
4. positive changes, reduced threat	39.0	21.4	22
5. problem solved, threat removed	22.0	17.9	14
Total Cases	41	28	69
Level of change in at end of case	**Pilot %**	**Comparison %**	**Number of cases**
1. relapse	9.8	28.6	12
2. no recurrence, safety unknown	2.4	0.0	1
3. no recurrence, agreement or services, change unknown	4.9	3.6	3
4. positive changes, reduced threat	34.1	10.7	17
5. problem solved, threat removed	48.8	57.1	36
Total Cases	41	28	69

These findings support the assertion that the safety of children in cases of neglect of basic life needs was not diminished by the Family Assessment demonstration either during the initial phase of cases or at the end of the case. In addition, some indication was found that the safety of children in such cases was enhanced in pilot counties during the first 30 days of the case.

Safety Changes in Cases of Lack of Supervision and Proper Care of Children

There were 136 instances of lack of supervision and care of children in the sample. In this analysis the five overlapping categories shown in Table 3.1 were collapsed into one category. Table 3.3 reveals small differences between pilot and comparison areas for each level of the table. No statistically significant differences in safety change were evident in the table.

Collapsing all the supervision categories shown in Table 3.1 mixes several different kinds of supervision/care problems. Lack of supervision of preschool and pre-teen children (the last two categories in Table 3.1) in virtually every case referred to not watching children properly. For example, keeping young children outside all day or leaving them at home alone fell into these categories. Putting children into dangerous situations referred to such events as leaving them with a violent, mentally ill, or deficient person or a know sex abuser; leaving infants or toddlers alone in a parked car; allowing children to play near an open upper-story window; and other similar dangers. Children locked out of the home were also in this kind of dangerous situation.

Table 3.3. Safety Changes in Supervision and Child Care Cases during the First 30 Days and at End of Case or End of Contact with Family for Pilot and Comparison Areas (Column Percents)

Level of change in first 30 days of case	Pilot %	Compar-ison %	Number of cases
1. relapse	3.0	8.6	8
2. no recurrence, safety unknown	45.5	51.4	66
3. no recurrence, agreement or services, change unknown	10.6	8.6	13
4. positive changes, reduced threat	28.8	22.9	35
5. problem solved, threat removed	12.1	8.6	14
Total Cases	66	70	136
Level of change in at end of case	**Pilot %**	**Compar-ison %**	**Number of cases**
1. relapse	4.5	2.9	5
2. no recurrence, safety unknown	28.8	30.0	40
3. no recurrence, agreement or services, change unknown	9.1	11.4	14
4. positive changes, reduced threat	21.2	25.7	32
5. problem solved, threat removed	36.4	30.0	45
Total Cases	66	70	136

The kinds of problems for older children were occasionally very similar to leaving young children alone (e.g. a mother who worked as a truck driver left her 10-year-old and 14-year-old sons alone for days at a time). More often, however, the problem centered on the parents' failure to control, guide, and discipline the older child.

The common thread among these is *the knowledge, ability, and willingness of the caretaker to be an effective parent*. This is logical, but we were concerned that some pilot-comparison variation might be found within subcategories. When pilot and comparison differences were assessed for the different subcategories, however, no significant differences were found. With some slight variations the percentages all resembled those in the Table 3.3.

Three other variables were closely related to this kind of safety problem. The adult caretaker was significantly more likely 1) to be a drug or alcohol abuser or 2) to have emotional or mental health problems, and 3) the family was significantly more likely to be impoverished.

Based on this analysis we concluded that the safety of children in lack of supervision/proper care cases did not deteriorate in the pilot area.

Safety Changes in Cases of Physical Violence, Verbal Abuse and Threats

There were 173 instances of physical violence, verbal abuse or threats that were judged by workers to constitute safety problems. The very serious forms of abuse and threats were more often screened into the investigation track. These cases are treated differently in both the traditional system and the new Family Assessment system. At one extreme were incidents with less serious effects: for example, spanking resulting in bruises on a child's buttocks. At the other extreme were grave effects, such as a toddler admitted to a hospital with multiple fractures, or very serious threats, such as a mentally ill mother who is threatening to kill her children. Grave effects and very serious threats would normally lead to strong protective responses, whereas with less serious effects it is likely that services and instruction would be emphasized. Indeed, we have shown that one of the consequences of instituting the assessment approach has been an *increase* in the proportion of families served where the initial report was less serious physical abuse. We thought it prudent, therefore, to separate the very serious from the less serious cases of physical and verbal abuse. "Very serious," then, referred to categories of severe threats, severe injury or hitting with an instrument shown in Table 3.1.

Less Serious Violence, Verbal Abuse, and Threats. The results for the less serious category are shown in Table 3.4. Nearly all the problems involved some injury during discipline or during fights and arguments within the family. The injuries included facial bruises from slapping, bruising on legs and buttocks, scratches, belt marks, bloody noses, and other similar outcomes, as well as anxiety and fear. Actions involved spanking, swatting, hitting, tripping, pushing, shoving, kicking, cursing, name calling, berating, and the like.

In only 16 cases did the initial changes in safety involve the child's removal, and in six of these the child was placed informally with a relative or the other parent. In the remaining 10 cases, the agency removed the children and placed them in foster care. In 13 cases, the perpetrator left the home or the family moved away from the perpetrator. In the remaining cases of positive change, the worker noted substantive changes in attitudes,

emotional atmosphere, willingness of parents and children to cooperate and talk, and willingness to seek counseling or parenting instruction.

In both portions of the table, the safety changes for pilot and comparison areas are significantly different. This can quickly be seen by examining the last two rows (4 and 5) of each portion of the table. During the first 30 days of the case, 36.2 percent (20.3+15.9) of the pilot cases showed positive changes versus 22.7 percent (13.6+9.1) of the comparison cases. By the end of the case, the gap had widened to 49.4 percent for pilot cases and 34.1 percent for comparison. The probability was .045 (τ_b) for the 30-day period and .05 (τ_b) for the end of case differences.

Table 3.4. Safety Changes in Less Serious Physical Violence and Verbal Abuse Cases during the First 30 Days and at End of Case or End of Contact with Family for Pilot and Comparison Areas (Column Percents)

Level of change in first 30 days of case	Pilot %	Comparison %	Number of cases
1. relapse	0.0	4.5	2
2. no recurrence, safety unknown	46.4	59.1	58
3. no recurrence, agreement or services, change unknown	17.4	13.6	18
4. positive changes, reduced threat	20.3	13.6	20
5. problem solved, threat removed	15.9	9.1	15
Total Cases	98	75	113
Level of change in at end of case	**Pilot %**	**Comparison %**	**Number of cases**
1. relapse	1.4	2.3	2
2. no recurrence, safety unknown	27.5	43.2	38
3. no recurrence, agreement or services, change unknown	11.6	20.5	17
4. positive changes, reduced threat	30.4	11.4	26
5. problem solved, threat removed	29.0	22.7	30
Total Cases	98	75	113

Very Serious Violence, Verbal Abuse, and Threats. The remaining cases of very serious physical abuse and verbal threats were also examined. Virtually all these cases were investigated rather than assessed. No difference was found in safety outcome for such cases when pilot and comparison areas were compared.

Children in the pilot counties who were in danger of physical abuse, verbal abuse, or verbal threats were not less safe than comparison children under similar threatening conditions. This assertion was supported equally for the less serious and the very serious categories. In addition, for the less serious forms of physical and verbal abuse where safety threat was low, the family assessment approach as a whole led to greater positive changes in safety. This was true within 30 days and at the end of cases.

Changes in Safety in Sexual Abuse Cases

The categories of sexual abuse in Table 3.1 were collapsed fully for the present analysis. This yielded 50 cases of sexual abuse. By examining the percentages in Table 3.5 it is immediately apparent that little difference was found between pilot and comparison outcomes. No statistically significant difference was found.

Recall that *all* sexual abuse reports continue to be investigated. These cases were all substantiated and had minimal or no involvement in the family assessment process.[18] Consequently, it would be surprising if significant differences were found in approach or outcomes between pilot and comparison cases.

Table 3.5. Safety Changes in Sexual Abuse Cases during the First 30 Days and at End of Case or End of Contact with Family for Pilot and Comparison Areas (Column Percents)

Level of change in first 30 days of case	Pilot %	Comparison %	Number of cases
1. relapse	0.0	3.8	1
2. no recurrence, safety unknown	12.5	19.2	8
3. no recurrence, agreement or services, change unknown	8.3	19.2	7
4. positive changes, reduced threat	33.3	3.8	9
5. problem solved, threat removed	45.8	53.8	25
Total Cases	24	26	50
Level of change in at end of case	**Pilot %**	**Comparison %**	**Number of cases**
1. relapse	0.0	0.0	0
2. no recurrence, safety unknown	12.5	7.7	5
3. no recurrence, agreement or services, change unknown	8.3	11.5	5
4. positive changes, reduced threat	12.5	3.8	4
5. problem solved, threat removed	66.7	76.9	36
Total Cases	24	26	50

The principal change affecting child safety in these cases was the disappearance of the perpetrator from the family or barring the perpetrator from further contact with the child. In only three cases were children removed for their own protection and in two of these the child was placed with other relatives. But in 25 cases, the perpetrator was out of the child's life by the end of the case, and in 23 of these, this took place within 30 days. The perpetrator was most often an older male (paramour, stepfather, uncle, older cousin, etc.) who had access to a female child. In a minority of cases the abuser was a sibling, and in only a handful of cases was the victim male.

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[18] Of course, as noted elsewhere in this report, in many counties the same workers were responsible both for family-assessment cases and for open cases through Family-Centered Services.

It can be argued that the safety of many sexually abused children is dependent on services being offered to help them deal emotionally with the abuse. In many of these cases, however, the parents were resistant to such assistance, especially when the threat seemed to leave with the perpetrator. Nonetheless, in 27 of the 50 cases (12 in pilot areas and 15 in comparison areas) a counseling or mental health service was put in place for the child and was utilized. The difference between pilot and comparison was not statistically significant.

Finally, no difference was found in the severity of threat in such cases at the time they were opened. Only nine of the 50 cases were considered low threat and this was because the abuse had occurred at a much earlier time or the caseworker felt the abuse finding was questionable. The critical information in the Table 3.5 is that in only five of fifty cases (10 percent) was safety in real question at the end of the case. In the large portion of both pilot and comparison cases a positive safety outcome was achieved.

We conclude that the safety of children in sexual maltreatment cases did not deteriorate in the pilot area during the demonstration period. We also found no direct evidence that safety improved in these cases as a result of the demonstration.

Safety Change in Families

The five categories just considered cover the majority of safety problems and families in the study. In the pilot areas the overwhelming majority of incidents involving the first three types—1) basic needs: food, clothing, shelter, and hygiene problems; 2) supervision and care of children, and 3) less serious physical violence and verbal abuse—were screened into the assessment track. The latter two categories—4) very serious physical violence and verbal abuse and 5) sexual abuse—were virtually always screened as investigations. This suggested that two groups of families might be isolated that would represent families entering the two system-response paths established through the demonstration:

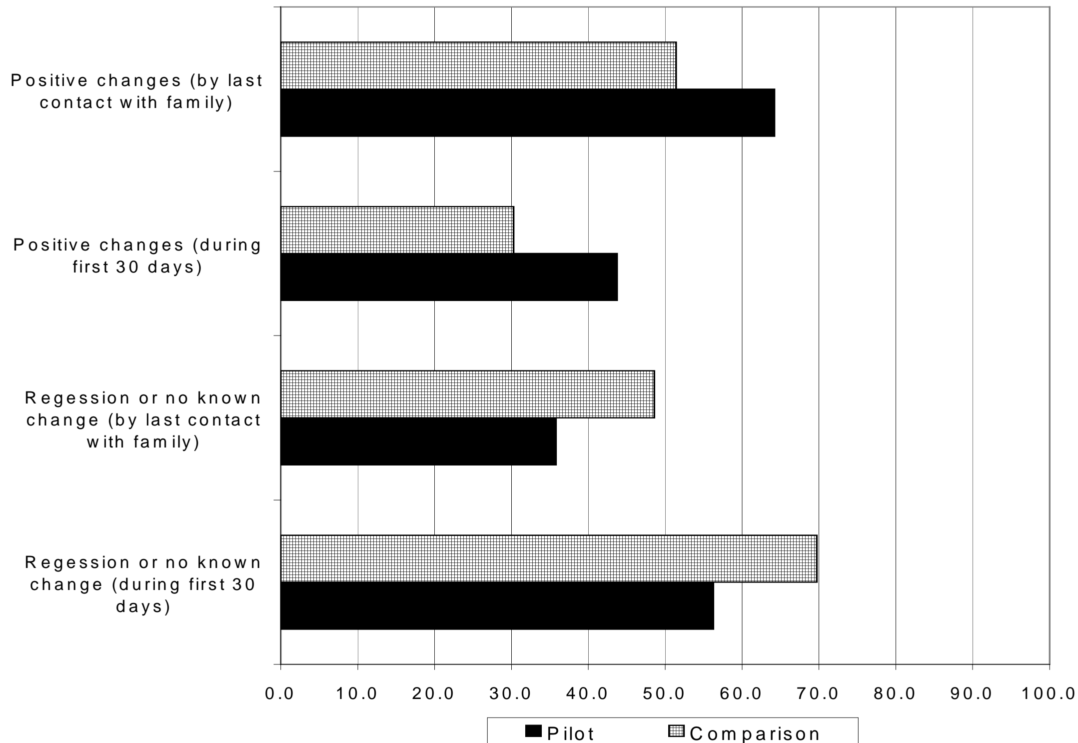
A) Families in assessment-type incidents
B) Families in investigation-type incidents

The reader should now look back through the earlier tables. Tables 3.2, 3.3 and 3.4 correspond to category A (assessment-type incidents). The percents for the pilot area in each of these tables are greater overall for categories 4 and 5 than comparison percents. The measures of change nearly always show lower rates of negative outcomes and higher rates of positive outcomes for the pilot cases as compared to the comparison cases, but the number of families represented in each table was relatively small.

In Figure 3.3, we collapsed both the scale and the type of safety problems. The figure essentially combines the data and families contained in Table 3.2 through 3.4 using simplified categories. It represents 318 families in the case-review sample with incidents that we called assessment-type (category A above), which involved safety issues centering on basic needs, supervision, and less severe abuse. The differences that can be observed in the figure show greater improvements in safety among pilot families both

within the first 30 days of cases (p = .015, τ_b) and at the end of contact with the family (p = .023, τ_b). No statistically significant differences were found for families in investigation-type incidents (category B above).

Figure 3.3. Safety Changes in Assessment-Type Families during the first 30 Days of Contact and at the Time of Last Contact with Family



These differences are in part a function of *increased cooperation of families*. Most of the cases where safety changes remained unknown were of families where cooperation was lacking in some way. The improved levels of cooperation among pilot cases shown above in Figure 3.2 are in fact largely found in cases with the least severe safety problems—the kinds of cases that are referred to as "preventive services" under the traditional Missouri system.[19] We suggested in explaining Figure 3.2 that increased cooperation could have resulted from earlier service contacts or from changes in the orientation of workers to families. These findings apply specifically in settings where assessment workers were approaching families. Because of this these findings support the hypothesis that the approach to families embodied in the Family Assessment demonstration led to improved child safety and to better knowledge that children were protected at the end of contact with the family.

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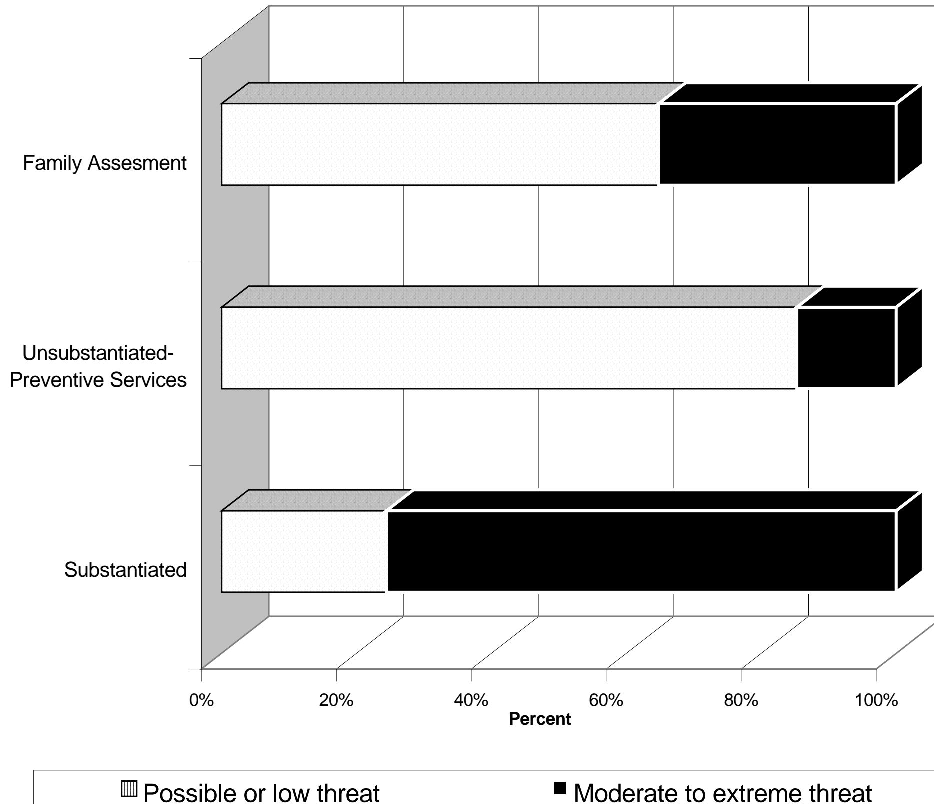
[19] This is illustrated directly in Chapter 6 where "preventive-type" cases in pilot and comparison areas are compared.

Other Findings Related to Safety

Some other findings based on screening are of interest. From the standpoint of child safety, assessment track cases appear to fall between the traditional substantiated and preventive-services categories. This is clearly evident in Figure 3.5.

Figure 3.5. Level of Safety Threat by Investigation or Assessment Outcome (Pilot and Comparison Cases Combined)

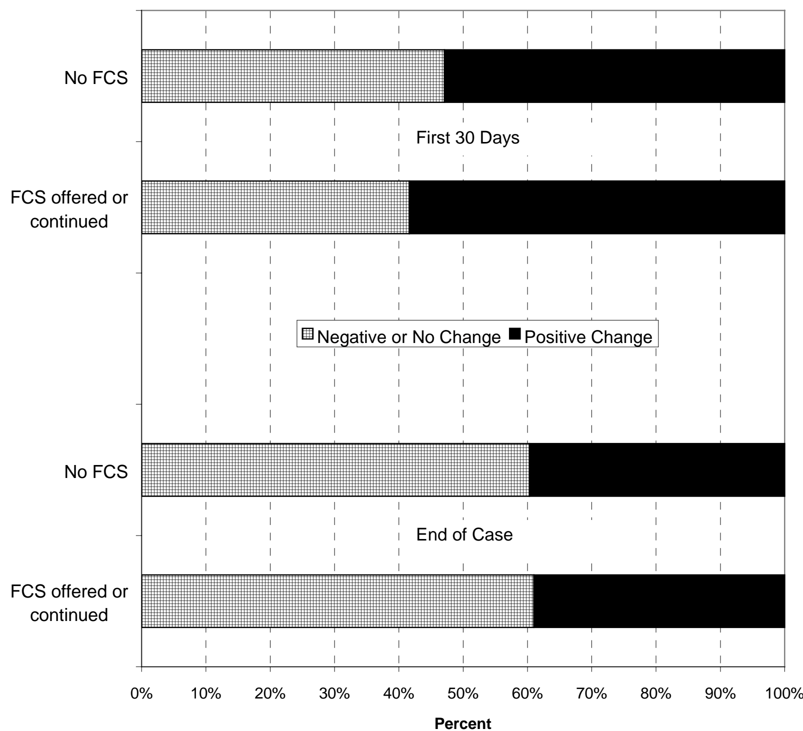


Most substantiated cases were judged to have more extreme safety problems while the large majority of preventive cases were considered at low threat to safety. We considered a few preventive cases, nevertheless, to be higher risk cases. The assessment cases appear to be some combination of the older two categories. Most of the more extreme cases are screened into the investigation track while virtually all of the milder cases that would have been preventive services are included in the assessment track.

Some concern was expressed that family assessment-only cases are "closed" very quickly. They tend to average about 30 days when a formal FCS case is not opened. Is this long enough to insure that children are safe? Although we do not want to be incautious concerning this very important issue, the present data support the position that

child safety is not diminished.[20] The family assessment worker may choose to open a formal child welfare case or not. This varies somewhat from office to office, as we have shown, and from worker to worker. There were 159 family assessment services-needed cases in the present analysis of 445 families with verified safety issues. Of these, 68 (43.4 percent) were family assessment-only. Our ratings of child safety are shown in Figure 3.6. Family-Centered Services were and were not offered in family assessment cases. No significant differences were apparent for either the first 30 days or the end of the case.

Figure 3.6. Degree of Change in Child Safety at 30 Days and End of Case: Family Assessment Cases only, with and without Family-Centered Services



(FCS)

This simple analysis does not in any way control for the type of safety problem or other factors that may have come into play in the case. It supports the assertion, however, that in certain child welfare cases, investigations and formal case openings are unnecessary to insure child safety.

Summary of Findings and Conclusions

In this analysis, changes in child safety were examined for the pilot and comparison counties. We asked whether children became more or less safe during the 30-day period following the initial CA/N report and by the end of the case or last contact

[20] Again, the term refers to safety within the context of the case or until the final contact of the worker with the family. This analysis does not speak to long-term safety.

of Children's Services with the family. **We found no indication that child safety was compromised by changes introduced in the Family Assessment demonstration during the period the Children's Services workers were in contact with families.**

- We conducted a detailed examination of five specific safety areas where children had been found to be unsafe: basic life needs, supervision and care of children, less serious physical and verbal abuse, very serious physical and verbal abuse, and sexual abuse. In each of these areas we could detect no reduction in child safety that might be attributed to the Family Assessment demonstration.

- Considering all families together where child safety was in question, we found no reduction that could be ascribed to the Family Assessment demonstration.

On the contrary, certain enhancements to child safety were suggested by changes in the pilot areas.

- In cases of threats to basic life necessities (food, clothing, hygiene, and safe shelter), we found indications of improvements in safety during the first 30 days in pilot areas.

- For the less serious forms of physical and verbal abuse where threats to safety were low, the family assessment approach was associated with more cases of positive changes in safety than the traditional approach.

A combined analysis of assessment-type families showed significant improvements in child safety within 30 days and at the conclusion of cases. These findings support the hypothesis that the approach to families established through the demonstration led to improvements in **safety for the less severe forms of child abuse and neglect and that improvements took place earlier in such cases—the kinds usually screened into the assessment track.**

Other findings in this analysis are important to understanding the consequences of instituting the family assessment approach:

- Child safety was a problem in about 80 percent of the cases opened. **Relatively more cases where safety was not the central problem were opened in pilot counties and the majority of these were family assessment cases**. This finding supports the notion that the family assessment process caused an increase in the proportion of cases opened for preventive purposes.

- **Family cooperation in cases where child safety was threatened was enhanced in pilot areas**. This difference may have resulted from earlier service contacts by assessment workers. It may also have resulted from a more positive orientation of workers to the family or from better initial worker-family relationships. Both of these hypotheses are supported in other parts of this report (Chapters 6, 8, and 9).

- **The level of threat to child safety in family assessment cases appeared to fall between traditional substantiated and preventive-services cases**. The collection of cases screened into the assessment track appeared to encompass many families where safety is not an issue or only potentially an issue. Although the screening process appears to lead to investigation of the most severe cases, family assessments also included cases where there were real threats to the safety of children.

- A little over two-fifths of the family assessment cases considered here were never formally opened in the child welfare system (as Family-Centered Services cases). **We found no significant difference in child safety between such assessment cases and the remaining three-fifths that were opened as formal cases in the child welfare agency.** This was true after 30 days and at the end of cases.

4

Addressing Central Problems in Families

Introduction

This chapter examines whether the Family Assessment demonstration remedied the defining or central problems of cases. In case records, Children's Services workers described a wide variety of problems in families. There were few cases in which one and only one problem was defined. When child abuse or neglect was thought to have occurred and when definite child safety threats were found, these were always perceived as being of primary importance, at least at the beginning of cases. But quite often workers' narrative accounts included individual and family conditions thought to be underlying these immediate concerns, to be otherwise causing abuse or neglect or threatening child safety. These frequently became the primary focus of home visits and services even after safety issues had been resolved. Workers also described ancillary family problems considered to be long-term threats to children or the wellbeing of families. Still another group of families was served where the allegations of the hotline reports had been discounted from the start. The reasons for working with these families were related to the general wellbeing of the children and the family rather than child abuse or neglect.

The primary analyses of this chapter were based on the sample of 559 closed cases for which case reviews were conducted. The general research process was discussed at the beginning of the previous chapter. The characteristics of the full sample and case review sample as well as the process of case reviews is described in detail in Appendix A. Other analyses were also conducted using data collected through worker and family surveys.

Basic Objective of the Analysis

The goal of remedying defining problems implies positive change in individuals and families. Depending on the nature of the problem, it is considered remedied when it is solved or is no longer apparent. So, a fundamental question for analysis was:

1. Were positive outcomes in central problems apparent as often or more often in pilot areas?

Obviously, not all problems are easily solved, particularly within the few weeks or months that child welfare cases are open. For example, in cases where parents were depressed and suicidal, particularly when the family had little social support, the safety and welfare of the children was threatened. The best that may be possible for such family

situations in the context of the child welfare case is to make sure the parent is linked up with medical or psychiatric services and that the children are protected. To take another example, many parents in the study were desperately poor and in need of steady employment. Sometimes they were disabled; in other cases, they were able-bodied but had not finished high school. The welfare of children in these families was also at risk. Employment, education and training deficiencies usually are not amenable to short term solutions either. The worker may assist the parent in obtaining services, e.g., in getting into a GED program or obtaining financial assistance. Actual improvement or reversal of problems in many instances can only be known through long-term follow-up.

Another research question, therefore, that was addressed through this analysis concerned delivery of services and service linkage. For many families, these may have been the only positive outcomes detectable.

2. Were services delivered or service referrals made equally or more frequently through the new approach?

Over a quarter of "cases" in the pilot area were never formally opened in the Family-Centered Services (FCS) system. These were family assessment-only cases. Assessment workers were typically in contact with such families for about 30 days. The average length of contact with all families in the pilot area, therefore, was less than in comparison counties. This would suggest a reduced opportunity to offer services in the pilot area because fewer FCS cases were being opened. On the other hand, assessment cases in the pilot area were in the service mode from first contact, usually within a day or two of the hotline report. In investigated cases a service worker might not appear for 60 days or more. Service linkages and referrals might, therefore, have increased in pilot areas because service workers were in contact with families more quickly.

Types of Problems in Cases

As defined in this research central problems had two parts. 1) Problems were considered central if workers thought they were causing or might cause child abuse or neglect. 2) If unrelated to abuse and neglect, problems were coded as central if they were portrayed as critical to the general welfare of the family, the children, or the caretakers. Usually workers expressed concerns about needs for services, but the definition of central problems was not dependent on services actually being delivered.

Problems were categorized into several general areas and then into specific areas. These are presented in Tables 4.1. The table shows the actual frequency of each type of problem and the rate of the problem per 100 families. Cells have been highlighted where the rate of at least one cell exceeded 6 per 100 cases. These show the problems most frequently encountered by workers. With two exceptions (discussed below), the rates were quite comparable. Just as in the case of safety problems, this fundamental similarity lends support to the basic comparability of the pilot and comparison portions of the case-review sample.

Table 4.1. Types of Problems in Sample Cases Number* and Rate per 100 Cases

Problem Area	Number of Problems		Rate/100 Cases	
	Pilot	Comp.	Pilot	Comp.
Child Emotional Problems/ Mental Health				
Emotional problems/extreme anxiety	7	8	2.2	3.3
Depression/bipolar disorder/mood swing	9	11	2.8	4.5
Uncontrollable/disruptive behavior	25	34	7.8	13.9
Stress reaction	3	2	0.9	0.8
Problems adjusting—changes/divorce...	6	5	1.9	2.0
Suicidal acts or ideation	8	2	2.5	0.8
Violent or abusive behavior	4	10	1.3	4.1
Sexual acting out	8	7	2.5	2.9
Psychiatric condition or care	3	3	0.9	1.2
Emotional effects of sex abuse/fire starter	9	9	2.8	3.7
Emotional effects of physical abuse	4	3	1.3	1.2
Adult Emotional Problems/ Mental Health				
Emotional problems/extreme anxiety	8	4	2.5	1.6
Depression/bipolar disorder/mood swing	14	15	4.4	6.1
Stress reaction	13	11	4.1	4.5
Suicidal acts or ideation	3	6	0.9	2.4
Violent or abusive behavior	4	5	1.3	2.0
Psychiatric condition or care	10	10	3.1	4.1
Emotional effects of physical/sexual abuse	3	6	0.9	2.4
Adult-Child Relationships				
Communication problems/disputes/hostility	41	22	12.8	9.0
Poor knowledge/methods of discipline	49	45	15.3	18.4
Physical fights	12	6	3.8	2.4
Parenting skills	46	33	14.4	13.5
Adult-Adult Relationships				
Communication problems/disputes/hostility	41	27	12.8	11.0
Custody dispute	26	2	8.1	0.8
Domestic violence	31	19	9.7	7.8
Separation/Divorce	23	18	7.2	7.3
Lack of support—emotional/financial	7	9	2.2	3.7

* Categories are not mutually exclusive and cases are duplicated across categories. The numbers within any one cell represent an accurate count of cases, however, for that category. Shaded cells indicate the most frequent kinds of problems.

Table 4.1., (cont.) Types of Problems in Sample Cases
Number* and Rate per 100 Cases

Problem Area	Number of Problems		Rate/100 Cases	
	Pilot	Comp.	Pilot	Comp.
Disabilities				
Child: ADHD	12	13	3.8	5.3
Child: Developmental disability	8	10	2.5	4.1
Child: Developmentally delayed	6	5	1.9	2.0
Adult: Any disability	8	6	2.5	2.4
Low Income/Lacks Necessities				
Lack necessities--utilities/transportation /child care/household goods	80	69	25.0	28.2
Low or very low income	54	47	16.9	19.2
Unemployed or underemployed	25	20	7.8	8.2
Lacks necessary education/training	10	6	3.1	2.4
Needs housing or housing improvement	25	22	7.8	9.0
Health				
Child: Chronic health problems	11	6	3.4	2.4
Child: Asthma/respiratory/severe allergy	4	4	1.3	1.6
Adult: Chronic health problems	9	8	2.8	3.3
Education of Children				
Truancy	12	6	3.8	2.4
School behavior/academic problems	21	12	6.6	4.9
Educational neglect	31	31	9.7	12.7
Drug/Alcohol/Criminal Involvement				
Child: Drug or alcohol abuse	4	4	1.3	1.6
Adult: Drug abuse	34	22	10.6	9.0
Adult: Alcohol abuse	40	24	12.5	9.8
Adult: Criminal Involvement	8	4	2.5	1.6

* Categories are not mutually exclusive and cases are duplicated across categories. The numbers within any one cell represent an accurate count of cases, however, for that category. Shaded cells indicate the most frequent kinds of problems.

Families with uncontrollable and disruptive children were quite common. This category was reserved for the most extreme cases where the behavior was repeated and was a source of conflict in the family. Uncontrollable and disruptive children were frequently found in cases of physical abuse, parental abandonment, or locking out of homes.

Depressed adults were also a large category in the sample. In this sample, the depressed adult was virtually always one of the caretakers of the children. In addition, the categories of stress reaction and psychiatric condition were rather large. The safety problem most often associated with these cases was lack of supervision of children.

The largest categories in Table 4.1 have to do with adult-child and adult-adult relationships. It is not surprising that we found poor communication between caretakers

and children, or that adults experienced difficulties disciplining children. These kinds of problems were implicated in a large proportion of hotline reports. Parenting and disciplining had two aspects. On the one hand, some parents seemed to relate to their children only in physical and confrontational terms. On the other, parents were sometimes ignorant of very basic concepts of child development.

Fights, arguments, and disputes among adults were endemic in the sample. Child abuse and neglect were often found in the context of adult conflicts and domestic violence. The one strikingly different category in Table 4.1 was "custody disputes." There were virtually no cases where this problem appeared in the comparison sample, while it was an issue in 26 pilot cases. Custody disputes tended to be unsubstantiated under the old system, when the dispute was judged to be the sole problem. We should note that in all 26 of the pilot cases child custody was only one among two or more problems identified in the family. The difference must be taken seriously, however, and suggests another "entry effect" like those discussed above in Chapter 2.

Most families in the sample had low incomes. This was especially true of the large proportion of mother-only families, who as a group are very poor. Accordingly, income-related problems were quite often reported, as Table 4.1 shows. In fact, lacking basic necessities and insufficient income were the most frequently mentioned categories of problems in the study.

The education category includes truancy and child behavior problems as well as educational neglect. We declined to include educational neglect within our analysis of child safety in Part 3. Although it is definitely included under child abuse and neglect in Missouri statutes, it is not generally seen as a direct and immediate threat to the safety of the child. For this reason we grouped this problem with truancy and difficulties in school. And, as might be expected, educational neglect was highly correlated with these problems.

Finally, many cases involved parents who had a history of drug or alcohol abuse. In some cases, they were said to be "recovering." These were nonetheless coded within this category since individuals who abuse substances frequently experience cycles of recovery and relapse.

Safety and Central Problems. When child safety is an issue, the primary remedy is child protection. Child protection is typically not the solution to underlying problems. Take the example of a man who slaps and hits his children when he gets drunk. Placing the children with the grandmother may be a solution to the safety problem but it does not solve the underlying problem of violence and alcohol abuse. Yet, if the safety problem was addressed and solved in any way, some improvement can be claimed. Child protection is not always the best change (e.g., when a child must be placed in foster care), but it is a short-term remedy.

We did not attempt to link safety problems with underlying problems in our coding scheme. While this would have been possible in some cases, like the instance of alcohol abuse and violence just described, it is usually quite difficult to separate causes

and effects. Many problems are "interactional," where effects themselves become new causes. Indeed, workers were often unsure about causes, effects, and the developmental history of problems. And, when they did feel sure, we were not convinced they were always correct. Our analytic task was to isolate the problems discovered in the case. It was not to build a theory of how they were interrelated or in what way they developed.

Services and Change in Central Problems

Central problems were quite diverse, as were the kinds of changes observed. To make the overall analysis understandable we broke the sample into overlapping subsets of cases based on similar problems. In each of the following sections, the analysis focused on *families where similar kinds of problems were found*. Because certain families had multiple and differing problems, the same family may appear in more than one analysis.

Service delivery is a complex topic and does not admit of simple yes-no answers. There are various levels and nuances, some of which are discussed in greater detail in Chapter 6. In the present chapter, the focus is on the *linkage* of services to problems. Workers' narratives not only consistently address the major problems found in families but whether and in what way a response was made to them. Our analysis concerned services intended as a response to the problem being considered.

This method of analysis was restrictive because within each problem area the focus was on only those services *intended to address the specific problems*. For example, when counseling services were considered in the analysis of children's emotional problems, only instances of counseling initiated specifically to address these problems were considered. There may well have been other counseling offered to the family not linked to children's emotional problems that was set aside in this particular analysis. No one-for-one correspondence existed between problems and services. Some services were set up to address several different problems while some individual problems were addressed through more than one service. The following levels and types of services were identified within each of the problem areas analyzed.

1. Services Provided Directly by Workers.

a. **Counseling or Instruction Provided Directly by Workers.** This involved one or more sessions in which DFS Children's Services workers talked to family members, usually during home visits. Such discussions were only included if they were solution-oriented. The discussions must have covered topics such as the causes of problems, dealing with emotions, alternative means of solving problems, new modes of behavior, or other similar topics. Excluded from this category were instances in which workers simply mentioned needs or services to families (e.g., "I mentioned to the mother that she might benefit from counseling.").

b **Information about Services and/or Referrals to Community Resources.** This category is a count of discussions involving kinds of services that were possible and available, recommendations that the family utilize services, and information

and referral to specific providers. Although the kinds of information provided by workers were actually catalogued, the variable in this analysis simply indicates whether any information was provided relevant to the problem area.

2. **Services from non-DFS Sources but Initiated by Workers.** Sometimes such services were provided by DFS vendors who were paid through contracts with the agency, but more often they were provided by various community sources, other state agencies or federal programs. The term "initiated" has a range of meanings here, from providing information and directions to contacting the provider and setting up the service for the family. Other people or agencies also initiated services, particularly the parents themselves; however, such services were not included in this analysis. In addition, we excluded instances in which family members did not participate fully in the service process or where the case was closed with no knowledge of whether the family participated or not. Services were organized into the following three general categories. Within these categories, each service that was actually received by the family was counted. The general categories were:

a. Counseling, Therapy, Instruction and Crisis Services

- Respite care/crisis nursery care
- Marital or family counseling services
- Other counseling
- Mental health services
- Drug abuse treatment
- Alcohol abuse treatment
- Domestic violence services
- Emergency housing
- Legal services
- Parenting classes
- Support groups
- Help for an adult with a physical or mental disability
- Help for a child with a physical or mental disability
- Recreational services

b. Job-Related Services

- Child care
- Transportation
- Employment
- Vocational or job training (such as JTPA)
- Educational services

c. Services to Meet Basic Necessities

- Medical or dental care
- Housing
- Help with utility payments
- Emergency food services
- Food stamps

- Cash welfare services
- Homemaker/home management services
- Medicaid
- Headstart or preschool
- WIC, infant services
- Clothing, furnishings or household needs
- Insurance
- Other

Change in the Status of Central Problems. To address levels of change in cases, we used a five-part coding scheme analogous to that used for child safety:

1) Relapse; the problem reappeared or worsened.
2) No known change because the status of the problem was unknown.
3) No known change but services in place or the family had made claims of change.
4) Partially solved, with some positive change observed or reported.
5) Completely solved.

The coding scheme varies somewhat for different kinds of central problems. The first three categories are very similar for all problem areas but the criteria of positive change in categories 4 and 5 varied somewhat from problem to problem (see Appendix A). Analyses were conducted for nine categories of central problems. In the following sections, we present the analyses of six of these in detail while alluding to the remaining three.

Problem Area 1: Child-Adult Conflicts, Arguments, Hostility, and Children with Uncontrollable or Disruptive Behavior

Of the total sample, 110 families were identified where these kinds of behavior occurred. These cases virtually all involved older children. In 95 (86.4 percent) of the families, there was at least one child older than 10 years and in 89, there was a child older then 12. Many of these children had suffered physical and emotional abuse in the past as well as various forms of neglect, but the present problem concerned poor interaction between adults and children. In a minority of cases (of children in their late teens), the parents were also at risk. Patterns of arguing over friends, dating, chores in the home, school, homework, and a variety of other sometimes serious and sometimes trivial matters were seen. Often the conflicts devolved into physical altercations—slapping, pushing, shoving, attempting to spank or beat an older child, cursing, screaming insults, and so on.

When the case included uncontrollable and disruptive behavior of children (60 cases), additional problems were usually described. In a small number of cases the child suffered from a definable psychiatric condition. In most instances the focus was on the behavior of the child rather than any underlying conditions—disobedient, a runaway, sexually active against the parents' wishes, highly aggressive around other children, or

otherwise disagreeable. The parent's behavior on the other hand was typically very limited, degenerating quickly into emotional outbursts and physical attacks.

Differences were observed in the direct responses of pilot and comparison area workers (Table 4.2). Pilot workers were somewhat more likely to provide a service response of some kind. This was despite the fact that the average time period of contact between worker and family was shorter in pilot areas (because of a smaller percentage of FCS case openings). Counseling was the most usual form of service from outside sources. Non-DFS counseling and other services were often initiated by DFS Children's Services and were received by about two out of every ten families that had these problems. In about 13 percent of the total cases where this problems was found, the parents themselves initiated counseling or therapeutic services (not shown in this analysis).

The final statistics in Table 4.2 represents an unduplicated count of all the services referenced in the table per 100 families.

Table 4.2. Service Responses: Child-Adult Conflicts, Arguments, Hostility

	Percent of All Families	
Direct Response of Worker:	**Pilot n=60**	**Comp. n=50**
Worker directly counseled or instructed the family concerning this problem	35.0	22.0
Worker provided service information/referral	56.7	54.0
Services from Other Sources Initiated by DFS and Utilized by Family	**Rate per 100 Families**	
a. Counseling, therapy, instruction, crisis services	22.0	20.0
b. Job-related services	--	--
c. Services to meet basic necessities	--	--
Number DFS Initiated Services per 100 families	55	44

No statistically significant differences were found in the outcomes of cases with these problems (Table 4.3). The rather large number of cases within the "status unknown" category (2) reflects in part the lack of cooperation on the part of the family and, in especially in pilot cases, lack of follow-up knowledge due to the short contact with assessment-only families. (Lack of cooperation was found in 13 of the 40 cases (32.5 percent) within this category.)

The kinds of positive changes recorded in narratives usually involved responses to services. Most often these were cases where workers observed changes in attitudes or behavior during home visits coupled with feedback from parents and children about changes in their relationships. In a few instances counselors reported back about positive changes they had witnessed. The longer-term nature of FCS cases increased the

opportunity for workers to observe and record such changes. Moreover, specific reasons or explanations tended to accompany decisions to close FCS cases. No statistically significant difference was found between pilot and comparison samples in recorded changes.

Table 4.3. Changes in Cases of Child-Adult Conflicts, Arguments, Hostility

	Number		Percent	
Level of Change in problem	**Pilot n=60**	**Comp. n=50**	**Pilot n=60**	**Comp. n=50**
1. Relapse: the problem reappeared or worsened	1	3	1.7	6.0
2. Status of the problem was unknown	25	15	41.7	30.0
3. No known change but services or family claims	16	12	26.7	24.0
4. Partially solved, some positive change	18	20	30.0	40.0
5. Completely solved	0	0	0	0

Adult-Adult Conflicts and Domestic Violence. Cases of conflicts between adults were also analyzed. No significant differences between pilot and comparison cases were found for either services or case outcomes.

Problem Area 2: Parenting Problems and Poor Knowledge or Techniques of Discipline

These kinds of issues were found in 143 cases. The term parenting is widely used by DFS Children's Services workers, as in "poor parenting" or "needs parenting skills." The majority of the cases (93) in this category involved lack of knowledge of proper ways to discipline children. Quite often this referred to overuse of physical discipline, but in many cases the parent simply had no concept of how to handle the child. Another expression that was often used by workers for the latter category was "lack of consistent discipline." Parents in these cases were more often found to have health problems or to be disabled and in need of assistance. In a smaller set of families the problem was not discipline but the proper care of children, especially infants and toddlers. Some parents had never been taught how to take care of a young child and workers indicated that some instruction was needed.

In over two-fifths of these cases the caseworkers engaged in direct counseling of the parents (Table 4.4). Quite often this involved sessions in which the worker discussed alternative techniques for handling children or proper care of very young children. In addition, workers provided service information or referrals in one half of the cases. No significant differences were found between pilot and comparison families on these variables, although, again, the tendency was for a somewhat greater service response in pilot areas, despite the shorter average time frame of worker-family contact. The kinds of services from other sources most often were individual and family counseling and parenting classes.

Positive changes (categories 4 and 5 in Table 4.5) were usually based on assessments of workers after observing the family. Worker comments after home visits concerned changed attitudes, use of alternative methods of discipline, and improvements in parents' knowledge of child development and their expectations of their children. In many instances workers commented on changed behavior of children. Again, workers in FCS cases were more likely to have opportunities to make such observations. There are 53 cases in which the outcome of the problem was unknown. In 22 of these (41.5 percent), the family had left the county or refused to cooperate with Children's Services.

Table 4.4. Service Responses: Parenting Problems and Poor Knowledge/Techniques of Discipline

	Percent of All Families	
Direct Response of Worker:	**Pilot n=73**	**Comp. n=70**
Worker directly counseled or instructed the family concerning this problem	42.5	44.3
Worker provided service information/referral	58.9	54.3
Services from Other Sources Initiated by DFS and Utilized by Family	**Rate per 100 Families**	
a. Counseling, therapy, instruction, crisis services	16.0	13.0
b. Job-related services	--	--
c. Services to meet basic necessities	--	--
Number DFS Initiated Services per 100 families	61	68

Table 4.5. Changes in Cases of Parenting Problems and Poor Knowledge/Techniques of Discipline

	Number		**Percent**	
Level of Change in problem	**Pilot n=73**	**Comp. n=70**	**Pilot n=73**	**Comp. n=70**
1. Relapse: the problem reappeared or worsened	1	2	1.4	2.9
2. Status of the problem was unknown	27	26	37.0	37.1
3. No known change but services or family claims	20	15	27.4	21.4
4. Partially solved, some positive change	25	26	34.2	37.1
5. Completely solved	0	1	0	1.4

Problem Area 3: Educational Problems and Educational Neglect

Educational neglect is legally a form of child neglect in Missouri. We did not include it in the discussion of child safety in Chapter 3. We combined it in the present analysis with other reported problems associated with the education of children. These

included truancy and behavioral or academic problems in school. Truancy and educational neglect are often difficult to distinguish. The distinction hinges on whether the parent knew of and could have controlled lack of attendance at school. When parents are judged to be aware and in control, the problem is more likely to be defined as educational neglect.

We have pointed out elsewhere that proportionately fewer cases of educational neglect were considered in the pilot system. Because we had more assessment track cases in the present sample, the number of cases was about equivalent. Of the 39 cases from the pilot counties, 34 were handled in the assessment track, and of these, 13 (38.2 percent) never had a FCS case opened. In the comparison counties 31 of the 37 cases being considered were substantiated, usually for educational neglect, while three were provided preventive services.

The overall response rate, as can be seen in Table 4.6, was greater in pilot areas. In particular, pilot workers more often provided families with information on or referral to resources in the community. This may well be a reflection of the improved working relationships with school personnel found in a number of pilot counties. The types of services from outside sources that were offered included family counseling, individual counseling, and educational services. The last involved linking the child with tutoring, GED, and other specialized assistance.

Table 4.6. Service Responses: Educational Problems and Educational Neglect

	Percent of All Families	
Direct response of worker:	**Pilot n=39**	**Comp. n=37**
Worker directly counseled or instructed the family concerning this problem	35.9	35.1
Worker provided information on services	38.5	24.3
Services from Other Sources Initiated by DFS and Utilized by Family	**Rate per 100 Families**	
a. Counseling, therapy, instruction, crisis services	12.0	8.0
b. Job-related services	--	--
c. Services to meet basic necessities	--	--
Number DFS Initiated Services per 100 families	51	37

In Table 4.7, the larger number of pilot area cases coded as status unknown resulted from the high proportion of assessment-only cases in the sample. These were closed rather quickly when a FCS case was not opened and the final status of the problem was unknown (to the agency as well as to researchers). Positive changes involved a turnaround in behavior, where school attendance and participation returned to normal.

Table 4.7. Changes in Cases of: Educational Problems and Educational Neglect

	Number		Percent	
Level of Change in problem	Pilot n=39	Comp. n=37	Pilot n=39	Comp. n=37
1. Relapse: the problem reappeared or worsened	11	11	28.2	29.7
2. Status of the problem was unknown	10	3	25.6	8.1
3. No known change but services or family claims	4	7	10.3	18.9
4. Partially solved, some positive change	7	13	17.9	35.1
5. Completely solved	7	3	17.9	8.1

Problem Area 4: Adult Drug and Alcohol Abuse

Drug abuse, alcohol abuse, or both were considered significant problems in 91 sample cases. This analysis was limited to adults—the caretaker or a significant adult in the family. A handful of drug and alcohol abuse problems were found among children, but the number was too small to analyze as a separate group. In more than half the cases the principal problem was alcohol abuse, often associated with violent behavior. In most drug abuse cases it was not clear what drugs were being used. When the drug was specified it was most often crack cocaine. These were found more often in the St. Louis area pilot and comparison sites, although not exclusively. In southwest Missouri and in some other less-urbanized areas, amphetamines were mentioned.

Drug and alcohol abuse treatment were the most frequently initiated non-DFS services in Table 4.8. No statistically significant pilot-comparison differences were found between the proportions and means contained in the table.

Table 4.8. Service Responses: Adult Drug and Alcohol Abuse

	Percent of All Families	
Direct Response of Worker:	**Pilot n=58**	**Comp. n=33**
Worker directly counseled or instructed the family concerning this problem	13.8	21.2
Worker provided service information/referral	36.2	33.3
Services from Other Sources Initiated by DFS and Utilized by Family	**Rate per 100 Families**	
a. Counseling, therapy, instruction, crisis services	14.0	12.0
b. Job-related services	--	--
c. Services to meet basic necessities	--	--
Number DFS Initiated Services per 100 families	32	39

It is apparent from Table 4.9 that positive outcomes surrounding these problems were rather rare. Positive changes were observed in only 14 cases. No significant differences were found between pilot and comparison cases in outcomes. Over half the pilot cases and nearly two-thirds of the comparison cases fell into the second category. Again, this arose in part because of lack of cooperation. In 22 (41.5 percent) of the 53 cases the adult either left the area or would not cooperate with DFS Children's Services.

Table 4.9. Changes in Cases of Adult Drug and Alcohol Abuse

	Number		Percent	
Level of Change in problem	**Pilot n=58**	**Comp. n=33**	**Pilot n=58**	**Comp. n=33**
1. Relapse: the problem reappeared or worsened	1	1	1.7	3.0
2. Status of the problem was unknown	32	21	55.2	63.6
3. No known change but services or family claims	15	7	25.9	21.2
4. Partially solved, some positive change	10	4	17.2	12.1
5. Completely solved	0	0	0	0

Problem Area 5: Emotional and Mental Health Problems of Children

These cases involved children who experienced at least one of the kinds of problems listed in the first section of Table 4.1A. We excluded from this analysis children whose only emotional problem concerned uncontrollable or disruptive behavior. We judged that it was more appropriate to group such cases with problems in parent-child relationships because this behavior is nearly always the source of conflicts and contention in the family (see section above on adult-child conflicts). Hotline reports about such children frequently concerned the reaction and overreaction of adults to their behavior. However, when a child with behavior problems also experienced one of the other emotional problems listed he or she was included in this analysis. Children with such emotional problems were found in 70 cases, 37 in the pilot areas and 33 in comparison.

No statistically significant differences were found in service responses (Table 4.10). Large pilot-comparison differences are required for statistical differences to emerge when the sample is this small. Modestly higher percents appear on the pilot side except in the areas of worker direct services and in mental health services.

No statistically significant differences between pilot and comparison can be seen in the outcomes concerning such problems (Table 4.11). The second category includes all cases where the status of the child was unknown as of the close of the case and no services were apparent. In 17 of the 18 cases in this category, the family either moved away or refused to cooperate with DFS Children's Services.

Table 4.10. Service Responses: Child in case has an emotional or mental health problem (excludes uncontrollable behavior)

	PERCENT OF ALL FAMILIES	
Direct Response of Worker:	**Pilot n=37**	**Comp. n=33**
Worker directly counseled or instructed the family concerning this problem	21.6	30.3
Worker provided service information/referral	64.9	54.5
Services from Other Sources Initiated by DFS and Utilized by Family	**Rate per 100 Families**	
a. Counseling, therapy, instruction, crisis services	22.0	18.0
b. Job-related services	--	--
c. Services to meet basic necessities	--	--
Number DFS Initiated Services per 100 families	54	54

Table 4.11. Changes in Cases of Child with Emotional Problems

	Number		Percent	
Level of Change in problem	**Pilot n=37**	**Comp. n=33**	**Pilot n=37**	**Comp. n=33**
1. Relapse: the problem reappeared or worsened	0	2	0	6.1
2. Status of the problem was unknown	8	10	21.6	30.3
3. No known change but services or family claims	17	14	45.9	42.4
4. Partially solved, some positive change	12	7	32.4	21.2
5. Completely solved	0	0	0	0

Adult Emotional Problems. The same kinds of problems occurred for adults. No significant differences between pilot and comparison cases were found for either services or case outcomes in this area.

Problem Area 6: Low Income, Unemployment and Need for Training

Although most families encountered by child welfare workers have low incomes, some were close to destitute at the time they were in contact with DFS Children's Services. We identified 99 such cases in the case-review sample based on workers' assessments. Workers typically pointed to the consequences of inadequate income—such as lack of food, inadequate clothing, and dilapidated housing. The also pointed out the reasons behind it—such as job loss, very low-paying or part-time employment, deficient education, and lack of marketable skills.

Other than the occasional provision of emergency food or cash directly from Children's Services, caseworkers could do little directly for the family. In Table 4.12, we see that workers tended to provide service information and referral significantly more often in pilot cases (69.8 percent versus 52.2 percent in comparison cases). No other differences were found between pilot and comparison either in services delivered or in changes in condition of the problem (Table 4.13).

Table 4.12. Service Responses: Low Income, Unemployment and Need for Training

	PERCENT OF ALL FAMILIES	
Direct response of worker:	**Pilot n=53**	**Comp. n=46**
Worker directly counseled or instructed the family concerning this problem	18.9	13.0
Worker provided information on services*	69.8	52.2
Services from Other Sources Initiated by DFS and Utilized by Family	**Rate per 100 Families**	
a. Counseling, therapy, instruction, crisis services	11.0	13.0
b. Job-related services	0.0	2.0
c. Services to meet basic necessities	6.0	7.0
Number DFS Initiated Services per 100 families	66	50

* p<.01

Table 4.13. Changes in Cases of Low Income, Unemployment and Need for Training

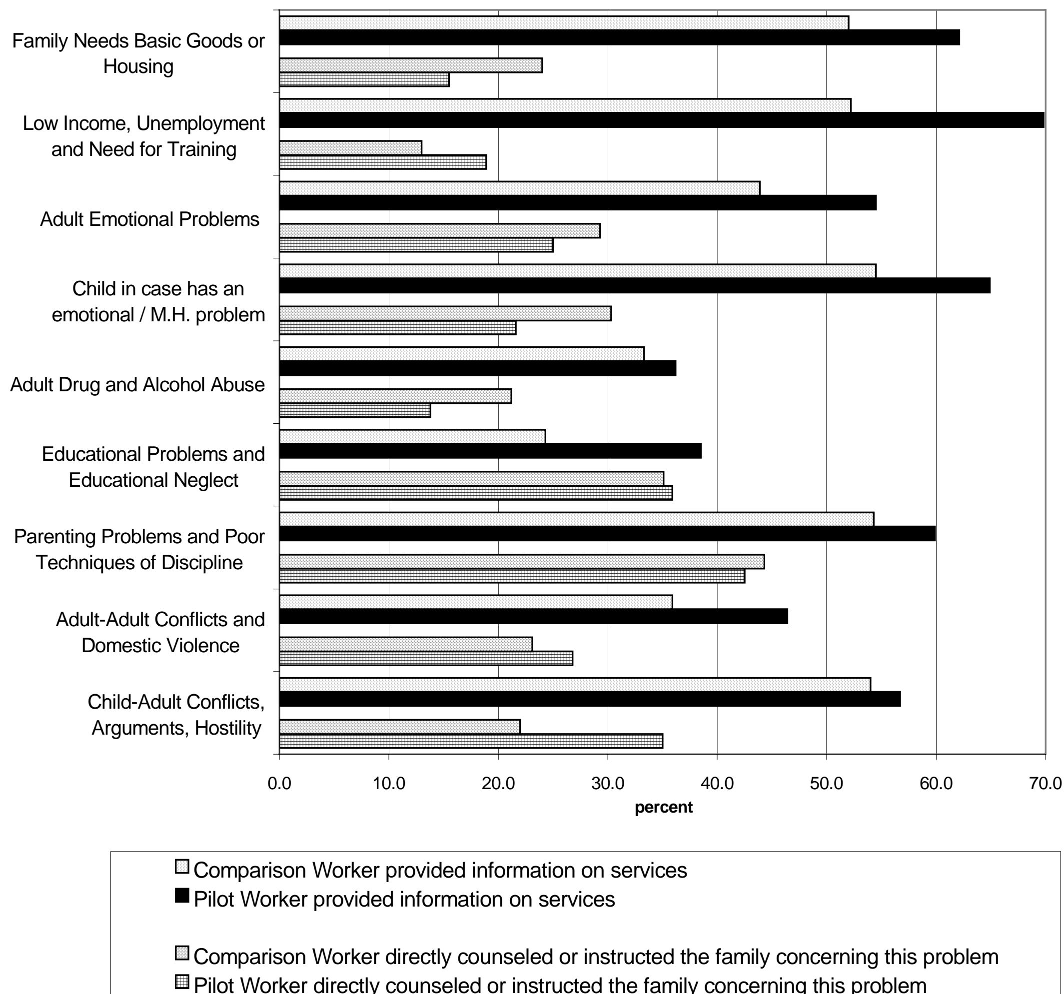
	Number		**Percent**	
Level of Change in problem	**Pilot n=53**	**Comp. n=46**	**Pilot n=53**	**Comp. n=46**
1. Relapse: the problem reappeared or worsened	0	0	0	0
2. Status of the problem was unknown	25	19	47.2	41.3
3. No known change but services or family claims	11	12	20.8	26.1
4. Partially solved, some positive change	10	9	18.9	19.6
5. Completely solved	7	6	13.2	13.0

Family Needs Basic Goods or Housing. A separate analysis was also done of differences in services and outcomes in 108 cases where basic needs were in question. Included were problems with home maintenance, utilities, furniture, appliances, transportation and housing. While no statistically significant differences were found in this analysis, the trends mirror those shown in the preceding two tables.

Summary of Central Problem Areas

In each of the six preceding sections we examined the attempts of workers to initiate services for families and whether those services were fully received. We have collected in Figure 4.1 the percentages of cases where direct services or information/ referral by Children's Services workers were supplied in response to specific problem areas. The top two bars (black and white) for each problem area in the figure represent differences in referral for pilot and comparison cases. The percentage of cases that received service information and/or referrals was consistently greater in pilot cases (black bars) than in comparison cases (white bars). An interesting shift of emphasis can be seen in this graph. The areas that *traditional child welfare workers have tended to emphasize the least* showed the greatest difference: income, unemployment, housing, basic family necessities, adult conflicts and domestic violence, and educational problems. This finding supports the

Figure 4.1. Worker Provided Information on Services or Provided Direct Services to Families in Pilot and Comparison Cases



view that a shift in emphasis occurred in the approach of workers to families. It appears that families in pilot area cases (where the family assessment approach was used in a majority of cases) received more information *about services applicable to a wider range of family problems*. The least differences were found in traditional areas of emphasis like adult-child conflicts, parenting, and techniques of discipline. More specific information and findings related to how workers linked families to community resources are presented in Chapter 9.

The bottom pairs of bars in each problem area in Figure 4.1 concerned direct counseling and instruction by workers. No consistent differences are apparent and in no instance were they statistically significant. Although pilot-comparison differences may have existed in the types of families counseled and instructed by DFS Children's Services workers, no pattern of difference emerged in our consideration of central problem areas.

Services Received. In each of the preceding service tables (4.2, 4.4, 4.6, 4.8, 4.10 and 4.12) a rate of services per 100 families was shown. This rate was derived from a count of direct service and services from other sources initiated by DFS Children's Services in response to the particular problems. They can be interpreted as indices of service reception because each was a count of some activity that families *really* received: worker counseling, worker instruction, worker information, worker referral, or services received from non-DFS sources through the efforts of DFS. The rates for all problem areas analyzed are reproduced in Table 4.14. Inspection of the differences in the table reveals that they are weighted toward the pilot area.

Table 4.14. Number of DFS Initiated Services per 100 Families by Nine Major Problem Area

	Rate per 100 Families		
Problem Area	**Pilot**	**Compar-ison**	**Differ-ence**
1. Child-Adult Conflicts	55	44	11
2. Adult-Adult Conflicts	50	38	12
3. Parenting Problems	61	68	-7
4. Educational Problems	51	37	14
5. Drug and/or Alcohol Problems	32	39	-7
6. Child with Emotional Problems	54	54	0
7. Adult with Emotional Problems	52	51	1
8. Problems related to Low Income/Unemployment	66	50	16
9. Family needs basic goods or housing	60	54	6
Average Difference			5.1

On average across all the problem areas pilot area families received 5.1 per 100 more of these types of service activities than did families in the comparison area. Within each particular area the number of cases are too small to register as statistically

significant. For the complete set of problems, however, the trend in services clearly favors the pilot offices.

Service Response and Change throughout All Central Problems

In the following discussion the focus of the analysis is shifted from families (or cases) with central problems to the total set of problems found among families.[21] The question for analysis moves from "Were differences found between pilot and comparison families who had the same kinds of central problems?" to "Were differences found in services and family outcomes over the total collection of problems encountered by workers?" All defining problems were combined in this analysis. Each problem was related to service responses and outcomes particular to it.

In the previous section we noticed a pattern across the problem areas. Workers in pilot areas appeared to offer service information and make referrals to specific service resources more often than their counterparts in comparison areas (see Figure 4.1). This was confirmed in the present analysis.

Workers provided service information and/or referrals in response to 53.6 percent of the central problems encountered in pilot areas versus 45.8 percent in comparison areas ($p = .01$, Fisher's). Although some differences across types of problem areas were seen in the last section (areas not traditionally the primary focus of child welfare), it was thought this difference might be related to the type of case. One way to analyze this difference is by controlling for the length of the case. Family assessment cases were shorter on average than investigation cases. Unless an FCS case was opened, nearly all assessments were completed in less than 60 days. When we controlled for length of case[22] (60 days or less and greater than 60 days) we discovered the following. Differences were more pronounced in shorter-term cases (pilot = 44.2 percent; comparison = 19.3 percent) than in longer-term cases (pilot = 57.9 percent; comparison = 49.7 percent), although in both instances the differences were statistically significant (short-term: $p = .001$; longer-term: $p = .016$; Fisher's). Our conclusion is that the difference is attributable to the changes in approach to families introduced through the demonstration.

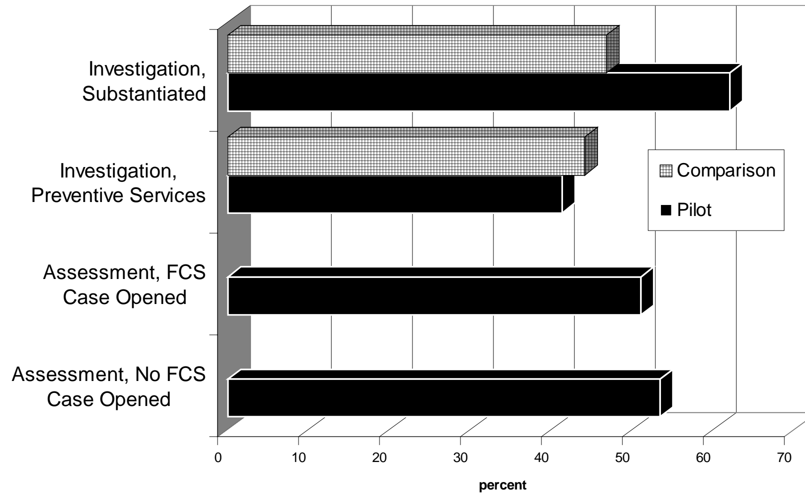
To confirm this we made the same comparison for different types of cases in pilot and comparison areas. These are illustrated in Figure 4.2. Notice that the percents (of information/referral provided) in the figure are higher among family assessment and investigation-substantiated cases in the pilot area. The graph illustrates that family assessment cases in which no formal opening occurred—the shortest kind of case in the study—experienced more of this particular type of service, surpassed only by the substantiated pilot cases. This finding supports the hypothesis that increased provision of

[21] The unit of analysis for comparisons shown in the tables and graphs of previous sections was families. The unit of analysis in the present section is central problems. Under these conditions some families appear more than once in the same data set.

[22] We remind the reader again that we are using "case" is an extended sense that includes family assessment cases judged to need services, even when no Family-Centered services case was begun.

service information to client families was due to the introduction of the family assessment approach in pilot counties.

Figure 4.2. Percent of Central Problems in which Worker Provided Service Information/Referral by Type of Case in Pilot and Comparison Areas



In both the pilot and comparison portions of the sample, a minority of families was known to have received and utilized a service from a non-DFS source initiated by a DFS Children's Services worker. The mean counts of services within the three general categories are shown in Table 4.15. The difference between the values was not statistically significant, nor were differences in the remedy of central problems.

Table 4.15. Service Responses Initiated by DFS and Utilized by Families

Services from Other Sources Initiated by DFS and Utilized by Family	Rate per 100 Families	
	Pilot	Comp.
a. Counseling, therapy, instruction, crisis services	4.0	3.0
b. Job-related services	. 2	1.1
c. Services to meet basic necessities	15.0	14.0

A fundamental question is whether this information represents the reality of service reception and family outcome or simply reflects limited knowledge of outcomes. Several cautions are in order. First, the analysis referred to changes *within the context of the case*. The data sources concerned changes in central problems by time the case ended. Some improvements are longer term and could not be known without extended follow-up of families.

Second, the information in this section is fundamentally an organization of the knowledge that DFS Children's Services workers had of families during their contacts with them. The knowledge was cut off when contacts with families ended. In a significant number of families—a number that increased as a result of short-term cases in the Family Assessment demonstration—the agency simply did not know whether positive changes occurred. If the principal safety problems had been adequately addressed and referral information had been provided, family assessments were often terminated with no follow-up. Changes in underlying problems that might prevent future abuse and neglect were unknowable in this context. Equally important, the control of the child welfare worker over families was limited. Many families cooperated only marginally or not at all. Others broke off contact early and moved away. Knowledge of outcomes for families like these was very limited, even while the case was open.

Third, the same reasoning applies to service reception. As will be evident in Chapter 6, a class of service initiations was observed where the level of service reception was unknown because the case ended or the family declined further contacts.

Fourth, the orientation of the family assessment approach was to build community involvement and to enhance the capabilities of connecting families to sources of community support. This orientation suggests that the responsibility of the child welfare agency for remediation of family and individual problems lies primarily in linking people in need of services with individuals and organizations that can meet their needs. This analysis shows that progress has been made in this regard. Further support for this assertion can be found in Chapter 9. Whether it is successful in bringing about long-term and positive change in families can only be answered by a long-term longitudinal study of a sample of families. In this regard some positive indications were found in our analysis of new reports of child abuse and neglect, which is the subject of the next chapter.

Summary of Findings and Conclusions

In this analysis we examined whether central problems within families were better remedied through the family assessment approach. This was examined in two ways: service delivery to address central problems and changes in central problems. Central problems were divided into six major areas (and three other related areas) for separate consideration. The six were:

1. Adult-child conflicts, hostility and children with uncontrollable or disruptive behavior
2. Parenting problems and poor knowledge or techniques of discipline
3. Educational problems and educational neglect
4. Adult drug and alcohol abuse
5. Emotional and mental health problems of children
6. Low income, unemployment and need for training

Concerning delivery of services, pilot and comparison the following differences were found:

- Workers in pilot area cases significantly more often provided families with information and/or referrals to services and service providers. Further analysis showed that this occurred most often with families approached through the family assessment process.
- No differences were found between pilot and comparison cases in direct worker counseling and instruction nor in services initiated by DFS Children's Services and actually utilized by families. However, the overall trend in services of all types initiated by DFS Children's Services favored the pilot areas, including worker counseling, worker instruction, worker information, worker referral, or services received from non-DFS sources through the efforts of Children's Services.

The fundamental question was whether positive changes occurred more often in cases handled through the family assessment method. **No differences could be found in the level of positive change of family problems between pilot and comparison cases** for specific categories of problems or for family problems overall. On the other hand, the family assessment approach fared no worse than the traditional approach to child welfare as practiced in the comparison counties, although the average time that families were in contact with the child welfare agency was reduced in pilot counties.

These findings were qualified in several ways: 1) Changes were examined only within the context of cases, leaving longer-term changes in families unknown. 2) Many cases, particularly family assessments where no formal case was opened, ended very quickly before outcomes of problems could be known. In addition, some families failed to cooperate with DFS Children's Services, resulting in limited knowledge of changes that took place. 3) The level of service reception was unknown in such cases—sometimes even whether families attempted to use the services initiated by workers and others. 4) The orientation of the family assessment approach is to build community involvement and to link families with community services. This suggests that knowledge of changes in central problems will always be limited unless follow-up is initiated for families who have been in contact with the child welfare agency.

5

Preventing CA/N: New Reports of Abuse and Neglect

Children in families that repeatedly enter and exit the child welfare caseload are commonly thought to be at greater risk. In this view, child welfare recidivism is an indicator of continuing threats to child safety and, by implication, the kinds of problems that underlie child abuse and neglect. This logic can be extended to child abuse and neglect reports. An individual report in itself is not evidence that CA/N has taken place. Traditional investigations were supposed to discover this. Nonetheless, two or three of every ten reports have always led to substantiation of CA/N or to some other action by the child welfare system. In this way of thinking, reports *on average* indicate the existence of threats to children.

We accept this logic as basically correct. Hotline calls usually indicate a concern about a child. Someone—more often than not a professional—has observed something going on in a child's life that endangered the child. A report is a danger signal, and several calls may indicate more danger than only one call. While the notion is fundamentally sound it must be qualified in several ways.

First, as everyone knows, a certain percentage of hotline calls are bogus. Some are false reports, made up to hurt, harass, or to exert leverage on someone. Because it is illegal to do this, we generally assume that the percentage of such calls is low. There are also reports that represent misunderstandings or misjudgments on the part of reporters. Examples might be: that children are in danger because shouting is coming from the next house; that children are not attending school when the parents are actually providing home schooling; or a mistake about the age of a child who was left on his own unsupervised. When we say "on average" as we did above, we are in effect saying that some portion of repeat reports are *not* indicators of problems in families. How great this portion is can probably never be clearly determined. The existence of such reports should at least lead us to avoid sweeping conclusions based on CA/N-report recidivism.

Secondly, all hotline calls are not equal. We saw in Part 3 that a range of severity existed for verified reports of threat to child safety. This is true of hotline incidents as well. Reports of severe physical abuse are not on a par with reports of educational neglect. They both indicate problems, but the former may be an immediate threat to the health and perhaps the life of the child, while the latter indicates a longer-term intellectual and social danger. Defining hotline calls univocally, therefore, is unacceptable. If they are to be added, they must at least be weighted in importance.

Thirdly, it is incorrect to characterize the *tendency of families to engage in certain kinds of abuse and neglect* on the basis of *single reports* of abuse and neglect. A report of over-severe discipline of a child may be a one-time incident or a continuing problem. It may indicate any number of underlying problems, such as ignorance of other methods of disciplining a child, alcoholism of the parent, on-going domestic violence—to name only three. If reports were fair characterizations of families then we would expect a high predictability in subsequent reports. In other words we would expect to see *strings of the same kinds of reports*. Exactly the opposite is true, as will be evident below. While hotline reports can be separated into classes of CA/N incidents (so that appropriate responses can be made to them), they should not be used to construct simple characterization of families. The family realities that underlie the findings of investigations are too diverse.[23]

Data Sources

This analysis is based upon data collected on all CA/N incident reports over a four-year period in the 30 county offices being studied. In Missouri, all CA/N hotline reports are received through the State Child Abuse/Neglect Hotline Unit, operated by the Missouri Department of Social Services. If the call is accepted—and the overwhelming majority of calls are—the information provided by the caller is entered into *initial* CA/N records in the CA/N management information system. This information is then transmitted electronically to appropriate local DFS Children's Services offices. The reports contain everything the hotline worker was able to learn about the family from the reporter and from subsequent record checks of the systems available through the Department of Social Services. Names, addresses, past cases, and the characteristics of the alleged abuse or neglect are included along with a short summary of what the reporter said. DFS investigators and, in the demonstration counties, family assessment workers then make home and school visits. After the visit the fundamental identifying information in the report is updated. The worker's findings are entered for investigations. In family assessment cases certain standard information is entered on family needs and services. Together the initial report and all subsequent information form the final CA/N record.

We received all final CA/N records in the pilot and comparison counties of this evaluation during two contiguous periods. Baseline data were available beginning July 1, 1993 and running through June 30, 1995. Demonstration data began on July 1, 1995 and extended through June 30, 1997. CA/N records for the baseline and demonstration were extracted over identical portions of calendar years by design because we believed that types of reports might vary in regular patterns during different parts of the calendar year. Data from the last two months of the baseline period, May and June of 1995, had to be set

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[23] The initial hotline reports that brought families into our study population, as will become evident later in this chapter, *cannot be used* as a basis of segregating them into groups. We thought we might be able to build a profile based upon the *history* of CA/N reports on a family coupled with other information about previous child welfare cases. Unfortunately, this was not possible for families in the baseline population. Missouri expunges unsubstantiated reports from its system after five years. Unsubstantiated reports before 1993 were not available for the baseline population.

aside for most comparative analyses because the Family Assessment demonstration began early in certain demonstration counties and assessments were already being conducted during these two months. These would have constituted a contaminating factor in before-after comparisons. To create corresponding data sets we truncated the data files. The final time frames for recidivism data were 7/1/93 to 4/30/95 and 7/1/95 to 4/30/97.

As pointed out earlier, client families were selected for the study whenever an incident was concluded as substantiated, unsubstantiated-preventive services needed, or assessment-services needed. Family records were then maintained for the duration of the baseline or demonstration period. All subsequent hotline reports of any kind were retained. The first report and subsequent reports are the basis for the present analysis. So that the period of follow-up would be sufficient, assignment of families was concluded after 18 months (12/31/94 for Baseline and 12/31/96 for Demonstration).

We were limited to analyzing information common to *all* incidents. Findings by the worker were entered into the final CA/N record when the case was substantiated. No corresponding information, however, was entered either for preventive or for assessment cases. For the latter two types, therefore, we had no consistent information confirming or disconfirming reporter descriptions.[24] For population-wide data where only MIS information was available we were limited to *reporters' descriptions*.

Missouri utilizes a 44-category system of various characteristics of abuse and neglect for reporter's descriptions. A hotline worker who receives a report may code up to five codes from this system in the initial CA/N report. For example, a physical and verbal abuse report might involve the two codes: "bruises, welts and red marks" and "blaming, verbal abuse and threatening." A report for sexual abuse might involve the codes "fondling/touching" along with "digital penetration" and "other sexual abuse." Earlier in the evaluation we analyzed these codes for over 48,000 incidents and discovered that consistent patterns existed in the way they were applied (See Appendix A). Certain codes tended to appear together quite often in the same reports and others rarely appeared together. Based on this analysis we found that codes could be grouped into a smaller and more manageable set of eight categories. These were:

1. Severe physical abuse
2. Less severe physical abuse
3. Sexual abuse or sexual injury
4. Children lack basic necessities (food, clothing, hygiene, shelter)
5. Health and medical needs left untended
6. Poor or damaging adult-child relationship
7. Lack of supervision or proper care
8. Lack of proper concern for education

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[24] This was one of the reasons for selecting a sample of cases for certain analyses (see Chapters 3, 4 and 6). By contacting workers and reading case files we were able to reconstruct findings and other observations and activities.

Any hotline report may be coded on any one of these eight dimensions and any combination, although in practice only a handful of reports were coded for more than two categories. The categories themselves were either statistically unrelated or inversely related. This simply means that a minority of incidents shared in more than one of the eight dimensions, and when categories were shared, the sharing did not occur in a consistent pattern.[25]

We noted earlier that the categories could not be regarded as equally threatening to the safety of children. In the case-review sample, we coded the severity of verified threats to child safety (Part 3). Each of these cases also shared in the categorization of reporters' descriptions here being considered. Using those cases, we calculated an average severity score for each of the eight categories. These are shown in Table 5.1 and were used as weights in some of the following analyses. These can be interpreted as the "potential of threat that this type of description represents."

Table 5.1. Mean Severity
(Determined from Sample Cases)

Category of Reporters' Descriptions	Severity
1. Severe physical abuse	3.33
2. Less severe physical abuse	2.31
3. Sexual abuse or sexual injury	2.88
4. Children lack basic necessities	2.25
5. Health and medical needs left untended	2.15
6. Poor or damaging adult-child relationship	2.28
7. Lack of supervision or proper care	2.45
8. Lack of proper concern for education	1.22

Hotline Reports and Diversity of Child Maltreatment

We conducted an analysis of CA/N incidence data during the baseline period in order to determine whether relationships could be found among the kinds of child maltreatment being reported in series of hotlines. Suppose a report is received that a child is missing school and that his parents do not care. If this family is followed over a period of months and another hotline call is received what is the likelihood that it also will be a report of educational neglect? This was the kind of problem posed for the following analysis.

As a working database, we selected all hotline reports in the study during the baseline period (July 1, 1993 through June 30, 1995). The baseline period was chosen

[25] This confirms the logic of the eight categories themselves. The 44 base items were grouped together because they often co-occurred and were grouped in different categories when they rarely co-occurred (i.e. when they were inversely related). It also means that the general categories may be treated as independent types encompassing the alleged characteristics of child abuse and neglect incidents.

because it could be said to fairly depict the traditional report and investigation system. Family assessment cases were in effect only during the last two months in select offices, but they involved only a tiny minority of cases and in any event could not have affected our measures of new CA/N incident reports. The incidents were analyzed employing a method developed for this research project that linked multiple reports on families.[26]

The first six months of this period (July 1, 1993 to December 31, 1993) was selected as a starting period. During this time hotline reports were received on 11,276 separate families in the combined pilot-comparison area. Each of these families was tracked from the date of the first report through the remainder of the two-year period. All subsequent CA/N incidents were included for the analysis. The majority of families (58.2 percent) had no new incidents during the tracking period. The remainder experienced 10,189 additional hotline reports. Most (20.8 percent of all families) had only one new report, while 9.5 percent had two subsequent reports and 11.5 percent had three or more.

We utilized the eight categories of reporter descriptions discussed in the previous section. (In the present analysis the weighting system was not appropriate and was not used.) Their frequencies within the 11,276 initial CA/N reports are shown in Table 5.2. The total of all the initial incidents sums to a number larger than 11,276 because some reports involved more than one kind of alleged maltreatment. The second column shows families in each category that were reported again during the two-year period.

About one in five (21.6 percent) of the 11,276 initial reports were concluded as probable cause, that is, substantiated as abuse or neglect. Of the remainder, 65.9 percent were unsubstantiated, 8.7 percent were unsubstantiated but opened for voluntary preventive services and the remaining 3.8 percent involved assorted other conclusions.[27] Of the families with substantiated reports, 46.5 percent experienced another hotline report at some point before July 1, 1995. Within the group of remaining families, 40.5 percent were reported a second time. Substantiation only slightly increased the likelihood of subsequent reports.

On the assumption that the content of hotline reports fairly represents underlying differences in families we would expect subsequent reports to match these categories rather closely. For example, we might characterize a family accused of physical abuse in a single hotline as a "physically abusive" family and would predict that subsequent hotlines would involve physical abuse. On the other hand, if the strengths and weaknesses of families are more complex and only marginally related to the nature of a single CA/N report, we would predict just the opposite--that subsequent reports would be all over the map. One particular report of abuse or neglect would be a modest or perhaps even a poor predictor of the type as well as the intensity of later alleged maltreatment.

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[26] As explained earlier, we constructed "family" records that linked adults and children that *ever* co-occurred in any report. The children in such families remain rather stable across hotlines, although new children sometime appear in subsequent reports for various reasons--new births, children with absent parents, children overlooked by investigators because they were away from home, and the like.
[27] These included: unable to locate family, inappropriate report, family located out of state, and home schooling reported as educational neglect.

Table 5.2. Types of Child Maltreatment Initially Reported and Number of Families with a subsequent report (7/1/93-12/31/93, n=11,276)

Category of child maltreatment	Initial CA/N reports on families*	Families with any subsequent reports*
1. Severe physical abuse	124	25
2. Less severe physical abuse	1299	621
3. Sexual abuse or sexual injury	2008	451
4. Children lack basic necessities	1606	1053
5. Health and medical needs left untended	688	344
6. Poor or damaging adult-child relationship	3904	1613
7. Lack of supervision or proper care	3742	1629
8. Lack of proper concern for education	654	325
* Rows contain duplicated counts since 22.6 percent of families were accused of different types of CA/N and are represented in two or more categories.		

The nature of subsequent reports supports the second hypothesis (Table 5.3). By cross-tabulating characteristics of initial and subsequent reports we could observe how well reports of particular types of child maltreatment predicted subsequent reports. Table 5.3 does show modest predictability, particularly regarding adult-child relationships, lack of supervision and neglected basic needs of children. However, the table taken as a whole suggests variation rather than predictability. Rather than falling nicely along the diagonal of perfect prediction (table cells from upper left to lower right) numbers tend to be dispersed over the table. For example, of the 621 families with an initial report of less severe physical abuse (who received any other reports, see Table 5.2) only 333 subsequent reports were the same. Most later alleged abuse and neglect for these families fell into other categories including 505 under poor or damaging relationships between parents and children and 345 instances of lack of supervision or proper care. Sexual maltreatment fails to predict future sexual maltreatment.

The cells of Table 5.3 sum to 17,250--considerably more than the 10,189 subsequent reports. The table shows any co-occurrence of characteristics within hotline reports. We said that 2,446 (2,119+327) initial reports shared two or more of the eight general types of alleged maltreatment. The same was true of subsequent reports where 2,562 were reports sharing in two or more characteristics. Thus, part of the diversity exhibited by the table results from the complexity of initial and later incidents. For example, an initial report of two kinds of maltreatment and a later report with two kinds could result in four hits within the table. This supports rather than detracts from our hypothesis. Whether we looked *within or between reports* the key characteristic was diversity rather than uniformity. Only about 28 percent of the initially reported maltreatment corresponded to later reports.

Table 5.3. Types of Maltreatment in Initial and Subsequent Reports in 30 Missouri Counties during a 24 month Period

	Types of maltreatment in subsequent hotline reports (n=10,189 subsequent report categories used)							
Type of initially reported maltreatment (n=4,709 families with any subsequent report)	**1 SPA**	**2 LSA**	**3 SAI**	**4 CLB**	**5 HMN**	**6 PDR**	**7 LSC**	**8 LCE**
1. Severe physical abuse (SPA)	9	11	1	6	7	14	16	1
2. Less severe physical abuse (LSA)	13	333	129	178	71	505	345	57
3. Sexual abuse or sexual injury (SAI)	3	107	220	134	44	250	266	59
4. Children lack basic necessities (CLB)	17	262	161	962	236	604	826	224
5. Health and medical needs untended(HMN)	6	111	56	206	117	206	227	78
6. Poor or damaging relationship (PDR)	28	622	341	554	215	1391	975	225
7. Lack of supervision or proper care (LSC)	24	432	292	909	241	1047	1631	321
8. Lack of proper concern for education(LCE)	0	47	47	182	61	153	202	232

(Shaded cells are where subsequent reports would fall if they were the same type as the first report.)

A possible objection is that we used reports of all kinds without regard to outcomes of investigations. If this were an analysis only of substantiated reports perhaps the correspondence would have been greater. We examined that objection. No difference in patterns could be detected for substantiated reports. Indeed we found the same proportion of exact correspondence (28 percent) and scatter (72 percent) when we limited the analysis to families for whom initial reports were substantiated. This supports a finding from an earlier study that substantiation of CA/N investigations is a poor basis for predicting types of subsequent child maltreatment.[28] For the present analysis, this means that *substantiated hotline reports are not necessarily better measures of long-term threats to children than initial uninvestigated reports*. In the general context, *this supports the hypothesis that the safety of children, as a population, is not enhanced by formal investigations of abuse and neglect. There may be as many unsafe children in unsubstantiated investigations as in substantiated.* It also makes the findings of Chapter 3 more understandable. Abandoning the investigative process for the majority of CA/N incidents does not make children less safe, and for certain kinds of less serious incidents safety is improved by doing assessments rather than investigations. This in turn suggests that family assessments should be done in all cases, even when investigations are conducted.

Series of CA/N reports on families indicate a diversity of problems and dangers to children within families that come to the attention of the agency more than one time. This diversity arises in part from the complexity of families and intra-family dynamics, as well as from the chance[29] nature of hotline reports. Even within the same reports

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[28] Loman, L.A. and Siegel, G.L. (1995), *Decision Making in Child Welfare: A Study of the Child Welfare System in Missouri.* Missouri Department of Social Services.

[29] A hotline report results from an incident that has been observed by a third party, and some incidents are more likely to be observed than others: those in public (a store) more than those in private (a home), those that are ongoing states of affairs (such as a lack of basic needs) more than those which are periodic in nature (such as physical abuse), those of individuals who live in densely populated neighborhoods (such as an apartment complex) more than those of persons who live in sparsely populated areas (such as on a farm).

different (and uncorrelated) types of abuse and neglect were found in a minority of cases. We cannot draw hard and fast conclusions about the tendency of families to engage in particular kinds of abuse and neglect from single CA/N reports.

Kinds of Family Characteristics Associated with Hotline Reports

If we leave aside questions of the inclination of families to abuse or neglect children in certain ways, other family characteristics do seem to be positively associated with types of CA/N reports. Certain types of families do indeed experience more CA/N reports in certain of the eight categories created. These suggest areas where interactions might be expected in our analysis of recidivism. Of the set of family and case characteristics, those shown in Table 5.4 were found to be associated with types within our eight-category system.

Table 5.4. Relationship* between Types of Maltreatment in Initial Reports and Characteristics of Study Population Families

	Types of maltreatment# (weighted) found in initial reports on families in the study population							
Family Characteristics	**1 SPA**	**2 LSA**	**3 SAI**	**4 CLB**	**5 HMN**	**6 PDR**	**7 LSC**	**8 LCE**
1. Single mother		-				-	+	+
2. Unemployed/underemployed parent		-	-	+			+	+
3. Number of children		- -	- -	++			++	
4. Infant in family	++	-	- -	++				--
5. Child ages 1 to 2 years in family			- -	++				--
6. Child ages 3 to 5 years in family				++				--
7. Child ages 6 to 12 in family								
8. Teen Child in Family					-	++	- -	++
9. Older Caretaker	-			-	-		-	++
10. Younger Caretaker	+			+	+		+	- -
11. Number of Girls in Family		-	+					
12. Number of Boys in Family			-				+	

* Significant relationship with associations >.07 or < -.07 or for double signs > .10 or < -.10

\# 1. Severe physical abuse (SPA) 2. Less severe physical abuse (LSA)
3. Sexual abuse or sexual injury (SAI) 4. Children lack basic necessities (CLB)
5. Health and medical needs untended (HMN) 6. Poor or damaging relationship (PDR)
7. Lack of supervision or proper care (LSC) 8. Lack of proper concern for education (LCE)

There are two kinds of associations shown in Table 5.4. Direct or positive associations occur when the family characteristic is found more frequently with a particular category of report. Inverse or negative associations occur when the characteristic is seldom or never found with a particular category of report. Both kinds of association convey information.

The first three categories are indicators of poverty and financial problems. The problem areas for such families were: 1) meeting the basic needs of children for food,

clothing, hygiene, and shelter (family category 2 and 3 only), 2) supervision or proper care of the children, and 3) concern about education (family category 1 and 2). On the other hand, these families are less frequently reported for less severe reports of physical abuse. Sexual abuse calls happen more rarely for the second two categories and poor adult-child relationships are reported less frequently for single mothers. These relationships suggested that these three variables might be used to form a sub-group within the study of families that are poor and lacking in basic necessities.

Infant children are associated with the cases of severe abuse. Many of these cases involve very young children brought to emergency rooms with severe injuries. The reporters in these cases were most often medical personnel.

All preschool children including infants share other associations. Children aged birth to two years are seldom involved in reports of sexual abuse and there is no particularly strong association for older preschoolers. All three age groups are associated with reports that the children lack basic needs (food, clothing, hygiene, and shelter). Lack of supervision is a problem for families with 1 to 5-year-old children. And, of course, these families are rarely reported for educational neglect.

No associations at all were found for children in the middle age range (six to twelve years). This simply indicates that for these children one type of abuse or neglect report was about as likely as another. Children in their teen years presented another pattern. They more rarely were the subject of calls for medical neglect or lack of supervision but quite often for cases of poor adult-child relationships (fights, arguments, conflicts, verbal abuse, etc.) and for educational neglect.

Recidivism: Subsequent Hotline Calls

The primary research questions posed in the evaluation study concerned the impact of the family assessment approach. As previously explained, the study was designed to permit comparisons over time (baseline and demonstration periods) and between groups (pilot and comparison counties). Regarding subsequent hotline calls (new reports on families already in the study population), the fundamental comparison is of the relative changes in hotline calls for the pilot and comparison areas between the baseline and the demonstration periods. In its simplest form this is a cross-tabulation like that shown in the Table 5.5. It is immediately apparent that recidivism went up in both areas slightly (36.0 to 37.7 percent in pilot versus 35.7 to 40.4 percent in comparison counties). Focusing on the top half of the table the percentages are very similar between pilot and comparison areas during the baseline period. This confirms our earlier observations that the offices in the two study areas had highly similar caseloads.[30]

[30] The population-wide analyses from this point forward were weighted. We noted in Part Two that entry-effects had been discovered. Weights were created and applied to each case that effectively increased or decreased their contribution to the analysis. For example, because more reports of unmet basic needs of children were acted upon in the pilot area during the demonstration period, the contribution of these cases was *reduced* slightly. This is proper procedure in a quasi-experiment, but because the entry effects were relatively small we could detect no effect of the weighting on the present analysis.

A change is evident during the demonstration period (see Table 5.5). Although both study areas experienced an increase, the increase in the pilot areas was smaller (1.7-percent increase in pilot areas versus a 4.7-percent increase in comparison). The differences in the bottom half of the table are statistically significant (p = .016, Fisher's). There was a *relative* decline, therefore, in hotline recidivism in the pilot areas. Whereas the "expected" percentage in pilot areas, based on what occurred in comparison areas, was 40.8 percent, it was, in fact, 37.7 percent.

Table 5.5. Frequency of Any New CA/N Incident Reports for Pilot and Comparison Families during the Baseline and Demonstration Periods

	New Hotlines	Pilot	Comparison
Baseline	One or more	36.0%	35.7%
	None	64.0%	64.3%
	Total Families*	2922	2558
Demo	One or more	37.7%	40.4%
	None	62.3%	59.6%
	Total Families*	3285	3045
* Weighted (see footnote 6)			

A simple count of any new CA/N reports like that embodied in Table 5.5 does not take into account the number of hotlines or different kinds of reports per family. The number of new hotlines for each family ranged from one to thirteen. In addition, all new hotlines were grouped within the eight-category system that we have discussed and were weighted for severity according to the scheme illustrated above. This approach yielded recidivism *scores* for each family. The score was a combination of 1) amount of recidivism and 2) potential severity of the kind of abuse and neglect that was reported. When analyses were conducted utilizing this additional information and interpretation of new hotlines, the differences between pilot and comparison areas diminished somewhat. The same pattern is evident in the means shown in Table 5.6, but they are not significantly different (p = .292, F).

Table 5.6. Mean Recidivism Scores of Pilot and Comparison Families during the Baseline and Demonstration Periods

	Pilot	Comparison
Baseline	1.86	2.00
Demo	1.98	2.29

A fundamental problem was involved in this analysis. It tended to gloss over differences in the hotline reports. Just because all the hotline calls are named "CA/N incident reports" does not mean they are equivalent. Our comments on the application of severity weights are well taken but even this procedure does not avoid the problem of combining radically different kinds of underlying situations in one analysis. All kinds of hotlines were combined, hiding differences that may have been due to reductions in particular kinds of problems. It is entirely possible that certain kinds of recurrent problems—educational neglect, for example—might have been reduced in the pilot areas during the demonstration period, while other kinds of problems that are less amenable to DFS influence—sexual maltreatment, for instance—remained unchanged. The former involves a change in ongoing behavior and attitudes and may be addressed directly by school-based social workers. The latter sometimes involves ongoing patterns but more often represents one or a few incidents that have to do with family living patterns and relationships (new step-parents, paramours, children exposed to older relatives, etc.). Most of these changes are outside the sphere of influence of the child welfare agency.

Separate Types of CA/N Reports. Accordingly, the next stage of analysis of recidivism involved separation of the recurring reports into the category system introduced earlier. Separate analyses were conducted for each type. For five of the eight types, results were essentially like those shown in Table 5.6: severe physical abuse, less severe physical abuse, sexual abuse or sexual injury, untended health and medical needs and poor or damaging relationships.

As an example of the kind of relationships found in these five areas we have shown the results for new reports of less severe physical abuse in Figure 5.1. The beginning and end points of the lines represent mean recidivism scores for the two study groups. The lines are inclined upward showing increases in recidivism in both pilot and comparison areas but they are parallel, indicating no change attributable to the assessment approach.[31]

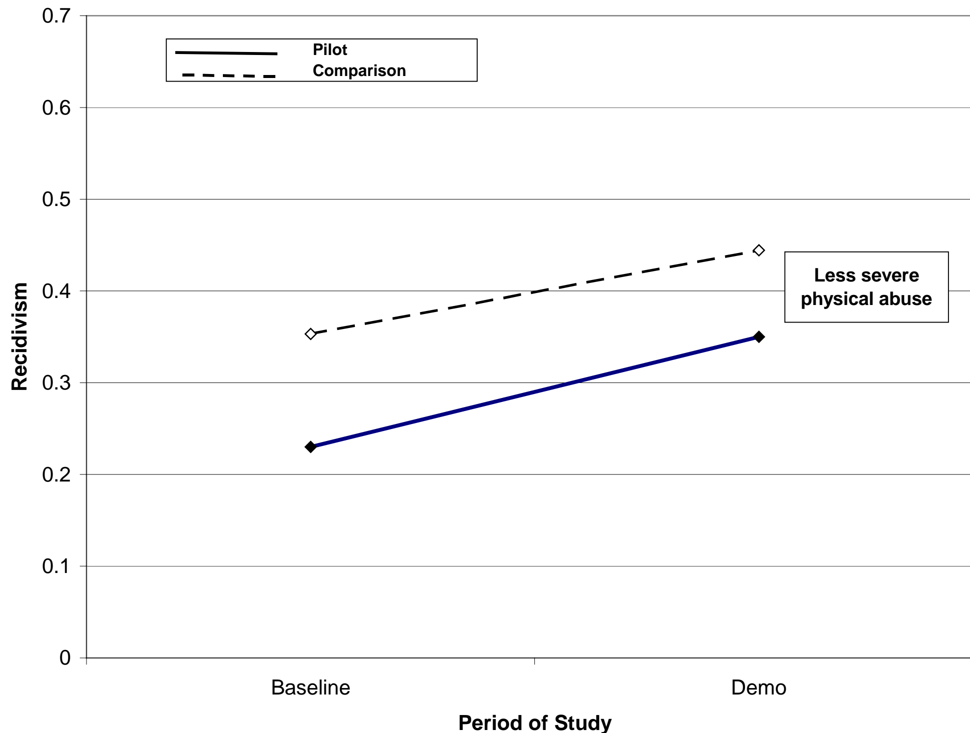
Two of the areas where no effects were seen account for a rather small portion of the total CA/N reports received. Only 1.2 percent of families entered our study population because of severe physical abuse reports; and once in the study population, only .4 percent had a report of severe physical through the end of the follow-up period. Similarly, only 4.1 percent of families had a new hotline alleging medical neglect reports after entering the study population. Because the number of such reports was small, rather large changes were necessary to show up as statistically different.

The substantive issue, however, is the *relative effectiveness of actions by child welfare workers that might prevent abuse and neglect in these areas*. Setting aside the two categories with very small numbers, the relevant question is: Why did the differences in approach between pilot and comparison counties fail to make a difference in preventing future reports of sexual abuse, less severe physical abuse, and adult-child

[31] In figures of this kind the relative inclination of the lines is key. Parallel lines mean no difference while lines at different angles sometimes mean that a statistical interaction occurred. In this particular analysis, such interaction effects are the basis for judgment of positive or negative outcomes for the demonstration.

relationship problems? The question is posed here, but it cannot be answered with current data.

Figure 5.1. Comparison of Recidivism Means for New Reports of Less Severe Physical Abuse

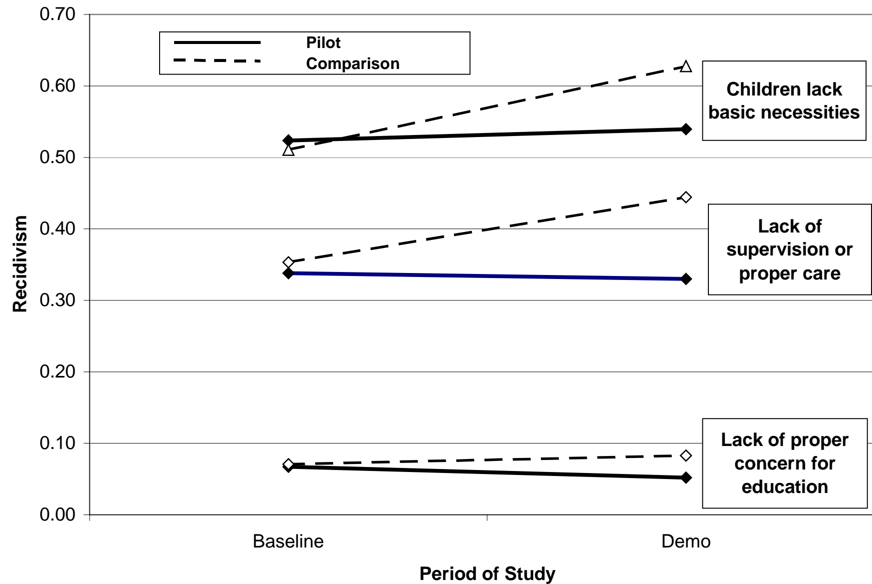


In three areas, significant effects were found. These were 1) children lack basic necessities (p = .03, F), 2) lack of supervision and proper care (p = .052, F), and 3) lack of proper concern for education (p = .005, F). The corresponding comparisons of means are shown in Figure 5.2. In each case the recidivism values were quite comparable in pilot and comparison areas during the baseline period—each pair of lines begins from the same point. In each case the pilot counties declined slightly or stayed level during the demonstration period while an increase was seen in comparison counties. This is a positive outcome for the evaluation. The effects were never reversed, that is, recidivism was never less in comparison cases.

In an attempt to understand these differences, we applied the other variables shown in Table 5.4 to the analysis. Our first question concerned whether the variables that were themselves individually related to recidivism might explain differences like those identified in Figure 5.2. This evaluation is a quasi-experiment and no matter how similar comparison and pilot caseloads appear to be, other hidden differences might account for apparent impacts of the new approach. For example, we knew that families with single mothers tended to have higher proportions of new reports of lack of supervision and educational neglect (see Table 5.4). On the other hand, we knew that single mothers were found in quite similar proportions in both populations. Still, it was

possible that differences between pilot and comparison counties might be attributable in part to this group.

Figure 5.2. Comparison of Recidivism Means for New Reports of Children Lacking Basic Necessities, Lack of Supervision or Proper Care and Lack of Proper Concern for Education



Families were first dichotomized into mother-only and/or unemployed parent versus neither of these conditions. We regarded this as a simple and indirect measure of poverty status. Analyses were conducted in which this status was treated as another factor. No effects on the observed pilot-comparison difference were observed. Similar analyses were conducted utilizing age of children, since several consistent relationships had been found between recidivism and the presence of preschool children in families. No differences in pilot-comparison effects were found for families with or without preschool children.

Family Size. The number of children in a family was by itself somewhat more strongly related to hotline recidivism than either female single parent or unemployment (see Table 5.4) although we suggested that these three variables might be interrelated. This variable, when introduced alone into the analysis, produced interesting differences.

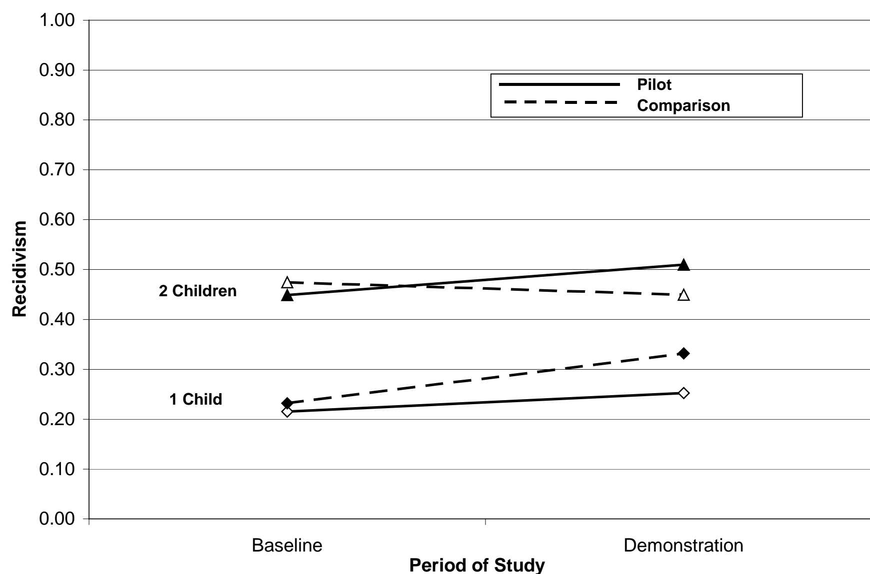
Larger families tend to be poorer.[32] They tend to experience a variety of problems associated with basic needs. Maintaining an adequate income for basic needs is more difficult and may explain the correlation with those aspects of child neglect that we have termed "children lacked basic necessities." Poverty does not explain all such cases

[32] For an analysis of race, mother-only families, and family size see U.S. House of Representatives, Committee on Ways and Means, *Children in Poverty* (Washington, D.C.: U.S. Government Printing Office, 1985):88-96. This analysis shows that increased family size exacerbates the effects of other conditions known to be associated with or to cause poverty.

but it is a condition that underlies and enhances the possibility that child neglect will occur. Similarly, finding childcare is more difficult in families with several children.[33] Childcare difficulties may in part lie behind the positive association found between number of children and new cases of lack of supervision.

We introduced the number of children in families as a four-level factor in the analysis. The analysis differentiated baseline and demonstration, pilot and comparison study areas, and families with one, two, three or four or more children. The analysis showed that a large part of the variation found between pilot and comparison areas in recidivism occurred for families with three or more children. This is illustrated in Figures 5.3 and 5.4. These graphs cover the analysis of one of the dependent variables:

Figure 5.3. Comparison of Recidivism Means for Children: Lacked Basic Necessities for Families with One or Two Children

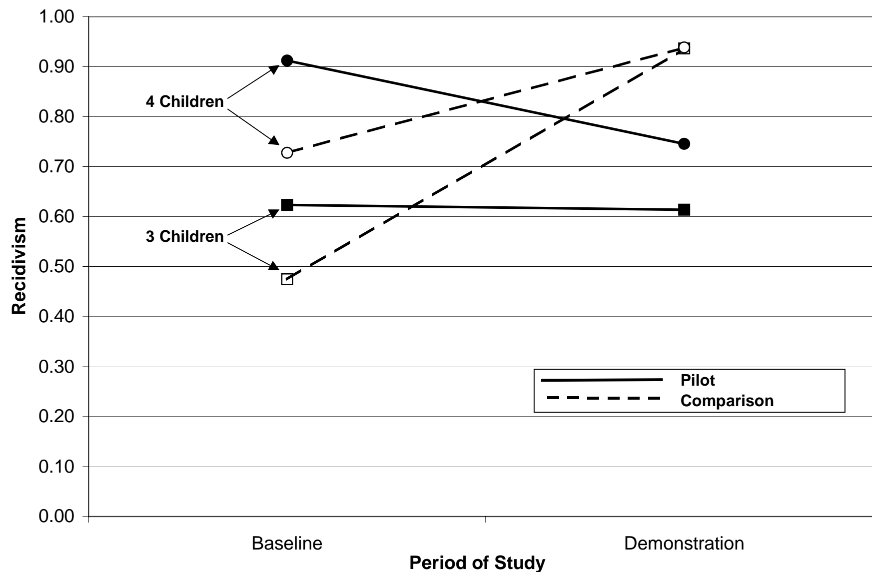


children lacked basic necessities. An essentially similar pattern was discovered, however, for the other two variables shown in Figure 5.2. Figure 5.3 shows that the pilot and comparison variation was essentially non-existent for families with one or two children (statistical comparisons were not statistically significant).

In Figure 5.4 the differences are highly pronounced, showing an overall decline in new hotlines for families with three or more children in the pilot area as compared to a substantial increase in comparison areas.

[33] In a study conducted in Illinois, we found that low-income women with three or more children were more likely to report difficulties in finding adequate child care and entered work less frequently. See G. Siegel and L. Loman, *Child Care and AFDC Recipients in Illinois: Patterns, Problems and Needs*. (St. Louis, Mo.: Institute of Applied Research, 1991).

Figure 5.4. Comparison of Recidivism Means for Children: Lacked Basic Necessities for Families with Three or Four+ Children



This difference can be expressed as follows. Lower rates of new hotline reports having to do with neglect of children's basic needs, lack of supervision and proper care, and lack of concern about education were found for pilot area families with three or more children when compared to their counterparts in the comparison areas.

How is this difference to be explained? We favor a view based on the status of very low-income families, but some alternative explanations were explored. We knew, for instance, that families with children in Alternative Care had high rates of recidivism. The problems that led to the removal of the child tended to be more severe and to recur. In addition, we also knew that a new approach to Alternative Care, the Family-Centered Out-of-Home Care project, had begun in some counties. Was it possible that in an indirect way this could explain why families with more children appeared to have lower recidivism rates in the pilot counties? We found a weak relationship, however, between number of children in the family and entrance of a child into Alternative Care.[34] And, because Family-Centered Out-of-Home applies to all AC children once it is introduced into a region, not just children in large families, it was ruled out as well. In addition, one of areas of hotline report reduction was educational neglect, which is inversely related to Alternative Care.

It was also possible that some difference might be found in the pattern of family size across the four conditions. For example, perhaps there were more large families in

[34] See table 7.1 where the relationship is discussed. It was weak but statistically significant at the .01 probability level. Number of children was the weakest of the variables that were positively related out-of-home placement and it was eliminated from the final regression model in the analysis of changes in this variable.

the comparison than in the pilot counties. This was not the case. The distribution of the size of families was quite similar between pilot and comparison counties.

Finally, we examined the ages of children in families of different sizes. The distribution of ages across family sizes was quite different. For example, the distribution of older children was bimodal: greater frequencies in families with one child and in families with three or more children. The distributions were quite similar, however, over baseline and demonstration periods and between pilot and comparison study groups. None of these variables appeared to be implicated in the differences discovered.

An alternative explanation is that the family assessment process is most effective with such families. Families with many children—and it should be remembered that a majority of all families in the study had a single parent—are the most stressed and often the most in need of fundamental services. Such services as emergency food, help in finding new housing, clothes for the children, and assistance in locating childcare—the kinds of services the family assessment process emphasizes—have the potential to have the most effect on the poorest families. The process, if properly implemented, is more likely to have effects with these families, where the problems are most basic and consequently the solutions are most simple. *This conjecture is by no means proven through this discussion*, but a supporting piece of evidence can be found in chapter 6 where delivery of basic services to families was found to have occurred significantly more often in pilot counties.

Inter-Office Differences in Hotline Recidivism

Changes like those discussed above are not necessarily uniform over all parts of the demonstration. This is particularly true in a demonstration that is being conducted with some variation from office to office, as we have discussed in greater detail elsewhere in this report. The question to be answered is whether *average* changes in the pilot area show improvement over similar changes in the comparison area. The following table (5.7) highlights this phenomenon.

Our weighted recidivism measures were used to create Table 5.7. Each cell represents a subtraction*: recidivism in the demonstration period minus recidivism in the baseline period*. Negative values, therefore, represent reductions and reductions in recidivism are positive outcomes for the demonstration. They are shown in bold type in the table.

Table 5.7. County Changes in Recidivism from Baseline to Demonstration Period

	All cases[#]			Families with 3 or more children		
Pilot	**Basic* Needs**	**Supervi-sion/Care**	**Educa-tion**	**Basic Needs**	**Supervi-sion/Care**	**Educa-tion**
Barton	0.055	0.156	0.020	**-0.242**	**-0.726**	**0.000**
Boone	0.023	**-0.015**	0.022	0.231	0.162	0.028
Callaway	**-0.365**	**-0.139**	0.008	**-1.763**	**-1.001**	**-0.167**
Cedar	0.213	**-0.034**	**-0.055**	0.208	0.505	0.046
Dade	0.000	**-0.587**	0.000	0.000	**-2.450**	0.000
Jasper	0.000	**-0.059**	**-0.023**	**-0.224**	**-0.580**	**-0.116**
Jefferson	0.141	**-0.034**	**-0.002**	0.401	**-0.139**	**-0.059**
Maries	**-0.466**	0.001	0.057	----[@]	----	----
Newton	0.108	0.281	0.010	0.071	0.193	**-0.080**
Phelps	**-0.221**	**-0.070**	0.047	**-0.455**	**-0.945**	0.098
Pulaski	**-0.024**	**-0.211**	0.010	0.165	**-1.816**	**-0.095**
St. Charles	0.003	0.070	0.001	0.207	**-0.256**	**-0.068**
Texas	0.108	0.048	0.014	0.043	**-0.674**	0.094
Washington	**-0.092**	0.127	**-0.062**	**-0.443**	**-0.433**	**-0.113**
St. Louis County	**-0.221**	**-0.328**	0.128	**-0.590**	**-0.428**	**-0.022**
St. Louis City	0.022	**-0.069**	**-0.037**	**-0.093**	**-0.221**	0.034
Comparison						
Buchanan	0.223	0.087	0.027	0.655	**-0.724**	0.021
Clay	0.176	0.259	0.021	0.316	0.407	0.100
Cole	0.174	0.138	0.044	0.562	0.853	0.166
Gasconade	0.034	**-0.388**	0.056	0.379	**-1.281**	0.000
Greene	0.070	0.000	0.022	0.759	0.315	**-0.031**
Lafayette	0.153	0.689	0.021	0.253	0.816	**-0.064**
Lawrence	0.520	0.041	0.028	**-0.368**	**-0.390**	0.000
Miller	0.095	0.020	0.096	0.480	0.372	0.231
Montgomery	0.229	**-0.094**	0.105	**-0.211**	**-0.532**	0.000
Platte	**-0.019**	0.287	0.036	**-0.217**	1.493	0.140
Polk	**-0.304**	0.066	**-0.032**	0.548	0.298	**-0.153**
St. Francois	0.185	0.104	0.025	**-0.159**	**-0.232**	0.052
Warren	0.370	0.367	0.055	0.346	0.378	0.094
Webster	0.297	0.110	0.011	0.000	0.303	**-0.152**
St. Louis County	0.163	0.111	0.037	0.270	**-0.422**	0.159
St. Louis City	**-0.028**	**-0.020**	0.019	0.229	**-0.191**	0.107

*Basic Needs = Children lack basic necessities, Supervisions/Care =Lack of supervision or proper care, Education = Lack of proper concern for education.
Negative values indicate reduction in recidivism and are shown in **bold**.
[@] No cases in these categories.

The table is focused on the three types of new hotlines that were significantly different when we compared pilot and demonstration cases as a whole: children lack basic necessities, lack of supervision or proper care, and lack of proper concern for education. These are found in the first three columns of figures. In the last three columns on the right of the table, we show recidivism among families with three or more children, the type of families where we discovered greatest pilot-comparison differences.

A casual scan of the table reveals several important differences. First, recidivism did not drop in all pilot counties for all conditions. However, by scanning down the county column and looking to the right across the six numbers the reader can see that *every pilot county had at least one instance of reduced recidivism*. This was not true for every comparison county.

Secondly, simply counting cells that showed reductions is instructive, revealing 49 instances of reduction in the pilot counties versus 22 in comparison counties. This corresponds to the greater average change across pilot and comparison.

Thirdly, individual county difference should be approached with caution. The numbers in most counties were below 300 cases in the baseline period, in the demonstration period or in both. Variations can be more extreme for small numbers of cases. The principle focus of the reader should be on the table as a whole rather than on county by county comparisons. Furthermore, particular comparison and pilot counties were not individually matched. The two exceptions to this rule were St. Louis City and St. Louis County where zip code matches were made within the city or county boundaries. We made a conscious attempt in these regions to develop specific matching comparison areas. Both pilot areas appear to have lower overall recidivism rates than their comparison counterparts. St. Louis County stands out particularly. The difference there may show that the heavy emphasis on continuing services at this site, alluded to elsewhere in this report, paid off in terms of long-term effects on families.

Subsequent Hotlines Among Cases in the Study Sample

As a final test of recidivism, we returned to the case review sample and applied the measures of new hotlines developed for the present analysis. Because the total sample was much smaller, we used the combined weighted measure of all hotlines in our analysis. There was no other choice, our earlier comments about the undesirability of this approach not withstanding. We also had no baseline sample of cases. The analysis was limited to pilot-comparison differences during the demonstration period.

Among pilot cases, 39.7 percent experienced at least one new hotline as compared to 41.4 percent for comparison. While this difference is in the same direction as population differences (see Table 5.5), it is too small to register statistically in the sample of 559 cases (315 pilot and 244 comparison). An analysis of weighted measures gave a mean values of 2.08 for the pilot versus 2.30 for the comparison, again in the same direction but too small to be statistically significant.

One of the problems inherent in analysis of large sets of population data like the MIS data examined in this chapter is that cases are treated as equivalent that may not be equivalent. We know, for example, from chapters 2 and 6 that a portion of the families encountered by DFS Children's Services are not cooperative or are lost in some way from the system. Such families cannot be known from state data systems. They were known, however, from the more detailed information available on sample cases.

We isolated sample cases that had received a service of some kind with which DFS Children's Services was in some way involved. These were cases where we (and DFS Children's Services workers) knew that the family received a service. The level of activity of the worker varied significantly but in all cases the worker was in some way involved in initiating the service. This amounted to a total of 177 cases (96 pilot and 81 comparison) in which services were received and a new hotline called in. Limiting the analysis to this group we found a mean weighted score of 1.96 for pilot cases and 3.07 for comparison cases. This difference was significant at the .10 level ($p = .10$), which can be called a statistical trend.

Summary of Findings and Conclusions

In this chapter the question of preventing future and abuse and neglect (recidivism) was addressed through an analysis of new hotline calls. The underlying notion was that reports alleging new child abuse or neglect indicate that someone—more often than not a professional—has observed something going on in a child's life that endangered the child. A report is a danger signal, and several calls may indicate more danger than only one call. Analyses were based on this premise.

Findings all pointed in the direction of lowered recidivism in the pilot counties during the demonstration period. No findings supported the view that comparison counties as a whole had lower rates of new hotlines.

- The simple frequency of new hotline calls in the pilot counties declined relative to the comparison counties. During the baseline period, the frequencies were similar and not statistically different. During the demonstration period, the frequencies of hotlines were lower relative to comparison counties and the difference was statistically significant.

- Three specific kinds of new hotline calls showed significant relative declines among pilot cases. These were reports of:

    - Children lacking basic necessities such as food, proper clothing, hygiene and safe and secure shelter

    - Lack of supervision or proper care of children

    - Lack of proper concern by parents for the educational welfare of their children

- New hotlines in these three areas were most reduced among families with three or more children in the pilot areas. This difference could not be explained through other family characteristics. Families with more children tend to be more financially stressed and to experience other related problems. It is possible that the effects of the family assessment approach are most evident for the poorest segment of the child welfare population.

- Lowered rates of recidivism were evident in all pilot offices. Lowered rates were evident in some comparison offices but for fewer variables and conditions. On average, therefore, recidivism was reduced across all DFS Children's Services offices where the family assessment approach was tried.

- Lowered rates of recidivism were found among pilot cases in the case review sample (n=559) where some service initiated by DFS Children's Services was actually received by the family. This pilot-comparison difference in this case was a statistical trend.

Two other findings of broader interest were discovered in an analysis of hotline calls during the baseline period:

- Substantiation in CA/N investigations is a poor basis for predicting subsequent hotline reports. Substantiation may be due in large part to chance—particularly in the discovery of supporting evidence for abuse or neglect—for the bulk of CA/N investigations.

- Series of CA/N reports on families indicate a diversity of problems and dangers to children within families that come to the attention of the agency more than one time. Even within the same reports, different (and uncorrelated) types of abuse and neglect were found in a minority of cases. We cannot draw hard and fast conclusions about the tendency of families to engage in particular kinds of abuse and neglect from single CA/N reports.

6

Delivering Timely and Appropriate Services

Outcomes of service-oriented programs can be broken into three broad categories: 1) within-program outcomes, 2) end-of-contact outcomes and 3) long-term outcomes. Parts 3 and 4 concerned outcomes that fall into the second category: safety of children and improvement in central problems at the end of the case or at the last contact with the family. Part 5 was a consideration of one type of long-term outcome: new abuse and neglect of children. In this chapter we will focus more intently on what was done to and for families while they were in contact with the system. The primary data source for this analysis was the case-review sample. Other detailed and case-specific information relevant to understanding services is present in subsequent chapters. Here we are concerned with the following three questions:

- How quickly were any services made available to families in the new and traditional system?

- What families were served and why were others not served in pilot and comparison areas?

- How can the service delivery process be distinguished in the two study groups?

Timeliness of Services

We take timeliness to refer to the gap between identification of a need and the first action taken to address that need. We can ask, how quickly did workers assume a service or helping orientation toward families after hotline calls had brought these families to the attention of the agency? Given the nature of the changes introduced in the pilot counties it would be surprising if the service process did not begin more quickly. Family assessments began at exactly the same point in time as investigations—usually within one or two days of CA/N hotline reports. Investigators have always offered emergency services when they were needed, but *all* family assessments were intended to determine service needs as well as child safety from the moment of the first home visit. We would expect to find service activities occurring earlier in pilot cases as a whole.

We determined the date of the first service activity begun with each family in the sample and what was done at that time. Assuming the day of the hotline represents a crisis point in the life of the family, we then calculated the number of days from the hotline until *any* services began. The mean numbers of days for the pilot and comparison

areas are shown in Table 6.1. This difference is statistically significant ($p < .00001$, t). Pilot cases as a whole had some service activity on average during the third week of contact (17 days). Comparison cases on average took twice as long (35 days). This analysis is limited to families that received any services at all.

Table 6.1. Mean Days to First Service of Pilot and Comparison Families who Received Services

Families	Days to First Service	Number of Families
Pilot	17.2	229
Comparison	34.8	174

In the comparison area all cases were investigated. In some instances investigators engaged in service activity, but on the whole investigators adhered to their primary task—determining whether abuse or neglect had occurred. This left a gap of several weeks between incident reports and the first visit of a caseworker.

Further details of pilot and comparison differences can be found in Figure 6.1. This graph reveals several important differences between pilot and comparison areas and among the different kinds of investigation and family assessment outcomes. The graph in Figure 6.1 is a box plot. There are five different conditions plotted. From left to right they are 1) substantiated investigation – pilot, 2) investigation, preventive services – pilot, 3) family assessment, 4) substantiated investigation – comparison and 5) investigation, preventive services – comparison. The number of families is shown immediately below each of the five box plots. As can be seen very few of the pilot area cases ended as preventive services (11).

Each box has a horizontal line in it. This line represents the *median* number of days to first services for that type of case. Half the number of cases had services before the median and the other half after the median. The median number of days to first service for families who experienced different conditions were as follows:

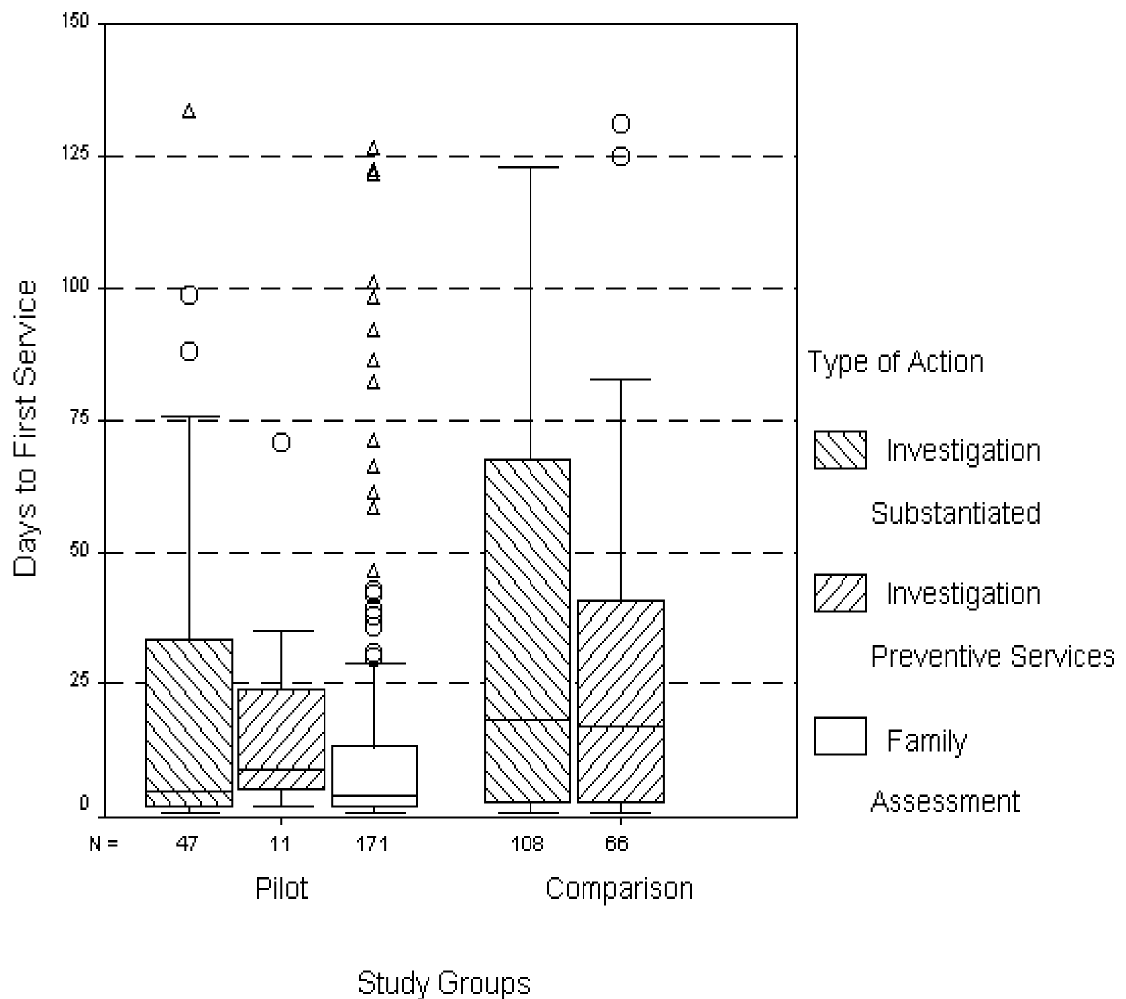
Pilot substantiated = 5 days.
Pilot preventive = 9 days.
Pilot assessment = 4 days.

Comparison substantiated = 18 days.
Comparison preventive = 17 days.

A very interesting finding here is that not only is the median for pilot families much smaller for those receiving family assessments, but for those experiencing investigations as well. This suggests the emphasis on timeliness that is part of the assessment approach has been carried over into the investigative process.

The heights of the boxes are instructive as well.[35] Half the cases in each category fell within the day range of its box (called the interquartile range)—one quarter above the median and one quarter below the median. The whiskers (vertical lines above and below each box) extend to the highest and lowest values. The plot makes it very obvious that not only is the average time to first service less in the pilot counties but a much wider variation of times occurred in the comparison counties. Comparison cases experienced greater service delays on average *and* a greater proportion of families experienced delays. The full range for substantiated cases in the comparison area extended almost to the 125-day mark.

Figure 6.1. Days to First Service for Cases with Different Outcomes in Pilot and Comparison Areas



[35] Box height in this box plot expresses numbers over time. The size of the box is not an expression of the total number of families, as should be obvious from the numbers of families printed beneath each box.

The compactness of the boxes in the pilot area is associated with smaller *mean* days: pilot substantiated = 26 days, pilot preventive = 19 days, pilot assessment = 15 days, comparison substantiated = 37 days, comparison preventive = 30 days. (Again we see carryover of the family assessment service-orientation approach into investigations.)

The graph also shows a series of circles and triangles above each plot. These are extreme values and outliers. Actually, other outliers (particularly of comparison cases) were cut off because the graph ends at 150 days. The set of extremely delayed cases associated with the family assessment plot occurred because first service happened so quickly relative to other cases that *any delay greater than 30 days was considered extreme*. The circles (extreme values) and triangles (outliers) represent individual families.

The comparison of means and the box plot demonstrates that families were indeed experiencing some service activity in significantly shorter periods of time. The median times for cases in the pilot counties were very small (4 to 9 days depending on the type). Some action occurred for most of the families within a week.

During site visits in the summer of 1997, a number of pilot-area workers commented on the positive benefits of speedier services. One worker said, *"Getting services to people right away is a major benefit from 595." Another commented, "When we can provide services during 30 days we don't lose momentum that we often would have before, because there could be a lag as FCS starts."* And another said, *"Some assessments we're in and out in 10 days. Before we would have had to open FCS cases."*

The differences between pilot and comparison investigations and preventive service cases are very interesting. In many small counties, the same individuals were responsible for investigations and family assessments, as is explained in greater detail later in this report. It is easy to understand why the service orientation would carry over to investigations. In some larger offices, assessment workers were in close contact with investigators. Furthermore, as will be evident later, supervisors were the most enthusiastic about the Family assessment orientation and they often had contact with both types of workers. We believe there may well have been other kinds of carryover effect from assessment to investigation in the pilot areas. This finding suggests changes may have occurred in "office culture," from an adversarial to a service orientation.

The effects on investigations are also relevant to another goal of the demonstration: to increase the efficiency and effectiveness of the investigation process. This finding adds support to the hypothesis that families are *effectively* making the transition from the investigation to the service mode more quickly.[36] This aspect of the investigation process, at least, is more efficient and effective.

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[36] "Effective" refers to actual times of service delivery rather than simply the formal date of investigation close and formal opening of Family Centered Services cases.

Content of First Services. Something proactive had to have occurred to be counted as a first service. The content of the service varied, however, from case to case. We examined the first services families received to determine whether similar or different kinds of activities were being counted as first services in pilot and comparison cases. Table 6.2 displays the results of this examination. Services were categorized into the same three types used in the analysis of central problems in Chapter 4. Only families receiving some service were counted.

Table 6.2. Type of First Service Received in Pilot and Comparison Cases

Type of Service	Pilot	Comparison	Total
1. Direct Worker Service*	%	%	%
One instance counted	39.30	31.61	35.98
Two or more	3.93	2.87	3.47
2. Information, discussion or persuasion to use services by DFS worker	%	%	%
One instance counted	31.88	41.38	35.98
Two instances	7.86	7.47	7.69
Three or more	3.49	2.87	2.73
3. Action to obtain services from another agency	%	%	%
One instance counted	18.78	18.39	18.61
Two instances	1.31	0.57	0.99
	n	n	n
Total families with a first service	229	174	403
* statistical trend, $p = .07$, τ_b			

Table 6.2 generally indicates that the types of initial services were not different in comparison areas. They were simply provided on a delayed time schedule. The apparent difference in the first portion of the table (direct worker services) was large enough to be called a statistical trend. On this basis the hypothesis is supported that the family assessment process produces somewhat greater direct services at an earlier point in cases.

Barriers to Services and Alternative Sources of Services

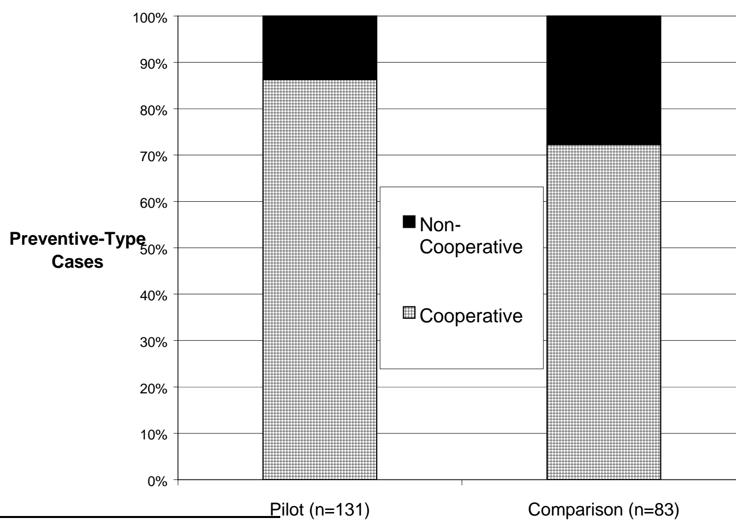
The review and analysis of the case records of sample families revealed four major barriers to service delivery: lack of family cooperation, family flight, assumption of the case or services by another agency, and special circumstances that precluded services. In Chapter 3 we showed that workers in comparison cases experienced a lack of cooperation among families more often. That analysis was limited to instances of *verified child safety problems*. The present analysis included all families in the sample.

Cooperation. Although fewer instances of uncooperative families were found in pilot counties (18.7 percent) than in comparison (22.1 percent), the difference was not large enough to be regarded as statistically significant. This variable incorporated a variety of different family responses. As noted in Part 3, lack of cooperation was not always hostile. Sometimes families were simply indifferent or engaged in patterns of avoidance of contacts with workers, such as repeatedly missing and rescheduling appointments. In less than a third of these uncooperative cases, however, were no services made available at all.

In comparison areas, lack of cooperation was greater in preventive-services cases than in substantiated cases. Some lack of cooperation was found in 27.7 percent of preventive comparison cases versus 19.3 percent of substantiated cases ($p = .09$, Fisher's). We found this same pattern in an earlier study of decision making in a portion of the Missouri child welfare population.[37] We know from intensive follow-up on this set of earlier cases that the reason was often the delay between investigative visits and the arrival of the Family Centered Services worker. Essentially, an investigator tells a family that the investigation will not be substantiated and asks whether they would like assistance on a voluntary basis. Families often agree, but 30 to 60 days later when a caseworker appears at their home, they have changed their minds. Sometimes they never really wanted help but said yes to please this threatening person in their home (the investigator). Sometimes they genuinely wanted help but circumstances and attitudes have changed.

There is no perfect way to determine which of the family assessment cases in the pilot counties "would have been" preventive cases in the old system. We developed a method, however, that is a best approximation. The results are shown in Figure 6.2.

Figure 6.2. Level of Cooperation in Preventive and Preventive-Type Cases in Pilot and Comparison Areas



[37] L. A. Loman and G.S. Siegel, *Decision Making in Child Welfare: A Study of the Missouri Child Welfare System* (St. Louis, Mo.: Institute of Applied Research), 1995.

Preventive cases in the comparison area were simply those so designated at the end of investigations. In the pilot area we included three kinds of cases: a) investigated cases that ended as preventive services, b) assessment cases where no safety problem was found, or c) assessment cases with safety problems that we ranked as possible problems only (see Chapter 3). This resulted in a slightly higher percentage of pilot preventive-type cases (41.6 percent) as compared to preventive cases in the comparison area (34.0 percent).

In the comparison counties, 27.7 percent of the preventive cases had no cooperation, as reported above. In the pilot counties 13.7 percent of the preventive-type cases experienced lack of cooperation. This difference is statistically significant (p = .01, Fisher's), whereas the level of cooperation between pilot and comparison areas in non-preventive cases was not (p = .289).[38]

It is possible that a smaller gap between the onset of services in the pilot area might explain this difference in cooperation. Certainly, there was a large and significant difference in the days to services for this subcategory of families. The mean period to first service for comparison preventive cases was 30.4 days, as reported above. The mean period for the pilot preventive-type cases was 16.9 days. The probability that the difference was other than chance was very high (p = .009, t). In the final test, however, the data does not support the hypothesis. The number of days to first service contact was least for the preventive services where cooperation was elicited but the difference was not great enough to reach statistical significance. This suggests the possibility of the other factor we hypothesized in Part 3—improved cooperation as a result of a helping rather than adversarial approach to cases (see discussions in Parts 8 and 9 of this topic from worker and family perspectives). It seems likely to us, however, that improved cooperation was a result of both quicker response and changed attitudes.

The comments of a number of workers and supervisors in pilot areas during site visits suggest a relationship between the family assessment approach and increased family cooperation.

> *"It's easier to get in and out and help a family, rather than having to open up an FCS. For example, a dirty home. Now we address the problem immediately because we're doing both an initial assessment and response and, if necessary, referral for services."*
>
> *"We need to emphasize similarities between 595 and FCS, not just dissimilarities. The biggest difference is we are making workers do FCS now, and they're doing it from the very first time they see families."* (a supervisor)

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[38] This finding may appear to contradict an earlier finding. In the third chapter we found that lack of cooperation was greater among comparison cases than among pilot cases where safety problems had been verified. Here we have the same finding for preventive-type cases that presumably had fewer safety problems. The discrepancy can be reconciled by recalling that verified safety problems included a category that we named "possible." These are exactly the same cases we included in the present analysis (see category c in the preceding paragraph).

"Assessments cut out the time gap between investigation and FCS services. A more immediate response is possible and one that is more family friendly. There is no difference in how FCS is done, but we can get to it quicker."

Family Flight. Families left the area more often in comparison cases (12.3 percent) than in pilot cases (8.9 percent. In some instances the families obviously moved as a result of contact with workers. The family assessment worker or the investigator attempted a second contact shortly after the initial home visit only to find the family had moved with no forwarding address or telephone number. Sometimes other reasons were discovered for the move: finding work in another city, the need to change schools, escape from an abusive adult-adult relationship, escape from a child abuser, and others. In most cases, workers appeared to take these explanations at face value, but in all cases in the present sample no further services or no services at all were provided for the family.

Another Agency Assumed the Case. In a small set of cases (30) in the sample no services or minimal services were provided because the another agency took over the case or because the family was already a client of another agency. Most often the Missouri Division of Youth Services assumed the case after the child was found to be involved in delinquency or status offenses. The only type of status offense found in the sample was truancy.

Other Reasons Why No Services were Possible or Necessary. A residual category was created to handle many other types of changes and discoveries that stood in the way of services or made services unnecessary. There were 22 cases of this kind (10 pilot and 12 comparison). The following list is not exhaustive but gives a flavor for the kinds of things involved:

- Parent(s) were put in jail, convicted or imprisoned.
- Parent(s) or perpetrator died.
- Child died (1 case of suicide).
- The original problem disappeared, as:
  - The child later denied all accusations.
  - The worker became convinced that the original problem did not exist.
  - An apparent problem (such as a child's illness) spontaneously disappeared.
- The child moved out or ran away.

Total Barriers. All four categories discussed encompassed 197 (35.2 percent) of the 559 sample cases. This means that in over a third of cases the opportunity to deliver services was curtailed in some way or completely blocked. This happened in a greater proportion of comparison cases (38.5 percent) than pilot cases (32.7 percent), a difference large enough to constitute a statistical trend ($p = .09$, Fisher's).

Services and the Service Delivery Process.

DFS Children's Services workers engaged in various kinds of direct services with families such as counseling and instruction, extended discussions of problems and

services, delivery of items to meet the families basic needs, and the provision of service information and referrals to sources of assistance in the community.

Counseling and Discussion. Sometimes workers simply discussed matters with families. Sometimes they engaged in more extensive kinds of discussions that approach counseling and instruction. In 273 cases (48.4 percent) in the sample of 559 some activity of this kind took place according to the case record. As was found in the analysis of services targeted at central problems (Chapter 4) no significant difference was found between pilot and comparison workers. The amount of worker counseling does not appear to have changed dramatically by the shift to the family assessment approach.

Many assessment cases were never opened as formal Family Centered Services cases, and we could legitimately ask whether such direct services might not have declined. They did not. The percentages of cases in which such services were offered were quite stable for the three types of outcomes: substantiated investigations, 48.7 percent; preventive services, 47.6 percent; family assessments, 49.6 percent. Looking only at the portion that received any such services, family assessment cases resembled substantiated cases in the types of activities in which workers engaged.

Direct Delivery of Basic Necessities. Workers also sometimes delivered basic necessities to families directly. Workers did this in 41 (7.3 percent) of the 559 cases (18 in the pilot and 23 in the comparison counties). These services consisted of emergency food, clothing, school items, household items, cash, medications (for example medicines for lice), and transportation assistance. The numbers were too small to permit comparative analysis.

Information about Services. Workers often provided information about specific services and service providers that the family might use. More of this kind of activity occurred in pilot counties (pilot: 61.0 percent, comparison 56.6 percent). Such Information was provided more often in family assessment cases and in preventive services cases (family assessment: 63.3 percent; preventive: 62.1 percent; substantiated: 53.5 percent). This difference was significant at the .10 level ($p = .08$, Chi Square).

The information provided was quite varied depending on the needs of the family: counseling, medical, sources of emergency assistance, education and training, day care and many others. It was not uncommon for workers to provide information on multiple service providers to individual families.

Attempted Service Linkages. For the 559 families in the case review sample we cataloged 1,015 different services identified by workers as needed by families and where some action was attempted to obtain them. These involved services that might have been available from a DFS Children's Services vendor, another agency, or community organization, or a more informal source such as someone's extended family. (Not included are direct counseling or instruction provided by workers or the direct delivery by workers of basic necessities discussed above.) Sometimes the services were associated with child safety, and sometimes they had little to do with safety directly but

were significant to the welfare of the family. At other times the problems were not central but were important enough to elicit a service response. Not every need resulted in a service that was fully delivered or completely received. Services were known to have been delivered to families in 47.7 percent of cases.

When service needs were identified and an attempt made to link a family to a source of assistance, it was Children's Services workers who most frequently initiated the process. For 71.2 percent of all services initiated, Children's Services workers put the process into motion. In a substantial minority (26.1 percent) of cases, family members themselves were responsible for this. In some cases (12.7 percent) the service was ongoing at the beginning of cases, and, less frequently, services were initiated by another source (family court, juvenile officers, private practitioners, etc.). Together these percentages total to more than 100 because services to some families were jointly initiated by more than one source.

In pilot areas it was the worker who conducted the family assessment who most frequently initiated the service process. In comparison counties it was the FCS worker. Other workers also initiated the service process, but less frequently. In pilot and comparison areas combined, investigators initiated the process 13.0 percent of the time, family preservation workers 9.4 percent of the time, and Alternative Care workers 3.0 percent of the time.

Table 6.3 contains a list of the services identified by workers as needed by families. They are grouped in the three general categories utilized in Chapter 4: services to meet basic needs, employment-related services, and counseling and instruction. These three encompass the major emphases of DFS work with families. Basic necessities refer to a range of problems that are associated closely with child neglect cases but in fact are needs of a large portion of the child welfare population. Employment-related services are related to basic necessities but focus on longer-term solutions to financial problems. Counseling, instruction, and therapy mainly concern psychological, mental health, and crisis solutions to problems.

The table shows the number and percent of families in pilot and comparison areas for whom specific services were identified by workers and some action was taken to gain access to them. Frequently, more than one service was identified as needed for individual families. Because of this, the subtotals for the three general service areas, as well as the overall total, represent rates of service identification for the two study groups; that is, the number of individual services identified divided by the total number of families. For all families combined, an average of 2.10 service linkages were attempted per pilot family, versus 1.87 per comparison family. The average was higher in pilot areas despite the fact that there were fewer formal FCS case openings in pilot areas and that pilot workers were in contact with families a shorter period of time on average.

Table 6.3. Service Categories and Number of Families in which Needs were Identified and Services Attempted

	Pilot		Comparison	
Services	**Number of Families**	**Percent of Families**	**Number of Families**	**Percent of Families**
1. Basic Necessities				
medical or dental care	44	14.0	41	16.8
housing	28	8.9	18	7.4
help with utilities payments	17	5.4	12	4.9
emergency food services	6	1.9	6	2.5
food stamps	20	6.3	7	2.9
AFDC services	22	7.0	12	4.9
homemaker/home management services	11	3.5	7	2.9
Medicaid	12	3.8	10	4.1
Headstart or preschool	4	1.3	4	1.6
WIC, infant services	11	3.5	4	1.6
clothing, furnishing, household needs	15	4.8	7	2.9
insurance	1	0.3	1	0.4
other	3	1.0	0	0.0
2. Job Related				
child care	16	5.1	16	6.6
transportation	4	1.3	1	0.4
employment	9	2.9	0	0.0
vocational or job training (such as JTPA)	16	5.1	8	3.3
educational services	17	5.4	11	4.5
3. Counseling, Instruction or Crisis Service				
respite care/crisis nursery care	4	1.3	1	0.4
marital or family counseling services	89	28.3	58	23.8
other counseling	110	34.9	89	36.5
mental health services	43	13.7	46	18.9
drug abuse treatment	17	5.4	6	2.5
alcohol abuse treatment	12	3.8	8	3.3
domestic violence services	9	2.9	3	1.2
emergency shelter	3	1.0	4	1.6
legal services	17	5.4	8	3.3
parenting classes	61	19.4	38	15.6
support groups	18	5.7	10	4.1
help for adult with physical or mental disability	0	0.0	2	0.8
help for child with physical/mental disability	21	6.7	18	7.4
recreational services	1	0.3	1	0.4
General Categories of Services	**Total Services**	**Rate per Family**	**Total Services**	**Rate per Family**
1. Basic necessity services	194	.62	129	.53
2. Job related services	62	.20	36	.15
3. Counseling, instruction or crisis	405	1.28	292	1.20
All Services Combined	661	2.10	457	1.87

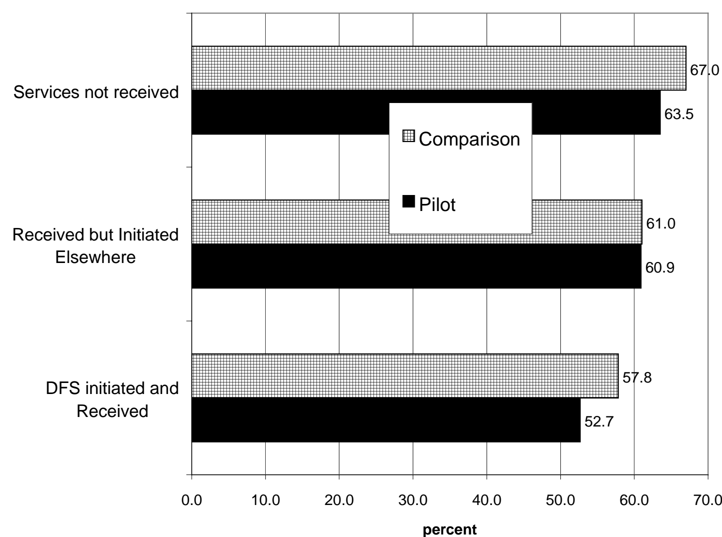
It is worth noting that, although the services identified as needed by families were fairly wide ranging, the larger percentages tend to be found in the third category, corresponding to psychological solutions to problems. This underscores the continuing tendency of child welfare workers toward counseling and the like. The percentages in the categories of counseling are the largest in the table, followed by parenting classes.

Non-DFS Services Received. Services provided by a source other than Children's Services were *known to have been delivered* to 47.7 percent of the families in the sample. The actual percentage of families receiving services was undoubtedly higher than this, but sometimes workers referred families to sources of assistance and the case was closed without the worker learning whether the assistance had actually been received.

An important consideration for the evaluation is whether the kinds of services received by families changed as a result of the demonstration. We have seen that a slight shift occurred in the kinds of initial family problems that prompted action by the agency (analysis of entry effects in Chapter 2). This suggests that the service emphases might have changed as well.

To examine this, the three general service categories shown in Table 6.4 (basic necessities, job related and counseling/instruction) were analyzed across three dimensions. There were: 1) services not received (or unknown), 2) services received but initiated by sources outside Children's Services or outside the case and 3) services received and initiated by a Children's Services worker. The results are shown in Figures 6.3 to 6.5.

Figure 6.3. Counseling, Instruction, and Crisis Services Received and Not Received by Pilot and Comparison Areas

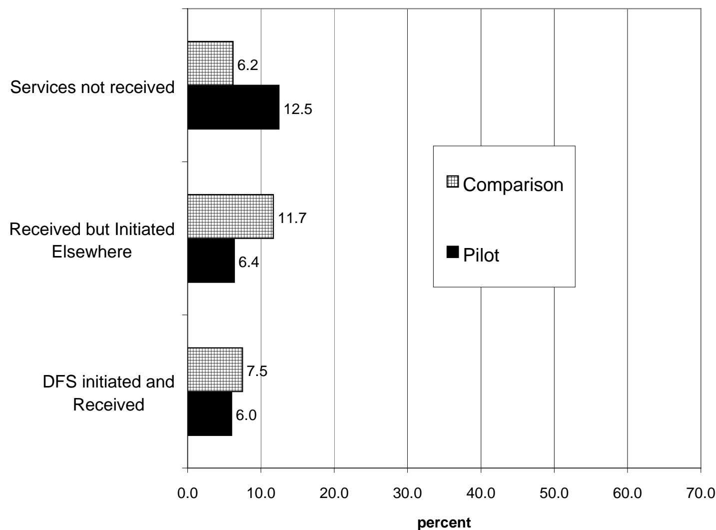


In this analysis, services not received included families where we knew the services were not delivered *as well as families where we simply did not know*. Because this was the state of affairs significantly more often in pilot cases the analysis might be biased slightly in favor of the comparison counties. Similarly, because there were fewer formal FCS case openings in pilot areas and, because of this, cases did not remain open as long, it might be hypothesized that more services would be expected in comparison areas.

Figure 6.3 illustrates that no differences were found in the broad area of counseling, instructional, and crisis services. The percentages vary somewhat but our finding is one of no difference.

Job-related services were offered much less frequently. This is evident by rather small bars in Figure 6.4 (scales were kept the same across all three figures). Slightly more such services appear in comparison areas but the relative difference was not great enough to achieve statistical significance. This may be an area where additional emphasis is needed in worker training. Most child welfare families receive or have recently received case welfare and food stamps. Assisting them in moving into employment is an important task in the new environment of time-limited cash welfare assistance.

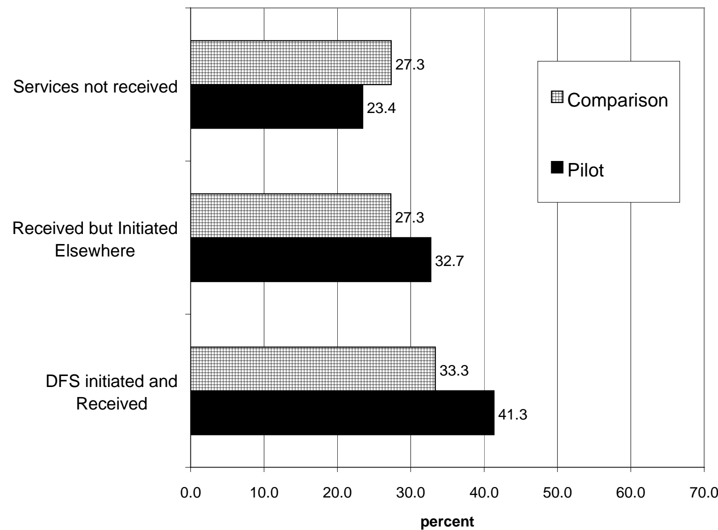
Figure 6.4. Job-Related Services Received and Not Received by Pilot and Comparison Areas



The final area of analysis was basic necessities. These services are those that concern everyday living needs such as food, clothing, shelter, and medical care. The differences between pilot and comparison were statistically significant (p = .003 Chi Sq.). Families received more such services in both reception conditions (initiated by Children's Services and by others) in pilot areas. The increase in DFS-initiated services in the pilot areas is of special note. This corresponds to the relative increase in cases where the

hotline concerned the basic needs of children for food, clothing, hygiene, and safe and secure shelter. This change may have resulted from the greater emphasis on a wider range of family problems emphasized in the family assessment approach.

Figure 6.5. Service Related to Basic Necessities Received and Not Received by Pilot and Comparison Areas

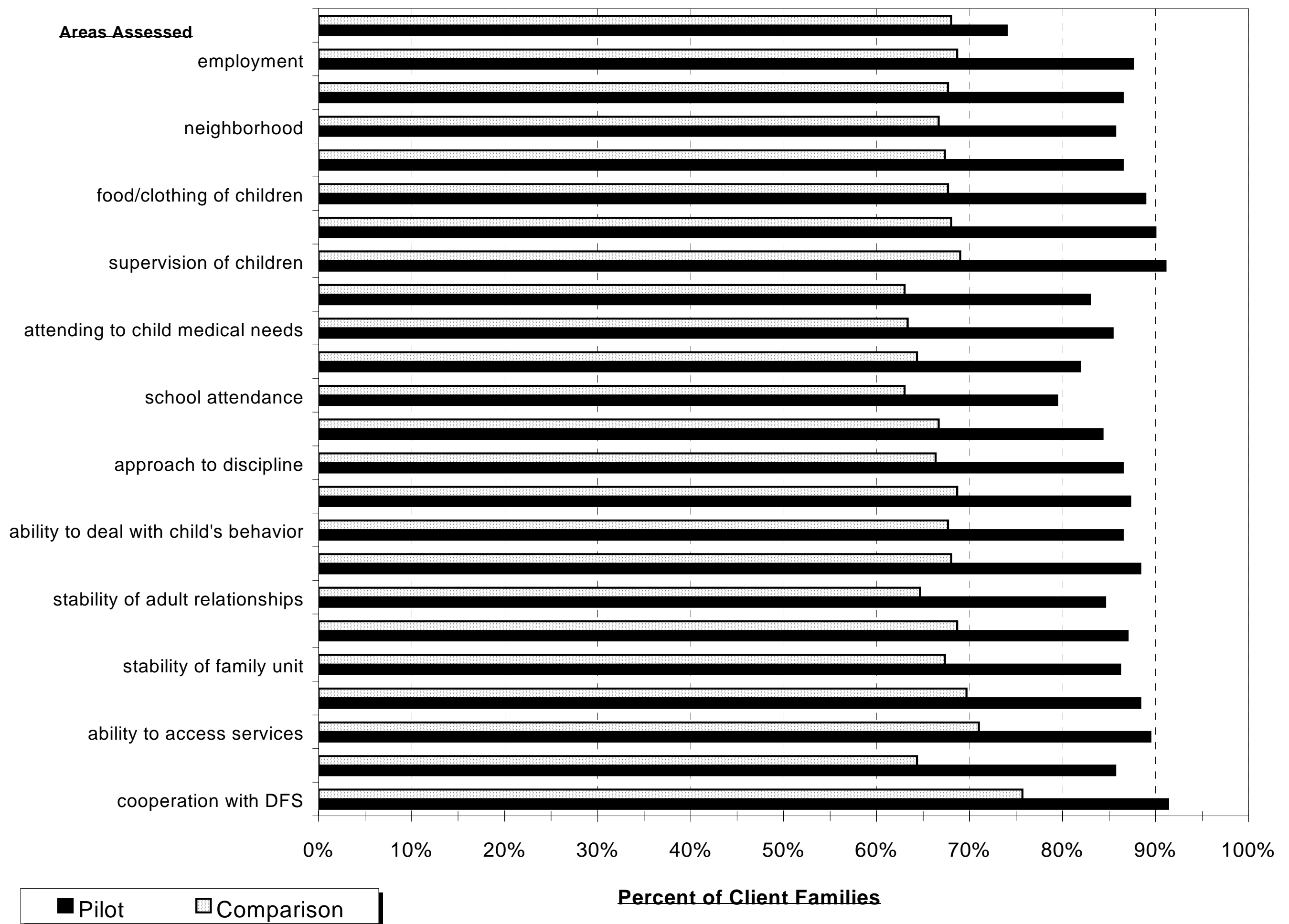


Case-Specific Worker Assessments

When no more contact between a family in the study sample and Children's Services was planned or anticipated, the worker most familiar with the case was asked to assess the family on a number of dimensions on a case-specific instrument. Analyses of these assessments have been presented in earlier interim reports, and those findings have been essentially confirmed by the detailed case review just presented in this chapter and in Chapter 4. Because of the consistency of findings between the methodologies, two items from the case-specific instrument have been reanalyzed on the full complement of received cases because of the implications they have on the impact of the demonstration.

Knowledge of Family Strengths and Deficits. When cases closed, workers were asked to assess family strengths and deficits on 24 dimensions at the point of first contact by Children's Services and at the point of last contact. We have reported previously that workers in pilot areas were somewhat more likely to report improvement across more of these dimensions than were workers in comparison areas. Perhaps as important, however, was the relative ability of the two groups of workers to provide any assessment at all on families. Overall, we found pilot workers able to provide any assessment on a greater proportion of families than were comparison workers, as well as an assessment across more dimensions. This can be seen in Figure 6.6. Thus, for example, 74 percent of the workers in pilot areas assessed the extent to which the

Figure 6.6. Percent of Families in the Study Sample on Which Workers Provided Assessments of Specific Strengths and Deficits



family's income was a strength or a deficit versus 68 percent of the comparison-area workers. On most other dimensions, the difference between the worker groups was greater. For example, pilot workers provided an assessment of 88 percent of the families in the pilot sample on the issue of the parent-child relationship while comparison workers provided this assessment on 68 percent of their families. Workers in the pilot areas appeared to manifest a somewhat more comprehensive knowledge of families they worked with.

No differences were found between the characteristics of pilot and comparison cases in the types of safety issues involved in them (Chapter 3) or in family deficits (Chapter 4), where the analyses were based on reviews of worker narratives. It is likely, therefore, that the differences found in the analysis of case-specific instruments had to do with the changing nature of casework in the demonstration. Because of greater case continuity in pilot areas, it was much more likely that the worker providing the

assessment had been in contact with the family from the beginning of the case. This was nearly always true in family assessment-only cases. It was also quite often true in assessment cases that were formally opened for Family-Centered Services in most pilot sites (the exception being Circuit 25 counties).

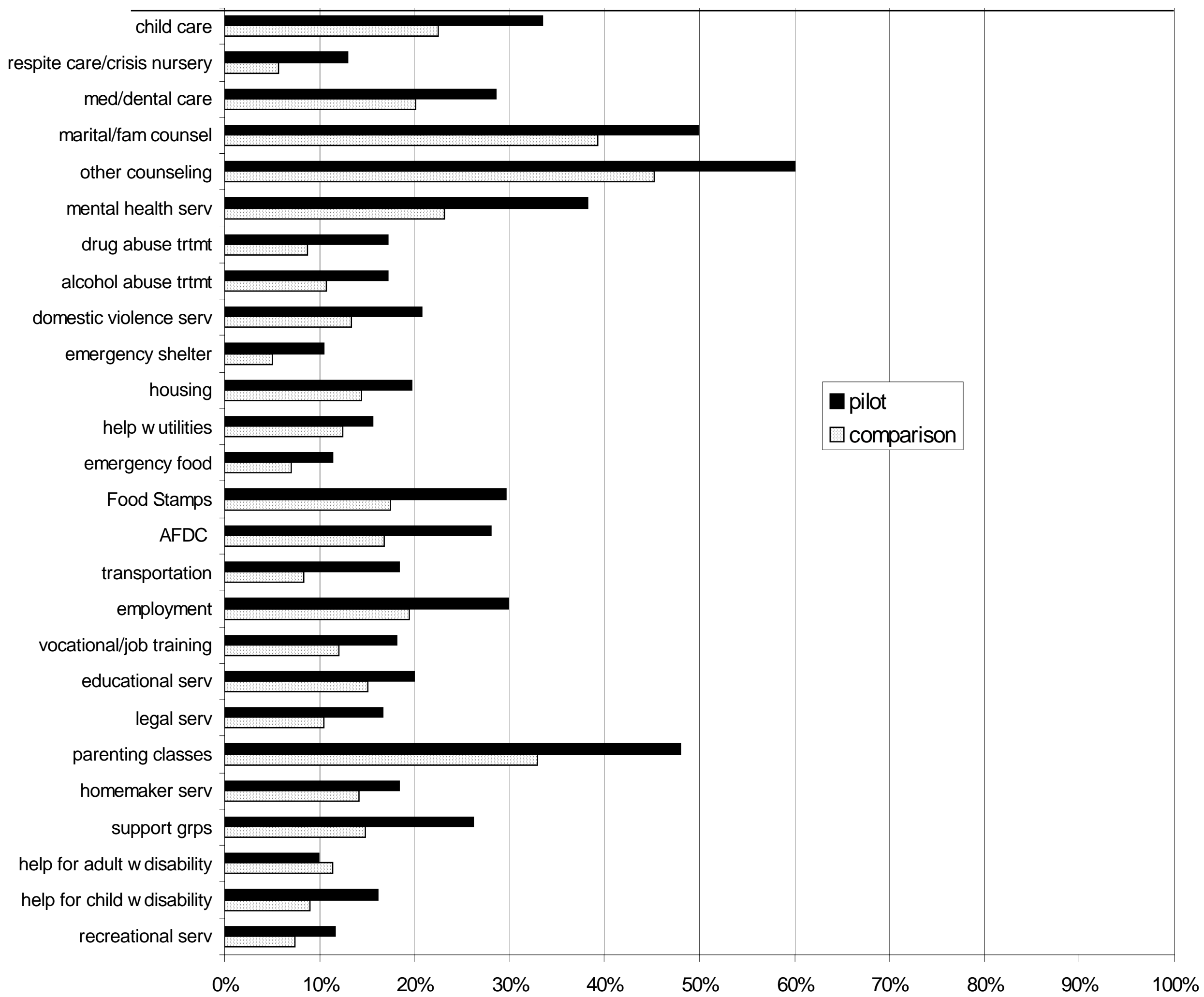
This finding may illustrate the benefits of worker continuity within cases. Under the traditional system the process of passing information about family problems, strengths, and needs from investigators to case workers was quite tenuous. The problem of loss of knowledge disappears when the same individual is responsible both for initial assessments and later services to the family.

Such knowledge, we have argued in previous reports, is a condition for the possibility of effective intervention. This judgment was confirmed during our last round of field interviews with workers. One pilot area worker commented: *"595 has brought in Family-Centered assessment. Workers can do better assessments. Before we were interrogators and often didn't learn much. Workers have higher skills today in working with families."* And, another said: *"There are no new safety problems with assessments. In fact we're more intense now, in both investigations and assessments, that is, more comprehensive. Our approach isn't to focus only on allegations. And as a result, we are more likely to find out what's going on now, because the family is less defensive."*

Assessment of Service Need. Better understanding by workers was also apparent in the end-of-case assessments of service needs. Pilot area workers could articulate service needs of families more completely than comparison workers. This is also probably attributable to improvements in worker continuity, since the worker who completed the survey was more frequently the worker who made *all* initial and case contacts with the family.

Worker assessments of family needs can be seen in Figure 6.7 which shows the percentage of client families judged to have had a need for specific services. The figure shows, for example, that 33 percent of the families in pilot areas and 23 percent in comparison areas were judged to have had needs for childcare. Similarly, respondents indicated that 20 percent of the families in pilot areas and 14 percent of the families in comparison areas had a need of housing services. What is most apparent when scanning the responses of workers is that on all but one of the listed services in the figure, pilot workers more often indicated that client families had needs than did comparison workers. For some items the difference is relatively small while for others it is relatively large. But the pattern is consistent and significant in its implications. The difference could only have arisen from two sources: differences in actual needs between these two client groups or differences between the two groups of workers in their identification of client needs. The former is unlikely because we have seen the essential comparability of the pilot and comparison portions of the total sample (see Chapters 3 and 4). The most likely explanation is that the differences result from the service emphasis in the family assessment approach, the requirement that workers identify service needs related to child

Figure 6.7. Percent of Families who Need Various Services in Judgment of Workers



welfare more broadly in pilot areas, and that knowledge of families was more likely to reside in individual workers in pilot areas and combinations of workers in comparison areas. The findings point to the benefits of an increased emphasis on assessing families as well as continuity of care of the families served.

Summary of Findings and Conclusions

This analysis was concerned with differences in the delivery of services that might be attributable to the introduction of the family assessment model.

One aspect of delivering services in a timely fashion concerns how quickly the agency can offer assistance of any kind to a family. We measured this by counting the days in each case between the CA/N incident report and the first service of any kind delivered to the family. **The period between incident and first service in pilot counties (17 days) was half that in comparison counties (34 days).** After looking more closely at kinds of agency and worker responses, we found the following:

- The shortest service-response time occurred in family assessment cases.
- Shorter service-response times were characteristic of all pilot area cases, including investigations in pilot counties. This change may indicate carry-over effects from family assessments to investigations and may show changes in local DFS Children's Services office "culture" toward a greater service orientation in general.
- That investigations also involve faster service responses adds support to the hypothesis that families are making the transition from the investigation to the service mode more quickly. This may be a basis for arguing that investigations have become more efficient and effective. This was another goal of the demonstration.
- Comparison cases experienced longer service delays on average and a greater proportion of families in these areas experienced such delays.
- The types of first services offered were generally similar in pilot and comparison areas. There was some indication, however, that direct worker services (counseling, instruction, and so on) were offered more frequently in pilot cases at the time of the first service visit.

Barriers to services and alternative sources of services were also examined. The point of this analysis was to determine whether the family assessment approach made any difference vis-à-vis the typical barriers to services experienced by workers and families.

- Considering all the families in the sample, greater proportions of the types of families that were offered preventive services cooperated in the pilot counties. No difference in cooperation was found for the remainder of families.
- No pilot-comparison difference was found concerning the proportion of families who moved and avoided further contact with workers.

- Lower rates of barriers overall were discovered in pilot counties versus comparison counties. These included cooperation, family flight, and other individual barriers such as deaths in the family, disappearance of original problems, runaways, and so on.

Concerning types of services delivered and the process of service delivery, great similarity was found between pilot and comparison along with some differences.

- No differences were found between pilot and comparison cases in the proportion of workers engaging in counseling and discussion with families.

- No difference was found in the delivery of basic necessities to families by Children's Services workers (emergency food, clothing, school items, household items, cash, medications, and transportation assistance). The number of families where this occurred was quite small.

- No differences were found between pilot and comparison cases in workers providing information on services to families throughout the course of cases. We did find that such activities occurred more frequently in preventive services and assessment cases than in cases resulting from substantiated investigations.

- Counseling, therapy, instruction, and crisis services were the types of services most frequently attempted when the services were to be delivered by other than Children's Services workers.

- "Attempted services" refers to cases in which workers made some effort to link the family with a source of services. Some attempts were successful while others were not. (Families were known to have received services 47.7 percent of the time.)

- No significant difference between pilot and comparison cases was found in the level of assistance provided in linking families with services.

- The level of knowledge about whether families actually received services was significantly greater in comparison areas than pilot areas. This is also probably related to the shorter duration of cases on average in pilot sites. Because contact ended sooner in pilot offices, workers simply do not know what happened in cases.

- Looking at services actually received:

  - No differences between pilot and comparison were found for counseling, instruction, and crisis services.

  - No difference was found in reception of job-related services.

- Significantly more services that delivered basic necessities (food, clothing, shelter, and medical care) were received in pilot than in comparison counties. This was true in cases where Children's Services initiated the services and where the services were initiated by others.

Drawing on end-of-case questionnaires we discovered differences in the knowledge that Children's Services workers have about families:

- Pilot area workers provided assessments of problems and strengths in families significantly more often. This was true for families overall and for specific areas of problems and strengths.

- Evidence from workers' judgments about service needs of families suggests that pilot workers learn more about the families they work with, including more about the needs they have.

7

Preserving the Integrity of the Family

The family assessment model was intended to be comprehensive. The designers hoped that improved knowledge of families, changed attitudes between families and workers, and greater linkage between families in need and the community would occur for all families in contact with DFS Children's Services. On this basis, the question of whether out-of-home placement of children might be affected by the demonstration was posed.

In some instances child removal is unavoidable and is the best course of action. We saw almost as many informal removals of children (usually temporary but sometimes permanent placement with relatives or with a separated parent) as formal court-order removals of children in our case review sample. Informal actions of this kind occur quite frequently to protect children or to permit families to adjust in some way to ongoing problems. Some removals, therefore, are quite beneficial as short-term responses to child abuse or neglect. The presumption, however, is that the integrity of the family should be preserved whenever possible because, on average, children can be better reared in their own families than in foster or residential care facilities. This accounts for the emphasis on family-centered services and family preservation services in Missouri and elsewhere.

Data Sources

Both families and children were the focus of analysis in this chapter. Families were defined in the research database through a process described earlier.[39] Children were linked with families in separate tables within the database.

Information on formal removal of children and on placement is maintained by the state in the Alternative Care data system. This system is child-oriented. Each Alternative Care case is opened on an individual child, not on a family. Records indicating the last action on the child are maintained along with cumulative records that show the lifetime involvement of the child in Alternative Care. The cumulative records were utilized to construct child-level and family-level variables. Using the point in time marked by the hotline incident that brought the family into the research population, *retrospective* and *prospective* Alternative Care variables were developed. An example of a retrospective variable is any past entrance into Alternative Care (before the initiating incident in

[39] See Appendix A for a detailed explanation of the process of constructing family units within the research database.

question).[40] An example of a prospective variable is any subsequent entrance (after the initiating incident) by any child in the family into the Alternative Care system.

Not all instances of out-of-home placement were counted for the present analysis. Children are sometime removed simply to provide safekeeping. For example, the parents may die or the only caretaker of the child may be sent to prison. DFS Children's Services has responsibility for such children under Missouri law. In this analysis, out-of-home placement was limited to placement for reasons of child abuse or child neglect. Any removal that was coded in this way in the Alternative Care system was considered. Other removals were also extracted for the research database but were ignored for the work underlying this chapter.

Characteristics of Families where Children were Placed

Certain types of families more frequently experienced child removal. We isolated the variables that were most closely related to child placement and conducted bivariate associational tests that illustrate how each was individually related to out-of-home placement for CA/N reasons. These can be seen in Table 7.1.

Table 7.1. Family Characteristics Associated with Out-of-Home Placement for CA/N Reasons

Family Characteristic	Level of Association
A child from the family was ever placed in the past	.111*
Age of youngest child in family	-.032*#
Number of children in family	.041*#
A non-parent paramour was present	.044*
Reporter was a law-enforcement officer	.110*
Children with different names in the family	.049*
African-American family	.115*
# Pearson's coefficient used for these two, Kendall's Tau-B used for all others * $p < .01$, two-tailed	

The associational statistics shown in Table 7.1 can range from –1 to +1. The actual associations in the table range from -.032 to +.115 in the table. These associations are relatively weak in magnitude, indicating that none of the variables is a strong or even a moderately good *predictor* of out-of-home placement. Nevertheless, they do weakly predict whether a child will be removed. The fact that they are all statistically significant at below the .01 probability level tells us that it is unlikely that these associations are simply chance relationships.

If a child in the family had ever been placed out-of-home prior to the initiating incident a higher likelihood existed that a child would be placed after the initiating

[40] In the remainder of this chapter the incident that brought the family into the research population will be referred to as the "initiating incident."

incident. Certain families have repeated episodes of out-of-home placement—sometimes with the same child and at other times with different children.

The age of the youngest child was negatively associated with out of home placement. For families with a child placed, the age of the youngest child *placed* was compared to the age of the youngest child in families where no children were placed. The negative association shows that families with older children were more likely to experience placement. This statistic hides an important category of out-of-home placement—infants less than one year of age. Such children were significantly more likely to be placed that other pre-school or school-age children. This group of children were also significantly more likely to have experienced very severe physical abuse and to have entered the child welfare population as a result of reports by medical personnel.

The number of children in the family was weakly associated with placement. When a paramour who was not a parent of any of the children in the family was present at the time of the initiating incident, children were more likely to be placed later.

We created a variable showing blended families and previous relationships of parents. In this we simply designated families in which one or more children had a last name different from a parent. This was also positively related to out-of-home placement.

Finally, African-American families were more likely to have a child placed than other families in the study population. African-American families often shared in the other characteristics associated with placement. Looking at Table 7.1, race of family was associated significantly with all six other variables. It is impossible to determine with this data set which characteristics were ultimate *causes* of the differences found. For example, did the greater out-of-home placement among African-American families result from the fact that they tended to have larger families, that they tended more often to have a non-parent paramour present, that they were more often reported by law-enforcement officers, and so on? Or, did it result from biases of workers and other practitioners? This question can only be answered through research specifically designed to determine difference in local community values and racial discrimination.

All these associations made it abundantly clear that a multivariate analysis was necessary to answer questions of changing family integrity as a result of the Family Assessment demonstration.

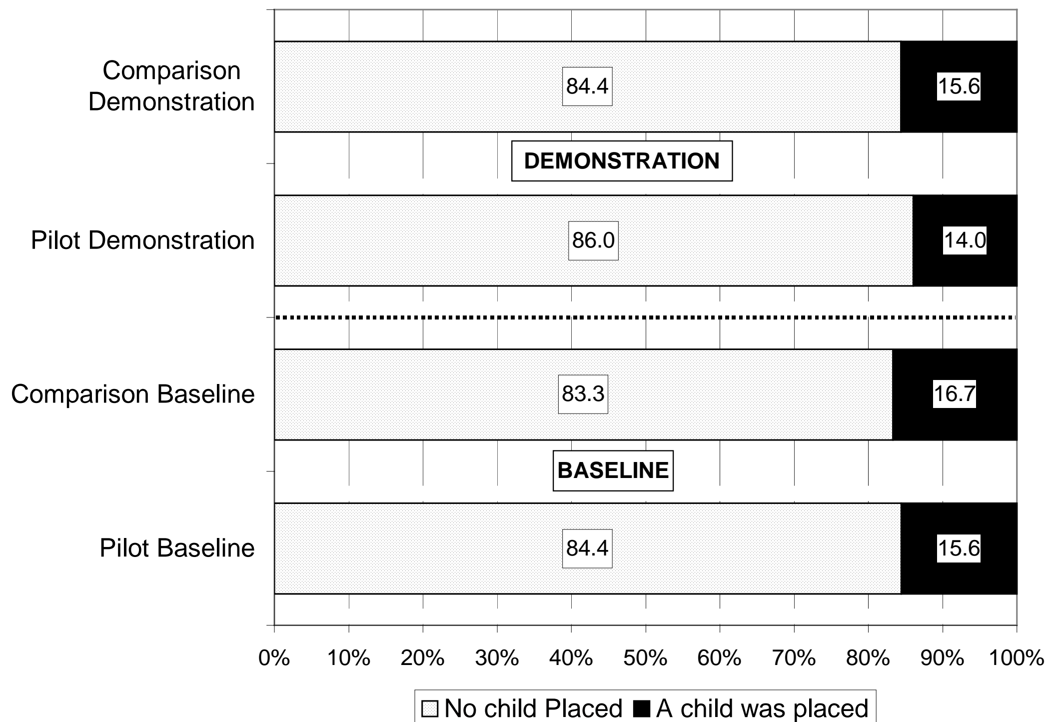
Differences in Out-of-Home Placement

For the problem addressed in this section we believed that the family was the proper unit of analysis. The family is the focus of the demonstration. Children are placed (as we defined placement in this chapter) because of family problems. The dependent variable for this analysis was:

1) any child in the family placed after the initiating incident.

The most simple analysis of proportions of families with a child placed showed an *apparent* significant reduction in out-of-home placement in the pilot areas. This is illustrated in Figure 7.1. The difference between percentages of pilot and comparison families with a child later placed was 1.1 percent (16.7 – 15.6 percent) during the baseline period. This difference increased to 1.6 percent during the demonstration period. This small percentage change was enough to tip the balance from statistically non-significant to significant (p = .035, Fisher's), because such large populations of families were involved. The shift can be seen in the graph in the reduced size of the black area (child placed) for the pilot demonstration bar.

Figure 7.1. Proportion of Families with a Child Placed for Study Groups during Baseline and Demonstration (5,308 baseline families; 6,534 demonstration families)



The dependent variable in this case is simply yes or no. Did the family have a child placed or not after the initiating incident? The proper multivariate method for a dichotomous dependent variable with a variety of different kinds of covariates is logistic regression analysis.

In developing a final model the variables outlined in Table 7.1 were introduced using a forward stepwise method. Through this analysis the final set of covariates was reduced to six. The variable with the weakest positive bivariate association, number of children in family, was eliminated. In the final model the six remaining variables were introduced as covariates in a single block, followed by the study group-study time interaction and then by two other interaction variables that we believed might be

important explainers of differences. These were race by study group and time and law enforcement reporter by study group and time. Slight shifts in these variables had been found between baseline and demonstration across pilot and comparison areas.

In the final regression analysis the effects of the demonstration disappeared. Controlling for six variables the pilot was shown to have no effects reducing out of home placement of children. This means that race, complex relationships (children with different names), previous Alternative Care, reports by law enforcement, non-parent paramour, and youngest child placed were in combination the important underlying explainers of the differences seen. The interaction effects with race and type of reporter were non-significant as well.

We conclude that the slight shift in out-of-home placement of children between pilot and comparison over the two study periods was not a result of the Family Assessment demonstration.

Other Measures of Out-of-Home Placement. Several other measures relevant to child placement were considered as well. These were:

2) Placement of all children after the initiating incident.
3) Any new placements in the family after the child was reunited with the family.
4) Any placements with relatives.
5) Proportion of reunification to all families.

No statistically significant differences were discovered through analyses of these additional variables. The effects of the Family Assessment demonstration on out-of-home placement seemed minimal. These effects are relatively short-term. The time frame for follow-up on families ranged from 4 to 22 months. The number of new placements after children had been reunified was very small within this time period. A longer follow-up period might reveal results comparable to the analysis of hotline recidivism.

We have shown that child removals and out-of-home placements occur in family assessment cases.[41] If out-of-home placements have not changed significantly in pilot counties and, at the same time, family assessment workers are assigned most of the new cases, then those workers must be removing children. We wondered whether the delay between the incident and the placement of the child might be affected by the demonstration. It was not. In the pilot area the onset of child removal changed from a baseline mean of 76 days to a demonstration mean of 98 days. However, in the comparison counties a similar change took place from a baseline of 95 days to a demonstration mean of 105 days. The difference was not statistically significant. That analysis demonstrated that the time between first worker contact and removal of children from the home increased in both pilot and comparison counties.

[41] See Third Interim Report (January, 1997): 93-4.

Length of Placement and the Family-Centered Out-of-Home Project

Several variables were created to measure differences among children who were placed:

1) Number of placements after the initiating incident.
2) Number of new placements after the child has been reunified.
3) Placement where reunification was not a goal.
4) Number of days in placement with a relative as a proportion of all days in out-of-home placement.
5) Total days in placement after the initiating incident.

No differences were found between pilot and comparison offices for any of these variables except the last.

Analyses conducted for the third interim report (January, 1997) showed that children in pilot counties spent significantly less time in placement than their counterparts in comparison counties (variable 5 above). This finding stood alone as the one clear effect of the family assessment approach on children in the Alternative Care system. At a presentation of our findings at that time a DFS Children's Services supervisor suggested that this might be due to the Family-Centered Out-of-Home demonstration that had been going on in selected Missouri counties. We followed up on that suggestion, and the results are shown in this section. It turned out to be a textbook example of the interaction between two ongoing demonstration projects.

The results of the initial analysis replicated earlier findings and are shown in the following table (7.2). Reading the means from left to right the average number of days in placement went down for the pilot areas from 127.7 days in the baseline period to 112.5 days in the demonstration period. Comparison averages went up from 112.7 days in baseline period to 121.7 days in the demonstration period. These changes were statistically significant ($p = .034$, F).

Table 7.2. Mean Days in Placement for Children in Pilot and Comparison Areas during the Baseline and Demonstration Periods

Period	Baseline		Demonstration	
Study Group	**Pilot**	**Comparison**	**Pilot**	**Comparison**
Mean Days in Placement	127.7	112.7	112.5	121.7
Number of Children	646	685	736	782

This difference had no apparent relationship to any of the other placement-related variables in the study, although, as might be expected, rates of reunification among these same children followed the same general pattern as the means in the table.

The Family-Centered Out-of-Home (FCOOH) project is a Missouri demonstration that predated the Family Assessment project. It was already in effect in several counties that were selected as Family Assessment pilots. In addition, the project was extended to other counties in the pilot and comparison areas of the present evaluation during the demonstration period. FCOOH involves a highly structured and intensive process to support the family after a child has been removed. Family members, foster parents, service providers, and Children's Services all participate in a collaborative arrangement aimed at achieving permanency for the child. During interviews, some workers in offices where both Family Assessment and the Out-of-Home project were being operated said that, of the two, FCOOH had had the greatest impact on their office.

Unfortunately no record of participation by a child in this new initiative is yet maintained in the state data system. Thus, we received no information in extracted MIS file indicating that one child participated while another child did not. We did know when the FCOOH project effectively began in each pilot and comparison county in the evaluation. We also understood that the local offices were charged to enroll all *new* Alternative Care children in the demonstration. Knowing this we added an indicator variable to our research database and coded it for children who were removed from their homes in the FCOOH counties after the effective implementation date in the county.

We found that more pilot children were potentially involved in an FCOOH demonstration. A total of 273 children were so designated from 12 pilot counties. This amounted to 37.1 percent of all pilot children in placement during the demonstration period. In comparison counties, only 95 children were found in eight counties. This was only 12.1 percent of all comparison children placed during the demonstration period. If these children were placed for shorter periods the differences see in Table 7.2 might be explained.

In Table 7.3 we took the 1,518 children on the right side of table 7.2 (736 + 782) and split them into four groups: pilot and comparison areas, with and without the FCOOH project.

Table 7.3. Mean Days in Placement for Children in Pilot and Comparison Areas after the Family-Centered Out-of-Home Project Began

Period	**No FCOOH**		**Child entered AC after FCOOH began**	
Study Group	Pilot	Comparison	Pilot	Comparison
Mean Days in Placement	123.5	121.0	94.0	130.1
Number of Children	463	687	273	95

Mean days in placement were calculated for each group. The significant difference found in Table 7.2 became clearer. The mean number of days in placement was substantially less in pilot areas with the FCOOH project. The length of days in placement of the comparison children did not decline. This analysis supports the position

that changes in the length of placement of children in pilot counties resulted from greater success in reunifying FCOOH children. That this reduction occurred only in pilot counties raises other questions about the possible interaction of FCOOH and the Family Assessment demonstration. Is it possible the FCOOH was practiced differently where the Family Assessment demonstration had been instituted?

Summary of Findings and Conclusions

The basic finding of this chapter is that the **Family Assessment demonstration had few discernable effects, either positive or negative, on the process of placing children outside their homes or in reuniting them with their families**.

- An apparent difference in the percentage of families where a child was placed after the initiating incident was shown to be explained by other family and case characteristics. We concluded that no difference between pilot and comparison was likely.

- No difference was found for other family-level measures: placement of all children after the initiating incident, new placements of children after reunification, placements with relatives. and reunifications as a percentage of all families.

- No difference was found in four of the five variables associated with children: number of placements after the initiating incident, number of new placements after the child has been reunified, placement where reunification was not a goal, and number of days in placement with a relative as a proportion of all days in out-of-home placement.

- We did find that children in pilot areas on average spent less time in placement during the demonstration period. This reduction of days in placement, however, was shown to be related to the experience of children in Family-Centered Out-of-Home (FCOOH) project. When we controlled for this difference the average days in placement of pilot and comparison children became equivalent.

- We also found that the FCOOH children spent less time in placement in pilot counties but not in comparison counties. This at least raises the possibility that FCOOH was operated differently in offices where the Family Assessment demonstration was going on.

8

Worker-Family Relationships and Family Satisfaction

An objective of the Family Assessment demonstration was to improve the relationship between Children's Services workers and client families, and to improve the satisfaction of families with Children's Services overall. Workers in areas where the demonstration was implemented were expected to approach assessment families in a more supportive and less adversarial manner. They were expected to be positive whenever possible and build upon family strengths. And they were expected to elicit the participation of family members in decisions made about themselves and their children.

The assessment of changes in worker-family relationships and the satisfaction of families with Children's Services was done through a series of surveys and interviews that were conducted throughout this evaluation. These include the overview survey of workers at the end of the demonstration, the family-specific survey of workers at case closing, the survey of family members at case closing, and the survey of community representatives. In addition, a set of interviews were conducted with family members and pilot area workers.

Views of Workers

In the overview survey,[42] workers were asked how often the families they worked with saw DFS as a resource or source of support and assistance. The difference in responses of pilot and comparison workers was statistically significant (F, $p<.05$). Workers in pilot areas were more likely to report that families in their areas viewed Children's Services in this way. Workers also reported that pilot-area families were more receptive to assistance offered to them than were families in comparison areas, particularly after the initial contact (F, $p=.04$). When considering specific client families in the study sample, workers in pilot areas reported a significant difference between family assessment and investigation families. Workers were more likely to report that families who had received the assessment response saw the agency more as a resource and less as a policing agency (F, $p=.03$) than families who experienced an investigation. This difference may be affected by the kinds of families investigated or assessed as well as by the way assessment workers and investigators were required to approach families. Moreover, this finding does not mean that all pilot-area families who experienced the assessment approach were judged to share this view. Some were reported to have

[42] A description of this survey can be found in Chapter 12 and in Appendix A

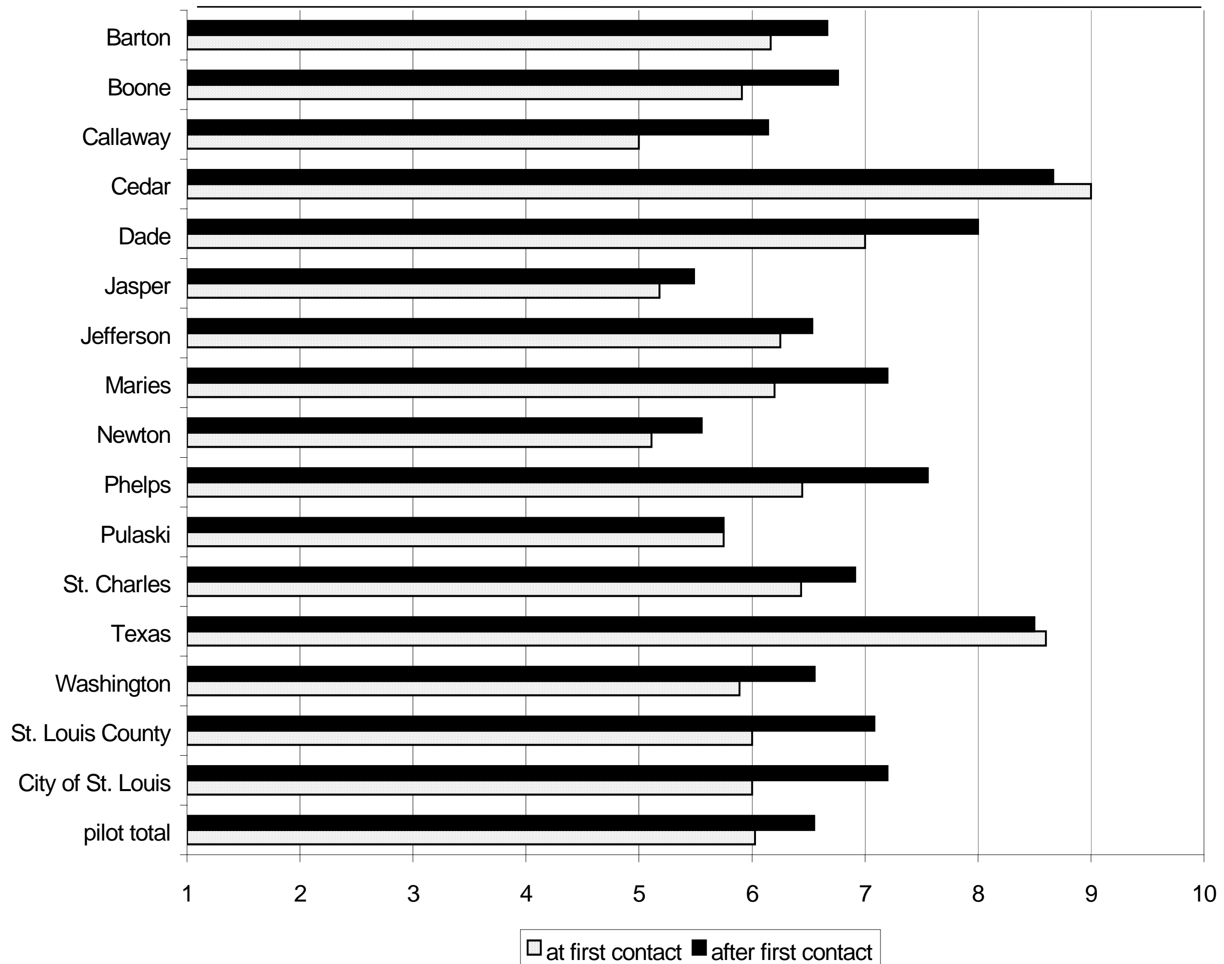
negative attitudes towards Children's Services, just as, correspondingly, some comparison-area families were reported to have positive views of the unit.

The study population in comparison counties, as described in Part 1, was made up of two categories of families, those with reports substantiated through an investigation and those with unsubstantiated reports who workers believed would benefit from preventive services. Preventive services cases are voluntary cases where no abuse or neglect was established. Theoretically these families are the most receptive to service intervention. We examined the difference in how workers' perceptions of preventive services families compared with those who had received the assessment response in pilot areas. We have suggested in earlier analyses (Chapter 3) that assessment cases appeared to be made up of a combination of substantiated and preventive services cases under the traditional system. It could be argued, therefore, that family assessment cases as a whole are higher risk cases than preventive services cases and probably less receptive to intervention. Yet, we found the perception of workers to be that families who experienced the new assessment approach in pilot areas were more receptive to assistance offered to them than were preventive services families in comparison counties. This adds support to the general finding of this research that the family assessment approach elicits greater cooperation from a broader range of families.

The relative receptivity of families who experienced the assessment response as perceived by workers in different pilot areas, at first contact, and after first contact is shown in Figure 8.1. In every county except Cedar, workers reported that the receptivity of family members improved following the initial meeting (and Cedar County workers reported the most positive response from families either initially or subsequently). In addition to Cedar, workers in Texas, Dade, Phelps, Maries, and St. Charles counties, as well as in St. Louis City and County, indicated a level of receptivity that exceeded the pilot mean as a whole. Workers in Jasper, Newton, and Pulaski counties reported the most resistance from assessment families, both initially and after first contact.

Workers were asked to assess the extent to which families they worked with felt better off or worse off because of the involvement of Children's Services. Workers in pilot areas were more likely to report that their families felt better off than workers in comparison areas (F, p=.04). Beyond this, pilot-area workers perceived an overall level of satisfaction among client families with DFS and DFS services that was significantly higher than the level of satisfaction perceived by workers in comparison areas (F, p=.009). The child welfare process is inherently interactive in nature. These findings likely reflect actual changes in families as well as workers' perceptions of how they got along with families and how cases progressed. Because we also found supporting responses from the families themselves (see below), these results suggest that family assessments—the approach in the majority of pilot cases—were more positive and productive for families.

Figure 8.1. Worker Perceived Differences in the Receptivity of Pilot Families to Assistance Offered at Initial and Subsequent Contact



In field interviews that were conducted in pilot areas, most workers were positive in their own evaluation of the new approach to families undertaken in the demonstration. *"Worker attitudes have improved with 595,"* one commented. Another said, *"Workers want to keep it. They agree with the philosophy."* Much of the positive response of workers was attributed to the response they were receiving from families. Two typical comments of workers were these:

> *"I love the assessment approach. Going into homes with a family-friendly approach we are received differently. Wish we had more resources and we wouldn't need to open as many FCS cases."*

> *"I like the 595 approach. It's less intrusive. I want to help provide services and rectify problems. And we get a better response from families, especially those with prior experience with DFS."*

Not all workers reported the same experiences. One, from a county where the investigative unit conducts family assessments, noted: *"Families still see assessments as hotline investigations."* And another: *"Families don't see family assessments differently, especially if they had prior contact."* But another worker said: *"It's all in the way you present things. Generally you can get families to come along and hook them up to resources."* Two county directors, when asked about the reaction the office had received from families, indicated that there had been a reduction in administrative reviews due to fewer complaints from families.

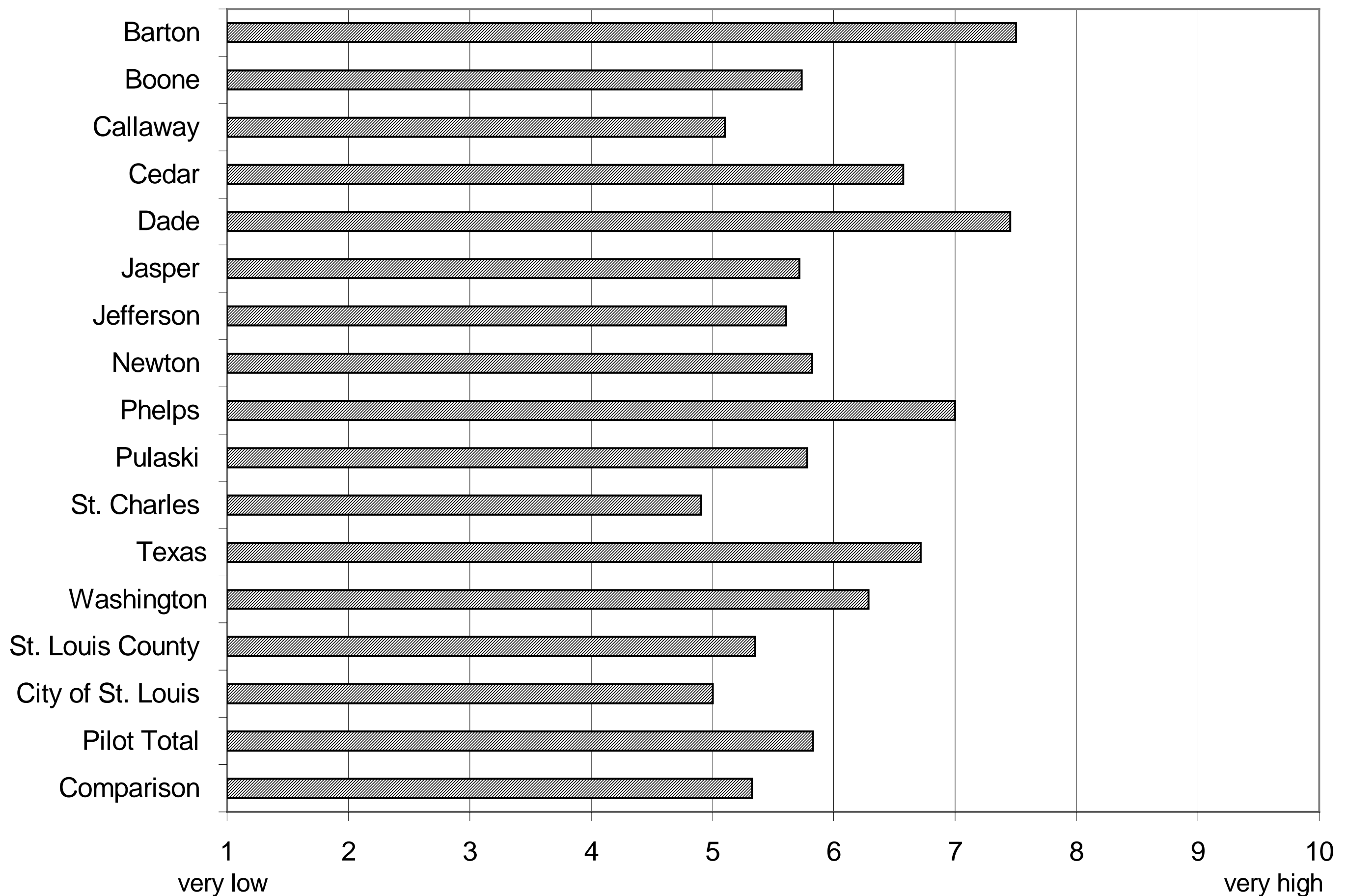
Observations of Community Representatives

Within any community there are individuals in direct contact with the Children's Services system and the families served by it. Many of these persons are mandated reporters of child abuse and neglect: school personnel, police officers, juvenile court officials, medical and mental health professionals, and administrators of service agencies, among others. A survey of such representatives in each of the 30 pilot and comparison area was conducted.[43] These individuals were asked, among other things, to assess the level of satisfaction with Children's Services that they observed among CA/N families in their area. They were asked to do this on a 10-point scale, where 1 represented a very low level of satisfaction and 10 indicated very high satisfaction. They were answering not about specific individuals but client families overall, and their responses tended toward the middle portion of the scale. However, the difference in the mean scale scores, while not dramatic, was statistically significant (F, $p<.02$). The mean scores given by respondents from pilot and comparison areas can be seen in Figure 8.2. This figure also shows the mean scores of respondents relating to individual pilot areas. It should be noted that the community survey was county-specific. A number of respondents were able to provide separate observations on more than one county and these responses were aggregated separately. Thus, for example, community respondents from Barton, Cedar, and Dade counties indicated particularly high levels of consumer satisfaction. These high scores reflect individual judgments about the counties and did not result simply from a more general score for the three-county area. Respondents from Phelps, Texas, and Washington counties also reported high satisfaction with Children's Services among the families of their areas.

Community representatives were also asked to characterize the relationship between Children's Services workers and the families they work with. They were less likely to describe the relationship in pilot areas as adversarial and more likely to describe it as supportive in nature. The difference in responses pertaining to pilot and comparison areas was statistically significant (F, $p < .02$). This finding is particularly important because it represents a point of view that was outside the worker-family interaction—a kind of methodological triangulation. Community representatives in many if not most cases are in contact both with families and DFS workers. It can be argued that they have less of a vested interest in the family assessment approach than workers. That their viewpoint is essentially consistent with the findings of families and workers strengthens the validity of the findings from these two sources.

[43] A description of this survey can be found in chapter 9 and in Appendix A.

Figure 8.2. Level of Satisfaction among Families Observed by Community Representatives



Views of Families

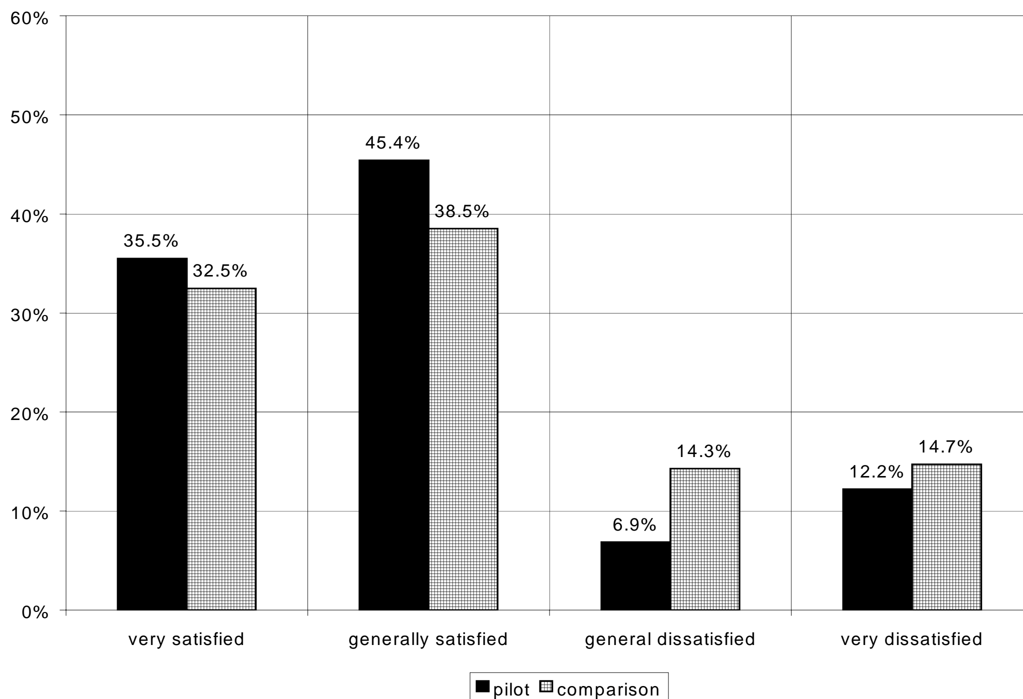
The views of workers summarized earlier are important, but they are, essentially, reports of family perceptions and, implicitly, of how well their work went with families. The views of community representatives are perceptions of knowledgeable and more detached individuals. But the views and perceptions that count most are those of the subjects themselves, client families. The satisfaction of families with Children's Services was assessed through a mail survey after cases closed. Families were selected randomly for the survey and, discounting bad addresses, the response rate was 14.6 percent. Survey responses were received from 502 families, 267 in pilot areas and 235 in comparison areas. An additional 62 persons from these families were interviewed by telephone, 36 from pilot areas and 26 from comparison areas. A series of analyses were run to determine whether the types of families who responded from pilot areas were similar or dissimilar to the types who responded in comparison areas. No statistically significant differences were found between the two groups of families on any variable examined, which included type of family, age of children and parent, ethnicity of family,

employment status of parents, and the nature of the initiating incident that brought the families into contact with Children's Services. A second set of analyses were run to determine whether families who responded to the survey were similar or dissimilar to the full population of families in the study. Again, no differences were found that were statistically significant.

1. Family Survey Results

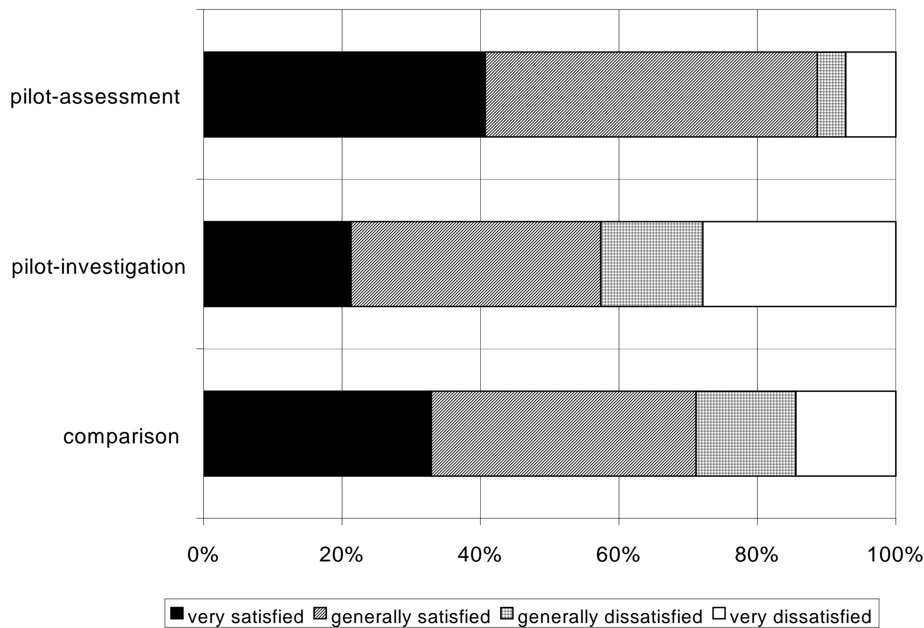
Parents were asked whether they were satisfied with the way they and their families were treated by Children's Services workers. In response, 81 percent of the pilot-area families said they were either very satisfied or generally satisfied, versus 71 percent in comparison areas. The remaining 19 percent in pilot areas and 29 percent in comparison areas said they were either generally dissatisfied or very dissatisfied. The difference between the two groups was statistically significant (tau-b p=.05). The responses of families can be seen graphically in Figure 8.3.

Figure 8.3. Satisfaction of Families with Children's Services



The greater positive response elicited from families in pilot areas was primarily attributable to families who had received the assessment response. This can be seen in Figure 8.4 which breaks respondents into three groups: pilot-area families who received the assessment response; pilot-area families who experienced an investigation; and comparison areas families, all of whom were investigated. Eighty-eight percent of the pilot families in the assessment-response group replied that they were satisfied with the way they had been treated by Children's Services workers. Among pilot families who were investigated this figure dropped to 57 percent. The figure for comparison families

Figure 8.4. Satisfaction Pilot Assessment and Investigation Families and Comparison Families

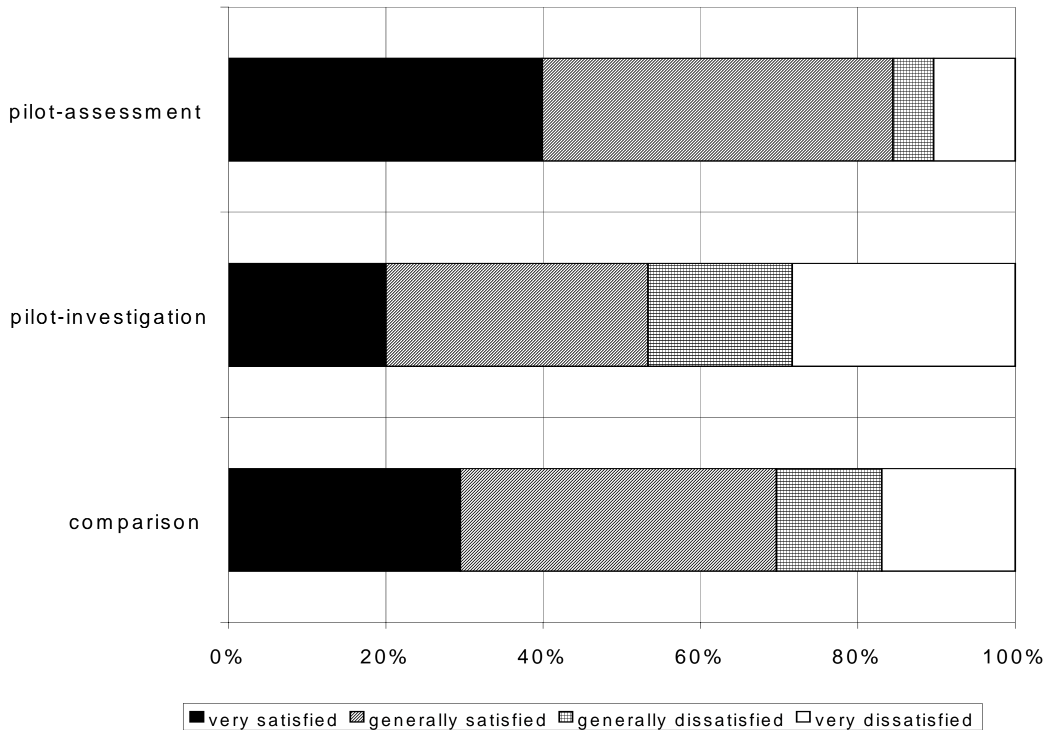


was between the two at 70 percent. That the response among comparison families was more positive than the response of pilot-area investigation families strongly suggests that the responses of families were at least partially related to the relative severity of the accusation made against them. However, the fact that there was a significant difference between the pilot and comparison groups overall, as represented in Table 8.2, means that we could expect the level of satisfaction with Children's Services to improve with the introduction of the family assessment response. (Note: The differences among the three groups depicted in Figure 8.3 are statistically significant, $p < .0001$.)

A similar pattern to the one found in Figures 8.3 and 8.4 was found on a second question: How satisfied are you with the help you got from DFS Children's Services workers? Seventy-seven percent of pilot families said they were very or generally satisfied versus sixty-nine percent of comparison families. Again, the difference between the two groups was statistically significant overall, although not as great as on the previous question ($p < .05$). And again, the difference was due to the more positive responses from families who received the assessment response. Figure 8.5 shows the breakdown of responses from pilot assessment and investigation families separately as well as those of comparison families. The statistical difference on this three-way split of the respondents was significant ($p < .01$, tau-b).

These two survey questions tap the global attitudes and feelings of responding families about the experiences they had with Children's Services. They also indicate that both satisfied and dissatisfied individuals responded to the survey. Questions about

Figure 8.5. Satisfaction of Families with Help Received from Workers



satisfaction with a past experience tap into evaluations of benefits received or not received as a result of the experience. They are also opportunities for respondents to express feelings of resentment or disappointment on the one hand, and on the other hand feelings of pleasure and friendship. The findings suggest the pilot families as a whole were more frequently left with a positive sense and a determination that they had benefited from the child welfare experience.

Two other questions were included in the survey concerning the perceptions by caretakers of changes that occurred in their families. It was hoped respondents could indicate a sense of overall positive or negative change in their family or in the lives of their children. The first of these questions concerned the family as a whole: Overall, is your family better off or worse off because of your involvement with DFS? Although, pilot families were somewhat more likely to say they were better off, the difference was not large enough to be statistically significant. Differences in the three-way split were significant (F, $p=.01$), and the responses of the three groups can be seen in Figure 8.6.

The related question asked: Is your child (or your children) better off or worse off because of the involvement of Children's Services? Here differences between pilot and comparison families were significant (tau-b, $p < .04$). And differences on the three-way analysis also significant ($p < .01$). Families who received the assessment response regarded the involvement of Children's Services as beneficial to their children more often than investigation families in either pilot or comparison areas (see Figure 8.7).

Figure 8.6. Perception of Change in Family because of DFS Involvement

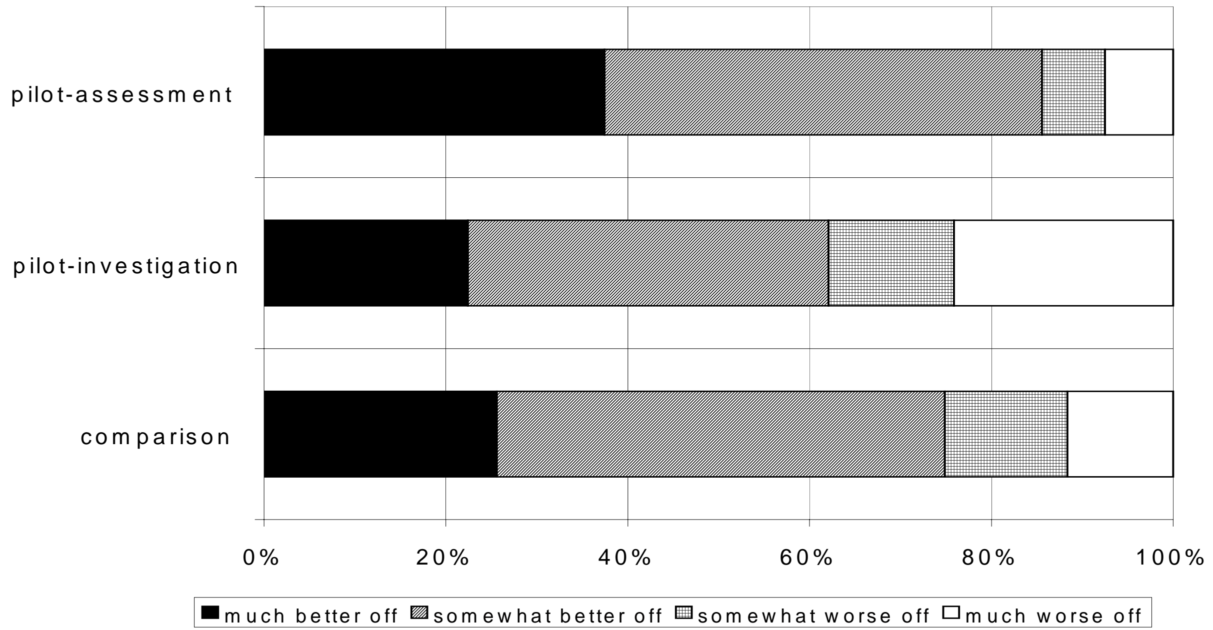
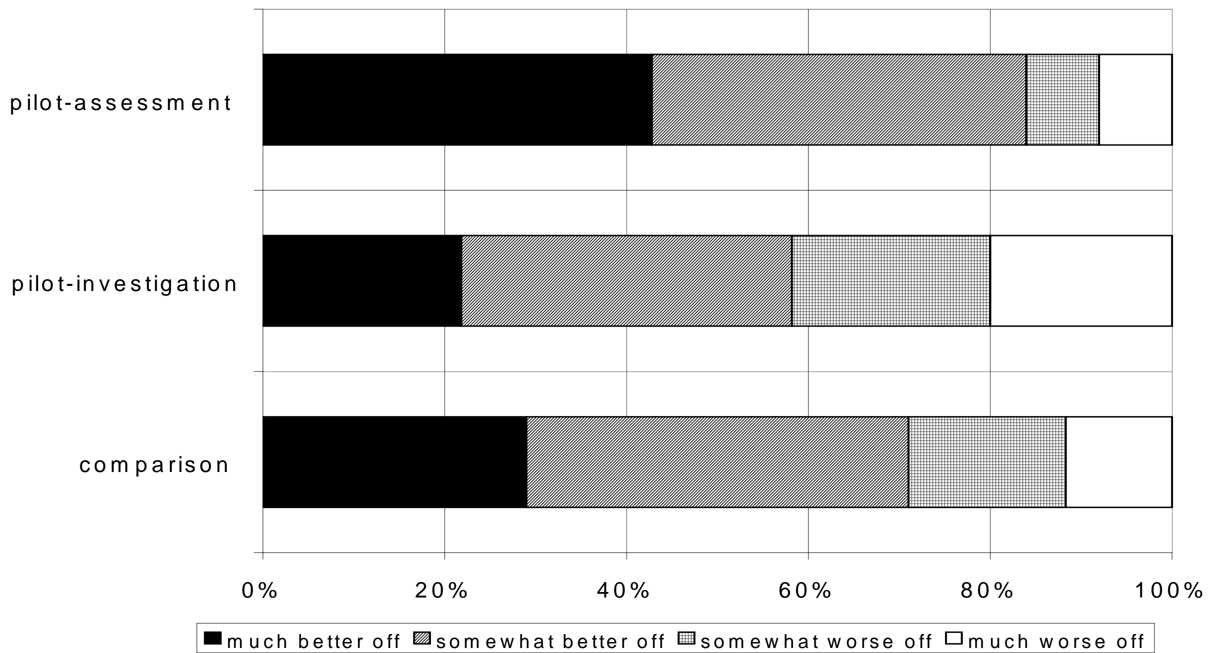


Figure 8.7. Perception of Change in Children because of DFS Involvement

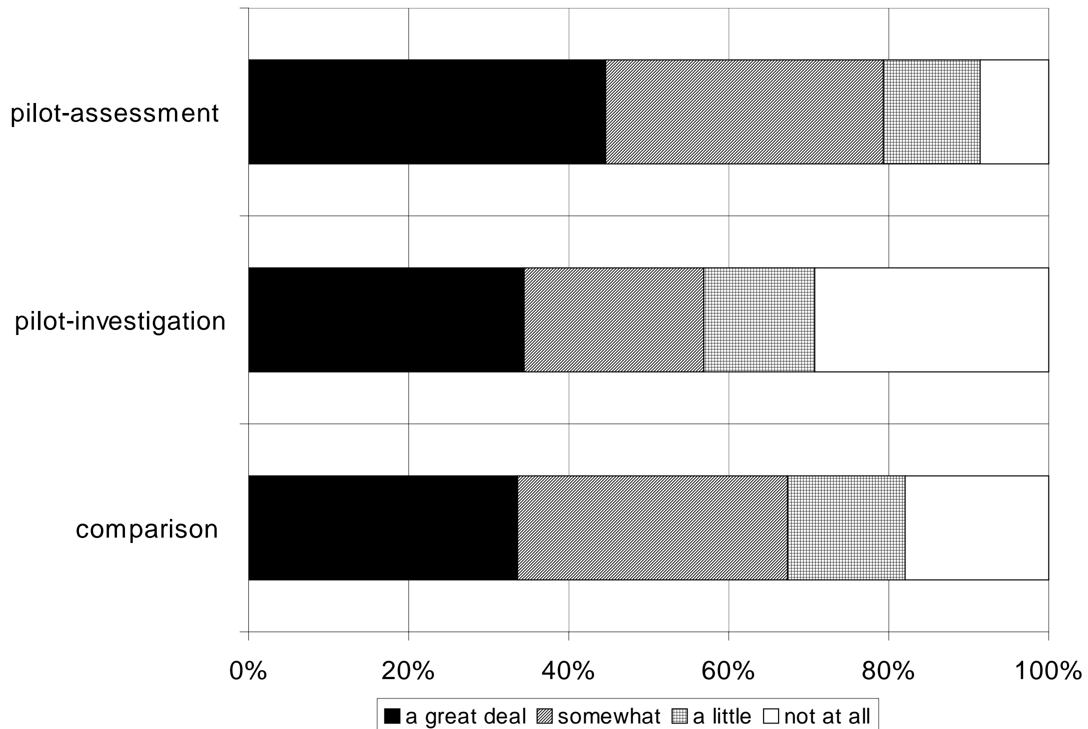


Finally, families were asked if the DFS worker(s) they met with was friendly. Differences between families in pilot and comparison areas were not statistically significant, although the general trend was in the hypothesized direction. The three-way split distinguishing family assessment and investigation families in pilot areas was significant and yielded a response pattern similar to the previous figure.

A majority of all responding families answered all of these questions positively. The percent of dissatisfied families was generally lower, however, for those whose initial contacts were through assessment workers.

A central objective of the family assessment approach was to increase the participation of family members in the decisions that were made that affect them and their children. In the survey, family members were asked about their level of involvement in these decisions. Differences in the responses from pilot and comparison areas were statistically significant (tau-b, $p < .03$). Figure 8.8 shows the response summary of both groups of pilot families as well as comparison families to this issue. Forty-five percent of assessment families in pilot areas reported having a "great deal" of involvement in these decisions, while 92 percent said they had had some level of involvement.

Figure 8.8. Level of Involvement of Families in Case Decision-Making According to Family Respondents



The sense of increased involvement might be expected as a direct consequence of an approach to families that is on its face voluntary in nature. The point was made in Chapter 3 that the large majority of traditional child welfare cases have always been *de facto* voluntary in nature. One might say that coercion was only a pretense maintained by the investigation-substantiation process. The real consequence was that coercive attitudes decreased the sense of control by families—their feelings that they have a say in what is being done to them and for them. The only control that families can exert in such negative contexts is refusal to cooperate. A big job of caseworkers in the traditional system is to overcome negative attitudes engendered through investigations and establish a sense of trust and cooperation. We have shown that they were less successful at this when compared to the new system established through the Family Assessment demonstration. An explicitly voluntary approach for the majority of families contacted tends to enhance the sense of family control over the situation from the start, and this is reflected in improved responses concerning participation in the process.

2. Family Interviews

Sixty-two survey respondents were subsequently interviewed. The interviews, which typically lasted 40 to 50 minutes, were comprehensive in nature. They were constructed to elicit the views of families about their experience with Children's Services and to help us see the assessment and investigation processes from their vantage point. Due to the number of interviews and the voluntary selection process, it is unlikely that these interviewees represented the full range of opinion of families in pilot and comparison areas or the differences that existed between the two approaches. It should be noted at the outset, that in interviews of this kind, when people are asked how satisfied they are with a service or action taken that affects them, it is common to find that those who have complaints are both freer with their comments and more specific in their remarks than those who feel benefited. Nonetheless, it is important to listen to what these family members had to say, whichever approach they experienced and however positive or negative their experience was.

How the DFS worker treated the family

We started each interview by asking the parent how the DFS worker who came to the home treated the family. Most of the responses, and nearly all of those by people involved in pilot-area assessment cases, were quite positive toward the workers. Whether positive or negative, though, what clearly stood out in parents' recollections was the attitude and approach of the workers toward them. One parent said of her assessment worker, *"She didn't make me feel uncomfortable and didn't try to judge me; she really cared."* Another stated the assessment worker *"treated us pretty good. She wasn't accusing me of anything. She was very polite and explained the accusations against me."* A parent in a comparison county said her worker was *"real nice and friendly and helped the kids by talking with them and giving alternatives."* Still another, in a pilot county, said of her worker, *"She was very understanding and interested in our situation, and she was very supportive of the positive changes being made."* A friendly, encouraging, non-accusatory attitude was greatly appreciated by many parents—and was greatly missed by others. One upset father in a comparison county said the investigator *"came to the door like a 'storm-trooper'. She criticized me in front of the children, and they got upset and*

began crying. She was unwilling to listen to my explanation." Another parent, also in a comparison county, claimed, *"I was not treated adequately. I was looked down on and was told how wrong and how bad I was. I was not treated as a human."* The subject of investigation in a pilot county, one mother said of the worker, *"She was very hateful toward us. She made us feel terrible and like we had done something wrong."* Workers' attitudes clearly mattered a great deal to parents, but so did assistance that was provided. A mother in a comparison county noted that the worker *"interviewed us with tact and care, and she helped us get food stamps."* A parent in a pilot assessment case stated that the worker *"gave suggestions of how to get my son under control. He has an attention deficit disorder and is uncontrollable."* Another, in an investigation case in a pilot county, was grateful that her worker *"explained options and gave valuable information. He was very supportive and helpful."*

What parents liked about their worker

When parents were asked if there was anything the worker did or said during visits that they particularly liked, they again stressed a warm, non-accusatory approach, a willingness to listen, and helpfulness in providing services. Sometimes what mattered was simply the quality of personal involvement. One parent in a pilot-area assessment case said her worker *"seemed human and down to earth. She had tea with me and allowed me to call at any time."* Another mother, in a comparison county, said of her worker, *"She always made you feel as though she was a friend."* Several parents were appreciative of various, important assurances workers made. Said one parent in a comparison county, *"She put everything in terms easy for the kids to understand and assured them that they would not be taken out of the home."* Another was relieved that her assessment worker *"understood that the complaint could have been made by someone who was trying to get back at the family."* One mother was pleased to receive confirmation from her assessment worker that her *"child-rearing skills were okay."* Yet another, also in a pilot county, was encouraged when *"the DFS worker told us that she was impressed at how we were improving our situation."* Parents also responded strongly to workers who were attentive to and compassionate toward their children. A mother in an assessment case noted that the worker *"paid attention to the kids and what they said. It made it very easy for the kids to talk to her."* Another assessment case mother said she *"appreciated the concern the worker had toward my daughter. She was very polite and tolerant."* A parent in a comparison county felt that her worker had *"a great capacity for being compassionate to children and she was willing to listen."*

Some parents expressed particular appreciation for the services their workers provided. One pilot county mother said, *"the DFS worker suggested counseling for my son's attention deficit disorder and gave a list of agencies that could assist us. She was able to convince my son that counseling would help him and me."* A parent in an assessment case indicated that her worker *"gathered up about $15 worth of toys and small items for the family during Christmas."* In another assessment case, the parent said of the worker's efforts to provide services: *"She was very polite and helpful. She explained that there were no funds available to help me with bedding and other items for my children, but she gave me information on where I could go to get help."*

What parents disliked about their worker

When asked what they particularly disliked about what the worker did or said, a number of parents focused again on the initial attitude of the worker. For some, the worker's accusatory or belligerent approach was kept fresh in their minds by the lasting memory of especially insensitive remarks. One mother in an assessment case stated her worker was *"very accusatory. He made me seem like a bad parent."* In another assessment case, the parent was visited by a pair of workers who received mixed reviews: *"The male was especially difficult to get along with; he attempted to make you feel stupid. He said if I was having problems, he could send someone out 'to show you how to be a good mom.' The female worker was OK."* A mother in a comparison county was similarly displeased with her worker's *"comment that 'I am not the one who abused my children' when I expressed my view of how the case was being handled."* In another comparison county, a parent said of her worker: *"She made it sound like because I made a mistake in the past that I would pay for it the rest of my life. She made it appear as though I was a failure and a bad mother."* Another comparison county parent found her worker's suggestion more insulting than helpful: *"'Well, can't you find another babysitter?,' as if to imply that finding a sitter was an easy task and the only solution."*

Some parents were more offended by not being kept informed and particularly by being talked about before being talked to. One mother in a comparison county said of her worker*: "He wouldn't answer questions as to what was wrong and what needed to be done."* Another in a comparison county said what she objected to was that the worker *"came to the school and spoke to school officials and my children before notifying me [by mail]. The worker came out two days later to visit at my home."* A parent in an assessment case was similarly upset that her worker *"invaded our privacy and scared the children without my being made aware of it in advance."* For a few parents, what they disliked was very straightforward. As one mother in an assessment case, who was otherwise rather positive about her experience with DFS, said simply, *"They took my son."*

Services the worker suggested

The next few interview questions focused on services—those suggested, those requested, and those received (or not). We first asked the parents what services, if any, their worker had suggested for them or their children. Far and away, the service most mentioned by workers was counseling, and most often, according to the respondents, counseling was the only service workers suggested. Other services that parents recalled being discussed included child care, food stamps, food pantries, parenting classes, and psychiatric help. In only a few cases did the parents elaborate on their answers beyond listing the services. When they did, the comments tended to be critical. One mother in a comparison county indicated that *"counseling was suggested, but I did not need 'cuddling'. I needed help. Counseling for my child for discipline was also suggested, but discipline was not a problem until the child was placed in foster care."* A parent in a pilot county investigation case said that *"DFS did not suggest anything, but the court recommended counseling, C-STAR, etc. DFS found the counseling but with a counselor that was ineffective."* A father in an assessment case noted that *"the DFS worker mentioned the need for me to take my child to a psychiatrist, but the worker did not give*

any information, such as a name or number." While some parents claimed that needed services were not satisfactorily provided, several others indicated that they in fact had had no unmet service needs at that time. In some of those cases, workers still suggested or discussed services. One parent in an assessment case, for example, was offered parent skills training even though, as she said, *"No other services were needed, since I was already on AFDC."*

Services the parents requested

To the question about what kinds of help, if any, the parents requested of their workers, respondents generally gave much longer answers that revealed large gaps between what they wanted and what workers had suggested or were able to deliver. Only a few parents, for example, requested counseling (perhaps because it had already been offered). One parent, involved in an investigation in a pilot county, said, *"I asked for counseling. The worker told me to get out a phone book."* Another, in an assessment case, claimed she had asked for counseling but *"was not able to get counseling for my son until he was placed in foster care."* Many more parents asked either for help dealing with various kinds of administrative problems or for very practical services. With either, parents most often indicated that help was refused or was only partially or indirectly provided. The range of practical concerns was broad, including assistance with utilities, housing, day care, job training, Medicaid, food stamps, clothing, and furnishings. One parent in an assessment case indicated she asked for help with Medicaid, food stamps, and clothing. *"The worker said it was nothing she could do. She said to apply with DFS; she gave me the names of food pantries, but no transportation; and for clothing, she gave me the number of a person to contact—basically passing the buck."* A mother in an assessment case said she *"needed help paying the deposit on an apartment. The worker explained that funds weren't available at her agency but gave me a list of other agencies to try."* A father in an assessment case *"asked for medications that might help my son and help get him under control. The worker responded by telling me to take my son to see a psychiatrist."* Another parent, in a comparison county, on asking for the customer services number for Medicaid, *"was told to look on the Medicaid card."* In a few cases, parents reported workers going a step or two farther. One parent in a comparison county indicated she *"was in a financial bind and needed utility assistance. The worker talked to agencies to get a food voucher and utility assistance."* A parent in another comparison county asked for a kitchen table and chairs. *"The worker,"* she stated, *"had her husband make a part for the kitchen table, which repaired it."*

In general, requests to workers for personal, direct services were oriented less toward such tangible problems than toward dealing with DFS itself, and for the most part, these requests went unfulfilled. A mother in an assessment case, who had been the subject of seven hotline calls, *"asked the worker what can be done about harassment of my family through hotline calls. The worker asked her supervisor for a response. The supervisor sent a letter stating that calls were anonymous and nothing could be done."* A parent in a comparison county *"asked repeatedly what needed to be done to get my son back. I was never given any feedback. The worker read the treatment plan, but she didn't explain it. The treatment plan did not address how I could get my son back, only what I needed to do."* Another asked *"that the children be left in the home, because they*

were in a magnet school and a special education program. I also asked that the children be given to their grandparents if they must be removed from the home. The worker said that she wasn't open to any other alternatives." Still another comparison county parent, not overly pleased with the investigator's approach, *"asked her to leave my home. She became angry and did not leave immediately."*

Needed services that were not received

A few parents again focused on issues with DFS itself when asked if there was anything they really needed but were unable to get. A father in a comparison county answered, *"Arbitration. I only had one chance to appeal through DFS. There was no other way to clear my record or challenge their finding. The unsubstantiated claim remained on my record for a year, even after I hired legal representation and appealed through DFS."* A similar note was sounded by the subject of an investigation in a pilot county, who needed *"legal representation for appeal of DFS Children's Services findings."* A pilot county father had hoped for *"custody of the children, but their mother wanted custody and was able to get the kids."* Most of the respondents, however, felt the lack of more conventional services. The range of unmet needs they cited included transportation, counseling, child care, housing, Medicaid, medications, support groups, and utility assistance.

Services the worker provided

When asked about services or assistance provided through the efforts of their DFS worker, only a few respondents had any recollections to offer. One parent in a comparison county remembered *"phone calls and an appointment set by the DFS worker to help my family with utility assistance and to try and find housing."* Others cited help getting Medicaid, AFDC, food vouchers, counseling, and respite care. Some parents recalled a more general, organizational kind of assistance. A mother in a comparison county said, *"The worker coordinated services that we already had and helped us decide what services were still needed."* A parent in an assessment case noted that her worker *"talked with another county DFS to help me make the move and continue to receive services."* A few parents took the opportunity to criticize DFS on the lack of services provided. One mother in a pilot county investigation case asserted that *"the court recommended that DFS help with services, but DFS was very ineffective."* Another, in an assessment case, said, *"The DFS in-home counselor visited about three times and was supposed to contact the family after vacation but never returned."*

Services received from non-DFS sources

Parents were then asked what services and assistance they received from sources other than DFS and how they learned about them. A considerable number indicated receiving non-DFS help, but in many cases, it should be stressed, parents said that the services were procured on the basis of workers' suggestions or information. One mother in an assessment case received *"counseling at Comtrea. I had heard about it before but the DFS worker had mentioned the need for counseling."* Another in a pilot county said,

"Christian Family Services was recommended by the DFS Children Services worker." In a comparison county, a parent *"received services from the Victim's Center, which counseled my daughter for rape. I found out about it from [my DFS worker]."* Another comparison county mother got *"utility assistance. I found out about it when I went to DFS to apply for food stamps."* Parents made use of a variety of other sources of help as well. One assessment case mother received assistance from *"the court, the Juvenile Officer, family, friends, and school teachers"* in dealing with her son's behavior problems. Another got *"eyeglasses for my son from the Lion's Club,"* a service she heard about through her school nurse. A parent in a pilot county investigation case stated, *"the police detective investigating the molestation case referred me to a counselor."* A mother in a comparison *county "heard about United Services through my landlord, and their home/parent coordinator provided information on parenting and where to find clothing."* Still other parents drew on their own resources. A pilot county mother *"found out on my own about Head Start and Parents as Teachers."* Another *"received energy assistance from DFS and housing assistance from NECAC, which I had prior knowledge of."* A parent in an assessment case indicated she *"applied on my own for AFDC, Medicaid, and food stamps."*

Parents' participation in the process

We asked parents if they had participated in decisions that were made or felt left out of the process, and if they felt they were able to express themselves to and disagree with workers. In a tabulation of multiple choice responses, nearly three-fourths of the parents said they had participated at least somewhat and one-third indicated they believed that they had participated greatly in decisions. The numbers of parents who felt they could discuss issues freely and even disagree with workers were higher yet. It is striking, then, that the relatively few who offered comments about their involvement in decision-making were overwhelmingly negative about the experience. One father from a comparison county said, *"I wasn't willing to participate because I felt threatened."* A comparison county mother asserted, *"The decisions were all made before the worker came to my home."* Another said, *"They are going to do what they want to do regardless."* A parent in a pilot county investigation claimed, *"No matter what I said, if I disagreed it was made to look like I was not cooperating."* In an assessment case, the mother said, *"I felt that if I wanted to disagree, I would overstep my boundaries."* In another, the parent tried to express her opinions, *"but he made me feel like I didn't have a say on what was going on."* As one of the few speaking for the majority view, a comparison county mother said, *"I didn't disagree with anything she said, but I would have been able to."* A parent in a pilot county indicated she felt she had participated greatly *"in all except for having to give the kids back."*

How families were better off because of DFS

When asked if and how their families were in any way better off because of their involvement with DFS, parents cited both immediate, practical benefits and less tangible improvements in family dynamics. One comparison county mother indicated that *DFS "helped me by giving me AFDC and food stamps,"* which her worker had brought to her attention. Another said, *"I don't know how to put it. . . but we had food all the time."* A parent in an assessment case stated, *"My son got the behavior disorder and counseling*

services that he needed in foster care." "I had previously requested these services," she added.

Some parents pointed to instruction provided by their worker. A mother in an assessment case noted that her worker taught her *"alternative ways to discipline. I was told about 'time out', which worked."* Another indicated that *"the advice and suggestions of the worker were helpful. She would answer questions about DFS benefits, such as food stamps and Medicaid, or any other letters I received."* A parent in a pilot county investigation case said, *"He gave us ways to rectify the matter."*

Many parents focused on improvements in family communication. A comparison county mother stated, *"We were able to communicate better. My children were able to understand us [parents] and would help out around the house."* Another said, *"She taught me how to deal with my son a lot better than doctors and the counselor had, gave parenting skills, and taught me and my son how to communicate better."* Others noted that simply the worker's presence in the household could make a difference. A father in an assessment case suggested that *"it took someone with authority to come out and show my 16-year-old son that something could be done."* A mother in a comparison county found that *"my son's grades and his attitude toward me and school improved as a result of the worker's presence."* A pilot county mother derived dual benefits from her worker: *"He helped me get in touch with the right psychologist for the children, and he would take my son fishing."* The same could be said for a grandmother in an assessment case. *"The worker was able to communicate well with the children, and I was able to do other things around the house while she was visiting with them."* Some parents credited DFS directly for keeping the family together and the children safe. A mother in an assessment case said that, because of her involvement with DFS, *"I was able to get myself and my children out of a bad situation."* A grandmother in a comparison county noted that *"if DFS had not been involved, the mother would have continued to have contact with the children, and the abuse would have continued."* A mother in a pilot county investigation said, *"Now, I am <u>not</u> being harassed by my ex-husband. A preventive case was something I wouldn't have thought of if it had not been suggested by [my worker]."* In a comparison county, a father said that because of DFS involvement, *"the family got back together. It helped our [he and his son's] relationship, and [the worker] gave excellent advice."*

How families were worse off because of DFS

Parents were then asked if and how their families were in any way worse off because of their involvement with DFS. Their responses, which were fewer than for the preceding question, were centered around expressions of pain and loss. Some of the loss parents felt was financial. A mother in an assessment case indicated she was still having to pay *"attorney fees to fight to get my son back."* A mother subject to investigation in a pilot county noted *"lost job possibilities because of substantiated charges of abuse on my record."* A father in a comparison county claimed to be worse off financially and emotionally, since *"legal representation caused financial hardship and letters, phone calls, and visits to my attorney all caused negative emotions to kindle."* Other parents also cited emotional loss. One mother in a comparison county said, *"I lost out on a big part of my son's life. He was well-behaved and well-disciplined. I was not able to take*

part in raising and disciplining my child." Another claimed she was *"not allowed to visit my children for over four months or call or correspond, and neither were their grandparents or the rest of the family."* Most respondents, though, focused on consequences they felt their children suffered. A mother in an assessment case said, *"For a period of time, it caused a lot of stress, tension, and anxiety. It made my son and daughter not want to go to school because of embarrassment."* In a comparison county, a mother also noted the problem of embarrassment: *"Other children saw workers talking to my children and made fun of them."* Other parents addressed the anxiety children felt over possibly being removed from the home as well as the consequences of removal itself. A mother in an assessment case said DFS involvement *"tore up my son. My son kept asking 'will the worker come back and take me away?'"* Another mother, in a pilot county investigation case, said, *"when the worker threatened to take my daughter away, she did it in the presence of my daughter, who began to kick and scream and was traumatized. My daughter is five years old."* Another, whose children were removed, pointed to the *"pain and depression my children experienced from not being with me. I was not able to spend time with them, which caused me mental damage. I still don't have custody."* A pilot county mother, whose child has since been returned to her, said, *"My son, who was allowed to remain [for a time] with his father, is now going through chemical dependency treatment and has serious behavioral problems."* From a different perspective, a grandparent in a comparison county said, *"It was not a pleasant experience for the family, but it was the best thing for the children. The children are doing much better."*

Other comments about workers and the intervention process

Finally, we asked the parents if they had any other comments about the worker visits or the process as a whole. Responses were many and often lengthier than those to previous questions, as parents elaborated on what they liked or disliked about their workers and offered suggestions for dealing with problems they experienced with the process. One mother in an assessment case, while saying she *"wouldn't want to do it again!,"* felt *"very fortunate that DFS workers were very friendly and down to earth. They were very concerned with us when they were here."* Another felt *"this worker was more pleasant than any other DFS worker I have met. She's an excellent worker."* A comparison county mother was equally positive: *"More workers like [mine] are needed. [She] was fantastic! She worked with the family on several problems and gave suggestions on how to deal with each problem."* A father in an assessment case said, *"The workers were good people. They listen real good to people's problems."* In a comparison county, a mother gave a ringing endorsement of DFS and her worker: *"If it wasn't for the worker, I would have lost my child. DFS services saved my family."* The comments of a some other parents, however, rang a more discordant tone. A mother in an assessment case said, *"I think the worker needs to go back to school and learn how to interact with people. She needs to learn how to deal with the overall problem."* Another found workers less than useful: *"Caseworkers never offer anything. They throw out a few ideas at you but aren't a big help."* A comparison county mother noted that *"the worker did not explain things that I wanted answered and didn't offer any support services. One of her weaknesses is not getting to know people on a personal basis. It compromises some of her work."* Another said, *"I didn't like the initial investigator, but*

FPS workers were helpful. Workers that come out to the home should know that a house with children will not be spotless (workers should have kids). The worker told me to fold dirty clothes." A mother in an assessment case agreed, at least in part. *"A childless worker should not be given such a position. How can you suggest or convince someone of something and you haven't been a parent?"* An assessment case grandmother said, *"The worker should not have made promises to the children (to take them skating, etc.) and not followed through on them. It broke their hearts."*

More of the parents' comments addressed the process itself, most often by criticizing or making suggestions about parts of the process they found difficult or troubling. Hotline reports—in particular, their anonymity and potential for abuse—were a focus of some respondents. One mother in an assessment case said, *"The person making phone calls should be prosecuted for abuse of the hotline. The system should be set up so that each caller could be identified and prosecuted if calls were harassment."* A pilot county mother agreed: *"When someone makes a complaint and it's unsubstantiated, DFS should find out who made the hotline complaint."* Other parents had concerns for how investigations are conducted, especially for how and when children are contacted. One parent in a comparison county felt *"parents should be notified before workers meet with children or at least that same day."* Another concurred, saying, *"Parents should be notified before DFS talks to their children, unless it's an obvious case of abuse/neglect."* A pilot county mother with a somewhat different take said, *"DFS needs to talk with the children and allow the children to talk to workers several times—without asking questions which can twist things."* Another mother, in a pilot county investigation case, claimed, *"The initial investigator used leading questions (when questioning the child), like 'did your mommy do this?'"*

Parents had a variety of other comments about the process as well. A comparison county mother objected to DFS' intrusion into her privacy, *"asking for a review of my fiancé's confidential past records and refusing to allow me to live with him."* Another noted *"a lack of communication between agencies. DFS was given information about her through FUTURES, but somehow all the information was mixed up, according to the DFS worker."* Still another comparison county parent said, *"I think children should be involved more during DFS visits. My daughter was allowed to go to her room, outside, etc. DFS worker tried to convince her to participate but she wouldn't."* For one comparison county mother, *"services came a little bit too late. Help for my son wasn't available until he got into trouble with the law."* A father in a comparison county said, *"The process could have been shorter—with maybe two or three more visits and with visits continuing for six months."* One comparison county mother said simply (and refusing to elaborate), *"It was scary, the whole process."* Another mother, also from a comparison county, took a different feeling from the experience: *"I'm very well satisfied with the DFS worker and the process. The counselor (contacted by the worker) was very good at working with children. It was a fantastic job on the part of DFS."*

Conclusions from Family Interviews

The remarks and concerns of family members interviewed were diverse, but four points struck us: 1) Families appreciated and responded to expressions of genuine

compassion and concern by workers. 2) Parents strongly objected to being accused of wrongdoing at the very start of their interaction with workers. 3) Families expressed a need for recourse when they perceived inequities in the system. And 4) they tended to express needs for practical assistance, needs they often saw as remaining unmet, while workers often thought of services in terms of traditional categories, such as counseling. In basic ways these points are consistent with the underlying philosophy of the family assessment approach. With exceptions, families tended to respond positively to workers whose actions embodied the philosophy of the family assessment approach, whether these workers were in pilot or comparison counties, and they tended to respond negatively to actions and interactions that did not. Based on family feedback, it is apparent that some workers in comparison areas approached families in ways similar to what is expected in family assessment. It is also apparent that some pilot area workers were perceived as not applying the assessment approach fully or effectively. The impact of the Family Assessment demonstration, which findings suggest to be mildly to strongly positive depending on the issue, was undoubtedly mitigated by this.

Summary of Findings and Conclusions

Workers in pilot areas versus those in comparison areas saw families as:

- more satisfied overall with the child welfare agency
- more likely to view the child welfare agency as a resource and source of assistance
- more likely to see families as better off as a result of agency intervention

These differences between the two groups of workers were attributable to the family assessment approach. In addition, workers saw families who received the assessment approach in pilot areas as more receptive to intervention by the child welfare agency than similar families in comparison areas.

Professionals and other members of pilot communities who were surveyed were more likely to describe worker-family relationships as more supportive and less adversarial than their counterparts in comparison communities. And, overall, pilot-area representatives were more likely to perceive families satisfied with the way they were treated by Children's Services workers.

Pilot families expressed satisfaction more often than comparison families with the way they were treated and with the help they received from the child welfare agency.

- Pilot families were also more likely to feel their children were better off because of the involvement of the child welfare agency, and they were more likely to report they were involved in decisions that affected them.
- Both pilot and comparison area families appreciated and responded to expressions of genuine compassion and concern from workers. They strongly objected to being accused of wrongdoing at the start of their interaction with workers, and they expressed a need for recourse when they perceived inequities.

- Families tended to express needs for practical assistance, needs they often saw as remaining unmet, while workers were seen as focusing on traditional forms of assistance, such as counseling.
- Overall, families tended to respond positively and favor an approach that represents the philosophy and policy of the family assessment approach, whether they experienced this approached in pilot or comparison areas.

Based on family feedback, it was apparent that some workers in comparison areas were perceived as approaching families in ways similar to what was expected in family assessment, and that some pilot area workers were seen as not applying the assessment approach fully or effectively. Differences found in this study were obtained despite this, and findings were probably mitigated by it.

9

Utilization of Community Resources

A key objective of the demonstration was to improve ties between the child welfare agency at the local level and other resources in communities that are able to provide the specific assistance, services, and supports that CA/N families need. It was believed that engaging these resources and enlisting their involvement in working with client families would increase the number of families who received some assistance and, importantly, increase the number who received the specific help they needed.

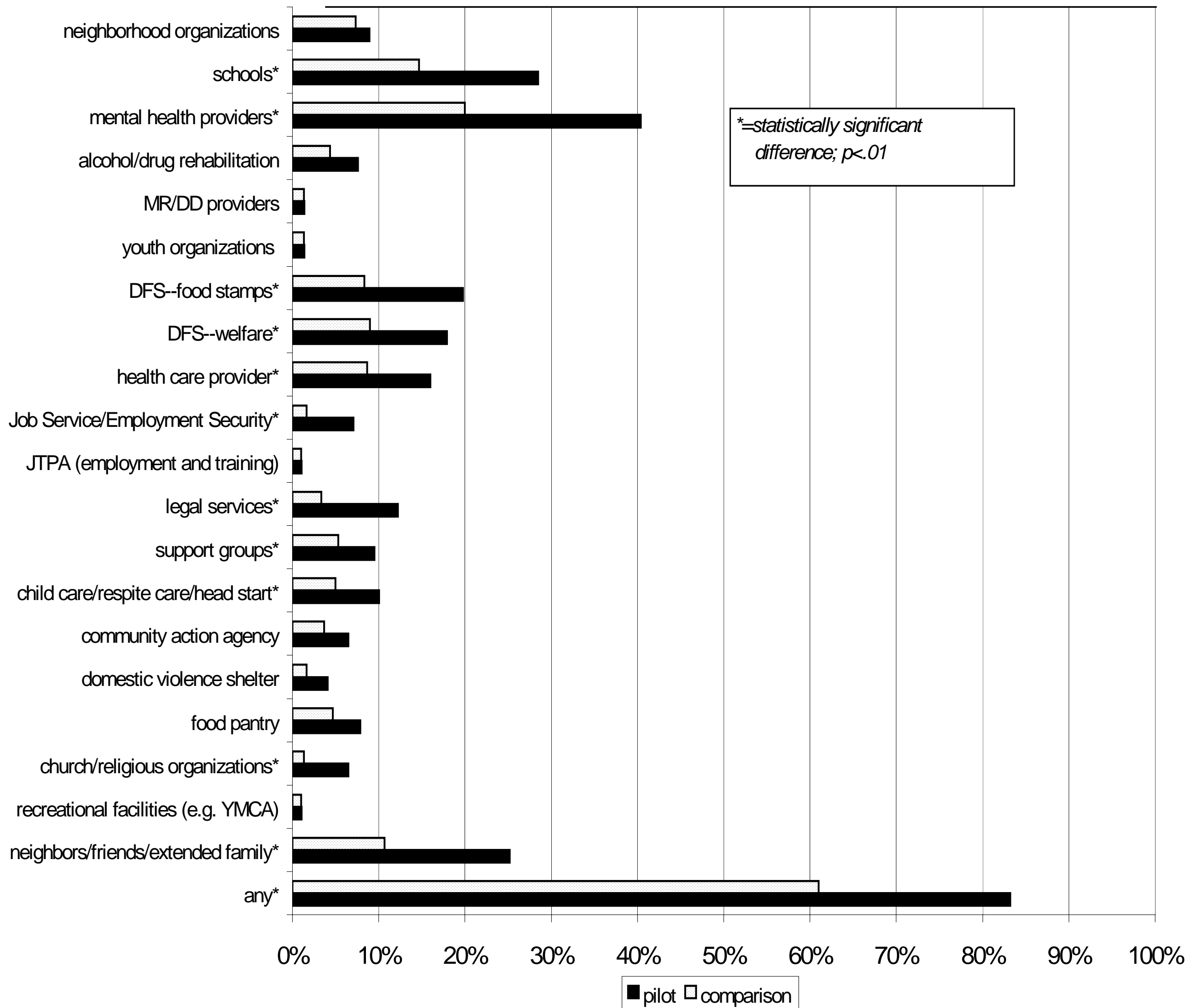
A set of research activities measured whether ties with community resources improved through the demonstration. In the case-specific instrument, pilot and comparison area workers provided information about specific linkages they effected between families in the study sample and various community resources. Field interviews in pilot areas sought information on efforts by offices to involve various aspects of the community and on the community's response. In addition, a survey was conducted of professionals and other individuals within resource agencies and institutions in pilot and comparison communities who were in a position to observe the Children's Services system and the families it served.

Reports of Referrals by Children's Services Workers

When cases in the study sample closed, workers were asked to complete a comprehensive assessment instrument. These instruments were completed and returned in time to be included in this report on 87 percent of closed cases. Through this instrument, among other things, workers indicated the referrals that had been made for families in the study sample to a specific set of community resources.

Figure 9.1 shows the percent of families that workers said had been linked to specific community resources with their assistance. Some of these resources were state and federal programs (such as food stamps and JTPA), some involved local and community resources only (such as food pantries and churches), others involved some mix of state and local resources (such as schools), and still others involved very informal support systems (such as neighbors, friends, and extended families). Workers in pilot areas reported that they were involved in some way in aiding 83 percent of the families in the sample obtain assistance or support from one or more of these formal or

Figure 9.1. Percent of Families Linked with Various Community Resources in Pilot and Comparison Areas According to Workers



informal resources. This compared with 61 percent in comparison areas. The difference in the reports of the two groups of workers was statistically significant and has obvious programmatic implications. It is not that workers employing the traditional approach did not attempt to connect families to appropriate services or support mechanisms, but that under the new approach workers did this more frequently. Reliance on community resources was a major emphasis of the demonstration and a key element in worker training. And, whatever its relative effectiveness in addressing immediate family problems and/or in improving longer-term child welfare, it appears that workers attempted to implement this major element of the new approach.

This finding is supported by the results of the case review analysis in Chapter 4. In that part of the study, actual conversations and lists of referrals contained in worker

narratives were recorded and compared for the pilot and comparison areas. Pilot workers were shown to be engaging in increased provision of information about services and service providers to families.

Statistically significant differences were found in 11 service areas listed in Figure 9.1. Families in pilot areas were more likely to be helped to get assistance from schools, churches, support groups, neighbors, and other family members. These families were also more likely to receive help getting services from mental health providers, health care providers, the Job Service, child care providers, and legal services as well as other services available from DFS itself, such as food stamps and public assistance.

When we examined the types of referrals pilot-area workers reported they had made to members of families in the study sample, there was considerable variation from county to county. Some counties, for example, made numerous referrals to churches, schools, or employment programs. Other pilot counties made very few or no such referrals. The patterns of referrals may reflect, at least in part, differences in needs among families served in different localities. But a series of worker interviews conducted at the end of the demonstration period revealed that different referral patterns also reflected differences in the way workers approached families. Some treated problems more narrowly and others more broadly. Some placed more emphasis on traditional vendor services like therapeutic interventions. Others looked beyond vendors to more informal resources like churches and extended families.

An overview survey was conducted towards the end of the data gathering period. This survey requested workers to respond in general about their activities rather than about specific families. We asked if there were resources or providers of specific resources in their service area. We further asked them if they knew the name of a contact person affiliated with specific resources and service providers and if they had ever met with them. Overall, workers from comparison areas were more likely to report the presence of specific resources. At the same time, workers from pilot areas were more likely to know the name of a contact person within resource organizations and to have met with them. This level of specificity in knowledge would be expected in a context of more referral activities. This conclusion was supported when we asked workers to rate the overall coordination among providers of services and other resources in their area. Pilot-area workers rated coordination in their areas higher than did comparison workers (F, $p < .0001$) and higher than pilot workers had rated it in the first overview survey conducted shortly after the demonstration began in the fall of 1995. In addition, workers in pilot areas were more likely to report that information available to them on community resources was adequate, complete, and up-to-date (F, $p < .001$).

Workers were asked to rate their office's working relationship with a set of key institutions and service providers in their communities. For the most part there was no

significant difference in the way pilot and comparison area workers rated these relationships, with two exceptions. Pilot-area workers were more positive in rating their office's relationship with school administrators and teachers and with mental health providers. Compared with similar ratings workers gave when the demonstration began, pilot area workers were more likely to see improvement in the working relationship between their offices and local law enforcement authorities, juvenile court, circuit court and prosecuting attorneys, schools, and the medical community.

Community-Related Initiatives

As reported in chapter 2, the Family Assessment demonstration was a catalyst for a number of initiatives within pilot areas involving new relationships with other community institutions, agencies, and organizations. One target of these initiatives was schools. In some pilot counties the establishment of new working relationships with schools had started some time before SB595 was enacted. The Caring Communities movement was responsible for much of this, with school-based social workers forming an important new liaison between DFS and classroom teachers and counselors. In the DFS office in Phelps County, for example, the initiative to assign an FCS worker to the St. James School District predated the Family Assessment demonstration. In addition, community collaboration involving the Department of Social Services had been enhanced in recent years by other initiatives such the establishment of the Community Partnerships in selected areas throughout the state (including counties included in our comparison group). Nonetheless, the Family Assessment demonstration, as an independent factor, led to new community initiatives and reinforced or accelerated those already underway.

Deliberate, sometimes extensive, steps were taken in each pilot site to establish stronger working ties with area school districts. In Jefferson County, assessment workers were assigned to geographic areas defined by school districts. Some schools let workers use office space in school buildings, and contact varied from daily to weekly. The new relationship that resulted between schools and Children's Services workers was seen as heading off cases of educational neglect before reports were made and facilitating quicker, more preventive and informed intervention in other types of cases. Assessment workers in Callaway County were also assigned to schools as were four of the FCS workers in Texas County. DFS offices in Jasper and Pulaski counties, in addition to Phelps, assigned a worker to a major school district in their areas. In Boone County a DFS liaison with each Caring Community school was seen as improving relationships between schools and Children's Services. In the City of St. Louis, all pilot workers were outstationed at a school that served the zip code areas involved in the demonstration. The school was the focal point of a number of other inter-agency collaborations and provided office space to professionals from other agencies and programs.

In Cedar and Dade counties multiple inter-agency collaborations involving the Departments of Social Services, Health, and Mental Health and community

representatives were active. St. Charles County has a similar collaboration that functions as a resource network in part of the county, and a number of other areas do as well—including Jasper, Jefferson, Newton, Phelps and Callaway—some established, some in the process of developing. In St. Charles, in addition, a Children's Services worker was outstationed with a Food Stamp worker in a community with historically high rates of CA/N reports. The workers were cross-trained and able to support and back up one another. Their presence in the community was cited by county workers as causing a "dramatic drop" in the number of hotlines from this area "because of preventive contact" between workers and families. In St. Louis County, pilot workers have been successful in establishing a multi-agency staffing team to facilitate cross-agency referrals and comprehensive casework of assessment families.

By the summer of 1997, Family-Centered Out-of-Home demonstrations had been established in a majority of pilot areas. (In Jefferson, Maries, Phelps, Pulaski, and Texas counties, this demonstration was in place prior to the demonstration. In Barton, Boone, Callaway, Cedar, Dade, and Washington, it came midway through the demonstration.) Although its focus was on Alternative Care cases, the philosophy, policies and practice of this demonstration—emphasizing a timely response, parental participation, and identification of family strengths and resources—were similar to and reinforced those of the Family Assessment demonstration. And, of particular practical consequence, was the establishment of a liaison juvenile officer to facilitate the important relationship between Children's Services and juvenile courts. Correspondingly, the one significant finding concerning out-of-home placement of children (Chapter 7) was that children were in placement for shorter periods in counties where *both* demonstrations were in place as compared to counties where *only one* had been initiated.

In field interviews, nearly all pilot-area workers indicated some improvements in relationships between their offices and specific community institutions and agencies. But the amount of improvement and specific types of persistent problems varied from site to site. Problems with various mandatory reporters were noted by workers in a two county offices:

> *"We have a problem with mandatory reporters. The want to turn the problem over to us and get it over with. Some in the community see DFS asking the community to do DFS work. Community attitudes are changing very slowly."*

> *"Mandatory reporters continue to be frustrated that not all calls are investigated. They are unsatisfied with assessments. The media doesn't help. Continuous education is essential."*

> *"Mandated reporter rule sometimes works at cross purposes with the philosophy of 595. They often think we can do more than we can. They think their call should lead to DFS action, when they are often in a position to intervene more effectively; they understand the situation and know the family better and they are as aware of available resources as we are."*

"In the beginning, a lot of mandated reporters and juvenile officers and schools were extremely upset we weren't investigating everything. Some are still unhappy. They think an investigation gets less attention than an assessment."

"The PD don't bother us unless its an investigation. I'm not sure they get it. They call inappropriate reports and don't call ones they should."

"The juvenile court doesn't like to get involved in assessment cases. They say if it's not important to you, why should it be to us."

Workers in other areas described modest successes.

"Some school administrators had voiced concern that a child was not removed, but now communication lines are more open."

"Relations with the community have improved. Some elements are more knowledgeable, but some think all cases should be investigated and haven't bought into the approach."

"Relations have improved with the Police Department."

"Our relations with schools have improved. They understand our role better. Before they wanted us to remove the child and saw this as our job. The demo has helped us."

"The community has become more comfortable with it. Especially, the police and juvenile officers and judges involved in training with DFS. Those not are less comfortable with assessments."

"Community resources respond better to assessment because they are sometimes reluctant to get families involved in a legal incident."

And significant improvements were reported by a number of workers.

"Schools and police departments are beginning to see DFS as part of a team, rather than all this being DFS's responsibility."

"As agencies work together turf problems are broken down and services now focus more on family needs."

"They're beginning to realize that we're not trying to dump on them, that this issue is bigger than each of us and we all have responsibilities."

"The community resource network has increased services to families from a broader set of sources. I wish we had one in every community."

"Community involvement has increased with 595. Resource people in communities are contacting us more and blaming us less often."

Based on our interviews it appears that the demonstration has been a stimulus expanding the resource base that Children's Services workers have to work with. And it has helped to sharpen the focus of workers themselves.

"I've become a lot more knowledgeable about what's available in the community and use a lot of non-CTS resources."

"We may look at communities and think they don't have resources until you look. Even communities may not realize what resources they represent."

A worker in Cedar County, a small rural county without many formal service providers, commented:

"Our resource base is growing and getting better. We're tapping into resources we never used before. Sometimes the answer to a resource problem is identifying them. We didn't know them before, for example, family and friends. The process of identifying the family's and the community's resources with the family leads to others. This is especially the case with families that become involved in the process. It snowballs. We use churches a lot. They're great resources."

A worker in a different but similar county commented:

"In a farming community we have a lot of extended families and friends as resources. And if they're affiliated with a church that is a good resource."

These examples suggest that the pilot area contains potential models of effective utilization of community resources in small, rural counties, of which there are many in Missouri.

A significant and unnecessary barrier to making effective use of community resources is the lack of a community resource data base or directory in some counties, a source book that is updated and shared by staff and given to new workers. This would seem to be particularly important for an agency that experiences a high amount of staff turnover.

Results of the Community Survey

A database of community resources within pilot and comparison areas was constructed consisting of 1,325 individuals, agencies, and institutions in pilot and comparison areas. Sources of information on community resources were varied and included community directories, lists provided by county DFS offices, and a sampling of school and juvenile court personnel from each area. A total of 556 responses were received in time for inclusion in the analysis, for a response rate of 42 percent. In the

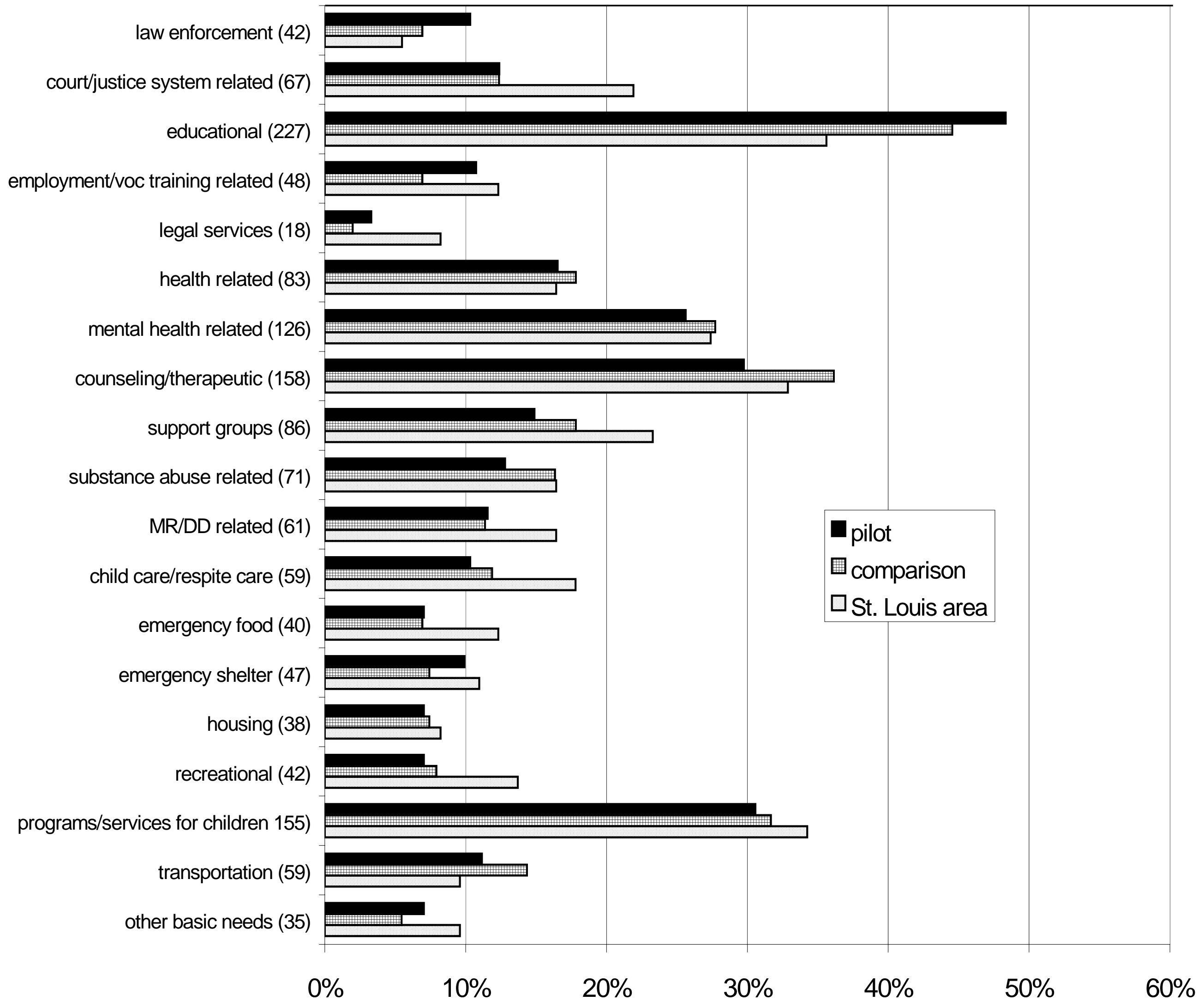
survey, agencies that provided services to more than one county were asked to provide county-specific responses. In this manner a total of 732 county-specific responses were obtained, 412 involving pilot areas and 320 for comparison areas. Table 9.1 shows the number of responses received for each pilot and comparison area. Because the demonstration is being piloted in only selected parts of St. Louis City and County, community representatives serving this area were asked to distinguish between the family assessment and the traditional approach in describing their experiences with the service system. Eighty-two percent of the persons responding to the survey indicated that they were a mandated child abuse/neglect reporter. This means that respondents represented elements of the community with which Children's Services regularly must deal, whether or not increased involvement from them is proactively sought, and are individuals in a position to observe the service system in action.

In the survey, respondents were asked to indicate the types of services or assistance they provided to individuals living in the communities they served. Many listed multiple services; some more, some fewer. Figure 9.2 shows the percentage of respondents in different service categories within outstate pilot and comparison areas and in St. Louis City and County. (The numbers in parentheses are the numbers of respondents within specific categories.)

Table 9.1. Number of Responding Community Resources that Serve Individual 595 Pilot and Comparison Counties

Pilot Counties	*n*	Comparison Counties	*n*	St. Louis Area	*n*
Barton	9	Buchanan	10	St. Louis Co.	130
Boone	38	Clay	24	St. Louis City	86
Callaway	42	Cole	23		
Cedar	13	Gasconade	11		
Dade	13	Greene	33		
Jasper	9	Lafayette	10		
Jefferson	49	Lawrence	11		
Maries	3	Miller	4		
Newton	15	Montgomery	18		
Phelps	22	Platte	19		
Pulaski	25	Polk	14		
St. Charles	30	St. Francois	20		
Texas	15	Warren	9		
Washington	21	Webster	6		

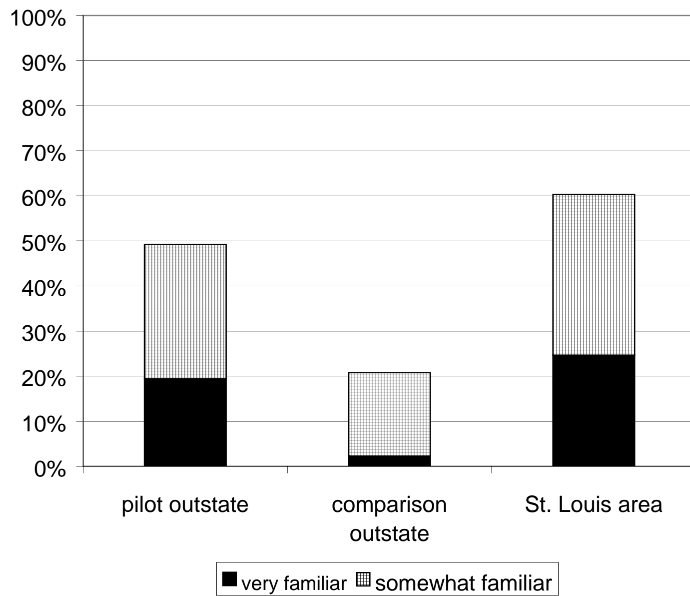
Figure 9.2. Percent of Respondents Providing Specific Services



Familiarity and Involvement. Half (49.2 percent) of the respondents in outstate pilot areas and 60.2 percent of the respondents in the St. Louis area said they were familiar with the Family Assessment demonstration authorized by Senate Bill 595. Of the respondents from comparison areas, 20.8 percent said they were familiar with the demonstration (See Figure 9.3.). Familiarity with the demonstration would seem to be a preliminary condition required for an enhanced relationship with the service system, particularly among mandated reporters in the community. As Figure 9.4 shows, familiarity among respondents varied from one pilot area to another.

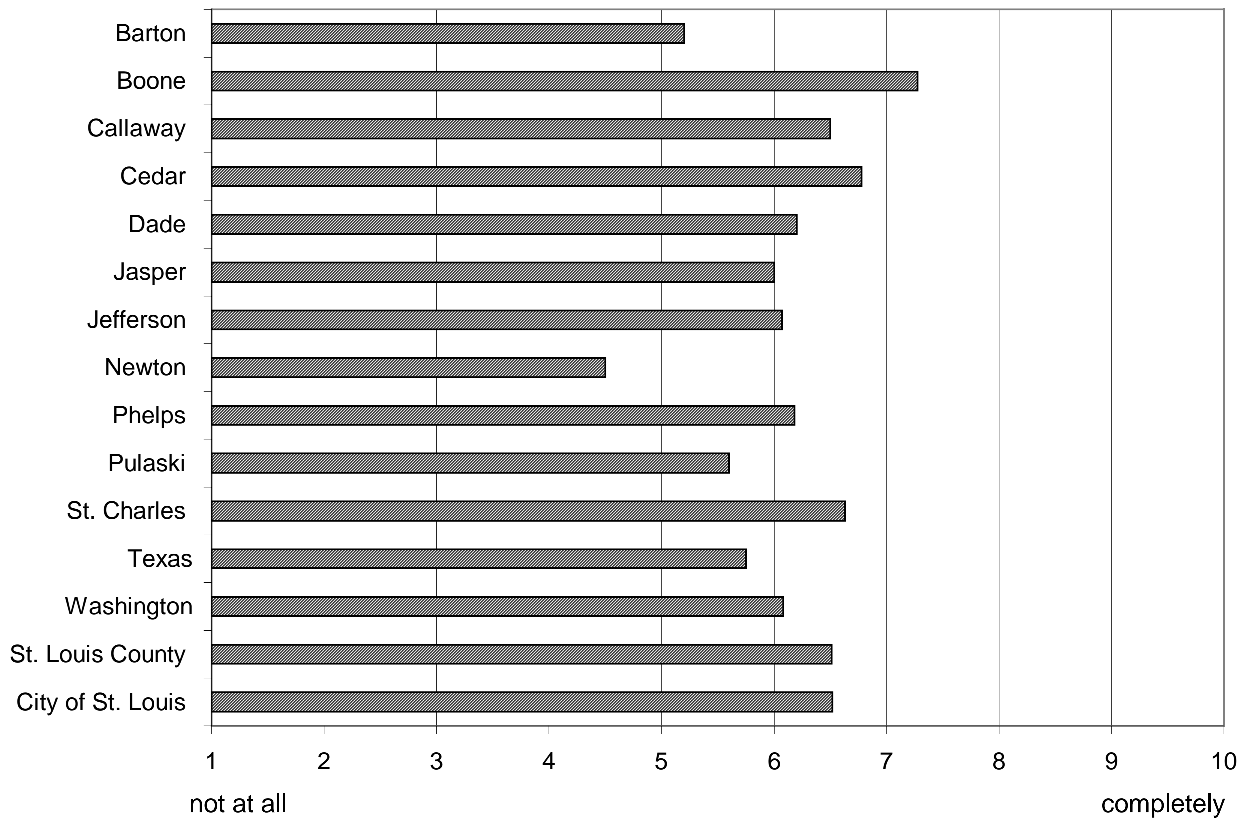
Of those respondents who said they were familiar with the family assessment approach, 36.0 percent in pilot counties said they had attended a meeting in which the goals and philosophy of this approach were explained, and 25.2 percent said they had

Figure 9.3. Familiarity of Community Respondents



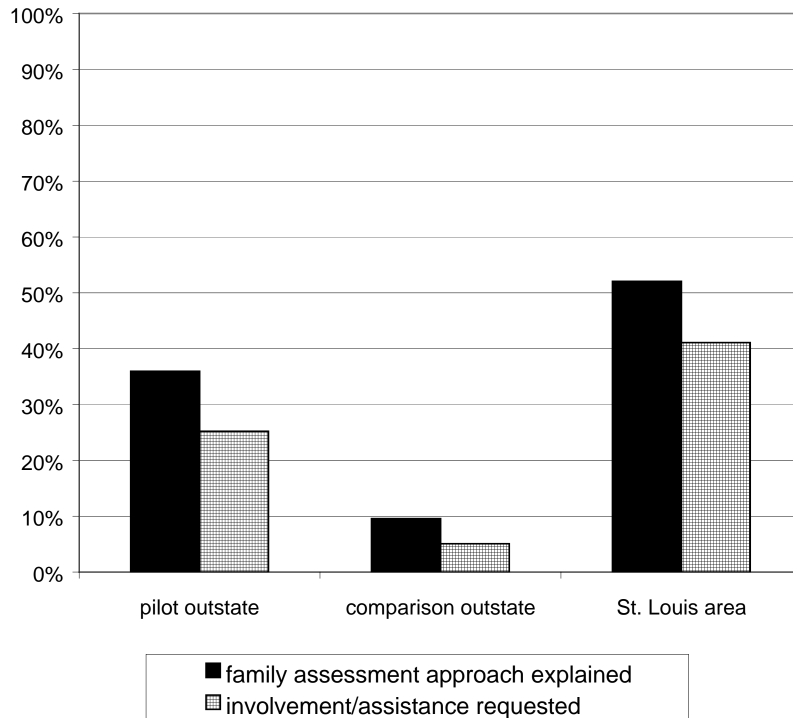
with Family Assessment Demonstration

Figure 9.4. Familiarity with Family Assessment by Pilot County



been requested to become involved and provide assistance (see Figure 9.5). That a minority of respondents showed familiarity with the demonstration can be explained in two ways. Penetration of an idea into community awareness is difficult to accomplish in a short period. This is particularly true when ongoing marketing of the new approach is left to regular Children's Services staff who have limited expertise in this sort of activity. Further, respondents varied in their contact with child welfare—some may have had regular contact (e.g., a juvenile officer) while others would have had only sporadic contact or no contact, depending on their tenure in their jobs (e.g., a police officers or a teacher). Consequently, the salience of the DFS and its activities was very likely highly variable among respondents. These findings also illustrate the level of untapped resources that may exist in communities.

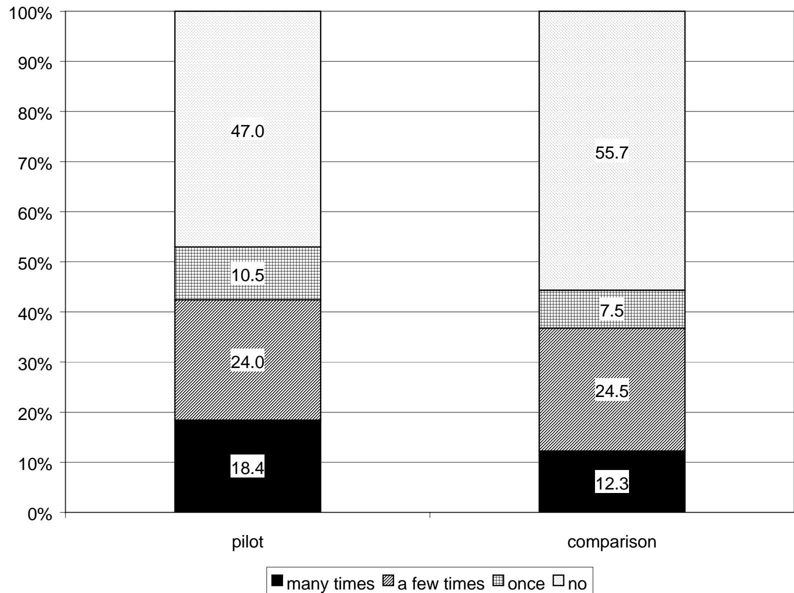
Figure 9.5. Respondents who had Attended Explanatory Meetings and whose Involvement was Requested



Some of the organizational dynamics at work in this can be seen in the next figure (9.6). Community representatives were asked if they personally had attended meetings within the previous 12 months with Children's Services workers to discuss ways of working collaboratively to help families. In outstate areas, 53 percent of respondents in pilot areas said they had versus 44 percent in comparison areas. Much of the difference between the two groups involved respondents who said they had met "many times." What this appears to mean is that pilot area offices have been successful with initial

efforts to establish relationships with a set of community resources, and that they tend to work with these persons on an ongoing basis. At the same time, others in the community may have either declined initial requests for involvement or may simply be waiting for such an overture.

Figure 9.6. Percentage of Respondents who Had Attended Meetings within the last 12 Months to Discuss Ways Working Collaboratively with Families



Perceived Effectiveness. Community representatives who responded to the survey saw Children's Services workers in pilot areas as significantly more effective in making use of available resources than workers in comparison areas (F, p<.01). They were more likely to view Children's Services as a source of services and assistance to families in pilot areas than in comparison ones (F, p<.006). As reported in the previous chapter, they saw a higher level of satisfaction with Children's Services among client families in pilot areas (F, p<.02), and they tended to characterize the relationship between Children's Services workers and the families they worked with in pilot areas as more supportive and less adversarial than in comparison areas (F, p<.01). And they saw Children's Services as more effective in protecting children at risk of both physical abuse (F, p<.03) and neglect (F, p<008).

It is noteworthy that in St. Louis City and County, community representatives were consistently more positive in their responses regarding the new family assessment approach compared with the traditional approach. For each of the items in the preceding paragraph, this was the case. Family assessment workers in both City and County were judged to make more effective use of available resources, were more likely to be seen as a source of assistance to families, were seen as more supportive of families, and were judged to be more effective in protecting children at risk of abuse and neglect.

Community respondents were asked about their overall opinion of the family assessment approach based upon what they knew about it. On a 10-point scale, on which 1 was very negative and 10 was very positive, the mean score given by all respondents familiar with the demonstration was 7.0. The group which was most positively disposed toward the family assessment approach consisted of respondents from agencies and organizations which provided services in both pilot and comparison areas. These were individuals whose frame of reference was sharpened by current experiences with both traditional and new approaches.

Statewide Expansion. Finally, community representatives were asked if they would like to see the family assessment approach expanded statewide. Figure 9.7 shows how respondents from different areas answered this question. Very few (5 percent) responded that they did not favor statewide expansion. The most positive respondents, again, were those from agencies and organizations which served families in both pilot and comparison counties. Fifty-four percent of these respondents said they would like to see the approach expanded statewide; an additional 23 percent answered "yes, with reservations," and none answered "no."

Figure 9.7. Should Family Assessment Approach be Expanded Statewide by Area of Respondent (Percent yes)

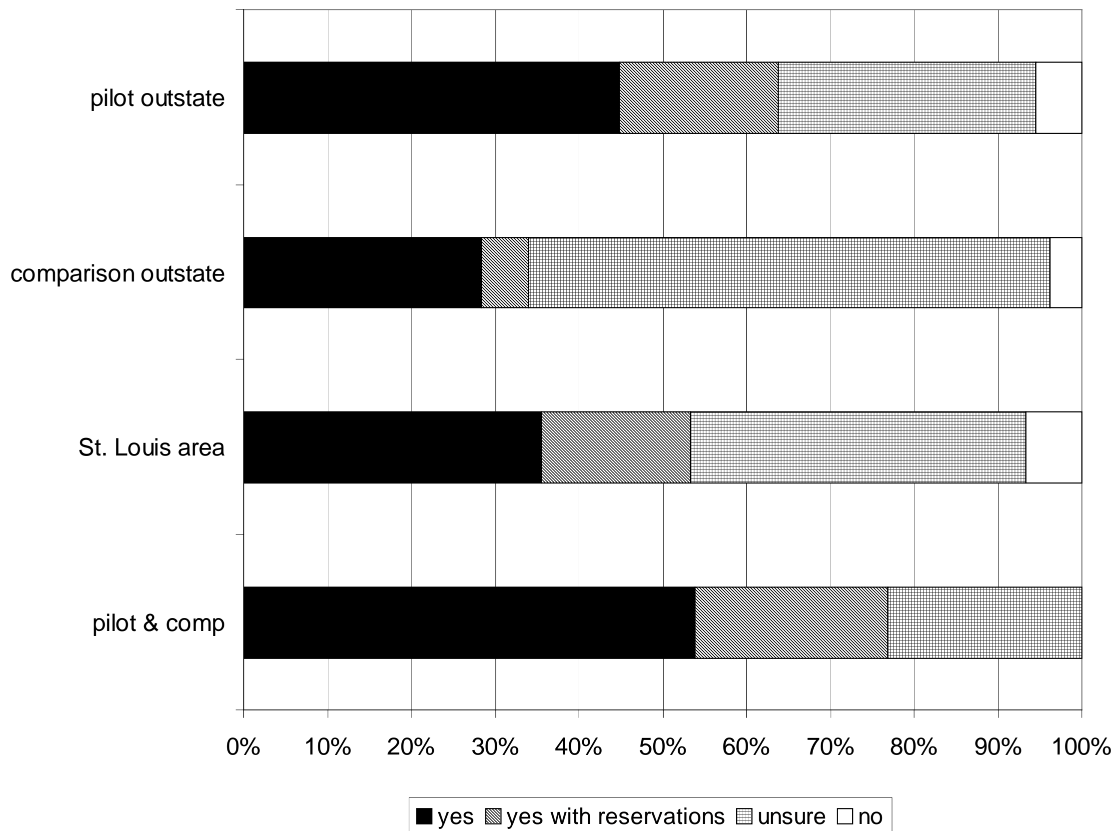
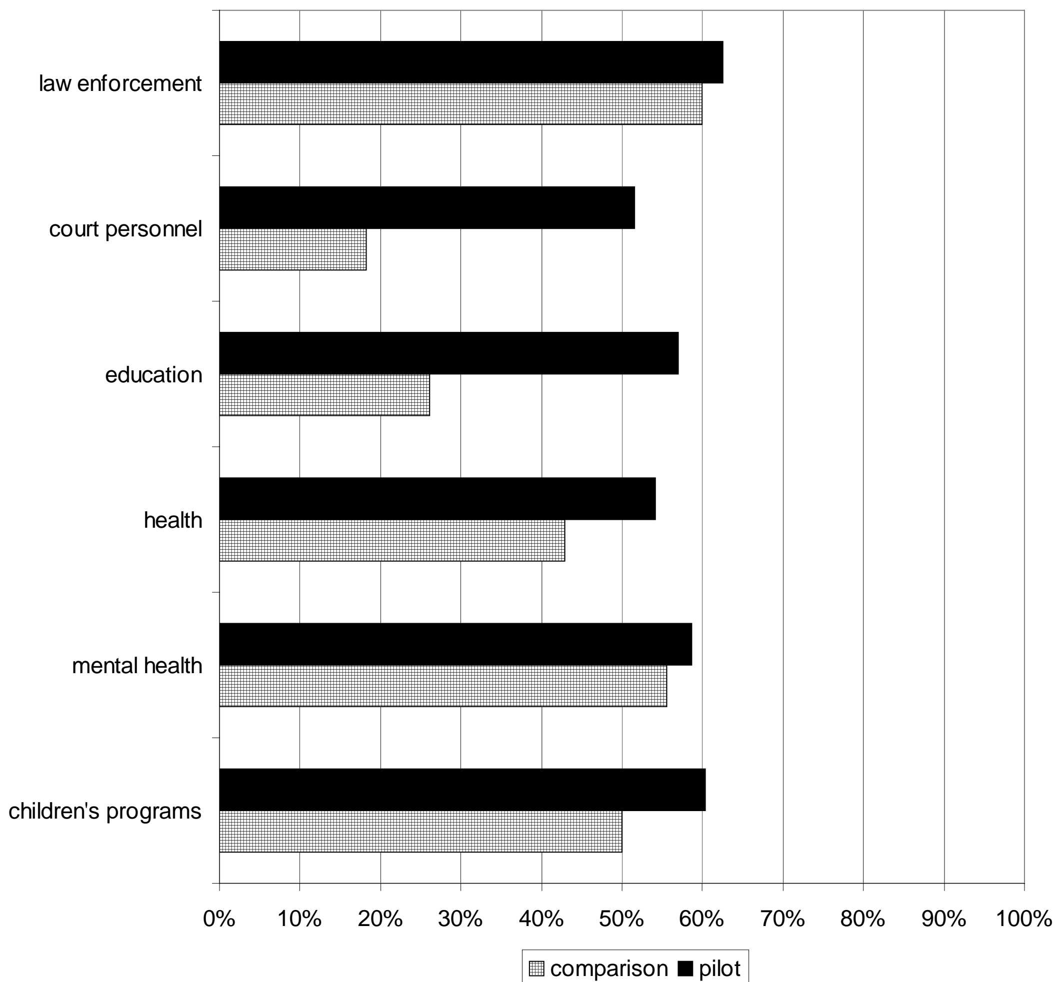


Figure 9.8 shows responses to the question of statewide expansion by different types of respondents in pilot and comparison areas. The bars in the figure represents those who answered both “yes” and “yes, with reservations” to the question of expansion. Most of the rest responded that they were not sure. In comparison areas, court personnel and educators were the most skeptical or, perhaps, depending on how well informed they were, reticent to commit themselves. Mental health professionals and respondents involved with children’s programs were more likely than others to have some contact with both the new and the traditional approach. In pilot areas, the level of support for the family assessment approach appears to be fairly similar and consistent across service areas. The critical finding illustrated in this figure is that familiarity with the new approach was associated with the view that it should become the standard approach of child welfare throughout the state.

Figure 9.8. Should Family Assessment Approach be Expanded Statewide by Type of Respondent



Summary of Findings and Conclusions

Workers in pilot areas were more likely to link client families to community resources overall than were comparison area workers.

- There were differences, sometimes large ones, in the patterns of referrals made by workers in different pilot sites. These were primarily due to:
  - variation in the resource base with which each office worked
  - differences in the way workers and offices approached families—some more narrowly, focusing primarily on the incident, and others more broadly, considering a wider set of needs and underlying conditions.
- Workers in pilot areas were more likely to know the names of contact persons at specific resources in the community and to have met them. This was particularly the case with schools, churches, providers of early childhood services, job-related agencies, and neighborhood organizations.

The demonstration was a catalyst for a number of initiatives in pilot areas. Often these involved new relationships with other community agencies, organizations, and institutions (frequently schools). Other efforts included establishing or joining multi-agency collaboratives to improve working relationships between major service systems and community organizations, and outstationing workers to form closer ties with local communities. The establishment of linkages with community resources was reduced by limited staff expertise in community development and time to devote to such activities.

Community representatives in pilot areas were more positive in their evaluation of the child welfare agency overall.

- They were more likely than those in comparison areas to see the agency as a source of services and assistance to families and as more effective in protecting children at risk of physical abuse and neglect.
- They described worker-family relationships as more supportive and less adversarial, and reported families as more satisfied with the way they were treated by caseworkers.
- Pilot area respondents also said that child welfare agency workers made better use of available resources in the area.
- Respondents in St. Louis City and County, where both the new and traditional approaches were monitored, were consistently more positive in their responses regarding the family assessment versus traditional approach.
- The most positive evaluation of the family assessment approach overall came from professionals who worked in both pilot and comparison counties and had first-hand knowledge of both the new and traditional approaches.
- A majority of respondents in pilot areas would like to see the family assessment approach expanded statewide.

10

Investigations and Court Adjudication

One of the objectives of this evaluation was to examine the impact the demonstration had on the legal prosecution of child abuse/neglect incidents that involve potentially criminal acts. This is related to the fundamental issue of child safety, but the focus here is upon the alleged perpetrator and the responsibility of Children's Services to deal appropriately with such cases. One of the concerns was that the new emphasis on presenting a positive, supportive face to families and not conducting investigations in response to all incidents may hamper the agency's ability to deal effectively with very serious cases when they arise.

A preliminary question is what impact, if any, the demonstration had on investigations themselves. The key feature of hotline reports affecting the screening of cases for the investigation response was the possibility of criminal violations having occurred. But before deciding on the appropriateness of any subsequent action involving the legal system, the incident required an investigation.

Investigations

The Family Assessment demonstration did not establish new policies or procedures for conducting CA/N investigations. But a number of factors put into play with the demonstration had the potential for affecting them nonetheless. The institution of family assessments and the screening of hotline calls for the assessment or the investigation response reduced the number of incidents that would be investigated. This also affected the types of situations investigated. Every investigation in pilot areas involved serious allegations, if not the likelihood of criminal acts. In most pilot areas, every investigation became a co-investigation with the local police department. In addition, in a number of pilot areas, the same set of workers conducted both family assessments and investigations. This included Barton, Cedar, Dade, and Washington counties, where workers were pure generalists and were responsible for all aspects of cases on their caseloads. It also included Maries, Phelps, Pulaski, and Texas counties where the investigative unit made all initial visits to families, however the incident was screened, before handing the case off, if necessary, to another worker to conduct ongoing casework. This meant that the same worker who had been trained in the "white-hat" family assessment approach (with its service orientation and positive, participatory approach) was expected also to engage in the "black-hat," policing role of the investigator. This situation clearly carried the possibility of role contamination or

blending: Would such workers be able to keep the two approaches separate or would investigations begin to take on elements of assessments or assessments become more like investigations? Even in other pilot areas where staff conducting investigations did not become involved in family assessments, the possibility existed for a broader "culture" within an office to affect how investigations were done. Finally, in most offices implementation of the demonstration meant a new allocation of staff resources around new responsibilities and a new relationship with the community or, at least, an attempt to establish one. All of these elements introduced the possibility that the demonstration might have an impact on investigations.

Field Interviews. A majority of the workers interviewed during site visits conducted during the summer of 1997 reported that the demonstration had affected investigations in their offices. In offices in which separate staffs conducted investigations and family assessments, investigative workers frequently spoke of a closer relationship with law enforcement. Such as the following two workers:

> *"We work closer with the police now. There are fewer of us, and they know us better, and we always contact them, and they nearly always come along, either a detective or a road officer."*

> *"We contact the police department every time, and so we have established a rapport with them. And they now call us directly. They know who they're dealing with."*

A number of workers saw an increase in the comprehensiveness of investigations and improvement in their overall quality. Others also saw an improvement in their efficiency.

> *"The quality of investigations have improved under 595. Investigation workers have more time and energy to devote to them."*

> *"We can do more comprehensive investigations and this improves their quality."*

> *"Investigators have more time to devote to these reports and can make more calls to corroborate witnesses. The police department is called on all. It's required."*

> *"Investigations are done more efficiently. In a typical case we tend to be involved less long now, because there are fewer marginal cases, like dirty houses."*

> *"Across the board we're interviewing more quickly, more timely. We've done a better job than since I've been with this agency."*

> *"Investigations are much better now. More comprehensive. Nearly all are co-investigated and sharing information with other professionals who will evaluate your work improves quality."*

> *"The quality of investigations has improved. The job is done more fully now, more formally. Attitudes of workers are better. And we're becoming more family friendly."*

This last comment suggests a carry-over effect of the philosophy of family assessment into investigations. This included the way workers interacted with families and how they observed them. It also affected efforts to intervene more expeditiously.

> *"The impact on investigations has not been great, but the training made me more family friendly. I choose better words and am more aware of body language. Before I focused more on the family's reaction, a key to what's going on, but the training made me more aware of my own actions and reactions."*

> *"Investigators are a little more family friendly, but not as much as assessors. They're more aware of immediate treatment than before."*

> *"One change has been an emphasis on the timeliness of services. I am able to refer for treatment as soon as possible and I do."*

The screening of incidents has also ensured that investigations nearly always involve a serious incident (*"the nastiest of cases"*), and some workers reported that this has increased the stress level experienced. *"You never have a break now; no easy cases. You know every call you make is hard."* And investigators more frequently have to appear in court because of the nature of the cases they have.

A minority of workers interviewed said the demonstration had not affected investigations. Some of these reported that they always had a service orientation. One said: *"I've always provided more treatment and services in the guise of an investigation."* This was an investigator from the mid-state, Circuit 25 area where investigators make all initial contacts. Some persons interviewed expressed a concern about this arrangement fearing that the influence may have been in the other direction: an investigation approach affecting family assessments. In a non-Circuit 25 area, a supervisor commented: *"A lot of older workers doing assessments are still doing investigations using the assessment form. New workers like it better."*

One worker interviewed indicated that assessments might be preferable to investigations because: *"Assessment cases get more immediate attention and you would think investigations should because they involve more serious allegations. In investigations we're not looking for deeper causes, other things that are wrong, and we don't see them."*

Survey Results. In the final overview survey we asked workers who conducted investigations a series of questions about this process, beginning with the number of new investigations they had conducted in the previous 30 days. Responding workers from pilot areas reported that they had conducted a total of 359 investigations during this period while workers from comparison areas reported doing 938—the difference, of course, due to family assessments replacing investigations in pilot counties as the more frequent response to hotline calls. We asked them, in the investigations they conducted, did they have time to interview all the people they thought they should, and did they have time to write up the case fully and thoughtfully. Investigators in pilot areas were significantly more likely to answer yes to both of these questions (see Table 10.1).

Table 10.1. Sufficient Time to Conduct Thorough Investigations

In how many investigations did you have time to:	pilot areas	comparison areas
interview all the people you thought you should	82.2%	65.5%
write up the case fully and thoughtfully	63.1%	50.1%

We further asked workers how often they did not have time to contact specific individuals they considered important to contact as part of the investigation. Comparison workers reported this to be a problem in 27.7 percent of their investigations, compared with 19.2 percent for pilot workers. This "important person" was most frequently the reporter. These differences particularly support the hypothesis that the process of investigations improved because the respondents were in effect admitting that they could not do their job as well as they thought they should. Other things being equal, we would expect these respondents to be reticent to admit process failures of this kind.

Finally, we asked workers in this survey how often they encountered problems in investigations because the cases were marginal and difficult to substantiate. Here the difference was not large, but it favored the pilot areas as well, with comparison workers indicating such problems in 24.3 percent of their investigations compared with 20.9 percent of the pilot cases.

Review of Sample Cases. In our review of sample case records, we looked for a set of things that might indicate the relative comprehensiveness of the investigation. Specifically, we tried to determine:

- Was the alleged victim contacted?
- Was the alleged perpetrator contacted?
- If there was sexual abuse, was an exam (SAFE or SAM) conducted?
- If there was severe physical abuse or serious medical problems, was a medical exam conducted?
- If there was severe injury to a child or sexual abuse, was the prosecutor contacted?

Table 10.2 shows what we were able to determine through our case reviews. For only one of the issues was there a statistically significant difference between pilot and comparison respondents. This was the last one involving contacting the prosecutor when there was severe injury and/or sexual abuse (Chi square, $p<.02$). In one other, obtaining a medical exam for an injured child, the difference approached significance. It should be remembered when reviewing these figures that the number of investigations conducted in comparison areas was greater and covered the full spectrum of CA/N incidents, while in pilot areas only more serious or severe reports were investigated.

Table 10.2. Actions Taken during Investigation
Data from Reviews of Records in Sample Cases

action taken by worker	pilot areas			comparison areas		
	yes	no	dna	yes	no	dna
alleged victim contacted	94.6	4.3	1.1	93.8	2.5	3.7
alleged perpetrator contacted	85.4	13.5	1.1	92.9	6.6	.4
exam conducted in sexual abuse incident	13.3	12.2	74.4	6.8	9.0	84.2
medical exam conducted if child injured	15.4	5.5	79.1	7.7	3.4	88.9
prosecutor contacted if severe injury	16.7	6.7	76.7	2.6	6.0	91.5

There was no indications in these or any other findings that investigations undertaken in pilot areas have been adversely affected by other changes that have occurred. On the contrary, these findings suggest that in some ways they may have been strengthened or enhanced.

Court Adjudication

Workers who completed the case-specific instrument on families in the study sample provided information on actions taken in cases in which there were potential criminal violations. This included a range of possible actions, from contacting the police, to recommending charges be filed by a county prosecutor or court, to testifying in a criminal or juvenile court proceeding.

Figure 10.1 lists six specific actions that might be taken in such cases and shows the percent of cases in pilot and comparison areas in which the actions were taken. It shows, for example, that in 34 percent of the cases in the study sample from pilot areas and 31 percent from comparison areas Children's Services workers initiated some contact with a police department. The differences between pilot and comparison cases on this item are not statistically significant, nor are they for any of the other actions listed.

It should be noted that all pilot cases in the sample are included in these data, whether the family assessment or investigation response was employed. This means that the fact that investigations were not conducted on every CA/N incident reported on the

hotline did not affect the pursuance of necessary actions by workers when criminal violations were suspected. Conducting investigations on every incident in comparison counties did not result in any increase in such actions for the entire caseload.

Figure 10.1. Actions Taken in Cases of Suspected Criminal Violations

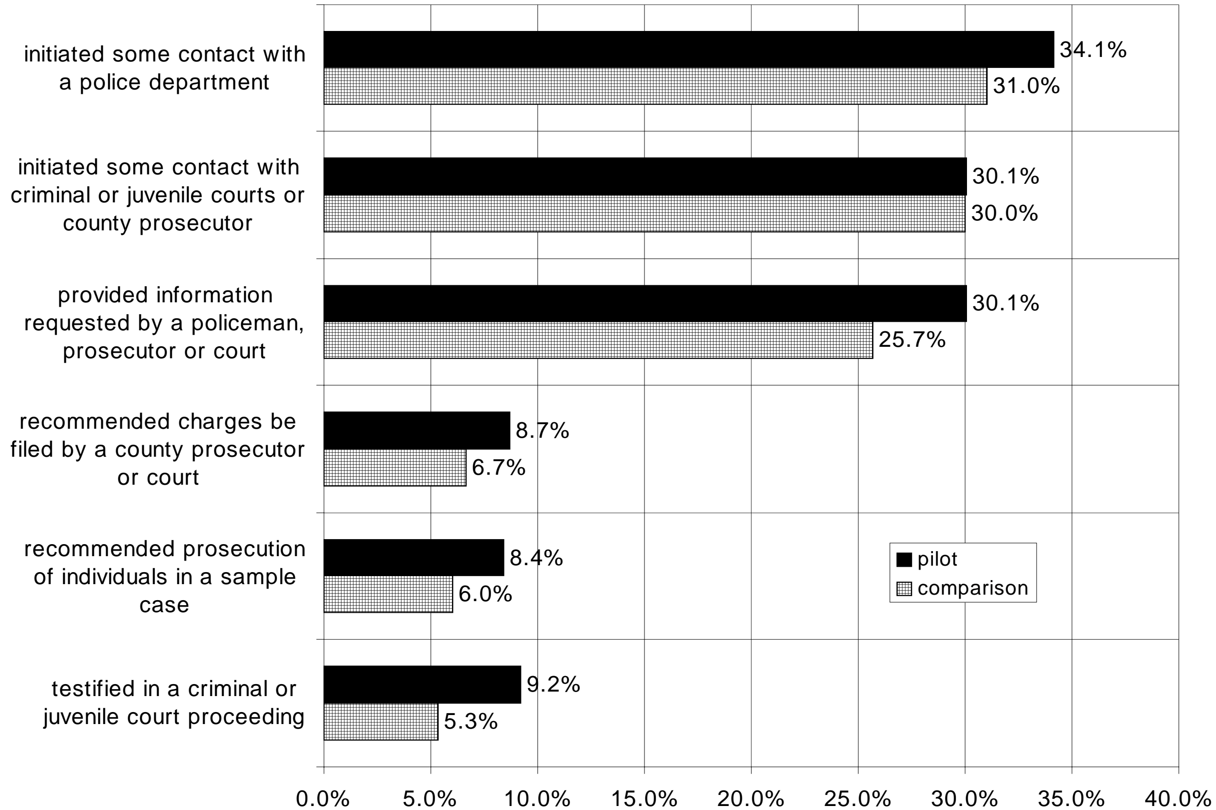
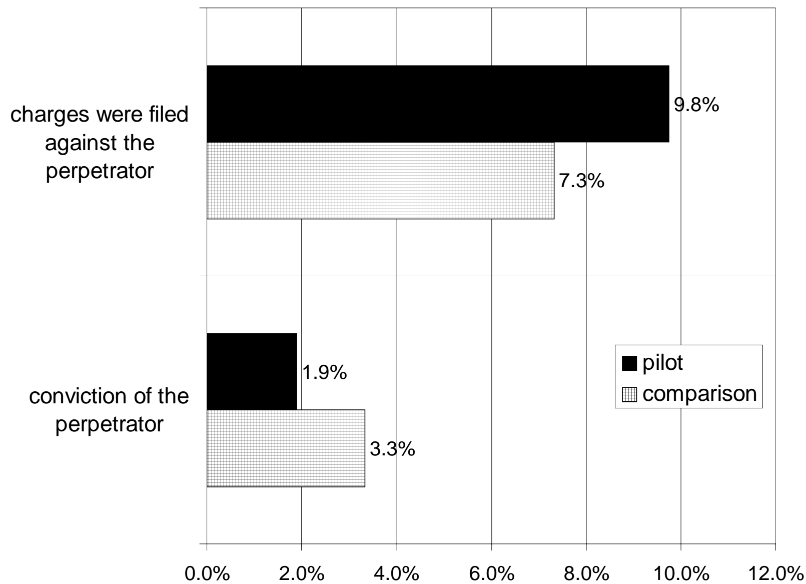


Figure 10.2 shows the outcomes of actions taken by workers in cases in which criminal acts were suspected. While these outcomes may be affected by actions taken by Children's Services workers, they represent matters that are essentially out of their hands. And, again, differences between pilot and comparison areas with respect to these outcomes were not statistically significant. Introduction of the demonstration itself cannot be expected to affect these results in county court systems one way or another.

Statewide data on arrests and charges for criminal activity are maintained by the Missouri Highway Patrol. These include arrests and charges related to child abuse and neglect. In the spring of 1997, we approached administrators of the Highway Patrol about gaining access to information in this database on alleged CA/N perpetrators in the study sample. In September, 1997 we received authorization to gain access to these data, but there was insufficient time to do so for this report.

Figure 10.2. Outcomes of Actions: Percentage of Cases in Which Criminal Charges were Filed and Convictions Resulted



Summary of Findings and Conclusions

There is no evidence that investigations undertaken in pilot areas were adversely affected by the implementation of the Family Assessment demonstration. If anything, both qualitative and quantitative data suggest that in some ways they may have been strengthened and enhanced. Where separate units conduct investigations, working relations with law enforcement appear to be closer. Investigators were likely to be more aware of the social psychological dynamics involved in home visits, more sensitive to the feelings of families, and more focused on the timeliness of interventions. Moreover, investigations in pilot areas were often more comprehensive in scope and prosecutors were contacted more often when severe injury occurred.

11

Family Assessment: Getting Down to Cases

Most of this report focuses on the study population and the study sample and employs quantitative statistical analyses. Families and children are considered primarily in aggregations, compiled batches of data showing one thing or another. Those analyses have shown various positive results of the assessment approach. Among other findings these have included: services were delivered more quickly to families, children were in some ways safer and were never found to be less safe, families felt that workers were more positive and supportive, workers were more satisfied, and linkages of families to community resources were improved. In the present chapter, we begin with the premise that such findings are valid and ask how individual cases did or did not support these conclusions.

Underneath the statistics and inside each of the "cases" included in our analysis are unique human beings, complex family situations, and varied circumstances. Facing them are Children's Services workers of varying personal experiences and community resources to draw upon. A total of 559 closed cases in the study sample were examined in great detail in this study. From them many details were gleaned that were used in analyses already presented. In order to help the reader to see these cases as we have gotten to know them and to understand better how the new family assessment approach works in real life situations or doesn't always work, and how the traditional approach responds to similar incidents, a set of case studies were prepared. Large study populations are informationally rich in what they can tell us about the effects of systems across large groups of families, information that is necessary to design service systems that are effective and have the impact policy makers want them to have. Case studies are useful tools for understanding the complexity that underlies child welfare cases as well as what happens when real people encounter different kinds of systems.

Examples of Family Assessment

The cases in this first section were all drawn from pilot areas and show the appropriate use of the family assessment response. They provide some idea of the variety of situations that Children's Services workers encounter and how the assessment response was applied.

Case 1. Pilot Area, Screened for Family Assessment

A maternity room nurse called in a hotline report about an immature 16-year-old mother who was failing to care for or bond with her newborn baby. The mother yelled at the child to shut up but did not want to hold or feed him. She refused to eat or use the bathroom, instead forcing the hospital staff to clean her and the messes she left in her bed. The case was screened for the assessment response, and the Children's Services worker the same day contacted the nurse and a doctor about their concerns and visited the mother and maternal grandmother in the hospital. After the mother said she wanted the baby and would take care of him, the worker talked with the grandmother about her and her older daughter who lived next door helping with the child's care and providing supervision. She also spent time with the mother working through her fears and anxieties about being a young mother, giving birth, and being in a hospital. Later that day, the worker made a referral for a Home Health Nurse to monitor the baby's progress and mother-child bonding once the mother returned to her parents' home (her permanent residence). The following day, when the mother was discharged from the hospital, the worker arranged for her to get formula through WIC and view a film on baby care, and she visited with the mother, her sister, and the grandmother at home to make sure that everything was in place to meet the baby's needs. She continued to monitor the family's progress over the next month. When the mother, who remained immature and selfish, reverted on one occasion to behavior that could have put the child at risk, the worker helped the grandmother set new ground rules for the mother to assure the child's safety. By the end of the month, the child's development was progressing normally, the mother and child were bonding, and the grandmother and aunt were conscientiously supervising the child's care. The worker completed the assessment without opening an FCS case.

Case 1 shows how in the family assessment, the Children's Services worker focused on the wellbeing and protection of the child. Because she intervened immediately and appropriately, the safety of the child in the short term was insured and a foundation for longer-term safety established.

Case 2. Pilot Area, Screened for Family Assessment

A hotline report was received from a teacher stating that an eight-year-old boy had a black eye and facial bruises that he alleged came from a "whipping" by his maternal uncle. The incident was screened for a family assessment response. The same day, after discussing the report with the teacher and the school counselor, a Children's Services worker visited the boy at the school. She found that he had only a few faint bruises around his eye, which the child said were produced after he disobeyed his uncle, and his uncle, attempting to grab his arm, accidentally hit him in the face. (The uncle, a truck driver then on the road, later corroborated that account.) In talking further with the counselor, the worker learned that the boy's mother had died two years before and, with his older brothers and father in prison, the child had been passed around before

finally settling in with his aunt and uncle. The counselor voiced concern that he had shown no expression when she had talked to him about his mother's death. The boy's aunt then arrived at school and talked with the counselor and Children's Services workers about behavior problems the child had begun having in the last year, including swearing at a neighbor and being kicked off the school bus. She requested help in dealing with the boy's behavior and expressed relief when the worker suggested counseling for the boy and family. She also signed a safety structure promising to protect the child from mark-producing discipline. Three days later, the worker began making arrangements with a counseling center to provide counseling for the boy and for the family. The school counselor also agreed to talk with the child once a week about any school-related issues. When the needed and requested services were in place, the assessment was completed, with no FCS case opened.

The assessment approach had, in this case, focused the worker on eliciting the larger, more significant issues behind the alleged abuse and on providing appropriate services quickly, while making sure the child was protected.

Case 3. Pilot Area, Screened for Family Assessment

A hotline report by the paternal grandmother claimed that a ten-year old girl was being subjected to verbal abuse by her stepfather . He allegedly persisted in (wrongly) blaming her for her two-year-old half-brother's broken leg and threatened, as punishment for disobeying him, to not allow her to visit her father. The incident was screened for a family assessment. The girl's mother told the Children's Services worker that she had had problems with her ex-husband and his mother ever since the divorce and that the report was the result of an argument she had with them over the grandmother's refusal to return the girl to her at the end of the girl's most recent visit. She said that her daughter had been in counseling for the last five years because of the divorce and "her unsteady relationship" with her father and grandmother. She also acknowledged that her daughter and the girl's stepfather did not get along well, but she denied the allegations of verbal abuse, as did the stepfather in a subsequent meeting the worker had with the family. The girl at that time privately told the worker that she could not explain why it was so hard for her to get along with her stepfather but denied that she was abused. The mother said that they would begin family counseling soon (available through her job) to try to create better dynamics in the home and to address what she considered the daughter's low self-esteem. When the worker indicated that there were support groups that focused on self-esteem, the mother requested more information about them. The worker also suggested parenting classes to help them find new ways to deal with discipline issues. The parents again said they would welcome the assistance. The worker quickly made contacts with service providers and passed along information on parenting classes and support groups to the family. With the alleged safety concerns dismissed and the broader needs of the family identified and addressed by the worker, the assessment was soon completed, with no FCS case opened or needed.

Case 3 shows the timely, appropriate and efficient intervention encouraged by the family assessment approach. So does the following case example.

Case 4. Pilot Area, Screened for Family Assessment

A hotline report for medical neglect of an eight-year old boy's eye condition was called in by the child's school. The boy's vision was impaired, and he was in danger of losing sight in both eyes unless treated. The report noted that his doctor had not seen him in over two years. It also intimated that his mother was inattentive to his needs by mentioning that she had refused to bring clean clothes when he wet himself at school and that it was the school that administered his ADHD medications. The safety issue was not imminent and the incident was screened for a family assessment. The Children's Services worker visited the home and found it and the child clean and observed the child contentedly watching TV. His mother denied the allegation of neglect and initially expressed some hostility toward the school, which she felt was "being pushy." The worker stressed the need for consistent, on-going medical care for her son's vision problems and for more open communication with the school. She agreed and promised to follow through with doctor's appointments and cooperate with the school on meeting her son's needs. On checking back with the mother and the school counselor two weeks later, the worker confirmed that the child had an appointment with an ophthalmologist and that the mother was working with the counselor.

Extensive intervention by DFS was not required in this case, but the intervention that was needed—that of someone to facilitate communication between the family and the school and to encourage and monitor action by the family—was highly appropriate for the assessment approach.

Case 5. Pilot Area, Screened for Family Assessment

A very detailed hotline report (that included the model and license number of the alleged perpetrator's car) was called in by a witness to a nine-month-old child falling out of an unattended shopping cart and hitting his head, producing "a huge purple bruise" and knot on his forehead. Two women (the mother and grandmother) ran to the child. When the grandmother attempted to comfort the child and chastised the mother for leaving him alone, the mother grabbed the child from her, yelled at him to stop crying, then spanked him when he did not. The incident was screened for a family assessment. When the worker visited the family eight days later, the child's bruise was still noticeable, and the mother admitted that the child fell but denied yelling at or spanking him, while acknowledging that both she and the grandmother had panicked. She had taken him to the emergency room right away, where it was determined there were no fractures but his pupils appeared unequal. The Children's Services worker concluded that the child was safe. Continuing her assessment, the worker learned that the mother had cerebral palsy, was being tested for colon cancer, was taking medication for manic depression, and attended Narcotics

Anonymous. The worker contacted a church for childcare for the time when the mother would be in the hospital. She also offered information on and contacts for parenting skills training. An FCS cases was not opened.

Neither the Children's Services worker's responsiveness in Case 5 nor the thoroughness of her assessment, as represented in the case narrative, were exemplary. The eyewitness reporter, for example, was never questioned, and the worker's initial visit with the family was slow in coming. This case raises a cautionary note about the manner in which some family assessments were conducted. Still, while the child may have been at some risk in this household, it is not clear that the risks would likely have been reduced by extended family-centered services. And it is by no means certain that all of the potential risks would have surfaced in an investigation. Even with its flawed execution in this case, the assessment approach facilitated timely intervention through which the worker addressed real needs.

Examples of Family Assessment Coupled with Case Openings

The following two examples show the coupling of family assessment with Family Centered Services, and, in the second, Family Preservation Services. The first example, Case 6, is also an example of screening change from investigation to assessment.

Case 6. Pilot Area, Investigation to Family Assessment plus FCS

A 13-year-old boy called DFS and told a worker that his father "hits, throws, and kicks" his 15-year-old brother and him, with the last incident occurring two months before. The worker telephoned the boys' mother, who was divorced from the father but lived nearby. She confirmed that her ex-husband "has a bad temper and lashes out at the boys physically." She added that he leaves the boys alone "too long" on their locked, 600-acre farm while at his job and tries to keep them from leaving the farm and visiting her. A third son, an 11-year-old who lives with the mother, then told the worker that his father frequently slaps him and the other boys when he visits at the farm and that his father threw a rock at him two weeks before, causing him to bleed. On the basis of these claims, the worker filed a hotline report that was screened for an investigation response. The next day, the worker and a deputy sheriff went to the farm to interview the boys and the father. The boys' principal complaint was that they were stuck on the farm (it was summer) with nothing but chores to do (no TV, no working bicycles) while the father was away working and that he never took them anywhere. The father denied at least some of the allegations of physical abuse and pointed out that he had recently taken the boys to popular attractions. The worker got the father to agree to provide the boys with a TV, to fix their bicycles, to call his sister about letting the boys visit her occasionally, and to let them stay with their mother a week or two. The father expressed distrust for DFS and declined counseling and other services. The worker determined that the safety issues were not serious enough to warrant a hotline substantiation but decided that "follow-up is needed to determine if the children are safe and discipline methods appropriate." She changed the screening to assessment and

the father acceded to having an FCS case opened, "to basically extend the assessment period." Citing heavy caseload demands and sick leave, the worker did not return to the family for four months. The 13-year-old son reported "things are a little better" and that "dad isn't getting as mad as often." The father also thought improvements had been made. The son also noted that they still had the TV, were visiting their mother regularly, and were going places with their father on Sundays. Since the father still saw no need for services, the case was closed.

Case 6 shows the use of FCS for monitoring of safety issues. Some pilot sites were more likely to use FCS this way coupled with family assessment than were others. This case also suggests is that there may be a tendency by workers to put assessment-based FCS cases, particularly those that prescribe only monitoring, on the bottom of their heavy caseload piles. The risk of doing so is that, as with this case, one cannot always be sure that they reflect less serious safety issues and, therefore, require less attention, and caution in such instances is required.

Case 7. Pilot Area, Family Assessment to FPS

A family of six that, on moving back to Missouri, was homeless, without funds, sunburned, and living in their car was the focus of a hotline report from a mandated reporter. At the time of the report, they had just moved into a motel room (with AC and a refrigerator), with one week's rent donated by a church. The problem was poverty and its affect on the children (ages 5, 8, 9, 11). The incident was screened for assessment. The Children's Services worker found the motel room clean and supplied with food from a food pantry and the children well cared for. The family was searching for an apartment, and the worker assured them that housing funds would be available when they found one. The worker contacted the family again two days later, by which time the father had procured a full-time job with a day labor agency, and offered them Family Preservation Services. The next day, the FPS worker began a six-week intervention focused on providing for the family's daily living needs. Concrete services—rent, utility assistance, food, furnishings, appliances, clothing, and help with repairs to the family's new apartment—were supplied, along with help getting the children (including one with special needs) set up in school, budget assistance, a referral for the father's post-traumatic stress disorder, and family counseling. The worker was impressed with the parents' resourcefulness, cooperation with DFS, and attentiveness to their children's needs as well as with the strength and bonding of the family. The case was closed at the end of FPS intervention, with no aftercare needed or requested.

The only issue in this case was poverty, and the assessment approach, quickly coupled with FPS and applied to a motivated family, was able to rapidly and effectively address that issue.

Examples of Comparison Area Cases

The following is a set of cases from comparison areas in which the family assessment response would have been appropriate and, perhaps, would have facilitated more effective intervention from Children's Services. These cases are not to suggest that interventions through the traditional response in comparison areas were all found to be problematical.

Case 8. Comparison Area, Investigation and FCS

Police responding to a domestic disturbance called in a hotline report for endangering the welfare of a child. The young parents had argued over the father's desire to take their three-month-old baby to another town to "show him off." When his wife, who was holding the baby, refused to give the child to him, he attempted to take him forcefully, nearly causing her to drop the child. The baby was not harmed, and there was nothing more to the incident. The investigator, on her single visit with the family, found the parents to be loving toward the quite healthy child and responsive to her counseling about the ramifications of domestic violence. The latter, she said, included the possible placement of the child in foster care; as it was, she told them she did not know "what the prosecuting attorney's office would do." Despite the fact that the child suffered no harm, that she determined that this was a "one-time incident," and that the parents were remorseful and cooperative, the investigator substantiated the report and opened an FCS case. FCS workers made several attempts to contact the family but were never able to do so. The family moved at least twice, leaving no forwarding address, and terminated their AFDC and food stamp benefits. They apparently did not want to be found, being willing to give up the few and much-needed services they had to avoid detection, most likely fearing (unnecessarily) that their child would be taken from them.

An assessment approach, had it been available in this county, would have been more appropriate for this incident and would have allowed for a much less intimidating interaction between DFS and the family. Services, such as financial or housing assistance, for which the investigator saw a need, could have been made available to the family by a Children's Services worker without having had to open a case. And for this family, opening an FCS case on the heels of the substantiated report actually led to the loss of services and possibly to reduced safety for the child

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Case 9. Comparison Area, Investigation and FCS

A school counselor and a family friend called in separate reports, one day apart, claiming the mother of two girls, ages 6 and 9, was using methamphetamines and other drugs, was delusional and depressed, and was unable to supervise her children, who nearly started a fire trying to cook a meal. The friend, in addition, stated that the mother repeatedly asserted that she was going to kill herself and the children. It was after the nine-year-old told her that the mother had pointed a gun at her and her sister and threatened to kill them

(because she was tired of seeing them suffer) that the friend called the police and, learning that the children were not in school the next day, called in the hotline. The DFS investigator found the children home and the mother asleep that afternoon. On being awakened, the mother began and continued screaming and swearing at the children about the condition of the house until the investigator requested she stop. She then complained about on-going disputes with her husband, who lived a block away, and the imminent shutting off of her utilities. At no time is there any indication in the investigator's account that there was any discussion of the allegations in the two reports. Nor did the investigator respond to the fact that the children were unsupervised and not in school that day. While she apparently talked with the school counselor and principal, she did not attempt to confirm the hotline allegations with either the family friend or the children. Instead, she concluded that the reports were "unsubstantiated" and offered preventive services. An FCS case was opened, but the only service provided was a referral for utility assistance. No drug treatment, psychiatric assistance, parenting classes, or counseling by workers—all obviously needed—were ever discussed or offered. Within two months of case opening, and after the mother had avoided workers and finally decided she no longer needed services, and with the school not citing any new concerns, the case was closed.

This case demonstrates that investigations and the opening of Family-Centered Services cases do not, by themselves, guarantee the safety of children or even reduce their level of risk. We will never know for sure, but a family assessment response that did not produce a defensive response and was oriented to a broader spectrum of assistance may well have done more to protect the wellbeing of these children.

The following case is one of a number in the sample in which the labeling of a parent as a child abuser runs the risk of damaging their employment prospects, which may, in turn, have long-term repercussions on a child.

Case 10. Comparison Area, Investigation and FCS

A hotline report was received from an emergency room doctor who treated a 2-year-old boy with second-degree scald burns on the tops of his feet. The report alleged lack of supervision by the mother, who had run a small amount of hot water into the bathtub, left the bathroom door open while she was across the hall in the kitchen, and not noticed her son enter the bathroom and climb into the tub. The mother told the investigator that she often started a little lukewarm water for her bath before getting in and filling the tub and that her son would frequently climb into the tub before she did. It was rare, she said, that she ran hot water for her bath. Although there was nothing to indicate that this was anything other than "a one-time accident" (as the FCS worker later noted) or that the mother showed a pattern of lack of supervision in any other way, the investigator substantiated the report and opened a case. The mother, who was in the Futures program and studying criminal justice in college, asked the FCS worker if the hotline would affect her employment chances with Probation and

Parole. The worker talked to a supervisor there and learned that they do run CA/N checks on job applicants and pursue further inquiries, with DFS, police, etc., in cases of substantiated hotlines. The FCS worker then pursued her own inquiry, talking with the mother's daycare provider and her Futures worker, before concluding that this incident was in fact an accident, that the mother was a good and safe parent, and that the case should be closed.

A similar case in our sample in a different county involved a young woman preparing to take a civil service exam for a federal job, a position for which a background check would have been run. With the ramifications of substantiating a hotline potentially extending well beyond a family's involvement with DFS, the rationale for SB595 argues that it should be done cautiously and selectively to address significant and continuing safety problems, not as a vaguely preventive measure or to simply confirm the report of a minor or one-time incident, as was done in Case 10.

Case 11. Comparison Area, Investigation and FCS

The gas company called in a hotline report claiming that a woman had threatened one of their workers who was attempting to shut off her gas. She had then asked another person present to shoot her (with a gun the reporter said was in the house), "as it wasn't worth it anymore." An hour later, the reporter said, the woman had called the company and threatened to kill herself in front of her children (ages 1, 8, and 10). DFS contacted the police, who were already en route to the woman's house. The police reported to DFS that the woman was calm and the situation safe. She was not suicidal but had spoken in anger, hoping that it would cause the gas company to return her gas service. An investigation was opened and the investigator talked with the woman at length about the allegations and her situation. Raising three children on a very limited income, she said that she had incurred several outstanding utility and car bills and had had to move in with her sister the previous winter for a few months when the gas was shut off. Once her youngest child's father began making court-ordered child payments, she had been able to begin making scheduled payments on her back bills. It was just after one of these payments to the gas company that their worker had come to turn off her gas once again and she had made her threats, feeling completely frustrated. The financial stress was compounded by her depression over the break-up of her eight-year relationship with her youngest child's father. The investigator gave the mother the number of Mental Health for counseling and suggested opening a preventive services case to provide her with budgeting and child care assistance, to which the mother was initially very receptive. More than two months, however, passed before the investigator unsubstantiated the allegations and opened a PSI case, and it was over three months from the initial visit that the DFS worker again contacted the mother. By that time she had paid off most of her bills and received some help from friends in dealing with stress, so she declined DFS services.

This case, quickly recognized to be a matter of poverty rather than child safety, may well have benefited from an assessment approach. While the investigator identified needs and offered services in an almost assessment fashion, there was a considerable gap—as paperwork was completed and another worker became involved—before there was an attempt to deliver the promised services. Even though the mother was able to resolve issues to her own satisfaction, an opportunity to work with her on her broader parenting, budgeting, and perhaps emotional problems was lost. (And there is no assurance that a more socially isolated woman in similar circumstances but without support of friends would have been able to resolve her problems.) Under the assessment approach, that gap could have been closed and both immediate and larger issues confronted, with the worker herself following through on services, perhaps without even opening a case.

Case 12. Comparison Area, Investigation and FCS

A hotline report was received from a school stating that a seven-year-old girl had been sent home several times (16 times, the investigator learned) for head lice. The investigator visited the family, who claimed that they had used lice shampoos and "bombed" the house several times but were never able to completely get rid of the lice. The investigator sent the family, who were anxious for help, the number of a public health care nurse who would visit the home and offer assistance. The case was unsubstantiated and a preventive services case opened. The FCS worker followed up soon thereafter to monitor and offer advice on the family's efforts to rid the house of lice and roaches. During the month and one-half the case was open, the family was able to keep the children and house free of lice.

While this was well and promptly handled as a preventive services case, it is also one that would have been appropriate for the assessment approach. The safety issue was minor but chronic, requiring only information and perhaps encouragement for its resolution. These services would likely have been available through an assessment without having had to open an FCS case.

Case 13. Comparison Area, Investigation and FCS

A mother called in a police report and filed for a protection order after her 13-year-old son told her that his stepfather had performed oral sex on him while together on a trucking trip three months before. The boy repeated the allegations to the DFS investigator that same day. The next day, the mother attempted to withdraw the report after her husband, just returned from a trip with their 11-year-old son, vehemently denied the accusation. Her doubts about her son's veracity were echoed by the younger boy, who informed the investigator that the alleged victim had a few days earlier been caught sexually fondling a three-year-old boy. The mother feared that her suggestion to her son at the time that perhaps his behavior stemmed from earlier sexual abuse he had suffered may have led him to accuse his step-father to deflect blame from himself. Because the boy persisted in his claim, the investigator substantiated the report and opened a case. The judge, after consulting with the investigator, placed the

boy in foster care until the stepfather, the next day, agreed to leave the home. The boy's safety assured, the FCS worker within a week arranged for counseling for the child and for the family. Despite the reluctance of the boy to open up, particularly about his actions toward the younger child, the family as a whole responded quickly to counseling. The therapist, who soon came to strongly doubt the boy's story, suggested that the stepfather return to the home. After conferring further with the therapist and talking at length with the step-father and the boy, all of whom felt that the situation would be safe for the child, the worker agreed to allow the step-father to return, one month after he had left, as long as child and step-father were not alone together. The family continued with counseling, focusing on issues of communication and trust. The worker also helped to arrange tutoring services through the school for boy, who was experiencing academic difficulties. His grades improved, he stated he felt safe at home, and the family members all believed "that they had grown through their struggles."

While there may never have been a safety issue (there was no resolution on this point), the investigator and FCS worker both focused their efforts first on assuring the child's safety. The worker then worked closely and promptly with family to provide the services that would allow them to reunify and to begin resolving other issues as well. The case has been included here, in part, to make the points that the quick response and timely services emphasized by the assessment approach were not the province of the pilot areas alone and that they were as effective when applied to cases in comparison areas by traditional workers.

Examples of Pilot Cases with Problems

It can be argued, that except for the last case presented (Case 13), all of the comparison area cases in the previous section could have been handled better through the family assessment approach. Similar examples can be found within pilot areas as well: incidents that were screened for an investigation that would have been better handled through a family assessment.

Case 14. Pilot Area, Inappropriate Investigation Response

The police called in a hotline report and filed charges against a couple who left their young children (ages 1 and 3) sleeping in the car while they shopped for a television. The police noted that it was not a hot day (it was autumn), that the windows were cracked for ventilation, and that the parents were gone 25-30 minutes. The report was screened for an investigation, during which the worker counseled the parents about the dangers of leaving such young children unattended (of which the parents had been unaware). The investigator opened an FCS case, but it closed after a short time with no services having been provided.

Given that the children had suffered no harm from the incident and that there was no indication of continuing risk in the hotline, the report could have been tracked for

assessment. Had that been done, an assessment worker could have counseled the parents on proper supervision (all that they apparently needed) without then having to be concerned with determining whether to substantiate the report and open a case. In this instance, a case almost certainly would not have been opened, and the parents would have been spared the long-term consequences of being listed on the Central Registry. The original screening of investigation undoubtedly resulted from the fact that the report had been made by the police and that a charge had been filed against the parents. Nonetheless, the screening could have been changed at the point of initial contact.

This case points up the dynamic relationship between law enforcement and Children's Services. Throughout the demonstration some police officials remained skeptical of family assessments and uncomfortable when cases were not screened investigation. This was more of an issue in some sites than in others and, overall, appears to have become less a factor as the demonstration proceeded. That workers if not offices would be influenced, and perhaps even a little intimidated, by the expectations of police, juvenile authorities, court officials, and even school administrators is understandable. But the impact of the family assessment approach can be blunted or sharpened depending on its understanding and acceptance by representatives of institutions with whom Children's Services workers are in regular contact.

Case 15. Pilot Area, Inappropriate Investigation Response

A hotline for neglect was called in by the paternal aunt with the purpose, she stated during investigation, of either forcing her brother to acknowledge his responsibility for his five-year-old daughter's care or allowing the aunt to gain custody of the child. The aunt claimed in the report that he had failed to come by her house to pick up his daughter (who regularly went there after school) and she hadn't heard from him. The report added, without indication of relevance, that he "uses drugs and alcohol" (in fact, he had been sober nearly a year). On only the basis that the father was missing and with no indication that the child had been harmed or was at risk of harm in the care of the aunt (and reporter), the incident was screened for an investigation. The investigator (who also screened the report for tracking) <u>with police assistance</u> visited the aunt, who said she had since learned from her mother that the child's father had gotten drunk and had then checked himself into a treatment center. The investigator had the police officer sign a protective custody order (apparently the reason he was along), and the child was placed in the physical care of the aunt. Eleven days later, and several days after the father's release from treatment, the investigator first contacted the father (who had left a message for her while in treatment). He asserted that he had attempted to pick up his daughter that night at his sister's but that she would not let him take her because he had been drinking. He then went to his mother's before checking himself into treatment. The mother's account of that evening's events was consistent with his, suggesting that the original report—that he had never shown up—may have been largely fabricated. Even so, the investigator substantiated the report, on the basis that the father had "on several occasions…left the child [with the aunt, by prior arrangement] and not picked her up at the designated time." There is no indication that the child

had suffered harm or would be at risk from such "neglect," yet DFS had taken custody of the child and opened an FCS case. No services were provided in the case, beyond advising the father that his new girlfriend (met in treatment) should move out of his home if he wanted his daughter to return and working with the aunt to obtain power of attorney over the child from the father while he dealt with his alcoholism and outstanding legal issues. Once the aunt gained custody from the father (and there is no indication if this was intended to be a temporary or permanent arrangement), DFS relinquished custody and closed the case.

In a case where there was never an actual safety issue and where the family seemed capable of dealing with the problems that did exist, there appears to have been little or no need for DFS involvement. If any assistance was needed, it would have been provided at least as effectively and in less heavy-handed fashion by an assessment approach that focused on helping the father with alcoholism treatment and parenting skills. And perhaps the child could have remained with her father. The pilot site where this case was handled was one in which there was a greater propensity to screen incidents for investigations. Workers with a prior background in investigations rather than FCS typically did the screening. As noted in section 2, the process of screening, by restricting or enlarging the stream of families who will come into contact with the family assessment approach, will affect the relative impact the approach can have on the entire caseload.

Case 16. Pilot Area, Inappropriate Investigation Response

A teacher called in a hotline report on behalf of a 14-year-old girl who claimed that her mother had on two occasions hit her repeatedly on the face and head with an open hand and fist. The girl claimed to have bruises but had covered them with makeup. Despite the fact that there was no physical evidence of harm and that the girl was old enough in any event avoid it on her own (she was in fact staying with a friend at the time), the incident was screened for investigation. On the basis of interviews with the mother, the girl, and the girl's siblings, the investigator concluded that the report was unfounded. She did, however, discover that the family did frequently resort to minor physical violence with one another, much of it precipitated by the girl, and the mother agreed to having a preventive services case opened to deal with this and related issues. The investigator, though, took three and one-half months to complete forms unsubstantiating the report, during which time no services were provided by DFS. Two weeks later, the FCS worker closed the case—one day after leaving a message on the mother's answering machine during her first and only attempt to contact the family.

Like the previous case, this one originated in a pilot site in which workers with backgrounds in investigations screen reports and make all initial visits. Had this case been screened for assessment and had the first contact been made by someone more in tune with the assessment orientation, who focused on the family's needs and not on determining culpability, actions could have moved more swiftly to provide clearly needed services (assistance with the girl's emotional issues, appropriate discipline techniques,

conflict resolution, etc.). As it was, the initial momentum was lost, at least partially in paperwork, and never regained—and those needed services never appeared.

Case 17. Pilot Area, Inappropriate Investigation Response

A hotline report for medical neglect was made by the health department, stating that a mother had failed to follow up with visits to the lead clinic to have her 3-year-old son's lead level checked. Although the safety issue posed a long-term rather than imminent hazard to the child, the incident was screened for investigation rather than assessment. The investigator found that the mother had been taking her children to a private doctor for regular check-ups and treatment but did not realize that, once her son's lead level had been determined to be at a risk level, it needed to be checked periodically at the lead clinic. Even though the mother took the child to the lead clinic (as well as to his regular doctor's appointment) during the investigation, the worker opened a preventive services case to monitor later clinic visits. The monitoring lasted only a month before the FCS worker closed the case.

This case is a closer call, but both investigation and FCS case opening were probably unnecessary responses to this incident, as the brevity of the case suggests. "Medical neglect" often arises out of misunderstandings between parents and medical personnel over expected or required care (with poverty, poor education, or other circumstantial factors frequently contributing). More important than enforcement in such cases is the ability to facilitate communication between medical providers and parents and to provide clear explanations to parents of how to meet their children's medical needs. This is a role better suited to assessment workers, who are oriented toward providing services, than to investigators focused more directly on the incident at hand. And it is a task that can often be provided during assessment, without having to open a case. While the investigator focused on the central issue of the child's safety, the assessment approach promotes the consideration of safety within wider parameters than the immediate incident.

Case 18. Pilot Area, Appropriate Screening (Assessment), Inadequate Services

A hotline report was made alleging that a family with three young children was living in inadequate and unsanitary conditions. The landlord had shut off gas and water to their trailer, and the family was without heat, while outside wind chill temperatures reached 40 degrees below zero. The Children's Services worker visited the family the day of the report (which had been screened assessment) and found that the parents had taken steps to deal with the situation and protect their children. The children stayed with relatives when the trailer was not heated, and the parents had cut the padlock to the gas, turned it on, and padlocked it open in order to heat the trailer. Without water, though, they were unable to clean dishes or flush the toilet. They had sought help through Legal Aid, the police, and the utility companies but were unsuccessful, since the utilities were in the landlord's name. The worker considered the

parents' efforts to resolve the problem to be adequate and even resourceful, and he apparently saw no need to offer further assistance to deal with the housing issue or the family's larger problems of poverty and loss of employment.

The worker did not consider the possibility of DFS interceding with the landlord or providing direct financial help with utilities, of referrals to other organizations that provide assistance with utilities, of help finding new housing, of applications for AFDC and food stamps, or of employment or job training assistance. The assessment approach, to which this incident was appropriately screened, provides the opportunity to address larger issues, such as poverty, that lie beneath specific incidents and to point families toward services they may not have been aware of or considered on their own. The family in this case was resourceful and eventually found a new home, but their cooperation and openness to assistance was not rewarded by a full exploration by of timely, effective, and available services.

Case 19. Pilot Area, Appropriate Screening (Assessment), Uncooperative Family

A hotline report alleged a history of beating a 14-year-old girl and her mother by the girl's father. The report was screened assessment, and a Children's Services worker immediately visited the home and began individual interviews with family members. The mother indicated she did not realize how serious the situation was, despite seeing some marks and bruises on her daughter, because her husband only struck the girl while the mother was out of the home and threatened the daughter not to tell. She said her husband had also physically abused her but stopped five years before, when she stood up to him. He still, she noted, engaged in verbal abuse. The daughter said that her father usually used a belt in his beatings, occasionally leaving marks that she would hide, but that he had also hit her with his fist once and sometimes kicked her in the legs. She had spent three days in a hospital after a suicide attempt with an aspirin overdose. The father's 17-year-old stepson stated that he too had been beaten, but it stopped three years before when he stood up to his step-father. The father admitted and indicated remorse for the abuse and traced it to the frequent beatings he had suffered as a child from his mother and teachers in his strict religious school. The family seemed quite cooperative initially in having a case opened and working on resolving issues of discipline and communication. The father, in particular, appeared anxious to address his predilection for abuse and to build a better relationship with the family. The worker opened an FCS case right away, completed a treatment plan, and got agreement from the family to pursue counseling, either through private insurance or DFS, as well as involvement in a domestic violence survivors' support group. This rapidly established collaboration between family and DFS soon dissolved, however. The worker was unable to make contact with the family by telephone during the day; both parents worked and the children were in school. When the family did not respond to a message left on their answering machine the worker made an unannounced visit, finding only the children home. They stated that "things are better" with the father; he was treating them "okay." The worker asked them to

have the parents call him, which they never did. With no further contacts, or attempts to make contact, over the next two-and-one-half months, the worker closed the case, "as the family has shown no interest in services."

A worker with a smaller caseload or more persistence might have reestablished contact with the family and helped them get services or supports he thought they needed. Uncooperative families, however, continued to present problems for workers in both pilot and comparison sites, although in greater frequency among sample cases in the latter. Nearly 1 in 10 case-specific instruments could not be completed fully by workers in comparison areas because of this, versus about 1 in 30 in pilot areas. In addition, we have shown that significantly greater cooperation was found in pilot areas for cases in which children's safety was in question and for cases that were likely to be considered preventative in nature.

Timeliness of Intervention

A major goal of the demonstration was to bring appropriate assistance to bear as quickly as possible, to reduce the time lag that often existed between initial contact with the family in an investigation of a CA/N incident and substantive intervention. The following two cases show the importance of this objective.

Case 20. Comparison Area Investigation

A hotline report was received alleging that two children, a boy, age 7, and his sister, age 6, were sexually acting out with each other, that the girl might have herpes, that they were at times left with a known child molester, that they missed school frequently, that the home was filthy, and the mother used drugs and alcohol. The investigator's thorough inquiries confirmed all but the herpes. She also learned that the girl had been sexually abused in the past, that the children had seen their mother having sex with both men and women, that the children had engaged in additional sexual experimentation with each other, that the girl's non-custodial father had threatened to kill the mother in the children's presence, and that the mother had significant emotional problems (she had attempted suicide) and was diagnosed with cervical cancer. In the course of the investigation, she made arrangements for the mother to get inpatient drug rehabilitation (which the mother ultimately declined) and counseling for the children. At the outset of her narrative, the investigator stressed that the client "is a runner; we need to keep an eye on her." No one, however, acted on this alert. A month and a half passed following her last contact with the family before the investigator substantiated the report and an FCS case was opened. It was another two months before the FCS worker received the case and more than three weeks after that before he attempted to visit the family. He then discovered that the family had moved to another state several months before. All he could do at that point was notify DFS there that a family in which the children were at "high risk" and which was "in serious need of intervention" was now in their state. Presumably the family had been in serious need of intervention for the previous four months as well.

This case points up the need for timely intervention and the delay that can result in a traditional response. Because this case would have been screened for the investigation response in a pilot area there is no guarantee that timely intervention would have occurred there either. However, the case documents the wisdom of quick response that underlies the family assessment approach and the need to apply it across the board, perhaps more importantly in cases screened for investigations, which nearly always involve serious allegations of children at risk of immediate harm.

Case 21. Pilot Area Family Assessment, Example of Exemplary Casework

In response to a hospital's hotline report that twin five-year-old girls were dirty, malnourished, and not receiving follow-up care for respiratory infections and developmental delays, an assessment was initiated and an assessment worker visited the family's home. The worker found the children to be clean, but she identified other problems with the family that posed potential safety concerns and contributed to the issues raised in the report. The girls' mother and her paramour of three years were poor and depended on assistance from his family. The children did not have appropriate clothing for the summer, and because the car lacked license tags and insurance, the family was effectively without transportation. While the parents were willing to receive help, they were not aware of ways to procure it on their own. Following this first visit, the assessment worker made referrals to various charities for emergency food and clothing assistance. And during that visit, she counseled the parents on the need to better supervise their two very active children—who appeared only barely within parental control—since they lived next to a busy road. In following up with the doctor's office the next week to see that the family made it to their appointment, the worker learned that the girls were more than "active"; the doctor said they needed therapy to deal with their uncontrollable behavior. The worker opened an FCS case to provide further services, while maintaining continuity and promptness in delivery of services by staying involved with the family as the FCS worker (assisted by an intern). She continued to counsel the parents on proper discipline and supervision and encourage the somewhat reluctant mother to accept therapy for the children. She obtained school supplies for the girls and money for car tags; the family was thereafter able to make it regularly to doctor's appointments. The worker also coordinated her efforts with those of the children's school in getting diagnostic testing, help with motor skills, extra activity assignments, special classes, and free breakfast and lunch for the girls, and she encouraged the mother to continue to be involved with the school. Contrary to the doctor's assessment of the girls, the school found no behavior problems. The twins evidently responded to the stimulation and attention the school offered, as their teachers noted that the children were "wonderful to have in class." The Children's Services worker worked closely with the school, particularly in acting as a liaison between teachers and the parents. When teachers had concerns that the girls were too thin or too lightly dressed, they first contacted the worker, who relayed their concerns to the parents and helped resolve them. Indeed, the girls' mother complained to the worker that if the teachers "have any questions or concerns, they contact DFS

first, instead of going through her." The worker's intermediary role proved helpful, though, in facilitating communication about the girls' needs, first because the family had no phone but perhaps more significantly because the worker helped the parents understand the school's concerns while reducing the sense of intimidation they clearly felt in dealing with a powerful institution. The case closed following a parent-teacher conference the worker helped coordinate, with the children "doing real well in their special classes."

The assessment approach in this case did not resolve the family's poverty, perhaps the basic safety issue here. But it did encourage the worker to recognize issues beyond those related to the reported safety concerns and to respond to them in an effective, timely fashion. This case is an example of how the family assessment approach can, and often did, work. The Children's Services workers involved were exemplary caseworkers who were particularly diligent in their facilitating relationship with both the family and the school.

The next case did not come from the study sample but was described by a worker during one of our field interviews. It involved an incident in which the screening was changed from investigation to family assessment and addresses the affect this had on the family.

Case 22. Pilot Area, Screening Change from Investigation to Assessment

"The incident had originally been screened investigation, and the family initially was completely uncooperative, uncommunicative, and defensive. The bruises were not as severe as reported and there was less a pattern of abuse than we had been led to believe. The mother was more cooperative when she saw the bruises. The father didn't drink when the mother wasn't there. When I told them I thought the incident did not warrant an investigation and was being switched to a family assessment, and when this was explained, the family unfolded, opened-up. Their body language changed. And I learned more from them about what had happened and about their problems and needs. The family became involved in the course of action that followed. The mother came up with the solution that the children would go stay with a neighbor for a night or two. An FCS case was opened and we provided anger management, and through supports they identified we were able to address important supervision problems. A relatively minor incident was helped from becoming a major one. With assessment this happens more and more often."

The final case example presented here is an unusual one, but an important one. It involved a family in a county that was a family assessment pilot site but was also participating in the Family-Centered Out-of-Home demonstration. And, although the central incident was screened for an investigation response, the case shows the overarching similarities between the two demonstrations and how they reinforce each other.

Case 23. SB 595 and Out-of-Home Demonstration, Similarity of Approach

A hotline report alleging neglect was made following the arrest of a couple for growing and possessing marijuana in the home in the presence of their children, ages 4, 13, and 14. The Court quickly assigned legal custody of the children to DFS and physical custody to their paternal great-aunt, who agreed to stay in (and clean) the children's home. The parents, who obtained bail, were not initially allowed to return to the home. However, following the opening of the FCS case and the 72-hour Family Support Meeting—and only five days after their arrest—the couple was permitted to return home, on the condition that the great-aunt remain there. Consistent with the county DFS office's participation in the Out-of-Home project and SB 595, DFS became quickly and intensively involved with the family. Not only was the family soon reunified (with safety measures in place) but the worker arranged for services without delay (and later as needed) and worked with the family closely to assess needs, offer suggestions, and monitor progress. The parents, at first hostile and resistant, rapidly became active participants in treatment, even identifying additional issues for themselves to address. They also assumed greater responsibility for the welfare of their children and were persistent in seeking ways to improve family dynamics. The father completed outpatient drug rehabilitation and continued with therapy and AA; he later obtained his GED (while serving his sentence). The family was referred to and successfully completed counseling. The mother on her own attended Al-a-non and attempted to find similar resources for the children. They also sought and, through DFS, obtained individual counseling for the older children and Head Start for the youngest. DFS responded quickly when the father was unexpectedly sentenced to four years in prison for his drug offense, assisting the mother with AFDC, food stamps, job training, and family counseling. While the father's incarceration (which was shortened to five months) was painful for the family, the progress they had earlier made with DFS had given them strength and skills that proved invaluable in helping them survive it. One month after the father's release, the parents honored an earlier request by the county DFS office and made a presentation at the state Child Abuse/Neglect conference about their experience in the Out-of-Home project.

While this was not an assessment case, it does exemplify the application of principles that underlie both the SB 595 and Out-of-Home approaches: the importance of quick intervention and continuing follow-up; the need for timely and appropriate services; and the value of close, personal involvement of workers in both assessing the family's needs and eliciting their cooperation and active participation in treatment.

Conclusion

It is possible for a dedicated, responsive worker to intervene effectively to promote both the immediate and long-term safety of children in either the traditional or family assessment approach. We have seen examples of this within the sample cases examined in detail for this study. Focusing on specific cases runs the risk of drawing

conclusions from nonrepresentative and anecdotal data. It is possible to find in the best of systems examples of the worst practices, and, vice versa, it is possible in the worst systems to find examples of the best practices. This is the case with the central concern about child safety. It is not possible to devise a system that will guarantee the safety of every child (because this ultimately lies outside the total control of any public institution), and it is possible even in a very poor system to find examples of at risk children being made safer. However, this does not mean that some response systems are not better at protecting more children than others. It also does not mean that a system that can be documented to be better at this can guarantee it will be fully and immediately implemented and its potential effects realized without the full acceptance and cooperation of its field workers and the engaged participation of other community institutions.

12

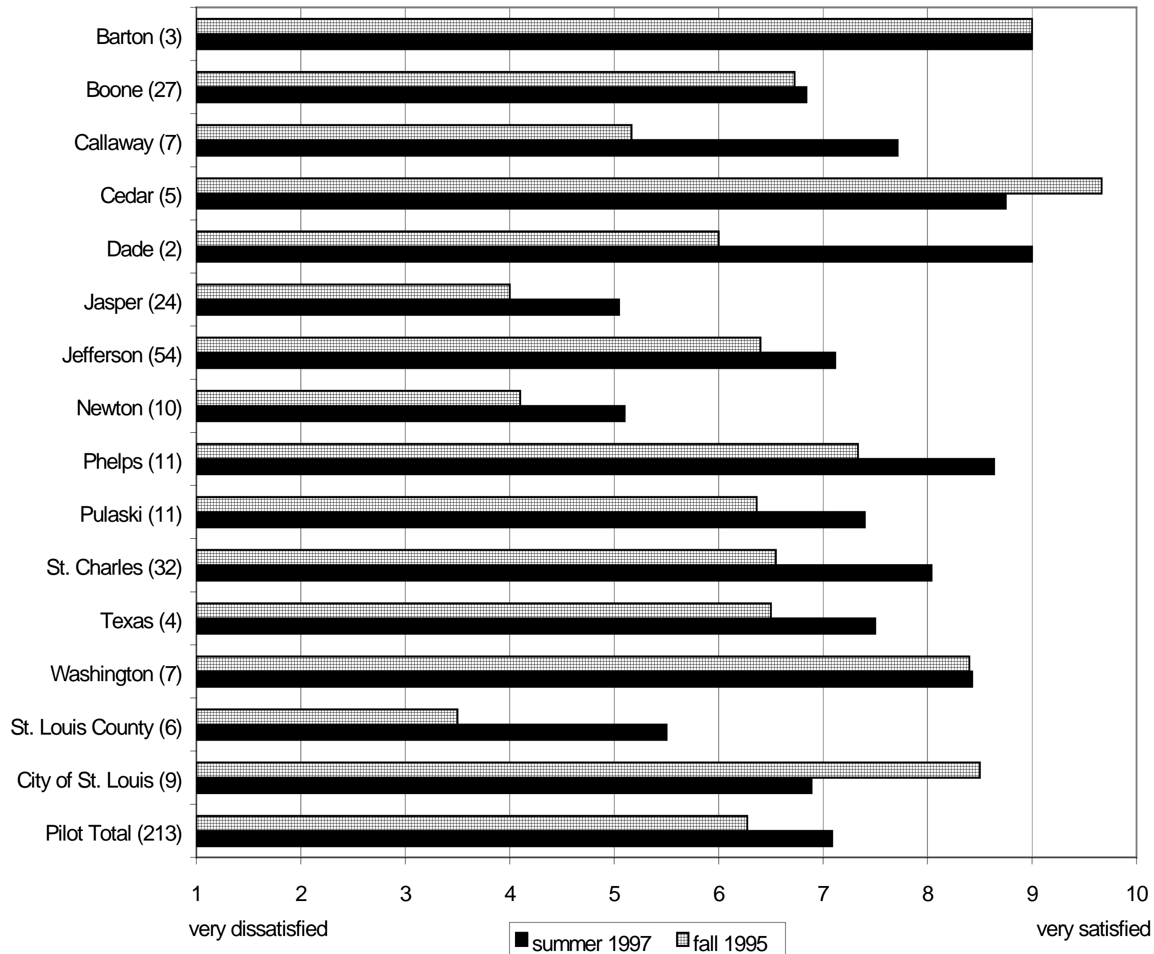
Organizational Impact

A set of issues related to the organizational impact of the Family Assessment demonstration were examined as part of this evaluation. This was done to provide a more informed framework for policy makers when considering the possible 1) expansion of this approach to other parts of the state and/or 2) improvement of the new approach as implemented in pilot counties. The findings presented in this chapter were derived primarily from worker surveys and field interviews. General overview surveys of Children's Services workers were conducted early in the demonstration period, in the fall of 1995, and after two years, in the summer of 1997. These surveys sought to document worker views on a wide variety of issues related to the service system and their perception of its effectiveness. The survey also solicited workers' attitudes towards their Children's Services jobs. A total of 468 workers were surveyed in the second overview survey and 399 (85 percent) responded, 213 from pilot areas and 186 from comparison areas.

Worker Satisfaction. Workers were asked how satisfied they were with the CA/N service system in place in their county. Overall, pilot-area workers indicated a higher level of satisfaction (F, p=.002) on this question in the summer of 1997 than they had two years previously, when the demonstration was getting started. Their mean response was 7.1 on a 10-point scale, where 1 meant very dissatisfied and 10 meant very satisfied, versus a mean of 6.2 in the previous survey. At the same time, differences in the responses of pilot and comparison area workers on this question in the second survey were not statistically significant, although the mean responses of pilot workers was somewhat higher (7.1 v. 6.7).

Figure 12.1 shows the mean responses of workers from different counties to this question from both surveys. For all but three of the pilot areas, the mean responses were more positive on the second survey than they had been on the first one. The exceptions were Barton and Cedar counties and the City of St. Louis. Workers from Barton and Cedar, two small, rural counties in southwestern Missouri, had reported the highest level of satisfaction among pilot areas with the new approach on the first survey and continued to be among the most satisfied in the second. In the City of St. Louis, the response to the first survey may have reflected the first blush of optimism for the demonstration within the context of other changes that were occurring at the time, particularly the outstationing of family assessment staff within a school building in the middle of a pilot area which was the focal point of a major attempt to coordinate a wider set of services and programs. The less sanguine mean scores on the second survey may reflect continued difficulties

Figure 12.1. Worker Satisfaction with CA/N Service System



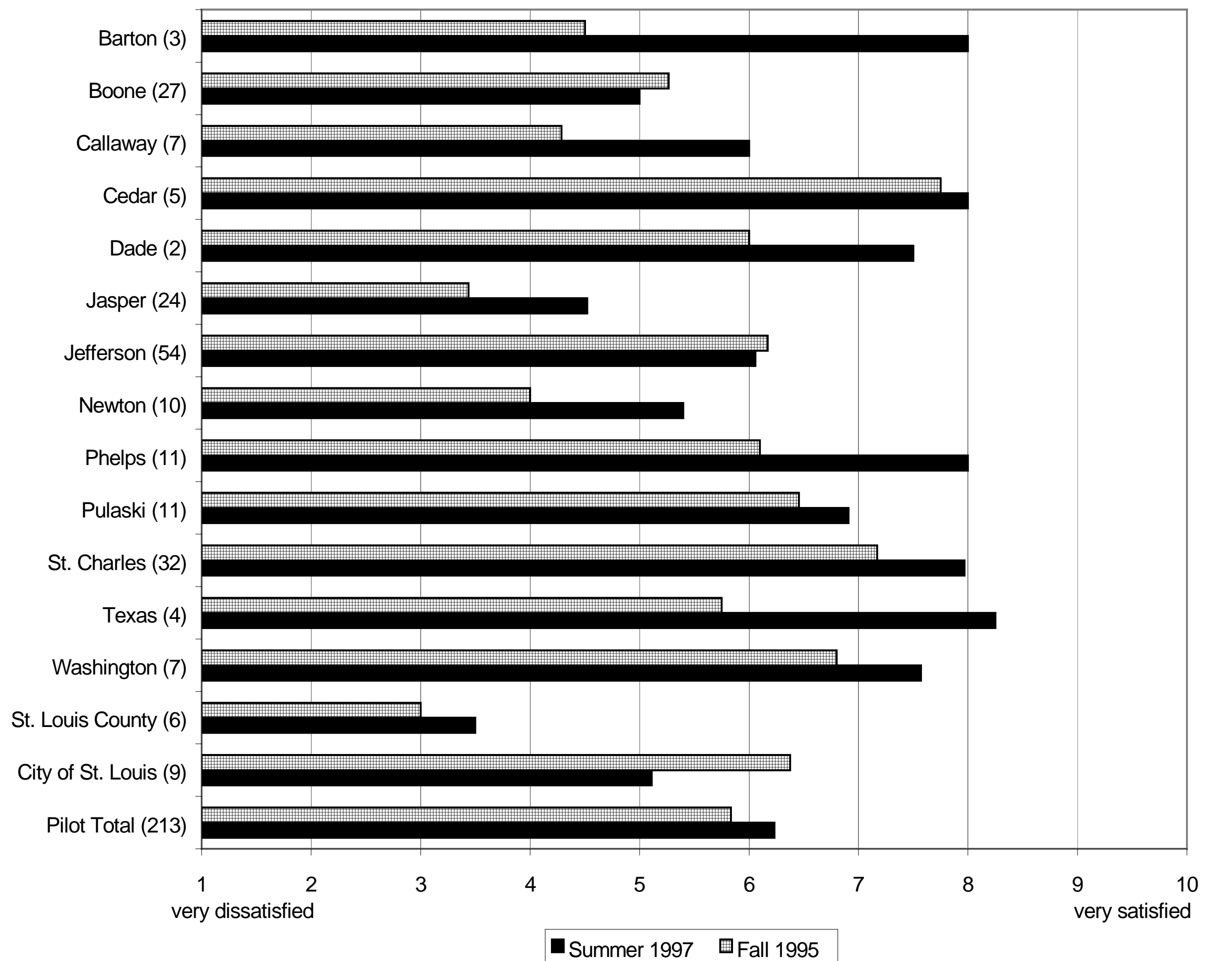
working with a transient, high need poverty population, despite new ideas and good intentions.

At the same time the level of satisfaction expressed by City workers was substantially higher than some of the other counties, particularly Jasper, Newton, and St. Louis County. Interestingly, workers in these three counties had indicated a higher level of satisfaction with the traditional service approach in the first survey at the beginning of the demonstration. And as the demonstration was underway, workers in these counties voiced significant concerns about their workload. In Jasper County, these concerns were related to a change in the organization of staff duties that occurred shortly prior to the start of the demonstration. Workers who had been specialists were asked to begin to work as generalists for the sake of case continuity. This meant staff had to learn how to do many aspects of Children's Services work that formerly fell outside their more limited scope of specialization. A major complaint centered on the merging of Alternative Care responsibilities with the caseloads of workers who also had family assessment and FCS

duties. The time-consuming demands of Alternative Care cases were viewed as leaving too little time to do all that was expected in family assessments. In Newton County, problems cited involved too few workers and the sharing of limited investigative resources with the larger Jasper County, reducing the productive work time of staff in their own county. In St. Louis County, problems also centered on the issue of workload. In this county, hotline reports (as well as subsequent family assessments) were more likely to result in an attempt to provide some assistance to the family than in any other pilot area. This was pointed out in Part 2 (see Figure 2.10), and in earlier reports we noted this as laudable but also a possible source of worker stress.

When we asked workers in the survey how satisfied they were with their workload and duties these concerns surfaced again (see Figure 12.2). Overall, the expressed satisfaction of workers in pilot areas with their workload correlates closely with their satisfaction with the Children's Services system. The level of satisfaction among workers towards their workload and duties shows an improvement two years

Figure 12.2. Worker Satisfaction with their Workload and Duties



following implementation of the demonstration. Many (46.7 percent) of the nonsupervisory workers in pilot sites were hired after the start of the demonstration and so had no experience with the traditional approach. It should be pointed out here that there was no significant difference in the responses of these newer workers and workers whose hiring predated the start of the demonstration.

The question of satisfaction with workload and duties, it should be noted, was not always a straightforward one for workers to answer. A number of workers, in face-to-face interviews and in the survey, indicated that they were working harder under the family assessment approach. At the same time many workers stated that they felt like they were being allowed to work as caseworkers for the first time, and not just as an adjunct to the police department or juvenile court.

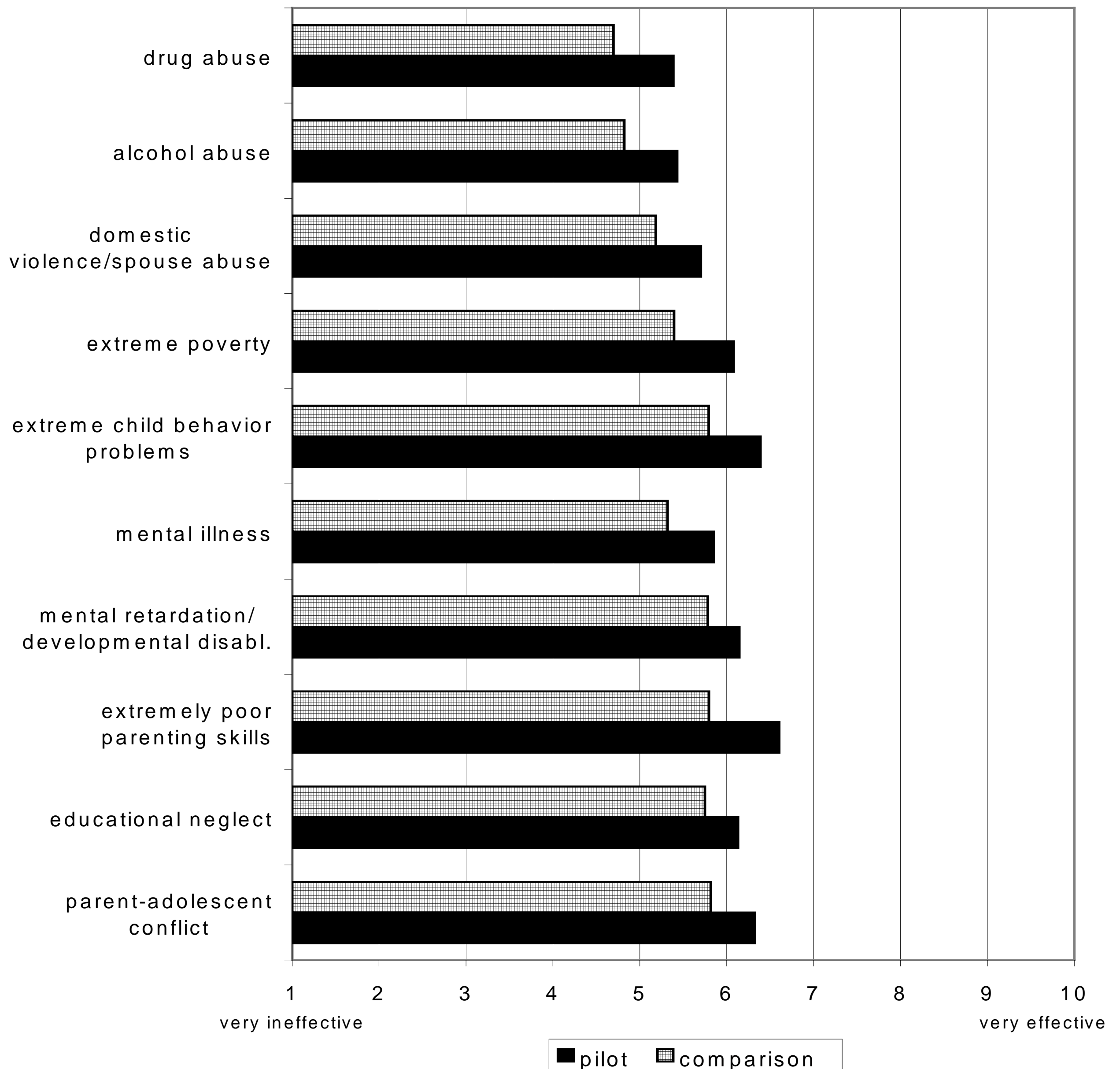
There was no significant difference between pilot and comparison workers on questions relating to their overall satisfaction with the Children's Services system or their workload and duties. A difference (F, p<.02) was found among the two groups of supervisors, however. Supervisors surveyed from pilot areas were more likely to report satisfaction with the service system than were supervisors from comparison areas. The role of supervisors in the operation of the family assessment approach was viewed as critical by a number of county administrators interviewed in the course of the study. One remarked: *"The role of the front-line supervisors is critical in setting the tone, in keeping workers thinking along the program line, and in keeping the philosophy in front of them."* Another commented: *"We need to think about providing a lot more training for Sup 1's. They're the most important people in a change like this. They're the most experienced staff and most stable staff you have. Training should be focused on them to ensure they buy into it. And new training is needed on things we weren't doing before, like community development."*

FCOOH Demonstration. An additional factor that influenced the level of satisfaction with the Children's Services system expressed by workers was the presence of the Family-Centered Out-of-Home (FCOOH) demonstration. The FCOOH was a separate but parallel demonstration undertaken by DFS in selected counties across the state which sought to facilitate reunification of families in cases in which the child was removed from the home. Many of its underlying objectives were the same as those of the Family Assessment demonstration: involve the family in decisions that will affect it, build on family strengths, and intervene as quickly as possible with assistance that is appropriate to the individual situation. Perhaps because the two demonstrations reinforced each other in this way, workers in areas with both demonstrations expressed a higher level of satisfaction with the Children's Services system (F, p=.0007) than workers from areas with only one or neither demonstration. They were also more likely to report that they were able to intervene in an effective way with the children and families they worked with (F, p<.05) and that they saw the system as more effective overall in protecting children at risk of physical abuse or neglect (F, p<.05).

Perceived Effectiveness. One factor that can influence worker satisfaction in a social service setting is the perception of the effectiveness of the intervention: Can you

make a difference with your clients given what you have been asked to do? In the survey, we asked workers how effective the Children's Service system was in working with families with different types of problems. The types of problems we asked about can be seen in Figure 12.3, which shows the mean responses of pilot and comparison area workers on a 10-point scale ranging from very ineffective to very effective. Significant differences were found between the perceptions of staffs on a number of issues relating

Figure 12.3. Worker Perceptions of Effectiveness of Children's Services in Working with Families with Different Types of Problems



to the perceived effectiveness of the Children's Service system. Pilot area workers reported the system more effective in addressing the problems of families in which there was drug abuse, alcohol abuse, domestic violence, extreme poverty, extreme child behavior problems, mental illness, extremely poor parenting skills and parent-adolescent conflict (F, $p<.03$).

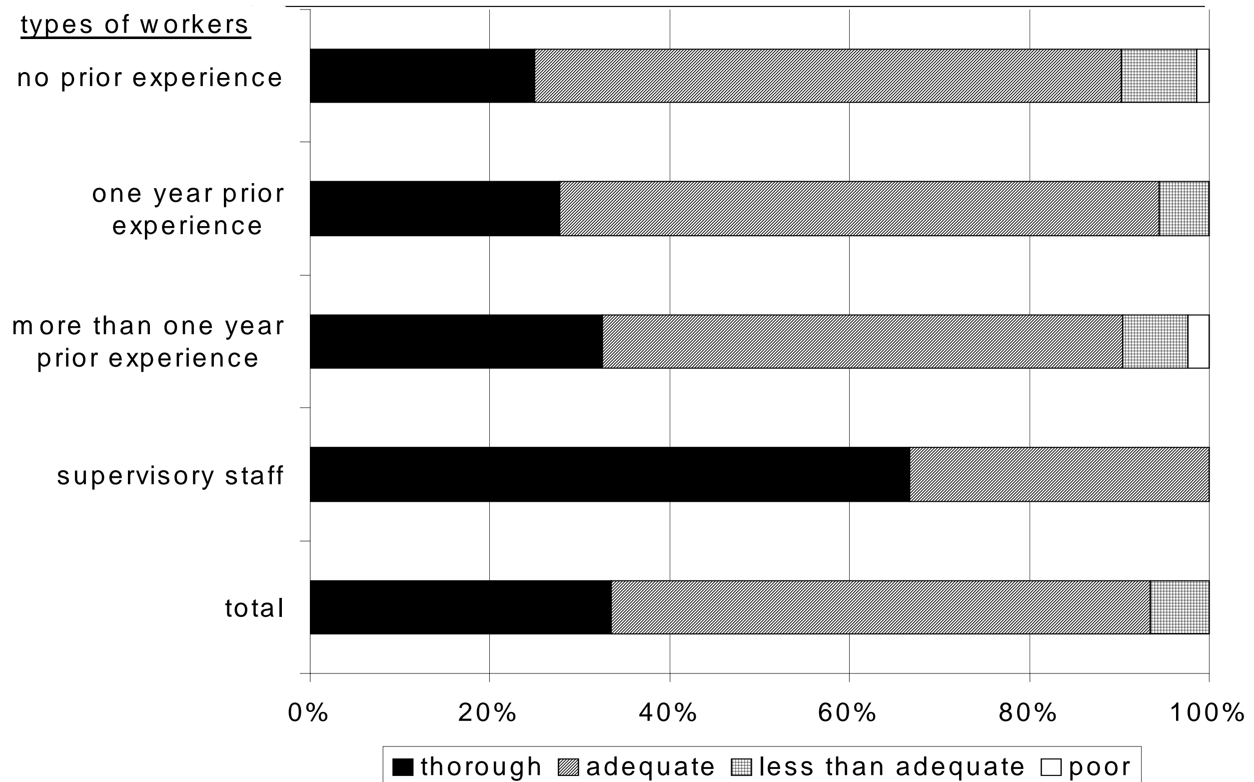
One pilot area administrator speaking about the effectiveness of the family assessment approach said*: "In some ways it has worked better than anticipated. It makes so much common sense to do things differently with different families. It gives us credibility as an agency to have the ability to do that. It gives us the freedom to not treat all families the same."*

A flexible response to families, however, requires the ability to make distinctions and apply different approaches as they are appropriate. As we interviewed pilot workers during the summer of 1997 we occasionally encountered workers who expressed difficulty in explaining to families the difference between the family assessment and investigation response. One investigator from a Circuit 25 county, who conducted both assessments and investigations, admitted having a problem: *"At first I tried to explain to families the difference in the two tracks. But I didn't see the difference myself and it got confusing, so I stopped*." No other worker admitted to a level of confusion quite this severe, although some reported problems in being able to communicate adequately the distinction between the two approaches, or persistent problems with some members in the community not understanding the distinction.

Understanding the Goals of the Demonstration. In the overview survey, workers were asked how well they understood the goals and philosophy of the new approach to child abuse/neglect being implemented in the demonstration. In response, 25.0 percent said they understood the goals and philosophy thoroughly and 65.3 percent said they understood them adequately. A relatively small percentage (8.3) said their understanding was less than adequate while a very few (1.4 percent) said it was poor. Figure 12.4 shows the breakdown of these percentages by experience of staff relative to the demonstration: caseworkers hired after the start of the demonstration ("no prior experience"), caseworkers hired sometime during the year preceding the demonstration ("one year prior experience"), caseworkers with more than one year experience prior to the demonstration, and supervisors. As a group, supervisors, as might be hoped, reported the most sound understanding of demonstration.

When we looked at the responses of workers from different counties, we found four counties with greater than 10 percent of the caseworkers indicating an understanding that was less than adequate or poor: Jasper (17.4 percent), Newton (12.5 percent), Boone (11.1 percent), and Pulaski (11.1 percent). Based upon worker interviews that we conducted, we suspect that the relatively high percentage of Jasper County workers in this group reflects some underlying resistance to the new approach in this county and/or continuing ill feelings about the staff reorganization that turned workers into generalists. Two observations seem apparent: one involves the importance of ongoing staff training

Figure 12.4. Workers' Understanding of the Goals and Philosophy of the Demonstration



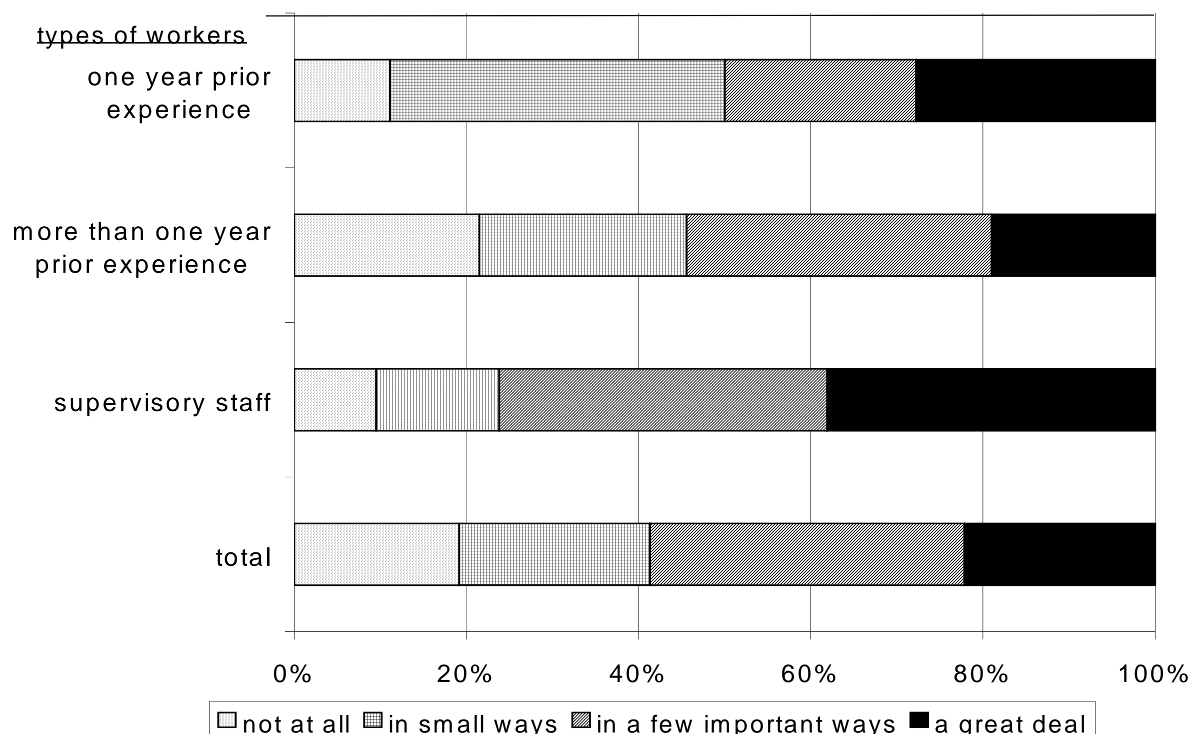
on new systems and procedures and the second involves the importance of staff participation in major decisions that affect their jobs.

Staff Training. Anticipating the issue of staff training, we asked workers in the survey to characterize the training they received in the family assessment approach. We presented them with a series of response options that were polar choices (but that did not require them to make a choice). We asked if they would describe the training as thorough or incomplete, effective or ineffective, sufficient or insufficient, adequate or inadequate. In response, 31.3 percent described it as thorough, while 17.5 percent described it as incomplete; 43.9 percent said it was effective, 7.1 said ineffective; 40.6 percent said sufficient, 14.6 said insufficient; and 52.4 percent said it was adequate, while 12.7 percent described it as inadequate.

Perceived Affect on Worker Activity. We asked workers this question: "How has the SB 595 demonstration affected how you approach families or perform your work (that is, are you doing anything differently from before)?" This question implies experience with the traditional service system and so is only relevant for workers who were on staff prior to the demonstration. For these workers overall, 19.2 percent replied that the demonstration had had no affect on how they approached their jobs, 22.2 percent

said it affected them in small ways, 36.5 percent said it affected them in a few important ways, and 22.2 percent said it affected them a great deal (see Figure 12.5). Supervisory staff indicated the most change from how they approached their work previously. Caseworkers who had the most prior experience indicated the least amount of change, although a majority (54 percent) said the demonstration had affected them at a minimum in a few important ways if not a great deal. We know from interviews that some of the workers who said the demonstration did not change how they approached their work very much meant by this that they had always taken a positive, service-oriented approach to families. A few experienced workers remained skeptical that the demonstration represented anything more than a change in operational language *("We've always taken a Family-Centered Services approach*"). Others indicated that their caseload demands did not give them the time to integrate the philosophy of the new approach into their dealings with families *("It's not that we think family assessment is a bad idea. It's just that we don't have time to do it"*).

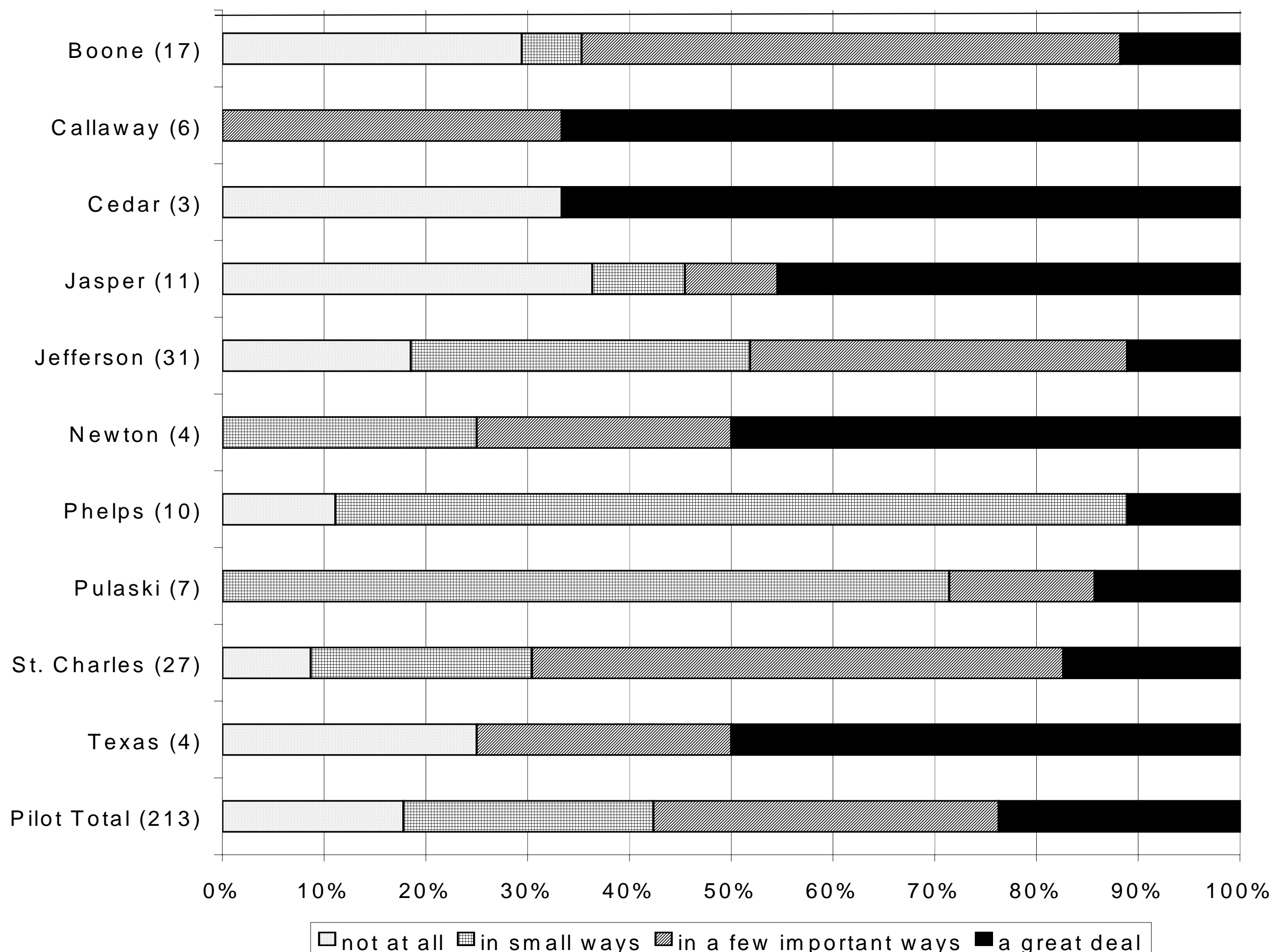
Figure 12.5. How the Demonstration Affected Worker Activity According to Workers



It appears that a majority of experienced workers in most counties understood and appreciated what the agency was trying to do in this demonstration. The response of workers by county is shown in Figure 12.6. (Only counties with three or more workers with pre-demonstration experience are included in this table.) The relatively small number of respondents from Phelps and Pulaski counties who saw the demonstration affecting them in major ways would appear to result from two factors. The Family-

Centered Out-of-Home demonstration was instituted in these counties prior to the beginning of the Family Assessment demonstration. Because of the similarity in philosophy described earlier and the staff reorganization that accompanied the earlier demonstration, many workers in these counties saw the layering on of the second demonstration as similar to an orientation already underway. Secondly, staff organization in these counties (shared by Texas and Maries counties within Circuit 25) was significantly different from that in any other pilot area. A single investigative staff made all initial contact with families, whether for assessments or investigations. If, and only if, an FCS case was to be opened was the family passed on to an FCS worker. These workers, who did the brunt of the casework, carried on in much the same way as they had prior to the demonstration, with no distinction made between assessment and investigation families. It would be expected that these workers might say that their work remained essentially unchanged with the demonstration.

Figure 12.6. How the Demonstration Affected Worker Activity by County According to Workers



Implementation Approach. Two questions remain regarding the implementation model used in Circuit 25 counties: 1) Is the philosophy and practice of the family assessment approach able to be effectively borne by investigative workers? 2) Does the lack of continuity between assessment and FCS inhibit the effectiveness expected from the family assessment approach? Most staff interviewed from the four-county, Circuit 25 area favored the organizational approach in place. The reason given most frequently was the lack of disruption this meant for FCS workers, whose schedules were not at the mercy of new hotline reports that required immediate family visits. But not everyone was completely convinced that their model was able to fully implement the philosophy and practice of the family assessment approach. One county director commented: *"595 has been harder for staff than I thought. Maybe because of how we're doing it. It's hard for them to switch between investigations and assessments. I'm not sure they're doing it differently."* One supervisor commented:

> *"As an investigator I liked it. But as a family service worker I see advantages of being there from the beginning. It's easier to go in with a hard attitude if you know you don't have to deal with families week after week. Sometimes families are alienated by investigators, and FCS workers have to re-establish a positive relationship and try to bring them back in. I would have investigators be investigators and have family assessment workers see assessment families first. A lot of good information can be obtained in the beginning at the first visit. And it is the time when a relationship is established with the agency. It is a chance to establish a positive relation. And there is duplication of work—because the FCS worker must repeat much of what the investigator did to gather information and establish a relationship with the family. And you could use some of the tools (used by investigators) to help establish relations. Like the Genogram, 'Tell me about your support system,' although some investigators can provide full and thorough information."*

An alternate solution to the problem of case assignments that put workers at the mercy of new hotline reports and new family visitations is the rotation system used in St. Charles County. This was a worker-devised solution to the disruption that can be caused by new family assessments, a problem that exists in other counties as well. St. Charles assessment workers are on call for new cases only every fourth week. During this week they are assigned new family assessments to conduct, but during the following three weeks they know they will be able to maintain their schedules without disruption from new assignments. Workers in St. Charles saw their method of case assignment as preferable to others they were familiar with, including geographic or school-based assignment—in Jefferson County, for example, workers are assigned to school districts. Such arrangements, while providing opportunities for strong relationships to develop between workers and the communities they work in, were viewed by St. Charles workers as potentially very stressful for workers because, with all cases in an area going to a particular worker, there were no limits to what might happen to a caseload over a short period of time.

A second argument in favor of the model in place in Circuit 25 counties articulated by workers there was case continuity between FCS and Alternative Care. A number of staff interviewed saw this as preferable to the two alternatives found in other counties: 1) total continuity, in which a single, generic worker stayed with a family from first contact through last, no matter what occurred in between, and 2) continuity between assessment and FCS, but not through Alternative Care. Both of these options were seen, by most Circuit 25 workers and supervisors, as having a greater potential to overwhelm staff.

Certainly, it appears that most workers in Jasper County would agree that full continuity places very difficult demands on workers. As noted earlier, however, Jasper County workers saw these demands as coming almost entirely from their Alternative Care cases. And it cannot be denied that these cases are very preoccupying and time consuming. A possible solution to this problem, and one that might benefit workers wherever Alternative Care cases are carried along with family assessments, is the application of a team-sharing organizational model in which aspects of administrative or office-wide responsibilities are broken off and given to field staff with a related interest or capability. Applied to this situation, it would consolidate much of the time-consuming work associated with Alternative Care into the hands of specialized staff, excluding direct contact between worker and family which would be continued by generic workers. In this way the positive affect of case continuity would be maintained, but demanding ancillary work would be reduced so that casework with other families is not jeopardized. A version of this approach was found in the City of St. Louis pilot site.

Attitudes of Comparison Workers. In the survey, workers in comparison areas were asked for their opinion of the family assessment approach, if they were familiar with it, and whether they would like to see it implemented in their county. A majority of comparison county workers said they were either very familiar (18.9 percent) or somewhat familiar (59.5 percent) with the family assessment approach being piloted. And of those with at least some familiarity with it, a majority held a positive opinion of it overall (see Table 12.1) and would like to see it implemented in their county (Table 12.2). One-quarter of the comparison area respondents had no opinion and about 1 in 5 held negative views about the new approach.

Table 12.1. Comparison Area Workers' Opinions of Family Assessment Approach

	percent
very positive	18.8%
somewhat positive	36.4%
somewhat negative	14.3%
very negative	5.2%
no opinion	25.3%

This means that the family assessment approach has gained a measure of acceptability already in other offices. When this is coupled with our findings in the community survey, it appears that DFS has relatively good ground for planting the new approach in other areas even prior to additional attempts to inform staffs and local communities about it.

Table 12.2. Comparison Workers Who Would Like to See Family Assessment Implemented in their County

	percent
yes, definitely	29.1%
yes, tentatively	27.2%
no, tentatively	9.3%
no, definitely	9.9%
no opinion at this time	24.5%

Burnout and Turnover. When looking at the organizational impact of the new approach, a question to consider is whether it increases worker "burnout" and leads to higher levels of worker turnover, already a problem for some county offices and a recurring social service labor force issue. Earlier in this chapter we alluded to the high percentage (46.7[44]) of nonsupervisory workers in pilot sites who had been hired after the start of the demonstration, giving pilot offices a high percentage of new workers. (For the purposes of establishing this figure, the date April 1, 1995 was used. Workers hired from this point on, when pilot counties were preparing for the family assessment approach, would have had little relevant experience with the traditional system even in counties that did not fully implement the demonstration until July 1 of that year.) In comparison areas over this same period, the new hire rate was 23 percent, half that in pilot counties. Table 12.3 compares the staffs of pilot and comparison areas across three levels of tenure: no prior experience (new as of April 1, 1995); one year experience (hired within the 12-month period preceding April 1, 1995); and more than one year experience prior to this

Table. 12.3. Experience of Nonsupervisory Workers Prior to Family Assessment Demonstration

	pilot areas	comparison areas
no prior experience	46.7%	23.3%
one year prior exp.	11.2%	15.1%
more than one year prior exp.	42.1%	61.6%

[44] This refers only to workers responding to the survey.

date. If we look at workers hired only during the last 12 months (ending August 31, 1997) the difference between pilot and comparison areas is even more striking: 23.4 percent for pilot areas versus only 4.1 percent for comparison areas.

The extent to which the level of turnover in pilot areas was associated with the implementation of the demonstration is difficult to tell. Clearly, based on interviews and survey responses, some more experienced workers had a hard time adjusting to the new approach. However, workers in some offices were more likely to attribute adjustment problems to the movement toward worker generalization, a change intended to allow for greater continuity when working with families and reducing the passing on of families from one worker to another as events and situations changed. This was not always an easy learning experience for some and a definite loss of comfort for workers who had found a niche (whether investigations, Alternative Care, or Family-Centered Services) that suited them. And, it should be expected that if the new worker role is one that requires a caseworker with general skills in a broader set of areas rather than a specialist in fewer areas, that persons comfortable with this new role are more likely to stay than those who are not.

It also appears that, with exceptions, counties in pilot areas have a recent history of more worker turnover than counties in comparison areas. The mean number of years nonsupervisory pilot workers responding to the second survey had been with Children's Services was 4.7 versus 7.7 years for comparison workers. The means for workers responding to the first survey, as the demonstration was getting underway, were not that dissimilar: 4.9 for pilot workers and 7.1 for comparison workers. There was also a difference in the tenure of supervisors in the two areas across both timeframes. In the 1997 survey, the mean number of years with the unit in pilot areas was 11.0 and in comparison areas it was 16.8. This compares with 14.8 years (pilot) and 17.6 (comparison) in the 1995 survey. However, because the first survey was conducted after the demonstration was already underway, some of turnover reflected in it may also be attributable to the demonstration.

At the same time, workload pressures in some counties attributed to the implementation of the demonstration cannot be dismissed. Pilot workers in St. Louis County and Boone, in particular, reported that they experienced a great deal of burnout. A high degree of work-related stress was also expressed by workers in Barton, Callaway, Jasper, and Jefferson counties. For older, more experienced field workers the problem was often more difficult, with new performance expectations, changing staff roles, and the demands of the workload all affecting them simultaneously.

In the judgment of a number of pilot county administrators, of all the factors likely to diminish the impact of a flexible, family assessment response to child abuse/neglect, the most significant one is inadequate staff resources. One administrator commented, *"To do it right we need smaller caseloads. We're doing the vision, generic caseloads. But it's physically impossible to do it right with the number of staff we have."* Another administrator said, "*We're kidding ourselves in bragging about 595, but we have no new staff. We need money for staff and services resources."*

Summary of Findings and Conclusions

The attitudes of pilot-area workers toward the family assessment approach tended to be positive. There was some resistance in certain areas from workers with longer tenure, and the demonstration appeared to produce some worker turnover in pilot areas.

The potential of the family assessment approach was viewed by a number of workers to be blunted by caseload size, the overwhelming demands of certain cases, particularly Alternative Care cases, and limited resources.

Overall, workers in joint Family Assessment/ FCOOH demonstration areas expressed the highest level of satisfaction with the child welfare agency. These workers were more likely to report that they were able to intervene effectively with children and families and that the system was more effective in protecting children at risk of either abuse or neglect.

The role of Children's Services supervisory staff in local offices is particularly important in gaining both worker acceptance and community participation. They represent the most stable organizational element of the system at the point closest to the place where the system intersects with client families and community representatives.

13

Conclusions

This research was an impact evaluation of the Family Assessment and Response demonstration. Its effects on a large number of objectives were examined, and the findings were numerous. The following is a list of some of the more important conclusions reached by the investigators.

Safety. A natural concern at the start of the Family Assessment demonstration was its effect on the safety of children. Child safety is a primary responsibility of the child welfare agency, and any change of significance in the way the agency responds to reported incidents of abuse and neglect must be assessed against this central obligation. The CA/N reporting and investigation process was instituted to ensure child protection. Because the demonstration ended the traditional practice of investigating every accepted report of abuse or neglect and substituted a new response to a majority of incidents, a fundamental research question was whether the safety of children was in any way reduced. The first and most important finding of this impact evaluation, therefore, was that the safety of children was not compromised by the Family Assessment demonstration. Incidents involving sexual abuse and very serious physical abuse, which continued to be investigated, resulted in neither a worsening nor improvement in safety. At the same time, in incidents of the type that normally received the family assessment response and not a traditional investigation—cases of neglect of children's basic needs, lack of supervision and proper care, and less serious physical and verbal abuse—the safety of children was found to be improved. Additionally, improvements in child safety in such cases occurred more quickly. Safety was enhanced for more children in pilot counties during the first 30 days of contact with families. Because this occurred in assessment cases it was quite likely the result of the changed orientation of the initial worker to the family as well as quicker service responses and improved family cooperation that followed.

Indicators of Child and Family Welfare. In addition to these findings that bear directly on child safety, a number of other results of the impact evaluation indicate actual and potential affects on the general welfare of children and their families. Some have direct implications for child protection, while others have longer-term, preventive consequences in reducing the risk of future child abuse and neglect. These included:

1. Pilot areas experienced an overall reduction in reported child abuse and neglect incidents. This is attributed to the changing relationship between local offices of Children's Services and the community, particularly schools. In some sites in

particular, caseworkers and school staff worked jointly with families in addressing problems such as educational neglect, heading off the need for a report to be filed.

2. While the number of hotline calls declined somewhat, the number of incidents that received some kind of response from the child welfare system increased. If any intervention is preferable to no intervention, this result of the demonstration should be expected to have at least some preventive effects.

3. There was an increase in the level of cooperation of families with Children's Services, and an increase in the participation of families in decisions that affect them and their children. These factors are likely to increase the effectiveness of DFS's intervention.

4. There was an overall increase in services aimed at remediating the central problems in CA/N cases.

5. There were reductions in pilot areas of former client families who were reported to have engaged in subsequent child abuse or neglect.

6. There was an overall improvement in the comprehensiveness of investigations.

7. When family assessment workers determined that the safety of the child required removal from the home, they were able to act on this judgement. Replacing investigations with family assessments did not result in fewer removals of children who were in danger from their homes.

8. There was an increase in the percentage of incidents involving severe injuries in which prosecutors were contacted.

9. There was greater case continuity resulting in individual pilot workers being more aware of a wider set of problems and underlying issues in more families. This is likely to result in more appropriate intervention and have longer-term benefits to families.

10. A broader set of community resources were utilized in pilot cases overall, including churches and schools, and greater use was made of informal systems, such as extended families. These other resources leverage the effect that the intervention of Children's Services is likely to have and establish important support systems for families in the community.

Finally, the demonstration was a catalyst for new initiatives, including increased collaboration among community resources, and reinforced other local and regional efforts to improve child and family welfare. This and the other products of the Family Assessment demonstration has the potential to result in improvements in the welfare of children and their families, in reduction of the risk of future abuse and neglect, and long-term improvements in the safety of children.

Service Provision Effects. As noted above, the decline in reported incidents of child abuse and neglect was coupled with an overall increase in the percentage of reports in which child welfare workers provided some assistance to families or children. More specifically, there were increases in assistance to three types of families: those who lacked basic needs; those in which children experienced milder forms of physical abuse; and those in which there were conflicts between parents and older children. Increases in assistance in these cases were an unplanned, latent effect of the demonstration and they were considered to be positive outcomes. These types of cases have traditionally received little attention and few services from the public child protection system. This resulted primarily from the intense demands of a relatively small number of very serious and time-consuming cases. Because of the screening of cases done in the family assessment approach and because of the attention paid not just to the initial accusation but to a broader set of underlying issues and conditions, cases that would have received little or no attention from workers in the traditional approach now, under the new approach, did.

A corresponding change attributable to the demonstration was an increase in the provision of basic services. These were essentially improved responses to the economic distress experienced by a very large portion of the families encountered. This also suggests a broadening of emphasis from simple, immediate protection of children to primary prevention of the risky conditions that may lead up to child neglect and abuse. This shift in orientation coupled with a more timely response to family needs has the potential to bring on significant longer-term and preventive benefits. However, expectations must be tempered, since this approach to child welfare is premised on improved responses of the total community to children and families in need. Continued improvements in relations within the community and between community organizations and the child welfare agency are essential if benefits are to be realized.

Rolling Icebergs and Family Assessments. One of the unexpected findings of this research was that individual hotline reports of child abuse/neglect incidents are not good predictors of the types of incidents that are likely to be reported subsequently. Perhaps better than anyone else, experienced child welfare workers know that an individual hotline report is often only the tip of the iceberg—what an observer happens to notice that leads to a hotline report being made. There are often other and sometimes more serious things hidden below the surface. Moreover, repeated reports on families are often like rolling icebergs; different aspects stick up and are observed across time. This, and its implications for child safety and on the relative prevention potential of intervention by child protection services, are arguments for a process in which all families are approached broadly—as is done in assessment cases—not just with reference to the particular incident that brought the family to the agency's attention. This is not to relegate the accusation to a less important status, but to understand that any accusation or incident is part of a broader context or pattern or condition within a family.

One pilot area worker interviewed argued that the family assessment response should be used in every case, whatever the reported incident. Her argument was based in part on her concern for the safety of the child: the response is immediate, without a time

lag between initial investigation and the subsequent response; the worker's approach is not accusatory and police-like which causing families to become defensive, but supportive and service-oriented which allow problems to surface that would otherwise remain hidden; and because a positive approach is more likely to gain participation of family members in identifying sources of support, particularly important in rural settings where there are fewer formal services. Another worker talking about the family assessment response said: *"Child safety continues to be our primary goal when we visit a family. There is no safety downside to this demonstration. But there is an upside. In investigations there can be repercussions later on the child. But with the positive approach taken now there are fewer repercussions."*

Investigations. Arguing for the value of family assessments in all cases does not lessen the need for and the value of investigations in certain cases. There remains a need to identify perpetrators, particularly of heinous and horrible violence to children, and to protect children from them. Whether such investigations are best conducted by the same unit responsible for family assessments is an important question to be decided. We have seen that there have been some carryover effects of the family assessment approach that may have benefited investigations. However, traditional investigations do not guarantee child safety. The findings of this study suggest that child safety and the general wellbeing of children and families will be increased if investigations are supplemented with family assessments.

Conducting family assessments when an incident is investigated is important whether or not the report is substantiated. When reports are substantiated continuing contact with the child welfare agency is assured. However, when reports are not substantiated contact with the family in most instances is immediately terminated. (The exception is when a preventive services case is opened, but this is done for only a minority of incidents.) If family assessments are justified or warranted when less serious allegations have been made, whether or not the facts would have resulted in probable cause findings, they would seem, *a fortiori*, to be warranted when more serious allegations have been formally reported. Workers would continue to have the option, as they do in family assessment situations, to determine that the family needs no assistance or services or further contact from the agency.

Implementation Models. The family assessment demonstration was not implemented in identical ways in all pilot areas. Different organizational models were used. These models were distinguished on two major dimensions: 1) whether the same or different workers conducted family assessments and investigations, and 2) the amount and kind of case continuity, which was related to whether workers were organized as specialists around tasks who interacted with families only with respect to their assigned tasks, or as task generalists assigned to families.

We know from families who were screened for the assessment response that not all pilot workers they encountered implemented the philosophy and practice of the new approach in a full manner. We also know from families in comparison areas that many workers they encountered, including some investigators, approached the family in a

positive, service-oriented way. That we should find the latter was not surprising because family-centered practice has been the norm in the state for several years. That we should have found the former, however, should raise some concerns. We know from worker interviews in pilot areas that some workers who conducted both family assessments and investigations had difficulty distinguishing the two approaches in practice from family to family or found it hard to explain the difference.

We know from case-specific questionnaires that workers who maintained contact with the family throughout a case (understood here simply as the duration of contact with the family) were more knowledgeable about the family overall—their strengths, problems and service needs. Such knowledge is a precondition for appropriate intervention and more likely to result in intervention that is effective, that addresses safety issues and underlying causal conditions, increases family participation in problem solving, and reduces both short and longer-term abuse and neglect.

It is our conclusion, therefore, that implementation approaches that separate family assessment and investigation functions, and approaches which promote case continuity (the maintenance of family contact by an individual worker) are more likely to yield desired outcomes. This does not mean such outcomes can be achieved regardless of worker caseload or without needed supports from within the office. In particular, workers may need assistance with Alternative Care families, which are often exceedingly time consuming and can severely limit sufficient attention being paid to other families.

Attitudes. The attitudes of families, workers and community representatives all support the family assessment approach. Families were more likely to feel their children were better off and that they had been involved in decisions that affected them. They appreciated and responded to expressions of genuine compassion and concern from workers and strongly objected to being approached in an accusatory manner at initial contact.

Workers tended to favor the family assessment approach, especially those with an interest in social casework. These workers felt the approach allowed them to intervene in a more effective way in working with families and ensuring the wellbeing of children.

Representatives of the community responded positively to the demonstration. Those with a first-hand knowledge of both the family assessment and the traditional approach to protective services were the most positive in favoring the new approach.

Communities. Local offices of the child welfare agency and individual caseworkers were called upon to establish new and stronger working ties with community institutions, agencies and other resources. As we have noted, this was seen as an essential element of the family assessment approach. The purpose was to increase the effectiveness of the child welfare agency's own efforts to assist families and, at the same time, to expand to the broader community a greater sense of responsibility to families and children. By and large such efforts, though often difficult and halting in the early stages and with a great deal of variation from place to place, were successful. However, offices

and workers were limited in what they could do not only because of time constraints and the daily press of casework, but also because of their limited experience in community development. Moreover, while pilot workers helped connect families to a broader set of community resources, their efforts were often shaped by traditional views about intervention. There continued to be heavy reliance on therapeutic solutions. At the same time, families were more likely to see their needs in more practical terms.

The demonstration was a catalyst for a number of initiatives in pilot areas. Often these involved new relationships with other community agencies, organizations, and institutions (frequently schools). Other efforts included establishing or joining multi-agency collaboratives to improve working relationships between major service systems and community organizations, and outstationing workers to form closer ties with local communities.

The Family Assessment demonstration served to reinforce other initiatives of the Department of Social Services. This was particularly the case with the Family-Centered Out-of-Home demonstration, which has similar goals relating to timely and appropriate intervention and emphasis on increased involvement of families in the decision-making process. The Out-of-Home demonstration also helped establish improved relations with juvenile courts through a full-time liaison worker, which proved to be valuable to family assessment workers. The Caring Community initiative, with its emphasis on the relationship between the child welfare office and schools, also dovetailed well with the Family Assessment demonstration and provided mutually supportive results.

Strength of Findings. Overall, the results of the evaluation favored the family assessment approach over the traditional approach to child protection services, even though the measured impact in certain areas was modest. The question arises, if it made a significant difference, why not a more substantial one? The answer in part rests on the newness of the approach. The evaluation followed the demonstration from its inception, and it was a major undertaking. The complete reorientation required in many pilot sites took time to accomplish. A central element, community development, is a long-term process. Establishing new relationships with police departments, courts and juvenile authorities, schools, etc., is labor intensive and takes time. Moreover, although workers were asked to do more, and to look at a wider set of problems and needs that often exist within CA/N families, they were not provided with additional funds or other resources within the child welfare system to use in remediating what they found. They were asked to rely on untapped resources in the community. A large amount of the 24-month period that this research followed the demonstration was taken up in local offices with spring planting. In general, the community harvest was quicker to come in areas where collaboration between key institutions and agencies already existed.

Although the groundwork of community development can be laid by meetings and common agreements, in many ways the fundamental linkages necessary for effective work with families must be created on a case-by-case basis. Child welfare workers in Missouri have high caseloads. The impact of the family assessment approach will likely improve over time if current initiatives at community collaboration are sustained and

built upon, and if offices receive other assistance in community development. More substantial results would require a commitment to reducing worker caseloads.

Appendix A

Design and Methods

This research was designed to evaluate the Family Assessment Demonstration implemented by the Children's Services Section of the Missouri Division of Family Services (DFS). The map below, Figure A.1, shows the locations where the demonstration was piloted. It also shows the locations chosen as comparison sites for the evaluation.

Figure A.1 Map of Pilot and Comparison Sites Employed in the Demonstration

Family Assessment Demonstration
Pilot Counties
Comparison Counties

BUCHANAN
PLATTE
CLAY
LAFAYETTE
BOONE
CALLAWAY
ONTGOMERY
WARREN
ST. CHARLES
COLE
GASCONADE
MILLER
MARIES
JEFFERSON
St. Louis City and County Zip Codes
WASHINGTON
PULASKI
PHELPS
T. FRANCOIS
CEDAR
POLK
BARTON
DADE
GREENE
WEBSTER
TEXAS
JASPER
LAWRENCE
NEWTON

Goals of the Family Assessment Demonstration

This research was primarily designed as an impact evaluation of the goals of the family assessment demonstration.

Goals of the child protection system:

5. Promote the safety of the child.
6. Preserve the integrity of the family.
7. Remedy the abuse/neglect, or the defining family problems.
8. Prevent future abuse or neglect.

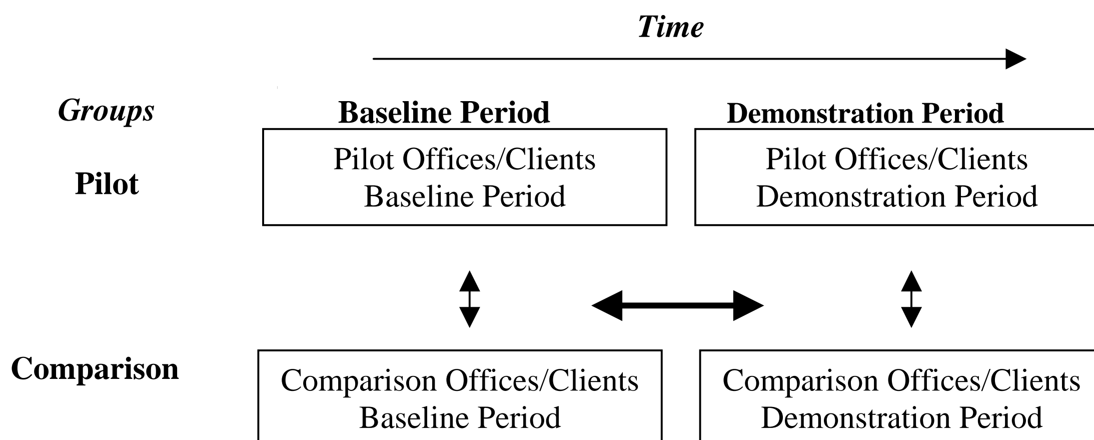
Supporting goals related more specifically to the family assessment approach:

5. Successfully assign cases between the two response modalities.
6. Provide less adversarial and more supportive interaction with families in appropriate cases.
7. Make more efficient use of investigative resources.
8. Improve client satisfaction.
9. Improve the court adjudication of probable cause cases.
10. Assure that families receive appropriate and timely services.
11. Assess organizational impact of enacting the flexible-response approach.

These goals were taken as general research questions to be specified and addressed through the research.

Research Design

The research design for the evaluation was quasi-experimental. In its full form the design included two comparative dimensions, as illustrated in the following diagram.



The first dimension involved child abuse and neglect (CA/N) incidents and client families (defined below) during two separate time periods: baseline (7/01/93 to 6/30/95) and demonstration (7/01/95 to 6/30/97). The baseline and demonstration periods involved identical months over two year periods in order to control as much as possible for seasonal variations in the child welfare population.

The second dimension involved pilot and comparison sites (shown in Figure A.1). The pilot sites was composed of counties and zip code areas where the family assessment demonstration was implemented. The comparison site was composed of counties and zip code areas that were selected based on demographic and caseload similarities to the pilot area. Fourteen comparison counties were selected for the fourteen pilot counties outside of St. Louis City and County. As a group, they provided a similar demographic, socio-economic and child welfare caseload environment to the pilot counties. No individual comparison county was intended as an individual counterpart to a particular pilot county.

Table A.1 on the following page shows the list of pilot and comparison counties along with key census, child welfare caseload and CA/N data. Demographic considerations included total population, degree of urbanization, proportion of children in the population, proportion of children living in poverty, median income and proportion of ethnic minorities. CA/N and caseload considerations included number and rate of substantiated cases, and number and rate of out-of-home placements. Beyond these factors, consideration was also given to comparison counties located whenever possible in natural clusters and similar geographic areas as pilot counties, and so counties in central Missouri, southwest Missouri and near the St. Louis area were given priority. However, a set of counties in the Kansas City/St. Joseph area was required to offset the demographics of pilot counties around St. Louis.

In St. Louis City and County the demonstration was piloted in selected zip code areas. For comparison purposes, other zip code areas in St. Louis City and County were selected. Table A.2 shows the specific pilot and comparison zip code areas involved in the evaluation along with census and agency data. The pilot zip codes in St. Louis were demographically unlike most other areas of the city. They were racially mixed and the populations were in greater flux. No zip codes of comparable size could be found that matched these areas demographically. It was necessary, therefore, to select a larger number of zip code areas in order to approximate the demographic and caseload characteristics of the pilot area as a whole.

No matter how carefully comparison areas are chosen, they can never be considered identical to demonstration areas and differences may still occur between demonstration and comparison outcomes due to differences in the kinds of individuals who are selected for action within the child welfare agency. The fundamental similarity evident in the following tables, however, was maintained in demographic and case comparisons during the demonstration period (see Chapter 2).

Table A.1. Pilot and Comparison Counties
(excluding zip code areas in St. Louis City and County)

	Census Data								Child Welfare Data			
Pilot Group	population	urban	nonurban	rural	minority	children	children in poverty	median income	out hm plmts*	PC**	plmts	PC
	n	*%*	*%*	*%*	*%*	*%*	*%*	*$*	*/1000*	*/1000*	*n*	*n*
DADE	7449	0.0	0.0	100.0	0.1	25.4	20.6	18724	2.4	0.7	18	5
MARIES	11127	0.0	35.6	64.4	0.1	25.5	29.0	17100	0.3	0.5	3	6
BARTON	11312	0.0	36.8	63.2	0.0	26.3	16.9	19951	1.8	1.4	20	16
CEDAR	12093	0.0	31.7	68.3	0.0	23.3	30.8	16939	1.8	1.1	22	13
WASHINGTON	20380	0.0	13.1	86.9	1.8	29.8	34.8	17117	1.8	1.4	37	28
TEXAS	21476	0.0	0.0	100.0	0.0	26.8	29.0	16757	1.4	0.3	29	7
CALLAWAY	32809	0.0	31.6	68.4	4.9	26.2	14.6	26663	1.1	0.7	36	22
PHELPS	35248	0.0	49.2	50.8	1.7	24.2	23.4	20885	0.9	0.7	30	24
PULASKI	41307	0.0	46.2	53.8	13.6	28.5	18.6	21559	0.9	0.9	39	39
NEWTON	44445	14.0	20.2	65.8	0.4	26.7	16.9	22263	1.1	1.8	48	79
JASPER	90465	59.6	11.9	28.5	1.2	25.6	18.3	20924	0.6	1.0	54	86
BOONE	112379	67.5	3.0	29.4	7.4	22.6	14.4	25647	1.2	0.7	130	80
JEFFERSON	171380	42.4	12.2	45.4	0.7	29.7	9.1	32281	0.8	0.8	140	132
ST CHARLES	212907	83.4	2.4	14.2	2.2	30.0	6.1	40307	0.2	0.8	52	175
subtotal	824777	46.8	13.4	39.8	2.9	27.5	13.3	28916	0.8	0.9	658	712
Comparison Group	population	urban	nonurban	rural	minority	children	children in poverty	median income	out hm plmts*	PC**	plmts	PC
	n	*%*	*%*	*%*	*%*	*%*	*%*	*$*	*/1000*	*/1000*	*n*	*n*
MONTGOMERY	11355	0.0	0.0	100.0	2.6	26.6	18.3	21726	2.9	0.6	33	7
GASCONADE	14006	0.0	19.7	80.3	0.2	25.2	12.5	22328	2.4	0.1	33	2
WARREN	19534	0.0	18.2	81.8	2.3	28.4	14.4	28944	1.2	0.9	24	18
MILLER	20700	0.0	21.8	78.2	0.1	28.0	21.0	18985	1.4	0.9	28	19
POLK	21826	0.0	31.4	68.6	0.3	24.6	19.9	18672	1.4	0.5	30	12
WEBSTER	23753	0.0	18.4	81.6	0.9	28.4	26.7	20525	0.8	0.5	18	12
LAWRENCE	30236	0.0	40.5	59.5	0.1	26.7	20.6	20643	1.2	1.0	36	31
LAFAYETTE	31107	0.0	42.6	57.4	2.9	26.4	17.6	24669	0.8	0.8	24	25
ST FRANCOISE	48904	0.0	50.0	50.0	2.0	25.4	21.2	20745	1.4	1.2	67	57
PLATTE	57867	70.2	5.1	24.8	2.2	26.3	8.2	38173	0.4	1.1	25	63
COLE	63579	0.0	55.3	44.7	7.5	25.0	9.5	30362	0.8	0.4	49	25
BUCHANAN	83083	87.3	0.0	12.7	3.2	26.1	21.0	23019	0.4	0.9	35	73
CLAY	153411	82.0	8.3	9.7	1.6	25.8	7.5	34370	0.5	0.7	82	112
GREENE	207949	76.7	3.0	20.2	1.7	23.0	15.9	24285	0.8	1.1	161	234
subtotal	787310	50.6	16.4	33.0	2.3	25.3	14.8	26919	0.8	0.9	645	690
								Totals				
pilot	824777	46.8	13.4	39.8	2.9	27.5	13.3	28916	0.8	0.9	658	712
comparison	787310	50.6	16.4	33.0	2.3	25.3	14.8	26919	0.8	0.9	645	690

* "out hm plmts /1000" = out-of-home placements per 1000 population from 7/1/94 thru 3/31/95 (Table 12 in Children's Services Management Report)

** "PC" = Probable cause or substantiated CA/N incident reports. (Table 8 in Children's Services Management Reports, 7/1/94-3/31/95)

Table 2. Pilot and Comparison Zip Code Areas or St. Louis County and City

St. Louis County

zip code area	population n	minority %	children %	children in poverty %	median income $	PC /1000 pop
Pilot						
63130	33619	49.2	24.5	18.4	32330	1.04
63132	15087	37.6	3.1	20.2	34695	0.80
63143	10080	13.3	20.8	11.8	21544	0.50
pilot total	58786	40.1	23.5	17.8	31087	0.88
Comparison						
63121	31527	68.2	24.9	19.8	27267	1.30
63074	16336	7.5	20.7	10.2	27701	0.92
63144	9759	3.8	17.5	3.0	34447	0.10
comp. total	57622	40.1	22.5	15.1	28606	0.99

St. Louis City

zip code area	population n	minority %	children %	children in poverty %	median income $	PC /1000 pop
Pilot						
63104	21078	48.7	27.9	52.2	17766	1.38
63118	33095	15.2	27.4	44.1	17211	2.36
pilot total	54173	28.2	27.6	47.3	17427	1.98
Comparison						
63103	6495	59.4	16.6	47.9	13467	0.62
63102	733	12.5	2.1	80.0	25489	2.73
63106	15328	93.9	36.2	66.4	6863	2.81
63110	23554	43.8	27.2	45.0	18554	1.91
63116	49140	3.6	21.7	12.7	24399	0.92
comp. total	95250	31.9	24.9	35.7	19395	1.46

The full research design was used primarily for evaluation of goals 2 (out-of-home placement) and 4 (recidivism) where data were available from DFS client information records. The study design for the remaining goals was limited to contrasts of pilot and comparison counties.

Data Sources

DFS Automated Client Information Records. Information was received from files maintained by the state child welfare agency. These consisted of all records for pilot and comparison counties from the following systems:

- Child Abuse and Neglect (CA/N) reporting system where records of incident reports, investigations and family assessments were maintained. These included all incident records and associated files for children, parents, perpetrators, significant others and reporters. A special record system was developed for new information collected through the family assessment process. This too was received on a monthly basis during the demonstration period.

- All records for families with formal case openings during the period. These were limited to cases involving individuals included in the CA/N reporting system extracts just described. This system is referred to as the Family-Centered Services (FCS) system. FCS extracts included all current records and historical records for all family members. In addition, all associated records from a separate related system for Family Preservation Services (FPS) were received.

- All records of children who appeared in CA/N reporting system extracts and who were removed from their homes and placed in out-of-home care. This is referred to as the Alternative Care (AC) system. Records consisted of current placement information as well as all historical records of past placements for each child with associated beginning and ending dates and placement types.

- All records of vendor payments made for Children's Treatment Services and daycare for FCS and FPS families as well as payments for foster care and residential treatment for AC children. This system did not include payments generated under Medicaid for children placed outside their homes.

Sample Surveys and Case Reviews. A sample of families was selected spanning all pilot and comparison offices for case follow-up and review. Two data collection procedures were used for sample cases:

- Case-Specific Surveys. Case workers on sampled cases surveyed at the conclusion of the case concerning case characteristics, family cooperation, services delivered and case outcomes.

- Case Reviews. After cases closed, complete reviews were conducted of worker narratives and open-ended forms contained in case files.

General Worker Surveys. Caseworkers in pilot and comparison offices were surveyed at the beginning and near the conclusion of the demonstration on a set of more general issues related to the demonstration and to child welfare services generally.

Client Family Surveys. Families in the study population were surveyed when their cases had closed or worker contact with families had ceased. This consisted of:

- Mailed Surveys. Questionnaires were mailed to all client families to determine their satisfaction, participation, and concerns, as well as their opinions concerning needs and services received.

- Family Interviews. Telephone interviews were conducted asking about similar matters and seeking more detailed responses.

Community Surveys. Individuals, community organizations and institutions with some involvement or potential involvement in serving the needs of children and families were surveyed at the beginning and near the conclusion of the demonstration period.

Office Interviews. Interviews of workers, supervisors and directors were conducted periodically and at the conclusion of the demonstration.

Data Collection and Preparation Procedures

Client Families and the Construction of the Research Database. Data in the automated client information system were extracted and transmitted via 9-track tapes for the full 24-month baseline period and then on a monthly basis during the demonstration period. Although data files were cumulative, they were needed on a monthly basis for several reasons. 1) Monthly information permitted ongoing tracking of activities and cases in the pilot and comparison areas. 2) The methodology associated with case-specific questionnaires and case reviews required immediate knowledge of case closing dates, at which time data collection was implemented. 3) Monthly data permitted timely follow-up on families and avoided long delays after contact with the agency had ceased.

From monthly files a research database was constructed. Although the DFS system included a common individual identification code (Department Client Number or DCN) that spanned all the data files received, the files themselves were not integrated. They represented separate data systems corresponding to the four categories described above. The research design, however, required that families and individuals be identified *and tracked*, so that any reappearance of the family or family member in data files throughout the course of the evaluation could be captured. *Only families that entered the system through the CA/N incident reporting process were included in the study.* Procedures were created through which data from successive incidents and ongoing family and child case activities were combined to yield "families" that could be followed over time. These consisted of children, parents, and perpetrators from CA/N incidents and other related individuals discovered in past or present open child welfare cases. These individuals were linked under a common family identifier. Family and family-

member records corresponding to *all* CA/N incidents were included in the research database. Late in 1995, a research database was constructed for the 24-month baseline period. A corresponding database for the demonstration period was begun at the same time and grew as monthly data tapes were received. This database was completed in July, 1997.

The families of primary research interest within the database were those that were the object of *actions* beyond an investigation or family assessment. Families in unsubstantiated investigations and in family assessments where no service needs were found were set aside, therefore, for most analyses. The research focused on "client families." These were families that met one of three criteria representing outcomes of investigations or family assessments: 1) probable cause findings, 2) unsubstantiated cases with preventive services needed, and 3) family assessment where service were needed. The first two types correspond to the traditional outcomes of investigations in the Missouri system prior to the demonstration. Most investigations were unsubstantiated. Substantiated child abuse or neglect was referred to as findings of *probable cause*. A small proportion of unsubstantiated investigations were opened for voluntary *preventive services*, when some services were thought to be needed or when the family had requested services. All client families from comparison counties were of these two types. In pilot counties, however, only families in the investigation track fit these two criteria during the demonstration period. In addition, certain families in pilot counties during the demonstration period who were not investigated but were assessed became part of the study. When *family assessments determined that services were needed* the family was designated as a client family. Two courses of action were possible in these cases: a) the service needs could be addressed through linkage to community resources or direct worker assistance with no formal case opening, or b) a formal child welfare case could be opened. The differences between the traditional system and the modified system introduced through the demonstration can be understood by examining the flow charts in Figure A.2.

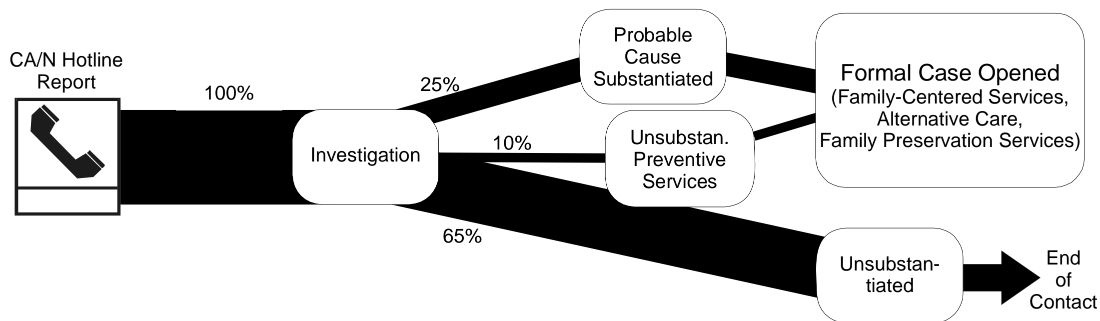
All relevant data from state systems were retained in the research database and attached to families and individual family members. In addition, a variety of new variables were created by combining data from diverse sources or by summarizing historical data. These included demographics and social variable on incidents and cases and variables representing actions by the agency and outcomes of investigations, assessments and case activities.

The study sample was drawn from the population of client families during the demonstration period. The sample permitted two data collection methods to be utilized: case reviews and case-specific surveys. Each month during the seventeen-month period from July 1, 1995 through November 30, 1996, cases were systematically selected from pilot and comparison offices. The characteristics of the sample are discussed below.

Figure A.2. The Traditional Child Welfare System in Missouri and Changes Introduced in the Family Assessment Demonstration

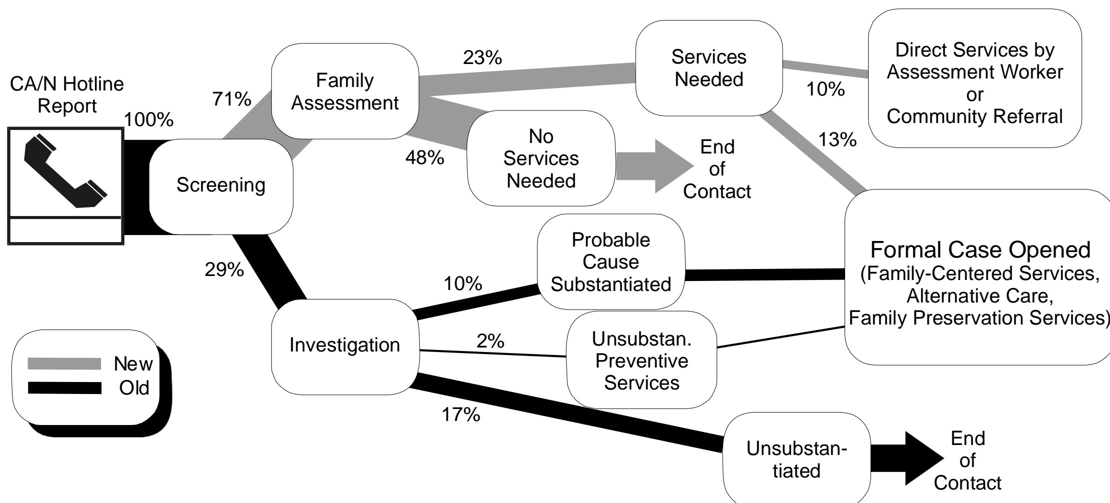
The following diagrams show how cases flowed through the child welfare system beginning with CA/N incident (hotline) reports in pilot and comparison areas. In the existing system in Missouri, most investigated incidents were unsubstantiated. These families never entered the system. Smaller portions of unsubstantiated incidents were opened on a voluntary basis as preventive services cases. These and the larger set of substantiated (probable cause) cases were formally opened in the child welfare system.

Traditional Flow through Child Welfare in Comparison Counties*



The Family Assessment approach was introduced in Missouri as a demonstration in 1995 through Senate Bill 595. This model retained the elements of the old system (see bottom half of next diagram) while adding new ways of dealing with families. Hotlines were first screened into investigations or family assessments. The remaining incidents, judged to involve possible criminal behavior or grave danger to children, were investigated in the traditional manner. Most family assessments ended with no services needed, which is essentially equivalent to unsubstantiated cases. When services were needed, the families were dealt with directly by an assessment worker (usually within a 30-day period) or referred to other resources. Alternatively, they had a case opened in the traditional manner

Flow through Pilot Offices where the Family Assessment Approach was Implemented



* The percentages shown for agency activities after the investigation process (and the assessment process in the Family Assessment approach) represent *duplicated* counts of families over the duration of the demonstration period. A given family appears as often as hotline reports were received on them during the two-year period. Certain percentages in these diagrams, therefore, differ from those presented in Chapters 1 and 2 of the final report, which were based on unduplicated counts of families.

Case-Specific Questionnaires. As sample client families were selected a case-specific questionnaire was prepared and mailed to local offices with instructions to place the questionnaire, its instructions and the return envelope in the case file associated with that family. The most knowledgeable worker in the case was to complete the instrument as soon as possible following closure. Cases on sample client families were tracked as monthly data were received to determine the status of the case in the child welfare system. Every month through the demonstration notices were mailed to local offices reminding supervisors of sample cases that had closed and notifying workers that questionnaires should be completed. A related research sample database was created for data collected through this procedure.

Case Reviews. As sample cases closed on client families the family was also tagged for a case review. Research personnel made periodic visits to county offices to review case files of sampled families. At that time lists of cases to be reviewed were prepared and forwarded to county offices so that clerical staff could collect the files for review. Data from case reviews were also entered into the research sample database.

Family Surveys. When monthly tracking data revealed that a client family's case had closed or contact with the family had been terminated, they were mailed a feedback questionnaire. This procedure was conducted on a monthly basis from December, 1995 through March, 1997. A stipend of $3.00 was paid to families for each returned questionnaire.

Surveyed family members were asked whether they would be willing to be interviewed. Telephone interviews were conducted with parents in families that agreed to participate. A stipend of $10 was offered to families in return for participating in an interview.

General Staff Survey. Children's Services workers and supervisors were surveyed with a general instrument at two points during the evaluation: the fall of 1995 and the late spring of 1997. All workers in the 28 pilot and comparison counties outside St. Louis County and the City of St. Louis were surveyed. The demonstration and comparison areas for the latter two offices were select zip code areas. Within these offices, therefore, all workers with any involvement in the demonstration were included in the survey, but samples were drawn of workers who were not involved in the demonstration.

Survey instruments were sent to the county director or Children's Services supervisor in each office. These individuals in turn distributed them to supervisors and workers. Workers and supervisors were instructed to send completed questionnaires directly back to IAR in stamped return envelopes that were provided. The survey instruments were confidential but were not anonymous. This permitted tracking of respondents and secondary mailings and notification of non-respondents.

Community Survey. A community survey was also conducted during the fall of 1995 and in the spring of 1997. The survey was mailed to a variety of individuals and

organizations in each county, with special emphasis on potential sources of unfunded services or individuals in a position to enhance community collaborative efforts. This included types of individuals invited by pilot offices to their community overviews.

Office Interviews. Initial interviews of county directors, Children's Services directors and certain supervisors were conducted during the first two months of the demonstration in each pilot and comparison office. At this time, all procedures were established or confirmed for ongoing data collection. These same individuals were contacted and interviewed periodically throughout the demonstration period in conjunction with office visits for case reviews. Systematic closing interviews of directors, supervisors and workers were conducted in pilot county offices during the last two months of the evaluation period and during the month following.

Study Population and Sample Sizes

Study Population of Client Families and Children. The baseline and demonstration periods were each 24 months in length. The study population of client families, however, consisted of families meeting the research criteria in the pilot and comparison counties during the first 18 months of each period. There were 5,308 clients families identified during the first 18 months of the baseline period: July 1, 1993 through December 31, 1994. There were 6,578 client families identified during the first 18 months of the demonstration period: July 1, 1995 through December 31, 1996. Baseline and demonstration client families were cut off after 18 months to permit a subsequent period for tracking of case development and new incidents. Data were collected on each set of client families over 22-month periods ending on April 30, 1995 for baseline and April 30, 1997 for demonstration. The April 30 termination of tracking was necessary because of peculiarity of the demonstration, which had begun operating in some pilot offices during May and June of 1995. Baseline data for these months, therefore, were contaminated and were excluded from most analyses as were the corresponding months of the demonstration period. Tracking data for client families ranged from 4 to 22 months. Data collected in this fashion were used for analyses of recidivism (Chapter 5 in the final report) and out-of-home placement (Chapter 7 in the final report).

There were 10,087 children in client families during the baseline period and 12,805 during the demonstration period. Variables on children were used for child-level analyses of family integrity discussed in Chapter 7.

Certain analyses were based on a full 48 months of agency data. All analyses of CA/N incidents and entry effects in Chapter 2 of the final report included the full 48 months of incident data. There were 38,404 CA/N incident (hotline) reports received during the 24-month baseline period in pilot and comparison areas and 35,578 during the equivalent demonstration period.

A critical concern of the demonstration was whether difference might be found in the fundamental characteristics of pilot client families during the demonstration period that might indicate 1) that the research selection process was biased or 2) that the demonstrations selection process was in fact "filtering in" families that would have been

rejected in the past or "filtering out" families that would have been accepted for action by the agency in the past. The latter is referred to as "selection effects." [45]

Because the comparison site was selected on the basis of demographic *and caseload* similarities to the pilot site we would expect only minor differences to have arisen from intrinsic differences in the populations (see Tables A.1 and A.2).

A sources of concern, however, arose from the definition of "client families" utilized in the research. The question was this: would every family who was screened as assessment and determined to need services have been in a substantiated or preventive services case under the old system? We were unable to control the kinds of families that entered the client-family population in either the pilot and comparison area. Analyses indicated that there were indeed significant differences but that these were small in extent *and were restricted primarily to types of incident reports.* The pilot and comparison population did not differ significantly on most important demographic and social dimensions.

The difference of interest concerned changes in relative frequency or means between the pilot and comparison areas during the demonstration period and compared to the baseline period. Overall changes between the baseline and demonstration period were of less concern. One change of the latter type should be mentioned. The percentage of single mother families entering the child welfare population rose during the demonstration period in both pilot and comparison areas, while the percentage of two-parent families declined. This is reminiscent of changes in the proportion of families in poverty between periods of economic recession and periods of recovery. The difference amounted to about a four percent decline in the percentage of two-parent families. We believe this difference may have been due to decreasing unemployment and reduced family stress as the economic fortunes of the state improved between the 93-95 period and the 95-97 period. The poverty rates and consequently the economic stress of two-parent families is cyclical in nature. This is less true of female-headed single-parent families.

No other important differences of this kind were found among demographic variables such as the mean age of parents, mean family size, or the proportions of children of various ages in families. Looking at past experience with the child welfare agency, no differences were found in the proportion of families that had had a prior FCS cases open or a child with a case opened in the AC system.

Certain characteristics were known for all *incidents*, that is for all families including the client families that composed the study population and non-client families in unsubstantiated incidents or in assessments where no services were needed. By examining the known characteristics of families for all incidents during the baseline and comparison periods selection effects could be identified. No such effects were found for

[45] The term "entry effects" is also used in the body of final report because the issue is who was permitted to enter the population of families for whom some further action by the agency beyond the initial family visit was possible.

the known demographic or case characteristics of families on whom incidents were received. Significant differences were found for five other variables, although the magnitude of the differences tended to be relatively small.

Four of these corresponded to summary categories of reporters' descriptions of abuse and neglect. These are outlined in detail in Appendix B and in the text of the final report (Chapter 2) and will not be repeated here. The percentage differences are shown in Table A.3.

Table A.3. Differences Indicating Potential Selection Effects of the Family Assessment Demonstration

Family Characteristic	Percent of Incidents with Agency Action*			
	Baseline		Demonstration	
	Pilot	Comp	Pilot	Comp
children lacked basic necessities	25.7	27.0^{ns}	36.8	29.9$^{\#\#}$
least severe physical abuse	36.2	38.7$^{\#}$	42.2	36.8$^{\#\#}$
poor adult-child relationships	30.4	32.0^{ns}	39.1	33.3$^{\#\#}$
lack of proper concern for educ.	54.3	51.3^{ns}	45.9	59.6$^{\#\#}$
African-American family	35.7	38.1$^{\#}$	46.7	40.2$^{\#\#}$

* Substantiation, Preventive Services or Family Assessment-Services Needed
ns not statistically significant at .05 level
# $p < .05$
$p < .001$

The method utilized was to compare pilot-comparison difference during the baseline with the same difference during the demonstration. In four of the five categories in the table, more families during the baseline period with these characteristics were selected for the comparison population than for the pilot population. For example, the comparison counties as a whole accepted more families accused of least severe physical abuse (bruising, scrapes, etc.) for action during the baseline period (38.7 percent versus 36.2 percent). The differences were not great but in two cases were statistically significant. The exception was allegations of educational neglect where the pilot area accepted more. During the demonstration period each relationship was reversed and was more pronounced. Only in these categories did such evident shifts take place, although a trend was found in one other case: action on reports from law enforcement sources was slightly reduced in the pilot areas during the demonstration. The change in action for African-American families reflects a large increase in *voluntary* family assessment cases. The program implications of these shifts are discussed in the final report (Chapter 2). These findings were important for analytic purposes, however. Because few selection effects were found the fundamental stability of the pilot-comparison, baseline-demonstration design was confirmed. In addition, statistical weights were created based on this analysis and were applied to population level data for the analysis of recidivism and out-of-home placement (Chapters 5 and 7 in the final report).

Sample Client Families. Client families were sampled for the first 17 months of the demonstration period for a total of 1,010 families. For various reasons cases were

dropped from the sample over the full two years of the demonstration. These were primarily cases of transfers to other county offices when families moved. A small set of families were dropped due to lost or incomplete case files. The total sample was reduced to 919 families through these procedures: 516 in pilot counties and 403 in comparison counties.

The difference in sample size between pilot and comparison occurred for two reasons. First, the population of client families was greater in the pilot (3,313 families by December 31, 1996) than in the comparison area (3,087 families). The reasons for this were explained in Chapters 1 and 2 of the final report. Secondly, each county was sampled at a specific monthly rate unless fewer than 10 client-family cases had opened that month. In these cases all families or a fixed number of families were selected. Any other procedure would have meant that certain smaller counties would have been greatly underrepresented in the final sample. This procedure led to variations over time in sample size that tended to favor the pilot counties, where the average size of the least populous counties was somewhat smaller. Lastly, one comparison county was singled out for special consideration and was undersampled because a full sample would have led to exaggerated requests for worker responses and case-review materials. The table showing the study population and sample by county can be found in Chapter 1 (Table 1.1) of the final report and will not be reproduced here. The demands on workers in the comparison offices as a whole were significant—completion of case-specific questionnaires, staff time for case review operations which involved a complex system of reminder notices and repeated requests for information that had to be communicated to workers. It was felt that the samples drawn from the comparison offices were already overly large and could not be increased further.

Case Review Sample. The case review sample consisted of the portion of the total sample that 1) had closed prior to the end of the case review process and 2) were available for review by research personnel. Of the total sample, 717 cases had closed by June 30, 1997. Case materials continued to be collected for reviews up to this date but not in every office. There were 30 separate DFS offices involved in the study. Final visits were made to offices in April, May and June, 1997. Because of differences in the times of final visits the number of cases closed *in time for review* was less than the 717 closed by June 30. This number cannot be known with complete accuracy but is estimated to be between 600 and 650.

Other factors also intervened in the case review process. Some cases that had recently closed were unavailable for review at the time of final office visits because transcriptions of worker narrative were not completed or other materials were missing from files. In a small number of cases materials had been misplaced or lost from case files making complete review impossible. Case materials were available for some other cases but the schedule for production of research reports made it necessary to cut off the review process. The final number of cases reviewed was 559, of which 315 (56 percent) were pilot cases and 244 (44 percent) were comparison cases. The difference is sample size between pilot and comparison is accounted for by two factors. The population of client families was greater in pilot counties during the demonstration period than in

comparison counties (see discussion above). In addition, because family assessment cases on average "closed" more quickly, a greater proportion of cases were available for review in pilot areas than in comparison areas by the conclusion of the evaluation period.

A critical concern, therefore, was whether systematic biases might have been introduced through this process that led to a deterioration of the comparability of the pilot and comparison segments of the sample. This problem was addressed first by comparing the pilot and comparison samples in several ways. On demographic and case-activity variables no significant differences were found for any of the following: mother-only families, two-parent families, race, children in various age ranges, number of children in cases, average age of primary caretaker, and the existence of prior FCS or AC cases. More importantly, the two segments were also compared for types of safety problems encountered. No significant differences were found in the proportions of types of safety problems present in the pilot and comparison population. These can be seen in the initial table presented in Chapter 3 of the final report and will not be reproduced here. Similarly, no significant differences were found among the central problems shown in the initial table of Chapter 4 of the final report.[46] Based on these comparisons we felt confident to proceed with comparative analyses.

Of course, the possibility remained that other unmeasured and, therefore, undetected differences might exist between the pilot and comparison samples. Consequently, initial analyses were segmented so that similar types of cases in pilot and comparison offices were contrasted. For example, in the analysis of safety issues (Chapter 3 of final report) safety findings were first segregated into highly similar sets and then comparisons were conducted between pilot and comparison areas. This had the disadvantage of reducing sample size but increased overall confidence that similars were being compared. After segmented analyses were completed, it was possible to move to comparisons of a more general nature. This same approach was used for analyses underlying Chapters 4 and 6.

Case-Specific Questionnaire Sample. A somewhat larger sample of case-specific survey instruments were returned. Of the total of 717 closed cases, workers completed and returned 620 questionnaires by the conclusion of the study. To address concerns with pilot-comparison comparability the same set of demographic and case analyses described above were conducted. No significant differences were found for any of the following: mother-only families, two-parent families, race, children in various age ranges, number of children in case, average age of primary caretaker, prior FCS cases or prior AC cases.

Sample of General Staff Survey. A total of 468 workers were surveyed in the second overview survey. This survey included all categories of DFS Children's Services workers: investigators, family assessment workers, as well as FCS, FPS, AC workers, adoption workers and supervisors. All workers were contacted in each pilot and

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[46] One exception was the proportion of cases where child custody was being disputed. Although the proportion was much higher in comparison offices, the total number of such cases were rather small. See discussion in Chapter 4 of the final report.

comparison office with the exception of the large urban offices of St. Louis County and the City of St. Louis. In these offices all workers involved in the demonstration were contacted along with a random sample of other workers. Of individuals surveyed, 399 (85 percent) responded, 213 from pilot areas and 186 from comparison areas.

Sample of Families. Attempts were made to survey pilot and comparison families whose cases closed before March, 1997. The time lag between actual case closings and the indication of closing in the research database ranged from 45 to 60 days. More time elapsed before monthly mailing reached families. Consequently, many families had moved, often with no forwarding address. Discounting bad addresses, the response rate was 14.6 percent. Survey responses were received from 502 families, 267 in pilot areas and 235 in comparison areas. An additional 62 persons from these families were interviewed by telephone, 36 from pilot areas and 26 from comparison areas.

Community Sample. A database of community resources within pilot and comparison areas was constructed consisting of 1,325 individuals, agencies, and institutions in pilot and comparison areas. Sources of information on community resources were varied and included community directories, lists provided by county DFS offices, and a sampling of school and juvenile court personnel from each area. A total of 556 responses were received in time for inclusion in the analysis, for a response rate of 42 percent. In the survey, agencies that provided services to more than one county were asked to provide county-specific responses. In this manner a total of 732 county-specific instruments were completed, 412 for pilot counties and 320 for comparison counties. The numbers of responses for each county are shown in Chapter 9 of the final report and will not be reproduced here. Because the demonstration was being piloted in only selected parts of St. Louis City and County, community representatives serving these areas were asked to distinguish between the family assessment and the traditional approach in describing their experiences with the service system. Eighty-two percent of the persons responding to the survey indicated that they were a mandated child abuse/neglect reporter.

Office Interviews. Most visits to pilot offices during the course of the study included interviews of staff, usually Children's Services or office directors and in some instances other supervisors and workers. Along with the formal interviews, field work involved multiple informal contacts with supervisors and workers in local pilot and comparison offices. During closing interviews, a total of 60 individuals participated in interviews: 42 workers and worker supervisors and 19 Children's Services supervisors (or county directors). All interviews were conducted by the principal investigators.

Measurement and Coding Issues

Different data collection methods and analyses were employed for the research questions. The primary methods are shown in Table A.4. Other secondary analyses were conducted and are referenced within the body of the report.

Table A.4. Data Collection, Analysis and Units of Analysis for Each Demonstration Goal

Goals of the Demonstration	Data Collection and Primary Analysis	Units of Analysis
Promote the safety of the child.	Sample case reviews: pilot-comparison contrasts of progress toward child protection for each safety issue identified within each family.	Families
Preserve the integrity of the family.	Population MIS data: contrast of pilot and comparison for rate of out-of-home placement, type of placement, length of placement and reunification of children.	Families Children
Remedy the abuse/neglect, or the defining family problems.	Sample case reviews: pilot-comparison contrasts of progress toward child protection for each central problem area identified within each family.	Families Children
Prevent future abuse or neglect.	Population MIS data: contrast of rates of new hotline calls for client families in pilot and comparison area for specific categories of CA/N incidents.	Families
Successfully assign cases between the two response modalities.	1. Population MIS data: analysis of relationship between screening criteria, county caseload characteristics and screening outcomes for all CA/N incident reports since the initiation of the demonstration. 2. Worker and supervisor interviews in pilot counties.	Incidents
Provide less adversarial and more supportive interaction with families in appropriate cases.	1. Surveys of families and family interviews: comparison of pilot and comparison family responses on several dimensions associated with this question. 2. Worker survey: pilot and comparison worker responses concerning family attitudes. 3. Community survey: comparison of providers and knowledgeable community members' opinions in pilot and comparison areas.	Families
Make more efficient use of investigative resources.	1. Case review: comparison of data collected on contacts and other activities of investigators in pilot and comparison areas. 2. Worker and supervisor interviews.	Initiating Incident on Client Families
Improve client satisfaction.	1. Surveys of families and family interviews: comparison of pilot and comparison family responses of several dimensions associated with this question. 2. Worker survey: pilot and comparison worker responses concerning family attitudes. 3. Community survey: comparison of providers and knowledgeable community members' opinions in pilot and comparison areas.	Families
Improve the court adjudication of probable cause cases.	Case specific survey: analysis of information provided from workers on police and court action related to cases.	Cases (families)
Assure that families receive appropriate and timely services.	Case review: comparison of time to first service and measures of service activities in pilot and comparison cases.	Families
Assess organizational impact of enacting the flexible-response approach.	All methods.	Local Office

Case Review Methods

Case reviews were conducted after cases were closed and case records were completed. The case review methods were developed over a period of several months during 1996. This instrument was designed specifically for the Missouri system, but a generalized version has been produced that will be applicable to any state or local child protective services system. The instrument is a MS Windows-based program named ROWSS (Review of Welfare, Safety and Services) that permits individual case coding at the time of the first review, mass coding from summary descriptions or both. The instrument permits summary statements and coding of relevant details of safety problems, other family problems, services attempted and received, sources of services, worker activities and other relevant considerations and outcomes in each area.

The case review was based primarily on the written narratives of workers. These included CA/N investigators, Family Assessment workers, Family Centered Services workers, Alternative Care workers, and Family Preservation Services workers. Each reviewer utilized generic lists of safety and other non-safety problems that constituted a broad outline of topics they were to examine. Each reviewer had memorized the list, and after a few practice reviews these items provided the mental structure within which the narratives were read. The general lists were as follows.

Safety:

- basic child neglect/poverty,
- basic home neglect/poverty,
- supervision,
- neglect of education,
- medical neglect,
- abandonment/locking out,
- physical abuse/emotional maltreatment,
- sexual maltreatment,
- other.

Other Individual and Family Problems:

- parenting,
- financial/employment,
- mental retardation/disabilities,
- emotional problems/mental illness,
- child behavior problems,
- health,
- family relationships,
- social/family support,
- domestic violence,
- drug or alcohol problems,
- other.

After all materials had been reviewed, however, each reviewer was required to answer a set of specific yes-no questions within the broader problems categories. For example, these were the questions under the category of basic child neglect/poverty:

1. Did the children lack food or was the food inadequate?
2. Did the children lack adequate clothing?
3. Were the children very dirty or unwashed?

The reviewer was required to indicate whether such a problem was reported in the hotline, verified by a worker or unreported and discovered later by a worker. This

process was primarily an ongoing exercise to keep the reviewer aware of the complete range of problems that were being considered.

Similarly, a set of general service categories was utilized as an aid to reviewers. The list included to following:

Services

- child care services while the parent is working
- respite care/crisis nursery care
- medical or dental care
- marital, family or group counseling
- individual counseling
- mental health/psychiatric services
- drug abuse treatment
- alcohol abuse treatment
- domestic violence services
- emergency shelter
- housing services
- help with utilities/rent/home repair/other basic household needs
- emergency food services
- (AFDC) or other cash assistance
- food stamps
- employment assistance
- other financial assistance
- vocational training, other training
- educational services (high school/GED/college)
- legal services
- parenting classes
- homemaker /home management services
- support groups
- help for adult with physical or mental disability
- recreational services
- services for children in placement

After extracting all safety problems, central or defining problems of families and individuals and services, reviewers were required to enter a summary statement about the problem or services and complete a series of simple yes/no or category selection items for each. They reviewed material through the close of cases and recorded any information about change in status of safety problems. Finally, reviewers were responsible for determining linkages between problems (as service needs) and actual services

Summary statements were entered to facilitate coding of problems in the following dimensions: 1) type of safety problem, 2) confirmation of safety problem, 3) severity of safety problem, 4) type of other central or defining problem and 5) type of service. Reviewers conducted initial general coding of each summary statement. Following completion of all case reviews, a second coder reviewed all summary statements in each case and determined final coding. The final coder was blind to differences that might introduce bias: research group memberships (pilot or comparison), the DFS office of the case or how cases were screened (assessment or investigation) within the demonstration offices.

Coding of safety problems was critical. Determining whether the problem alleged in the CA/N incident report was confirmed was relatively straightforward. The final coder made virtually no changes in the categories assigned by the initial case reviewers.

The final coding categories for types of safety and central problems were developed and served as the basis of the frequency tables presented in Chapter 3 and 4 of the final report. Similarly, services were coded into types, which were displayed in Chapter 6 of the final report.

Changes in Safety during Contact with the Family. Progress in alleviating safety problems was assessed early in cases (30-days after the incident) and at the conclusion of contact with the family. Case reviewers entered a summary statement of progress concerning the status of the safety problem at each point. This included any recurrences of the same problem, deterioration of relationships or conditions associated with the problem, services introduced to deal with the problem, worker assessments of the problem, comments by the family about the problem and any changes in family structure or residence that might have implications for child safety. In addition, reviewers immediately coded extenuating circumstances (family flight, lack of cooperation, family refusal, assumption of the case by another agency, etc.) that might explain lack of progress or explain why workers did not know about changes in safety.

For verified safety problems, the final coder used the summary statements and other materials to rate the change in safety within a five-category system. Again, the coder was blind to the origin of cases, as described above. The categories were given the same name but because the child welfare agency is charged with monitoring such a wide range of safety issues the underlying coding rules varied somewhat for different types of safety problem. For example, a positive improvement in the status of housing was obviously quite different than positive changes associated with sexual abuse. Table A.5 shows similarities and differences across general categories. It is important to remember that the coding referred to changes in a single problem without regard to other long-term problems that might have resulted from the change. For example, placement of children outside the home might avert the safety problem in the immediate time frame, but separation of children from their families can have other long-term negative consequences.

Table A.5. Changes in Safety Status within the Context of the Case

Safety Category	5 Problem solved, no threat	4 Positive Progress	3 No recurrence	2 No recurrence, safety status unknown	1 Regression
Supervision-young child not properly watched, outside unsupervised, locked out after school	stable daycare, stable after-school care, child living with relative or other parent, house child proofed, locks put on doors, family moved to safer location*	Worker assessed and presented evidence that parental knowledge and attitudes had changed **or** services in place and partially utilized, foster placement	Parents agree to change or parenting services in place (no utilization or utilization unknown) **and** no recurrence of problem	No recurrence known but worker knowledge is incomplete	New instances of lack of supervision or injuries resulting from lack of supervision
Supervision-older child not properly controlled or instructed	child living with relative or other parent, parent changed circumstances that led to lack of control, runaway returned home	-same- add: placement in residential treatment	-same-	-same-	-same-

Table A.5, cont.

Safety Category	5 Problem solved, no threat	4 Positive Progress	3 No recurrence	2 No recurrence, safety status unknown	1 Regression
Basic Needs- child lacks food, proper clothing, hygiene	child successfully treated for lice, insect bites, child consistently clean, proper clothing purchased and used, food consistently in home, child living with relative or other parent	-same-	-same-	-same-	recurrence of same problem
Basic Needs- housing hygiene or safety, homelessness	changed houses, found residence, structural repairs complete, house consistently clean, unsafe appliances replaced, child living with relative or other parent, animals removed	-same- add: cleaning but not consistently clean home, repairs initiated but unfinished	-same-	-same-	-same-
physical and verbal abuse	perpetrator permanently removed, child living with relative or other parent, ex-parte order against abuser	child in foster or residential placement, parent in counseling, restricted access to perpetrator, family counseling going on, communication improved, other forms of discipline actually practiced	-same-	-same-	-same- new striking, bruises, etc., child runs away
Medical conditions untreated, medications not given	medical appointment all kept, condition treated or cured, child living with relative or other parent	medical appointments begun, child in foster or residential placement,	-same-	-same-	parental neglect recurs
sexual maltreatment	perpetrator gone permanently, child living with relative or other parent, ex-parte order against abuser	perpetrator not gone but child is protected (e.g. locks for child's door)	-same- add: no recurrence when perpetrator is unknown	-same-	recurrence of abuse
* comma separators indicate alternative reasons for coding					

Changes in Central or Defining Problems. Changes in the underlying problems in families or in problems other than safety were also identified and coded. A similar five-category coding scheme was used for these problems (Table A.6). Differences among categories, however, were greater. In addition, because change was examined only within the context of the case it was impossible to determine or to code the category for "problem solved" (5) for many types of problems. This is indicated in the table with the abbreviation dna for "does not apply."

Table A.6. Changes in the Central or Defining Problems

Type of Central or Defining Problem	5 Problem Solved	4 Positive Progress	3	2 No Change	1 Regression or Recurrence
Drugs and alcohol	dna	services used, changes observed*	services in place or claims of progress by adult	no change detected or unknown	continuation with no change
Criminal behavior	dna	dna	person out of jail/prison or charges dropped	charged pending, imprisoned, in jail	continuation of criminal activity
Educational problems of children	dna	improvements observed, positive changes reported by teachers	services in place, claims of changes by parents or children, very slight or small improvement reported	no new reports but change undetected or unknown	definite recurrence of behavior or problem, expulsion from school
Medical needs of adults and children	cure or medical problem treated adequately or solved	improvements reported or observed	services or treatment in place	no known services and no change	deterioration
Basic household needs, income and employment	needs met, found job, income improved (within context of case)	problems addressed and partially solved, some change observed	service in place, no change or change unknown	no services, no change or change unknown	deterioration
Disabilities of adults and children	dna	problem addressed and progress observed or reported	services in place, no change known	no services and no change	deterioration
Adult-adult relationships and domestic violence	relationship problems solved **or** separation to escape abuse	partially solved, lessened	services in place, no change or known change	no services, no change or known change	worsening or recurrence of conflicts
Adult-child relationship problems	relationship problem solved	child removal or children moved out and returned with positive consequences **or** parenting or counseling services utilized and positive changes observed	-same- add: agreement of parent to change or parent reports that relationship has improved	-same-	-same-
Emotional problems of adults and children	dna	services in place and utilized, progress observed or reported	services in place change unknown **or** parental claim of change	no known services, no known change	deterioration or recurrence of problem or manifestation

* comma separators indicate alternative reasons for coding

Appendix B

Dimensions of Reported Child Maltreatment

Workers in the Central Registry Unit who receive hotline calls have 44 child maltreatment codes available to describe reporters' allegations. They can assign up to five codes for each child reported to be maltreated. These codes are a shorthand system for characterizing alleged abuse and neglect that were found to contain valuable information for the evaluation.

For the large majority (95 percent) of reports, hotline workers used one or two codes. In a small minority, three or more codes are used. In another small subset of cases different maltreatment codes were used for children in the same family. Some codes, such as "skull fracture" or "prostitution" were rarely used, while others, such as "lack of supervision" were used very frequently. Because of the extreme variation in frequency and the large number of separate codes, we explored the possibility of creating summary categories.

By examining the inter-correlation matrix of codes, it was evident that some tended to be paired in the same reports more often than others. For example "bruising" was used quite frequently with "abrasions" but much less frequently with "lack of food in the household." Some codes were never used together for the same report.

A factor analysis was conducted, therefore, in which the 44 characteristics were treated as separate variables with a coding of 1 or 0 to indicate whether they were or were not applied to particular incidents. The analysis yielded eight dimensions, shown along with the component codes in the list on the following page.[47] Factor analysis was used as a quick method of isolating and grouping inter-correlated characteristics. Because this statistical technique is not strictly applicable to dichotomous variables, factor weightings and scores were not subsequently used. Instead, depending on the analysis, summative scores were generated or indicator variables were created by

[47] The analysis actually resulted in nine dimensions but two of these, sexual abuse and sexual injury, were combined because they were conceptually related and because sexual injury incidents were very infrequent

assigning a score of 0 or 1 on each of the 8 dimensions if *any* one of the characteristics that composed that dimension had been checked by the hotline workers.

Dimension of Hotline Reporters' Descriptions of Alleged Child Abuse and Neglect

1. Severe Physical Abuse:
internal injuries,
fractures,
skull fracture,
brain damage,
child fatality.

2. Milder Physical Abuse:
bruises, welts, red marks,
abrasions, lacerations,
wounds, cuts, punctures.

3. Sexual Abuse or Sexual Injury:
abuse:
fondling/touching,
oral sex or sodomy,
digital penetration,
intercourse,
pornography,
other sexual abuse;
injury:
sexually transmitted disease,
genital or anal bleeding.

4. Unmet Physical Needs of Children:
lack of food,
lack of / inappropriate clothing,
poor hygiene (health threatening),
lack of heat,
unsafe/inadequate shelter
unsanitary living conditions.

5. Unmet Medical Needs:
sprains, dislocations,
malnutrition (due to improper feeding),
failure to thrive (due to neglect),
untreated illness/injury,
severe untreated dental,
failure to give medication.

6. Parent-Child Relationship Problems:
rejection through indifference,
blaming, verbal abuse, threatening,
exploitation (non-sexual),
other physical abuse or injury,
locking in or out, expelling from home,
other.

7. Lack of Supervision or Proper Care:
exposure, freezing, heat exhaustion,
burns, scalding,
repeated ingestions,
inappropriately giving drugs,
lack of supervision,
shaking,
prostitution.

8. Lack of Proper Concern for Education:
parents indifferent to educational needs.

We found in initial analyses that the system response in the second category (milder physical abuse) was quite different for reports where only one of three codes was used compared to reports where two or more such codes were used. For some analyses in the body of the final report this dimension was split into "less severe" (two or three codes checked) and "least severe" (only one code checked). In the majority of

cases the single code checked in the least severe category was “bruises, welts or red marks.”

The grouping of items in some cases is intuitively obvious. In others some explanation is necessary. The s*evere physical abuse* and *milder physical abuse* categories were uncorrelated because reporters of very serious injuries to children were unlikely simultaneously to point out milder injuries, although they were probably present. Fractures often involve bruising, for example. The distinction simply means that reports coded under the three categories of the milder dimension involved none of the categories under the severe dimension.

Sexual abuse and *sexual injury* were not highly correlated in the analysis. The logic is similar to that for physical abuse. Reports of either of the two sexual injury items usually implied one or more of the sexual abuse items. The two categories were combined because sexual injury was reported very infrequently.

Unmet physical needs of children is an intuitively consistent dimension. The underlying conditions for all of these are 1) low income and 2) lack of proper concern (or knowledge) by the parents

The last three items under *unmet medical needs* were more clearly medical in nature. Malnutrition, failure to thrive and sprains and dislocations, however, were reported with these items in various combinations more often than with other kinds of abuse and neglect. The intercorrelation may be a function of who makes the report. These three items were more often reported by medical personnel who also report other kinds of medical neglect.

The dimension *parent-child relationship problems* is largely internally consistent. Most codes referred to conflicts and verbal abuse. The questionable item in this group is other physical abuse or injury. This is a residual category used by hotline workers where the type of physical abuse cannot be matched with the other available categories (included under severe and milder physical abuse). It may have been used for actions (pushing, shoving, hitting, etc.) but it was also used to code general statements of injury (e.g., "He hurt the child"). The correlation with the relationship problems indicates that it is linked to statements about arguing, fighting, berating, threatening and the physical skirmishes that often accompany these kinds of interaction.

It is not immediately obvious why certain items under *lack of supervision or proper care* came together as a dimension. The presence of burns and scalding in this group indicates that most of these kinds of incidents are not reported as intentional but as accidents that could have been avoided had the parents been more vigilant. Shaking of a child was correlated with the other items. It was not highly correlated with any of the physical abuse codes. This also indicates that such reports are made more often when some lack of knowledge, understanding or proper concern is also being reported. In some instances, of course, the person doing the shaking is considered abusive but the parent who permitted the child to be handled or watched by this person is considered to have failed to supervise properly.

The final category, *lack of proper concern for education*, is based upon a single code: parents indifferent to educational needs.

Distribution Among Baseline and Demonstration Period Incidents

If treated as summated scores the dimensions have varying ranges:

Severe Physical Abuse	0-5
Milder Physical Abuse	0-3
Least Severe Physical Abuse	0-1
Less Severe Physical Abuse	0,2,3
Sexual Abuse or Sexual Injury	0-8
Unmet Physical Needs of Children	0-6
Unmet Medical Needs	0-5
Parent-Child Relationship Problems	0-7
Lack of Supervision or Proper Care	0-7
Lack of Proper Concern for Education	0-1

For example, scores on severe physical abuse could be 0 where none of the five items were marked or 1, 2, 3, 4 or 5 depending on the number of items checked for that particular incident. The mean values are shown in Table B.1. This analysis was based on all incidents with conclusions of 1) probable cause (system code B); 2) unsubstantiated, preventive services indicated (C); 3) unsubstantiated (D); 4) assessment-service were needed (J); and 5) assessment-no services were needed (K). The time frame for incidents during the baseline period was July 1, 1993 through October 31, 1994; for the demonstration period the time frame was July 1, 1995 through October 31, 1995.

Table B.1. Mean Values for Dimensions of Reported Child Maltreatment

Dimension	Baseline		Demonstration		Total
	Pilot	Comparison	Pilot	Comparison	
Severe Physical Abuse	0.010	0.010	0.010	0.009	0.010
Milder Physical Abuse (Total)	0.157	0.168	0.209	0.199	0.182
Least Severe (one type)	0.136	0.140	0.178	0.168	0.155
Less Severe (2 or 3 types)	0.011	0.013	0.015	0.015	0.014
Sexual Abuse or Sexual Injury	0.144	0.141	0.139	0.133	0.139
Unmet Physical Needs of Children	0.228	0.237	0.243	0.249	0.239
Unmet Medical Needs	0.061	0.071	0.058	0.062	0.063
Parent-Child Relationship Problems	0.374	0.352	0.346	0.333	0.352
Lack of Supervision or Proper Care	0.341	0.341	0.320	0.319	0.331
Lack of Proper Concern for Education	0.058	0.052	0.056	0.058	0.056

These categories were used for analyses in Chapters 1, 2, and 5 of the final report. By converting the scores to indicator values it is possible to get counts and percentages of incidents sharing in these characteristics across the pilot and comparison areas during both study periods. These are shown in Table B.2

The frequencies are quite revealing. There were very few reports of severe physical abuse--generally less than one percent of all hotline calls. The same was true for the sub-category of "less severe" under milder physical abuse--about one and one-half percent. Most physical abuse fell into the least severe category, that is report of one and only one of the three categories in the milder dimension. About one in ten calls were about sexual abuse. The three largest categories were the physical needs, problem relationship and supervision categories. Only five to six percent of hotline calls concerned medical issues and a little more than five and one-half percent were education-related.

Table B.2. Number of Incidents within Dimensions of Reported Child Maltreatment*

Dimension	Baseline				Demonstration			
	Pilot		Comparison		Pilot		Comparison	
	n	%	n	%	n	%	n	%
Severe Physical Abuse	123	1.0	109	0.9	105	0.9	99	0.8
Milder Physical Abuse (Total)	1883	14.6	1838	15.4	2189	19.4	2231	18.3
Least Severe (one type)	1744	13.6	1677	14.0	2014	17.8	2044	16.8
Less Severe (2 or 3 types)	139	1.1	161	1.3	175	1.5	187	1.5
Sexual Abuse or Sexual Injury	1491	11.6	1349	11.3	1227	10.9	1314	10.8
Unmet Physical Needs of Children	2359	18.3	2284	19.1	2229	19.7	2477	20.3
Unmet Medical Needs	746	5.8	803	6.7	613	5.4	721	5.9
Parent-Child Relationship Problems	4318	33.6	3830	32.0	3475	30.8	3624	29.7
Lack of Supervision or Proper Care	4277	33.2	3994	33.4	3515	31.1	3798	31.2
Lack of Proper Concern for Education	746	5.8	622	5.2	637	5.6	637	5.3
Base Number of Incidents	12864		11955		11297		12190	

* The numbers of incidents in the columns do not total to the base number at the feet of the columns. Categories overlap because some incidents shared in two or more dimensions. For example, an incident might include both sexual abuse and physical abuse in the same report.

The table also reveals how hotlines changed from the baseline to the demo period. While sexual abuse reports declined between the two periods, mildest physical abuse increased and unmet physical needs increased slightly. Parent-child relationship problems and lack of supervision/proper care calls also decreased slightly.

Looking at the base figures in Table B.2 it can be seen that the total number of incidents declined slightly in the pilot area during the demonstration period (see discussion in Chapter 2)

Families and Reports on Families

These are dimensions of *reports* on families, not of families themselves. They may describe one or more characteristics of families at a point in time but they cannot represent the full complexity of families. They are unconfirmed allegations of characteristics or behaviors and, even when accurate, the underlying problems of families within the same categories of incident can be quite different. For example, in one family the children are not fed because the mother has no extended family support and no child support from the father, while in another family the children are unfed because the caretaker spends all the food money on drugs. These cases would both be in the same hotline category but the family problems are very different. Third, single hotline reports are not particularly good predictors of types of reports that come later. For these reasons, the categories developed in this analysis were not used as a means of grouping families. This analysis was shown in Chapter 5.

Appendix C

Implementation Models

There were staffing and organizational variations in the way the demonstration was implemented from site to site. Four basic variations or models that were utilized are depicted in diagram form on the following pages.

Model A was adopted in Washington, Barton, Cedar and Dade Counties. These were smaller counties where Children's Services workers functioned as generalists. Workers screened hotline reports on a rotating basis and were assigned to the families whose reports they screened. Workers maintained sole responsibility for families from initial visit through case closure. The only exception to this was in Cedar County which had an Alternative Care specialist to whom out-of-home placement cases were given. In these counties, the same workers conducted family assessments and investigations.

Model B, utilized in Jasper and Newton Counties, consisted of a generalist approach with one exception. Reports screened for an investigation were given to a separate group of workers to investigate. If substantiated, these cases were then turned over to caseworkers to follow. Workers who conducted family assessments carried families on their caseloads if FCS or Alternative Care cases were opened. Initial reports were screened by supervisors.

Model C was employed in Maries, Phelps, Pulaski and Texas Counties in mid-state Judicial Circuit 25 and involved more staff specialization than the previous two models. A separate unit of investigators screened new hotline reports and made all initial contact with families (whether the report was screened for a family assessment or investigation). If the investigator determined that a formal case opening was called for he or she turned the family over to an FCS caseworker. When a child was removed from the home, the FCS caseworker continued to be responsible for the Alternative Care case.

Model D, used with some variation in Boone, Callaway, Jefferson, St. Charles, St. Louis City and St. Louis County, also involved staff specialization. The primary difference from the previous approach was that investigations and family assessment functions were separated and conducted by different staffs. In addition, workers who

conducted family assessments continued to work with the family if an FCS cases was opened. In most instances, however, Alternative Care was handled by different workers.

Appendix D

Analysis of Arrests Stemming from CA/N Investigations

This report is an addendum to the Family Assessment and Response Demonstration final Impact Evaluation Report. The demonstration represented a fundamental change in the approach of the Missouri Division of Family Services (DFS) to most child abuse and neglect (CA/N) incident reports. Whereas formerly all valid incident reports received via the state CA/N hotline were investigated, the majority of reports in the demonstration were not. The family assessment approach was designed to shift initial encounters with families in a more positive and supportive direction by conducting family assessments rather than CA/N investigations for most reported incidents. In a minority of incidents in which very serious or criminal abuse or neglect was believed to be likely, however, traditional investigations continued to be conducted. An explicit objective of the new approach was to pursue criminal prosecution of perpetrators when investigations had uncovered potentially criminal acts.

Several analyses were conducted for the final report that appeared to support the conclusion that legal action against perpetrators of criminal child abuse or neglect might indeed be increasing (cf. Chapter 10). The evaluators had planned a more elaborate analysis of criminal arrests and convictions in pilot and comparison areas utilizing criminal records maintained by the Missouri Highway Patrol. However, data necessary for this analysis was not available until after the final evaluation report was prepared. This appendix is a description of that analysis.

Child Welfare Cases Studied

The family assessment demonstration evaluation followed cases over a two-year period from July 1995 through June 1997 in 30 Missouri counties. The demonstration took place in 14 counties and in selected zip codes areas in St. Louis City and St. Louis County. For purposes of comparison 14 other counties were selected along with additional zip codes.

Three kinds of CA/N incident outcomes were tracked in the evaluation: substantiated investigations, preventive service cases and family assessment cases where services were determined to be needed. The latter only occurred in demonstration counties where CA/N incidents could be screened into the assessment track. Taken together these outcomes represented a minority of all incidents because more CA/N reports ended either as unsubstantiated investigations or family assessment with no services needed. When one of these three outcomes occurred, the family was tracked throughout the remainder of the evaluation period.

The group of families selected in this way became the primary study population of the impact evaluation. Families were added to the study population in pilot and comparison areas from July 1995 through December 1996. A total of 6,404 families were chosen in this fashion (3,313 in pilot areas and 3,087 in comparison). They continued to be followed through the end of data collection in June 1997.

The CA/N incident that led each family to be selected for tracking can be called the *initiating incident.* Initiating incidents covered the full range of types of child abuse and neglect normally reported to the state hotline unit. Many of these families also experienced subsequent incident reports that resulted in other investigations or family assessments.

During the demonstration period all CA/N incident reports that were forwarded to local DFS offices selected for the demonstration were first screened to determine whether they should be investigated or assessed. Across all the demonstration counties only about three in every ten reports were assigned for investigations. These tended to be the more serious and potentially criminal incidents. They included, among others, all sexual abuse reports as well as reports indicating very severe abuse or neglect.

Interviews and surveys conducted for the final evaluation suggested that as the proportion of incidents that were formally investigated declined, the intensity of investigations increased. Most reports were co-investigated with law enforcement officials. A logical expectation arising from this change was that more alleged perpetrators of child abuse and neglect would also be pursued through the legal system from arrest to criminal prosecution and conviction. Increased contact, communication and joint activity between law enforcement and child welfare investigators should bring this about. In addition, the idea of pursuit of criminal prosecution had been emphasized in the special training conducted for the demonstration. If the training had its intended effects investigators might be expected to place greater emphasis on this as they talked with law enforcement personnel and local prosecutors. The general hypothesis examined in the present report is that activities that might lead to prosecutions increased in demonstration areas. The specific activities investigated were arrests of CA/N perpetrators by law enforcement officials.

Types of Initiating Incidents Selected for Analysis

Because criminal record checks could not be conducted on all 6,404 families followed during the demonstration period, the approach taken was to select certain

categories of incidents with higher probability of being pursued legally, and to do this in both the pilot and comparison counties.[48] We selected the perpetrators in initiating incidents of the following three types:

1. **Sexual abuse.** This included any report of fondling or touching, oral sex or sodomy, digital penetration, intercourse, pornography or other sexual abuse. It also included reports of sexually transmitted diseases and of genital or anal bleeding.

2. **Severe Physical Abuse.** Within this category were included reports of internal injuries, fractures, skull fractures, brain damage and child fatalities.

3. **Less Severe Physical Abuse.** In this category were a) bruises, welts, red marks, b) abrasions, lacerations and c) wounds, cuts and punctures. Only cases in which accusations were received within *two or all three* of the categories (a, b or c) were selected. These incidents had been found in earlier analyses to correspond to more severe cases. The procedure excluded the most common type of reported physical abuse in which only bruises were mentioned.

We selected only those families for whom initiating incidents were *investigated and substantiated*. This method excluded preventive services and family assessment responses but increased the chances of finding situations of more serious danger to children. Beyond the abuse itself, dangers would include threats, other violent activities in the home, mentally disturbed adults, young children, and so on.[49] More importantly, criminal charges were unlikely to be pursued in the excluded cases where no probable cause of child abuse or neglect was found.

Using this method, 738 families were selected. In the initiating incidents of these research cases, 933 unduplicated perpetrators were found. Among all the research cases in the pilot and comparison areas these perpetrators were most likely to be criminally prosecuted. As discussed in the next section this was reduced to 917 in the final analysis.

Severe physical abuse accusations within the categories indicated are very rare among CA/N reports. In the present sample only 69 perpetrators of such abuse were found. Sexual abuse was the largest of the three categories, with 737 perpetrators considered. The category of less severe physical abuse included 180 perpetrators. These counts sum to more than the total number of perpetrators because some perpetrators were found in more than one of the three categories.

Criminal Records

The Missouri Highway Patrol maintains criminal history information in its Criminal Records and Identification Division. This includes information provided from

[48] The categorizations of the descriptions given by hotline reporters were used to do this (see Appendix B).

[49] The reader may wonder why we did not simply look at the screening categories for cases and use the indications found there of such dangers. The reason is very simple. Half the cases were from comparison counties where demonstration screenings were not taking place. We could not use screening information without seriously biasing the comparative nature of the analysis.

local jurisdictions throughout the state on arrests and convictions. The data on arrests were thought to be relatively complete. We were less confident about information on prosecutions and convictions, which is stored in separate files containing sentences and suspended imposition of sentence. After discussions with Highway Patrol personnel, we decided that 1) data on sentences might not be complete for all jurisdictions and 2) that because of the nature of the judicial process the charges of the crime for which an individual is convicted may not reflect the original charges. Such an analysis would require more detailed and complete information to be collected in local courts.

Information on arrests by local and state law enforcement was thought to be relatively complete and was available by charge and by social security number. The Missouri State Highway Patrol offered to assist with the Family Assessment evaluation by supplying this information for each of the perpetrators in our final list.

Because Missouri law is designed to protect the privacy of individuals by limiting the distribution of prior arrest data, an elaborate procedure to assure anonymity was followed. IAR designed a perpetrator data file containing both identifying information (names, addresses, birth dates, social security numbers) and other data that were necessary for purposes of analysis, such as the type of incident, county, pilot or comparison group membership, sex, race, etc. After receiving this file, the Highway Patrol analysts matched the individuals against arrest records, checking social security numbers and cross checking ages, names and addresses to assure the most complete accuracy. The analysts then encrypted all identifying information in the data files so that it was difficult or impossible to discover from the file the person's individual identity. The file was then returned to IAR. In addition, IAR also signed an agreement that it would not seek to re-identify any individual in the file, should that prove possible. This method permitted primary analyses to be conducted in which pilot and comparison outcomes were compared while protecting the identities of the individuals being studied.

Perpetrators in CA/N investigations are generally adequately identified (name, address, social security number). The exception to this rule is cases in which one of the perpetrators is only loosely connected to the family. For example, a boyfriend of the mother in a sexual abuse investigation may disappear from the scene before the investigator or police ever talk to the family. In these instances the CA/N investigator may have only a name and nothing else. A name alone is usually inadequate for doing a criminal records check. Of the 933 perpetrators, 15 were found to have insufficient identifying information leaving a final total of 917 on whom arrest checks could be made.

Arrests were tracked up to October 1997, but the period of tracking varied from one individual to another. Initiating incidents were spread fairly evenly over the period from July 1995 to December 1996. Consequently, arrests records could be followed for as long as 28 months (July 95 to October 97) for some persons and as little as 11 months (December 96 to October 97) for others. No important differences were found, however, between the distributions of initiating incidents in the pilot and comparison areas for this set of perpetrators over the study period.

Limitations of the Analysis and How those Limitations were Addressed

The analyses presented in the report are based upon criminal arrest records. Arrest records provide a picture of police involvement in cases. They do not provide data on warrants issued or on arraignments and other court proceedings. They tell us nothing directly about guilty pleas, convictions or sentencing. On the other hand, criminal arrests are essential first steps in later criminal proceedings. If arrests do not occur nothing else of a legal nature follows. On this basis we believed that an analysis of arrest records might provide information relevant to the demonstration goal of increased prosecution of perpetrators of criminal CA/N.

The analyses are limited in several other ways. First, systematic differences may exist in the completeness of arrest information. To some extent the large number of Missouri counties from which child welfare cases were drawn may mitigate any differences of this kind. Secondly, arrests only support the hypothesis if they occur in conjunction with CA/N investigations. Simply counting arrests of CA/N perpetrators is not adequate in and of itself. This problem was addressed in three ways:

1. Only those arrests were captured and counted that occurred *on the day of or after* the initiating incident.

2. The date of the arrest was recorded, permitting greater weight to be assigned to arrests that were closer in time to the initiating incident.

3. The kind of charge was recorded, permitting charges that were most likely to be related to child abuse or child neglect to be considered separately and permitting the type of charge to be matched with the type of initiating incident (e.g., sexual abuse incidents and sexual abuse criminal arrests).

Finally, the general research design of the evaluation could not completely insure complete comparability of the pilot and comparison groups. We have attempted to add to the control in this instance by presenting segregated as well as full-sample analyses. By segregating perpetrators by the type of incident we were assured that primary comparison involved the same general types of abuse incidents—apples were compared with apples.

Findings and Analysis

A relatively high volume of arrests was found among the 917 individual perpetrators in the period after the initiating incident. These can be seen in Table 1. The table collapses the offenses into general categories, showing the number of arrests or charges[50] for each and the number of persons involved in each.

A little less than seven of every ten perpetrators (69.14 percent) had no arrest records during the period considered. With some minor exceptions, arrests were found in virtually every general category in the Missouri Charge Code Manual. The largest

[50] In some instances individuals were arrested at different times on different charges. In others, several different but related charges were made during one arrest.

categories were those potentially related to child abuse and neglect activities: sexual assault, assault, sex offense, family offense and dangerous drugs. The categories of sex offenses and family offenses include specific offenses that correspond to Missouri's child protection statutes.

Stated the other way, over 30 percent of the perpetrators experienced criminal arrests in the period following the initiating incident. This figure would no doubt have been higher had it been possible to follow the entire sample for 28 months. On average individuals were tracked for 19 months in the range of 10 to 28 months, as noted above.

Table 1. Subsequent Arrests of CA/N Perpetrators

Arrest Offense Category	Number of Charges or Arrests	Number of Persons Arrested	Percent of Persons	Arrest Offense Category	Number of Charges or Arrests	Number of Persons Arrested	Percent of Persons
No subsequent Arrests		634	69.14	Family Offense	175	104	11.34
Homicide	15	7	0.76	Obstructing Police	3	3	0.33
Sexual Assault	482	135	14.72	Flight/Escape	3	3	0.33
Robbery	4	2	0.22	Obstructing Judicial Proc.	26	17	1.85
Assault	91	54	5.89	Weapons	11	11	1.20
Burglary	22	11	1.20	Dangerous Drugs	48	26	2.84
Stealing	31	21	2.29	Peace Disturbance	1	1	0.11
Kidnapping	9	7	0.76	Health and Safety	1	1	0.11
Arson	1	1	0.11	Hazardous Driving	24	22	2.40
Forgery	4	4	0.44	Haz. Vehicular Conditions	2	1	0.11
Fraud	14	10	1.09	Local Offense-Persons	3	2	0.22
Sex Offense	73	40	4.36	Local Offense-Property	1	1	0.11
Damage Property	13	12	1.31	Local Drug Offense	3	2	0.22
Stolen Property	9	8	0.87	Local DWI/Alc. Offense	5	4	0.44
Obscenity	4	2	0.22				
Total		917		Total		917	

Sexual Abuse

There were 737 sexual abuse perpetrators of which 363 were in pilot areas and 374 in comparison. The first place to look for evidence of further legal work consequent to such CA/N findings is in arrests for sexual offenses of various types. These fell into two categories.

- **Sexual assault**: forcible rape, statutory rape, sexual assault, forcible sodomy, statutory sodomy and deviant sexual assault.

- **Sexual offense**: sexual misconduct, sexual abuse, incest, child molestation, use of child in sexual performance and promoting sexual performance of a child.

In Table 2 it can be seen that significantly more pilot sexual abuse perpetrators were arrested than comparison (25 versus 17 percent). Most of this difference can be seen to occur within the first five days (0 refers to the day of the incident), where 42 pilot perpetrators were arrested as compared to 13 comparison. Significant differences occurred in only this first period after the initiating incident. The small variations that appeared in subsequent periods in the table did not represent statistically significant differences. As noted earlier, this is strong evidence that these differences were connected to the investigation and to the incident itself.

Table 2. Sexual Assault and Sexual Offense Arrests of Perpetrators in Substantiated Sexual Abuse Incidents

Period after Initiating Incident	Pilot		Comparison	
	Number*	Percent	Number*	Percent
0-4 days	42$^{\alpha}$	11.6	13	3.5
5-9 days	9	2.5	6	1.6
10-14 days	4	1.1	4	1.1
15-29 days	5	1.4	7	1.9
30-59 days	10	2.8	13	3.5
More than 60 days	46	12.7	38	10.2
Total	91$^{\beta}$	25.1	65	17.4
N	363		374	

* The numbers in columns are sometime duplicated since certain perpetrators were arrested more than one time for more than one type of offense. Counts are of people, not arrests. Individuals were often arrested on several separate counts within the category.
α $p < .0001$
β $p = .007$

The most commonly occurring categories under sexual assault were statutory rape, statutory sodomy, rape and sodomy, in that order, although all offenses within that category were represented. In the general sexual offense category, the most common type of arrest was for sexual abuse (with and without the use of a weapon).

Family Offenses

Family offenses included a wide variety of charges that are directly or indirectly related to child abuse and neglect. This is the next logical category to examine in the analysis.

- **Family Offenses**: bigamy, abandonment of a child, non-support, endangering the welfare of a child, abuse of a child, unlawful transactions with a child, violation of terms of an ex parte or full order of protection, ex parte (child protection), failure to report child used in sexual performance, trafficking in children, school-related offenses and unlawfully surrendering custody of child.

For this analysis the entire sample of perpetrators was included. Adults in sexual abuse cases can also be charged with other family offenses. The other two categories

involve physical abuse and we would expect to find many of these arrested on charges within this category (abuse of a child).

Again, the same pattern appears. A significant difference was found between cases for the total time period (63 versus 41 persons) but this is accounted for by the large differences observed (36 pilot versus 15 comparison arrests) during the first 10 days after the initiating incident.

Table 3. Family Offense Arrests, All Perpetrators

Period after Initiating Incident	Pilot		Comparison	
	Number*	Percent	Number*	Percent
0-4 days	30^{α}	6.7	10	2.1
5-9 days	6^{β}	1.3	1	.2
10-14 days	5	1.1	2	.4
15-29 days	4	.9	4	.8
30-59 days	5	1.1	7	1.5
More than 60 days	22	4.9	23	4.9
Total	63^{χ}	14.1	41	8.7
N				

* The numbers in columns are sometime duplicated since certain perpetrators were arrested more than one time for more than one type of offense. Counts are of people, not arrests. Individuals were often arrested on several separate counts within the category.
α $p < .0001$
β $p = .05$
χ $p=.006$

Looking inside these cases at the type of incidents, no pilot-comparison differences were apparent between arrests in cases of severe physical abuse. The differences that appear in Table 3 were spilt proportionately between perpetrators in sexual abuse incidents and those in less severe physical abuse incidents. The absence of findings for severe physical abuse may be due to the small number of cases but is more likely explained by the nature of the injuries included in that category (see listing above).

Other Kinds of Arrests

The analyses just presented of sexual abuse and family offenses concerned only three of the general categories presented in Table 1: sexual assault, sexual offenses and family offenses. A large number of arrests were made of CA/N perpetrators for other offenses that would appear to be unrelated or only indirectly related to child abuse and neglect. We hypothesized that no effects of the demonstration would appear for these kinds of offenses, or that no statistical differences would be found between the arrests of perpetrators in pilot and comparison areas. This indeed appeared to be the case.

Because of the small numbers of individuals in the other arrest-charge categories, separate analyses were generally not possible. All other arrests statistics were collapsed, therefore, for the analysis of other kinds of arrests. Although slight trends sometimes

appeared favoring pilot areas in arrests for other kinds of crimes—homicide, robbery, stealing, drug offenses, and so on—no statistically significant differences were found between pilot and comparison perpetrators. This was true even for the criminal assaults (which might be related to physical abuse), for which we did conduct a separate analysis.

County Differences

The higher proportion of arrests for sexual abuse perpetrators in pilot areas appeared to be spread fairly evenly across the pilot area offices. In certain pilot counties the difference was somewhat more dramatic, however. For example, in St. Charles County 71 sexual abuse perpetrators followed, and, of these, 17 (24 percent) had experienced at least one arrest within 30 days. Compare this to the comparison offices of Buchanan County (1 arrest of 53 perpetrators in 30 days), Clay (1 arrest of 50) and Greene (12 arrests of 103). Other pilot areas with high relative performances were the St. Louis County pilot zip codes (5 arrests of 15 perpetrators in 30 days), Newton (6 of 31), and, for very rural pilot areas, Barton (2 of 9) and Washington (3 of 14).

For family offenses, again, St. Charles was the relative leader with arrests of 26.8 percent of perpetrators (19 of 71) in the first 30 days. However, other pilot counties also contributed to the differences: Boone (8 of 36), Jefferson (6 of 63), St. Louis County (2 of 15). No comparison area office achieved an arrest-of-perpetrator rate comparable to these. An intriguing pattern of arrests for family offenses was found within pilot areas. Pilot counties with larger proportions of reports screened for investigation tended to have a low proportion of arrests for family offenses.

As was the case for most of the analyses of the demonstration evaluation, no one county could be singled out to explain all of the differences found.

Summary and Conclusions

Together these findings offer particularly strong support for the notion that the Family Assessment demonstration led to increased legal pursuit of perpetrators of the most serious types of child abuse and neglect.

1) Significantly more arrests occurred in pilot areas for sexual assault, sexual offenses and family offenses. These are the categories that correspond most closely to Missouri child protection statutes. These are precisely the kinds of findings we would expect if the differences were due to the Family Assessment demonstration.

2) The large differences in arrests tended to occur during the 10-day period following the initiating incident. This suggests that the differences are related to the CA/N incidents and to the investigative activities that surrounded them and adds further support to the conclusion that the differences in arrests can be attributed to the demonstration.

3) Sexual assault and sexual offense charges were found almost exclusively for perpetrators in sexual abuse incidents. This also relates the arrest findings more closely to the findings of the investigation.

4) No significant difference was found between pilot and comparison areas in arrests for offenses that were unrelated or only indirectly related to child abuse and neglect. This indicates that the first conclusion reported above (1) was not due simply to greater general criminal involvement of the CA/N perpetrators in pilot areas.

5) The differences found between pilot and comparison areas were spread across a number of pilot offices. The findings do not seem to be attributable to particularly good arrest performances in one pilot county or to particularly poor statistics in one or a small set of comparison offices. The effects were more widespread supporting the assertion that the differences observed were due to the demonstration.

The family assessment approach was premised on the notion of enhancing the positive aspects of most initial family visits in the pilot areas by making them non-adversarial. At the same time, the approach involved a focusing of investigations onto a smaller set of families where it was highly likely that criminal and highly dangerous activities were taking place. Earlier findings of the evaluation suggested that this improved the efficiency of investigations and that co-investigations with law enforcement occurred more often. The present analysis builds upon those findings and suggests that the next step was taken more often in investigations—pursuit of criminal charges for those who prey upon children.

This issue is critically important to the continued success of the approach inherent in the Family Assessment Demonstration. A primary concern was whether reductions in formally investigated reports might lead to a relaxation of the child welfare agency's vigilance in protecting children and in assuring that criminal abuse of children is not repeated. The findings of this analysis provide no support that such a relaxation took place. They rather support the contrary assertion that vigilance was increased.

This analysis was based on arrest data. To study prosecutions and convictions directly further data collection would be required. Such a study would be based on a sample of cases selected statewide that would be followed-up within the *local* police and court system. The methods developed could, in turn, be incorporated into an ongoing system of self-evaluation. The method used in the study could be adapted for DFS to collect ongoing information of this kind based on regular samples of investigations.