

Improving Child Protective Services:

How to Expand and Implement the Consensus

by Douglas J. Besharov

Over the past twenty years, enormous progress has been made in protecting children from abuse and neglect. But major gaps in services remain. Recently, a consensus has developed among many child protective specialists about some basic reforms that need to be made. This report describes one way through which the broader child welfare and human services community can be helped to understand the goals of this consensus and how it can be mobilized to actively support the needed reforms.

Progress and Problems

Thanks to years of advocacy by concerned individuals across the country, there now exists a basic infrastructure of laws and agencies to protect children. All fifty states now have child abuse reporting laws. Specialized "child protective agencies" have been established to receive reports (usually *via* highly publicized hotlines) and then to investigate them. Health, social service, education and law enforcement agencies and individual professionals increasingly see themselves as jointly, not separately, responsible for protecting children and, wherever possible, preserving and strengthening their families. New resources have been identified, useful family support systems developed, and some simplistic solutions discarded. Statistics, definitions, and procedures are being standardized and upgraded. More concretely, the quality of treatment services has been greatly improved.

The result has been an enormous increase in reported cases.¹ In 1987,

almost 2.2 million children were reported to the authorities as suspected victims of child abuse and neglect. This is more than fourteen times the estimated 150,000 children reported in 1963.

Increased reporting and specialized child protective agencies have saved many thousands of children from death and serious injury. The best estimate is that, over the past twenty years, child abuse deaths fell from over 3,000 a year (and perhaps as many as 5,000) to about 1,500 a year.

Still, in almost every community, there are serious inadequacies, breakdowns and gaps in the child protective process. Reports are increasing faster than many agencies can handle them, but detection and reporting remain haphazard and incomplete. Professionals—physicians, nurses, teachers, social workers, child care workers, and police—fail to report many of the maltreated children whom they see, including those with observable injuries severe enough to require hospitalization.

Although all statistics concerning what happens in the privacy of the home must be approached with great care, the scale of non-reporting can be appreciated with the help of the National Study of the Incidence and Severity of Child Abuse and Neglect (conducted for the federal government by Westat, Inc.). It estimated that, in 1986, *selected professionals* saw about 300,000 physically abused children, another 140,000 sexually abused children, and 700,000 who were neglected or otherwise maltreated.² According to the study, the surveyed professionals reported only

about half of these children. (The study methodology did not allow Westat to estimate the number of children seen by *non*-professionals, let alone estimate their reporting rate.)

The professionals did not report almost 40 percent of the sexually abused children whom they *saw*. They did not report nearly 30 percent of fatal or serious physical abuse cases (defined as life-threatening or requiring professional treatment to prevent long-term impairment) and almost 50 percent of moderate physical abuse cases (defined by bruises, depression, emotional distress or other symptoms lasting more than 48 hours). The situation was even worse in neglect cases: about 70 percent of fatal or serious physical neglect cases were not reported and about three quarters of the moderate physical neglect cases were not reported.³

This means that, in 1986, at least 50,000 sexually abused children went unreported, at least 60,000 children with observable physical injuries severe enough to require hospitalization were not reported, and almost at least 184,000 children with moderate physical injuries were also not reported.

Many thousands of other children suffer serious injuries after their plight becomes known to the authorities. Studies in a number of communities indicate that 25 to 45 percent of the children who die under circumstances suggestive of child maltreatment have previously been reported to child protective agencies.⁴ There is some reason to believe that, after many years of decline, child fatalities attributable to child maltreatment have begun to rise.

At the same time, the nation's child protective agencies must investigate a large number of reports that are not substantiated. Nationwide, only about 45 percent of all reports are "substantiated" (or a similar term) after investigation. This is in sharp contrast to 1975, when about 65 percent of all reports were "substantiated." Each year over 500,000 families are investigated for reports that are not substantiated.

In 1988, responding to these problems, three major reports were published by leading child protective and child welfare organizations. (See Box #1.) Each document proposes substantial changes in reporting, intake and screening, investigations, and case determination practices. Despite their varied origins, remarkable agreement exists among these three documents about what needs to be done to improve services to abused children and their families. In essence, each recommends that a much greater effort be made to ensure that only appropriate cases are accepted for investigation and that suitable services are provided to families needing them. (See Box #2.)

Expanding the Consensus

Issuing a report and achieving the recommended changes, however, are two very different things, as we all know. The three reports were developed by groups largely composed of child protective and child welfare specialists. For their recommendations to be implemented, much broader understanding and support will be necessary. (Even among specialists, many of the recommendations in the three reports remain controversial.)

Box #3

Steps in the Process

1. Presentation and discussion of documents to involve others in the consensus,
2. Small group discussions and reporting back to the larger group to identify needs,
3. Voting to establish priorities among identified needs,
4. Structured discussion to plan strategy, and
5. Follow-up to encourage implementation.

This report describes one way in which this consensus can be expanded and implemented. It is based on the experience of a national meeting sponsored by the American Bar Association's National Center on Children and the Law, in association with the American Enterprise Institute, the American Public Welfare Association, and the Child Welfare League of America. (The meeting was funded by the National Center on Child Abuse and Neglect.) The process has five steps. (See Box #3.)

Step 1: Involving Others: On December 15th and 16th, 1988, thirty-eight individuals from almost as many organizations met in Washington, D.C. to consider the three documents and to identify priority steps in a strategy to implement their recommendations. The participants were from a much broader array of disciplines, agencies, and advocacy groups than those who had drafted the original documents. (The participants are listed in the Appendix A.)

To open the conference, each of the three reform documents was summarized

by a designated presenter. Then, the various themes and recommendations common to each of the documents were discussed by the whole group. This initial discussion provided an opportunity for participants to voice their concerns about and disagree with some of the recommendations. In this orientation process, the group as a whole worked through the most controversial issues in the documents. Although some participants would have preferred to rewrite certain recommendations in the documents (such as the need to screen reports), they were reminded that, for the purpose of the process, they had to work within the context of the documents.

There were times when it seemed as if the group would fracture in disagreement and not be able to come together again, but the participants' overriding desire to improve programs for these vulnerable children brought the discussion back to how service needs could be identified and met. The group decided that it could proceed with planning how best to seek the needed reforms even though not all participants agreed with each and every recommendation in the documents. The spirit that developed was: "Rather than getting mired down in what we disagree about, let's see what we can agree to do to improve services."

We think that this open, no-holds barred discussion was essential for the later success of the process. Indeed, it served to focus attention on the severe shortage of long-term, family oriented treatment programs—and what to do about it.

Step 2: Identifying Needs: To allow issues to be discussed in greater detail and to encourage a more informal and collaborative atmosphere, the participants were divided into small workgroups on: (1) "reporting"; (2) "intake and screening";

Box #1

The Three Child Protective Reform Documents⁵

Child Abuse and Neglect Reporting and Investigation: Policy Guidelines For Decision Making (ABA/APWA/AEI, 1988), available from the American Bar Association, (312) 988-5555 for \$3.

Guidelines for a Model System of Protective Services for Abused and Neglected Children and Their Families (APWA, 1988), available from the American Public Welfare Association, (202) 682-0100 for \$10.

Standards for Service for Abused or Neglected Children and Their Families (CWLA, 1988), available from the Child Welfare League of America, (201) 225-1900 for \$12.50.

(3) "investigation"; and (4) "case determination." These are, of course, somewhat overlapping categories, so that group discussions tended to cross categories. In fact, this report adds new sections on "recruitment, staffing, and training" and on "child and family services" to cover those issues that emerged across the groups. Nevertheless, the division of the entire conference into these smaller groups and the assignment of these particular topics to each group helped move the discussion forward.

Michael Weber, President of the National Association of Public Child Welfare Administrators (an affiliate of the APWA) and Director of the Hennepin County Department of Community Services, gave the charge to the conference. Each group was asked to identify up to ten priorities or actions in its specific topic area. They were also encouraged to identify the organizations that might perform these actions. (Group leaders were asked to keep the discussion on the assigned topic but to allow the group some flexibility in working things out and in identifying needs.)

Step 3: Establishing Priorities: The workgroups met for about two and a half hours, after which the full conference reconvened. Each workgroup leader presented—and explained—his or her group's recommendations. The recommendations were also written on flip charts and the sheets were later posted around the room. (These are summarized in Appendix B.) An unstructured discussion helped the other participants to understand their colleagues' proposals.

Each participant was then asked to select the ten most important recommendations. Each participant was given ten round stickers and told to put one or more next to the recommendations that he or she deemed most important. Box 4 lists the identified needs and the priority votes they received.

Step 4: Planning Strategy: The next step was to determine how best to pursue the priorities that had been established. Participants were asked to suggest how their particular organization, either alone or in cooperation with others, could help. Mike Weber led the discussion, working down from the recommendation that received the most votes. Appendix C lists the specific strategies or implementation plans that were proposed.

Step 5: Encouraging Implementation: We did not have funds for a second

meeting, so that follow-up was limited. There was a general feeling that this hampered efforts to work together toward common goals and that more formal monitoring of the plans described at the meeting would have encouraged implementation.

Lessons Learned

We believe that the conference successfully helped to identify important objectives for reform in a way that engaged and invested the participants in the outcome. We believe that our experience can serve as a model for similar efforts at the local, state, and regional level, but we did learn some practical lessons about the process that should be shared with those contemplating a similar conference.

Choose the workgroup leaders carefully and make sure that they understand their crucial role in the process. Group leaders need to be both firm and flexible—firm enough to keep the group on its task and flexible enough to recognize when the group needs to work through an unexpected issue. Ours were, and that made all the difference.

Carefully review the workgroup recommendations before they are presented to the group as a whole, combining those that are essentially the same. We had a number of overlapping recommendations, and there was a clear tendency for participants to split their votes among similar priorities. For example, if the risk assessment recommendations had been combined, as they quite properly could have, the resulting recommendation would have scored among the highest.

Select participants with an eye for the ultimate purpose of the process—to get agencies and organizations to commit themselves to *specific* efforts and projects. Thus, (1) they should come from organizations whose efforts could be relevant to improving child protective and child welfare services, and (2) although it is not necessary that they have authority to commit their agency, at the meeting, to a specific project or activity, they should have a reasonable voice in setting their organization's priorities.

During the session on planning strategy, be alert to the possibility that some priority areas—even though they receive a large number of votes—will not have action items suggested for them. It was only after the meeting that we realized

that there were no implementation ideas for two priority areas.

Finally, keep your expectations for the process reasonable. Realize that many of your pet ideas will not be recommended and be prepared for many action items to go unimplemented. If even one in ten comes to pass, the process will have been worthwhile. ■

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Footnotes

¹Much of the following material concerning reported cases is derived from *Child Abuse and Neglect Reporting and Investigation: Policy Guidelines For Decision Making* (ABA/APWA/AEI, 1988), reprinted in D. Besharov, *Protecting Children From Abuse and Neglect* (Charles C. Thomas, 1988), Chap. 13.

²A. Sedlak, *Study of National Incidence and Prevalence of Child Abuse and Neglect* (Westat, Inc., Bethesda, Md., December 1987).

³*Supplementary Analyses of Data on the National Incidence of Child Abuse and Neglect*, *supra* n. 4, at pp. 3-19.

⁴J. Alfaro, "What Can We Learn from Child Abuse Fatalities: A Synthesis of Nine Studies," found in: D. Besharov, *Protecting Children From Abuse and Neglect* (Charles C. Thomas, 1988), Chap. 9.

⁵The views expressed in the documents do not necessarily represent the views or policy of the National Center on Child Abuse and Neglect, the Administration for Children, Youth and Families, or the Administration for Children and Families, U.S. Department of Health and Human Services.

⁶Prepared by Beverly Jones. The absence of a notation for a particular element does not denote disagreement but, rather, the fact that that element was not addressed by the document.

⁷Some of the recommendations have been edited for clarity and brevity. The recommendations do not necessarily represent the views or policy of the National Center on Child Abuse and Neglect, the Administration for Children, Youth and Families, or the Administration for Children and Families, U.S. Department of Health and Human Services.

THE EMERGING CONSENSUS

Box #2

Significant Areas of Consensus Regarding Child Protective Services⁶

element	A I R L I E page	N A P C W A page	C W L A page
Protecting children is a community responsibility	15	13	7, 12, 115
CPS agency is a public agency performing specific functions	2	19, 27 30-32	9, 12 15, 73
CPS is part of a larger child welfare and human services continuum, with specialized relationships with specific systems	2	19, 27, 37	9, 27, 37
Objective is to protect children through strengthening families, temporary removal and/or termination of parental rights and permanency	2	21-22	7
Parents have the primary responsibility for protecting children; are presumed to want to do well; and have rights regarding raising their children	4, 11	13, 21, 22	5-7, 8
CPS should cover intrafamilial and quasi-intrafamilial; institutional abuse should be covered by other agency	3, 15	23	10, 102
Family, cultural, and religious diversity must be respected	5	22	23, 30
CPS appropriate cases include:			
severe harm	5, 15	28	
threatened risk	6	23	11
recent acts	6	23, 29	
parental disability causing inability to provide adequate care	7, 15	30	64
physical abuse, sexual abuse, neglect and emotional maltreatment	7	23-24	3-4, 11-12
Multiple risk assessment factors must be relied upon	8, 11, 16	28-30	22, 28-29, 34
Screening of reports must be done by trained staff with authority to decide to not investigate inappropriate reports	10, 16	30	18-20
Dispositional categories should include "substantiated" and "unsubstantiated;" not "unable to substantiate"	9	31	25
Poverty-related cases should be the responsibility of Public Assistance programs, not CPS	4	24	6
Interdisciplinary cooperation is essential	11	37	
Guidelines need to be operationalized	9, 15	14, 34	77
CPS staff must be well trained		35	20
CPS must be active in prevention efforts		38	117
CPS registry and appeals procedure		36	82, 86
Need for evaluation		36	89
Interagency agreements		37	21
Review of children's deaths		37	89
CPS services are child-centered and family-focused		19, 27	121
Services should be only as intrusive and lengthy as needed to protect the child		27	8
Workload measures should be established		35	98

Appendix A – Participants

Final List of Conferees

Dec. 15-16 CPS Policy Implementation Conclave

1. **Norma Harris**
National Child Welfare Leadership Center
University of North Carolina

2. **Ray Kirk**
National Child Welfare Leadership Center
University of North Carolina

3. **Ernestine Jones**
Black Administrators in Child Welfare
Maryland Department of Human Resources

4. **Margaret Gran**
Victims of Child Abuse Laws
Minneapolis, Minnesota

5. **Robert Stein**
U.S. Department of Defense
Office of Family Policy and Support

6. **Dr. David Chadwick**
American Professional Society on the Abuse of Children
Center for Child Protection
Children's Hospital of San Diego, California

7. **Betsey Rosenbaum**
National Association of Public Child Welfare Administrators
American Public Welfare Association
Washington, D.C.

8. **Michael Weber**
National Association of Public Child Welfare Administrators
Hennepin County Dept. of Community Services
Minneapolis, Minnesota

9. **Doug Besharov**
American Enterprise Institute for Public Policy Research
Washington, D.C.

10. **Helaine Hornby**
National Child Welfare Resource Center for Management and Administration
University of Southern Maine

11. **William Griffin**
National Child Protective Workers Association
Durham, North Carolina

12. **Patricia Toth**
National Center for the Prosecution of Child Abuse
Virginia

13. **Karen Hendricks**
Association of the Junior Leagues
Washington, D.C.

14. **Beverly Jones**
Child Welfare League of America

15. **Lawrence Gustafson**
National Court Appointed Special Advocate Association
Touche Ross and Co.
Washington

16. **Linda Blick**
National Resource Center on Child Sexual Abuse
The Chesapeake Institute
Maryland

17. **Dr. Donna A. Rosenberg**
National Child Abuse and Neglect Clinical Resource Center
Kempe National Center
Colorado

18. **Shirley Ganem**
National Committee for the Prevention of Child Abuse
New Hampshire Task Force on Child Abuse and Neglect

Box #4

PRIORITIZED NEEDS⁷

Reporting

Encourage states to conduct annual assessments of reporting patterns in order to better understand target populations and problems in reporting. [15 votes]

Review current laws and policies concerning feedback to professionals who report and recommend law and policy guidelines for providing such feedback. [11 votes]

Identify needed data elements for reporting systems, (including the nature of the report, who made the report, and the outcome of the report) and communicate them to the National Center on Child Abuse and Neglect for inclusion in technical assistance models. [8 votes]

Provide discipline-specific training on the value of reporting and on the child protective process. [5 votes]

Review existing public awareness campaigns (with a group of concerned organizations) and develop recommendations for future directions. [5 votes]

Intake and Screening

If cases are screened, develop a strong information and referral component and assure the availability of the services to which clients are referred. [15 votes]

Develop policy guidelines for intake and screening that include who should do the screening, where it should be done, how it should be done, on how much information it should be based, the time limits associated with the process, and the means by which alternative referrals are to be made. [14 votes]

Assign trained workers to perform intake functions. [5 votes]

Develop guidelines for a structured screening protocol. [3 votes]

Explore the possibility of developing a model for a "national central registry." [2 votes]

Develop model language for statutory authority to screen cases at intake. [1 vote]

Investigations

Increase attention to the problem of parental drug and alcohol abuse, and increase the coordination between child protective investigators and substance abuse experts. [17 votes]

Educate the public about what an investigation is and how it is conducted, assisted by materials written in plain English. [13 votes]

Prepare a white paper on the reconciliation of "permanency" values and "child safety" values. [11 votes]

Develop a model memorandum of understanding between child protective agencies and special jurisdictions, such as military and Indian reservations. [11 votes]

Provide better physical and legal safety for child protective workers. [10 votes]

Enact laws to give child protective workers legal immunity. [10 votes]

Evaluate the various risk assessment models presently in use. [10 votes]

Promote investigative and service practices which minimize trauma to children and their families. [10 votes]

Develop criteria for evaluating "risk assessment" models at various points in the child protective process. [9 votes]

19. **Deborah Daro**
National Committee for the
Prevention of Child Abuse
Chicago, Illinois

20. **Dr. Paul Boldin**
American Federation of State,
County, and Municipal Employees
(AFSCME)

21. **Larry Glickson**
Social Service Employees Union,
Local 371, District Council 37,
AFSCME
Supervisor, C.P.S. Screening
Unit, Queens Field Office
Special Services for Children
New York City Human Resources
Administration

22. **Marsha Renwanz**
Brookings Institution
Washington, D.C.

23. **Mary Lee Allen**
Children's Defense Fund
Washington, D.C.

24. **Joan Zlotnik**
National Association of Social
Workers
Maryland

25. **Tommy Neal**
National Conference of State
Legislatures
Colorado

26. **Representative Kaye
Steinmetz**
National Conference of State
Legislatures
Missouri

27. **Wendy Adler**
National Governors Association
Washington, D.C.

28. **Sue St. Laurent**
Governor's Office
State of Delaware

29. **John Fluke**
American Association for
Protecting Children
American Humane Association
Colorado

30. **Carol Jones**
National Black Child Develop-
ment Institute
Washington, D.C.

31. **Susan Weber**
National Center on Child Abuse
and Neglect
U.S. Department of Health and
Human Services

32. **Susan Wells**
Director of Child Abuse Research
National Legal Resource Center
for Child Advocacy and Protection
American Bar Association

33. **Jim Lardie**
Association of Child Advocates
Cleveland, Ohio

34. **Ceil Zalkind**
Association of Child Advocates
Association for Children of New
Jersey

35. **Tom Villiger**
Illinois Department of Children
and Family Services
Division of Child Welfare and
Protective Services

36. **Betty Stewart**
Children's Bureau
U.S. Department of Health and
Human Services

37. **Stuart Swayze**
Child Protective Services Specialist
National Center on Child Abuse
and Neglect
U.S. Department of Health and
Human Services

38. **Howard Davidson**
National Legal Resource Center
for Child Advocacy and Protection
American Bar Association

Develop risk assessment materials, based on strong research, to support investigations, dispositions, and service planning. [6 votes]

Case Determination

Develop uniform, objective definitions of case outcomes. [17 votes]

Develop standards for sharing information with parents, to include, for example, the agency's determination of what happened, the agency's case plan, what the parents should expect next, and the appeals process. [4 votes]

Develop a uniform reporting system to facilitate national data collection and analysis, with the research of experts determining the data categories. [3 votes]

Develop a better definition of the "some credible evidence test" as it applies to case substantiation and encourage states and localities to use the standard. [0 votes]

Staffing, Manpower, and Training

Develop minimum standards for recruitment, educational qualifications, salary, worker incentives and benefits, pre-service and in-service training, and workloads. [15 votes]

Target new federal funds for pre-service and in-service training of child protective investigators. [12 votes]

Train child protective workers to collect evidence in a way which can be effectively presented in court. [10 votes]

Encourage advocates to aggressively work to assure, at a minimum, that the Child Welfare League of America's caseload limits be adopted and maintained. [9 votes]

Develop a technology to assess workload (as opposed to caseload) standards that is both multi-variant and easily applied in different settings. [8 votes]

Establish staffing requirements for various child welfare functions and jobs. [3 votes]

Develop an inventory of current child protective staff and a plan for maximizing its potential. [1 vote]

Child and Family Services

Create and sustain a broad range of family support services with a specific emphasis on families and children who are at risk but who do not have a known child abuse or neglect problem. [21 votes]

Encourage the President and Congress to develop a new "national child and family policy." [19 votes]

Hold a conference on how child protective service improvements can be made within the broader context of the "child welfare system." [2 votes]

The Children's Bureau should support efforts to improve the identification and provision of services for families whose problems do not amount to child abuse and neglect. [2 votes]

Encourage efforts to identify the number of children needing social assistance and the best way to provide it, especially as child protective services are increasingly focused on cases of abuse, neglect, and the risk thereof. [1 vote]

Individual Workshop

The following is a narrative summary of the recommendations of each workgroup. There were four workgroups: (1) "reporting"; (2) "intake and screening"; (3) "investigations"; and (4) "case determination." Two new sections on "recruitment, staffing, and training" and on "child and family services" are added to this discussion to cover those issues that emerged across the groups.

Reporting

This workgroup recommended the provision of discipline-specific training on what to report (and what not to report) and on the contents of reports. The group felt that, for both public and professional audiences, better guidelines were needed, giving special emphasis to the identification of families at high risk of child abuse and neglect (primarily because of substance abuse or spouse abuse). In addition, the group felt that potential reporters should have a better understanding of how the child protective process works so that they will be more likely to use the system.

The following organizations were encouraged to provide such training: National Association of Social Workers, National Education Association, the American Association for Protecting Children, National Association for Education of Young Children, National Committee for Prevention of Child Abuse, American Medical Association, American Psychological Association, American Psychiatric Association and the American Federation of Teachers.

The group also recommended a meeting of public affairs experts together with representatives of concerned social service organizations to review existing public awareness materials and to suggest future directions for media efforts. The group indicated that particular attention should be paid to: (1) revising those lists of indicators that are overly broad or misleading and (2) assuring a clear and consistent message about what should and should not be reported.

In order to encourage professionals to report, the group recommended that child protective agencies provide feedback about what happened in the investigation. A general statement of the outcome of the report and the services being offered, for example, could be given. The group recommended that current laws and policies concerning feedback be reviewed and that guidelines for providing such feedback be developed. It further suggested that the National Center on Child Abuse and Neglect (NCCAN) should, in new regulations, clearly authorize feedback. Organizations identified to advocate for laws and regulations mandating feedback were the National Conference of State Legislatures, American Bar Association, Association of Child Advocates, and National Education Association.

Lastly, the group recommended that states conduct annual assessments of reporting patterns in order to better understand the children and families they serve and the problems encountered in reporting. The specific information that should be collected and analyzed includes the sources of reports, the nature of reports, and the degree to which they are substantiated. Such annual evaluations could make a major improvement in both the level of reporting and its accuracy. The group recommended that NCCAN develop guidelines and technical assistance materials to help states in this effort. (Meetings of state liaison officers, it was thought, would be a good place to present such material.)

Intake and Screening

The group recommended that the screening of cases, even though widely done, should be legislatively authorized. (It suggested that model statutory language be drafted.) But its major recommendations focused on the need to learn more about the intake and screening process and to develop the technology of risk assessment.

The group noted the need to learn more about where screening occurs, how long it takes, who does it, and the basis upon which decisions are made. It also recommended careful evaluations of current report-taking technology and various screening and risk assessment models to determine their effectiveness in identifying cases of most immediate need. (A specific concern was the problem of false positives, *i.e.*, overinclusiveness, and false negatives, *i.e.*, underinclusiveness.) Such research might be performed by the American Humane Association, the American Bar Association, or the American Public Welfare Association.

On the basis of such research, the group felt, policy guidelines should be developed for the intake and screening process. These guidelines should include a specification of who should do the screening, where it should be done, how it should be done, on how much information it should be based, time limits associated with the process, and the basis for alternative referrals and means by which they are made.

Eventually, the group felt, a structured screening protocol should be developed. The protocol should include the criteria for evaluating risk and for determining what services should be provided.

Whenever cases are screened, the group emphasized, there must be a much stronger information and referral component. There must also be a way of assuring that the services to which clients are referred are actually available. The crucial importance of intake and screening decisions requires that these functions be performed by highly trained workers, sup-

Recommendations

ported by specialized supervision and specialized training materials.

Finally, exploring the possibility of developing a model for a "national central registry" was also recommended. It might be appropriate for the American Federation of State, County, and Municipal Employees to work on this with the National Center for Missing and Exploited Children, and various police organizations.

Investigations

This workgroup was concerned about the physical safety of caseworkers, given the heightened violence in our inner cities, and recommended greater attention to this problem. It was also concerned about the effects of the liability explosion, and thus recommended that all states enact laws giving workers legal immunity for their decisions. The group identified the following organizations to address these problems: the American Bar Association, the National Association of Counsel for Children, the American Federation of State, County, and Municipal Employees, the National Association of Social Workers, and the American Public Welfare Association.

An effective investigation often requires an assessment of the family's functioning. The group reiterated the importance of defining the nature, purpose, and elements of family assessments and how they should be documented. It recommended that agencies develop better materials describing the scope and breadth of such investigations to cover: interviews and examinations of siblings, the use of multidisciplinary teams, the appropriate level and nature of documentation, and the time frames for decision-making. Such materials should also posit procedures which minimize the investigation's traumatic effect on children and their families. For example, investigations should be blended to avoid second and third interviews of the child and parents.

The group emphasized the need for child protective agencies to work with others concerned about the welfare of children and families. It noted the CPS/Law Enforcement Consensus-building process, and recommended similar efforts to develop model memoranda of understanding between child protective agencies and various special jurisdictions, such as military reservations and Indian reservations.

The group focused particular attention on the growing drug problem and its effects on children, emphasizing the great need for enhanced cooperation and coordination between child protective investigators and substance abuse experts. It recommended that a national child abuse/substance abuse

strategy meeting be held to identify research and programmatic efforts to help protect the children of addicts.

Many drug-exposed or drug-addicted babies are not referred to child protective agencies. Research should identify who they are and why they are not reported. It should also determine what kinds of drug-related problems are seen by child welfare agencies, hospitals, and police. (A secondary analysis of American Humane Association data might help in this effort.) In addition, NCCAN should conduct research on the relationship between both drugs and child abuse and alcohol and child abuse.

In addition, much greater attention must be focused on prenatal issues and pediatric AIDS (which usually involves drug babies). The National Institutes of Health has an interagency task force on AIDS babies.

Investigative decision making was also a concern. The group recommended the development of risk assessment models and materials which support investigations, dispositions, and service planning. Such materials should be based on careful research, including comprehensive evaluations of the various risk assessment models now in use.

Underlying any risk assessment model must be a balancing of two values: family preservation and the child's safety. Research on the issue is needed. As a start, the group recommended the preparation of a white paper on how to reconcile these two competing values. Ultimately, it may be necessary to revise Public Law 96-272.

To build public and professional support for child protective agencies, there should be an educational campaign which describes the purpose and elements of investigations as well as the limits of what even the most effective agencies and workers can do to protect children. (Any materials on this subject should be written with a minimum of social work jargon).

Finally, there should be an information packet or brochure developed for accused parents which describes, again without jargon, what they should know about the child protective process, including what will happen to them, what their rights are, and the necessary telephone numbers for contacting caseworkers and others.

Case Determinations

This group was concerned about the confusion over the meaning of the words "unsubstantiated" and "substantiated" as used in case determinations. It pointed out that many "unsubstantiated" cases require social services, thus raising broader child welfare issues. It therefore recommended more research on the meaning and implications of "unsubstantiated" (or "unfounded") reports.

The group identified the development of uniform, objective definitions of case outcomes as a first priority. Only in this way can there be a more definitive analysis of nationwide patterns of case outcome. Specifically, it recommended that NCCAN, through its national unified data collection effort, develop the needed common terminology, operational definitions, and means of implementation. (There was also a strong desire to see experienced statisticians and epidemiologists help design and collect reporting data.)

The group pointed out that defining words like "substantiated" and "unsubstantiated" raises important policy questions. For example, the group asked whether a "substantiated" case means that the abuse or neglect has actually occurred, or simply that services are needed. It recommended that consideration be given to creating a category of substantiation which covered cases in which the report was valid but no services were needed, so that the case should be closed.

The group also asked what it means for a family to "get well." That is to say, when is a child or family cured so that the case can be closed? And, finally, what does it mean that a case is unsubstantiated in relation to the agency's response to the family? In other words: "What happens to non-abusive families in need of help?"

The group decided that the test of "some credible evidence" is a reasonable standard to be used in labeling a case "substantiated" (or "founded"), and states and localities should be encouraged to adopt the standard. However, much work needs to be done in defining the meaning of "some credible evidence." This will include incorporating the concept of risk to the child which should include an analysis or assessment of the long term effects or danger to the child.

The group also recommended work on how dispositional case information should be shared with parents, suggesting standards which include, for example, the agency's determination of what happened, the agency's case plan, what the parents should expect next, and the appeals process.

Legal and policy constraints regarding the maintenance of information about unsubstantiated cases should also be examined. Should records be expunged?, the group asked, and, if so, when and by whom? Consideration should be given to maintaining information on unsubstantiated reports for analysis and program planning.

Recruitment, Staffing, and Training

There was no workgroup on this topic, but because each of the other groups identified a number of needs on the subject, it seemed appropriate to present them in one section.

All groups agreed that it takes special skills to be a child protective worker, and that there need to be minimum standards for recruitment, educational qualifications, pre-service and inservice training, salary, incentives and benefits, and workloads. There was no question but that staff should have sufficient educational qualifications, and that salaries and

salary differentials should reflect the risk of their work, their workload, and recruitment needs. (This may require revising existing job titles, or creating new ones.) In addition, efforts to broaden recruitment through a wider pool of potential workers should be pursued.

One group recommended that advocates aggressively work to assure, at a minimum, that the Child Welfare League of America's caseload limits be adopted and maintained by agencies. Another group, though, recommended a comprehensive, in-depth reconsideration of child protective staffing needs and patterns. This group pointed out that a technology is needed to assess and set workload (as opposed to caseload) standards. The formula must be multi-variant, taking into account: the agency's structure, the legal structure within which it operates, the types of cases that the agency handles (for example, sexual abuse, physical abuse, or "simple" neglect), the availability of community-based support services, and whether the agency serves a rural or urban population. The formula must also be easy to apply in different situations.

At the state and local level, the group stated, any plan to improve staffing, whether through hiring, reassignment, or training, requires a profile of the types of workers currently employed and an assessment of their level of competence. It therefore recommended that agencies take an inventory of their current child protective staff and then develop a plan for maximizing its potential. One group suggested that State governors should be encouraged to participate and promote such activities.

Mandatory pre-service and in-service training for all child protective workers was also recommended. Training on how to collect evidence so that it can be effectively presented in court was identified as a special need, and the American Bar Association was encouraged to provide such training. To help fund these efforts, one group recommended new federal money targeted to the training of child protective investigators.

Child and Family Services

There was no workgroup on this topic, but, again, it seemed appropriate to present them in one section.

Across the workgroups, there was a general concern that, as efforts to ensure that child protective services focused only on cases of abuse and neglect proceed, other children and families in need of help will be ignored by public and private agencies. It recommended, therefore, that there be greater advocacy for the full range of children and family services.

The group recommended that all those who support child protective efforts also work towards this broader concept of services to children and families in need, so that children and families who do not have a known child abuse or neglect problem but are at risk can be served. Such support services allow child protective agencies to focus their limited resources on abused and neglected children. National child

abuse organizations as well as organizations with broader mandates should adopt this expansion of child welfare services as one of their major goals.

An important first step would be to determine the level of need and the best way to meet it. Research should, for example, identify the number of children needing social assistance who will not be served by the child protective system, the personal and family problems they have, and the services available to help remedy them. The group recommended that the Children's Bureau explicitly support such efforts. The group also suggested that there be a conference on how child protective services can be improved by expanding child welfare services.

To help advocacy groups and legislatures to obtain support and funding for such services, an easy-to-read document should be developed which explains the problems faced by these families, the services they need, and the results that can be expected. It should describe what such a continuum of services would look like and what values, principles, and themes would underlie it. After identifying the elements of a

comprehensive child welfare system, the document might suggest needed change in state and federal law.

This effort may require reconceptualizing the child welfare system, perhaps along the lines being pursued by the American Public Welfare Association National Commission on Child Welfare and Family Preservation. In fact, the group concluded, the President and Congress should develop a new "national child and family policy."

Finally, the group recommended that a full range of inter-system agreements should be developed, as described in the AEI report "Law Enforcement/Child Protection Cooperation in the Handling of Child Abuse Cases." Other efforts should involve mental health programs, children's mental health programs, programs for children and youth, and maternal and child health programs. Some of the organizations likely to make an important contribution to these efforts include: the Child Welfare League of America, Children's Defense Fund, National Governors' Association, National Committee for Prevention of Child Abuse, and National Center on Child Abuse and Neglect. ■

Appendix C

Implementation Plans

Priority #1: Create and sustain a broad range of family support services with a specific emphasis on families and children at risk but who do not have a known child abuse or neglect problem. [21 votes]

The National Association of Public Child Welfare Administrators (NAPCWA) will undertake a major review of child welfare/family preservation systems through its National Commission on Child Welfare and Family Preservation.

NAPCWA will hold a forum on the subject in Washington.

NAPCWA will hold a national fence-building conference that involves mental health and special education representatives.

The American Bar Association is developing model legislation on family-based services.

The American Humane Association will explore planning for children's mental health services.

The National Center on Child Abuse and Neglect will consider funding a project on child protective work within a child welfare system framework.

The Child Welfare League of America will form a task force on restructuring children's services, and will issue a policy statement on the subject on family support services.

The Children's Defense Fund is providing active support for the development of family support services. For example, it is working on a Young Americans Act.

The National Committee for Prevention of Child Abuse will hold a Wingspread conference on major child services to best prevent child abuse.

The National Association of Social Workers, through its Intergenerational Family Policy Program, is developing a statement on family policy.

Court Appointed Special Advocates will survey its 300 members to obtain their assessment of child welfare services/child protective services.

The Department of Defense will circulate its policy statement on family support services.

Priority #2: The President and Congress should develop a new "national child and family policy." [19 votes]

The following organizations offered to participate in this effort: the American Public Welfare Association, Children's Defense Fund, Child Welfare League of America, American Professional Society on Abuse of Children, National Association of Social Workers, National Committee for Prevention of Child Abuse, Association of Child

Advocates, Association of the Junior Leagues, and American Federation of State, County and Municipal Employees.

Priority #3: Increase attention to the problem of parental drug and alcohol abuse and increase the coordination between child protective investigators and substance abuse experts. [17 votes]

The American Enterprise Institute and the American Public Welfare Association are surveying state child protective agencies to determine the number of protective cases involved and their outcomes.

The American Bar Association's Resource Center will be conducting research on the question of drug-related child abuse.

The Child Welfare League of America (CWLA) has developed a program coalition on pediatric AIDS.

The CWLA is preparing training materials and guidelines on the subject.

The National Association of Public Child Welfare Administrators will hold a conference on the topic.

The Kempe Center for Prevention of Child Abuse will consider a project on AIDS.

Priority #4: Develop uniform, objective definitions of case outcomes. [17 votes]

The American Humane Association will summarize the legal, programmatic, and policy considerations in establishing case determination categories.

The American Bar Association will help prepare a program on the subject.

The National Center on Child Abuse and Neglect, through McDonald Associates, is identifying the basic data elements of reporting systems, including the nature of the injury, who made the report, and its outcome.

Priority #5: Develop minimum standards for the recruitment, educational qualifications, salary, worker incentives and benefits, pre-service and in-service training, and workloads. [15 votes]

The American Federation of State, County, and Municipal Employees will consider preparing a document exploring grade and pay differentials for child welfare/child protective jobs and recommend further changes in job classifications.

The American Public Welfare Association is conducting a study of the current status of such standards and practices.

Priority #6: Encourage states to conduct annual assessments of reporting patterns in order to better understand target populations and problems in reporting. [15 votes]

The National Center on Child Abuse and Neglect will consider the possibility of developing procedures and technical assistance materials to assist states in the process.

On a fee basis, both the American Humane Association and the American Bar Association are available to assist in such efforts.

Priority #7: If cases are screened, develop a strong information and referral component and assure the availability of the services to which clients are referred. [15 votes]

No plans identified.

Priority #8: Develop policy guidelines for intake and screening that include who should do the screening, where it should be done, how it should be done, on how much information it should be based, the time limits associated with the process, and the means by which alternative referrals are made. [14 votes]

The American Bar Association will issue a report on screening practices in child protective agencies.

Priority #9: Educate the public about what an investigation is and how it is conducted with materials written in plain English. [13 votes]

No plans identified.

Priority #10: Target new federal funds for pre-service and inservice training of child protective investigators. [12 votes]

The following organizations offered to participate in this effort: the American Federation of State, County and Municipal Employees, the Child Welfare League of America, the National Association of Social Workers, and the American Humane Association.

Priority #11: Review current laws and policies concerning feedback to professionals who report and recommend law and policy guidelines for providing such feedback. [11 votes]

The American Bar Association and the National Association of Education for Young Children will lead in the effort to develop feedback with the assistance of the American Federation of Teachers and the National Association of Social Workers. They will involve all other mandated-reporter professions.

Priority #12: Prepare a white paper on the reconciliation of "permanency" values and "child safety" values. [11 votes]

The Child Welfare League of America will develop a paper on reconciling permanency with child safety.

The American Public Welfare Association is also dealing with this issue.

Priority #13: Develop a model memorandum of understanding between child protective agencies and special jurisdictions, such as military installations and Indian reservations. [11 votes]

The National Resource Center on Child Sexual Abuse, the National Center on Child Abuse and Neglect, and the American Humane Association will work together to develop such model memoranda.