Family Assessment in the District of Columbia

Program Evaluation

Final Report
to the
Child and Family Services Agency

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Executive Summary

This is a report of the results of an evaluation of the Family Assessment (FA) program operating in the child welfare agency in the District of Columbia, the Child and Family Services Agency (CFSA). The evaluation was conducted during the period from May 2015 through January 2016. The following summary provides general descriptions of findings and conclusions that can be drawn.

Characteristics of Families Assigned to Family Assessments

Family assessments began in late 2011 but were confined initially to educational neglect reports. The program (CPS-FA) began to be expanded in 2013 to include reports with other allegations. All sexual abuse allegations and nearly all severe physical abuse and neglect reports were assigned to investigations (CPS-I). More reports of less severe physical abuse and child endangerment continued to be assigned to CPS-I but the proportions assigned to CPS-FA increased. Roughly equivalent proportions of certain child neglect (lack of supervision, medical neglect) were assigned to CPS-I and CPS-FA while reports of other types of child neglect (clothing and hygiene, food and nutrition, adequate or safe shelter) were more often assigned to CPS-FA. Educational neglect continued to be a priority for CPS-FA, involving well over a one-third of all family assessments.

Family risk assessments (FRA) are conducted by workers during home visits. In general, more high risk characteristics were found in CPS-I families, including chronically reported families, families with a delinquent child or a child with a mental health or behavior problem, mentally ill caregivers, caregivers with substance abuse problems, domestic violence incidents, homeless families and families with unsafe housing.

Conclusions. The differences found in allegations and risk levels were planned as a part of the design of the family assessment program. The evaluation confirmed that these differences were maintained as the program was expanded during the 2013-15 period.

Child Safety

Child safety under CPS-FA was studied in three ways. 1) Long-term child safety was studied through a comparative analysis of recurrence of reports and subsequent placements of children. CPS-FA families and a similar group of CPS-I families were compared. The analysis found no significant difference in the number of subsequent reports, although significant differences were found in the pathway assignments of subsequent reports. The latter was interpreted to indicate improved long-term safety among CPS-FA families. No difference was found in the small number of later removals and out-of-home placements of children. 2) Focusing on changes in safety during the family assessment process,

a general trend was observed in the direction of improved safety. Most safety issues found at first contact were either rated as mild or not present by the time of final contact. 3) In a general survey, more than two in three family assessment social workers considered children equally safe or safer in FA referrals than in investigations but one in five said they thought some FA children would be safer if their report had been investigated. None of the CPS-I workers surveyed indicated that children were kept safer through investigations—all said that children were kept equally safe through either approach or that they could not judge.

Conclusions. Based on long-term recurrence statistics, changes in child safety during family assessments and the judgments of CPS-FA and CPS-I workers and supervisors, evaluators found no evidence that children were less safe in family assessments than in investigations. Some evidence was found indicating improved long-term safety of children.

Family Engagement

The philosophy of the family assessment approach calls for a family friendly and non-threatening approach to families along with an emphasis on family participation in the decisions that are made. CPS-FA workers indicated that they understood the goals and philosophy of the family assessment approach either fully or adequately. These workers indicated by large majorities that families were more likely to be approached in a non-adversarial and friendly manner under CPS-FA than CPS-I. A majority said that families were more likely to be encouraged to participate in decisions under CPS-FA than CPS-I. The large majority of families that had received a family assessment indicated that they were very or generally satisfied with the way they were treated by the social workers who visited their homes and that they were treated respectfully. Nearly all felt the workers listened to them and tried to understand their family situation. When decisions were made about nine in ten said that they participated in decision making. The responses of families concerning family engagement were generally similar to those of families in earlier evaluations of the family assessment approach. This included the emotional responses of families, which like previous evaluations that utilized contemporaneous control groups, included more positive than negative affective responses to visits by workers. Several workers noted that among many caregivers there was a continued lack of trust with CPS in any guise—a kind of proof-is-in-the-pudding notion that suggests the community of clients may still be waiting to see whether FA represents a real change or a passing phase.

Conclusions. Based on the responses of families and workers, evaluators concluded that family engagement in family assessments 1) is substantially distinct from the way families are approached in investigations, 2) as conducted by most CPS-FA social workers, is consistent with CFSA practice guidelines and program goals, and 3) is similar to what was observed in other evaluations of this approach in states and jurisdictions that utilized randomly assigned control groups and produced positive results.

Services

FA family responses concerning various kinds of services were compared to those of families in past evaluations of the family assessment approach. A commonality was that many families indicated they received assistance of a practical and material nature. A somewhat larger proportion received food, clothing assistance, help with housing and appliances and furniture than elsewhere. Over two in every five family indicated that the CPS-FA social worker referred then to a community agency for services and half said they were referred to another source (church, shelter, etc.) for help. About one-quarter of families indicated that the worker provided some direct assistance to them. While some families indicated they needed help beyond what the worker could provide the large majority indicated that the services received were what they needed and were enough to really help them.

CPS-FA workers responded about specific families with whom they worked. The average number of face-to-face and telephone contacts was about the same as evaluators found in past evaluations in other states and jurisdictions. Worker reports of services revealed that service activities most often involved providing information and referral. General closing codes on all family assessments showed that about one in every ten assessments ended with a linkage to one of the community collaborative organizations contracted to provide services or to another agency. However, the responses of workers about specific cases and the responses of families showed that other linkages and referrals occurred to a large variety of neighborhood organizations and providers (such as mental health). Linkages with schools were frequent because of the large proportion of educational neglect cases.

When workers were asked if FA families received any services they would not have received in a CPS-I referral, just one in ten said yes. This may mean that families in investigations receive a significant level of assistance. It may also reflect the fact that FA social workers are not considered to be case managers, and if case management is needed for ongoing services FA workers are expected to refer families on to community collaboratives or another community resource. And it may be because workers 1) simply do not know how many families receive services through the referral information and assistance workers give them, 2) how helpful families perceive workers' direct assistance to them to be, or 3) have no formal way of knowing anything about services provided to FA families by the collaboratives. Two-thirds of FA families reported receiving some assistance or services. From the case-specific survey we know FA workers are making significant efforts to refer families to community resources. From the general worker survey we also know that FA social workers seem more aware of the availability of specific services than CPS investigators.

Conclusions. Because of the short-term nature of family assessments, most of the service work of family assessment workers involved linking families with organizations and service providers--

although FA social workers often provide direct assistance to families during the referral period. On the other hand, contacts with families and service referrals were high, considering that, had they be investigated in the traditional manner, most of the FA cases would have ended as unsubstantiated. The bottom line is that the evidence suggests FA has positively impacted assistance to families.

Effectiveness of Family Assessments

FA social workers were generally positive in their assessment of their ability to intervene effectively and help families. Many singled out the importance of family cooperation as essential in family assessments. As a group FA workers were cautious in their assessment of the level of cooperation actually attained, although on average they rated families as cooperative. The proportions they judged to be uncooperative at the first meeting was 24%, which matched the proportion found in a previous evaluation in Ohio. About a quarter of FA social workers held reservations about the appropriateness of some of the referrals they were given and thought the report would should have been investigated.

In assessing specific families with whom they conducted family assessments, workers reported progress on a wide variety of issues. However, in many cases workers could not judge the level of change because of the short-term nature of family assessments and because they rarely knew the outcomes of services provided by agencies to which families were referred. In addition, low rates of improvement were seen in certain basic material needs of families, showing that these are difficult for CPS workers to address without additional funds or direct control of the services that can best address such needs. However, workers considered their service response sufficient to assist a majority of families with which they worked.

Conclusions. There are indications that family assessments are effective in responding to some needs of families. This must be tempered by what workers can realistically accomplish in the context of the short term nature of family assessment, which must be closed in 45 days, and the limited resources effectively available to FA workers. As noted under services, families are often referred to other sources of help that may assist them, but family assessment workers generally do not know whether those outcomes are positive or negative.

Chapter One

Introduction

This is the final evaluation report of the Differential Response Family Assessment model implemented in the District of Columbia by the Child and Family Services Agency (CFSA). The evaluation was conducted during the period from May 2015 through January 2016. The evaluation was planned as an extension and expansion of a Preliminary Evaluation of Child Safety conducted in the latter part of 2014. The primary focus of the study was the family assessment (FA) response track or pathway that has been integrated into the District's child protection system, starting in 2011. The research design and methodology are similar in many ways to those employed by the current researchers in studies of differential response and family assessment in other jurisdictions, notably Minnesota, Missouri, Nevada, Ohio, and Maryland.

Family Assessment. The traditional response to reports dating back to the battered child syndrome of the 1960's and to the Child Abuse Prevention and Treatment Act (CAPTA) of the early 1970's was univocal—all accepted reports of child maltreatment led to a forensic investigation. This approach was modeled on investigations in the criminal justice system, collecting evidence through interviews, observations, photographs and medical testing. But over time the number of reports increased and a wider set of issues and threats to children were reported. The definition of child maltreatment expanded and caseloads grew, as did dissatisfaction with traditional investigations as the only response by child protection systems (CPS) to all reports. In 1990 the national Advisory Board on Child Abuse and Neglect concluded that "the system the nation has devised to respond to child abuse and neglect is failing."

Differential Response (DR) developed as part of a search for a better way and the recognition that as there are significant differences among the many child maltreatment allegations that are reported, some much more likely to involve imminent safety threats to children than others, that the response should vary in some measure that is congruent with the report. The most common model of DR that has been implemented involves a basic differentiation of reports into two groups. The first group includes allegations of a more severe nature that may involve criminal acts and/or represent an imminent safety threat to a child. Reports in this group are judged to require a formal investigative response. The second group involves allegations of problems or situations of a less severe nature, often involving conditions that are more chronic and less acute and in which the risk to the child is real but not imminent. This second group has come to be viewed as benefiting more from a broader assessment of the family situation that is carried out in a less threatening and more friendly manner, seeking the

cooperation and participation of the family in identifying its problems and its strengths. While the second approach, most commonly referred to as family assessment, also focuses first on the safety of the child, its priority is not identifying and accusing a perpetrator but understanding and untangling the broader dynamics of the family and enlisting the help of everyone in the family in resolving and improving the situation. If, at any point in a family assessment process, new concerns arise about the safety of children, the response can be changed and a full investigation conducted.

Family Assessments in CFSA. CFSA introduced family assessments (FA) and a dual-response approach to child maltreatment reports in the second half of 2011. In the beginning the FA pathway was used only for reports of educational neglect. One unit of FA workers was established. Two years later in 2013 the types of cases directed into the FA pathway began to be expanded to include other allegations of child maltreatment. Allegations of sexual abuse, of extreme and criminal forms of child abuse and neglect, and of very dangerous family situations continued to be investigated in the traditional manner. The changes in allegations accepted for FA are shown in Chapter 2, where the progression to other forms of child neglect, child abuse and family endangerment can be seen. The number of staff assigned to conduct family assessments was also expanded from the few workers in the single 2011 FA unit to several other units until by 2015 there were 45 individual workers conducting family assessments. Within CFSA these are termed CPS-FA workers. Investigators are designated as CPS-I.

Family assessments occur in what are called FA referrals. Incoming reports are initially screened as appropriate and sent to the "R.E.D. Team" for review and final determination. If deemed appropriate for a family assessment the report is sent to an FA unit where it is assigned to a family assessment social worker. Whereas reports screened for an investigative referral require a CPS-I worker to see the child(ren) in question within 24 hours to determine their wellbeing, CPS-FA workers have 120 hours to make contact with the family--depending on the nature of the allegation and age of children—allowing time to reach out to the family and schedule a home visit at which, hopefully, the entire family will be present. The policy is that FA referrals be conducted within 45 days. At that point the assessment is closed, with referrals to community agencies for services or assistance that might be needed. If substantial and ongoing services are required the family is referred to a Community Collaborative, five multi-faceted agencies spread throughout the District with which CFSA has contracts for this and other programs. The referral is done through a "warm handoff" involving family members, the FA social worker and a social worker from the collaborative. FA social workers are not viewed as case managers; case management would be expected to be handled by a collaborative or yet some other community agency. The responsibility of FA workers is the assessment process, during which time immediate assistance may be provided to families and service information and referrals made, but case management is viewed as a more prolonged and involved need and is considered the province of other agencies. If the level of risk is considered very high, an FA family may be referred to CFSA's in-home unit instead of a collaborative for longer term help and monitoring. The participation of families in FA referrals is considered voluntary, but

if a worker has serious concerns about the safety of a child the assessment is not voluntary; and if the family is uncooperative and/or new safety concerns of a serious kind are discovered, the FA worker has the responsibility to recommend conversion of the response to a full, forensic investigation.

Research Methods

The methods utilized in this evaluation were developed in five previous evaluations, including Missouri (1995-98; 2002-03), Minnesota (2001-03; 2004), Nevada (2007-09), Ohio (2008-10; 2010-13), and Maryland (2013-15). Reports of these evaluations may be read at www.iarstl.org where other papers and reports on CPS and child welfare can also be found.

Timeframe. The allotted time for the present evaluation was short. The evaluation design, which was completed in late 2014, assumed 12 months for the study, including approximately 10 months of data collection and the remainder for analysis and writing. The plan was to begin in January 2015. A 12-month evaluation period was much shorter than any of the five previous evaluations (listed above), each of which lasted 24 months or longer. The contracting process, however, delayed the start of the project until early May 2015. Some data collection, such as staff interviews, began in May but most data collection began in June and July 2015. Given the deadline (extended from December 31, 2015 to January 31, 2016) the data collection period was limited to approximately 5 months.

Previous and present experimental designs. Each of the five previous evaluations began as the DR program was first being implemented. In four of these, *contemporaneous* control or comparison groups were selected in experimental or quasi-experimental designs. The families in these groups were very similar to the families receiving family assessments but all control/comparison families were nonetheless investigated. In the present evaluation a *retrospective* comparison group was selected from among investigated (CPS-I) families. This permitted tracking of families to determine whether any variation occurred in subsequent reports of child maltreatment and removals of children. An unavoidable consequence of these comparative designs in the previous studies and in the present evaluation was that the families who were compared were those encountered in the earliest days of the programs simultaneous with worker training and development of policies and procedures.

Uploads from the CFSA data system. The administrative data system (FACES) was made available to researchers through monthly uploads from June through November 2015. These consisted of dumps of selected tables from the Oracle database, which were received and converted into a format suitable for research purposes. During June and July, conversion programs were developed along with the structure of the final research database. This database formed the basis of the family and case-specific surveys as well as the planned retrospective comparative study (see below). In addition, names, addresses and telephone numbers of sampled families were extracted from the database. Each FACES upload was cumulative in nature adding new records for the previous month, which were extracted and

converted. The final research database focused primarily on 15,257 families reported to the CFSA hotline between July 2011 and September 2015, although historical child and family data were extracted and used that dated from the year 2000 forward and earlier for some data tables. The number of investigations and family assessments from July 2011 to September 2015 numbered 28,485. The database also included results of *Family Risk Assessments* (discussed in Chapters 2 and 3) and results of various other tools utilized by CFSA. Two other instruments were converted and analyzed (the *Child Strengths and Needs* and the *Family Strengths and Needs* instruments), although these were not used in the study because they were completed on only a minority of study families.

Comparative analysis. As noted above, a comparative study was designed and executed and is described in Chapter 3, Section 1 and in the Appendix. The study was retrospective utilizing CPS-FA families assigned from September 2011 through June 2014 and CPS-I families assigned from July 2011 through June 2014. Only families with completed Family Risk Assessments (FRAs) were utilized and these consisted of 1,051 CPS-FA families and a matched group of 1,082 CPS-I families, which were selected from a pool of 9,669 CPS-I families. Each family was tracked for 460 days and all new reports and subsequent removals and placements of children were studied in the analysis.

Family feedback. Surveys of experimental families receiving family assessments and control or comparison families receiving investigations were a part of all previous evaluations. In the present study, however, surveys were limited only to families receiving family assessments, since only a retrospective comparative analysis was possible. The initial plan was for interviews to be conducted by CFSA staff, utilizing structured interview schedules designed by the evaluators. However, this did not prove feasible and only a small number of interviews were conducted. Consequently, the contact method was switched to mailed surveys and these were carried out by the evaluators. Because of the delay in changing methods, only two mailings were possible (in October and November), given the study timeframe and the time of the final FACES upload in November 2015. The addresses in FACES associated with the location of the family at the time of the family assessment was the most up-to-date available to researchers and was utilized for mailings. There was a natural gap between the closing of family assessments and the time of the surveys, and during this interval about one-third of the families moved leaving no forwarding address; and the addresses listed for some assessments were temporary ones, such as homeless shelters. Responses from 59 families were available for analysis, which could not start until mid-December 2015, although family surveys continued to be received after than time.

Case-specific survey. A second data collection method involved obtaining feedback from CPS-FA workers on a sample of specific cases for which they were responsible. This was accomplished through emailed requests to workers and the completion of an online survey instrument. The survey asked workers a series of questions that served as the basis for the analysis of changes in safety and well-being

during the family assessment process, family needs and services and service referrals provided to families. By the time analysis had to begin 46 case-specific surveys had been received.

General worker survey. A survey of workers and supervisors of a more general nature—that is, not focused on a single family as was done in the case-specific survey—was conducted late in the data collection period. This survey was requested of all CPS-FA and CPS-I workers and supervisors. The instrument was available online. The survey sought to measure general experiences, attitudes and opinions of staff regarding family assessments, investigations and aspects of the child protection system of CFSA. By the beginning of analysis responses had been received from 51 staff members.

Interviews. Researchers made site visits to CFSA in May, June, September and October during which interviews were held with CPS family assessment social workers, CPS investigators, in addition to CPS supervisors and unit managers. Three Community Collaboratives were visited on one of these visits and staff interviews were conducted.

Report Outline

The report is composed of 6 chapters and an appendix. *Chapter 2* is an analysis of the characteristics of cases directed into family assessments. The development of the program is considered. Then reasons for closing assessments are examined. Comparative analyses of reports and allegations and family risk variables are presented. *Chapter 3* examines child safety in three ways. First, a comparative study of CPS-FA and matched CPS-I families is described that examined longer-term safety, as indicated by report recurrence and child removals over a 15-month period. Matching methods are described in that section and are considered in more detail in the *Appendix*. Second, short-term safety within the context of family assessments is analyzed. Third, attitudes and opinions of workers and supervisors concerning child safety in family assessments are examined.

Chapters 4 through 6 are focused on practice and operational issues. *Chapter 4* looks at family engagement and contains analyses of family responses and the views of workers. *Chapter 5* concerns services to families, including feedback from families and workers, from both the general and case-specific surveys. Since there were no control or comparison groups for these parts of the study, and because the sample sizes were so small due to the constricted data collection period, results in the current study are frequently compared with findings from similar studies in other jurisdictions in which control or comparison groups were available. *Chapter 6* contains a discussion of a set of operational issues related to the implementation of family assessment pathway and staff attitudes about it. The chapter examines community outreach, the relationship between CFSA and community agencies and institutions, FA training, job and workload issues, staff thoughts of community collaboratives, and a review of the attitudes of CPS staff about the family assessment pathway.

Chapter Two

Characteristics of Families Assigned to Family Assessments

This chapter is concerned with characteristics of families encountered by the agency from the time the family assessment approach was adopted by CFSA in mid-2011 until the present. Characteristics of families associated with particular child maltreatment *reports* are considered over the period from July 2011 through September 2015, approximately 50 months or a little over 4 years. The analyses are limited to reports that were selected for family assessments (CPS-FA) or investigations (CPS-I). (Families that were screened out of CPS-FA or CPS-I are not considered, although many of these families were provided with service information or referrals to other services and programs.) In each instance, therefore, a worker attempted to contact and usually succeeded in contacting the family and conducting an assessment or investigation. *Because many families were encountered more than one time over 4 years, they are counted more than once in the frequencies presented in this chapter.* Families and their circumstances change, of course, over such a period. The comparative analysis in the next chapter is concerned with individual families and avoids such duplication. As will be seen in that chapter, families who were encountered more than one time were sometimes shifted between family assessments and investigations. This occurs because CPS-FA and CPS-I pathway assignment, like the report screening process itself, is primarily concerned with the present allegations of child maltreatment. Thus, a family who was investigated for a type of child abuse may after several months or years be re-reported for another reason, say an unsafe home, and receive a family assessment at that time. It is good to keep this in mind and realize that in the present analysis the same families are sometimes counted under both CPS-FA and CPS-I.

This kind of analysis is useful because it illustrates the types of families that workers and the agency encounter on a daily basis. It also reveals emphases of decision-making during assignments to the two pathways. It permits answers to the questions about differences in CPS-FA cases over time. In addition, the question is often asked: What types of families are directed into the CPS-FA pathway and how do they differ from families in CPS-I? This analysis provides a partial answer to that question.

Changing Characteristics of Reports Assigned to CPS-FA

Increasing utilization of the CPS-FA pathway. During the period from September 2011 into the Autumn of 2013, the FA program was limited to a single worker unit, and only reports of educational neglect were approached in this way. In **Table 2.1**, we show the total CPS-FA reports during the first 24 months of the program (7/11-6/13). This amounted to 724 or about 30 reports per month. The other cells of the table show the number of family assessments for the three 9-month periods following June

2013. As can be seen the monthly averages steadily increased during this period, from 151 to 245 family assessments per month.[1] Throughout this time there was a corresponding increase in CPS-FA workers and worker units. While we counted 6,119 FA reports during this entire period, this total constituted only 21.6% of the 28,320 reports referred either to investigations or family assessments. However, this percentage does not represent the current state of affairs. During 2015, we found a total 5,132 reports (during the first 9+ months) directed to CPS-FA or CPS-I of which FA constituted 42.9%. This is the proportion for the final third of the 27 month period (beginning in June 2013) during which the proportion of cases directed to CPS-FA steadily increased. We have found in other states and jurisdictions that CPS-FA proportions of all reports may reach 60% to 70% after several years, as workers, supervisors and administrators become more comfortable and confident with the approach.

Table 2.1. CPS-FA reports from July 2013 to September 2015

	7/2011-6/2013	*7/2013-3/2014*	*4/2014-12/2014*	*1/2015-9/2015*	*Total*
Number of FA reports	724	1,363	1,830	2,202	6,119
Monthly average	30	151	203	245	

Changing patterns of allegations under CPS-FA. We noted that the focus of the CPS-FA during the first two plus years was educational neglect. This means that reports were directed to the program in which educational neglect was the primary concern of the child maltreatment report. After the period in late 2013, the program was expanded to include other types of reports. **Table 2.2** shows other categories of report allegations during the same four periods shown in **Table 2.1**.

We found that about 8 of every 10 reports (81.2%) during the first two years included allegations of educational neglect. However, some of these reports and other reports assigned to CPS-FA involved other categories of child neglect. The largest of these involved problems of clean and safe homes (9.8%), which as we will see is a problem that frequently occurs among families reported to CFSA. This was closely followed by food and nutrition problems (9.7%). Since the percentages in this column add to 111%, this means that some of the families visited for educational neglect also had other food, clothing and shelter issues. It should be noted that these were allegations, that is, what *reporters* indicated to be problems in the families. We will see below that workers also found such problems in assessing families.[2]

[1] The final category includes some cases from early to mid-October 2015 and is slightly inflated.

[2] The CFSA child welfare information system (FACES) currently utilizes a specific set of allegation categories. However, we discovered that the same categories had been utilized in the past under different coding values. In addition, some categories appeared to be abandoned as categories were combined and coalesced. These changes reflect modifications and reforms of the information system over many years. To deal with this, we combined similar categories under single coding values in order to present a consistent picture of report allegations. The

Table 2.2. Categories of child abuse and neglect allegations of FA reports from July 2011 through September 2015

	7/2011-6/2013	*7/2013-3/2014*	*4/2014-12/2014*	*1/2015-9/2015*
Sexual abuse	0.0%	0.0%	0.0%	0.0%
Emotional maltreatment: Psychological abuse	0.0%	1.2%	3.3%	6.7%
Endangerment: Adult alcohol or drug use	1.1%	**14.7%**	7.9%	4.8%
Endangerment: Domestic Violence	0.0%	8.1%	**10.7%**	9.9%
Endangerment: Unwilling or unable to care for child	3.5%	6.3%	**19.5%**	8.3%
Neglect: food/nutrition	9.7%	**13.4%**	**10.7%**	7.9%
Neglect: clothing/hygiene	5.0%	6.6%	8.9%	9.4%
Neglect: adequate or safe shelter	9.8%	**12.1%**	**11.5%**	9.0%
Neglect: medical or mental health	0.0%	4.8%	7.5%	7.7%
Neglect: supervision or proper care	0.0%	**11.4%**	**18.7%**	**19.7%**
Neglect: education	**81.2%**	**38.8%**	**29.6%**	**37.5%**
Neglect/abuse: failure to protect child	0.0%	1.6%	2.7%	3.0%
Physical abuse: hitting/kicking/shaking	0.0%	**15.1%**	0.0%	0.0%
Physical abuse: type unspecified	0.6%	6.1%	**25.0%**	**22.6%**
Total Reports	724	1363	1830	2202

As can be seen, sexual abuse cases[3] are excluded from CPS-FA. Further, while not shown in the table, and only a tiny fraction of severe physical abuse (beating, cutting, broken bones, confinement, etc.) were assigned to CPS-FA.

During the subsequent periods, as CPS-FA was expanded, other types of reports came to be included. While the total number of educational neglect cases remained large (and in fact, increased as a monthly total during these periods), the proportion of such cases decreased to less than 4 in every 10 FA reports as other types of reports entered the picture. The three categories of neglect mentioned above (food, clothing and shelter) increased slightly as a proportion of all cases. However, large increases occurred in the categories of physical abuse and lack of supervision.

A new group method of pathway determination (the R.E.D. Team) was instituted in early 2014, shortly after the beginning of the third period in **Table 2.2**. A corresponding increase was seen in the proportion of reports assigned to FA with allegations of parents unwilling or unable to care for or

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categories in Table 2.2 are a subset of these. Note that the final two physical abuse categories might well be combined, and that the differences between them may reflect our coding choices.

[3] In CPS practice the term ***case*** usually refers to a formal service case that was opened to provide assistance and services and to monitor the continuing progress of families. In this report we use the term more broadly to mean a ***research case.*** Thus, we sometimes refer to child maltreatment reports or families that do not make it the level of a formal CPS case as cases. When we refer to instances of a case opened by the agency we will usually use the term ***formal case*** or ***service case***.

supervise their children. The R.E.D. Team was not studied directly in this evaluation but the correlation suggests that these increases may have resulted from changes in decision-making that occurred at that time.

These proportions and types of allegations are similar to those in other jurisdictions and states that we have studied. The preponderance of reports are found in various categories of child neglect, but reports of less severe physical abuse are also directed to CPS-FA.

Closing reason in CPS-FA cases

At the end of the assessment, CPS-FA workers enter a closing reason code. These are summarized in **Table 2.3**, which includes 5,879 CPS-FA cases (6,119 less 240 cases still open in the final data extraction provided to researchers). The categories in this table refer to closings *of assessments* but not necessarily to the final contact with families. Regarding services, the first three categories (totaling 9.5%) are indicative of attempts to fill service needs of families. The largest category indicates a referral to one of the five Community Collaboratives. The two smaller categories concern services available from other agencies. Thus, from the start of the family assessment approach, a little less than 1 in every 10 families was referred directly to services by CPS-FA workers. In about a quarter of cases (categories 5 and 6) no service needs were identified or no further action was needed beyond the direct assistance sometimes provided by workers. (We examine service provision in some detail in Chapter 5.) The next four closing reasons (categories 7 to 10) refer to families that were already engaged or had recently been involved with the agency, including currently open formal cases, closed formal cases that were being reopened, new formal cases and linkages to another ongoing family assessment. Together these constituted only a small proportion of the total (2.2%). In a very small number of cases (n = 27) the worker was unable to engage the family. This may mean that the family could not be found—a frequent problem in CPS, which includes the poorest and most residentially unstable families in society.

Understanding when CPS-FA is Voluntary and when it is not. The next category (12) in **Table 2.3** was large, referring to families that declined to participate further, about 4 in 10 families (39.9%). This category may be used to illustrate a common misconception about family assessments. Some think that family participation in ***all*** family assessments is voluntary. This is not correct. The first thing a CPS-FA worker does when first meeting with a family is to conduct a formal child safety assessment. If child safety problems are discovered the assessment is ***not voluntary***. For the example, if the allegation of the report is that the children are not being properly fed and the worker finds no or inadequate food in the home the worker may determine that the children are unsafe. When this happens the worker and family jointly develop a safety plan. Until the safety problems are resolved, the family may not decline further participation. On the other hand, when the children are found to be safe, the family may refuse further participation in the process. That this may occur in 40% of families is not unusual when the process is viewed in the context of traditional CPS. In most states and jurisdiction under traditional CPS where

every report is provided with a forensic investigation, 60% or more of investigations result in unsubstantiated or unfounded findings.[4] CPS-FA cases are drawn from the same pool of reports in the traditional system that resulted in home visits and forensic investigations, and because they do not include sexual abuse and the most severe allegations of child abuse and neglect, it might be expected that a higher proportion *would have been* unsubstantiated had they been investigated. In this context, 40% of families unwilling to participate further is not excessive.

Table 2.3 Closing Reasons for CPS-FA Cases

	Frequency	*Percent*
1. Referred to community collaborative	473	8.0%
2. Referred to agency	68	1.2%
3. Service linkage	17	0.3%
4. Pre-existing services	26	0.4%
5. No service needs identified	78	1.3%
6. No further action needed	1441	24.5%
7. Connect to an open case	44	0.7%
8. Connect to a closed case and re-open	16	0.3%
9. Open a new case	22	0.4%
10. Link to open family assessment	49	0.8%
11. Unable to engage family	27	0.5%
12. Family declined participation	2347	39.9%
13. Did not meet standards (for CPS)	76	1.3%
14. Out of jurisdiction	446	7.6%
15. Open CPS referral: pathway change	749	12.7%
Total (6,119-240 open FA's in 2015 data)	5879	

In a small proportion of cases (category 13), workers found that the report did not meet the standards for any CPS response and the assessment was closed (with supervisor approval). A fairly large proportion of cases (7.6% in category 14) were found to be out of the District of Columbia's jurisdiction. The families may have been residing in Maryland or Virginia and notification of systems in those states takes place, although this was not measured directly in the present evaluation. This finding is not unexpected for a small geographic area like the District of Columbia, and it is equivalent to the common problem of movement of families among counties in larger states that we have studied or significant numbers of families moving out of state where large urban areas are located on state borders (such as Missouri).

[4] Various terms are used, but they essentially mean that the allegations of the report could not be confirmed or were found to be false and that the investigator did not discover other harm or threats or situations of endangerment to children not mentioned in the original report.

The final category (15) in **Table 2.3**, concerns CPS-FA cases that were shifted to the CPS-I pathway. In CFSA, this involves closing the family assessment and creating a second referral to CPS-I. This was done in 12.7% of family assessments. The proportion was fairly consistent over the program from its beginning in 2011. This is a high value in our experience. In other states that we have studied pathway change from family assessments to investigations was in the range of 3% to 5%. During interviews some investigators indicated that transfers were made when CPS-FA workers could not locate families. It may also be a result of how the role of the family assessment worker is defined in agency policy. For example, in some other states, family assessment workers were permitted to handle cases in which more severe threats to children were found without switching to a traditional investigation. In Missouri, for example, FA workers could remove and place children when severe immediate threats were discovered rather than transferring the case to an investigator.

Proportions of closing reasons were fairly consistent over the entire course of the CPS-FA program. The exceptions were a decline in the category "no further action needed" (6) including a rather sharp decline during 2015 (7/11-6/13: 43.8%; 7/13-3/14: 32.9%; 4/14-12/14: 23.0%; 1/15-9/15: 11.5%) and an increase in category 12, "family declined participation" (7/11-6/13: 17.5%; 7/13-3/14: 32.6%; 4/14-12/14: 44.2%; 1/15-9/15: 44.0%). This may be nothing more than a reinterpretation by workers and supervisors over the 4-year period of how these categories should be completed.

Comparison of types of allegations in CPS-FA referrals and CPS investigations

In this section we consider the total population of reports to CFSA that were assigned either to CPS-I or CPS-FA. We have limited the comparison to reports received on or after July 1, 2013. In using this starting point we set aside the early period in which CPS-FA cases were limited primarily to educational neglect. If we had included this period it would have led to an imbalance of educational neglect cases and a skewing of CPS-FA statistics. The later starting point insures that the analysis reflects more closely the current differences that exist between the two pathways. The introduction of the family assessment pathway does not directly affect the reporting and initial intake process. The decision to assign families to one of the two pathways is made *after* intake personnel have determined that the report is appropriate for a CPS response under District law.

The chart in **Figure 2.1** shows allegations for 14,225 reports received and assigned either to CPS-FA (n = 5,395) or CPS-I (n = 8,830) during the period from July 2013 through September 2015.

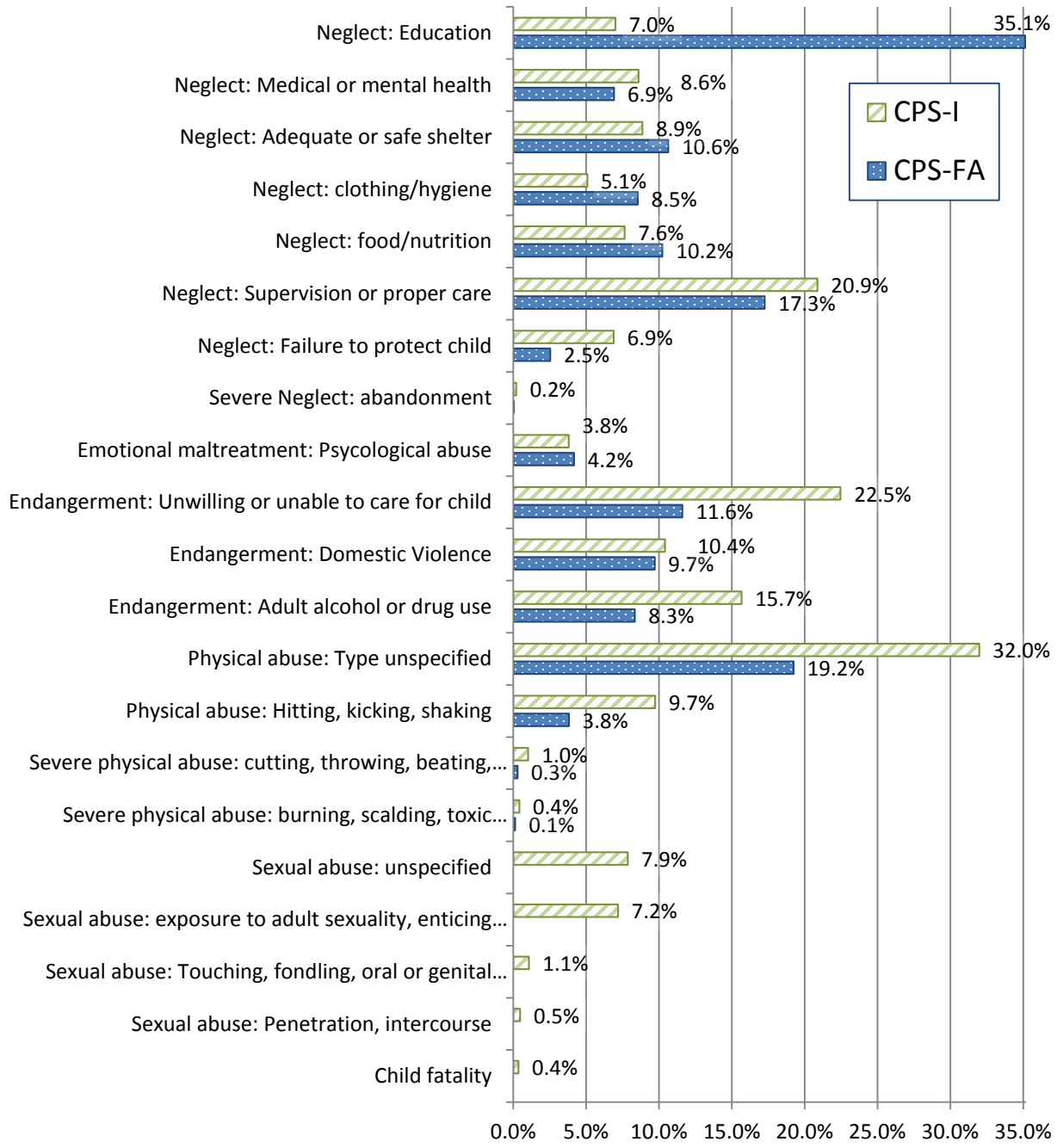

Figure 2.1. Types of allegations in CPS-FA (n = 5,395) and CPS-I (n = 8,830) reports from July 2013 through September 2015

In **Figure 2.1**, all sexual abuse allegations were assigned to investigations. The categories that we have labeled severe physical abuse (burning, scalding, exposure to toxic chemicals, cutting, throwing a child, beating, serious injuries such as broken bones and concussions) constitute only a very small fraction of total reports. This also illustrates another public misconception about child abuse and neglect.

Along with child fatalities, severe physical abuse incidents are imagined to constitute a large part of the CPS caseload, yet as can be seen these types of allegations together are found in less than 3% of reports. This is the case nationally as well.[5] In any event, all cases of child fatality and virtually all cases of severe abuse were assigned to CPS-I.

Less severe physical abuse (hitting, kicking, shaking) allegations were found in 3.8% of CPS-FA cases compared to 9.7% in CPS-I. Unspecified physical abuse may have referred to unclear or multiple specifications by the reporter of the child maltreatment or inability of the intake worker, when entering data into FACES, to determine a proper category. However, these allegations were found in 32.0% of CPS-I cases compared to 19.2% of CPS-FA. Similar patterns were found under the categories of endangerment of the child through adult abuse of alcohol or drugs and endangerment when an adult was unwilling or unable to care for the child. In both of these the levels in CPS-FA was about half of that in CPS-I. In the category of domestic violence, however, about equivalent proportions were found with 9.7% of CPS-FA cases and 10.4% of CPS-I cases involving this threat to children. It should be understood that these types of allegations sometimes occur with other child maltreatment allegations.

In the various categories of neglect in **Figure 2.1**, CPS-FA proportions were roughly equivalent (lack of supervision, medical neglect) or slightly higher (clothing and hygiene, food and nutrition, adequate or safe shelter) than levels among CPS-I. Finally, it is apparent that educational neglect continued to be a priority for CPS-FA, involving well over a one-third of all family assessments compared to only 7.0% of investigations.

In selecting families among CPS-I to match with families in CPS-FA (considered in the next chapter), we took particular care to attend to allegation categories in which large differences were found. However, it should also be noted here that families who had two or more encounters with CPS were more likely than not to have had disparate allegations from one report to the next. Thus, a family seen today for educational neglect may have been reported for physical abuse or other types of neglect in the past or in the future. Repeated reports more often involve allegations of different types of child maltreatment than the same type.

Risk factors found in families assigned to CPS-FA and CPS-I

Allegations of child maltreatment are assessed and recorded by intake workers but they nonetheless originate from reporters. In this section, we examine worker generated measures of risk of child maltreatment among families assigned to the two pathways. Family risk assessments are conducted by workers and are records of their discoveries after visiting and observing homes and communicating with caregivers, children and others living in and outside the household. Of course, some

[5] Under the category child fatalities, we included 34 cases. However, this does not mean that the alleged victim child in the report died. This category includes cases of child fatality, cases of critical injury and near fatality and cases of suspicious death of a child due to abuse or neglect.

risk categories may already be known in a general way based on information obtained from the original report of child maltreatment, such as substance abuse, mental health issues, disabilities of children, the ages of the children, etc. When known such characteristics are taken into account as pathway assignment decisions are made. We will see that CPS-FA families are *as a group* lower risk than CPS-I families. *This is partly a result of the foreknowledge of important risk characteristics and diversion of riskier families into investigations rather than family assessments.* It is not happenstance, therefore, that CPS-FA families are somewhat lower in family risk but a result of policy applied to pathway decision-making.

CFSA has utilized a version of the Structured Decision Making (SDM) Family Risk Assessment (FRA) tool. Versions of this instrument are widely used in CPS agencies across the U.S. However, the particular items and scoring utilized vary significantly from one jurisdiction to the next. The SDM tool is presented as an actuarial measure of risk. This means that it is based on numeric summated scoring of a limited set of risk items that are associated with child abuse and child neglect. Risk of neglect and risk of abuse summated scores are generated and the largest of these is used to assign families to one of four categorical risk levels: low, moderate, high and intensive. The FRA is a predictive tool suggesting that the greater the assessed risk of a family, the higher the probability that child abuse or neglect will occur in that family at some future date.

What is family risk? All measures of risk are statistical in nature. Family risk is a measure of the ***probability*** that child maltreatment will occur in that family in the future. Family risk should be distinguished from measures of child safety. ***Child safety refers to the presence or absence of immediate threats*** causing or certain to cause physical or psychological injury to children, and in the context of CPS, it refers primarily to threats arising from or under the control of caregivers of that child. For example, a child may be judged unsafe who lives in a home with no food or a home that is unsafe or dirty, who lacks proper clothing, who has a parent who employs harsh physical punishment or is uncontrollably angry or berates or is verbally cruel to a child, and so on. These are situations or actions that must be changed if the child is to remain healthy and to develop properly. Family risk refers to conditions of families or characteristics of caregivers and children that are known to be ***statistically associated with child abuse and neglect in large populations***. For example, child maltreatment occurs more often in families with larger numbers of children, in families in extreme poverty, when a caregiver is depressed or otherwise mentally ill, when caregivers abuse or have abused drugs or alcohol, and so on. To take the first example, we know that child maltreatment occurs more often in families with three or more children than in families with only one or two children. The difference in proportions, however, is not great and this fact *certainly does not mean* that all children in families with three or more children are unsafe. Some risk measures, such as adult substance abuse, may also be related to child safety, if they are associated with observable behaviors that are harming or certainly will harm a child. Child maltreatment occurs more often (has a statistical association with) large groups of families in which caregivers are abusing alcohol

but whether the children are unsafe in this situation can only be determined through observation, since protective factors may be present that maintain child safety in such families. Thus, it possible that children will be found to be safe in high-risk families. It is also possible that children will be found to be unsafe in low-risk families.

We evaluated the version of the SDM FRA used in Minnesota and are very familiar with the strengths and limitations of the instrument and the scoring methods.[6] One of the findings of that study was that the tool was good for identifying moderate and high risk families, but involved problems in assessments of low-risk. Specifically, we found high rates of what are termed *false negatives*. These are families that were scored as low risk on the instrument yet were encountered one or more times in the future. This means that these families that were assessed as low risk were actually moderate to high risk for future reports of child abuse and neglect. Part of this is due to subsequent changes in the conditions and circumstances of families, which no instrument could be expected to predict. However, it may also be due to the expectation that current characteristics of families and family members can predict interactional events. Child maltreatment involves interaction between an adult caregiver and a child which often cannot be predicted simply on the bases of existing social or psychological characteristics. Finally, it may also be due to other measurement issues, including the reliability of the instrument and the absence of some measures of risk. For example, unlike the CFSA instrument, the Minnesota instrument had no measure related to housing, which may be associated with future child neglect.

The best predictor of any kind of future human behavior in large populations is *the occurrence of the same or similar behavior in the past*. The SDM tool measures past reports of abuse and neglect and past service cases with the CPS agency. What we discovered in Minnesota was that this variable accounted for most of the predictive power of the FRA. Other factors such as parental attitudes, substance abuse, mental illness, and so on added to the predictive power of the tool but at a lower level. For this reason, in this study we have focused primarily on the individual items in the FRA tool rather than the final assessment of risk. A strength of the FRA lies in requiring workers to attend to and rate particular and valid indicators of family risk.

We point out again that *families are duplicated* in the present analysis. The FRA appears to have begun to be used early in 2009, and multiple risk assessments were conducted for families who were subsequently encountered more than one time. In addition, while assessments are usually conducted on families by investigators or assessment workers shortly after child maltreatment reports are received, one or more later full risk assessments may be conducted if contact and work with the family continues beyond the assessment or investigation period. A total of 37,057 risk assessments were available for analysis. However, in this section as in the previous section, we limited the comparison to assessments

[6] See: An Evaluation of the Minnesota SDM Family Risk Assessment: Final Report. St. Louis: Institute of Applied Research, December 2004. Found at: http://www.iarstl.org/papers/FinalFRAReport.pdf

of families reported during or after July 2013, when criteria for families assigned to CPS-FA began to be expanded. This amounted to 10,601 completed FRAs.

Summary scores of risk of abuse and risk of neglect. Items on the FRA are scored numerically, generally as 0 if not present and 1 or 2 if present. These weighted scores are then added up to generate two summated scores for each family—one for risk of abuse, the other for risk of neglect. Final summated abuse scores (actual summations) ranged from 0 to 14 in the FRA records examined. On this scale, the mean score for CPS-I was 2.79 compared with 1.66 for CPS-FA. Final summated neglect scores on the FRA ranged from 0 to 13 and on this scale the mean scores for CPS-I was 4.13 compared to 3.55 for CPS-FA. Thus, as a whole families assigned to CPS-FA were lower risk than families assigned to CPS-I. However, the *myth that CPS-FA is composed only of low-risk families is not supported*. Over one-fifth of CPS-FA cases (21.6%), for example, had had three or more prior reports of child neglect, a clear indication of high or even intensive family risk. The correct interpretation of these findings is that while CPS-FA includes *a greater proportion of low risk cases*, it also includes moderate, high and intensive-risk families, albeit in smaller proportions than among CPS investigations.

Current and prior reports. The allegation analysis in the previous section showed that reports of child neglect are more often assigned to family assessments while those alleging child abuse are more often channeled into investigations. This was confirmed in the analysis of risk assessments, as **Figure 2.2** illustrates. The FRA asks workers to indicate whether the report was for abuse, neglect or both. The relative frequencies of their answers are shown in the chart.

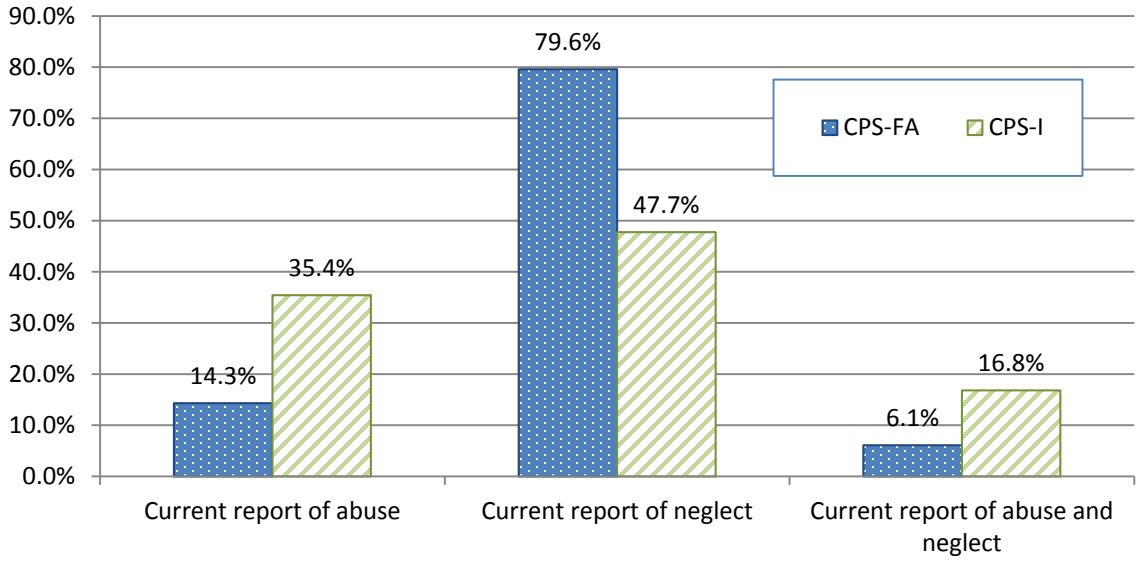

Figure 2.2 Type of report prior to the administration of the FRA

Figure 2.3 is concerned with ***prior investigations***. By looking at the "none" categories, we can see that CPS-I cases substantially more often had prior abuse and prior neglect investigations. This is reflected in the large differences in the chronic abuse and neglect categories. Under two or more prior abuse investigations, 24.8% of CPS investigations were seen compared to 13.1% of CPS-FA cases. For three or more prior neglect investigations, 33.9% of CPS-I cases were seen compared to 21.6% of CPS-FA. These items were focused on prior investigations rather than prior reports, some of which are directed to CPS-FA. As mentioned in the introduction to this section, the presence of prior reports is the strongest predictor of future reports and therefore the most robust measure of family risk of future child abuse and neglect.

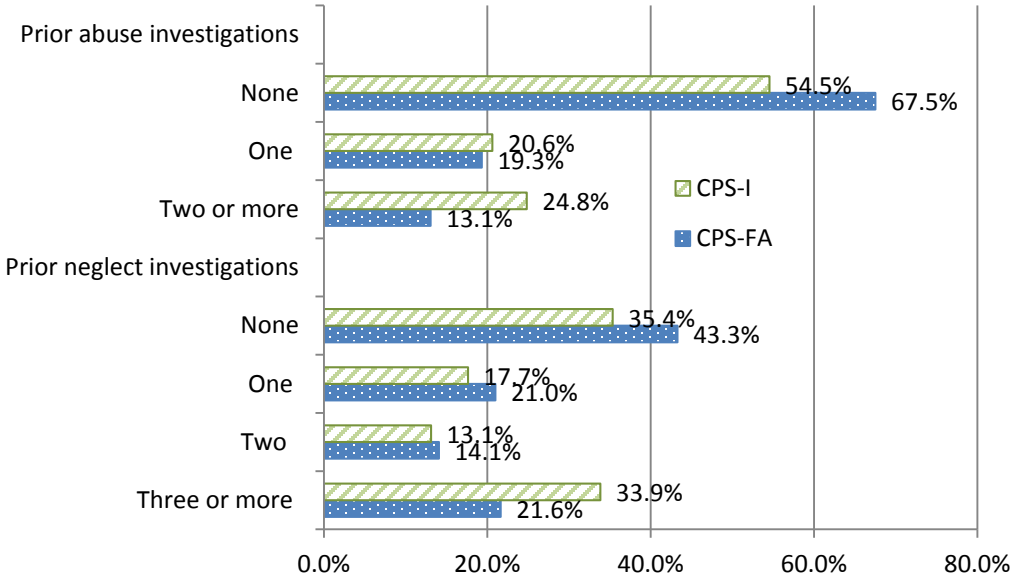

Figure 2.3. Prior abuse and neglect investigations

Special needs children and child behavior problems. The SDM FRA utilizes six indicators of child health and developmental issue or behavior problems. These are shown in **Figure 2.4** and refer to their occurrence in any child in the family. Child maltreatment is associated with these problems and is thought to be related primarily to the stresses caregivers experience in managing them. Beginning on the left side of the chart, medically fragile children and cases of failure to thrive occurred more often in CPS-I cases. Similarly, children with positive toxicology—a result of maternal use of alcohol or drugs during pregnancy—were found more often in CPS-I. Both these differences were statistically significant ($p < .001$). The next two risk categories concerned child disabilities. In these cases, they appeared to occur more often in CPS-FA families, although the difference for physical disabilities was a trend ($p = .06$) and the difference for developmental disabilities was not statistically significant ($p = .15$). More families with a child who was or had been delinquent were found among CPS-I cases ($p = .003$). The largest difference, however, was found among families in which a child had a mental health or behavioral problem. Note that these categories were not exclusive and the same family, and presumably the same child, could be

indicated for two or more. For example, a child might have both a behavior problem and a history of delinquency. On balance, therefore, CPS-I families experience higher risk levels associated with these kinds of characteristics of children.

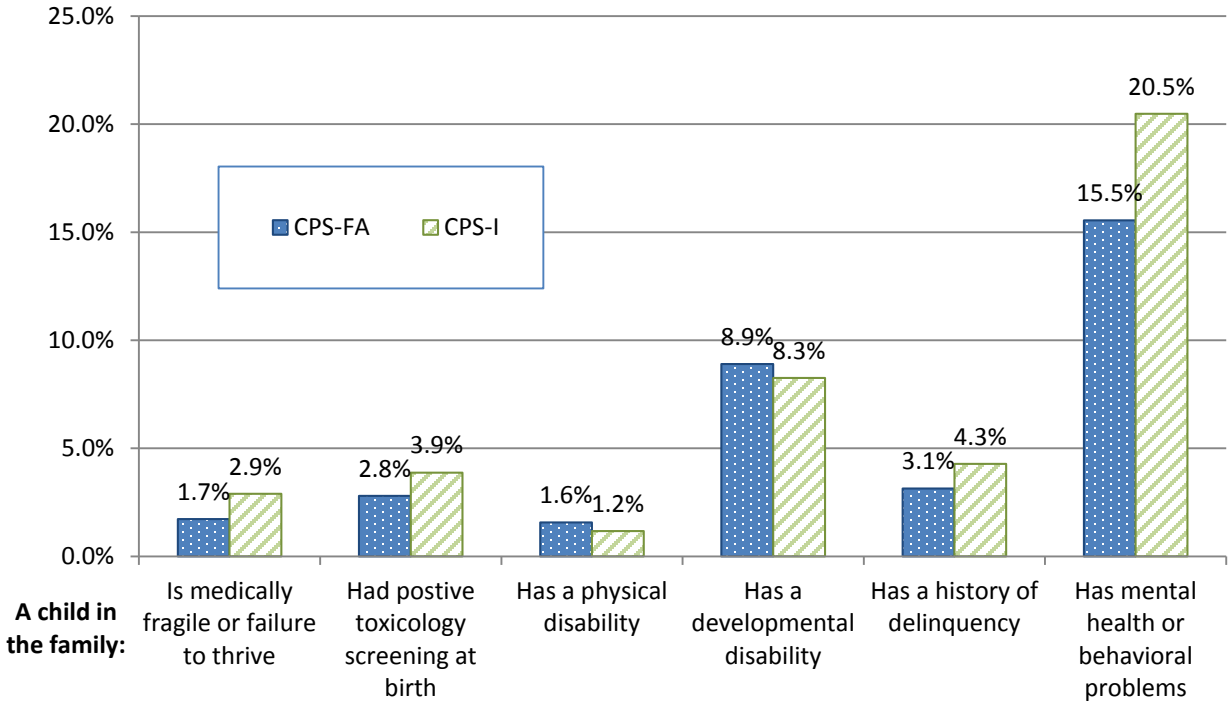

Figure 2.4. Developmental, health or behavioral problems of children

Parental attitudes concerning the alleged maltreatment. Two items were used on the FRA that concerned the accounts that parents provide of the causes of the alleged maltreatment of the child. In most cases these are found in alleged abuse cases. The first concerned blaming the child for the incident. While this was found in only a small fraction of families, it occurred more often among CPS-I (4.0%) than CPS-FA (2.5%) families. The second item involved parental justification of the maltreatment. The difference was slightly larger in this case for CPS-I caregivers (5.7%) compared to CPS-FA caregivers (1.5%). These differences may simply reflect the lower proportion of child abuse cases assigned to CPS-FA. Nonetheless, they are another indication that CPS-FA families were on the whole lower-risk than CPS-I families.

Parenting failures. A similar pattern can be seen in problems of parent-child interaction as a part of parenting. While the total percentages are small, many more families with risks in these categories were directed in CPS-I than CPS-FA. As with some previous differences, the higher rate of employment of excessive or inappropriate discipline in CPS-I is related to the higher rate of assignment of physical abuse cases to this pathway. Insufficient emotional and psychological support, however, is a characteristic that

may occur in either abuse or neglect cases and might indeed be expected to occur more in situations of lack of or inadequate supervision and proper care of children.

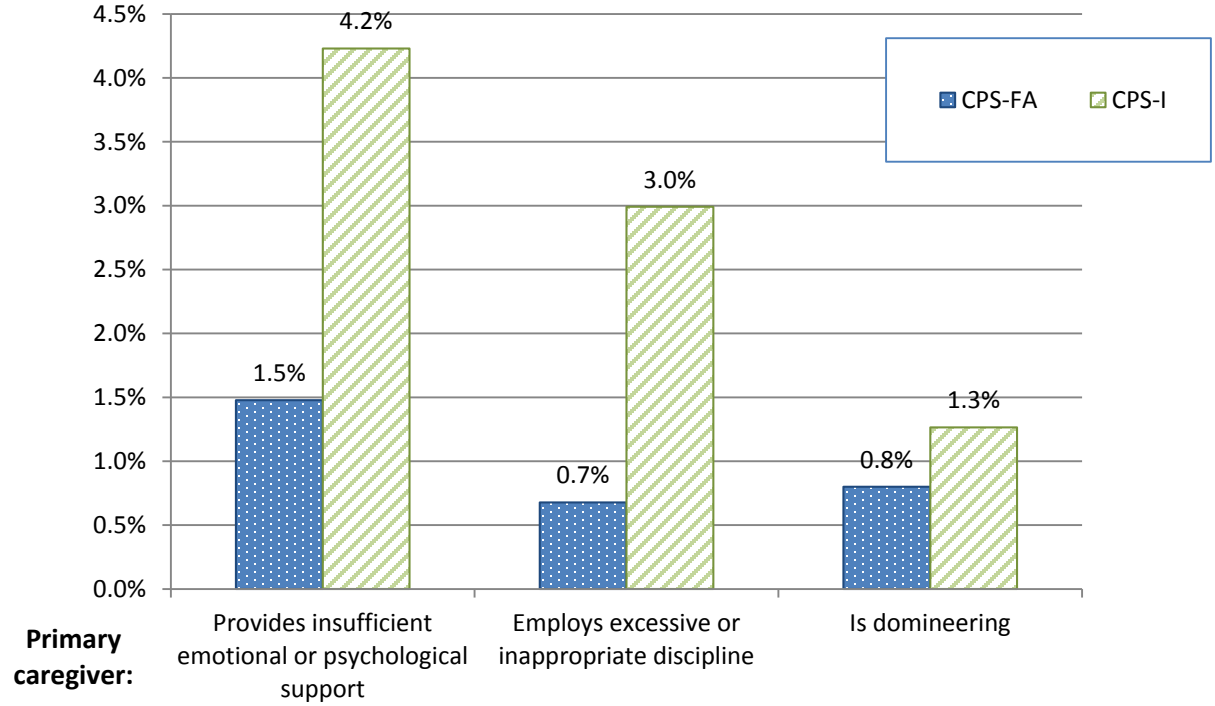

Figure 2.5. Parenting Problems

Caregiver mental illness. The FRA requires workers to indicate whether the primary caretaker has a current or past mental health problem. This item was completed for nearly one quarter of families visited. Such problems were considered *current* (within 12 months prior to the assessment) for 18.6% of CPS-FA cases and 23.8% of CPS-I cases. This difference was statistically significant ($p < .001$) and was yet another indicator of the overall lower risk status of families assigned to the CPS-FA pathway. However, as a *past* problem (prior to the last 12 months), this item was completed at about the same rate for each pathway: 9.0% for CPS-FA and 9.7% for CPS-I.

Drug and Alcohol Problems of Caregivers. Alcohol problems were listed relatively infrequently for caregivers. Focusing on current alcohol abuse (within 12 months prior to the assessment), this was indicated for 3.6% in CPS-I cases compared to 1.7% in CPS-FA cases. Nonetheless, this difference was found to be statistically significant. Much larger proportions were found for drug abuse, however, being indicated as a current problem for 12.6% of CPS-I primary caregivers compared to 8.5% in CPS-FA. This probably indicates that alcohol and drug abuse, when reported or otherwise known, are taken into account as pathway assignment decisions are made. These problems were identified at much lower levels among secondary caregivers and few differences were found between the two pathways. (In many

cases no secondary caregiver was present or information on this person was not available for the risk assessment.)

Domestic Violence. Workers found that 7.9% of CPS-I families had experienced domestic violence at sometime within the past year compared to 4.3% of CPS-FA families.

Housing. Among families seen by both CPS-FA and CPS-I workers, 7.5% had housing problems of various kinds at the time that the FRA was conducted. A minority of these (2.1%) lived in physically unsafe homes—more often among CPS-I families (2.5%) than among CPS-FA families (1.1%). However, the majority of the families (6.4%) were homeless at the time the family assessment or investigation began—7.2% for CPS-I and 4.4% for CPS-FA. This finding points to the low income status, and in many cases the extreme poverty of families encountered by CPS.

Chapter Three

Child Safety

This chapter examines the critical issue of child safety under family assessments in three ways. First, we considered long-term child safety by a comparative analysis of samples of CPS-FA and CPS-I cases that focused on outcomes. Data for this analysis was derived from FACES. Second, we examined improvements in child safety in the short-term and within the context of family assessments. For this we used data from the case-specific survey. Finally, we analyzed the judgments of CPS-FA and CPS-I workers and supervisors regarding child safety under family assessments and investigations provided in the general worker survey.

1. Outcome comparisons of matched CPS-FA and CPS-I families

The analysis in Chapter 2 compared *all* CPS-I and CPS-FA cases without regard to individual families. The analysis in this section distinguishes individual families. Each unit of analysis is a single family. In addition, unlike the analysis in Chapter 2, CPS-I families are restricted to a subgroup that we determined to be very similar to CPS-FA families. Outcomes for families in both groups were recorded during a standard follow-up period. The focus was on two outcomes related to child safety: subsequent accepted reports of child maltreatment and subsequent removals and out-of-home placements of children.

Matching groups of families. In Chapter 2 we demonstrated the large differences that exist between cases assigned to the CPS-FA and CPS-I pathways. For example, various measures of family risk of future child maltreatment were indicated significantly more often in CPS-I cases. CPS-FA cases never included allegations of sexual abuse and almost never included allegations of very severe child abuse or neglect. In any comparison of outcomes, therefore, it was imperative that a group of families be selected from among the full pool of CPS-I families who, as a group, were similar to a corresponding group of CPS-FA families. The following diagram (**Figure 3.1**) illustrates that process schematically.

Beginning on July 1, 2011, families were identified who were reported to CFSA and then referred for investigations or family assessments. Once a family was identified in the FACES data system after this date, we assigned it a unique research ID and the family was tracked but was not counted again in subsequent data. Of course, many of these families had been encountered before July 2011 and had historical records in the FACES system. All historical records and future records of interest for this research for each family were identified and attached to our unique family ID within a comprehensive

research database. Individual family members were also identified and attached. Data were available from the year 2000 (and in some cases earlier) through September 2015. As was seen earlier in **Table 2.1**, assignments to CPS-FA as a proportion of all referrals were low until the second half of 2013 when the proportion began to grow. During the earliest period many families continued to be assigned to CPS-I that *would have been assigned to family assessments* had CPS-FA workers been available. However, by comparing the rates of assignment in the latter part of 2014 and in 2015, it is also evident that the rate continued to increase. We took this to mean that some potential CPS-FA families were still being assigned to CPS-I through the middle of 2014. For this reason we decided that the pool of CPS-I families (see **Figure 3.1**) from which comparison families could be selected should extend through June 2014.

The object of the matching was to create a similar *group* of CPS-I families. This can be done in two ways: 1) through a cumulative procedure in which individual families or sets of families in the pool are examined and matched, gradually building a comparison group; or 2) through a reductive method in which inappropriate families are removed from the pool. The latter method was utilized in this study. As families were removed from the pool, the remaining families came to resemble the target families, the group receiving family assessments.

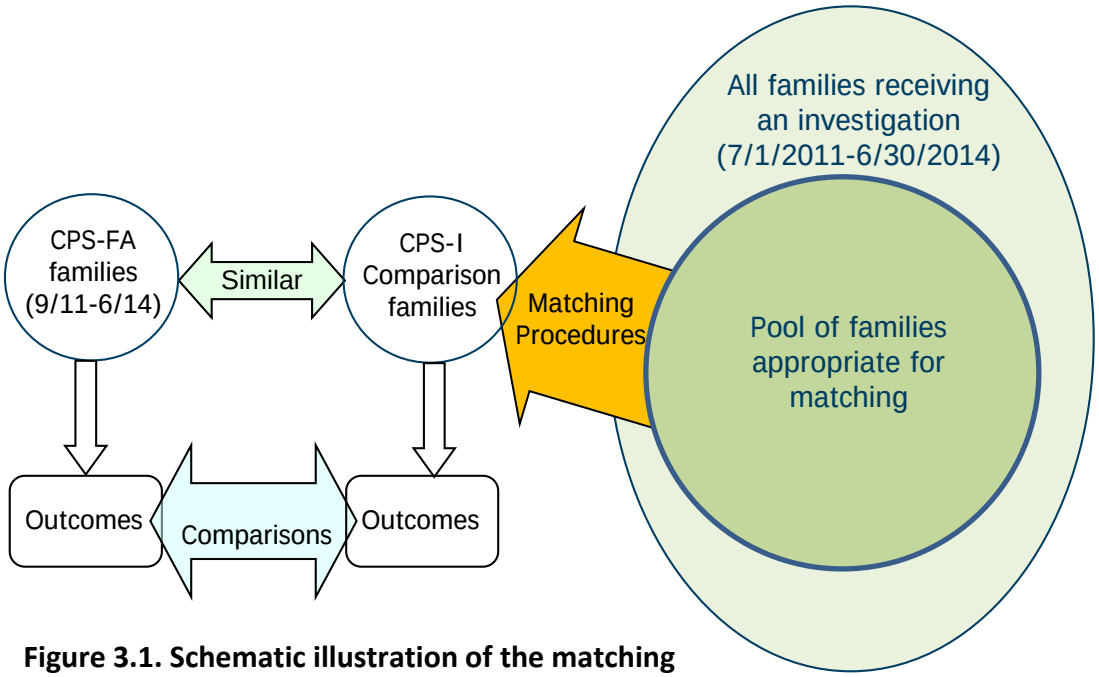

Figure 3.1. Schematic illustration of the matching procedure

We identified 9,669 individual CPS-I families during the 7/2011-6/2014 period for which family risk assessments (FRA) had been conducted. These were examined as potential comparisons. During the period from 9/2011 to 6/2014 we also identified ***1,051 families assigned to CPS-FA*** who also had been assessed the SDM Family Risk Assessment (FRA) instrument. The selection process and the resulting

characteristics of the CPS-I comparison group are discussed in greater detail in the **Appendix** to this report. Readers with an interest in the process are invited to inspect the Appendix. The selection process was based on comparisons of risk categories, allegations associated with the initial (target) report, and levels of previously accepted reports. On this basis, we reduced the CPS-I pool to a final group consisting of ***1,082 CPS-I comparison*** families. We emphasize that these families were CPS-FA and CPS-I *in the first report and referral* during the 7/2011-6/2014 period. Many in *both groups* had both previous and later investigations, and some families from each group also received later family assessments.

The two groups were very similar on demographic characteristics (see **Table A.1** and discussion in the Appendix). Differences occurred in some important categories of family risk characteristics (see **Table A.2** and discussion in the Appendix) but these were higher for family assessments cases overall, that is, the CPS-FA group as a whole was at somewhat higher risk for future abuse and neglect than the CPS-I comparison group. This was a planned difference to avoid any accusation of bias and to end with the most conservative comparison group. The most important of these differences were higher rates within the CPS-FA group of previously accepted CPS reports, of caregivers with current mental health problems and of families with a developmentally disabled child.

Allegations in previous reports. We have noted that decision-making concerning pathway assignment is generally focused on the present circumstances of families, especially the threats to children contained in the current report that led to the current referral. Some examination may be made of previous reports and cases on families particularly when they are recent and in some cases known to current workers. This information may be considered as decisions are made, but a detailed examination of the history of the family within CPS is not the primary focus of decision-making. The consequence is that the history of the *subset of families encountered by the agency one or more times before the current report* and assigned to CPS-FA is often not very different from that of families assigned to CPS-I.

Figure 3.2 shows the allegations of previous reports for families in the CPS-FA group and CPS-I comparison group. As a reference, this chart may be compared to the chart in **Figure 2.1** in the previous chapter. The percentages in **Figure 3.2** are based on the total numbers of 1,051 FA and 1,082 CPS-I families, although only 45.9% of the CPS-FA and 39.2% of the CPS-I had had a previous report (see **Table A.2** in the Appendix). Among families with any previous accepted reports, the average number was 2.40 for CPS-FA families and 2.46 for CPS-I families. The striking feature of **Figure 3.2** is the general similarity of the percentages. Families are more likely to be assigned to CPS-FA for current reports of child neglect and less severe forms of physical abuse and less likely for other physical abuse and endangerment such as parental alcohol or drug abuse and never for sexual abuse. Historically, however, as a group these families were accused of the full range of child abuse and neglect at about the same rate as the CPS-I comparison cases.

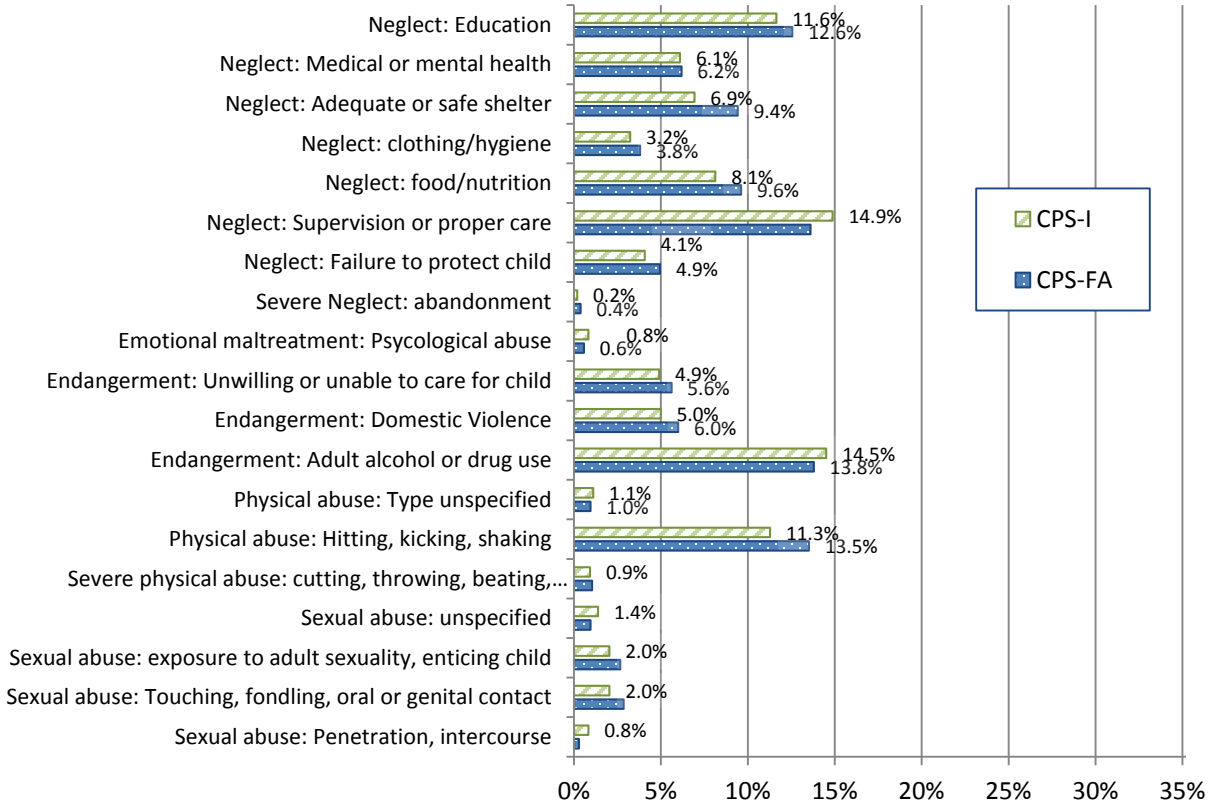

Figure 3.2. Allegations associated with previous reports. (Percentages are based on counts of allegations *ever* associated with family and not on total allegations or counts of children)

Follow-up analyses. After the CPS-FA group was identified and the CPS-I comparison group was selected, we were in a position to make comparisons of outcomes, as illustrated schematically in **Figure 3.1**. In field experiments, random assignment, which controls both known and unknown variables, is the method of choice. Since random assignment is impossible for developed programs like the CFSA family assessment program, we selected the second best method, a matched comparison group. There are limitations to comparisons based on this method. The selection process was by necessity based on a finite and limited set of variables, and it is always possible that relevant differences based on unmeasured or unknown variables may be responsible for outcomes. When differences are found we are less sure about their validity when a comparison group rather than a control group is used. This is also one of the reasons we were at pains to make sure that families in the CPS-I comparison group were, as a whole, similar in risk or *at higher risk* than CPS-FA families. This was achieved as the analysis in the Appendix shows, and thus the argument cannot be made that the following analysis was biased in favor of the family assessment process.

Subsequent reports of child maltreatment. One measure of the effectiveness of CPS is reduction in subsequent *accepted* reports of child maltreatment.[7] The absence of new reports is an indicator of continuing or improved child safety. Of course, this does not guarantee that children are safer since many (some would say most) incidents of child maltreatment are never observed or reported. However, a goal of CPS is to assist families to reduce risk factors and maintain the safety of their children on a continuing basis, and for the large population of families encountered a reduction in reports of child maltreatment is an indicator of success. Another indicator may be reduction in the level of threats to child safety in subsequent reports as well as a reduction in the level of family risk observed in families at that time. In systems that are utilizing family assessments, this may be measured through the relative proportion of subsequent reports that are directed into the family assessment pathway.

An important difference existed between the two groups that we were unable to control. A large portion of the pool of CPS-I cases that were highly similar to CPS-FA cases entered the system during the 2011 and 2012 periods when levels of assignment to family assessments were relatively low. This means that a larger proportion of families appropriate for comparison group membership were available during these years. Consequently, the *average* start date for follow-up of comparison families was earlier than for CPS-FA families. For example, 704 (65.1%) of the 1,082 comparison families were referred before 2013 compared to only 169 (16.1%) of the 1,051 family assessment families. This means that the time available (the *opportunity period*) for new reports of child maltreatment was greater on the comparison side. Other things being equal, when the opportunity period is greater, we would expect to observe more subsequent reports. We found that 325 comparison families had at least one new accepted report by the end of data (early October 2015) compared to 288 families in the family assessment group. However, of the 288 new reports for CPS-FA 27 represented pathway changes. The reader will recall from Chapter 2, the CFSA handles such changes by closing the CPS-FA and opening a new CPS-I. The 27 pathway change referrals, therefore, do not represent new reports (new calls from a reporter) but administrative changes and therefore *must not be counted as new reports* but as re-openings. This reduced the count of 288 to 267.

In order for a fair comparison to be made, however, the imbalance between the two groups in the opportunity periods for new child maltreatment reports had to be addressed. We chose to do this by *limiting the follow-up period to **460 days** (approximately 15 months) for each family*. When this was done, we found that 214 CPS-I comparison families experienced one or more new reports compared to 202 CPS-FA families. This is shown in **Figure 3.3**.

[7] We use the term *accepted* to mean that the report was received and determined to meet the legal criteria for potential child abuse or neglect and thus for further action by the child protection agency through an investigation or family assessment.

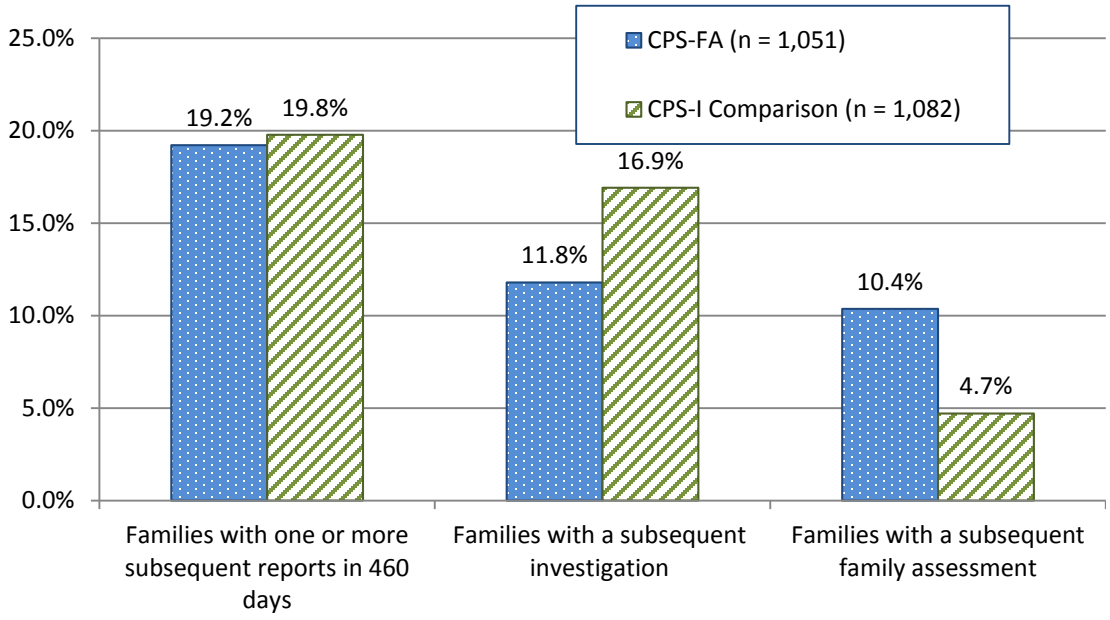

Figure 3.3. Subsequent accepted reports of child maltreatment of CPS-FA and CPS-I-comparison families within 460 days of the target report and referral

The percentage difference in **Figure 3.3** between the two groups in the category of one or more new reports was small and not statistically significant (p = .393). Because some families were reported more than one time, the total number of reports was 304 for CPS-I-comparison and 269 for CPS-FA. While this represented a larger difference with a mean number for the CPS-I of .28 per family compared to .24 for CPS-FA, the difference between means was not statistically significant (p = .364). On the basis of this summary long-term measure of child safety, ***children in CPS-FA families appeared to be equally safe when compared to similar CPS-I families***. This finding reflects the finding of our earlier comparative analysis in 2014 of smaller samples of families. Readers with an interest in a more powerful statistical analysis of differences in subsequent reports may refer to the Appendix where we show the results of a regression (survival) analysis that controlled for important family risk variables but shows the same results.

Major differences appeared, however, in *subsequent pathway decision-making* regarding these same families. This is also shown in **Figure 3.3**. FA families were significantly *less likely* to be directed into investigations (11.8%) compared to comparison families (16.9%) (p < .001). Conversely, these same families were more likely (10.4%) than comparison families (4.7%) to receive later family assessments (p

< .001).[8] Based on this finding it is reasonable to assume that the significantly greater proportion of later assignments to family assessments and significantly smaller proportion of later assignments to investigations means that ***children were initially judged to be in greater danger in later reports in comparison group families***. ***This is a positive outcome supporting the value of the family assessment process in promoting long-term child safety.*** However, this conclusion must be viewed in the light of cautions we have expressed concerning matched comparison group analyses.

In researching this issue we also examined how the characteristics of families in the risk assessment conducted at the time of the original target report/referral were related to this difference. Specifically, we looked at differences between the groups of CPS-FA and CPS-I families that were later assigned to investigations. Two important differences were found. If in the original risk assessment, current or past caregiver ***mental health problems*** had been found, then later reports on CPS-FA families were more likely to be assigned to investigations (34.7%) rather than family assessments compared to similar CPS-I families (8.7%). This difference was highly significant ($p < .001$). If in the original risk assessment the family was ***homeless***, then later reports on CPS-FA families were more likely to be assigned to investigations (8.1%) compared to comparison families (2.2%) ($p = .023$).

Out-of-home placements. Removals and placements of children occur much less frequently in *the kinds of families* directed into the family assessment pathway compared to families assigned to investigations. This depends in large part on the level of utilization the family assessment approach. This refers to the proportion of all accepted reports that are directed into the CPS-FA pathway. The relatively low rates of assignment to CPS-FA (less than 43% during 2015 compared to 60% and more in developed programs in some states) and the relative high rates of pathway change (over 12% compared to 5% or less in other jurisdictions we have studied) demonstrates the conservative nature of the program at this time in the District of Columbia.

Looking back in time, before the target reports that led the families into the present analysis, we identified 56 (5.3%) of the 1,051 CPS-FA families in which one or more children had been removed and placed in out-of-home care. In 43 of these one child had been removed while two or more had been removed in the remainder. In the CPS-I-comparison group, 78 families (7.2%) were found in which a child had been removed—one child in 66 families and two or more in the remainder. This percentage difference is small but was statistically significant ($p = .04$) and represented an imbalance between the CPS-FA and the CPS-I-comparison group.

In tracking families, only 6 (0.6%)of the 1,051 CPS-FA families experienced a removal and placement of a child during the 460-day follow-up period. Comparatively, 15 (1.4%) of CPS-I-comparison

[8] Note that the percentages in the figure sum to more than the total percentages on the left two bars. For example 11.8%+10.4%=22.2% compared to 19.2% for CPS-FA. This occurred because a small number of families had *both* subsequent investigations and family assessments.

families experienced a removal and placement of children during follow-up.[9] This is a large relative difference but the difference in previous removals must be considered. That analysis is shown in **Figure 3.4**. The analysis first compares families with no previous removals (on the left side of the chart). In this subgroup, there were 995 CPS-FA families with children removed in 6 (= 6.03 per 1,000 or .06%) compared to 1004 CPS-I families with children removed in 10 (= 9.96 per 1,000 or 1.0%). This difference was not statistically significant (p = .232). Then families with a history of child removals were compared. As noted, there were 56 CPS-FA families in this category with 0 in which children were subsequently removed. There were 78 CPS-I families in the category with 5 in which children were subsequently removed. Because of the very small n's, this difference, while large, resulted only in a statistical tend (p = .063).

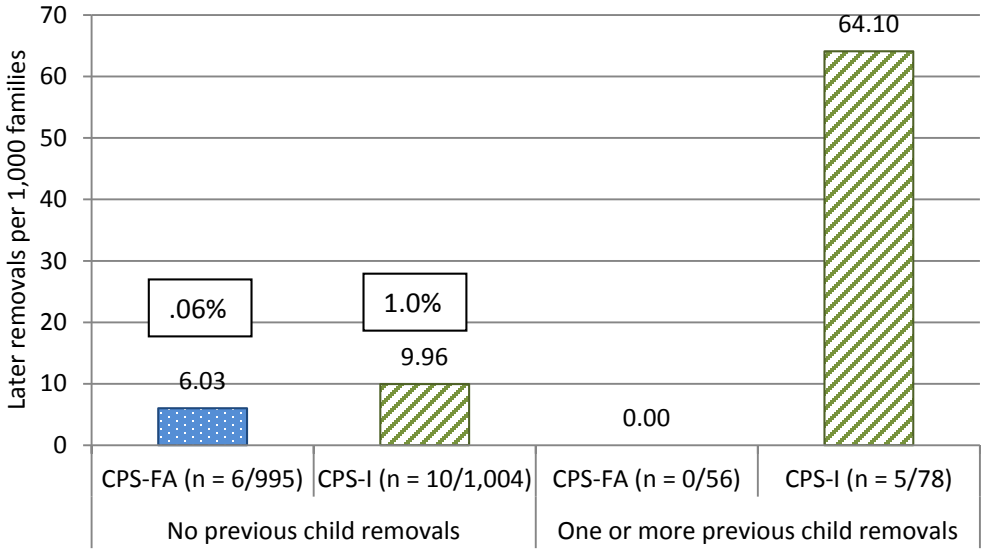

Figure 3.4. CPS-FA and CPS-I-comparison families with subsequent child removals <u>after new referrals</u> by one or more versus no previous child removals (ratio per 1,000 families)

We conclude that the primary analysis shows no difference in subsequent removals and placement of children, that is, ***children were no more likely to be removed and placed out-of-home (within a 15-month period) among CPS-FA families as among similar CPS-I families***. The number of removals was too small and the follow-up period too short for any relevant differences between the two groups to be detected.

[9] This analysis included 8 CPS-I families in which children were removed during immediately following the original target report. These placements were *not* counted as placements in the present analysis. There was no way that we could have known, at the time of comparison group creation, that such families were in the comparison group since the selection process *was blind to follow-up variables which were not permitted to affect the assignment of families to the comparison group*.

Looking somewhat deeper into these families a finding similar to that discussed above concerning original risk factors was discovered. A total of 21 families had children removed during the follow-up period. Of these, 10 (47.6%) were families in which the primary caregiver was determined in the family risk assessment during the original target report/referral to have had **current mental health problems**. Of these 10, 4 were in CPS-FA families and 6 were in CPS-I families. For both groups this difference was found to be statistically significant (Fisher exact test: CPS-FA: $p = .004$; CPS-I: $p < .001$). In this case mental health problems were associated with later child removals in both the CPS-FA and the comparison group.

This analysis compared a large group of CPS-FA families with similar CPS-I families. We insured in the comparison group selection process that the CPS-I families selected were not less at risk of future child maltreatment, and when differences were found, they were more at risk. Overall, the analysis shows that the long term safety of children in CPS-FA cases was not compromised. Furthermore, in examining decisions about pathway assignments of later received reports, we found that decision makers determined that the safety of children was less threatened among CPS-FA families. This may be taken as a positive outcome of providing family assessment rather than investigations.

2. Changes in child safety and family well-being during the initial contact with the family

Within the limited timeframe of the current evaluation (approximately five months of data collection) we were able to obtain feedback from 46 CPS-FA workers about specific referrals for which they were responsible. We refer to this as the *case-specific survey* of workers. In past evaluations lasting two years or more we have typically had four to five times this many cases for analysis. The sample of cases in the current study was limited to CPS-FA. No comparisons to CPS-I families were possible, since by the time the evaluation began in mid-2015, the large majority of reports that would be considered appropriate for a family assessment were already being assigned to that pathway, leaving no contemporaneous reports within CPS-I that could be considered comparable. (As noted, in the previous section of this chapter, the CPS-FA group and the CPS-I comparison group were selected from the pool of reports/referrals prior to July 2014, and the analysis in that section was retrospective in nature. Those cases could not be used as part of the case-specific survey, since they would not be remembered by workers and some of the workers handling cases at that time no longer worked for CFSA.)

Child safety. The types of safety threats that were identified by workers to exist in these families at the time they first met with the family are shown in **Table 3.1**. The first numeric column on the left is a count of each type. The proportions are generally consonant with those shown earlier for CPS-FA cases in Figure 2.1. Most were instances of child neglect, although fights, violence to a child and excessive discipline were also represented. The problem was rated as severe for eight types of safety threats. Severity has different meanings, of course, for different types of safety problems. There was one case of severe educational neglect while two cases of domestic violence were considered severe. Of the three

cases of homelessness or potential homelessness, two were considered severe. Workers rated 30 of the threats as moderate or mild. As can be seen, by the time of final contact of the CPS-FA worker with the family most of the problems had shifted into milder categories—rated as not present in 13 cases and as mild in another 9 cases. It should be remembered that these changes are those observed by CPS-FA workers between *their* first and final contact with families and do not necessarily represent the final outcome for families that went on to be involved with community collaboratives, other service agencies and ongoing cases with other CFSA workers.

Table 3.1. Safety problems in CPS-FA cases with level of severity at first and final contact of the worker with the family

		At first contact of worker with family			*At final contact of worker with family*			
Type of Safety Problem	*Count*	*Severe*	*Moderate*	*Mild*	*Severe*	*Moderate*	*Mild*	*Not present*
Abandonment	1	0	0	1	0	0	0	1
Medical neglect	2	0	1	1	0	0	1	1
Child under 6 left unsupervised	3	1	2	0	1	0	0	1
Child 7 to 12 left unsupervised	4	0	2	2	0	0	1	2
Child lacked basic need (food, clothes, hygiene)	1	0	0	1	0	0	0	1
Child witnessed domestic violence	6	2	1	3	1	1	1	2
Educational neglect or truancy	9	1	4	3	1	3	1	3
Emotional maltreatment	1	0	1	0	0	1	0	0
Excessive discipline	1	0	1	0	0	0	1	0
Home unsafe or unclean	2	0	1	1	0	0	2	0
Family is homeless or potentially homeless	3	2	1	0	2	0	1	0
Sexual abuse	1	0	1	0	0	0	0	1
Verbal or physical fights	4	1	3	0	0	2	1	1
Violence to child by caregiver	2	1	0	0	0	1	0	0
Total		8	18	12	5	8	9	13

As can be seen in the table, there were five problems that were rated as severe and eight rated as moderate at the time of final contact. Because we were dealing with a relatively small sample of cases in this survey, we thought it would be informative to examine these in greater detail. They arose in six separate families. (Some families had multiple safety issues and were counted more than one time in the table.) Here are thumbnail descriptions of each case:

Case 1. This was a case of educational neglect that the worker rated as moderate at the start and at the end. However, the case had to be closed when the worker discovered that the family actually resided in Maryland (outside CFSA jurisdiction) although the child was attending school (illegally) in DC.

Case 2. This case also involved moderate educational neglect. The worker helped the mother get Medicaid for a health problem in the family, helped in getting the family on food stamps and contacted the school. While the educational neglect problem was present at the time of her final contact, the worker closed the case but linked the family to a community collaborate for services.

Case 3. This was a case of severe housing problems, educational neglect, domestic violence and other assorted issue. The problems were rated as severe at final contact but the worker closed the case due to lack of cooperation and it was reopened as an investigation.

Case 4. This family was homeless at the time of first contact and the caregiver was determined to have mental health problems. Domestic violence was found. The worker rated these as severe at the time of her final contact and closed the CFSA case by linking the family to a community collaborative for further services.

Case 5. This was also a case of domestic violence and caregiver substance abuse. Both problems were rated as moderate. In addition, the worker noted emotional maltreatment of the children. One of the caregivers was jailed or imprisoned. The worker referred to the family to the Office of Well-Being for substance abuse and domestic violence services and closed the family assessment.

Case 6. This was a case of moderate educational neglect. In addition, the worker found evidence of sexual abuse at the time of first contact, although this problem was resolved during the assessment. The worker actually was still working with the family when completing the safety questions in this survey and since this was a very late case in the sample, we do not know the final outcome.

It is evident in these cases that workers were not walking away from child safety problems considered severe or moderate but were either forced to desist (as in Case 1) or changed pathways (as Case 3) or handed the family off to other longer-term service providers.

The pattern of change in **Table 3.1** was usually in the direction of reduction of safety threats to children, and resembles the pattern of change that we have observed in other studies among both CPS-FA *and comparable CPS-I families*. This can be seen in the results of other evaluations utilizing this method. **Figure 3.5** shows the results for the 2008-2014 Ohio Alternative Response evaluation, which used random assignment to a family assessment experimental group and an investigation control group. The case-specific sample in that evaluation consisted of 227 randomly assigned experimental and 220 randomly assigned control families. In Ohio, we found that improvement occurred in most instances in both the experimental and control pathways, with a minority of no improvement and a very small set of

cases in which safety worsened. Most instances of worsening of safety in CPS involve families that are lost to the agency or who could not be worked with for other reasons.[10]

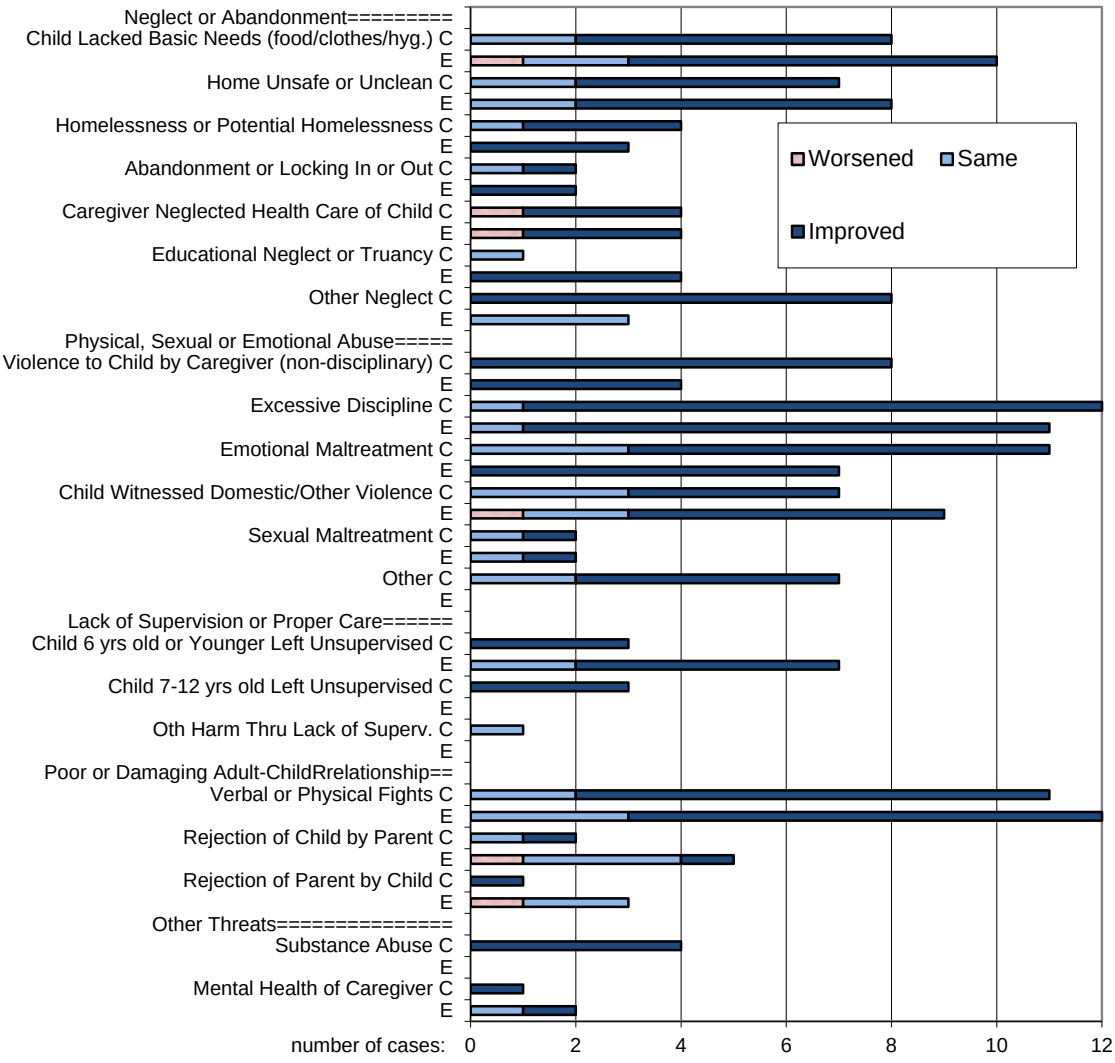

Figure 3.5 Ohio Alternative Response evaluation: Change in safety problems from first to final contact with the family after the target report for experimental (Family Assessment=E) and control (Investigation=C) cases in the case-specific sample

Figure 3.6 shows similar results for the 2013-2015 Maryland Alternative Response evaluation, which utilized pair-matched family assessment and investigation comparison groups. In the Maryland study, 403 family assessment cases were contrasted with 249 comparable investigation cases.[11]

[10] The full initial report can be found at http://www.iarstl.org/papers/OhioAREvaluation.pdf. The chart shown in the figure and the accompanying discussion can be found in Chapter 11, pp. 127ff.

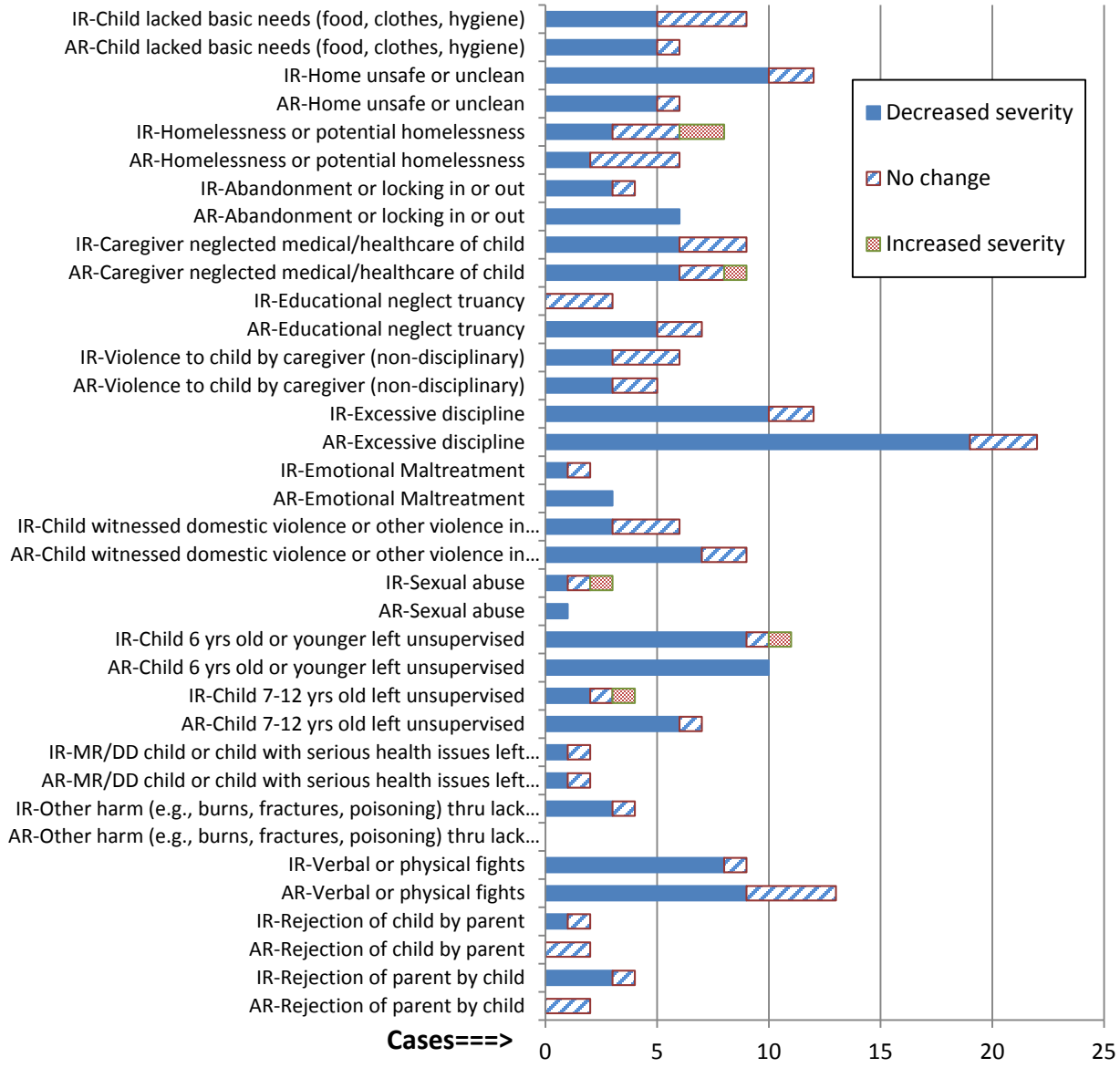

Figure 3.6. Maryland Alternative Response evaluation: Change in safety problems from first to final contact with the family after the target report for experimental (Family Assessment=AR) and comparison (Investigation=IR) cases in the case-specific sample

Various extenuating circumstances occur both in CPS-FA and CPS-I cases (**Table 3.2**) that make it difficult or impossible for workers and/or the agency itself to assist the family. In other cases, circumstances make further work with the family unnecessary from the standpoint of child safety.

[11] The Maryland report is at http://www.iarstl.org/papers/AlternativeResponseinMarylandFinalReport.pdf . The chart in Figure 3.6 and accompanying discussion are can be seen in Chapter 3, pp. 17ff.

Respondents were able to indicate more than one of these items and they wrote in items in some instances. The latter type can be seen in the first four rows of **Table 3.2**.

Table 3.2. Extenuating Circumstances that made work with the family difficult, impossible or unnecessary

Circumstance	*Count*
1. Alleged perpetrator left the family	2
2. Alleged perpetrator was separate by court	1
3. Alleged perpetrator was imprisoned	1
4. Another agency took over the case	1
5. Family fled or moved out of the District	5
6. Incident or family residence in Maryland	2
7. A caregiver was hostile throughout the case	4
8. A caregiver was uncooperative in other ways	6
9. Non primary caregiver (perpetrator) was hostile; resistant to meeting	1
10. Disagreements/tensions between non-cohabitating parents	1
11. Caregiver had to focus on immediate needs (employment, housing)	1

Unnecessary does not mean that services should be terminated or that they were terminated. For the standpoint of child safety, however, an event such as the imprisonment of the alleged perpetrator, for example, explains why the safety threat is no longer present in the family. As noted in Chapter 2, CFSA workers serve only families in the District of Columbia. When families live outside or move outside of this jurisdiction, local workers can no longer work with them. This is true generally of CPS in all states, although as also discussed, the agency has the option of asking that a case be opened when they know where the family moved, but in cases of family flight they usually do not know. Caregiver hostility or lack of cooperation may be a basis for switching the pathway from family assessment to investigation. In past evaluations in which we were able to utilize contemporaneous control or comparison groups, we have consistently found that lack of cooperation and family flight occur significantly *less often* in family assessment cases than in similar investigation cases. To demonstrate this we have included a similar analysis from the recent Maryland Alternative Response evaluation (**Figure 3.7**).

A concern of some is the 'voluntary' nature of family assessments. If an FA family can choose to shut the door on the social worker how do we guarantee children are safe? But the caregiver cannot simply shut the door without a safety assessment by the social worker. And the worker has the authority and responsibility to convert the pathway from assessment to investigation if there are serious safety concerns that are not addressed. In most instances, among families in the case-specific sample, if social workers had concerns for the safety of children caregivers accepted services social workers thought were appropriate and necessary. However, the data showed that there were seven FA referrals in which there were safety concerns but families "refused services" according to the social worker. One of the referrals,

it turned out had not yet been closed and had accidently gotten into the sample; safety issues may still be addressed in that instance. That leaves six cases. Three of the families moved out of the District's jurisdiction and had been referred to CPS in Maryland counties and so were closed cases in the District. Of the other three FA referrals, two were converted to investigations. The final case involved a homeless family in which there was a history of substance abuse and domestic violence. There had been previous referrals for substance abuse treatment and domestic conflicts. The social worker closed the assessment with a referral to a community collaborative.

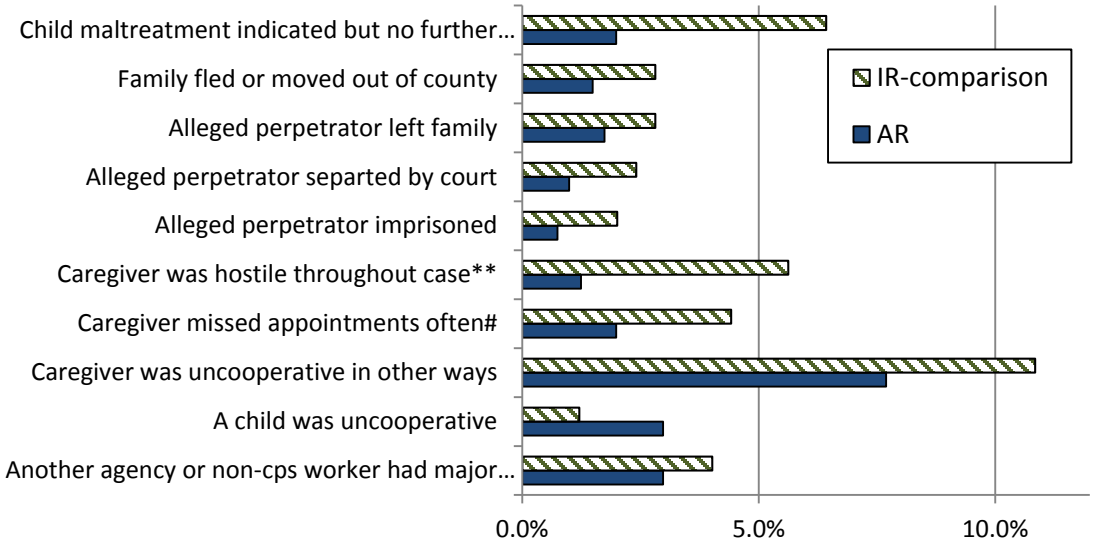

Figure 3.7. Maryland Alternative Response Evaluation: Extenuating circumstances listed by workers in AR (= CPS-FA) and IR-comparison (= CPS-I) cases that made work with the family very difficult, impossible or unnecessary (Case-specific survey)

CPS-FA worker assessments of maltreatment. A formal determination of child maltreatment is not made in family assessments. However, as part of the child safety assessment that is conducted during each family assessment, workers make a determination of the presence of continuing threats to the safety of children, and part of the decision hinges on the recent history of events in the family. This means that CPS-FA workers must and do make informal determinations of child maltreatment. As a part of the case-specific survey in past evaluations and in the present evaluation, we asked workers to tell us whether in their opinion what the formal finding would have been if this report had been investigated. The context of this question is a point made earlier that most investigated reports of child maltreatment are ***not substantiated***. And, because the CPS-FA pathway is concerned with lower risk and less severe child maltreatment reports than the CPS-I pathway, we might expect an even higher proportion of family assessments would have been unsubstantiated had they be investigated in the traditional manner.

Our most recent evaluation of the FA approach before the current evaluation was conducted in Maryland. When family assessment workers there were asked what would have been the outcome had the family assessment report been investigated, they felt that the report would have been *indicated* (the term used for determination of maltreatment in Maryland) in only 7.4% of family assessments. The responses of CPS-FA workers in DC to a similar question are shown in **Figure 3.8**. Workers felt that maltreatment would have been found in 10.9% of cases and would not in 67.4%. The large other category included a variety of responses, such as: it was a case of domestic violence or the event occurred in Maryland, and in three cases the worker refused to answer noting that "no disposition is made in FA cases." These responses are in the range of those that we have found in other jurisdictions. ***Concerning child safety, the large majority (in this case over two-thirds) of reports directed into family assessments would have been unsubstantiated or unfounded had they been investigated.***

Three of the family assessments in the case specific survey were switched to investigations for the following reasons: a new report came in for the family (which had to be investigated), more than 3 referrals were received for the family within a year, and the family was uncooperative.

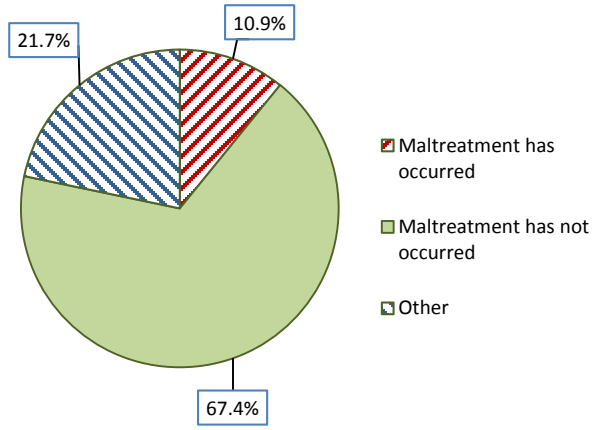

Figure 3.8. Responses to the question: If this FA case had been investigated and you had investigated the initial report, what type of finding would you have made, in your best judgment?

Child and family well being. In the case-specific survey, workers were asked about changes that they observed or knew about in various measures of child and family well-being from the time of the first contact until their final contact with the family. The questions followed the format of the safety issues discussed above and are shown in **Table 3.3**.

Table 3.3. Family and child well-being problems in CPS-FA cases with level of severity at first and final contact of the worker with the family

	At first contact of worker with family					*At final contact of worker with family*				
Type of well-being problems	*Count*	*Severe*	*Mod-erate*	*Mild*	*Don't know*	*Severe*	*Mod-erate*	*Mild*	*Not present*	*Don't know*
Basic needs										
Food/clothing	2	0	0	2	0	0	0	0	2	0
Housing	5	2	1	2	0	2	0	3	0	0
Inadequate income/poverty	3	1	2	0	0	1	2	0	0	0
Rent/utilities	2	1	2	0	0	1	0	1	0	0
Unemployment	5	1	4	0	1	1	3	0	0	1
Inability to access needed services	1	0	0	1	0	0	0	0	1	0
subtotal		***5***	***9***	***5***	***1***	***5***	***5***	***4***	***3***	***1***
Parent-child and family problems										
Approach to child discipline	1	0	0	1	1	0	0	0	1	0
Domestic violence	9	2	5	2	0	0	2	1	4	1
Emotional maturity of caregiver	2	1	1	0	0	0	1	1	0	0
Mental health of caregiver	5	2	2	1	0	1	3	1	0	0
Mental health of child(ren)	1	0	0	1	0	0	0	1	0	0
Alcohol abuse	1	0	1	1	0	0	1	0	0	1
Other substance abuse	2	1	0	1	0	0	1	0	1	0
Parenting skills of adults	3	0	3	1	1	0	1	2	0	1
Poor adult relationships	5	1	2	1	0	1	1	2	0	1
Poor money handling skills	1	0	1	0	0	0	1	0	0	0
Poor parent-child relationship	1	0	1	0	0	0	0	1	0	0
subtotal		***7***	***16***	***9***	***2***	***2***	***11***	***9***	***6***	***4***
Child development										
Child developmental delays	1	0	0	0	0	0	0	0	0	1
Developmental disability/mental retardation	1	0	0	1	0	0	0	1	0	0
Progress of children in school	4	1	2	0	0	1	0	0	1	0
subtotal		***2***	***2***	***3***	***0***	***2***	***1***	***1***	***3***	***1***
Total	59	14	27	17	3	9	17	14	12	6

The well-being issues are divided into three groups in the table: basic needs, parent-child and family problems, and child development issues. Presumably the changes reported were related to assistance provided to the families. We remind the reader again that these were changes *known to* CPS-FA workers in the relatively short time (a maximum of 45 days) that they were in contact with families. Within each of the subcategories the overall movement of values from first to final contact was toward milder levels. This included reductions in the total number of severe, moderate and mild problems overall. And, 12 of the original problems listed were considered to be "not present" at the time of final

contact. Changes were reported in two risk categories that are generally associated with subsequent child maltreatment: domestic violence and substance abuse. The least change overall was seen in certain basic, material needs, such as housing problems, rent and utilities and unemployment, showing that these are difficult for CPS workers to address without additional funds or direct control of the services that can best address such needs.

3. The views of CPS staff about family assessments and child safety

During site visits CPS administrators, supervisors and social workers were asked if they had any safety concerns for children with the Family Assessment approach. In nearly all instances the responses were that they did not. At every level, CFSA professionals pointed out that child safety was the number-one priority of family assessments just as it was for CPS Investigations. It was pointed out that safety assessments were conducted as part of the initial home visit and that this part of family assessments was not voluntary, but was done in every instance. Moreover, social workers who conducted family assessments always had the opportunity to switch the referral to an investigation if they had serious concerns or if the family did not cooperate and the immediate safety of children could not be established. The responses of CFSA staff at every level were always firm on this point. A majority of the social workers, both CPS-FA and CPS-I, and their supervisors expressed the view that children were equally safe through either type of referral. Child safety was considered priority number one.

A family assessment social worker said:

> "The safety of children is paramount regarding FA or CPS-I cases."

A CPS Investigator concurred:

> "Every social worker is assessing for safety."

This was a view expressed by supervisors as well. One said:

> "FA uses the same safety process as investigations."

Another supervisor said:

> "The practice standards for CPS-I and CPS-FA are all about safety of the children we serve."

In the general worker survey the issue of child safety with the CPS-FA approach was raised. The general worker survey was not concerned with specific cases but with attitudes and opinions of workers and supervisors about family assessment and CPS more broadly. The survey instrument included this question: "For cases that are appropriate for DR, in your opinion how does the DR approach compare to the traditional investigative approach regarding child safety?" A majority of social workers, both CPS-FA and CPS-I, and supervisors said they believed that children were equally safe in either approach. The

largest subgroup (43%) who did not fall into this majority were CPS-I workers who said they "did not know" or "could not judge," due mostly to their lack of familiarity with the everyday practice of family assessments or because they were relatively new social workers.

The responses of CFSA staff to the survey question are shown in **Figure 3.9.** In the figure the responses to the survey question are broken down for the three staff groupings mentioned above, CPS-FA and CPS-I social workers and CPS supervisors. As can be seen, while more than two in three (68.1%) family assessment social workers thought children were either equally safe or more safe in FA referrals compared with investigations, about 1 in 5 (22.7%) said they thought some FA children would be safer if their report had been investigated. Interestingly, none of the CPS-I workers who responded to the survey indicated they thought children were kept safer through investigations—all reported either that children were kept equally safe through either approach or that they could not judge. Some of the CPS investigators we interviewed during this evaluation were the most positive advocates for family assessments.

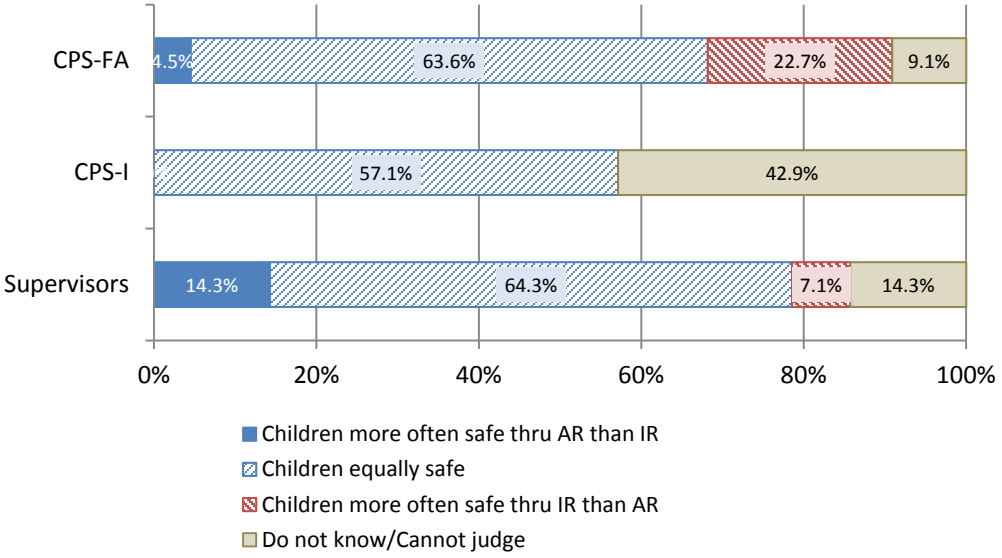

Figure 3.9. Responses of CFSA social workers and supervisors to the question: For cases that are appropriate for Family Assessment, in your opinion how does the FA approach compare to the traditional investigative approach regarding child safety? (General Worker Survey)

There was a subset of FA social workers, about 1 in 5, and a couple of supervisors who believed that there were children in some FA referrals who would be safer if screened for an investigation. This view tended to arise from a disagreement over criteria for determining which pathway a particular maltreatment report should be placed on and not from a general disagreement with family assessments altogether. This view represents an honest disagreement about screening criteria and these staff persons

have had a more difficult time adjusting to the broadening of the scope of reports that receive an FA referral, particularly those involving an allegation of physical abuse. For example, regarding safety and FA, an FA social worker said she thought it

> "Depends on the allegation. The decision tree permits a report with a child over the age of 12 with a mark or bruise to be screened in for a 5-day response, which I do not believe to be safe as the marks may decrease in severity within five days. For neglect [reports] such as medical, inadequate shelter, food, hygiene and education I believe safety is equal as the safety assessment protocol is the same regardless of what track the report gets screened in."

One of the responding supervisors agreed generally with this worker's view, writing in the survey:

> "FA completes a comprehensive assessment for the entire family/household with many referred services via case management upon closure. Operative word is 'appropriate' for CPS-FA. Opinion: FA should not have physical abuse referrals. Just as Sexual Abuse requires investigations, not assessments; Physical Abuse requires investigations! Especially if we are serious about recidivism and fatalities."

The view that all physical abuse reports, no matter the level of severity, require an investigation is a common view in programs that have introduced family assessments. It is common in the sense that there is always a minority of staff who resist FA referrals for any physical reports, but it is not common in the sense that a majority of staff hold this view. Generally, it is a view that diminishes over time as agencies and staff gain experience with the family assessment approach. But it never goes away entirely—the belief that somehow investigations may be the safer path—despite the lack of empirical evidence that supports this view. It raises up its head whenever any serious misfortune strikes an FA family. This concern should keep everyone vigilant and on alert to the reaction that will arise when something goes very wrong in an FA referral. The focus on the safety of every child in either pathway is the goal of practice that must be the actual practice in every referral.

Another supervisor pointed out:

> "The approaches have more to do with the actions needed to keep children safe based on the presenting issues….FA allows for avenues such as removals if needed, voluntary in-home cases, or a change to the investigative approach if needed; so the FA process within itself is just as effective if used in conjunction with additional paths when needed. The assessment and supervisory process are therefore important in making these determinations and following through in the best interest of the child."

The bottom line is that this evaluation did not uncover any evidence that the family assessment approach placed children in greater danger because the maltreatment report not receiving a forensic investigation.

Chapter Four
Practice Indicators, Part 1: Engagement

As described in the introductory chapter, the differential response model of child protection introduces a second response pathway to CPS, the family assessment. There are two basic components to DR-family assessment practice that are often distinguished. The first involves the manner in which families are approached by CPS workers, the "engagement" of families by workers. The second, which flows from the first, involves the nature of the intervention that follows, how and when families are helped. The objective of the first component, examined in this chapter, is to learn enough about the family's situation, problems, strengths, and needs that effective intervention can occur and children made safer now and over the longer-term. The nature of the intervention is the focus of Chapter Five.

There are two basic data sources on the subject of engagement in family assessments. These are the parties who participated in FA interactions: families and the social workers who met with them. Feedback was sought from both groups. We will look first at what social workers had to say.

A. Perspectives of Social Workers

1. Understanding the difference

It is fundamental for the correct implementation of a new program that workers have a clear grasp of its nature and purpose and why it is being introduced. In the general survey social workers were asked how well they understood the goals and philosophy of the family assessment approach. They were given four response options from which to choose: fully, adequately, less than adequately, and poorly. Their responses can be seen in **Figure 4.1.** As a group, 72.7 percent of CPS-FA social workers answered *fully.* The remainder (27.3%) answered *adequately.* None said *less than adequately* or *poorly.* CPS-I social workers were also asked this question. A little over a third said the question *does not apply.* Of the others, one-third (33.3%) said they understood the family assessment approach fully, 55.6 percent said adequately, and 11.1 percent said less than adequately.

While it is essential that workers engaged in family assessments have a clear and complete understanding of the approach, there are important reasons why all CPS workers should be fully cognizant of CPS-FA and its role in CPS more broadly. Beyond making the child protection system more coherent, it facilitates the switching of pathways when necessary. Importantly, it is unlikely that many key stakeholders in the community—such as judges, prosecutors, educators, policemen, child and family

advocates, and community resources of all kinds—will understand Family Assessment as might be desired while some CPS staff remain less fully informed about it.

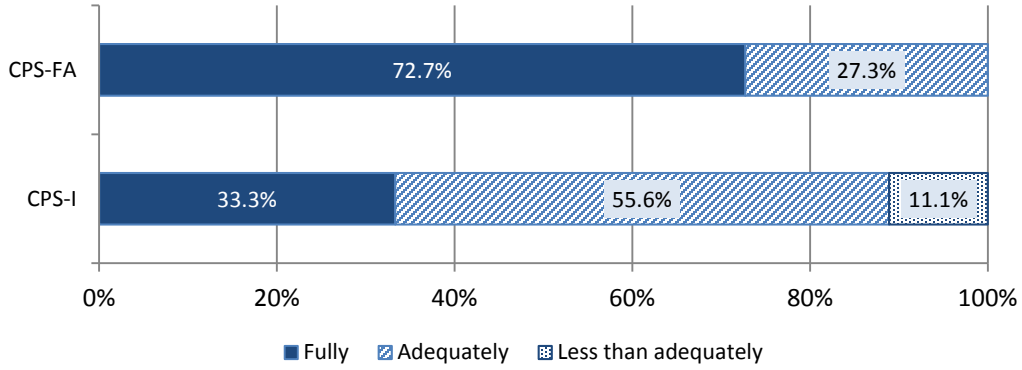

Figure 4.1. Level of understanding of Family Assessment expressed by CPS-FA and CPS-I social workers

Comments of some social workers suggest there is work to be done among staff. One CPS-I social worker who commented on this question in the survey said: I "do not feel I was provided this information…[what I know] is based on review of FA referrals converted to CPS and in R.E.D. Team."

Comments from a small number of CPS-FA social worker suggest there is a subset not fully committed to the development of family assessment. One said: "I understand what FA was supposed to be when it was initially implemented in the District. We are so far away from what FA was intended to be for District residents. We're not so unlike CPS-I. The focus has been to close referrals very quickly (get in and get out) and what I see is recidivism. More than what we should see."

2. FA practice

Human service systems introduce changes in policy to achieve different, hopefully improved, outcomes. But a precondition for better outcomes is a real change in practice. Do policy changes manifest themselves in practice changes? Is the new service approach different from the former one? In the end, a service system's policy is not so much what is written on paper but what social workers actually do when they encounter families.

In the general worker survey we asked FA social workers: If you worked in child protection before the start of CPS-FA, has it affected how you approach families or perform your work--that is, are you doing anything differently from before? **Figure 4.2** shows how FA social workers responded to this question. Three-fourths said the introduction of family assessment had some effect on their interactions with families in FA referrals: 7.7% said it affected how they approached families "a great deal;" another 23.1% said it had affected them "in a few important ways;" and a large minority, 46.2%, said it had affected them "in small ways."

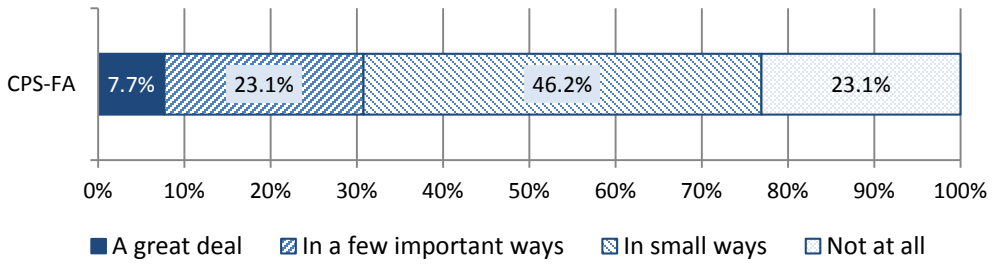

Figure 4.2. FA social worker responses to the question:
Has FA affected how you approach families or perform your work?

One social worker who recognized the impact of FA on her engagement of families said, "Family Assessment has changed my outlook on the family. FA has a detailed clinical approach and the family will trust you more." Picking up on this last point, another worker said, "The FA approach is more acceptable to most parents." Another said, the FA approach offers families stronger ownership of the process and outcomes, rather than being largely agency directed." An experienced social worker who worked as a CPS investigator for many years, noting the difference between CPS-I and family assessments, said, "CPS-FA is less intrusive--where the impact of 'partnering with the family' can get the social worker in the home." The FA worker, she said, is then "in the position of offering services these families need." However, a problem noted by some workers is that "many families continue to distrust the agency and refuse offers of assistance." Many "families simply do not want CPS in their home." One worker trying to help a single mother with young children living temporarily with a relative had great difficulty setting up a family meeting because the relative told the mother that if CPS came into her home she would throw the woman and her children out.

Returning to the responses of social workers to the question about the impact of FA on their engagement with families, the relatively small percentage who indicated FA affected their work "a great deal," versus the larger percentage that said the impact had been mostly "in small ways," may reflect efforts previously underway within CFSA to make CPS more family centered. The introduction of FA may be viewed by some as a relatively small step and, in some ways it may well be. But the overall proportion of FA workers who indicated some impact in the direction hoped for, whether perceived as large or small, is movement in the desired direction. (Note: Commonly, when this question has been asked in evaluations longer in length, it has been asked at different points in time – earlier in the evaluation period and again later. And typically the percentage of social workers who indicate FA has impacted their practice has grown over time and the proportion who say it has had no effect on them at all has lessened.)

A number of CPS supervisors of FA workers also responded to the survey and answered this question. As a group, supervisors were much more likely to say FA had had a great impact on practice.

The difference in the responses of supervisors and FA social workers can be seen in **Figure 4.3.** Overall, about the same percentage of supervisors as FA workers said the introduction of FA had no impact on CPS interventions. However, the responses of supervisors were shifted towards greater effect, the left end of the bar graph in the figure. The responses of supervisors may reflect more FA policy or what FA practice is expected to be, or supervisors may have a better overview of what FA workers are actually doing and see a greater change than workers themselves admit to. In either event, the responses of supervisors are encouraging in their reflection of the agency's efforts to put the new practice model in place.

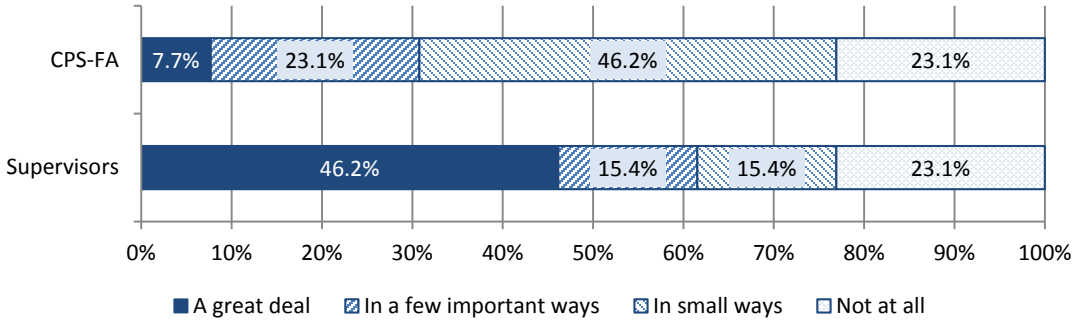

Figure 4.3. Responses of FA workers and CPS supervisors to the question: Has FA affected how you approach families or perform your work?

Workers in the case-specific survey were also asked whether, in their opinion, the family would have been approached differently under an investigation. The majority of respondents replied affirmatively (certainly yes: 37.0%, probably yes: 23.9%), yet a substantial minority responded negatively (probably no: 6.5%, certainly no: 28.3%), with 4.3% indicating that they were unsure or that the question was not appropriate for this particular case.

Beyond the general question about the overall impact of FA on the way they approach families, social workers were asked about a series of specific engagement features. The objective was to learn in greater detail how workers saw FA practice in action. Social workers were asked: In your experience, what have been the major differences between family assessments and CPS investigations in the District? Workers were then presented with a set of transactional items and asked whether they were more or less likely to occur with FA or CPS-I. As a group, the items, twelve in all, represent engagement features that are broadly viewed as operationally defining the family assessment approach. They may be understood as signifying the independent variable in the family assessment logic model and represent what policy makers expect to happen during or because of family assessments. Outcomes achieved are the dependent variable. The logic is: because in your practice you now are doing this, you expect to achieve that. The change in the independent variable, CPS practice in response to certain maltreatment reports, is the precondition for attaining better outcomes and reaching the agency's goals.

As noted above and in the introduction, there are typically two basic elements that are considered as defining the family assessment approach. The first involves the manner in which families are approached, the second how children and families are helped. The first component involves engaging a family from the start in a respectful, supportive, friendly and non-forensic manner consistent with sound family-centered practice, focusing broadly on the family's strengths and needs, and involving family members in decisions about what to do. The service component involves efforts related to helping families and children obtain what they need to address the problematic conditions they are facing. The items selected to be included in this part of the general worker survey were derived from this general model of family assessment. The items were not selected as a form of individual tests of model compliance, but rather are an attempt to create a general scale indicative of the model in practice. The following is a list of the items included in the survey, the first six are related to engagement, the second six related to the provision of services.

Engagement

- Families approached in a non-adversarial manner
- Families approached with respect
- Families approached in a friendlier manner
- Families encouraged to participate in decisions
- Greater involvement of caregivers in decisions and plans
- Cooperation of caregiver/family members

Services

- Families receive information about sources of services and assistance
- Workers contact community resources and agencies on behalf of clients
- Families referred to specific resources in the community
- Families receive services
- Families receive services they need
- Families receive services quickly

The question put to workers was how likely were these to occur in family assessment referrals versus a CPS Investigations. Specifically, they were asked whether each of these was

- Much more likely with FA
- Somewhat more likely with FA
- No Difference
- Somewhat more likely with CPS-I
- Much more likely with CPS-I

Workers were also able to reply *don't know or cannot judge* to any particular item.

The responses of FA workers can be seen in **Figure 4.4**. The figure is split into two parts: the upper part pertains to engagement items, the lower half to service items. Each group is sorted by

likelihood of occurring in FA interventions. (In practical terms this means the sum of *much more likely to occur* and *somewhat more likely to occur* with FA.) As can be seen, the major change FA has brought, as perceived by staff, involves interaction with families – a less adversarial (76%) and friendlier (64%) tone with families who are encouraged to participate in decisions (59%). Nearly half of the FA social workers (48%) thought this has led to greater involvement of caregivers in decisions and planning what to do next. At the same time, a sizeable minority (from 19% to 38%) saw these things happening about as often in CPS investigations, perhaps affected by ongoing efforts to emphasize family-centered practice at every meeting with families, perhaps influenced by the emphasis placed on a positive engagement approach that was part of introducing family assessments. Approaching families with respect is something that has been emphasized for some time in family-centered practice. Interestingly, while family cooperation is often seen as an intermediate outcome of the FA approach and an important variable leading to improved outcomes, social workers are split on FA's impact on it. In interviews, some FA and CPS-I social workers equated leverage with cooperation, that is, seeing the results of the interaction and not simply its emotional context as the important factor. At the same time, several workers noted that among many caregivers there was a continued lack of trust with CPS in any guise—a kind of proof-is-in-the-pudding notion that suggests the community of clients may still be waiting to see whether FA represents a real change or a passing phase.

Moving to the lower half of the figure and the issue of services, two general observations may be made. Many CPS-FA social workers see families about as likely to receive services through CPS-I as family assessments (between 52% to 65% on specific items). At the same time, there is a sizeable minority (about one-fourth) of FA workers who believe family assessments do improve the chances a family will receive services. Except in one area, CPS-I is not seen as more likely than FA to provide services. The exception, in which the two approaches are viewed as essentially equivalent, is "families receive services quickly." This issue, of course, is complicated by the response timeframes for the two approaches, which increases the chances of a service-focused CPS investigator providing practical help to a family perhaps even before an FA worker would have had her first meeting with the family.

The bottom line is that FA workers, whatever they may say in a general way about the effect of FA on their interventions with families, seem to be engaged in practice that reflects FA policy and the family assessment model.

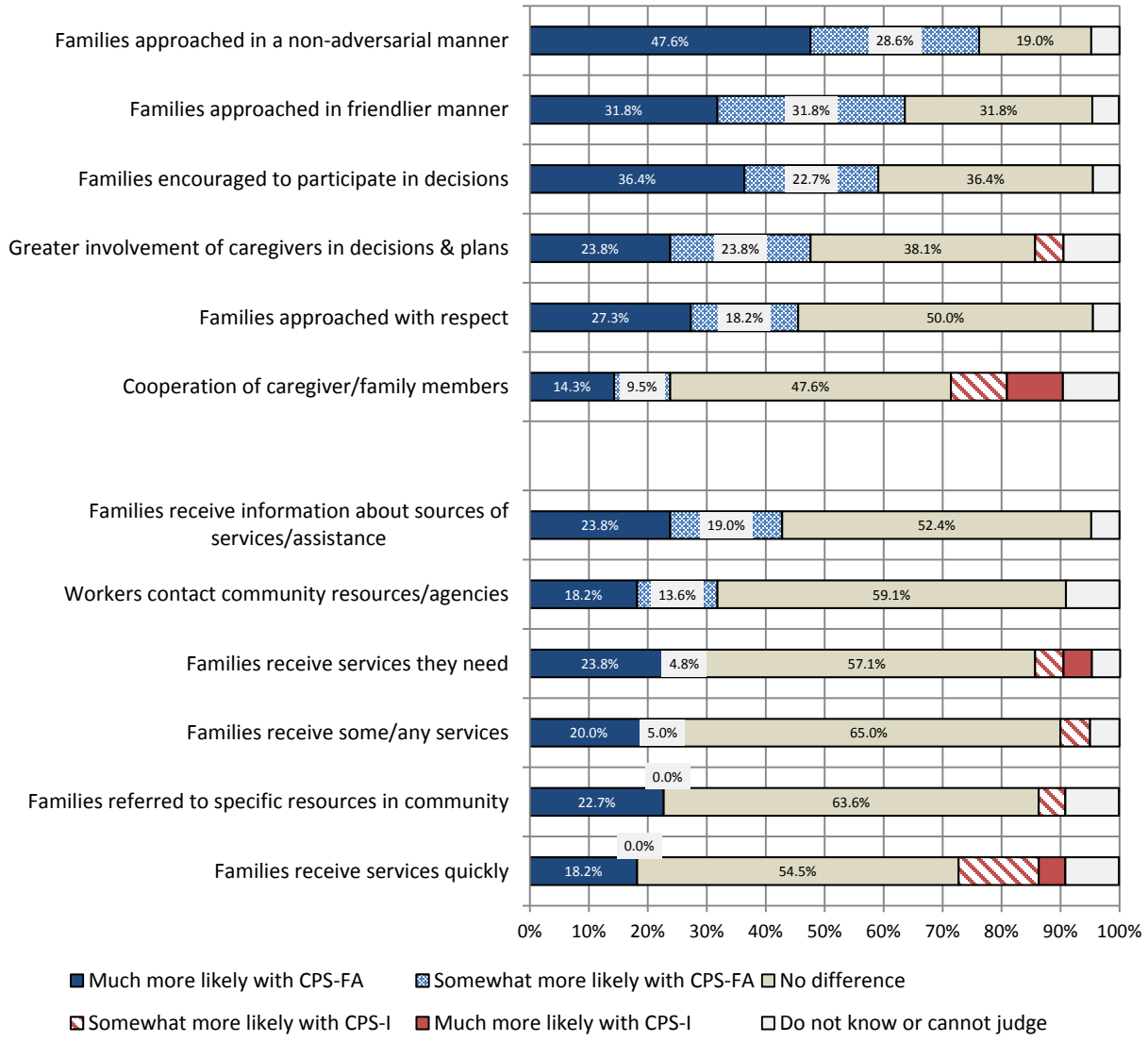

Figure 4.4. Percent of FA social workers that reported specific differences Between FA and CPS-I interventions

Figure 4.5 compares the views of FA social workers and supervisors on these engagement and service issues. The bars in the figure show the percentage of FA workers and supervisors who thought particular items were more likely (whether *much more likely* or *somewhat more likely*) to occur in family assessments. The items are listed in the same order as in the previous figure, engagement items above, service items below; each group ranked by FA worker responses.

As can be seen, supervisors were generally more optimistic or positive than workers about the effects of family assessments—both about the nature of FA engagement and about the probability of services being provided to families. On ten of the twelve items, none of the responding supervisors

indicated the view that CPS investigations were more likely to yield a particular effect. This included all the service items: that is, none of the supervisors thought CPS investigations were more likely to lead to the provision of services, even the issue of how quickly families might receive services. Two responding supervisors thought CPS investigations were more likely to result in family cooperation – and here, again, this may indicate the view that investigations were more likely to leverage some action from the family. And one supervisor surveyed thought CPS-I families were somewhat more likely to be involved in decisions and plans that were made. Overall, however, supervisors' responses endorsed the view that family assessment practice do represent program goals and policies.

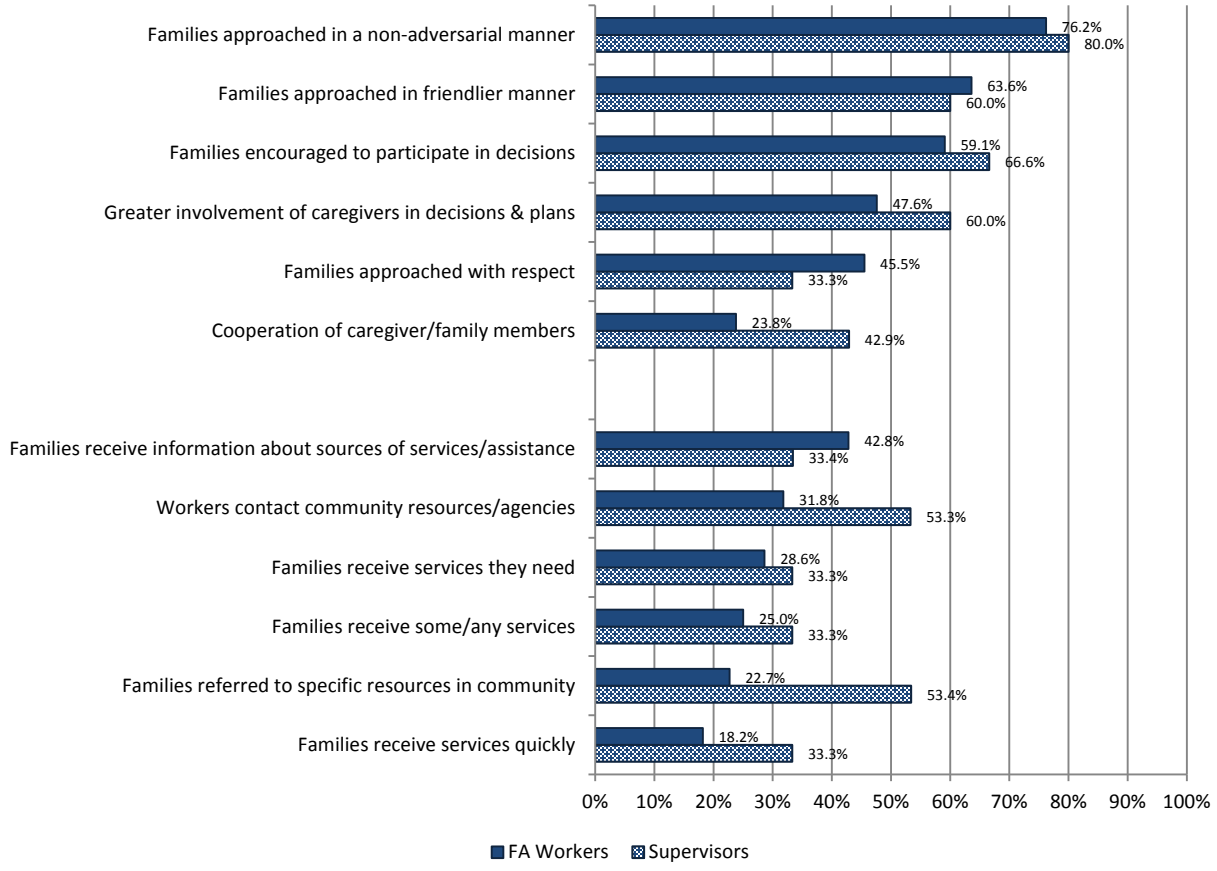

Figure 4.5. Percent of FA social workers and supervisors that reported FA was more likely to lead to specific practice differences

We also compared CPS investigators with FA social workers on these items. On ten of the twelve items, a majority (from 54% to 83%) of CPS investigators thought there were no differences between family assessments and CPS investigations. Over 80 percent of CPS investigators, for example, thought there were no differences on whether families received any services or received the services they needed

or received information about sources of services in the community. On this last item, however, a small percentage (8.3%) thought caregivers in family assessments were more likely to receive service information. Similarly, a larger percentage (23.1%) thought FA workers were more likely to contact community resources on a family's behalf than CPS investigators (7.7%). And similar percentages favored FA in referring families to specific resources in the community. Regarding engagement issues, CPS investigators more often thought FA workers approached families in a non-adversarial and friendlier manner than CPS-I workers. Likewise CPS-I workers thought FA workers were more likely to gain greater involvement from caregivers in decision making and planning and to obtain the cooperation of families than CPS-I workers. On two engagement items, however, CPS-I workers thought they were more likely to obtain the desired FA goal: approaching families with respect and encouraging families to participate in decisions. These last two items are clearly seen by CPS-I workers as goals of interactions in investigations; goals more often achieved in their view in their investigations.

The bottom line is that CPS investigators tend to see fewer differences between FA and investigations across the board than FA workers and supervisors. But in a number of engagement and service areas, even investigators see FA workers achieving practice goals. (See **Figure 4.6**.)

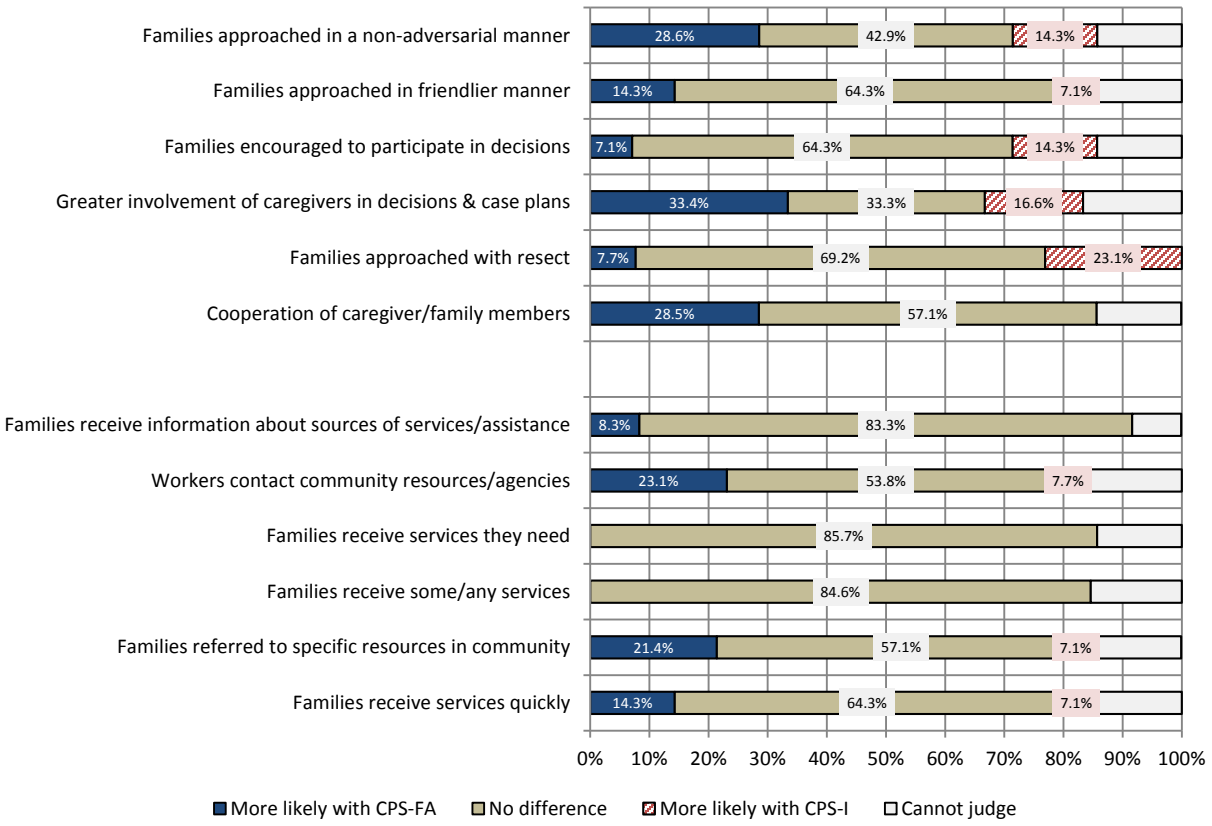

Figure 4.6. Percent of CPS investigators that reported specific differences Between FA and CPS-I interventions

B. Perspectives of Families

In this evaluation, as in other research on differential response programs conducted by the current researchers, feedback from families was an important source of information on whether the family assessment approach was implemented in a manner consistent with the model. A specific set of items were included in the survey specifically for this purpose. Caregivers were asked their overall satisfaction with the way they were treated by social workers and whether they were treated in a respectful manner. More specifically they were asked whether the social workers who met with them listened to what they and other family members had to say and tried to understand the family's situation and needs, and whether family members participated in any decisions that were made about the family and/or the children, and whether any important matters were not discussed. These questions were:

1) How satisfied are you with the way you and your family were treated by the social worker who visited your home?
2) Were you treated with respect?
3) Did the worker who met with you listen to what you and other family members had to say?
4) Did the worker who met with you try to understand your family situation and needs?
5) Did you participate in the decisions that were made about your family and children?
6) Were there any matters that were important to you that were not discussed?

The six questions asked families to give their judgment or assessment about aspects of their encounter with a CFSA social worker during a family assessment. The items represent measures of specific aspects of the family assessment model. Additionally, the survey asked respondents to describe their emotional response to the first meeting with the FA social worker. This item is important in its own right but also provides a validity check on responses to the specific items about the FA protocol.

1. Engagement Indicators

Family satisfaction. The first question asked in the family survey served often as an important global measure of engagement with which other responses were correlated. In this instance, about 9 in 10 responding caregivers said they were satisfied with the way they were treated by the social worker who visited their home—about half (49.1%) said they were *very satisfied*, while 40.4 percent said they were *generally satisfied*. One in ten said they were dissatisfied—5.3 percent said they were *very dissatisfied* and the same percentage said they were *"generally dissatisfied*. See **Figure 4.7**.

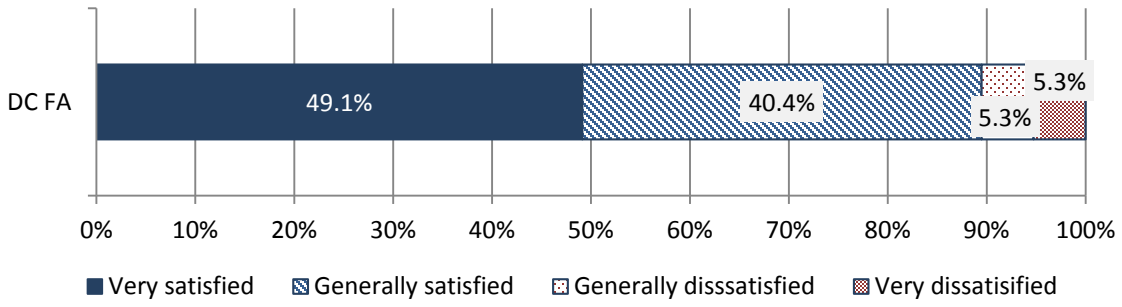

Figure 4.7. FA family responses to this question:
How satisfied are you with the way you and your family were treated by the social worker who visited your home?

Because family assessments had been introduced throughout the district at the point when the family survey was conducted, there was no control group of families to which responses could be compared. We have, as mentioned, conducted similar studies in other locations and we can compare the responses of families across these locations. **Figure 4.8** shows responses of FA families in three states where we have previously conducted similar evaluations alongside FA families in the District. For simplicity, the response categories have been collapsed into either satisfied or dissatisfied. As can be seen the responses of FA families in the District, overall highly positive, were not significantly different from FA families in Minnesota, Ohio and Maryland where this question had been asked.

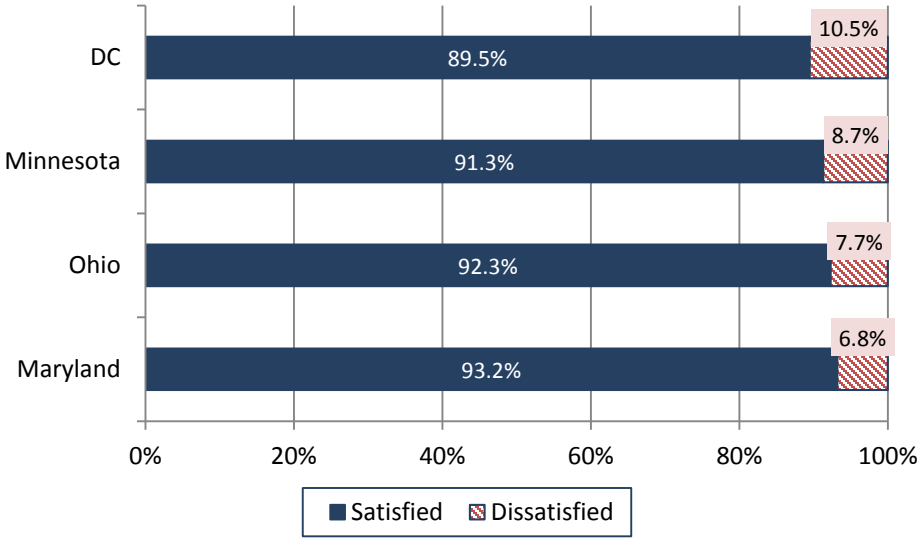

Figure 4.8. Satisfaction and Dissatisfaction among FA families in three locations and the District of Columbia

Respect. Approaching families with respect may be viewed as part of any interaction social workers may be called upon to engage in. All the more reason why it may be seen as critical for an FA engagement, and, as can be seen in **Figure 4.9**, most respondents reported they had been treated respectfully by FA workers. These proportions again mirror what we have found in evaluations of family assessment in other locations.

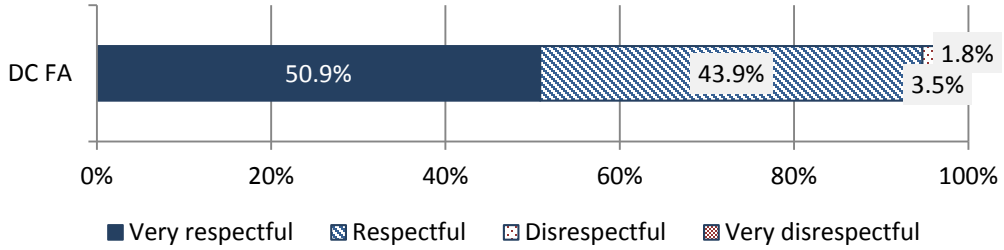

Figure 4.9. FA families report on level of respect shown by social workers

Listening and understanding. Beyond being respectful and positive in manner, the possibility of effective intervention requires the social worker to have full and accurate knowledge of the family's situation and of the family's strengths and needs. Building trust and providing help that is useful and needed requires listening and understanding things from the other person's perspective. In the family survey we asked if the social worker who met with them listened to what family members had to say. A high percentage (77.2%) said workers listened *very much.* Just 7 percent said workers listened only *a little* or *not at all*. Similarly a high percentage said workers tried to understand their family's situation and needs. Only a few family respondents criticized workers about this. See **Figure 4.10**.

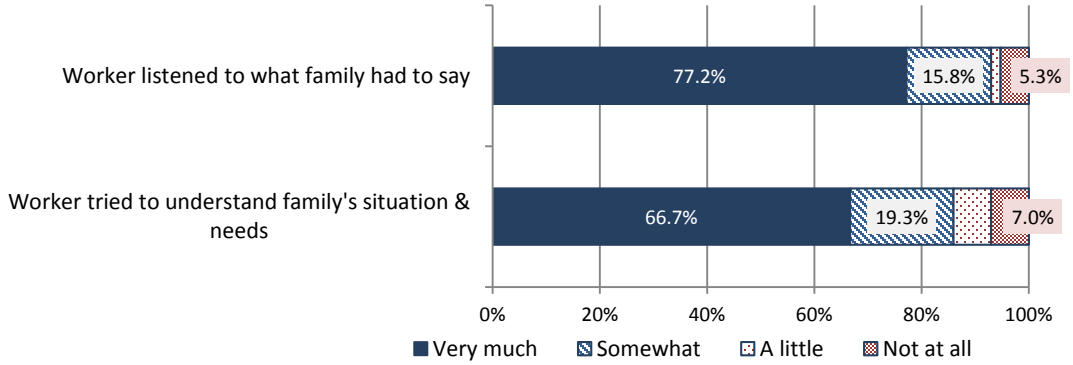

Figure 4.10. Percent of families who said their social worker "listened" to them and tried to "understand" their situation and needs.

When asked whether there were any matters important to them that were not discussed, most (81.8%) respondents said no. But some (18.2%) answer yes. What was most important to some caregivers was the name of the person who had submitted the maltreatment report or why the allegation had been made. One caregiver said the worker had not discussed the availability of any services. But the most frequent issue mentioned as not discussed, perhaps meaning not "sufficiently" discussed, was housing—"permanent housing," "safe housing." "Please help," one respondent pleaded in the survey about her housing situation.

Decision Making. The participation of family members in the assessment process, especially taking responsibility and being involved in decisions that are made about what to do next, is a critical component of the family assessment model. It is an iron law of group dynamics that people who are involved in making a decision become more vested in its enactment, especially if it affects them personally. About one in five (22%) respondents said no decisions were made when they met with the FA social worker. Of the others more than two-thirds (68.9%) said they were involved in decisions "a great deal." Another quarter (24.4%) said they were participated to some degree. A small percentage (6.7%) said they had not been involved in making them at all. (**See Figure 4.11**.) These results are positive and, again, generally similar to findings from evaluations of differential response in other locations.

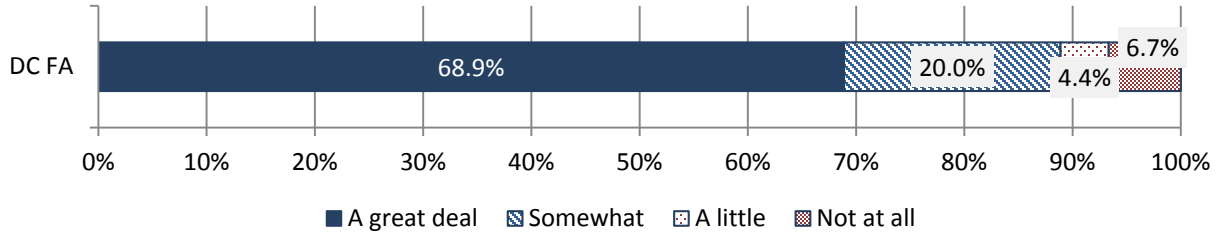

Figure 4.11. Question: Did you participate in decisions that were made about your family and child(ren)? (Note: figure does not include 22% who said no decisions were made)

Mean engagement scores. The first five of the six questions that measured engagement involved four response categories that ranged on a Likert-type scale from negative to positive. It was possible, therefore, to assign a scale score to each question, that is, numeric values—from 1, most negative, to 4, most positive—and calculate mean scores among the family respondents. Mean scores on each item are shown in **Figure 4.12** in which similar mean scores are shown for two other locations, Maryland and Ohio. As can be seen, differences in the scores on all five questions are small. While statistically insignificant, the mean scores for the District are just slightly lower on all the items except one: participation in decision making. An engagement scale can be created from these mean scores simply by summing them. Summated engagement scores for the three locations are very similar: 17.4 for the District, 17.6 for Maryland, and 17.7 for Ohio. (It might be noted that scores for Ohio were expected

to be somewhat skewed towards positive due to additional service funds made available for the pilot being evaluated.)

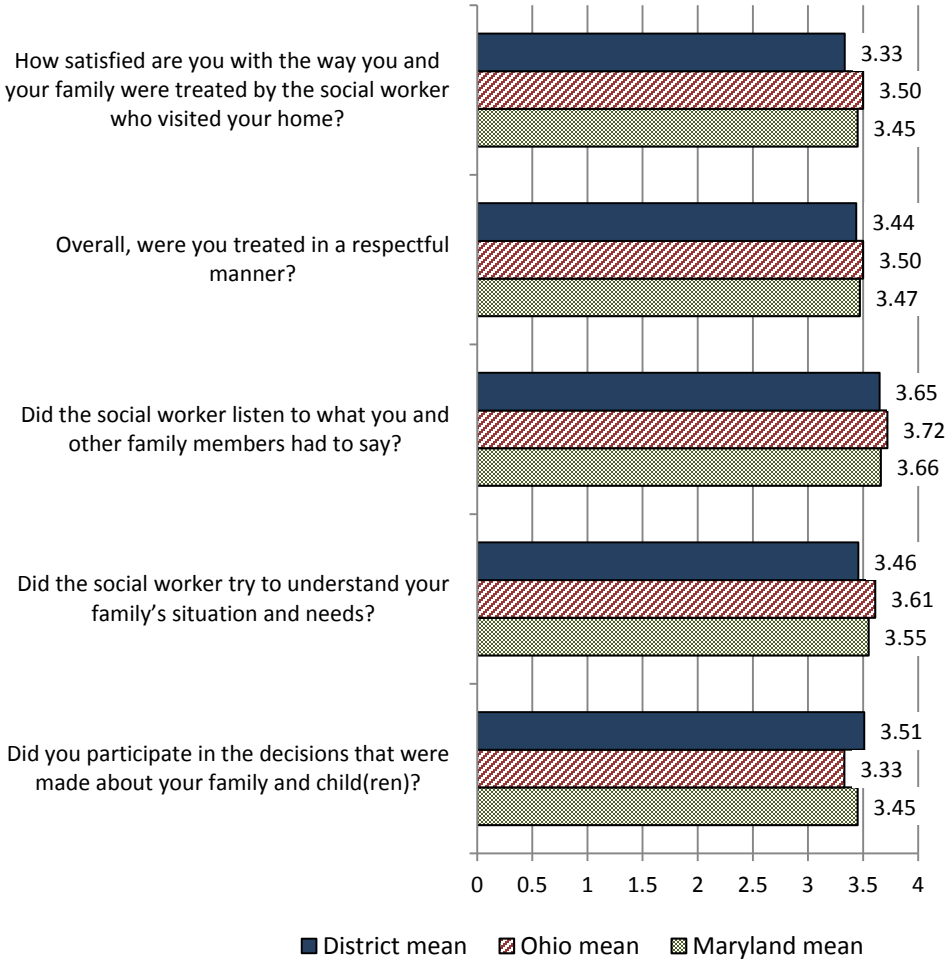

Figure 4.12. Mean scores on five engagement questions for the District, Ohio and Maryland

2. Emotional Response of Families

One of the ways we measured the approach of workers in the family assessment was through the emotional reaction of families to what can be a difficult experience for them. We asked family respondents to describe their feelings at the end of the first visit from the FA social worker. Using an adjective checklist, we asked them to do this by selecting from a set of descriptive words, half positive and half negative, that reflected their feelings at the time. We asked them to check any terms that applied to their feelings. In the instrument the positive and negative descriptors were randomly interspersed. This tool was used in evaluations of differential response pilot programs in Minnesota and Ohio that utilized an experimental design, that is, in which we had randomly assigned experimental (FA)

and control (CPS-I) groups. In both of those projects, the results were strong and convincing that families responded more positively to FA and more negatively to investigations. We utilized the tool in Maryland as well, although the research design was not a fully experimental one, and results for family assessments were similar to the previous studies. The list of descriptive words from the family survey instrument, grouped by those that are positive and those negative, can be seen in **Figure 4.13**.

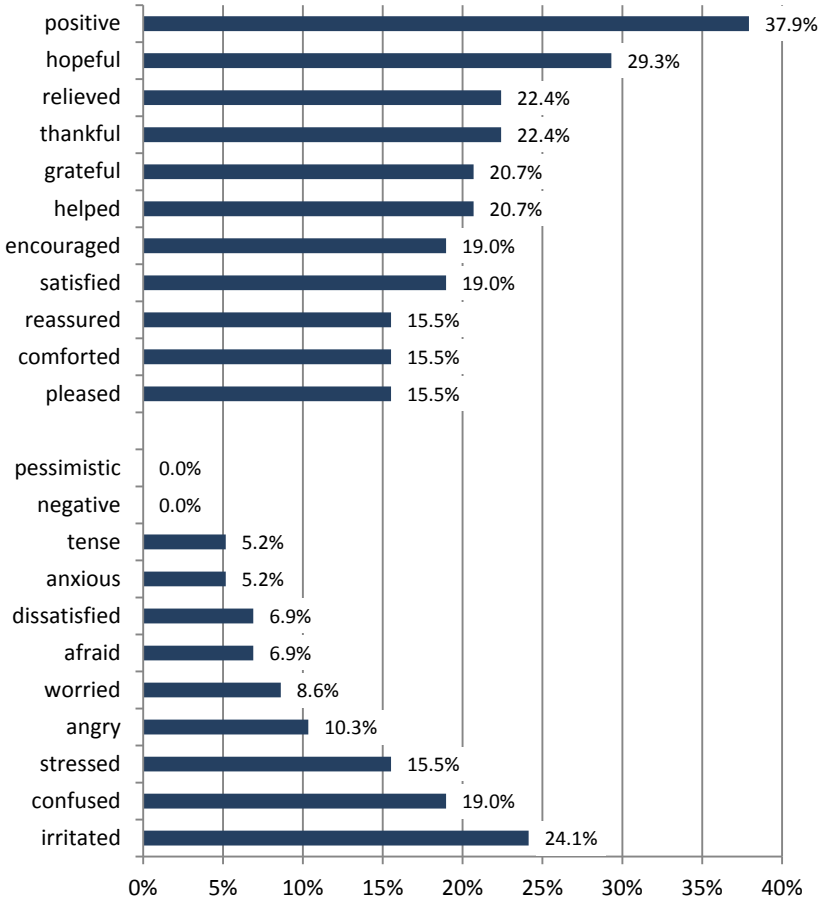

Figure 4.13. How FA family respondents described their emotions following the initial family assessment visit

The chart shows the percent of family respondents in the District that selected each descriptor for their initial family assessment visit. In the figure, the positive descriptors are listed from those most selected by FA families to those least selected; the negative descriptors are listed in the reverse order, from those least often selected to those most often selected. As can be seen the most frequently selected descriptor was the term "positive," which 37.9 percent of respondents chose, followed by "hopeful," selected by 29.3 percent of FA families. The next most frequently selected term was "irritated," which was the negative descriptor most often selected. Two negative terms, "pessimistic"

and “negative” were not selected by any FA respondents. Overall, there were more positive than negative terms selected by a ratio of 2.3 to 1.

Again, to provide some context for these data, and because there is not a control group, **Figure 4.14** has been inserted. This figure shows the results of the semantic differential for the District along with two other locations, Maryland and Ohio. Maryland was selected because it was the most recent other evaluation (2014) and Ohio because it utilized an experimental design and we know there was a statistically significant difference between results for FA versus CPS-I families. To make the figure easier to read, the descriptors are shown in the same order in this figure as in the previous one (Figure 4.17).

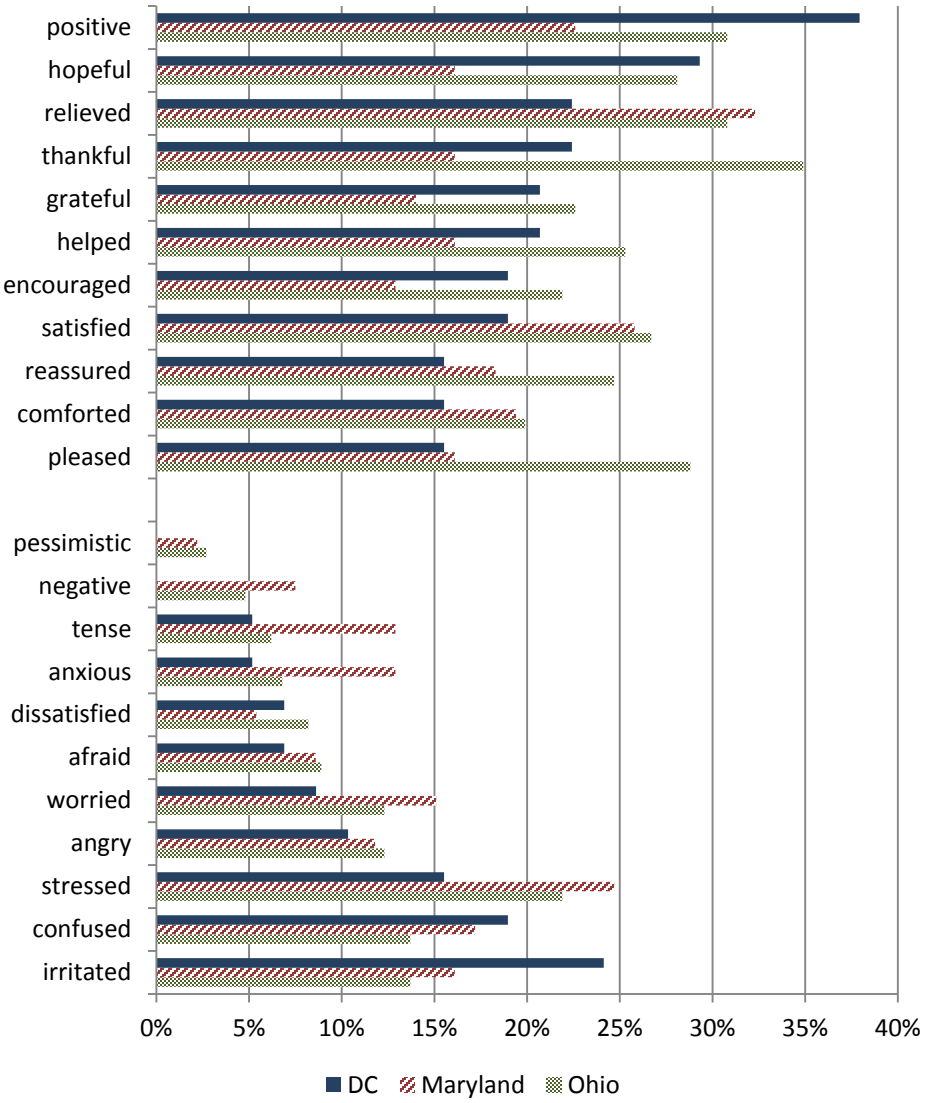

Figure 4.14. How FA family respondents described their emotions following the initial family assessment visit in DC, Maryland and Ohio

Overall, there were more positive descriptors selected in Ohio than in the other two jurisdictions. Again, it is likely that this may have been influenced by the additional funds available during the pilot through which social workers were able to provide a wide variety of concrete services to FA families—the effect on service funding was one of the issues being tested in the Ohio program. Compared with Maryland, where no additional service funds were made available, the District received more positive descriptors per respondent. With respect to negative descriptors, the District averaged the fewest per respondent, followed by Ohio and then Maryland. Comparing the ratio of positive to negative descriptors, Ohio had 2.6 positives for every negative term, the District had 2.3 positives for every negative, and Maryland had 1.6 positives for every negative.

To summarize, the evidence, from the engagement items on the family survey and the emotional response families reported, indicates that the introduction of the family assessment response has had an effect on practice in the direction consistent with policy goals. There is consistency across the items in the instrument that were designed to capture this matter, and there is similarity in the responses of District families to families surveyed in other jurisdictions where DR-family assessment was newly implemented.

There have been critics and sceptics of differential response from the beginning who question whether family assessments can keep children safe, an issue we addressed in Chapter 3. But questions are asked about DR family assessments that might be asked as well about investigations: What is the evidence that children are protected? There is an assumption in some quarters that a more authoritarian approach is more likely to leverage acceptable behavior from parents. A large body of literature in social psychology about social interactions and socialization across many contexts casts doubt on this assumption. In the end, the family assessment approach seeks to treat parents in a manner that is consistent with how society expects parents to treat their children: in a friendly, respectful, supportive manner, focusing on strengths not just deficits, listening, understanding. This is not to diminish the role of authority or the importance of rules or laws, but to point out that there are similarities in social interactivity across contexts and that authority is more than coercion.

Chapter Five

Practice Indicators, Part 2: Intervention and Services

This chapter examines the second core element of the DR-family assessment approach, the provision of assistance to families that addresses the needs and problematic conditions that impact child welfare that were uncovered in the assessment process. This assistance may take the form of informal help from the worker, helping the family organize its own resources, linking the family to community resources immediately, or arranging for the provision of longer-term, perhaps on-going assistance through referral to a Community Collaborative or through referral to the ongoing CPS in-home services unit. Just as family assessments are designed to be comprehensive and holistic and examine underlying conditions that may threaten the welfare of children, now or in the future, the service response is also meant to be broad in scope. Just as the family assessment is meant to identify particular strengths and problems within a family, the service response is meant to be driven by the family with the facilitation and judgment of the social worker. The service response will frequently involve the delivery of practical, basic services needed by DR families who often lack basic necessities and often live in poverty.

In Chapter Two we saw that 9.5% of family assessments were closed with a referral to an agency so that services could be provided to a family. Most of the time this involved a handoff of the family to a Community Collaborative (see **Table 2.3**), agencies with which CFSA has a particular and contractual relationship to provide services to these and other families in need of assistance. The collaboratives are the primary mechanism in place in the District to deliver and facilitate a broad range of services to CFSA families, including FA families, over an extended period of time; and the families referred to these agencies must be consider those with the greatest and most complex needs for assistance. The collaboratives serve families by providing services directly to them and, through case management, by linking families to other service resources in the District and beyond.

While Community Collaboratives provide regular reports to CFSA for accounting purposes, individual social workers do not receive routine or formal feedback on what happens to the families they refer once the handoff has been made. Hence, FA social workers were not a data source for evaluators to drawn on to learn what these agencies might have done to address the needs and conditions of families in the study population. And, while the work of these agencies is an extension of the work of CFSA, and in other jurisdictions services they render might be provided by units within the child protection agency itself, the direct examination of services provided to FA families by these outside agencies was beyond the scope of this evaluation.

The examination of the FA service component, then, was limited to what occurs while the family assessment referral was open and was based on results of three research methodologies: reports of FA

families who were surveyed, reports of social workers in the general worker survey, and responses of social workers to the case-specific survey. We will begin with what families who responded to the survey told us.

A. Family Reports of Services Received

According to families, FA social workers themselves sometimes (24.6%) helped the family directly; that is, the worker herself/himself was the source of some service or assistance—such as transporting a mother or child to a doctor. Across the District, 43.6% of families surveyed said the FA worker referred them to some agency in the community so they might receive services; 28.1% of family respondents said they followed up on the referral and accepted assistance from the agency. Another 49.1 percent of family respondents said their FA social worker had referred them to some other source of assistance—such as a church, shelter, school, or public assistance resource; and 22.8% said they followed up and received some assistance or service as a result. About one family in six (17.5%) said they were offered services they turned down (such as counseling and employment or housing related assistance). One-third (33.3%) reported there was help they needed that they did not receive. These survey results can be seen in **Figure 5.1**.

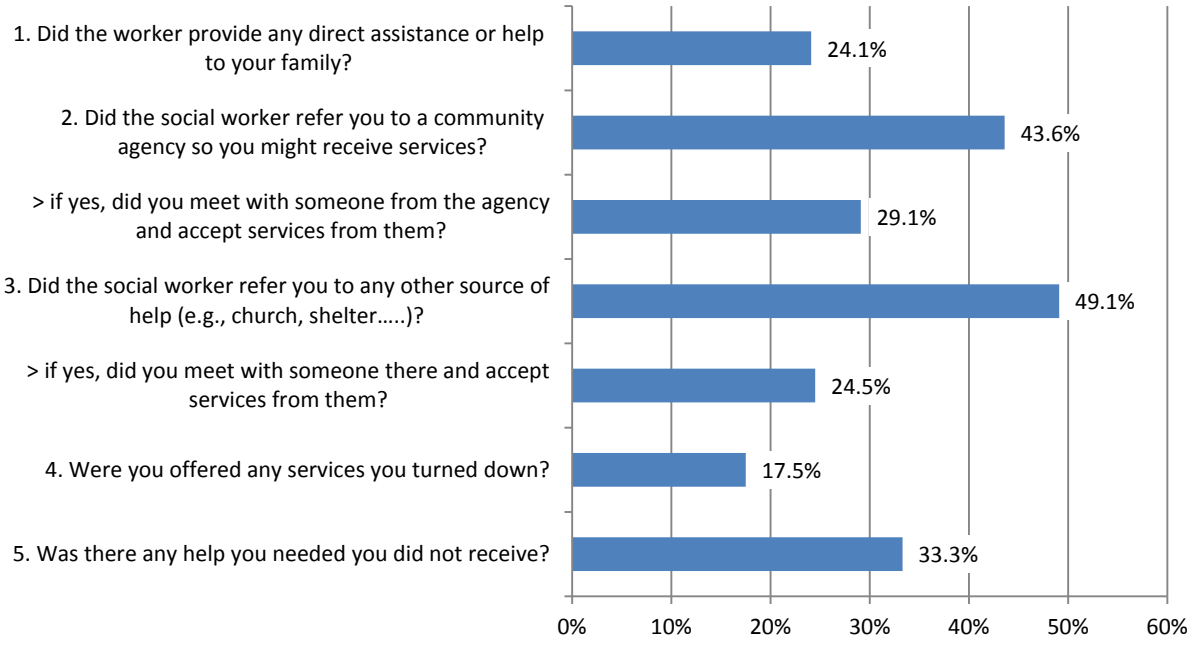

Figure 5.1. Reports of FA families about services offered and received

The most common unmet needs mentioned by families involved housing (16%), unpaid utility bills and furniture (6%); other unmet needs mentioned were child care, clothing, care repair and help obtaining public assistance. It might be assumed that some of these unmet needs may have been addressed by Community Collaboratives for families referred to them.

Types of services provided. In the survey, FA families were provided a list of services that are sometimes provided to CPS families and asked whether they had received any of them. The list included in the survey instrument can be seen in **Figure 5.2**, along with the percent of families who reported receiving them. The services were varied and often involved some type of practical assistance. In the figure, the services are ranked in order most often received. One in five (21%) families reported receiving very basic assistance with food or clothing. This was followed by housing assistance, help paying utility bills, home repair or furniture, counseling services, and job training, all reported by about 10 percent of the families. Mental health services and other financial assistance followed, with smaller

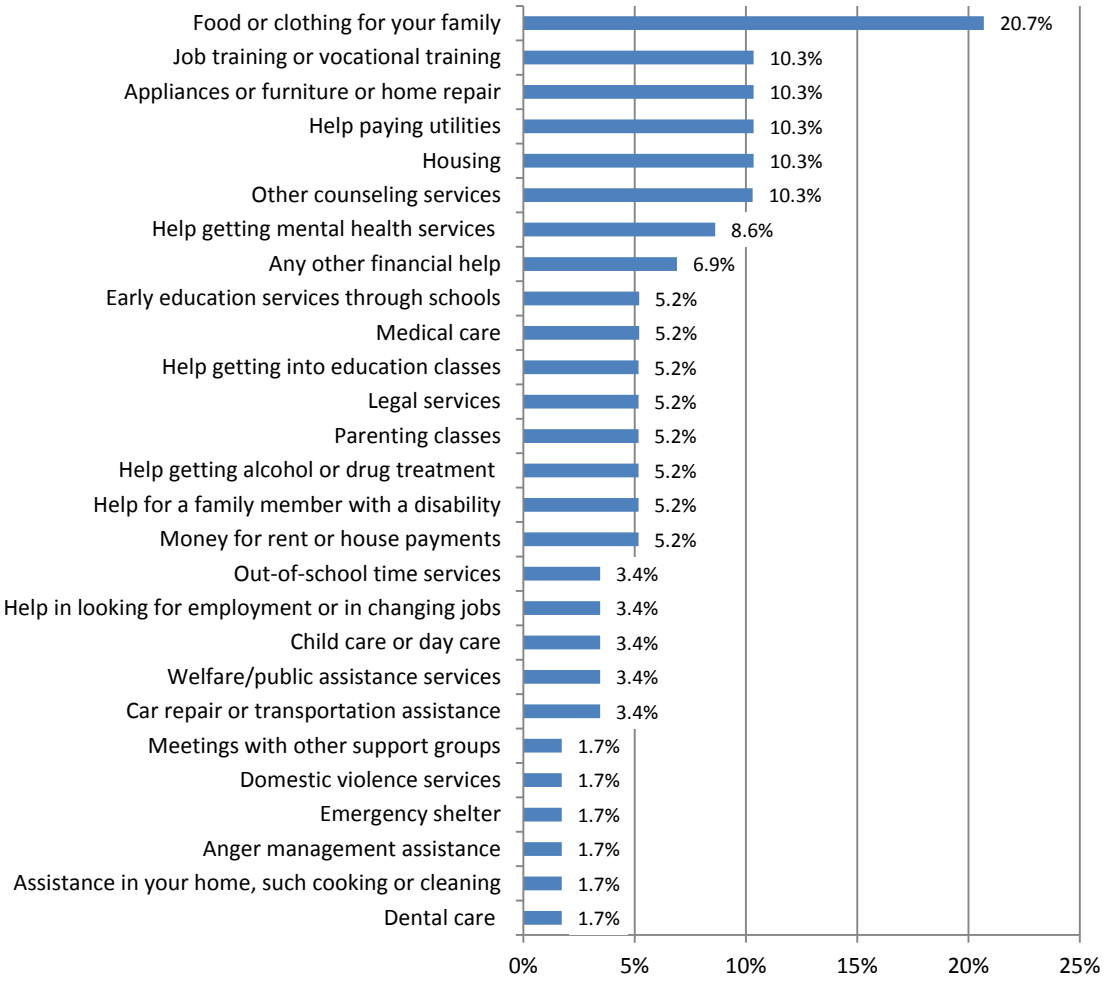

Figure 5.2. Percent of FA families who reported receiving specific services

percentages of respondents reporting various other assistance, such as medical care and legal services, and help getting drug or alcohol treatment, among others.

Overall, 58.3% of families reported they had received at least one of the listed services or reported receiving some other specific service. There were an additional 7.4% of families who, while not checking any of the listed services, had reported they had accepted services from an agency or other community resource to which workers referred them or said workers had provided some direct assistance to them. Combining these figures gives us an unduplicated estimate that, by their own reports, two-thirds (65.7%) of FA families received some assistance or services.

When types of services provided in different jurisdictions are compared, it is inevitable that there will be similarities and differences. **Figure 5.3** shows the percent of FA families who reported receiving various services across four separate studies of family assessment. One commonality is that

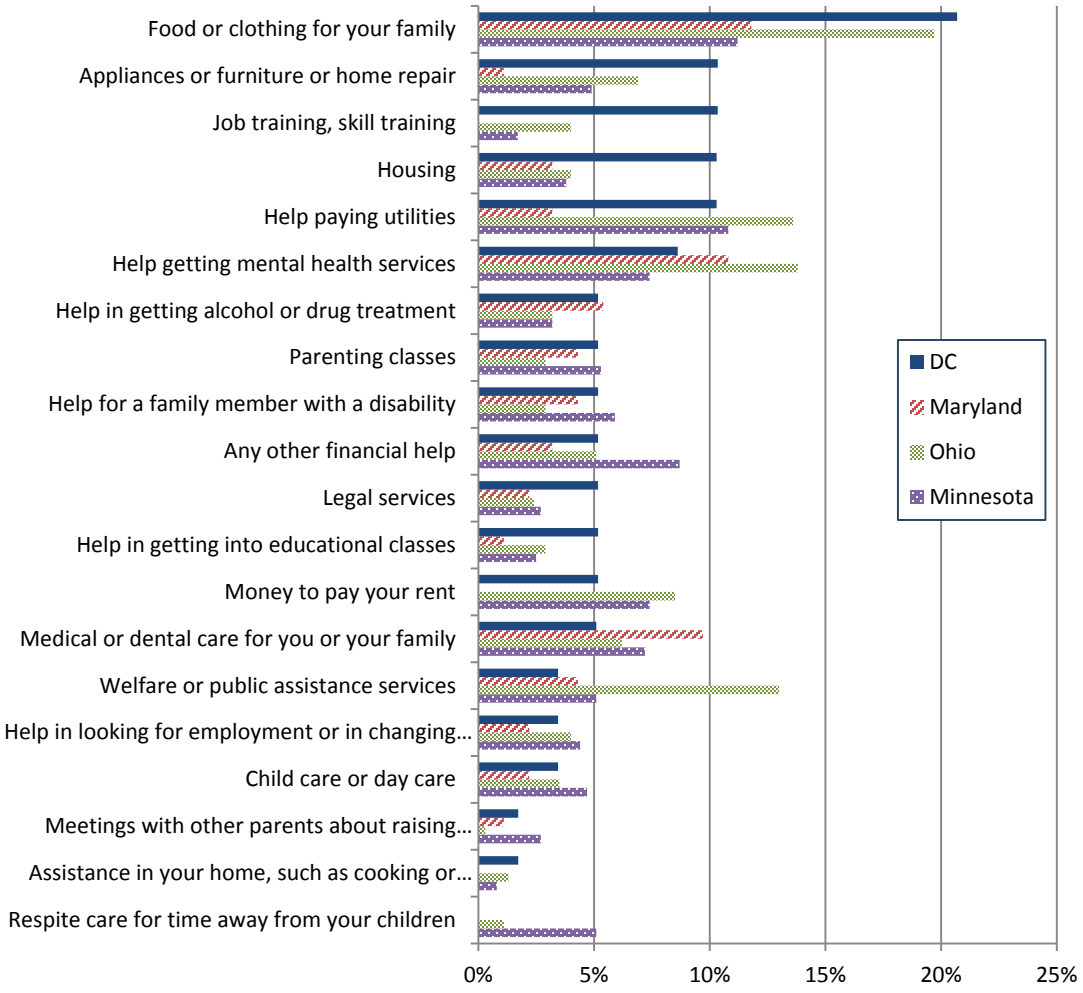

Figure 5.3. Percent of FA families in different jurisdictions who reported receiving specific services

many families received assistance of a very practical and material nature, arising from the reality that a large number of these families, wherever they may live, are often quite poor. As can be seen, compared with the other locations, a somewhat larger percentage of FA families in the District received food and clothing assistance, help with housing and home-related items such as appliances and furniture, job training assistance, legal services and assistance enrolling in education classes. On the other hand, District residents were somewhat less likely to receive assistance obtaining public assistance and help obtaining medical and dental services, although the differences are not always great.

Appropriateness and sufficiency of services and family satisfaction. We asked families who said they received some specific services whether 1) they were the kinds of services they needed, and 2) whether they received enough services to really help their families. To both questions, respondents were five times more likely to say "generally yes" rather than "generally no." And so, it must be assumed the services were properly directed in most instances. At the same time, there were a minority of families for whom workers provided specific help who thought they had other, greater needs or had a level of need that exceeded what workers were able to address.

Families were asked: How satisfied are you with the help you received or were offered? Their responses can be seen in **Figure 5.4**. The percentages in this figure exclude a small number (7.3%) of families who did not answer the question because they said "no help was offered." Of those who did respond, as can be seen, 88 percent said they were satisfied, with 55 percent saying "very satisfied."

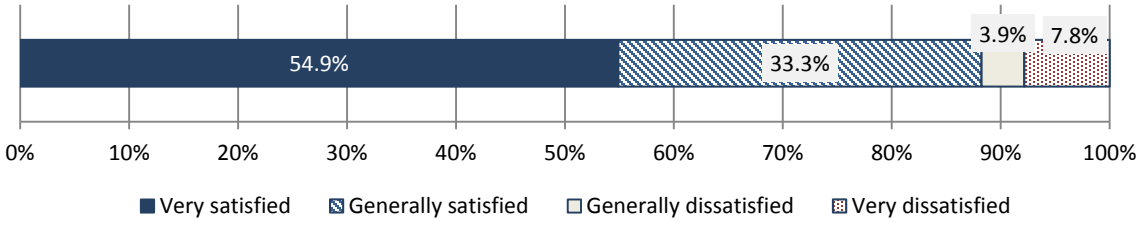

Figure 5.4. Response of District FA families to the question:
How satisfied are you with the help you received or were offered?

The responses of FA families in the District are compared with those in three other jurisdictions surveyed in prior evaluations in **Figure 5.5**. This figure includes the proportion of respondents who said "no help was offered" to them. There were a small number of such respondents in each study except in Minnesota. (In Minnesota and Ohio special funds were allocated to pay for services for FA families while the pilot projects were underway.) The bottom line here is that the responses of families in the District do not look substantially different from families surveyed in earlier evaluations of differential response programs.

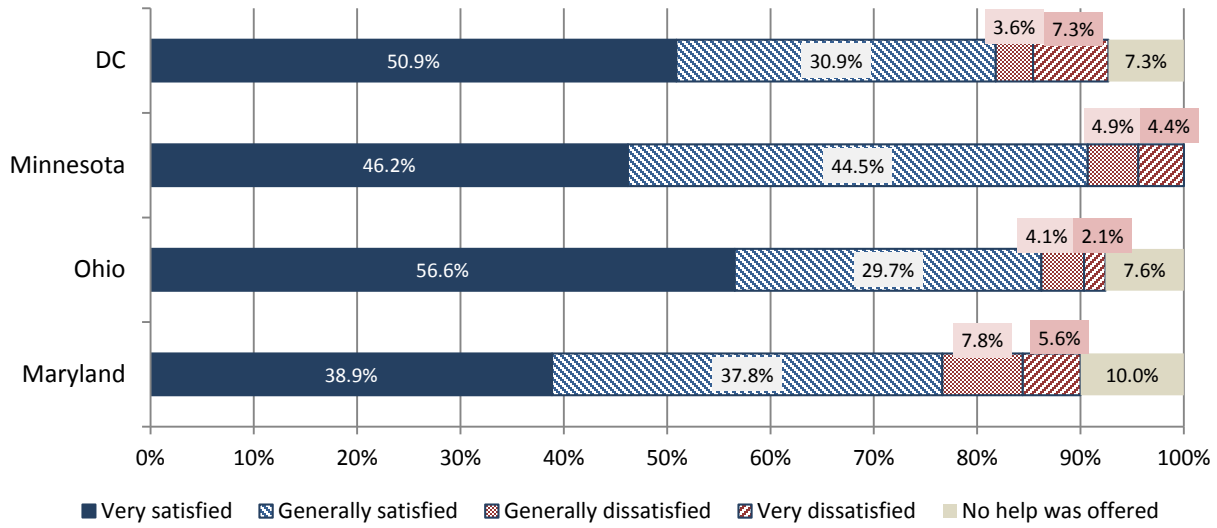

Figure 5.5. Response of FA families in different jurisdictions to the question: How satisfied are you with the help you received or were offered?

In the survey we asked: Overall, is your family better off or worse off because of this experience? While a majority (70%) of respondents said their family was better off, 36 percent saying they were "much better off," an important subset of families said they were worse off (26%: "somewhat worse off"; 2%: "much worse off"). These latter numbers were greater in the District survey than in the other studies mentioned above where the percentage saying they were worse off ranged from 3 to 10 percent. This suggests there is a history in the community that remembers or believes CPS is something to avoid and that the family assessment approached has not fully broken through the layer of suspicion or distrust among some families.

Finally, we invited family respondents to provide whatever comments about their experience they wanted to share with us. About a third did. There were positive comments and negative ones, although the latter often had something good to say about a worker. A few said simply thanks for the opportunity to provide a viewpoint. Some comments were simply appeals for help and reinforced the reality that many of the underlying condition at work in these situations is often poverty. One woman wrote: "Being homeless is a very bad situation to be in at almost 60 years old. Please help me."

Those with positive comments were often general in nature: "My experience was very positive." "Thank you for your help." "My worker helped me out a lot. Thank you so much."

A few of the comments were very critical, such as: "Your workers should be evaluated and monitored more often because generally no help is given."

Another respondent said she was "accused of being a bad parent. I felt embarrassed and could not get my point across to the worker." And still another said the social worker "asked too many personal questions, took pictures of my child's homework." But, she continued, the worker "recognized our efforts."

Several respondents were upset and frustrated at the problems they faced and the difficulty resolving them. One respondent said, "My case was closed before issues were addressed. I have no clothes for my teenager. I can't afford the school uniform. We can barely pay the rent."

One respondent did not like the fact that her young son had been interviewed "outside my presence." But, she continued, the worker tried "to find something positive," and now "I am more attentive to my son's school attendance." Continuing, she said, "I asked about housing and was told they didn't help with that. I wanted help with a new apartment."

A number made quite positive comments about their social worker:

> "The worker seemed to understand our situation and was good with my teen age son. She supported our efforts."
>
> "I want to thank the social workers for all her help. Now I'm able to breath. A weight has been lifted from my shoulders."
>
> "I just want to say I loved my social worker. She was a big help and friendly and understanding and I just want to say thank you."

Overall, the responses of families was similar to those of FA families surveyed in other jurisdictions. Much of what social workers face with when they visit FA families intersects directly with the poverty conditions in which many of the families live. The median household income reported by respondents was less than $10,000. The majority were single parents, primarily women, raising their children on their own-- 53.4 percent had never been married, 5.2 percent were widowed, 12.1 percent were divorced and 6.9 percent were separated from their spouses. About one in five (22%) were married and living in two-parent households. One in four (24%) were employed full-time and another 19 percent worked part time; a minority were living with partners who were employed full time (22%) or part time (9%). The majority were either living on their own (53%) or with partners who were not currently employed (16%). Public benefits received by someone in the household included TANF (35%), food stamps (55%), WIC (26%), social security disability (26%), housing assistance (17%), utilities assistance (10%). The median level of education among respondents was four years of high school—26 percent had dropped out of high school; 33 percent had attended some college classes; 9 percent had four-year college degrees. Half (50%) of the respondents reported living in public housing, a shelter, with a relative or another location described as "temporary." A number living in other settings said they were actively seeking change for a variety of reasons ("the home is in foreclosure," "there are shootings all the time and killings in the neighborhood," "domestic violence" within the household, residence is "unhealthy" for children).

B. Intervention and Service Data from the Case-Specific Survey

In the case-specific survey FA social workers were asked questions about their interactions with the individual families selected in this sample and about the kinds of assistance and services they offered and provided to them.

Contacts with families. Workers were asked about various types of contacts they had with and for FA families. Average (mean) numbers were calculated and are shown in **Figure 5.6**. For comparison purposes mean contacts from three other DR jurisdictions where similar evaluations were conducted are also shown in the same chart. For the District, social workers averaged 3.0 face-to-face meetings with FA families, in addition to 4.8 telephone contacts, and 4.3 contacts with other agencies on the family's behalf. (There was activity in which FA workers were engaged that involved other contacts that are not shown in the figure—such as with schools when a child was interviewed separately.) As will be noticed, and is to be expected, there were variations in the mean number of contacts across jurisdictions. The number of face-to-face contacts and telephone contacts that District social workers had with FA families, while somewhat fewer than in Minnesota, was about the same as in Ohio and greater than in Maryland. (Note: the relatively high DC mean number of contacts with other agencies is primarily attributable to a very large number of contacts reported in a couple of cases which inflated the mean.) It should be remembered that most of these referrals, if they had been investigated, would have been unsubstantiated or unfounded and would probably have been limited to a small number of meetings with families until the findings were established (see the analysis in Chapter 3, Section 2). The current researchers have found in studies involving experimental designs that the family assessment approach often leads to increased work with families that were more easily passed over in the traditional system.

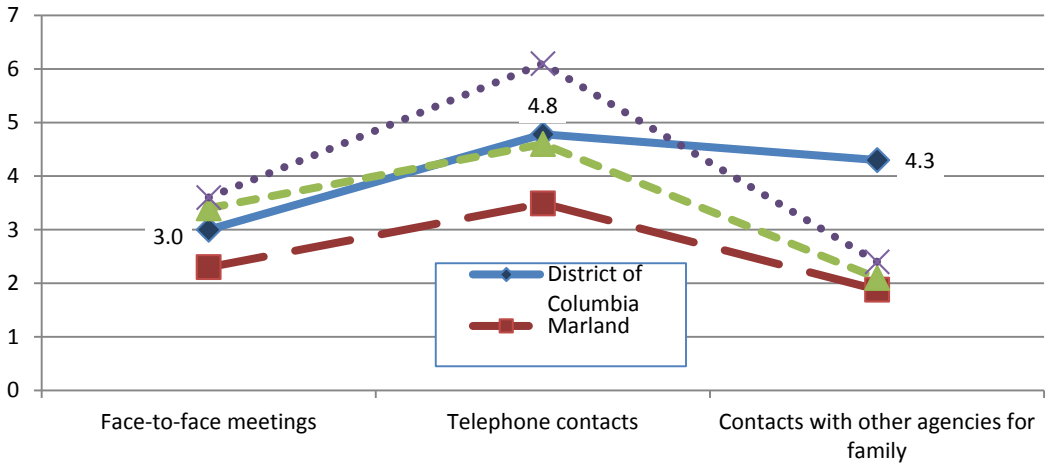

Figure 5.6. Mean numbers of contacts of different kinds workers reported having with and for CPS-FA families in DC and three other jurisdictions

Cooperation. CPS-FA workers were asked in the case-specific survey whether the particular family with whom they were in contact was cooperative at the first and last meeting of the family. This was rated on a 10-point scale from *very uncooperative (-5)* to *very cooperative (+5)*. The results are shown in **Figure 5.7**. The chart shows the average (mean) score for the first and last meetings for the current evaluation compared to the responses of workers for family assessments in the recent Maryland evaluation. The number of families between the first and last meeting varied because the second question was only completed for cases in which more than one meeting took place. The average cooperation scores were positive—showing overall cooperation of families but were higher in Maryland. The score for families during the last meeting in DC increased markedly.

The proportion of families that were judged to be uncooperative at the time of the first meeting was 23.9%. This was almost exactly the same as reported by Ohio workers (23.2%) in the DR evaluation in that state.

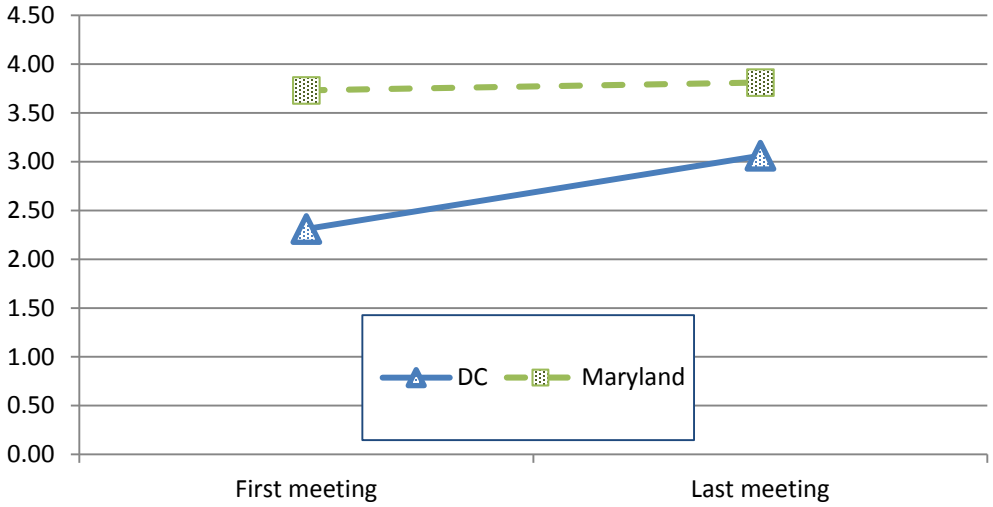

Figure 5.7. Worker estimates of family cooperation in family assessment cases compared estimates from the Maryland AR evaluation (data source: case-specific survey)

Worker reports of service provision and referrals. For each family case reviewed in the case-specific survey, workers were asked to indicate services offered or provided to families. Workers were given a list of services often provided to CPS families and asked to check any of three statements that might apply: 1) the service was known to be provided to the family, 2) service information and referral was provided, or 3) the service was already in place at the time of first contact with the family. The list of services can be seen in **Figure 5.8**, along with the percentage of times the three options were checked.

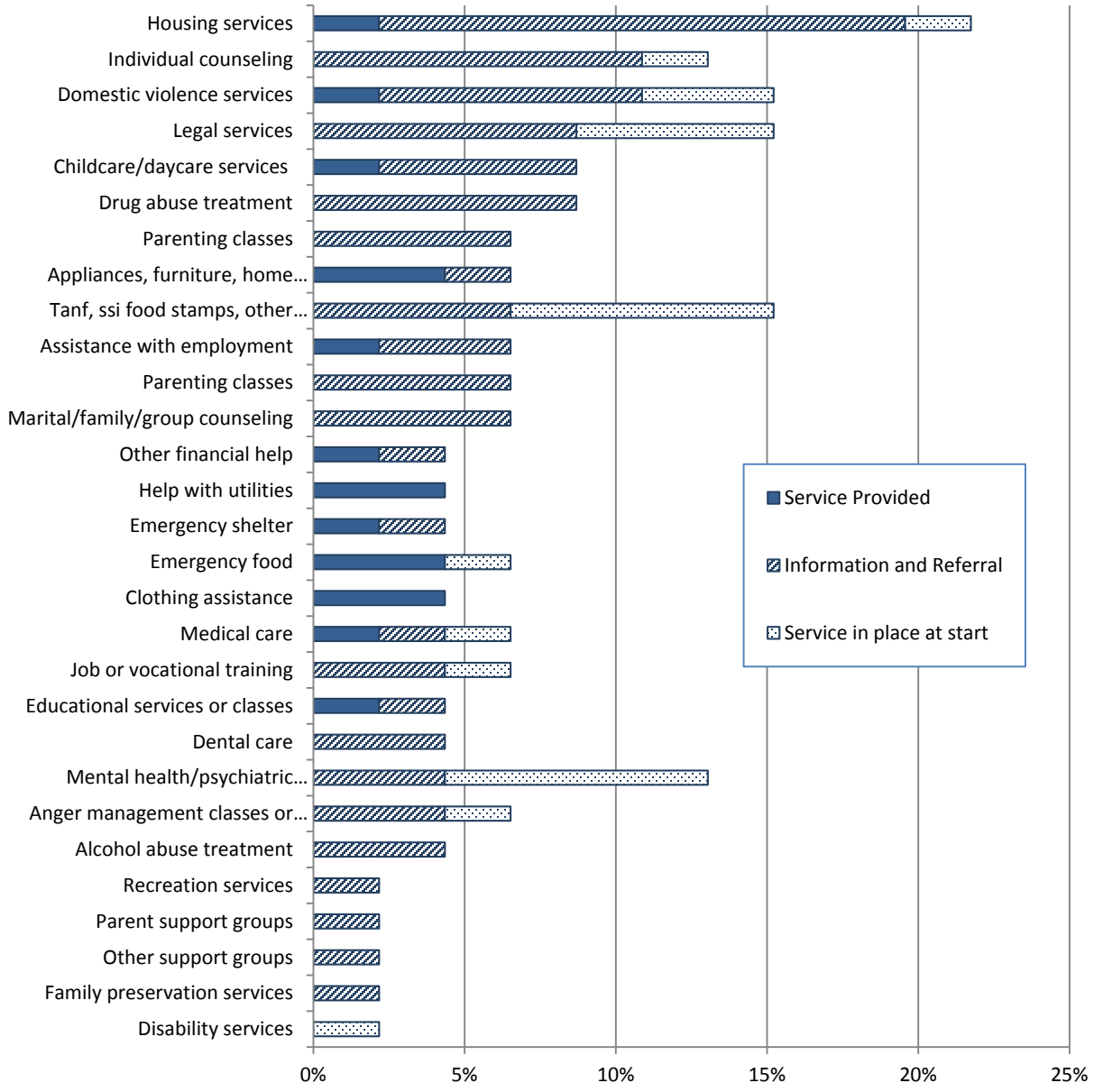

Figure 5.8. Worker reports of the percent of families who were known to receive services versus the percent referred for services and the percent with services in place

Across all of the areas listed in the chart, 21.7% of the families had one or more of the services already in place when the FA worker met the family. Most commonly these included mental health and counseling services, TANF, and Food Stamps. During the FA referral period, social workers were aware of assisting about one family in five (19.6%) obtain services they were not currently receiving. These new services were more often of a material nature to address very basic needs, such as: emergency food, emergency shelter, clothing, and beds and other furniture for the home, but other services as well as can

be seen in Figure 5.8. Combining these two categories, 41.3% of the FA families either had services already in place or, to the worker's knowledge, began receiving services they needed during the FA referral period. Finally, social workers also provided information and referral services to families in an effort to link them with service resources in the city so they might obtain other assistance they needed. However, whether or not families contacted these resources or agencies and received help from them was rarely known to the workers. Altogether FA workers provided referral information to 54.3% of the families in the case-specific sample, this included 23.9% who the worker knew were receiving some service (either a service that had been in place or provided through the efforts of the worker), and 30.4% of families who were not currently receiving any services or assistance. These I&Rs most frequently involved housing services, counseling and mental health services, domestic violence services, legal services, drug abuse treatment, parenting classes, childcare, family counseling or public assistance.

Whether the data shown in Figure 5.8 represents an increase over services offered by CPS-I workers cannot be known in this study, but we observed large increases under FA in these categories in the earlier Minnesota and Ohio evaluations (see www.iarstl.org for full versions of the final and follow-up reports in those states). However, in those two pilot projects, significant outside funding was available to provide services to FA families.

Workers were asked in each individual case whether the family received any services under the family assessment approach that would not have been received had it been directed to the CPS-I pathway. Workers said yes in only 10.8% of cases. In the large majority of cases (84.8%) they responded no. This may suggest a situation similar to what we found in Maryland where the traditional system had begun to place more emphasis on providing services to all families coming into contact with the child protection system.

But this situation may reflect a lack of information on the part of FA workers. These data indicate they refer over half of FA families to service resources in the community but do not know whether families actually follow-up, contact the agencies and receive needed help. We know from family feedback that many do not follow-up on information referrals workers give them, but others do. We would expect that a high number of families referred to Community Collaboratives receive some assistance, but FA workers would only learn about this accidently.

Looking at Figure 5.8 and the length of the bars associated with particular services, what is perhaps most clear is that many of the families in this population have basic needs, for housing, public assistance, mental health services, food and clothing, health care. CFSA social workers by and large are dealing with child welfare issues in a deep, broad context of structural poverty.

Programs and agencies. Workers were also asked where families were referred. They were asked whether they or another worker or contractor (to their knowledge) assisted members of this family

obtain services or assistance from particular programs and agencies. The percentages of families referred to each are shown in **Figure 5.9.**

The larger proportion of referrals to housing assistance agencies corresponds to the same category in **Figure 5.8.** Schools are important because of the large proportion of educational neglect cases under CPS-FA, as was discussed in Chapter 2. Neighborhood organizations and mental health providers are also large categories. The importance of the latter was highlighted in the first section of Chapter 3, where mental health problems appeared to be related to report recurrence and later placements of children.

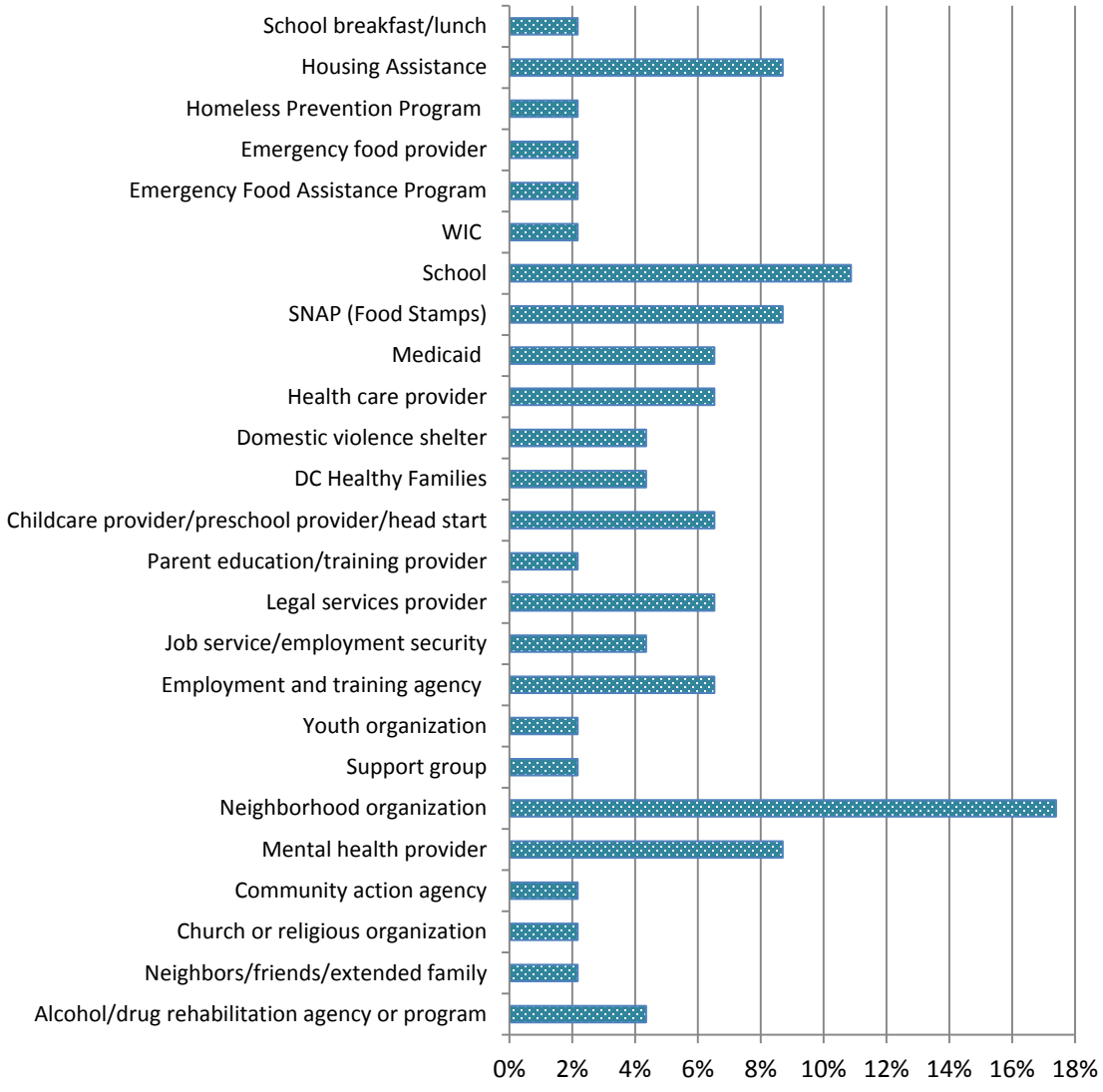

Figure 5.9. Referrals of families to programs and agencies for needed help.

C. Service Data from the General Worker Survey

A third source of data on the service component of the DR-family assessment model comes from certain items included in the general worker survey.

Services Utilized and Available. In the general worker survey, social workers were asked to indicate specific services to which they had referred a family in the previous month. Their responses do not provide an indication of how many families may have received certain services. But they do indicate the general dimension of service needs that workers encounter and how they try to respond to the needs they find. **Figure 5.10** provides a breakdown of the responses of both CPS-FA and CPS-I workers. It must be remembered when reviewing the figure that the two groups of social workers are responding to families in their unique pathway. *This is not an instance of experimental and control groups of similar families.* CPS-I workers are providing services to families screened for the investigation pathway and CPS-FA workers are responding to the needs they find in Family Assessment referrals.

Services are listed in the figure by the percentage of FA workers who said they referred a family to a particular service. Thus, at the top of the list is mental health services: one hundred percent of responding FA workers said they had referred at least one family to mental health services during the previous month; 92.9 percent of CPS-I social workers said they had done the same. Judged in this way, mental health services were considered the most commonly needed service for families in both pathways. The levels of these referrals correspond to the results of family risk assessments (in Chapters Two and Three) showing high rates of currently existing mental health problems among primary caregivers. Also among the most common services to which social workers made referrals were domestic violence services, other counseling services, substance abuse treatment, and services for recent immigrants. Eight in ten workers (77.3% of FA workers and 85.7% of investigative workers) reported they had referred at least one family to a Community Collaborative in the previous month, an indication that long-term assistance was required.

One of the factors that stands out in the figure is how often social workers in both groups helped families in need of some basic services. Seventy-seven percent of FA social workers and 64% of CPS-I workers sought to help at least one family receive utility or other household services; 68.2%/85.7% helped a family in need of food; 59.1%/64.3% helped a family in need of housing assistance, with 36.4%/42.9% helping a family in need of emergency shelter. Assistance related to employment, medical services and dental services that accept Medicaid, all indicate the large numbers of families in the caseloads of both sets of social workers who suffer from severe poverty.

As seen in family feedback data, it is one thing to identify service needs that families may have and another to convince the caretaker or family as a whole to accept the invitation to help. One experienced social worker engaged in Family Assessment said, “the worker can offer services to these

families in CPS-FA, however, in most families, they refuse services for various reasons." For some families, one of the reasons is "the trust factor" and "the reputation of Child Protection Services."

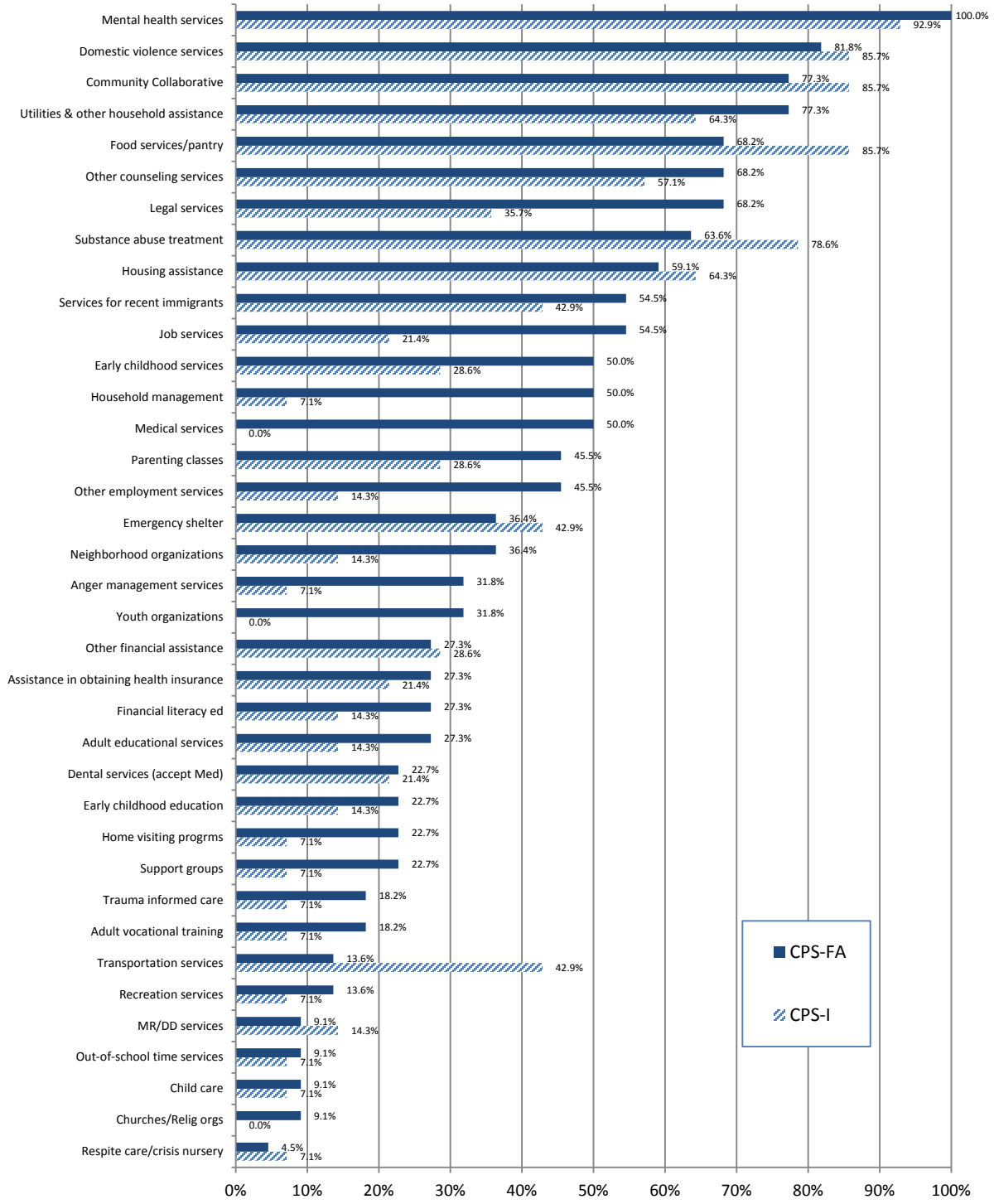

Figure 5.10. Percent of CPS-FA and CPS-I social workers who indicated they referred at least one family to various services during the past month.

Families often do not want CPS "in their home" and they will decline services from CPS-FA because it is a "voluntary program."

Child welfare is always intertwined with family welfare. Whether the source of problems may be judged to reside within the family or the broader social structure, the situations confronting the social workers are often intractable and chronic and, as a result, complicate the work the child protection agency. Were there an extant broad-based, well-funded child welfare programs in a society, as can be found in many developed countries, the mission of CPS would be quite different, perhaps closer to its original focus. However, at this point there is no escaping the reality that much is left at CPS's doorstep to deal with—much that goes beyond its original mandate. Family Assessment is one of the structural adjustments that has been attempted in CPS in recent years as a result.

Figure 5.11 provides a picture of service need versus availability or, rather, unavailability. Unavailability may refer to inaccessibility or temporary unavailability when the worker was trying to connect a family in need, or it may mean the worker was unaware of a resource in the city that could provide the service. The chart shows the percent of FA social workers who referred a caregiver to particular services during the previous month and the percent who said the services were unavailable, in one of the senses described above. As can be seen FA workers seem most aware of mental health services, in addition to frequently referring family members to such services. For a number of other services, unavailability was not a major problem for many FA workers. But there are critical services that workers seem unable to access when they need them. For instance 23% of the workers described housing assistance as unavailable when needed; 9% said the same for emergency shelters. Eighteen percent could not locate medical services families needed, and more (27%) could not locate dental services that accepted Medicaid, a larger percentage than said they referred someone to such services the previous month. Towards the bottom of the figure this situation – services more unavailable than actually accessed – becomes more common and is the case, for example, for transportation services, child care, crisis nurseries, trauma informed care, MR/DD services, among others. Services for recent immigrants is a particularly interesting area; such services were marked as unavailable by a larger percentage than any other, about one-third of respondents, which is the same percentage of workers who indicated some referral for these services.

Whether the situation of "unavailable" services resulted from specific services not being accessible when needed or to a lack of information on the part of workers about where such services could be found, FA workers seemed generally more informed or in touch with community resources than CPS-I workers. This can be observed in **Figure 5.12** which shows the percentage of FA and CPS-I workers who reported specific services to be unavailable. With few exceptions, a larger percentage of CPS-I workers reported particular services to be unavailable.

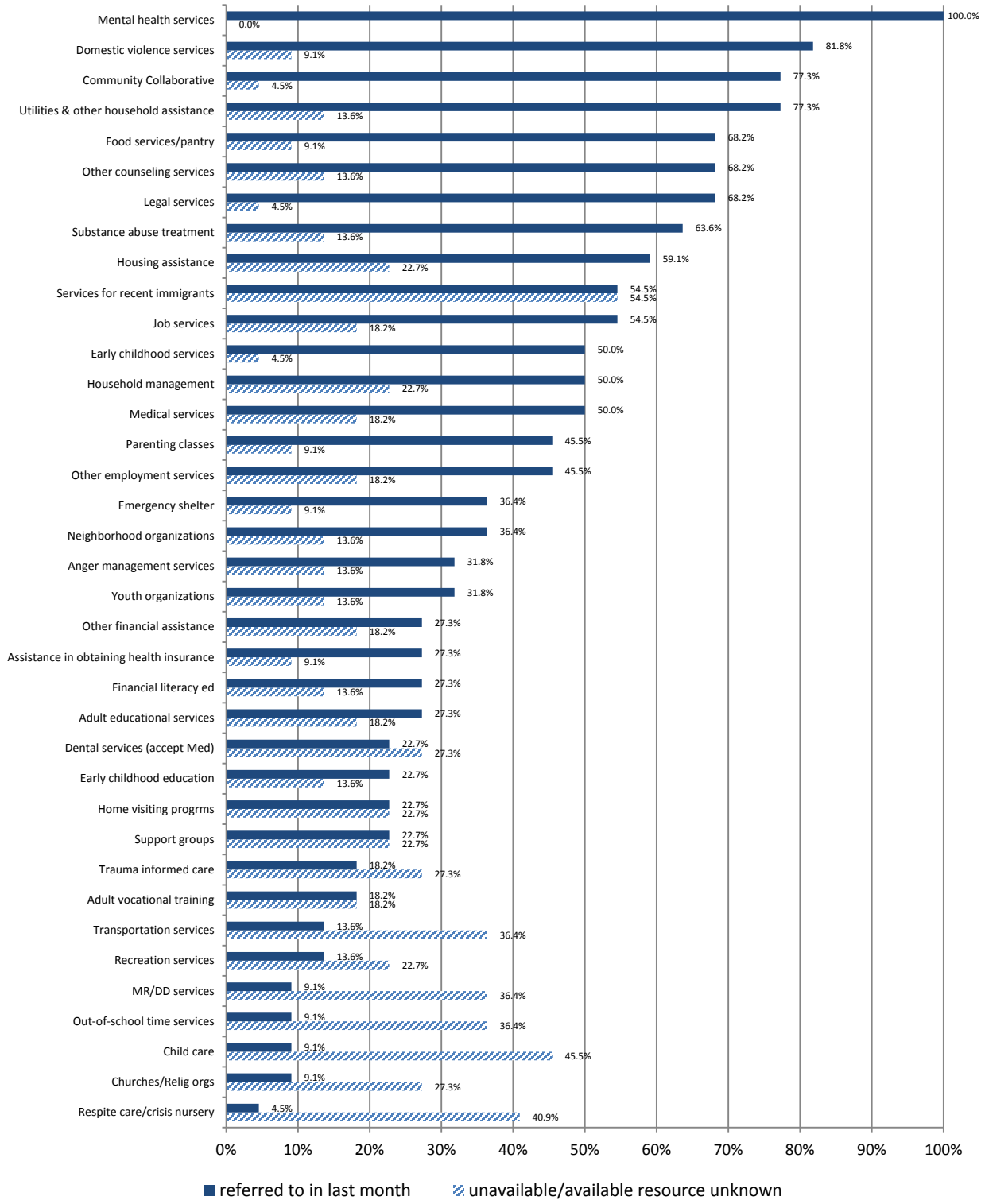

Figure 5.11. Percent of CPS-FA social workers who indicated they referred at least one family to various services during the past month and the percent who reported specific services unavailable when needed.

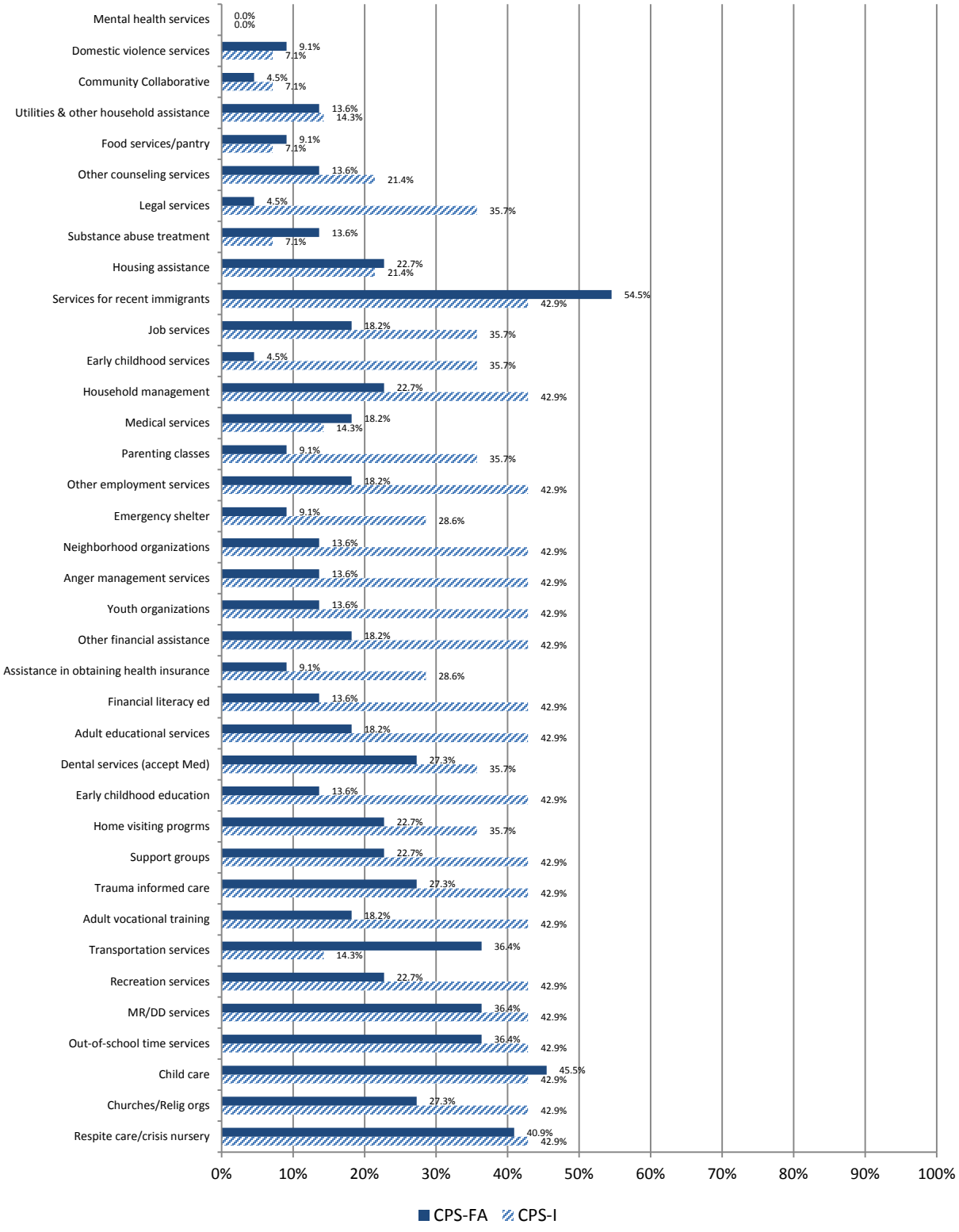

Figure 5.12. Percent of CPS-FA and CPS-I social workers who indicated specific services were unavailable when needed or whose availability was unknown to them.

More generally, the general survey asked workers and supervisors to rate their overall knowledge of service resources in the community. The rating was done on a 10-point scale, where 1 represented "very poor" and 10 meant "very good." As would be expected, supervisors, generally the more senior and experienced staff at CFSA (with an average of 7.5 years experience in CPS), rated their knowledge as high, and higher than social workers. Among social workers, those engaged in family assessments (with an average of 2.7 years experience) rated their overall knowledge of community resources higher than did CPS investigators (average of 2.9 years experience). See **Figure 5.13**.

Figure 5.13. Staff ratings of their knowledge of service resources in the community (where 1="very poor"and 10="very good")

D. Effects and Effectiveness of FA – General Worker Survey

Perception of families. In the general worker survey social workers were asked about their perception of how families view CPS investigations and family assessments. Do families view CFSA as a resource or source of support and assistance? Do families feel better or worse off because of the involvement of the child protection agency? Social workers were asked to respond on a 10-point scale, from most negative to most positive. On both questions the responses of workers hovered around the mid-scale mark, which would be 5.5. On the question whether families see CFSA as a source of support and assistance, the mean score of FA workers was 5.36 and the mean score of CPS investigators was 5.86. These responses indicate that both sets of workers see families as not very likely to view the agency as a true source of help. On the second question about whether families feel better or worse off because of the involvement of the child protection agency, the experiences of workers reflected in their responses was again in near the midpoint on the scale: 5.68 for FA workers and just 4.71 for CPS workers. These figures are lower than we have obtained in previous evaluations of differential response programs, such as Minnesota, Ohio and Maryland; although, it should be said, the mean scores on these items were not too different from the responses of Minnesota families in the Twin Cities metro area (where, in the end,

positive outcomes in family assessments were found). The mean scores on these questions suggest CFSA social workers confront significant distrust and hardened attitudes among many of the families they encounter. Breaking through such attitudes is not easily and quickly done, and it may be that the community of families with which the agency works is likely to take a skeptical 'we'll-believe-it-when-we-see-it' attitude toward FA. More than words will be needed; at a minimum persistence in displaying a truly different manner of response and assistance will be necessary. See **Figure 5.14**.

Worker's sense of effectiveness. On the other hand, when social workers – both FA and CPS-I – were asked if they felt able to intervene effectively with caregivers and able to help them overall, they tended to respond positively. In this instance the responses of CFSA social workers were similar to what we have found in earlier studies. And this is a first step. Workers will not be able to convince families that the agency can be a positive factor in their lives if workers themselves do not believe it. The figure here shows the mean scores of social workers to these survey items. On the latter two questions, the differences between FA and CPS-I workers are negligible.

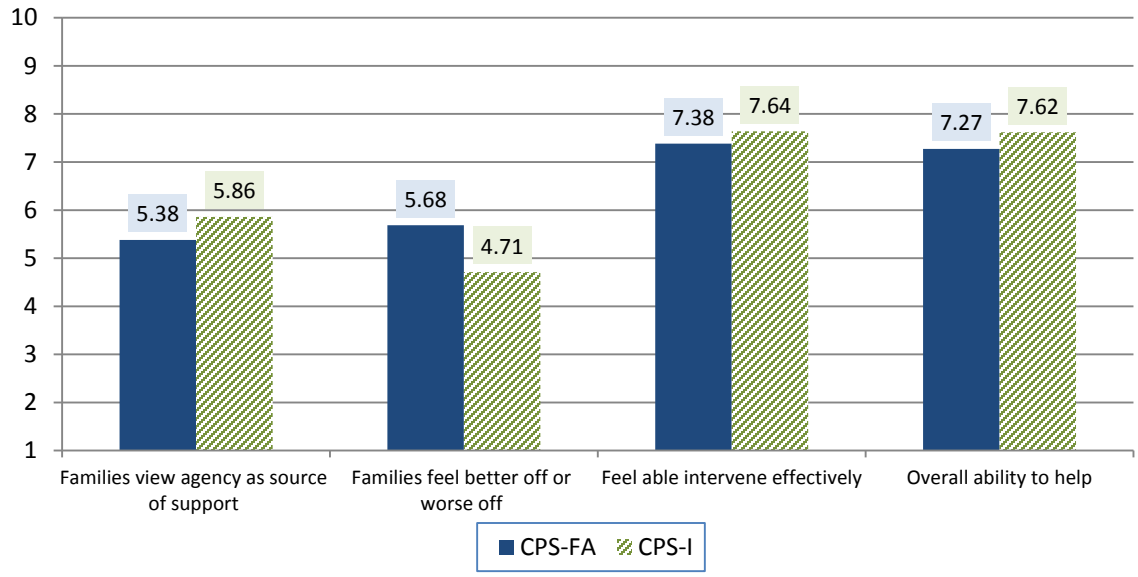

Figure 5.14 Worker judgments of the reaction of families to FA and CPS-I and their own ability to help families

Social workers had a number of comments about their ability to help families. One noted that "our investigations are generally effective in terms of ensuring child safety and linking the families to critical services. If we are unable to be effective the barrier often includes the family's unwillingness to work with the Agency." Another said, "some families are resistant to services…[you] have to be resourceful and able to provide services quicker than in the past—not waiting for a case to open or a collaborative agreement." Another talked about the importance of "respectfully engage" the family. "Once rapport is built it becomes easier for the family to listen and trust that you are there to help."

"Every situation is different with families," one worker noted, "but as long as there are available resources to meet the needs of people in a timely manner the intervention is effective. To some survey respondents, homelessness is a particularly intractable problem. While they can assess a child's immediate safety and provide "the family with necessary resources, including furniture or food vouchers and help the family understand appropriate parenting," some conditions are deep, embedded in the poverty of the family and not easily fixed through a short intervention.

One social worker noted that "we ensure that the children are safe in the home prior to closing any referrals." If the family allows the worker to help them "the family is better off after CFSA intervention." The agency may be able to help with immediate, critical needs, such "their utilities, back rents, provide beds or food cards, even temporary homelessness," but this is often "temporary relief for the family to alleviate immediate concerns." For most of these families, however, their situation is chronic and not temporary and the helping ability of the agency, in the worker's view, is limited. Another worker said the family team meetings can be effective for families, but then bluntly state "we are not effective for homelessness."

An FA social worker who had formerly worked as an investigator said:

> "I am an FA Social Worker and I have experienced that the families view me as a help to their household. I am able to work with the family for 45 days and the approach is different. I am able to partner with the family and spend more time providing emotional support and educating them regarding D.C. law….In addition, if the family wants services I can transfer the case to another program with their consent. Once the parents agree to further services the meeting to transfer the case is completed in the home with the family, CPS social worker and new provider present. In CPS-I my timeframe was shorter and I was not as effective. In most instances I only saw the family once, my goal was to access safety and once safety was assessed I provided that family with a disposition. If an open case was needed I referred the family to ongoing services."

Effects of no finding. A major difference between family assessments and investigations is that there is no formal finding in assessments, no official determination that becomes part of the permanent record whether the maltreatment report is substantiated or not. Social workers and supervisors were asked about the effects of this on the family's response to the worker and the intervention generally. Does the lack of a maltreatment finding in a family assessment, for example, affect the family's cooperation with the worker and the agency? Slightly more than a third (35%) of FA workers and 43% of supervisors said families were more cooperative because of this. A few (5%) FA social workers thought removing the finding gave them less leverage to gain the cooperation of families; none of the responding supervisors thought this to be the case. Significant minorities of respondents said it either made no difference or they could not judge that it did. See **Figure 5.15**

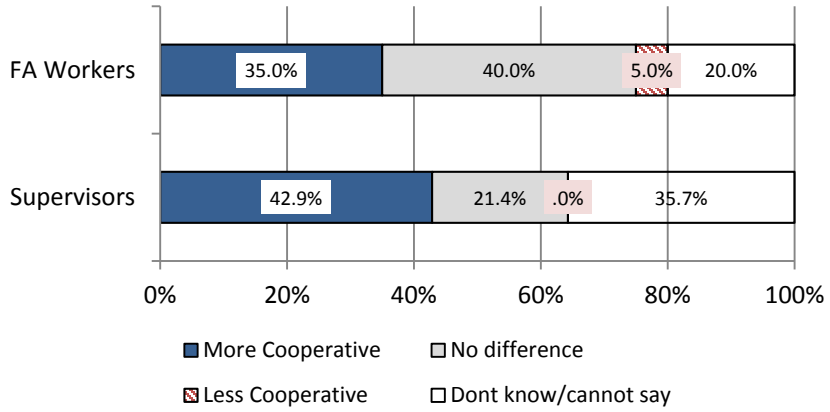

Figure 5.15. Does the lack of a maltreatment finding in FA affect the family's cooperation with the worker and agency?

The survey further asked whether the lack of a finding made families more willing to recognize and address problems and/or made them any more willing to accept services or assistance. As can be seen in **Figure 5.16**, a minority of workers and supervisors said they thought it did. In general, about an equal proportion of FA workers said they did not believe it made any difference. Supervisors were more likely to say they could not judge. Whether this issue requires more time to work its way into the way the community understands the new CPS or requires a different effort from FA workers in explaining the FA approach cannot be determined at this point. But both factors may be at work, and the latter is likely to affect the former and may be addressed through training.

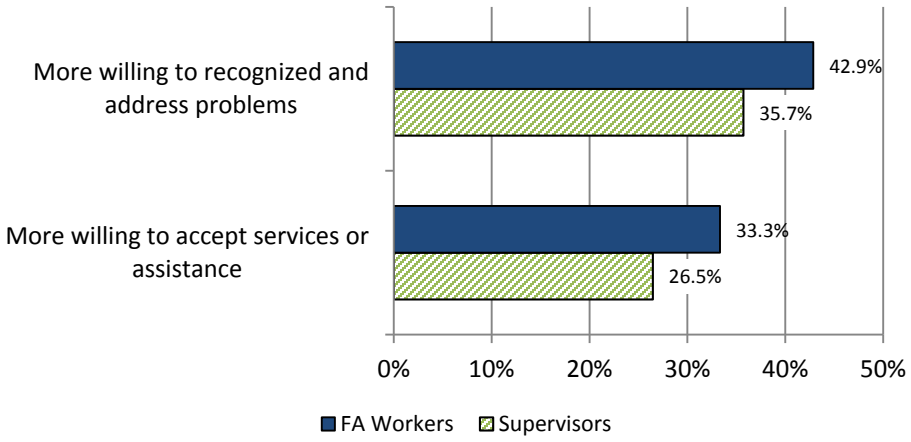

Figure 5.16. Does the lack of a maltreatment finding in FA make families more willing to recognize and address problems or accept services?

Effectiveness of the Child Protection System. Social workers and supervisors were asked to indicate, based on their experience, how effective the current child protection system in the District is in working with client families with specific conditions and problems. The list can be seen in **Figure 5.17** and represents the breadth of challenges that can be found in family assessment cases. Certain maltreatment areas, such as sex abuse and severe physical abuse, which should not be found in FA referrals are not included in the list. Among other things, the list provides a view of the multiple and complex conditions that make up CPS's mandate. A lot is expected from one agency.

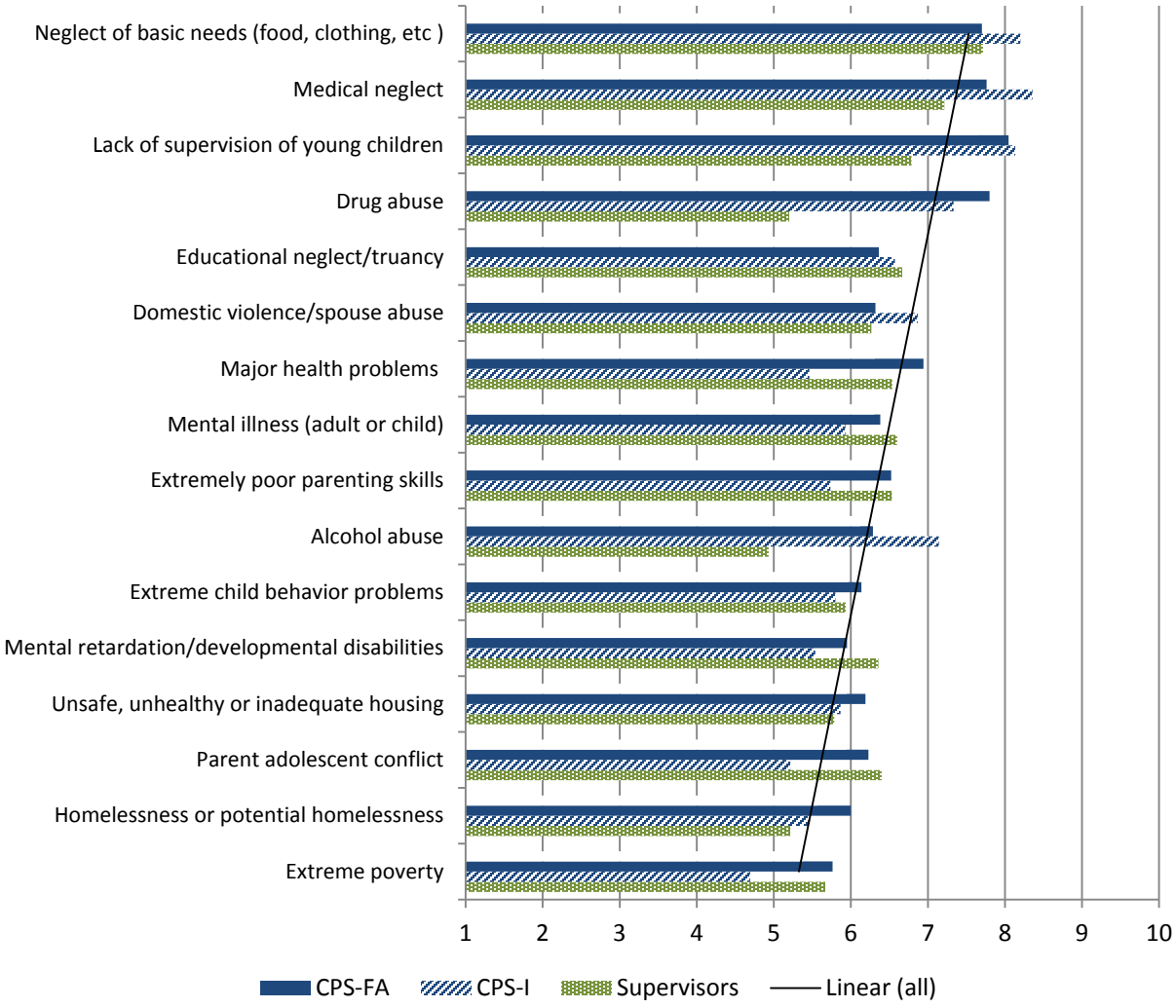

Figure 5.17 . Relative effectiveness of the current CPS in the District in dealing with various family problems and conditions in the judgment of CPS staff

In the figure the problem areas are listed, top to bottom, based on the mean rank of respondents as a whole. Respondents were asked to rate the effectiveness of CPS on a scale from 1 to 10, where 1

indicates “very ineffective” and 10 means “very effective.” The areas at the top of the figure are those which respondents judge CPS to be the most effective in dealing with, while the areas at the bottom are conditions are situation which CPS is viewed as less effective. Interestingly, the agency is viewed as generally most effective in assisting client families who have acute basic needs, for such things as food and clothing. At the same time, the last item on the list, the one where the agency is judged least effective, is “extreme poverty.” It is one thing to deal with temporary, basic needs, it is apparent, and quite another to deal with these matters when they are chronic in nature. Extreme poverty, homelessness, and poor and inadequate housing may be better understood as more often structural issues. They might be dealt with more appropriately by structural policies such as guaranteed income or child and family welfare programs. But these do not exist in this country, although there are models for them elsewhere. Nonetheless, because there is no other institution or national agency with responsibility for such structural conditions, and even though from place to place there may be various charity or ad hoc institutions which take such conditions on as a special mission, the fallout from these conditions invariably fall to CPS and, in the process, often subsume a significant ongoing portion of the system’s resources. This is a very far cry from the founding days of CPS when the mission of the agency could be gathered under the descriptor of the “battered child syndrome.” Extreme poverty and homeless fall far outside this initial mandate. Some critics have often said that CPS shouldn’t be dealing with these kinds of chronic conditions and problems but should refer these families elsewhere. But there is no elsewhere. No other agencies, with the possible exception of public health nurses in some locations, regularly see these families in their homes.

E. Effectiveness and Staff Attitudes – Case-Specific Survey

Worker ratings of the effectiveness of services. Workers were asked a series of questions about the level of services that were provided to families. For each question they provided a rating from 1 to 10, where 1 meant “not at all” and 10 meant “completely.” The ratings are shown in **Table 5.1** along with various percentages.

For cases that they felt able to rate, effectiveness was rated in the high positives for most cases. For a small subset of families (from 13.2% to 15.8%) questions were scored negatively. In addition, there were cases in which the worker felt unable to answer (they were “unsure”). These are shown in the final column of the right side of the table. The final question was the most general in nature and in about two-fifths of families workers felt unable to provide a rating.

Table 5.1. Worker ratings of effectiveness of services to families in the case-specific survey

	Average (mean) score	*Percent scored negatively (1-5)*	*Percent scored positively (6-10)*	*Percent in which workers did not know*
Level of service response was sufficient to meet the immediate threats to a child in this family	8.34	13.2%	86.8%	17.4%
Level of service response was sufficient to reduce threats of possible future child abuse or neglect	8.29	15.8%	84.2%	17.4%
Level of service response was sufficient to meet other family needs affecting child well-being	8.46	14.3%	85.7%	23.9%
Overall, how well were the services that were actually provided matched to the service needs of the family?	8.47	14.7%	85.3%	26.1%
How effective were the services provided to the family in solving their problems or in producing needed changes?	8.11	14.8%	85.2%	41.3%

Open-ended responses of workers. Categorical responses and ratings obtained in the case-specific survey are useful because they permit comparative analysis. However, given the limited number of cases that could be included within the actual evaluation timeframe, responses of workers to open-ended questions are more revealing and useful in understanding the advantages and disadvantages of family assessments. The following question concern examples of the benefits of FA. As can be seen, the advantage of FA that workers most often mentioned concerned positive engagement, communication and respect afforded to families. It is also evident that the allegations of maltreatment are seriously examined in DR cases (contrary to the accusations of some critics who oppose the approach).

Question: Was anything done in this case that is a good example of the benefits or potential of the Family Assessment approach?

Some workers described actions to promote family engagement—positive ways of interacting with families that promoted family cooperation.

> "Family was able to feel empowered and supportive without pressure of being investigated. Once safety was assessed, family had a choice in what services were needed and requested. "

> "Engaging the family in identifying the importance and need of enrolling child in school again. There was no threat or coercion in delivering services to the family even though the mother was reluctant and non-compliant with request to enroll child in school."

"Family was given the opportunity to receive a more gentle approach of engagement by notifying them about our involvement prior to going out to the residence (as per SW)."

"Yes, approaching families with generosity and understanding and explaining to them the importance of what the role of the social worker entails from Family Assessment."

"The FA process allowed me to work alongside the family to identify needs, if any, and supports (if present). Knowing that a disposition would not be made assisted with increasing engagement and decreasing resistance. This family was already linked to necessary services and there was no indication that that maltreatment occurred or was present."

"Treated the family with respect."

"Approaching family with respect and dignity."

"Our approach is not to penalize parents and to discuss with them and team with parents to dispose of a problem. [I] spoke to the on-going worker as the child was placed in maternal aunt's home. [I] received the proper background and current information from the social worker and discussed strategies for future case management."

"Supportive engagement that lowered caregivers' hostility and encouraged participation in the process."

Other workers were more concerned with service related activities, including direct assistance by the family assessment worker and linkages of families to other services and service agencies. Some mentioned the idea of digging more deeply in the family needs and strengths that is ideally an aspect of family assessments.

"[I] was able to speak with each member of the family and speak with each child to address the alleged exposure to abuse with the caregivers. [I] was able to address and counsel the caregivers on basic parenting skills and no immediate safety concerns were found. "

"Due to the fact the family had an ongoing social worker, most of the work was centered around collaborating with the ongoing worker to ensure that the service needs of the family were being met."

“The mother needed assistance with connecting to the school in order to get a bullying issue dealt with. That was the reason why the child was not going to school and was pretending to be sick.”

“[I] partnered with the family in identifying the problems and linked them to a collaborative agency for assistance. “

“Connecting to appropriate vendors/service providers in community. Alleviating safety concerns and determining if CPS-I approach was warranted.”

“The flexibility of the staff to work with Ms. [ ]. I was not the only social worker who interacted with [her] but due to her mental health challenges, she was unable to follow through with services.”

“The FA allowed [me] to assess the family's resources, strengths and barriers. It allowed [me] to gain a better understanding of the root of the issue, while also briefly monitoring to ensure that the interventions created were carried out. “

“Caretaker was involved in a housing program and needed dressers. Caretaker was a single parent and needed information regarding supervision and support to utilize existing support to assist with childcare/supervision. FA allowed the parent to feel less stressed with traditional CPS punitive approach. “

“Calling the family prior to schedule an appointment… The primary (non-offending) caregiver and alleged victim child resided in Maryland and were about to go on summer vacation, which I would not have known without calling ahead. We were able to schedule a time for them to come to CFSA office for an assessment the next day.”

“Referral to Office of Well-Being for Substance Abuse and Domestic Violence.”

“The family was already connected to services. Another benefit of this being a Family Assessment was that it was not an investigation and the family will not appear on the child abuse registry as the caregiver works in the healthcare industry.”

“Working with the family and extended family members in providing services.”

“Unfortunately, we have parents who reside in Maryland and we have to locate the parents, interview, and refer the case to Maryland Social Services.”

"Many things, many of which are not reflected in this survey because of how it is structured. The alleged maltreater/mother is mentally ill, left the home, cut off contact with family and I was unable to locate [her] despite a diligent search and contacting family. There are two caregivers. The non-offending parent/father was assessed and referred for services. So my answers reflect my work with him but not my efforts to work with the mother. I utilized the FA approach of respect and teaming. I called ahead and made an appointment with the father. I engaged him as a valuable member of the process. I validated his concerns and listened to him. I took a reasonable amount of time to complete the assessment instead of rushing to get in and out (but still balancing it with my time management of other duties and referrals). I identified an appropriate service provider and instead of just faxing a referral, I facilitated a Partnering Together Conference to complete the transfer. The family lived in [another state] before and I took the time to request any CPS records and review them. I engaged the father's family who were supporting him. I engaged the mother's family to seek information to locate her. The father had a past felony charge of child endangerment but instead of immediately responding in the negative, I assessed if it posed a current safety threat, which it did not. There was a new hotline call of allegations of sexual abuse by father and it was made an immediate [investigation]."

The survey asked workers to comment on possible changes they thought would improve the FA process as well as specific concerns they might have about it. In two instances FA workers expressed concerns with the voluntary nature of the pathway and the lack of dispositions, concerns shared by some other workers. Specific areas where some said improvement was needed involved Spanish language needs, inadequate or insufficient information obtained through the hotline and the data system and the problem of including substance abuse cases in the FA pathway. The latter concern has been raised since the early days of the family assessment approach, with different individuals strongly advocating both sides. Some feel that CPS-FA is often an advantageous approach for family caregivers that are abusing drugs while others feel that it should seldom or never be used. (This same debate is found in the drug court community, where some believe that a coercive element is essential to working effectively with abusers while other feel that a largely voluntary system is best.) Within CPS-FA, of course, it is always possible to switch to a forensic investigation when the worker believes that substance abuse or other parental problem is endangering the children yet parents are not responding.

Question: Did anything occur during this case that raised concerns in your mind or might in others about the Family Assessment approach? (You may enter any other comments in this space, including corrections of family names.)

"The lack of disposition in FA. The mother would not take the assessment process seriously and failed to cooperate as she should in receiving services."

"Voluntary nature of FA, if family was less cooperative re medical care for child."

"Some positive toxicology referrals should be investigations rather than [being approached with] family assessments, even if the drug of choice is marijuana."

"This family needed domestic violence and substance abuse treatment but the family refused services."

"Yes, information from the hotline needs to be more detailed. Workers on the hotline need to ask more detailed, pertinent questions to avoid a possible intrusion in people's homes that don't require supportive services from Family Assessment."

"Hotline workers, R.E.D. Team workers did not research FACES thoroughly. Results of this referral proved Ms. [ ] did not have any children."

"The caregiver mentioned that [child] may have been molested. However, when the social worker had spoken with [child], she confirmed she had not been sexually abused. The social worker strongly encouraged the caregiver to pursue the matter legally."

"This referral was a one that had no validity and appeared to be a false report. How do we minimize false reports without having to complete a full Family Assessment?"

"More Hispanic workers are needed… A language hotline, so that face to face interaction and support can occur initially with the families in crises."

"Case was Spanish-speaking family. Would be nice to utilize a Spanish-speaking worker in person to assist with language barriers and cultural issues. Family may have disclosed more information or service needs."

Bottom line: To whatever degree an increase in services during the FA referral period is or is not emphasized in the District's differential response program, the evidence suggests FA has positively impacted this DR component.

Chapter Six
Operational Issues and Attitudes

This chapter examines a set of operational issues within the child protection system with a particular focus on the family assessment pathway and has addition material on the attitudes of CPS staff about FA. The operational issues covered here are: community outreach, the relationship between CFSA and community agencies and institutions, training related to FA, a set of job and workload questions, community collaboratives and review of the attitudes of CPS staff about FA.

Working Relationship between CFSA and local institutions. Child protection systems do not operate in a vacuum. There are a set of community institutions and agencies which deal with the same families as CFSA and with whom the agency regularly interacts regarding CPS policies, practices and the situation of particular children and their families. Additionally, the agency relies on a host of community agencies and resources, both formal and informal, as a source of service and assistance for client families.

The general survey asked CPS staff to rate the agency's working relationship with key institutions and agencies in the District. They were asked to rate these relationships using a 10-point scale where 1 meant *poor* and 10 meant *excellent*. (As a guide, 4 on the scale was described as indicating *fair* and 7 as *good*. The mean rating scores of supervisors and the two groups of social workers can be seen in **Figure 6.1**. (Note: the figure is keyed high to low on the mean ratings of supervisors.) Supervisors were more likely to rate the relationships between the agency and the listed agencies and institutions more positively than were social workers. As can be seen supervisors rated most highly the relationship between CFSA and three key service entities, law enforcement, health care institutions and school nurses, and community collaboratives, with school administers and teachers, mental health providers and juvenile/family courts not far behind. Supervisors saw the agency's relationship with other service organizations less positively, including criminal courts, housing services, churches and religious bodies and employment services.

Among the two groups of social workers, FA workers rated the relationship of the agency with these groups lower than did CPS investigators, this despite the generally higher usage of many of these organizations (see **Figures 5.10 and 5.12**). The highest mean rating among FA workers was given to community collaboratives (6.9 out of 10). The mean rating of FA workers for five of the organizations/agencies listed was below 5—employment services (4.7), juvenile and family court (4.6), criminal courts (4.4), housing services (4.0), churches and religious organizations (3.7). The ratings of CPS investigators fell in between those of supervisors and FA workers, but tended to follow the pattern of supervisors in the relative ratings given to various community organizations and agencies. Whatever other conclusions that might be drawn from these ratings, the low rating given to housing services by both groups of social workers suggest some additional attention needs to be given to this key area.

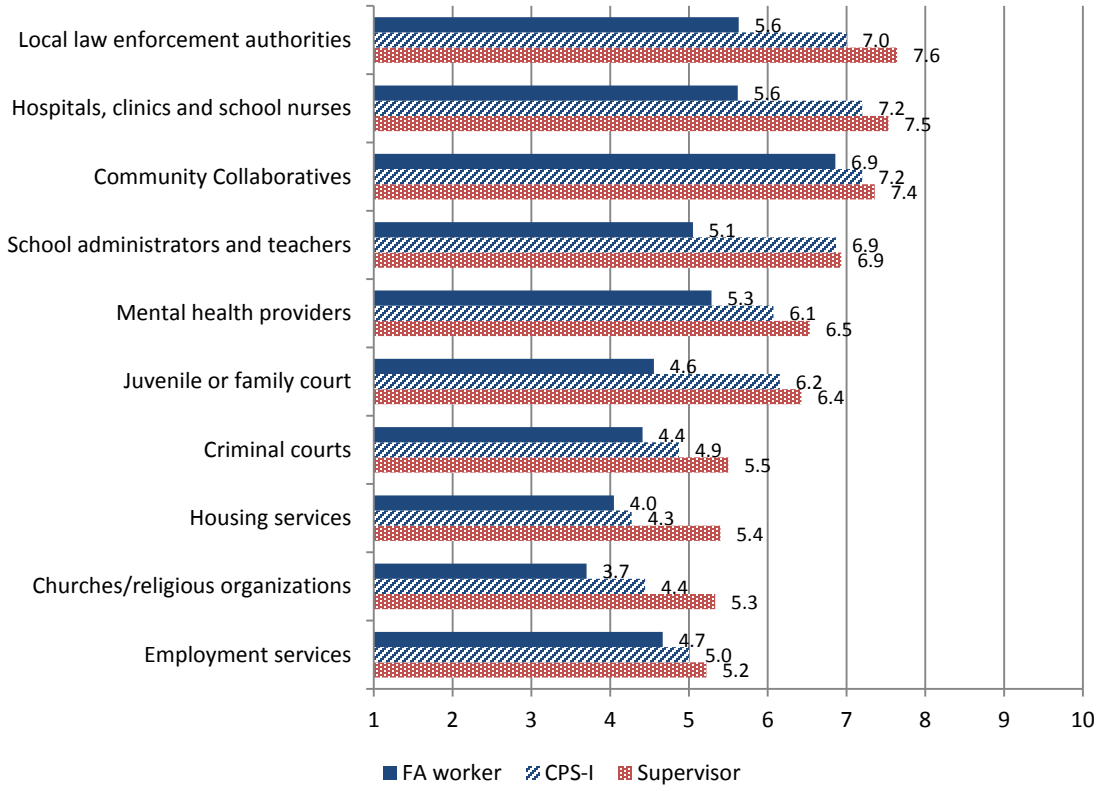

Figure 6.1. Rating of the working relationship between CFSA and various community institutions and agencies

Agency Support of community outreach. One of the questions asked in the general survey was whether there was a need for more agency support, information and training related to community outreach. A large majority of social workers and supervisors said there was. See **Figure 6.2.** Among social workers who conduct family assessments, 62 percent there was a need for *a lot* more support. Most of the other FA workers there was some additional need. Among supervisors 95 percent said there was some need for more agency support, information or training related to community outreach; 40 percent said the need was significant. The views of CPS-I workers were similar, although more of them saw the need as somewhat less critical.

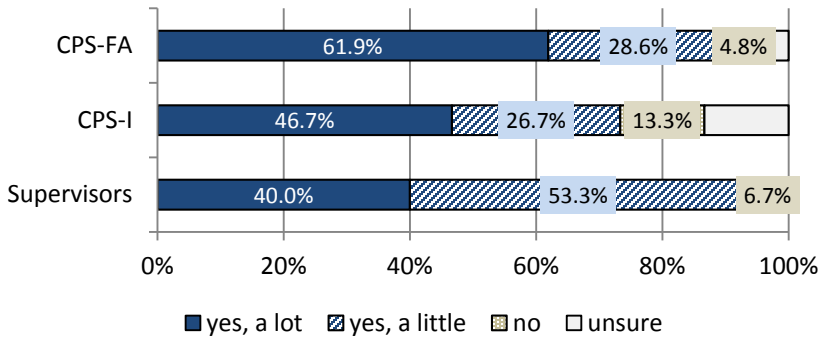

Figure 6.2. Responses to the question: Do you think there is a need for more agency support, information or training related to community outreach?

In commenting on this question, some social workers described the scarcity of resources in the District. Others mentioned a need for "a quarterly or monthly resource guide," or "resource unit," or simply some way "to remain updated about what is still available or not." An investigator said her time "cannot be consumed with referring families," that this should be done "through in-home services" where "workers have enough time to ensure families actually are connected to the agencies they have been referred to." Some workers mentioned the need for information about the availability of specific services, such as childcare, respite care, and recreational services. One noted a special need for "families for whom English is not their first language." The "Language Access Line," this worker noted, "is one tool social workers use to assist with the translation with these families. However, it appears during assessments with these families, a disconnect occurs and something appears to be lost ('trust') in the communication and support for these families which leaves them refusing support or information or community outreach from the Agency." This issue was also raised in the case-specific survey (see the open-ended comments of workers in Chapter Six).

The single issue mentioned most often as problematic was homelessness and housing services. "Affordable housing is the umbrella issue" and homelessness the most intractable problem. One worker said: "Our greatest struggle is with homelessness. Unfortunately we can help families connect with community programs for shelters, but the community housing resources lack resources to provide effective help thus causing families a great deal of stress and time without results." A surprisingly high incidence of homelessness (6.4%) at the time of first contact with families also was indicated in Family Risk Assessments (Chapter Two) This means that over one in every twenty families encountered by CFSA workers was homeless.

One worker noted that "some community members still have a negative perception about CFSA and its mission. More community outreach would help to dispel those perceptions." Another social

worker complained that CFSA could do a better job "educating the public" about "services and programs that District residents are eligible for."

Training. Social workers and supervisors were asked if there was a need for more training related to family assessment. Sizable minorities of both FA workers and supervisors responded "No" – 41% of FA workers and 46% of supervisors. A small number of FA workers said they were "not sure." The remainder, a small majority, expressed some need for additional training. This included 18 percent of social workers and 9 percent of supervisors who said they felt the need for "a lot" more training. The rest, 36 percent of FA workers and 46 percent of supervisors said there was a need for some (or "a little") more training. A small percentage (18.6%) of CPS-I workers who answered the questions requested more additional training. See **Figure 6.3**.

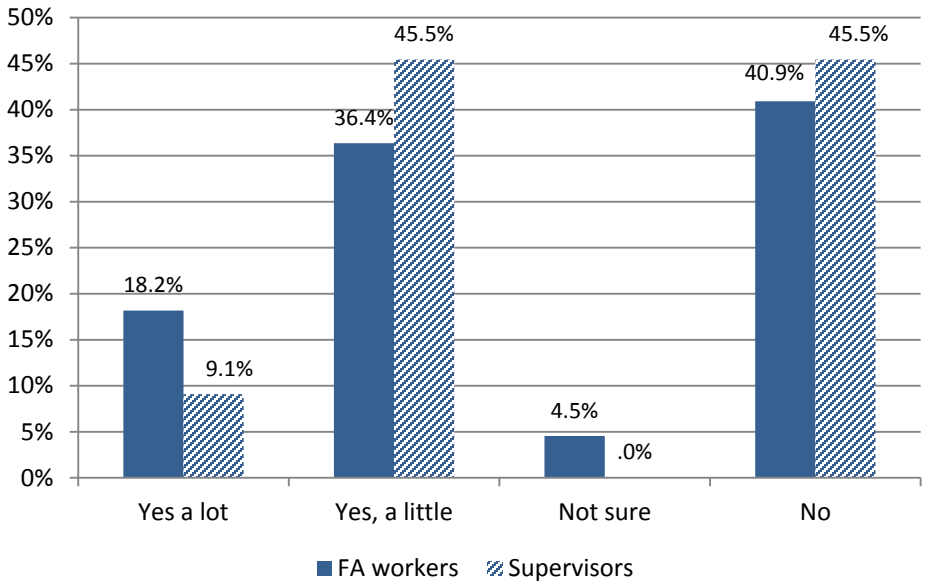

Figure 6.3. Expressed need for more training

Most of the FA workers who commented on the training they thought was needed mentioned specific maltreatment areas. One worker mentioned training needs related to "assessing for physical abuse, sexual abuse and substance abuse." Several mentioned the need for training related to domestic violence situations. Others mentioned "training on how to deal with families stricken by poverty, housing and lack of employment skills" and the impact this had on the care of children. Some workers revisited the issue of help keeping abreast of District resources and dealing with law enforcement and the court system, particularly in cases involving the removal of children from the home. Some workers are looking for opportunities to improve their skills, "in interviewing techniques" (for both family groups and children), in being "a more effective change agent for families," in being clearer about when a referral

should be switched to an investigation, in dealing with cases of cultural complexity, for example, in the area of discipline practices. One worker expressed a need for some type of forum in which 1) the 45-day deadline for closure of FA referrals could be revisited, particularly when families voluntarily agree to receive services, and 2) the standard, expected manner of engagement of families on assessment referrals could be considered, particularly for families who refuse services. Some FA and CPS-I social workers expressed the need for more cross training; one CPS-I worker this might clarify issues for FA workers and reduce the need for some pathway conversions. A number of supervisors also expressed the need for more cross training for all FA and CPS-I social workers, but also for all supervisors "as we must supervise both divisions on weekends and holidays or on other shifts." One supervisor requested more training of social workers doing family assessments. Another thought additional training for the hotline was needed. Several supervisors would like to see more training in the area of "engaging families."

Jobs and Workload Issues. Social workers and supervisors were asked in the general survey to indicate their level of satisfaction with the child protection system in place in the District as well as the family assessment program. They were asked to respond on a 10-point scale where 1 meant very dissatisfied and 10 meant very satisfied. The mean ratings of supervisors and the two groups of social workers can be seen in **Figure 6.4**

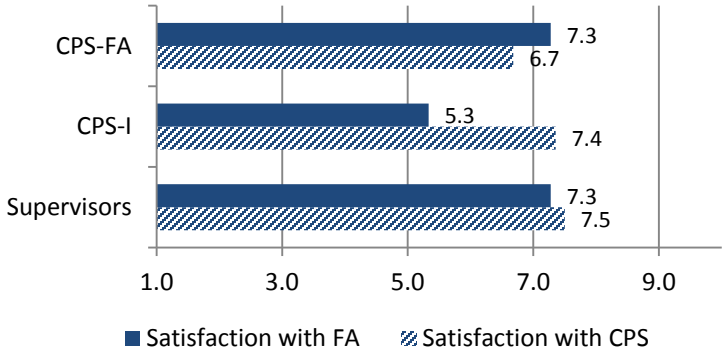

Figure 6.4. Satisfaction with CPS

For all groups the mean rating for the child protection system overall was relatively positive. Supervisors had essentially the same attitude toward CPS overall and family assessment pathway. Family assessment social workers were biased a bit toward the work they are doing. On the other hand, CPS investigators were noticeably less satisfied with FA than other staff. Some of this (if interviews are any indication) with the relatively large number of families originally selected for an FA referral were converted by the FA worker to a CPS investigation. CPS investigators who were interviewed often seemed the biggest advocates of family assessment and its potential to benefit families. But they often seemed impatient or irritated about some of the conversions from FA to CPS-I that were occurring –

especially due to the inability of the FA worker to locate the family. (One investigator said: "FA workers can't find their families so they convert them. We have to find them, and usually do.")

Social workers and supervisors were asked a set of questions about their CPS job and workload. Again, a 10-point scale was used, ranging from 1 to 10, low to high. They were asked to indicate "how satisfied are you with your child protection job?" Supervisors and CPS investigators answered most positively. FA social workers answered less optimistically, but still in the upper, or positive, end of the scale. Similarly, Supervisors and CPS investigators also expressed somewhat greater satisfaction with their workload and duties than did FA workers. The latter also expressed a somewhat higher level of job burn out than the other two groups. The relative newness of FA and its demands in terms of time and complexity undoubtedly entered the picture here. See **Figure 6.5**.

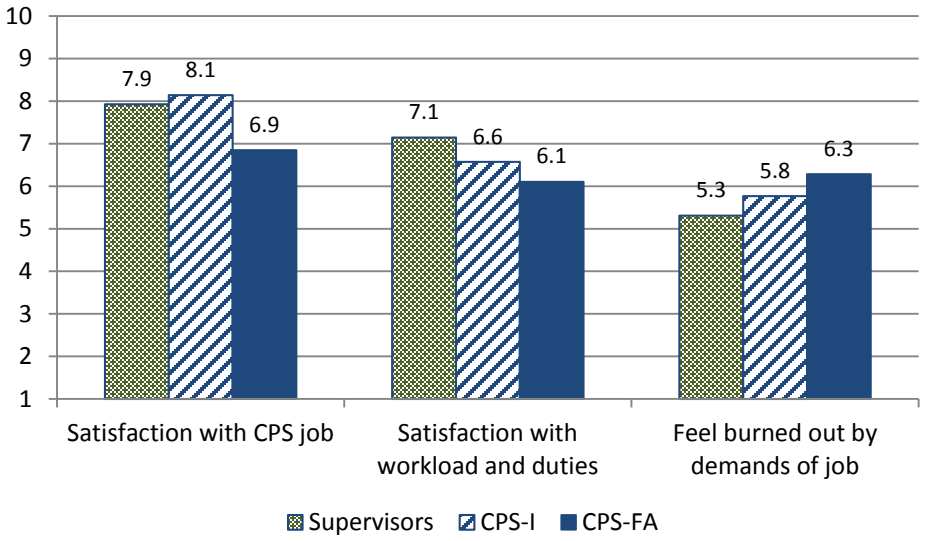

Figure 6.5. Staff satisfaction with job and workload

The overall attitude of social workers and supervisors to the implementation of family assessments, may be best captured with this question: Has the introduction of CPS-FA made It any more likely that you will remain in this field of work. To a person, investigators said it would make no difference. A majority (57%) of supervisors, however, said FA meant it was more likely they would remain in the field; 35.7 percent said it was "much more likely." Among FA social workers, interestingly, there was a split. About half (52.4%) said it would make no difference on their career decisions, while equal proportions of the other FA social workers said it would make it more likely (23.8%) or less likely (23.8%) that they would remain in the field. These latter figures suggest perhaps most importantly, coupled with various other data from the survey, that about a quarter of FA social workers might be better placed in another position. See **Figure 6.6**.

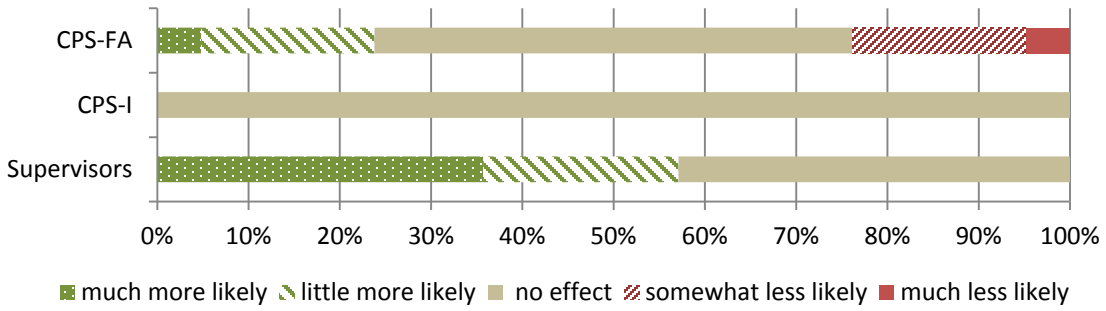

Figure 6.6. Has the introduction of CPS-FA made it any more or less likely that you will remain in this field of work?

Social workers and supervisors were asked about the impact of family assessments on their caseload and overall workload. Overall, supervisors reported no increase or decrease in their caseload responsibilities or workload. About a half reported no caseload impact, with equal numbers describing an increase as a decrease. CPS investigators who reported a change in caseload (and about half said there was no impact) said there was a decrease. The major change was found among FA social workers, where a slight larger number reported an increase in both caseload and workload demands. See **Figure 7.7**.

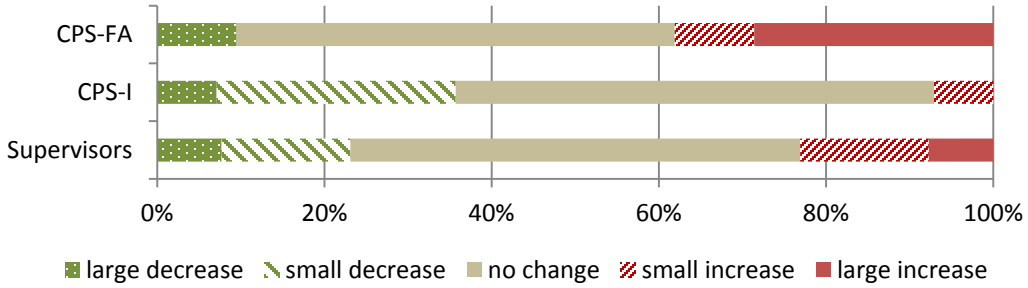

Figure 6.7. Impact of FA on the caseloads of workers

A third of supervisors reported no overall workload effects, with the others again splitting about equally between an increase or a decrease. Again, half of investigators reported no workload impact, with equal numbers of others describing an increase or decrease. Supervisors and FA workers were more likely to report an increase in paperwork. One commented on "excessive documentation, repeating yourself in required documentation." See **Figure 6.8**.

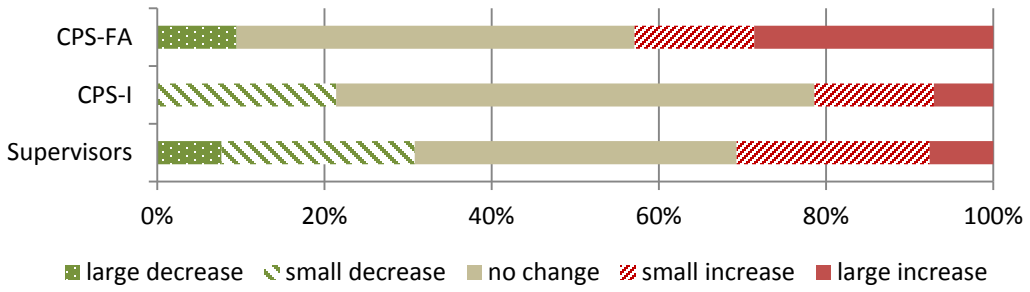

Figure 6.8. Impact of FA on the caseloads of workers

FA workers were more likely to report an increase in job-related stress, while investigators reported mostly no change or a decrease. As with the other issues, half of supervisors reported no difference in job stress, with those supervising FA workers reporting some increase. See **Figure 6.9**.

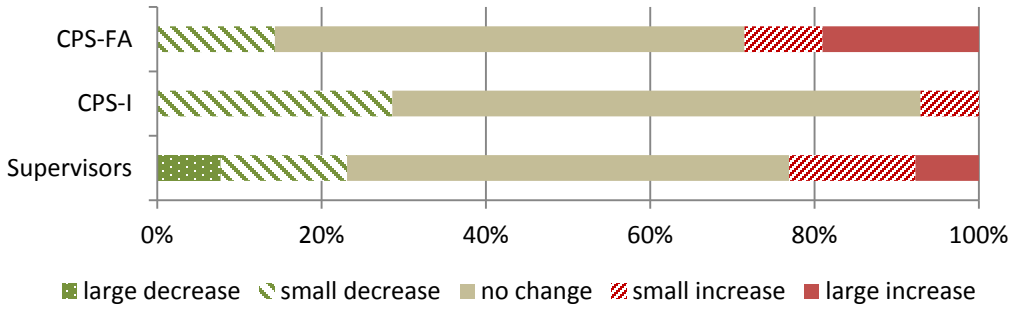

Figure 6.9. Impact of FA on the caseloads of workers

Community Collaboratives. FA social workers and supervisors were asked: In your experience, how effective are community collaboratives in assisting FA families? Two-thirds (67%) of respondents provided some comment to this question. The comments tended to fall into four groups:

1) That community collaboratives are generally or very effective (about half providing a judgment said this; 52%);
2) They are often ineffective (18%);
3) A little of both or something more nuanced (24%);
4) Don't know because of lack of feedback from these agencies to the FA worker (6%).

1. Community Collaboratives are effective. The responses of supervisors and FA workers were sometimes simply short statements of support: One supervisor said, "Commenting on all Collaboratives,

they are very effective." A social worker speaking about Far Southeast said: "Very effective." Another worker said, "very effective because it allows families to use services that are already established in the community." And another said, "The Community Collaboratives have been helpful and prevented families from having additional referrals to the agency." A supervisors commented on the complementary nature of collaboratives vis a vis family assessments: "Community Collaboratives are assisting FA in linking families to community-based programs as FA is a short term intervention strategy meant to explore and mediate problems with families."

One social worker commented on the problem areas in which collaboratives can be successful in their work with families: "They can be effective in addressing truancy, assisting with looking for housing, looking for employment, ensuring mental health services, parenting education, addressing domestic violence issues, providing financial/tangible support, and monitoring the families." This worker said she was speaking about Georgia Avenue, Edgewood/Brookland, East River and Far Southeast.

Another worker said: "Collaboratives assist with providing families with neighborhood resources. Far Southeast is very family and neighborhood centered. They also team well with CFSA." Several workers mentioned East River and Far Southeast as effective in linking families with services and that their workers are "familiar with the area and can link families to services quickly." Another added Georgia Avenue to this list. One worker who described collaboratives generally effective said "it is sometimes hard to schedule the transfer window."

Several workers remarked that the effectiveness of the agencies depended on whether families were willing to engage with them. An FA social worker said: "Effectiveness depends on the families' willingness to accept assistance and the case manager's willingness to assist the family [and that] this is true of all collaboratives equally."

2. Ineffective. There were a set of respondents with generally negative remarks about Collaboratives. One social worker simply wrote they were "ineffective." A supervisor said the effectiveness was hit or miss depending on the client and their needs." Another social worker commented that the agencies were "not effective" either due to external factors—"a lack of resources to send the families to"—or internal ones—"burned out and inexperienced workers." (This last comment was about East River.)

A social worker who was somewhat ambivalent said, "There have been many complaints that the family support workers from the collaboratives are unequipped to handle the complexities the families present." (No agency specified.) Another said, "Collaboratives seem to cherry pick their clients and at times take a long time to schedule warm handoffs." One FA social worker talked about feedback she has gotten from families who did not receive the assistance they needed or expected from the agencies in the areas of permanent housing and employment.

3. Either/Or. A worker commented that "it all depends on whose desk the referral lands on. Come community collaborative workers do excellent work and some do not. Homelessness is a problem collaboratives fail to address. No one in the District has found a solution for this." In a similar vein, a supervisor said, "Collaboratives are effective only in supporting families' tangible needs. Housing is the biggest issue which collaboratives cannot support." On the other hand, another supervisor said: "Some collaboratives are more effective in certain service areas than others. For example, Edgewood/Brookland is good at providing Housing Assistance." Another supervisor said, "East River and Edgewood/Brookland are timely and have strong programs and resources. [But] all need to improve their engagement skills, encouraging families and not terminating services based on one missed meeting or the initial inability to contact them."

4. Can't tell. Finally there were a few FA social workers who said they couldn't say because "no follow-up is given to the social worker regarding how services are progressing after the warm hand off." Another worker said, "I believe they are effective. But I do not know what happens with the family after they are referred."

Final questions about family assessment. In the General Worker Survey we asked a series of open-ended questions to which respondents were encouraged to provide any comments they might have about the District's Family Assessment program – anything that might be preventing FA from working as well as it might, anything considered exemplary; what was liked most about FA or least. There were numerous comments. Most respondents had something to say, although not all. There was a great deal of overlap as well as some difference of opinion. On balance, as will be seen, most of those involved in it had positive comments about it.

Problematic Areas. Is there anything that is preventing the Family Assessment approach from working as well as you think it could or should be working?

Less than half of the survey respondents commented on this question. Some said simply that "the program is working well." One said, the "Family assessment approach is effective for those referrals that qualify," noting the screening process that ensures only those "appropriate" for FA were selected for it.

Most of the specific comments can be grouped into a few areas. One was workload: Several FA social workers and supervisors noted only, as one supervisor said, "FA would be more successful if caseloads were smaller." We have "too many cases," an FA social worker said. One supervisor suggested reports were sometimes screened for FA when "CPS-I has too many referrals." An FA worker commented that "because FA is seen as less punitive some reports are screened in and sent to FA which may not have otherwise been accepted if they were to be screened as CPS-I."

One way to reduce the number of FA referrals, some suggested, is to narrow the types of reports that get screened for this pathway. Comments of this sort were focused, for the most part, less on

workload issues than on disagreement with FA policies, particularly those seen as allowing "riskier" reports to receive a family assessment. For some this meant not screening any physical abuse reports into FA. One supervisor extended this to include drug and mental health related reports as well. One FA worker said FA "should go back to what it was initially intended to be," apparently a reference to the initial implementation of the pathway when only educational neglect reports were screened for family assessments. One FA worker thought repeatedly screening the same report on the same family for a family assessment "promotes a lack of belief in the process for both the worker and the family…there should be a level of response to these referrals based on the number and severity of the repeats."

Several respondents commented on the 45-day timeframe to conduct and close-out a family assessment. A supervisor noted: "One barrier is the time frame. If FA is to use a different approach, and gather more information and establish a rapport with a family, 45 days is not enough time." Similarly, a worker noted:

> "The agency needs to take a hard look at the 45 day closure for the CPS-FA family services. This is a voluntary program. In some families, it may take longer than 45 days to build a rapport and to ensure the safety of children, as well as offer effective services. Without this needed approach, families will continue to view CPS-FA as CPS-I and effective, safe closures will not occur, but repeated referrals to the same households will return with 30 days windows."

Several other workers commented on the importance of gaining the family's cooperation in a family assessment, and that this was not always easily or quickly done. A family assessment worker said, "I believe that FA is moving towards case management 'gone wrong.' Many of the problems that our families have go beyond the 45 day period. Therefore, many of the things that need to be addressed are not addressed because of the time constraint."

A couple of CPS-I workers commented on the issue of converting FA referrals to investigations. One thought conversions were sometimes done for no reason than was already evident in the initial report. Another thought FA workers should be crossed trained and allowed to do investigations rather than passing the family to a CPS-I worker. "CFSA does the community a disservice by having families go from FA to CPS-I to in-home workers. It is too confusing for families and adds to stress and trust issues with CFSA. During interviews, some investigative workers complained that FA workers converted referrals they could not locate. "They give them to us, and we can find them. Why can't they."

Noting the often foggy intersection of poverty and child neglect, one worker said, "Families should not have a child welfare response if there are not any safety concerns." This is a point echoed by certain national critics of child protection service. Whatever the validity of this point, the problem remains what to do with these families and reports to ensure the wellbeing of children and, importantly, someone still has to assess whether or not there are safety concerns.

Exemplary Program Aspects. Is there anything about the way the CPS-Family Assessment approach is being implemented in the District that you consider exemplary or involves something other states or counties should be aware of and consider?

There were several comments from supervisors about FA that were simple and short: "The system is fair." The work involves "community partners." FA can handle a wide "range of allegations." "We do not allow the history to preclude the family from the FA pathway." "Maintaining workloads at a minimum provides families with more attention/services (not case management), but servicing more children and families."

A CPS investigator stated what might be viewed by many as a fundamental argument for family assessments: "It cuts down on substantiations, prevents open cases, and helps families set in services to prevent further reports." A number of FA social workers made comments that supported and expanded this view. One said, "What I really appreciate is the fact that we truly attempt to engage the parents and children in developing effective strategies for their family's use as well as using services to ameliorate the issues." Another FA worker said, "Being able to offer services to families that may appear to be vulnerable is exemplary. Allowing them to partner and discuss their family's needs is very helpful." Another social worker noted, "Safety is first. Community partners, schools, and our mandated reporters need to understand the role of child welfare." "Not all families need an investigation.

The R.E.D. Team and R.E.D. Team meetings were pointed out as exemplary elements of the District's model. Calling families to schedule appointments was also noted—"it allows clients to be more open," one worker wrote; it "helps with initiating the rapport building needed to facilitate the process," said another. FA units collocated and "functioning in the community helps workers build relationships outside the agency." And, "when clients are assigned within the neighborhood, they are easier to stay in touch with and are easily linked to services." "Great attempts are made to link families to resources that will help to allow children to remain safe with their families."

Question: What do you like most and least about FA?

1. Like most

FA workers:

"Attempts are made to value the families as individuals. It's a more qualitative form of practice. More focus is place on the family in their environment than on the event that brought them to the attention of the Agency."

"I like the way FA engages families by calling to schedule home assessments and approaches the family from the stance that most parents don't intentionally abuse/neglect their children.

"Contacting families prior to making initial contact. This can greatly help with engagement with some families.

"Caregive inclusion."

"I like that a disposition is not made at the end."

"FA reduces substantiations which is a good thing. Substantiating parents is a serious consequence often putting the family in economic hardship because it limits employment opportunities because of being placed on the child abuse list."

"The option for CPS-I conversion if warranted."

"How we can help and connect families to resources."

"Working with families that would otherwise be overlooked by society."

"FA is the least restrictive approach to addressing a family with an allegation of maltreatment.""

"It is a less aggressive approach."

"The less confrontational method of approaching and assessing families. The unannounced visit to the home for abuse cases create confrontation sometimes with families."

CPS-I worker:

"Although I am a CPS-I social workers, I think CPS-FA is a great initial approach to assisting families without automatically having to take them through a full investigation if it isn't really necessary."

Supervisors:

"The FA process is more egaging and the family has the right to decide if they want to participate in services or not rather than imposing services on them when they are not motivated or receptive."

"I like that the social worker has the time to gather a comprehensive assessment of the family and provide needed services."

"I like the fact that the agency partners with families to potentially prevent further maltreatment and link the family to services."

"No dispositions/findings. Many families are more receptive to accepting services. More in-depth assessments than CPS-I which identify real needs, strengths and not just barriers."

"That families are not substantiated for allegations that can amicably be resolved and do not compromise safety of the children."

"The engagement and involvement of families in the decision making process."

"It allows the families' voices to be heard."

Like least

FA Workers:

"I do not like that parents/caregivers are contacted before making contact with the victim child."

"the inconsistency in pertinent information to close referrals and the inconsistent leadership styles among management staff."

"Follow-up visits past 30 days for families that don't need it.

"Accepted education neglect referrals based simply on a set number of absences.""

"Some family assessment referrals are high risk and not FA appropriate."

"Placing a deadline timeframe (45 days) on families that may require a little more time (not long term like in-home services) for safe closure for the children and families."

"Some cases may rate as low risk but are actually high risk. It takes a lot of effort to get high risk cases converted to CPS-I"

"Paperwork volume.

CPS-I workers:

"What I like least is that an FA family does not have to cooperate with the agency as much as a CPS-I family."

"FA is marketed as a voluntary process. However, when families decline services, FA social workers are still compelled to continue to see the family—that is not a voluntary process."

Supervisors:

"The Decision Tree sometimes does not reflect what is best for families."

"There is a short time frame to work with families."

"Categories should be for allegations/concerns that are appropriate for assessing and assisting. Many referrals need conversion to CPS-I. This is time consuming and can be dangerous to children/families in regards to wasted time. Screening pathways needs improvement."

"That FA handles any physical abuse allegations of children with injuries over 12 years of age."

"There is not enough time to engage the families. The workloads are also high in comparison to other jurisdictions that have a DR approach."

"Cases being converted to CPS-I because the families could not be located or were not cooperative."

A Woman and Two Children

On a hot summer day an anonymous report is called into the CPS hotline. The caller is concerned about the welfare of young children, aged 2 and 4, living with their mother in an apartment "in horrible conditions." The reporter describes mouse droppings and mold throughout the unit, a nonfunctioning heating and cooling system, and concerns about the presence of lead. The reporter is unaware of any evidence of violence, substance abuse, or mistreatment of the children by a caregiver.

A search of FACES turns up no prior contact with CPS—no previous investigations, removals or referrals to community services. The report is screened for a family assessment response and the R.E.D. Team determines first contact should occur within three days.

Two days after the report is received an FA social worker attempts to visit the family, but the mother, who works part time, is not home, so the worker leaves a sealed notification letter with the caregiver's mother. Two days later the social worker meets and interviews the 4 year-old at her preschool. The worker finds the child clean, neatly groomed and dressed, without apparent injuries or complaints of harm. When asked about her home, the girl says "me and mommy clean the house….the mouse pooped all over the house." The girl tells the social worker her mother cooks for the two children daily and bathes them nightly. The next day the social worker sees the 2 year-old in his daycare center and finds no visible signs of abuse or neglect. The worker later checks the immunization histories of the children and finds them to be up to date.

Seven days later the social worker meets with the mother who shows the worker through the apartment, a publically subsidized unit, pointing out problems she says she has been complaining about to the property management company. Walking through the apartment the social worker observes mice running through the unit, mouse droppings in every room and on beds, bugs on ceilings and corners of the rooms, a leaking ceiling in the bathroom, a broken refrigerator, two ice chests purchased by the mother to hold perishable food, an air conditioning unit that does not work. The woman tells the social worker there was been no heat in the unit the previous winter and that her children suffer from bug bites, asthma and respiratory problems. The family receives $468 a month in public assistance, of which 60% is required to be paid to the property management company for the apartment.

The next day, in a meeting initiated by the FA worker, a representative of the agency that had helped the woman find the apartment says she is aware of the condition of the unit and that it is inspected monthly; it had been inspected and approved prior to the woman's taking occupancy. The housing worker says it is the woman's responsibility to "create a paper trail" to document her requests for maintenance repairs; without it the agency cannot move the family to a less deplorable apartment. The mother says this is difficult for her; the worker notes that the young mother had experienced "trauma" that includes "loss of a child and being threatened with a handgun in the presence of her children while walking to her mom's house at night to seek a warm environment." The worker contacts a

community collaborative seeking alternative housing for the family and requests a food voucher from her own agency.

Twenty days after the hotline report, with assistance from a community collaborative, temporary shelter is found in a "hotel," although a roach infestation requires the family to move three times over a three-day period, and the family moves out and begins staying temporarily "with different family members."

The social worker continues to solicit help from inside and outside her agency but is unable to find suitable housing for the family. The worker attempts to assist the family in dealing with the property management company through an appeal to the DC Superior Court. Since the woman has given the company 30 days notice to terminate her lease, the court determines that nothing can be done. The worker turns to Legal Aide seeking help.

With assistance from the community collaborative, temporary accommodations are obtained for the family in a motel that also serves as a housing shelter. Through a Partnering Together Conference the family's case is transferred to the collaborative for case management (for assistance with housing, employment and basic needs) and 54 days after the report was first made the FA referral is closed.

Throughout the family assessment referral, the mother cooperated fully with the worker. The FA social worker met with the woman 12 times, accompanied her in visits to the housing agency and the court, met her at her daughter's pre-school, had other telephone contacts with her and sought help for the family from numerous sources.

This is clearly a case of *societal neglect of a family* rather than *parental neglect of a child,* yet a traditional investigation would have ended with a disposition that this mother was neglecting her children. Among the consequences of that would potentially be employment restrictions on the mother. This is how thousands of similar cases were decided in the past when the only response to reports of child maltreatment was a forensic investigation. It shows the kinds of family situations that the original designers of the Differential Response approach had in mind in providing an alternative to investigations. With the introduction of the family assessment pathway, child protection services was put on the path that would recombine it with child and family welfare services, similar to systems that existed in various U.S. states before the last third of the twentieth century. It shows how linkages with services that can relieve such problems are needed and how diligent FA workers can try to access them. If this type of case and an appropriate response is to be located in the child protection agency, it also demonstrates the size and complexity of the task CPS has been given and the need for resources sufficient for the task.

Appendix

Technical Information and Detailed Analyses

Selection and characteristics of CPS-I comparison families

This is a more detailed description of the process of selecting families from the CPS-I pool for the comparisons shown in Chapter 3. From among 17,728 investigation records (which included many duplicate families), we identified 9,669 individual families during the 7/2011-6/2014 period that could be examined as potential comparisons. This was the starting pool for comparison selections. During the period from 9/2011 to 6/2014 we also identified 1,051 families assigned to CPS-FA. The goal was to reduce the CPS-I pool to a group of similar families of roughly the same size. A family risk assessment (FRA) had been conducted for each family in both groups. First, we set aside families reported for sexual abuse and various forms of severe abuse or neglect. As a second step, we then utilized the SDM Family Risk Assessment (FRA) items.[12] In this part of the comparison process, we decided to make sure that comparison families, as a group, were equivalent risk or *lower risk* on various items than the CPS-FA families. As described in Chapter 2, summated numerical risk of neglect and risk of abuse scores are generated in the FRA. Since most CPS-FA families had scores of 5 or less on the first and scores of 4 or less on the second, we selected *only* CPS-I families with scores in these ranges. Large numbers of CPS-I caregivers were mentally ill or had drug abuse problems compared to CPS-FA (see Chapter 2) and reduction were then made among families in these categories. Turning to allegations of the target report (the first report identifying the family as FA or I), a larger number of CPS-I families were found in the three endangerment categories (**Figure 2.1**), and while many of these families had been set aside in the previous process using risk categories, a further reduction was made based on allegations. Finally, we have made the point that the most important predictor of future child maltreatment (reports) is past child maltreatment reports. Thus, we reduced the remaining pool based on that criterion. The final comparison group consisted of 1,082 CPS-I families. We emphasize that these families were CPS-FA and CPS-I *in the first report and referral*. Many in *both groups* had both previous and later investigations. And some CPS-I families later received family assessments.

The following table (**Table A.1**) is a comparison of the demographic characteristics of the CPS-FA and CPS-I comparison groups. On most characteristics only small and statistically non-significant

[12] The FRA is used for most family assessments and investigations, but not all. Risk assessments had been conducted for all CPS-FA and CPS-I families examined in the comparison process. We only included families in which the assessment date for the FRA fell on or after the target referral date—usually with a few days—and before another referral. This meant that a minority of families were set aside. This was also thought to be a way of avoiding the inclusion of families who could not be located or otherwise were never visited.

differences are apparent. The average age of mothers varied by about one year and this difference was statistically significant. However, these were derived from birthdates which were missing in many cases. The actual size of families was larger since these statistics are based on the persons involved in the reported child maltreatment incident.[13] Thus, the selection procedure produced comparison group that was highly similar on demographic grounds.

Table A.1. Demographic characteristics of CPS-FA and CPS-I comparison groups

	CPS-FA	*CPS-I comparison*	Prob-ability
Any male children	57.8%	59.1%	0.290
Any female children	61.5%	58.4%	0.080
A disabled child in family (client data)	2.3%	1.8%	0.240
One or more children:			
Infants	8.3%	7.8%	0.360
1 to 3 years old	15.0%	15.9%	0.310
4 to 5 years old	17.3%	17.6%	0.460
6 to 10 years old	41.8%	41.9%	0.500
11 to 12 years old	18.0%	17.1%	0.310
13 to 17 years old	26.0%	26.3%	0.443
Mean age of mother	34.4	35.4	0.03*
Mean age of father	37.3	37.8	0.640
Mean number of adults	1.3	1.3	0.172
Mean number of children	1.6	1.6	0.490
Total Families	1051	1082	

* $p < .05$

Table A.2 lists a majority of the risk characteristics checked in the FRA instrument. Some differences in risk are apparent. Types involving very small percentages (in 1% to 3% range) are not particularly relevant since each involved only 10 to 30 families. However, some differences are important. The mean abuse and neglect scores, near the top of the table, were each significantly different. These were discussed briefly in Chapter 2, where we pointed out that CPS-FA had much higher neglect scores and CPS-I had higher abuse scores. These are reflected in the higher rates of neglect allegations for FA and abuse allegations for I. The values for the comparison group seen in **Table A.2** were as close as we could make them while keeping other characteristics in sync, and while the overall

[13] When client records and family relationships were analyzed and included, other family members were sometimes found. However, FACES data extended well over 15 years and client records accumulated during that period. This has the effect of inflating family sizes. To avoid this we decided to include only the persons listed in the target referral. Notice also that race is not included in the table. FACES like all the other child welfare information systems we have worked with has substantial (30% to 40%) missing data on racial variables. The majority of clients in the study, however, were African American.

combined scores were very similar, CPS-I comparison families still scored higher on risk of abuse and lower on risk of neglect in this scoring system.

Table A.2. Family risk characteristics of CPS-FA and CPS-I comparison groups

Family Risk Assessment:	*CPS-FA*	*CPS-I comparison*	Prob-ability
One or more previous accepted CPS reports	45.9%	39.2%	0.001*
Mean numeric neglect score	2.92	2.63	.001*
Mean numeric abuse score	1.12	1.29	.003*
Household has previously received services	20.4%	22.1%	0.178
Four or more children in current incident	10.5%	9.1%	0.171
Youngest Child under 2 years old	21.5%	20.9%	0.384
Medically fragile child	1.7%	1.4%	0.321
Child with positive toxicology screen at birth	2.8%	1.1%	0.004*
Children in HH with a physical disability	1.9%	1.3%	0.164
Children in HH with a developmental disability	7.5%	5.3%	0.021*
Children in HH with a history of delinquency	1.5%	2.7%	0.046*
Children in HH with mental health or behavior problems	10.8%	10.2%	0.352
Primary caretaker (CT) blames child for incident	1.5%	1.8%	0.339
Primary CT justified maltreatment	1.0%	4.5%	<.001*
Primary CT provides insufficient emotional/psychological support	0.9%	1.6%	0.099
Primary CT employs excessive/inappropriate discipline	0.5%	1.5%	.015*
Primary CT has mental health problems during the last 12 months	13.6%	4.4%	<.001*
Primary CT has a drug problem during the last 12 months	4.6%	4.0%	0.248
Two or more incidents of domestic violence in past year	4.5%	3.3%	0.105
Current housing is physically unsafe	2.1%	1.5%	0.182
Family homeless at time investigation began	4.4%	3.3%	0.125
Total Families	1051	1082	

CPS-FA families had more developmentally disabled children than CPS-I comparison families. Differences were also observed in two other important categories. CPS-FA families had more previous accepted CPS reports. Note that this statistic was not derived from the FRA but from our analysis of FACES data over a 15 year period. From the FRA we see that substantially more CPS-FA families had a currently mentally ill caregiver. Both these indicate that the CPS-FA group was higher risk than the comparison group.

Survival Analysis of Subsequent Reports of Child Maltreatment

The categorical analysis of subsequent reports of child maltreatment (see **Figure 3.3** and following discussion) did not control for various differences in family risk that remained after matching

was concluded. To address this issue we conducted a kind of survival analysis in which various measures of risk were introduced as covariates with a multiple regression analysis (Cox proportional hazards analysis). The following table shows the results. The variable of interest is the final one. This analysis like the categorical analysis in Chapter 3 shows not significant difference between the two groups.

Table A.3 Cox Proportional Hazards Regression Equation

	B	*SE*	*Wald*	*df*	*Sig.*	*Exp(B)*
Primary CT has drug problems during the last 12 months	.305	.225	1.849	1	.174	1.357
Primary CT has mental health problems during the last 12 months	-.253	.138	3.353	1	.067	.777
Child with positive toxicology screen at birth	.180	.287	.394	1	.530	1.197
Child with a physical disability	-.853	.357	5.718	1	.017	.426
Child with a developmental disability	.017	.384	.002	1	.964	1.017
Child with a history of delinquency	-.088	.217	.166	1	.684	.915
Child with mental health or behavior problems	-.026	.343	.006	1	.940	.975
Child with mental health or behavior problem	-.070	.153	.211	1	.646	.932
Current housing is physically unsafe	-.097	.469	.043	1	.837	.908
Family homeless at time investigation began	-.301	.239	1.592	1	.207	.740
Any previous accepted reports of child maltreatment	.043	.107	.159	1	.690	1.044
CPS-FA versus CPS-I	-.044	.102	.185	1	.667	.957