FACTORS THAT INFLUENCE THE DECISION NOT TO SUBSTANTIATE A CPS REFERRAL
PHASE III: CLIENT PERCEPTIONS OF INVESTIGATION

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Executive Summary

This report presents findings from Phase III of the OCAN (Office of Child Abuse and Neglect) funded grant entitled “Factors That Influence the Decision Not to Substantiate a CPS Referral.” The purpose of Phase III was to explore client perception of the experience of CPS (Child Protective Services) investigation, the impact of the investigation on family life, family context at the time of the investigation and outcomes associated with the investigation. The findings reported in this study are based on 303 telephone interviews with investigated CPS clients approximately 90 days post investigation. The interviewed families were reported to CPS with an allegation that indicated moderate to high risk for child abuse/neglect based on intake screening criteria in the Washington State Risk Assessment Model.

Families were clearly able to report their perceptions of their experience with CPS investigation and to identify components within the process that were important influences on their perception/satisfaction with investigation. There is good news in this report. While some families report negative impacts associated with being referred to and investigated by CPS, many did not. The majority of families report at minimum a satisfactory, if not very satisfactory experience during the investigative process. The families in this study were clearly able to identify those characteristics of the investigation experience and the investigation worker that contributed to a positive perception of their experience. Furthermore, the majority of the families report that they were either doing better, or about the same after the investigation. Most families who identified a need for service report receiving that service. However, some families who

identified a need for service did not receive services; these were primarily families who were not substantiated for maltreatment as a result of the investigation.

Regarding outcomes, families who report the lowest level of resources were significantly more likely to re-refer, and to have a child placed post investigation. The availability of social supports (or lack thereof), however, was not found to be associated with outcomes. Abuse potential (as assessed by the CPS worker) was not associated with re-referral, but was significantly associated with child placement.

This study confirms that it is not only possible but also useful to elicit feedback from clients about their experience with child protective services. There are identifiable approaches to the investigation that influence client perceptions of their experience. Furthermore, contrary to public perception, the experience of CPS investigation does not necessarily result in negative outcomes for families. The data on the context of investigation has implication for policy and practice improvements.

Chapter I: Introduction

A. Overview and Objectives

Since the passage of the 1974 Child Abuse Prevention and Treatment Act (CAPTA) there have been ongoing debates about the appropriate role and function of Child Protective Services (CPS). These debates include discussions of purpose, operation and consequences for families referred to and investigated by CPS. At least three issues have surfaced during these debates: 1) Questions regarding types of abuse/neglect that should be included in a national definition of maltreatment; 2) Questions about the CPS decision process associated with whether or not an allegation of maltreatment is "founded" or "substantiated", and; 3) Questions about potential harm to families who might experience unnecessary CPS investigation.

The debate about definition has centered on the kind of caregiver acts of commission and/or omission that should be included in a definition of maltreatment. Although a number of advocates have argued for a restrictive definition of maltreatment, advocates for a more inclusive definition have prevailed (See English, Marshall, Brummel, and Coghlan, 1998). Questions about the finding decision revolve around the criteria used by CPS workers to make a determination of whether or not abuse/neglect occurred, factors that influence this decision, and the consequences associated with the decision. For the past several decades there have been a number of studies examining factors that influence whether or not a CPS referral will be founded (substantiated as abuse/neglect) or unfounded (not substantiated as abuse/neglect, or unsubstantiated; see English et al., 1998). The explicit and implicit assumption has been that if there is no finding of maltreatment, the referral was inappropriate and should not have been

made (Zuravin, Watson and Ehrenschaft, 1987; Eckenrode, Powers, Doris, Munsch and Bolger, 1988; Wells, Downing and Fluke, 1992; and Drake, 1995, 1996). CPS systems have been characterized as overly intrusive and unnecessarily invasive in families lives (Besharov, 1985; Robin, 1991; Hutchinson, 1989; Drake, 1996; Waldfogel, 1998). Some CPS detractors have argued that unsubstantiated reports are based on false accusations and malicious intent and that these reports should not be the basis for governmental intrusion in family life (Besharov, 1990). The assumption is that if CPS investigates a referral and does not find maltreatment, then CPS should not have been involved. Or, rephrased, CPS should only investigate referrals that are likely to be substantiated. More recent research, however, indicates that there are many factors that influence findings in CPS investigations that may have little to do with whether abuse/neglect actually occurred (See English et al., 1998; Drake, 1996). One study found that different factors may be associated with the substantiation decision for different types of abuse or neglect (English, Marshall, Coghlan, Brummel, and Orme, 1999).

In a 1999 study of CPS decision-making, English and her colleagues found that chronicity (prior referrals) is a key factor in the substantiation decision. Factors related to the severity of the incident are important as well as "risk" factors associated with a caregiver's recognition of the problem, parenting skills, substance abuse, child's behavior and child's expression of fear toward the caregiver. This study also found that factors associated with the incident/referral are more important than demographic or systemic factors (English, et al., 1999). However, especially in neglect referrals, risk factors associated with the referral assumed greater importance in the decision process.

Available data indicates that factors associated with CPS decision making are more complex than previously understood. Furthermore, there is little information to guide our understanding of the impact of a CPS investigation on family life, or potential moderators of assumed impact. While there is an increased emphasis on obtaining client feedback about their experience with public child welfare services (both investigation and ongoing services), there is virtually no information regarding the relationships between clients' experience as a result of investigation, contextual factors relevant at the time of the investigation, and later outcomes. We do not know whether client perception of interaction with CPS is associated with post-investigation outcomes such as substantiation or re-referral. Little is known about possible mediators of satisfaction or outcomes, such as assessed abuse potential, stress, availability of social supports or other resources. Does the presence or absence of these factors help explain outcomes such as satisfaction with their experience of investigation or re-referral to CPS? What are clients' perceptions of the investigation experience? Are CPS investigations inherently harmful to families? If a CPS investigation does not result in a finding of maltreatment is that investigation more harmful to families than an investigation that concludes that maltreatment did occur? Can CPS investigations be perceived as a positive experience whether maltreatment is found or not? Are there moderators that influence both satisfaction with and/or outcomes of a CPS investigation? These are just a few of the unanswered questions associated with the issue of impact of CPS investigations on family life.

This third phase of the grant, entitled *Factors That Influence the Decision Not to Substantiate a CPS Referral, Phase III: Client Perceptions of Investigation,* is an

exploratory study of the relationship between client perceptions of and satisfaction with a CPS investigation experience (associated with alleged child maltreatment), the outcome of the investigation, a family's assessed abuse potential (likelihood of future maltreatment absent effective intervention, as assessed by the investigating CPS social worker), and family context at the time of the investigation. Context in this phase of the study refers to caregiver self report of availability of resources, level of social support and the CPS social worker's assessment of risk potential at the time of the investigation.

B. Specific Study Objectives of Phase III

1. To explore the perception and impact of a CPS investigation from the investigated family's perspective.
2. To examine whether there are differences in the perception of the experience of and satisfaction with the investigation based on whether the allegations of maltreatment are unsubstantiated or substantiated.
3. To examine client assessed abuse potential, availability of family resources and social supports at the time of investigation in relation to subsequent outcomes.
4. To examine, in a multivariate context, the relationships of key variables to outcomes.

Chapter II: Literature Review

A. Client Perception

While debate has been active about factors associated with the CPS finding decision, a simultaneous discussion regarding the importance of obtaining client feedback about their experiences with CPS investigation also has been occurring

(Hutchinson, 1987; Diorio, 1992; Drake, 1994; Harris and Poertner, 1997). In the early 1980's, Pelton (1981), and Magura and Moses (1984) reported that between 25-30% of public-child-welfare involved clients have negative perceptions of their interaction with assigned CPS workers. By the mid-1980's researchers in the area of public child welfare concluded that little seriousness is given to client perceptions of their experience (Rhodes, 1986), and that research on client perception of their experience/interaction with public child welfare social workers should be prioritized (Hutchinson, 1987).

As indicated by Harris and Poertner (1997), the majority of work on consumer feedback has been conducted in the mental health field, not in public child welfare. However, several studies do report client perceptions on the impact of CPS services. In 1990, Fryer and colleagues found 61% of interviewed CPS clients reported that the CPS worker was accurate in their case judgment, 76% reported the service they received was excellent or good, and 58% believed that their family life had been improved by services (Fryer, et al., 1990). In another study, conducted in Florida in 1997, about one-half of the CPS families who were interviewed reported that the CPS investigation had no effect on their family, while 25% reported a negative effect, 9% a positive effect, and 20% both a positive and negative effect. Over half (52%) of the families in the Florida study reported their CPS experience was "good", 20% reported the experience was "bad", and 23% reported the experience was "mixed" (Florida, 1998). If the family reported the experience was "good", their perception was based on their assessment that the CPS investigator was thorough and professional. If the family reported a 'bad'' experience it was based on fear and/or their perception that the

allegation was false. Finally, when investigating client perceptions of their interactions with private agency child welfare workers (during ongoing service provision), Winefield and Barlow (1995) report over 50% of the respondents gave high ratings to workers on warmth, attentiveness, knowledge and helpfulness, but not on availability.

While there has been an increased emphasis on obtaining client perceptions of their experience with public child welfare services, caution should be used when interpreting these findings. Obtaining client feedback is difficult. To date, client feedback research has been limited by low response rates, small sample sizes, and concern about response bias associated with wording of questions, formatting, and design/methodology. Until these methodological limitations are addressed, data on client perception of services can, at most, serve as indicators to inform more methodologically rigorous research. Despite these limitations, there has been an increased focus on obtaining consumer feedback in public child welfare systems. For example, obtaining client feedback about services is a requirement for accreditation (Council on Accreditation for Services for Families and Children, 1997). In the accreditation process, information/feedback collected from clients is to be used to both develop and monitor child welfare services. As appropriate, client feedback is used to inform the redesign or reshaping of programs. Client perception of services is considered a critical perspective in understanding client outcomes (McGowan and Cohen, 1997).

B. Potential Factors Associated with Client's Experience of Investigation

Early approaches to obtaining client input focused on global measures of satisfaction with services (Harris and Poertner, 1997). A global approach to the

measurement of consumer feedback is limited, however, because it does not provide information about family context, specific components of service, or experience. Several researchers, through focus groups with both clients and child welfare social workers, have identified dimensions of client/social worker interactions (in both CPS investigations and child welfare services) that appear important to assess. These dimensions include respect, communication, feeling heard and understood, availability, helpfulness, involvement in decision making, and acknowledgment of client rights to participate in the process (see Drake 1994; Florida, 1998; Winefield and Barlow, 1995; City of New York, 1997). Family context variables that may influence a family's perception of the experience, and/or helpfulness of the CPS social worker include level of stress, level of family resources, level of social support, and the interaction of these variables with each other (see Casanova, Domanic, McAnne and Milner, 1992; Daniel, Hampton, and Newberger, 1983; DePanfilis & Salus, 1992). Furthermore, CPS social worker perception of client abuse potential may influence how they approach a family, as well as their decision process (see English et al., 1998).

Chapter III: Methodology

A. Design

This is an exploratory study based on a self-selected cohort of families referred to and investigated by Child Protective Services in Washington State.

B. Sample Selection

A total sample of 2,288 CPS referrals accepted for investigation was selected for recruitment from a one-month 1999 cohort. Each referral was assessed as moderate or

high risk at CPS intake, and had received a high standard (face-to-face) investigation. Risk status was determined based on the Washington State Risk Assessment Model (WRM). (See Appendix 1 for detailed description of WRM).

C. Domains of Interest

In addition to general client demographics and case characteristics, families were asked a series of questions about their relationship with their CPS worker, the impact of the investigation on the family, family history with CPS, their perceived involvement with the decision-making process, services offered during the investigation, resources available to the family, and available supports. Data on family risk potential was collected from case records, based on the CPS worker assessment of risk utilizing the Washington Risk Assessment Model. Finally, data on post-investigation re-referral was collected on each family, including time to re-referral and type of CA/N (using a Maltreatment Classification Scheme [MCS] developed by Barnett, Manly and Cicchetti, 1993). (See Appendix 2 for operational definitions of key variables of interest, and Appendix 3 for the data collection instrument.)

D. Subject Recruitment

A pilot to determine the kinds of activities required to locate families was conducted on 259 referrals received prior to the study cohort month. Based on the pilot we found that 102/259 (39%) of the pilot sample met the inclusion criteria for the study. See Figure 1 for inclusion/exclusion criteria. Of those families eligible for interview the pilot procedures resulted in an 89% location rate.

Figure 1
SAMPLE SELECTION FOR PHASE III CLIENT INTERVIEWS

1st Level Screening – N=2,288

3,540 *Started with referral received date range April 1 – April 30 from CAMIS* download.*
3,347 Deleted referrals with Licensing flags.
2,924 Selected for only "A" Accepted referrals.
2,560 Selected for only High Standard of Investigation
2,527 Selected for only Risk Tag 3, 4, or 5.
2,467 Deleted referrals with LEP** flags.
2,450 Deleted 17 referrals with missing case #; as these do not have demographics.
2,288 Unduplicated by family to best of ability: i.e. unduplicated by office/by case id, selected the latest referral meeting above criteria for the family, and deleted earlier referrals within the time period. (Note: Prior to this unduplication step, 2,144 unique cases were represented in data set, 127 cases were in twice, 16 cases were in 3 times, and 1 case was in 4 times.)

2nd Level Screening by Hand – N=978

Started with 2,288 referrals

- 459 no summary
- 207 ongoing investigation of other referral
- 70 no subject in referral
- 104 secondary caregiver was the only subject & not in home
- 105 sibling abuse alleged
- 12 only third party CA/N alleged
- 24 licensing issues
- 23 Administrative File
- 27 LEP**
- 130 extreme violence
- 37 primary caregiver subject missing all findings
- 19 secondary caregiver subject missing all findings
- 6 adoption case
- 6 child in longer term placement, incident occurred on visit
- 14 other reason per supervisor
- 3 deceased
- 48 homeless/no residence/staying with friends
- 16 incarcerated

3rd Level Screening by Hand – N=603

Who's left: All of the people with whom we completed interviews, those who refused to be interviewed, those who were permanently screened out because we could not locate them, and all of those that we were still trying to contact.

Of the 978 that we hadn't already screened out for some other reason, an additional 375 were screened out as unable to locate.

Not Completed Interviews – N=300

Completed Interviews – N=303

***CAMIS** – Case and Management Information System
****LEP** – Limited English Proficiency

The majority of the pilot families had current address and phone numbers available on the electronic case and management information system (CAMIS) utilized by the Washington State, Children's Administration. About 19% of the pilot families (N=19) had incomplete, inaccurate or missing location information which required additional tracking efforts. A few (N=3) of the pilot families were excluded at location point because it was learned that the family was gang-affiliated and considered dangerous, or in jail. Methods of location used for the remaining difficult to locate families included internet searches on web-based sites such as telephone directories and search engines. Forty-two percent of the hard to locate pilot sample were located using these methods.

Based on pilot results, it was determined that the identified location processes would result in the ability to contact the majority of the sample pool. Passive consent procedures were approved by the Institutional Research Review Board (IRRB). This procedure included an initial letter to the sample explaining the study and indicating that a research analyst would be calling to ask the identified primary caregiver if they were willing to participate in the study. Families could initiate a call to the research team indicating they did not wish to participate in the study, or could decline to participate at the initial phone contact. These procedures resulted in the identification of a self-selected sample of families who met the study criteria.

Prior to the initial caregiver contact, a pre-screening process was instituted to identify clients that did not meet the pre-determined inclusion criteria. Sample pool criteria included: the referral had a documented finding decision, an identified (adult) caregiver is the alleged perpetrator, the caregiver speaks English, is not suicidal and

has made no violent threats against the CPS caseworker. Furthermore, the caregiver could not be homeless, incarcerated or deceased, and there could not be an active CPS investigation or legal conflict in process, e.g., a contested dependency hearing, or administrative case. Figure 1 provides a visual representation of the number of cases excluded from the sample based on the identified criteria.

After applying the exclusionary criteria to the unduplicated sample pool, letters were sent to the remaining 978 families. The letter explained the study and invited client participation in a telephone interview. Based on the consent procedure approved by the IRRB, telephone calls were initiated about a week after the invitation letter was sent. Despite ongoing attempts to locate accurate telephone numbers and addresses for this eligible pool of clients (three months post investigation), we were unable to locate 375 caregivers (38%) of the sample. Location efforts included updated checks of CAMIS, financial service database, the use of web based telephone directories and search engines and U.S. mail locator services. For locatable clients, interviews were scheduled and conducted until the target sample of 300 completed interviews was reached. The actual interview took about one-half hour to complete, and participants were paid $40.00 once the interview was completed.

Chapter IV: Findings

A. Description of sample

1. Comparison of Unduplicated Eligible Sample to Interviewed Families on Key Variables

Figure 1 provides details on the screening process used to identify the final 'eligible' pool of families from the one-month selected cohort. Many (42%) of the cohort were deleted for a number of reasons, including incomplete documentation, that the client was the subject of an ongoing investigation, sibling abuse was alleged, or extreme violence was noted in the intake screen. In order to assess whether the final sample pool and the actual interviewed families were similar we compared several key variables. These comparison variables include type of abuse/neglect, type of referent, caregiver ethnicity, prior referral history, CPS assessed risk at intake and risk after investigation, and the post investigation finding decision. Table 1 provides data on these comparisons of key variables, including the number and percent of families with each characteristic who completed interviews compared to the total interview pool and the total locatable pool.

Table 1
Comparison of Sample Characteristics of Completed Interviews With Total Sample Pool

	Total Eligible Sample Pool N=978		Total Locatable Sample N=603		Completed Interviews N=303	
Type of Abuse for Eligible Referral	**N**	**Valid %**	**N**	**Valid %**	**N**	**Valid %**
P/A	311	37%	209	37%	108	38%
P/N	520	57%	296	52%	146	51%
S/A	70	8%	50	9%	29	10%
E/A	19	2%	14	3%	5	2%
Referrer Type	**N**	**Valid %**	**N**	**Valid %**	**N**	**Valid %**
Professional	620	63%	404	67%	200	66%
Community at large	358	37%	199	33%	102	34%
Caregiver Ethnicity	**N**	**Valid %**	**N**	**Valid %**	**N**	**Valid %**
Caucasian	764	78%	476	79%	239	79%
African American	73	8%	45	8%	22	7%
Other	141	14%	82	14%	42	14%
Prior History	**N**	**Valid %**	**N**	**Valid %**	**N**	**Valid %**
Yes	721	74%	435	72%	212	70%
No	257	26%	168	28%	91	30%
Risk Tag at Intake	**N**	**Valid %**	**N**	**Valid %**	**N**	**Valid %**
3	461	47%	290	48%	151	50%
4-5	517	53%	313	52%	152	50%
Risk Tag After Investigation	**N**	**Valid %**	**N**	**Valid %**	**N**	**Valid %**
1-2	651	81%	407	81%	210	83%
3	80	10%	58	12%	31	12%
4-5	77	10%	40	8%	12	5%
Finding	**N**	**Valid %**	**N**	**Valid %**	**N**	**Valid %**
Founded	160	21%	54	22%	46	19%
Inconclusive	251	33%	84	35%	69	29%
Unfounded	359	47%	104	43%	122	51%

There were missing data for all variables - the number of missing varied by variables.

Table 2 provides comparative results of the statistical analysis between cases that were eligible for the study, located cases, and families who completed the interviews.

Table 2
Comparison of Key Characteristics of Total Eligible Sample Pool to Located and Interviewed Families

Characteristics	Total Eligible vs. Total Interviewed	Total Eligible vs. Total Located	Total Located vs. Total Interviewed
Type of C/AN	NS	NS	.01
Referent Type	NS	NS	.02
Ethnicity	NS	NS	NS
Priors (y/n)	NS	NS	NS
Risk after Investigation	.04	NS	.01

Total Eligible = 978; Total Located = 603; Total Interviewed = 303; NS = Not Significant

As can be seen in Table 2 there are some significant differences between total eligible sample pool, those families in the located pool, and those families in the interviewed group, however, as seen in Table 1, these differences are quite small. For example, there are significantly more physical abuse cases in the interviewed vs. located pool, but the level of difference is less than 1%. The same is true of the type of referent. The biggest difference between the families eligible for the study, those located, and those actually interviewed is in the level of risk after investigation. A slightly higher, but significant percent of the families who agreed to be interviewed were assigned a lower "after investigation" level of risk compared to the total eligible and located pool. This difference would be expected based on the exclusionary criteria developed during the sample selection process such as exclusion for dependency, ongoing investigation, and violence in the home.

2. Demographic and Case Description of Study Sample Families

Table 3 provides descriptive demographics of the primary caregivers interviewed for the study.

Table 3
Primary Caregiver Demographics

Gender	N	%
Male	30	10%
Female	273	90%
Ethnicity	**N**	**%**
Caucasian	255	84%
Other	48	16%
Relationship	**N**	**%**
Birth/Adoptive	286	94%
Step-parent	5	2%
Other*	12	4%
Age	**N**	**%**
<20	15	5%
20-29	94	31%
30-39	130	43%
40-49	52	17%
> 50	12	4%

* Includes grandparents, other relatives, etc.

The majority of the respondents were female, Caucasian and birth parents. Families of color are underrepresented in the interview sample. In Washington State, families of color account for about 24% of the total population of CPS referred families (English, et al., 1999).

Data in Table 1 indicate the majority of interviewed families were referred for neglect (51%), followed by physical abuse (38%), sexual abuse (10%), and emotional abuse/neglect (2%). However, in other research we have found that classification of maltreatment at CPS intake into broad maltreatment categories does not necessarily reflect the nature of the alleged maltreatment experienced by the child, or the alleged acts omitted or committed by the alleged perpetrator (English et.al. 1998). Reclassifying types of maltreatment using the Maltreatment Classification Scheme (MCS) developed by Barnett, Manly, and Cicchetti (1993) provides greater specification of the maltreatment experience of the child as well as a method of classifying the severity level of the alleged or substantiated

maltreatment (See Appendix 2 for diagram of MCS classification system). In this Phase III report, and the Phase I report of this study, we utilized the MCS maltreatment classification, to present information on both type and severity of maltreatment. However, the reader should note that although the MCS is one of the few maltreatment classification schemes that present a severity index, this severity index is based on traditional notions of severity which emphasize physical manifestations of harm (for a more complete discussion of this model see English, Wingard, Marshall, Orme, and Orme, 2000).

Table 4 provides data on type, sub-type and severity for the 303 referrals, containing 693 allegations of maltreatment for the study families. Data based on the MCS provide greater detail on the nature of caregiver acts, both omissions and commissions, characterizing the alleged maltreatment experience of the child. On the left-hand side of the table the sub-types of maltreatment included in the MCS are listed. Across the top severity levels are provided with severity levels 1 and 2 indicating *low severity*, severity level 3 indicating *moderate severity* and severity levels 4 and 5 indicating *high severity* (i.e., harm or potential for harm).

Table 4
Client Referral Allegations at Intake
MCS Classification
(N=303 Referrals representing 303 victims; 693 allegations)

SEVERITY LEVEL	1		2		3		4		5		TOTAL	
TYPE OF ALLEGATION	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
P/A Face/Head/Neck	20	31%	16	25%	25	39%	4	6%			65	29%
Torso	9	50%	4	22%	4	22%	1	6%			18	8%
Buttocks	8	57%	2	14%	4	29%					14	6%
Limbs	6	18%	16	49%	6	18%	5	15%			33	15%
Violent Handling	28	68%	8	20%	5	12%					41	18%
Choking/Smothering	9	64%	4	29%	1	7%					14	6%
Burns	1	33%	1	33%	1	33%					3	1%
Shaking	5	100%									5	2%
Non-descript	29	88%	1	3%	3	9%					33	15%
Physical Abuse Total	**115**	**51%**	**52**	**23%**	**49**	**22%**	**10**	**4%**	**0**	**0%**	**226**	**100%**
P/A % of Col. G. Total	49%		37%		30%		8%		0%		33%	
FTP Food	12	52%	5	22%			6	26%			23	15%
Clothing	3	27%	8	73%							11	7%
Shelter	20	61%	7	21%	2	6%	4	12%			33	22%
Medical	4	9%	13	29%	16	36%	5	11%	7	16%	45	30%
Hygiene	14	38%	6	16%	5	14%	12	32%			37	25%
Failure to Provide Total	**53**	**36%**	**39**	**26%**	**23**	**15%**	**27**	**18%**	**7**	**5%**	**149**	**100%**
FTP % of Col. G. Total	23%		28%		14%		23%		18%		22%	
LOS Supervision	14	34%	13	32%	1	2%	7	17%	6	15%	41	29%
Environment	6	15%	7	18%	1	3%	11	28%	15	38%	40	28%
Substitute Care	9	15%	3	5%	8	13%	40	67%			60	43%
Lack of Supervision Total	**29**	**21%**	**23**	**16%**	**10**	**7%**	**58**	**41%**	**21**	**15%**	**141**	**100%**
LOS % of Col. G. Total	12%		17%		6%		49%		54%		20%	
Sexual Abuse	**3**	**10%**	**3**	**10%**	**15**	**48%**	**9**	**29%**	**1**	**3%**	**31**	**100%**
S/A % of Col. G. Total	1%		2%		9%		8%		3%		5%	
Moral/Legal	**2**	**13%**	**9**	**60%**	**0**	**0%**	**4**	**27%**	**0**	**0%**	**15**	**100%**
M/L % of Col. G. Total	1%		7%		0%		4%		0%		2%	
Educational	**3**	**60%**	**0**	**0%**	**1**	**20%**	**0**	**0%**	**1**	**20%**	**5**	**100%**
Educational % of Col. G. Total	1%		0%		1%		0%		3%		1%	
Emotional Maltreatment	**30**	**24%**	**13**	**10%**	**63**	**50%**	**11**	**9%**	**9**	**7%**	**126**	**100%**
EM % of Col. G. Total	13%		9%		39%		9%		23%		18%	
Column Grand Total	**235**	**34%**	**139**	**20%**	**161**	**23%**	**119**	**17%**	**39**	**6%**	**693**	**100%**
Col. Grand Tot. %	100%		100%		100%		100%		100%		100%	

As can be noted in Table 4, 42% of the allegations in these 303 referrals are for neglect related behaviors. The neglect allegations are evenly distributed between lack of supervision and failure to provide basic needs. Twenty-two percent of the neglect allegations are for failure to provide and 20% for allegations related to supervision or the lack thereof. Within the neglect sub-type of failure to provide, the

largest percentage of allegations are for failure to provide medical care (30%), followed by failure to provide adequate hygiene for the child (25%). In the lack of supervision sub-type of neglect the majority of allegations are related to provision of substitute care (43%). The lack of supervision substitute care sub-type involves allegations associated with leaving a child with a known sex offender or violent person, or leaving a child with a person incapacitated due to substance abuse.

The next highest allegation type in this set of 303 referrals is for physical abuse (33%). In other words, one-third of the allegations in these referrals are for alleged perpetrator acts of commission of physical violence toward the child. Within the physical abuse sub-types, the largest group of allegations is associated with blows to the child's face, head or neck (29%), followed by violent handling of the child (18%). Although the potential for harm to children from physical acts of commission focused on a child's head, face or neck are significant, less than half the acts resulted in a physical manifestation of harm (severity level 3 indicates numerous marks or bruising), as can be noted in Table 4. The actual physical manifestation of harm to children who allegedly experienced "violent handling" was even lower (12%), however, the potential for harm to young children who are handled violently is significant.

Sexual abuse allegations in this sample of interviewed families is small (5%), but when alleged, the overwhelming majority of the allegations are for molest (48% severity level 3), or penetration (32% severity level 4 or 5). There are allegations of moral/legal and educational neglect accounting for 3% of the allegations. Moral/Legal and educational neglect allegations are not typically accepted for

investigation in Washington State unless alleged as co-occurring with other major maltreatment types.

One third of the referrals for the families in this study include emotional maltreatment allegations. Table 5 provides a description and distribution of the 27 sub-types of emotional maltreatment, organized into four general emotional maltreatment clusters.

Table 5
MCS Classification of Emotional Maltreatment Allegations at Intake
(N=95 of 303 referrals (31%) which had 126 allegations of emotional maltreatment)

TYPE OF EMOTIONAL MALTREATMENT	N	% of EM Subcategory	% of all EM Allegations
Psychological Safety & Security			
Uses fear or intimidation	13	19%	10%
Exposure to non-violent marital conflict	2	3%	2%
Threat to injure	10	14%	8%
Exposure to extreme, unpredictable, or inappropriate behavior	32	46%	25%
Threatens suicide or abandonment	2	3%	2%
Exposure to extreme marital violence	2	3%	2%
Blames child for suicide/death	0	--	--
Suicidal attempt in presence of child	0	--	--
Homicidal attempt/threat against child	6	9%	5%
Abandons child >24 hours	3	4%	2%
Total Psychological Safety & Security	**70**	**100%**	**56%**
Acceptance and Self-Esteem			
Undermines relationship with significant person	5	11%	4%
Belittles or ridicules	3	7%	2%
Ignores or refuses to acknowledge child	7	16%	6%
Rejects or is inattentive to child's need for affection	9	20%	7%
Blames child for marital/family problems	0	--	--
Inappropriate or excessive expectations	7	16%	6%
Calls derogatory names	4	9%	3%
Pattern of negativity/hostility	10	22%	8%
Total Acceptance & Self Esteem	**45**	**100%**	**36%**
Age-Appropriate Autonomy			
Inappropriate level of responsibility	2	50%	2%
Does not permit age-appropriate socialization	1	25%	1%
Role-reversal	0	--	--
Infantilizes	1	25%	1%
Total Age-Appropriate Autonomy	**4**	**100%**	**3%**
Restriction			
Binds hands/feet for moderate periods, 2-5 hrs.	0	--	--
Confines/isolates child for 5-8 hrs.	4	57%	
Restrictive methods to bind or close, Confinement <2 hrs.	3	43%	2%
Restrictive methods to bind, 2 or more hrs.	0	--	--
Close confinement for extended periods	0	--	--
Total Restriction	**7**	**100%**	**6%**
Grand Total of Emotional Maltreatment	**126**		**100%**

In general, emotional maltreatment can be described as acts of maltreatment (involving commission or omission) that do not involve physical contact between a perpetrator or child. The four clusters or sub-types of emotional maltreatment included in the MCS are acts or omissions that threaten a child's psychological safety or security; acts or omissions that affect a child's sense of self-acceptance and self-esteem; acts or omissions related to a child's sense of autonomy, and acts associated with restricting a child's activities or movements.

Over one-half (56%) of the emotional maltreatment allegations in this group of referrals are in the psychological safety and security sub-type. Within this sub-type nearly half of the allegations were coded as exposure of the child to extreme, unpredictable or inappropriate behavior. The two most prevalent behaviors within the acceptance and self-esteem sub-type are related to alleged perpetrator rejection of, or inattentiveness to, child's need for affection, or an outright pattern of hostility and negativity toward the child.

Although the emotional maltreatment allegations account for only about 1 in 5 of the allegations, we have found a consistent pattern of emotional maltreatment allegations present in referrals across numerous studies (English et al., 1998; English et al., 2000). A growing body of literature suggests that the harm caused by emotional maltreatment may be as significant as harm caused by other types of maltreatment and that allegations of this kind should receive more attention in the maltreatment literature.

Finally data on risk issues found in case file narratives were collected. Table 6 provides data on the types of family risk issues recorded in the intake narrative, in addition to the allegations of maltreatment.

Table 6
Primary Caregiver Risk Issues (N=303)*

	At Intake		After Intake	
Risk Issue	**N**	**%**	**N**	**%**
Substance Abuse	96	32%	76	25%
Domestic Violence	33	11%	54	18%
Mental/Emotional Problems	21	7%	33	11%
Physical/Developmental	22	7%	30	10%
C/AN Towards Other Child	123	41%	75	25%
History of C/AN as a Child	14	5%	24	8%
Caregiver Not Protective	49	16%	19	6%
Caregiver Not Cooperative	2	1%	25	8%

* Only 215/303 families had risk issues identified at intake. Issues not mutually exclusive.

The majority of caregivers in this sample had risk issues identified in the intake narrative (71%), with most having only one risk issue identified (51%). The primary risk issue identified was abuse/neglect toward another child (41%) followed by substance abuse (32%) and domestic violence (11%). For those caregivers with two risk issues identified (36%), the largest combination was substance abuse with other risk factors (23%). One in six families (17%) had three or more risk issues identified in the intake narrative.

Alcohol was the substance of choice indicated in the referral for over half (52%) of those identified with substance as a risk issue. Non-specific substance or drug use was the next highest category (44%), followed by marijuana (17%), amphetamine/methamphetamine/crank (16%), and cocaine/crack (10%). Of those with substance abuse reported as an issue, almost half (41%) were reported as poly-drug users. Most were identified as “current issue only” (60%), however, one-

third or 29% were identified by the referent as current and historical substance abuse issues.

There are some differences in the documented risks after investigation (in the narrative summary) compared to allegations in the intake information. The data indicate a decrease in the identification of substance abuse as an issue (32% to 25%) and an increase in the identification of domestic violence (11% to 18%). Interestingly, risk associated with child maltreatment to another child was significantly reduced (41% to 25%), as was the assessment that the caregiver was not protective of the child (16% to 6%). There was an increased documentation of parental lack of cooperation (1% to 8%) in the closing case summary. These differences may be attributed to differing sources of information. Intake information is based on referent report; summary information is based on post investigation CPS worker notations in the case record.

Risk issues documented at intake are important for several reasons. The identification of risk at intake may influence the level of investigation, the amount of time spent on the investigation and how a CPS social worker relates to a family at investigation. Furthermore, the specific risk factors identified on this list have been found to be associated with re-referral/recurrence. While there are some differences in identified risk from intake to post investigation documentation, 20% to 25% of the families in this study had identified risk factors that indicate the increased likelihood of re-referral absent intervention.

3. Re-referral and Placement Outcomes

Twenty-four or 8% of the total sample were placed within 6 months of the referral that brought them into the study. Nine other children of interviewed families were placed within six months following the interview. Overall, 11% of the families in this study had children who went into placement within 6-9 months after their referral to CPS. Thirty-five or 12% of the families had a new CPS referral within 6 months. Of those families who re-referred within 6 months, 77% re-referred within 90 days of the referral that brought them into this study.

The majority of re-referral allegations were equally distributed across physical abuse, physical neglect failure to provide (FTP) and physical neglect lack of supervision (LOS) allegations. One in 10 re-referral allegations were for sexual abuse, and 12% for emotional maltreatment. The majority of the re-referrals had summary assessments, the source of information on findings. For those 31 re-referrals with finding information, the data indicate 10% were founded, 42% inconclusive, and 42% unsubstantiated. Re-referral allegations for physical abuse were more likely to be classified inconclusive while physical neglect cases were more likely to be classified as unsubstantiated.

4. Description of Sample Summary

Although some statistically significant differences emerged in the comparison of the interviewed families to the total eligible group of families, these differences were in fact small. Families of color were under-represented in the interview group compared to the total population of families referred to CPS, but not significantly different in this sample compared to the sample pool. Neglect accounted for the

most common “type” of abuse referred, followed by physical abuse, sexual abuse, and emotional abuse. Over one half of the emotional abuse allegations were threats or exposure to violence. The majority of the families had at least one risk issue identified at intake over and above the CPS allegation. About 10% of the children in this sample were placed within six months of their referral and 12% had a new CPS referral. Seventy percent of the families had prior referrals to the agency before the referral that brought them into this study. Based on the MCS classification of severity, a little over one-half of the maltreatment allegations made against these families were considered “low risk”, that is, no physical manifestation of harm. Regarding the other one-half, however, either physical harm was alleged, or acts of omission or commission that could result in significant harm to children. Despite the seriousness of the allegations, prior referrals and presence of risk, fewer than 29% of the interviewed families were “found” to have maltreated their children.

B. Client Perception of CPS Investigation Experience and Impact

The primary purpose of this study is to explore the impact of investigation, the context of family life at the time of referral, the outcome of investigation, social workers assessment of abuse potential and the relationship of these factors to outcomes. In the next section we report on the findings regarding the families experience of the investigation and their perceptions about the impact of investigation on their life.

1. Client Perception of Investigation Experience

The “client’s relationship with the CPS social worker” section of the interview was organized into four domains. These domains were client perception of

involvement in decision-making, client perception of communication with their CPS worker, client perception of CPS worker style (response to family), and overall satisfaction with the CPS investigation. Clients were asked to rate their level of agreement or disagreement with each statement on a five-point scale: strongly agree, agree, not sure, disagree or strongly disagree. Table 7 provides data on the client's perception of involvement with the investigation process.

Table 7
Client Perception of Involvement with the Investigation

Client Involvement	Strongly Agree or Agree	Not Sure	Strongly Disagree or Disagree
I understood what was being done in my case most of the time. (N=296)	71%	5%	25%
My family generally understood the reason for actions taken, even if they did not agree with the SW. (N=269)	71%	10%	19%
Usually, my family felt their opinions were heard & understood, even if they did not agree with the SW about what problems needed to be worked on. (N=259)	68%	11%	22%
Overall, I played an active role in the decisions being made concerning my family. (N=279)	67%	9%	24%
In general, I agreed with the SW's plan for my family. (N=259)	67%	10%	23%
My SW & I usually agreed on what problems needed to be worked on. (N=252)	67%	11%	22%

Total % may not equal 100% due to rounding.
The number of clients who responded to each question varies since some clients chose to skip questions or answered "Not Applicable."

The majority of clients agreed with the following: they understood what was going on in their case, that they felt their opinions were heard and understood, that they played an active role in case decisions, and that they generally agreed with the CPS worker's assessment of family problems and plan to address them. However, between 19% and 25% of the families reported they did not understand what was being done in their case or the reasons for actions taken, did not feel they had an active role in the decisions being made concerning their families, didn't feel their opinions were heard and understood, or didn't agree with the social worker on what problems needed to be worked on or the social worker's plan for the family. Another

10% of the families indicated they were not sure they understood what was happening in their case, not sure they had an active role in decision-making or not sure they agreed with problem identification or the case plan.

In addition to overall perceptions of involvement, families were asked about how involved they were with specific decisions in their case. Table 8 provides data on family perception of involvement with specific decisions. For some families specific decisions were not applicable. "Not applicable" responses have been removed from the table and therefore the total number of clients who responded varies by question.

Table 8
Client Perception of Involvement with Specific Case Decisions

How Involved Were You In Making Decision About…	A Lot	Some	Not At All
The safety of your child? (N=254)	65%	17%	19%
Where your child will live? (N=173)	74%	6%	20%
The services you and/or your family members would receive? (N=219)	51%	25%	24%
Medical services for you and/or your family members? (N=160)	69%	13%	19%
Whether to provide information about your family to others? (N=209)	51%	22%	28%
Whether your case would go to court? (N=114)	40%	9%	51%
You or your child needing an attorney? (N=97)	45%	9%	45%

The number of clients who responded to each question varies since some clients chose to skip questions or answered "Not Applicable."

Client perception of involvement varied by the type of decision. Families report more involvement in decisions associated with where their child would live (74%), decisions regarding medical services (69%), and child safety (65%). Families felt much less involved in decisions about the service they would receive (51%), whether they needed an attorney (45%), whether information about their family would be provided to others (51%), and whether the case would go to court (40%). Although clients felt less involved in some types of decisions than others,

nine out of ten felt that it was important to them to be involved in all the decisions about their case.

When asked about their perception of communication with the CPS worker during the investigation process, client agreement was highest with statements most closely associated with individual worker communication.

Table 9
Client Perception of Social Worker Communication

Social Worker Communication	Strongly Agree or Agree	Not Sure	Strongly Disagree or Disagree
CPS concerns explained in clear & understandable manner by my SW. (N=301)	75%	9%	16%
Generally, my SW was clear in stating what he/she expected of me. (N=275)	72%	9%	19%
SW explained overall what was happening with my case. (N=295)	71%	10%	19%
SW usually returned my calls within 24 hrs. (N=236)	64%	10%	26%
Overall, CPS kept me well informed of what was happening in my case. (N=291)	58%	9%	33%
I felt informed of my rights as a parent. (N=299)	54%	11%	35%

Total % may not equal 100% due to rounding.
The number of clients who responded to each question varies since some clients chose to skip questions or answered "Not Applicable".

Nearly three out of four clients agreed that their social worker clearly explained CPS concerns, expectations, and what was happening with their case. Almost two-thirds agreed that the CPS worker usually returned their phone calls within 24 hours. There was greater client disagreement with the more general statements about communication with CPS. Although clients generally felt CPS concerns were explained, and that they knew what CPS expectations were, fewer clients felt they were informed of their rights, or kept informed about what was happening on their case. Data from Table 10 indicates that in most cases families felt CPS social workers recognized that they were working on their problems. Most clients said that their social workers were mostly there to help and understood their

family problems, although slightly less felt their worker understood what kind of help they wanted. About half of the families believed that family strengths were identified by their social worker during the investigation, however, less than half felt their social worker spent enough time with their families to discuss and work through problem areas.

Table 10
Client Perception of Social Worker Approach

Social Worker Style	Strongly Agree or Agree	Not Sure	Strongly Disagree or Disagree
My SW recognized that my family was working on our problems. (N=261)	79%	7%	15%
I felt my SW was mostly there to help, not just to say what was wrong. (N=294)	70%	9%	21%
My SW clearly understood my family's problems & how I felt about them. (N=280)	65%	13%	23%
My SW usually suggested ways to improve my family's situation. (N=265)	63%	13%	24%
My SW clearly understood the kind of help my family wanted. (N=250)	59%	14%	27%
My SW usually identified my family's strengths during the course of the investigation. (N=270)	51%	20%	29%
My SW spent enough time with my family, overall, to discuss & work through any problem areas. (N=263)	45%	11%	44%
Overall, I felt my SW was more interested in investigating the complaint, than in helping my family. (N=291)	35%	14%	51%
My SW asked questions, which I felt generally had nothing to do with the CPS complaint. (N=290)	27%	13%	60%

Total % may not equal 100% due to rounding.
The number of clients who responded to each question varies since some clients chose to skip questions or answered "Not Applicable."

Table 10 also provides data on client perception of social worker approach. Although most of the clients thought their interaction with the CPS worker was positive, about one-third perceived that their CPS worker was more interested in investigating the complaint than helping their family. Finally, about one-fourth of the families report they thought the social workers asked questions that were not related to the CPS complaint.

Overall, data in Table 11 indicates that over three-fourths (77%) of the clients report they felt like they were treated with respect by their social worker. Fewer, but still a majority of families, report that they felt satisfied with their contact with CPS (66%), that CPS was sensitive to their culture (63%), and that services were offered to everyone in the family who needed help (60%).

Table 11
Client Perception of Overall Satisfaction with CPS Investigation

Overall Satisfaction with CPS Investigation	Strongly Agree or Agree	Not Sure	Strongly Disagree or Disagree
For the most part, I felt like I was treated with respect by my SW. (N=303)	77%	4%	19%
Overall, I was satisfied with my contact with CPS. (N=302)	66%	6%	29%
I felt CPS services were usually sensitive to my culture and/or religion. (N=224)	63%	20%	17%
Services were offered to everyone in my family who needed help. (N=254)	60%	10%	30%

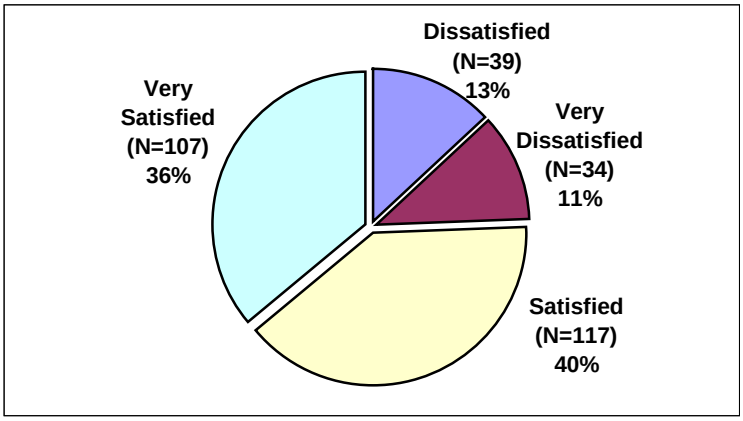
Total % may not equal 100% due to rounding.
The number of clients who responded to each question varies since some clients chose to skip questions or answered "Not Applicable."

2. Relationship of Client Perception of Investigation Experience to Case Characteristics and Case Outcomes

An examination of client response to questions about their perception of involvement in decision-making, communication with their CPS worker, CPS worker style and overall satisfaction with the CPS investigation provided some information about clients' overall perception of their investigation experience, as well as perceptions about specific areas of interaction with CPS workers. To further examine the relationship between client perception of the investigation process and outcomes, additional analyses were conducted exploring the relationship between client satisfaction and type of abuse, whether the allegation was unsubstantiated or founded, and whether or not the family re-referred to CPS within six months after the initial investigation that brought the family into this study.

A reliability analysis on the 25 client perception questions was conducted (Cronbach's alpha = .95), and a scale variable was created by summing the raw scores of the 25 perception questions as follows: 2 = very satisfied, 1 = satisfied, 0 = neutral, -1 = dissatisfied, -2 = very dissatisfied. The pie chart in Figure 2 provides information on the percent of cases in each category of satisfaction.

Figure 2
Client Satisfaction with Investigation



First we examined whether there was any relationship between perception of investigation experience, and type of maltreatment allegation for which the family was reported and investigated in the qualifying referral. A chi-square analysis of the four-value perception experience scale and a four-value abuse type scale (neglect, physical abuse, sexual abuse and emotional abuse) was conducted. There were no significant associations detected between type of abuse allegation and client self report of perception of the CPS investigation process. There was, however, a significant association between client self-report of their perception/satisfaction with CPS investigation and whether or not the investigation resulted in a finding of maltreatment. Table 12 provides data on the relationship between client

perception/satisfaction and whether or not the case was substantiated, unsubstantiated, or classified as inconclusive.

Table 12
Client Perception/Satisfaction by CPS Finding Type

Satisfaction	Substantiated	Unsubstantiated	Inconclusive	Total
Very Dissatisfied	13*	8*	13*	34
Dissatisfied	8	17	14*	39
Satisfied	18	66*	33	117
Very Satisfied	19	64*	24*	107
TOTAL	58	155	84	297

* Significantly different than expected frequencies p>.006.

Overall, the majority (75%) of the clients in this sample reports satisfaction with the CPS investigation process. Those clients with an unsubstantiated or inconclusive finding were significantly more likely to be very satisfied with their experience of investigation (p<.01). Clients who were unsubstantiated were much less likely to be very dissatisfied than would be expected.

To exclude the possibility that the association between client perception of the investigation experience and the finding decision was a result of the classification of perception based on the distribution of scale scores, an additional analysis utilizing t-tests was conducted based on mean satisfaction scores. The mean client perception/satisfaction score for clients with each type of finding was compared to the mean perception/satisfaction score for the other two types of findings. The mean perception/satisfaction score of clients whose allegations were determined unsubstantiated was significantly higher ($\bar{x}$ = 15.5) compared to the mean perception scores of those clients whose maltreatment allegations were determined either inconclusive ($\bar{x}$ = 15.1 vs. $\bar{x}$ = 7.8, vs. $\bar{x}$ = 5.24 respectively, t=3.10, p=.001) or substantiated. The mean perception/satisfaction score for clients whose allegations were inconclusive was not significantly different than those whose allegations were

substantiated. Clients with substantiated and inconclusive findings were significantly more likely to have low perception/satisfaction scores than clients whose findings were unsubstantiated ($\bar{x}$ = 6.8 vs. $\bar{x}$ = 15.1, t=4.80, p<.001).

One additional analysis of the relationship between client perception of investigation experience and CPS finding was conducted to further explore the relationship between individual and grouped investigation experience responses and the finding decision. Table 13 provides the results of this analysis.

Table 13
Client Perception of Investigation Experience on Satisfaction Items and Relationship to the Finding Decision

Client Involvement:	**p- value***
I understood what was being done in my case most of the time.	.06
My family generally understood the reason for actions taken, even if they did not agree with the SW.	.62
Usually, my family felt their opinions were heard & understood.	.00
Overall, I played an active role in decisions being made.	.10
In general, I agreed with SW's plan.	.00
My SW & I agreed on problems needing work.	.02
Social Worker Communication:	
CPS concerns explained in clear & understandable manner.	.18
My SW was clear in stating expectations.	.19
SW explained overall what was happening.	.27
SW usually returned my calls within 24 hours.	.27
Overall, CPS kept me informed about my case.	.03
I felt informed of my rights as a parent.	.22
Social Worker Approach:	
Recognized family working on problems.	.00
Mostly there to help.	.00
Understood family problems.	.00
Suggested ways to improve family situation.	.24
Understood kind of help needed.	.01
ID'd family strengths.	.00
Spent enough time with my family.	.12
More interested in investigating complaint than helping family.	.09
Asked inappropriate questions.	.00
Overall Satisfaction:	
Felt treated with respect.	.00
Satisfied with CPS contact.	.00
CPS services were culturally sensitive.	.13
Services offered to all that needed them.	.07

* p-values of ".00" should be understood to indicate p<.001.

When examining the association between individual items within the client perception of experience scale and groups of items under categories of involvement

in decision, communication, social worker approach and overall satisfaction some interesting patterns emerge. In terms of client involvement, feeling heard and understood, agreeing with the plan and agreement on the problems to be worked on were significantly associated with positive perception of the experience for families who were substantiated for abuse/neglect. The only item associated with social worker communication and finding was client report of feeling they were kept informed during the process of investigation. However, six out of nine items in the social worker approach were significantly associated with client positive perception of the investigation experience and the finding of maltreatment. Families who felt understood, felt the social worker identified strengths, recognized they were trying to work on their problems, provided suggestions on how they could improve, and understood the kind of help they need, were significantly more likely to report positive perceptions of the investigation, even though the social worker determined that abuse/neglect had in fact occurred. Furthermore, those families who felt respected were significantly more likely to report overall satisfaction with the investigation experience even when the allegation was substantiated.

Finally, we examined the relationship between client experience of the investigation and whether or not the case re-referred to the agency within 6 months post investigation. Using a dichotomous perceptual satisfaction scale (satisfied, or dissatisfied), we did not find an association between perception/satisfaction and whether or not the family re-referred to the agency within 6 months post investigation. Those families who reported they were satisfied with their experience/interaction with the CPS worker during the investigative process were as

likely to re-refer as those who reported dissatisfaction. The number of families who re-referred six months post investigation is, however, small (N=35, 12%) and may not be large enough to detect differences. In this small sample, a larger percent of the families who re-referred were satisfied (80%) compared to dissatisfied (20%) with their earlier CPS investigation, about the same as in the entire sample.

3. Impact of Investigation

An important component of this exploratory CPS client study was to ask families about any impact the CPS investigation had on their lives. In order to explore client perception of the impact of investigation on family functioning, we asked the client to tell us how their family was functioning prior to and following the CPS investigation.

The majority of families reported their family functioning as average (48%) or above average (10%). About 10% reported that their family had problems, but that they were working on them. Finally, about one-third indicated their family was dysfunctional, stressed, and needed help. When asked if their family was doing *better, worse*, or *about the same* since the CPS investigation, nearly two out of three (61%) reported *better*, about one-third (31%) reported *about the same*, and only 9% reported they were doing *worse*.

To further explore the question of client perception regarding family problems the client was specifically asked whether they thought their family had problems that needed to be worked on. One-half of the families indicated there were family problems that needed to be worked on. When asked for specifics, the families who responded yes to this question indicated problem areas as follows in Table 14.

Table 14
Family Problems Identified by Family

Problem Type	N = 149	Percent
Child Problems	46	31%
Parenting/Housekeeping	45	30%
Stress Reduction	42	28%
Caregiver Emotional/Mental Health Problems	38	26%
Household Conflict	35	24%
Family Communication	14	9%
Other	17	12%

*Categories are not mutually exclusive, a single family may have reported more than one problem type.

Examples of problems caregivers indicated they would like help with include drug/alcohol abuse, depression, domestic violence, anger management, aggression, child disciplinary practices, and stress.

We did not collect specific service information during the interview, so we do not have data on whether families received specific services that matched their identified risk or problem areas. We did, however, ask families a series of questions about their perceived need for help and receipt of services in general. The responses to these questions are presented in Table 15.

Table 15
Family Report of Service Need and Receipt

Service Questions	N	%
Yes, needed services	144	48%
Received services if felt needed service	99	69%
Still receiving services at interview	46	47%
Received all the services needed	61	62%

As indicated, about one-half of the families felt a need for services, and of those who felt they needed services 69% reported that they received a service. About one-half (47%) of those who received services were still receiving services at the time of the telephone interview. Nearly two out of three families who received services felt like they received all the services that they needed.

Finally, in addition to identifying client perceptions of the investigation experience, and their perception of family problems and need for services, we wanted to know if there were any changes in family functioning as a result of the investigation. Over one-half (58%) of the families indicated there was a change in family functioning as a result of the CPS investigation. Many of the families who reported a change indicated they recognized the potential for abuse and were working to change their behavior (43%), there was a positive emotional impact (18%), or they sought and/or received services (17%). However, nearly one in five (22%) families who reported an impact from the investigation indicated a negative emotional impact or broken trust with others (18%); e.g., the person they believe made the referral.

At the end of the interview, clients were given the opportunity to make additional comments regarding their experience with CPS and the impact CPS had on their family. An analysis of the client narrative responses revealed that of the 303 caregivers who were interviewed, 113 mentioned specific positive and/or negative attributes associated with the social workers who conducted the CPS investigation. Table 16 provides a summary of both kinds of social worker qualities from the client perspective.

Table 16
Client Perception of Social Worker Attributes

Positive Attributes	Negative Attributes
• Good communication with client; explained	• Poor communication with client; didn't explain
• Kind, made me feel at ease	• Hostile, mean, made me cry
• Helpful, constructive advice, suggested services	• Inexperienced, not well-trained, not aware of services
• Encouraging, positive outlook	• Derogatory, negative outlook for family
• Empathetic, concerned	• Lacked empathy
• Professional, confidential, proper	• Unprofessional, confidentiality broken, misused power
• Respectful, courteous	• Invasive, didn't call before acting
• Informed about case, took time to meet with family	• Didn't take time to do thorough investigation
• Involving, listened to us	• Didn't listen or ask opinion
• Didn't just assume, forms own opinions	• Vindictive, prejudiced, accusing

Even though some families report their experience with CPS was not a positive one, an overwhelming majority (98%) of the clients interviewed felt that CPS should become involved in family's lives when there is a chance that children are being harmed.

Finally, almost one-fourth of the comments (24%; 61/255) relayed concerns about the referral process. These concerns included a perceived inflexibility of the mandated reporter law (13%, 8/61), dismay that referrers can remain anonymous (20%, 12/61) and anger that referrers could report "false accusations" (82%, 50/61) without a check of their credibility before the CPS investigation.

4. Summary of Client Perception of CPS Investigation Experience and Impact

Nearly one-half (51%) of the clients in this study had prior CPS involvement. Most were previously referred as alleged perpetrators (89%), about 7% were victims of alleged maltreatment, and about one in six had made a CPS referral on another family.

Families whose allegations were unsubstantiated report more positive perceptions of their experience of investigation than families whose allegations were inconclusive or substantiated. Even for families who were substantiated for maltreatment there appear to be specific components within an investigation that influence their perceptions of the experience. Families who feel understood, heard, participate in the decision, are kept informed, and feel respected report greater perceived satisfaction with the investigation experience, even when their behavior is classified as abusive or neglectful. An overwhelming majority of families report they were doing better or the same, after the investigation. Less than 10% report their

family was doing worse after the investigation. About half of the families identified specific family problems they needed help with, two-thirds of those who identified a need for services received services, and 61% reported a positive change in family functioning as a result of the investigation.

C. Family Context at Time of Investigation

The previous section (IV.B.4) examined client's perception of their experience including the investigation itself, service need and receipt, and the impact of investigation on family life. In this section we report findings related to family context at the time of the investigation. Data reported here includes level of family resources, level of social support and *abuse potential* as assessed by CPS workers. Findings on the association between resources, social support, abuse potential and outcomes are also presented.

1. Family Resources

Needs and the ability to meet one's needs are one set of forces that influence behavior, and the adequacy of resources has been shown to affect personal and familial well being (DePanfilis and Salus, 1992). Lack of family resources has been found to be related to predictions of child abuse potential, to discriminate abusive parents from non-abusive parents and to contribute to the reduction of abuse potential or changes in abusive behavior when emphasized in interventions (Burrell et al., 1994; DePanfilis and Salus, 1992). Lack of resources has also been found to be related to re-referral and recurrence. (Zuravin and DePanfilis, 1996). Level of resource availability may act as a risk factor or a mediator of abuse potential, and is therefore an important variable to consider in examining the impact of CPS

involvement in the lives of families. The Family Resource Scale (FRS) (Dunst & Leet, 1994), is an objective measure designed to assess the adequacy of resources and needs in households with children. The FRS scale is designed to assess types of resources identified as major components of intra-family and extra-familial supports (Bronfenbrenner, 1979; House & Kahn, 1985; Wills, 1985 as cited in Dunst & Leet, 1994). This 30- item measure assesses the adequacy of physical and human resources including food, shelter, financial, transportation, time to be with family and friends, and health care. The response set is a five point scale where 1 equals *not at all adequate* and 5 equals *almost always adequate*.

1a. Validity and Reliability of Family Resource Scale

Reliability results reported by Dunst & Leet, (1994), indicate the FRS scale is sensitive to detecting differences in adequacy of resources among individual subjects. Items showed variability across the answer response set. The coefficient alpha among the 30 items is reported as .92, and the average correlation of the 30 items with the total FRS scores is r=.97. Correcting for length using the Spearman-Brown formula resulted in a split-half reliability of .95. The stability co-efficient for the total scale scores at two months apart is r=0.52 ($p<.001$).

A principal components analysis using varimax rotation yielded eight orthogonal factors accounting for 75% of the variance. This analysis indicates the FRS is measuring independent dimension associated with family resources. Criterion validity was demonstrated by showing that well-being and commitment to intervention (as respectively measured by the Health and Well-Being Index, Dunst, 1986, and by the Personal Allocation Scale, Dunst, 1986, as cited in Dunst & Leet,

1994) were significantly predicted by the FRS, partialling out the effects of mother's age, education, socio-economic status, and income. The partial correlation between the FRS and Personal Well-Being Index was r=.52, and between the FRS and Commitment to Intervention was r=.63. In addition, seven derived FRS-sub-scale scores all were significantly related to Commitment to Intervention (with a range of partial correlations from r=.37 to r=.54), and three of the sub-scales (time for family, extra family support, and luxuries) were significantly related to personal well-being (partial r=.68, r=.75 and r=.48 respectively). These findings demonstrate that the FRS is related to two constructs with which it would be expected theoretically to be related, and thus provides a clear indication of the scale's validity.

Using the Family Resource Scale, we asked the families in this study to tell us about the adequacy of specific resources available to them at the time of the investigation. Table 17 provides family self-report data on the availability of basic needs, finances, and other resources.

Table 17
Client Report of Availability of Family Resources

To What Extent Are the Following Resources Adequate:*	Not At All	Seldom	Sometimes	Usually	Almost Always
Food for two meals a day. (N=300)	1%	2%	3%	6%	89%
House or apartment. (N=299)	2%	2%	5%	5%	86%
Money to buy necessities. (N=300)	2%	5%	13%	18%	62%
Enough clothes for your family. (N=303)	2%	3%	8%	8%	79%
Heat for your house or apartment. (N=302)	1%	2%	4%	8%	86%
Indoor plumbing/water. (N=301)	1%	0%	2%	3%	94%
Money to pay monthly bills. (N=303)	2%	5%	13%	21%	60%
Good job for yourself or spouse/partner. (N=281)	12%	8%	8%	9%	64%
Medical care for your family. (N=302)	2%	2%	6%	8%	82%
Public assistance (SSI,TANF, Medicaid, Child Care, etc) (N=208)	10%	8%	11%	10%	62%
Dependable transportation. (N=302)	3%	7%	8%	12%	70%
Time to get enough sleep/rest. (N=301)	6%	11%	16%	18%	49%
Furniture for your home or apartment. (N=301)	1%	3%	3%	8%	85%
Time to be by yourself. (N=301)	13%	25%	27%	15%	20%
Time to be with family together. (N=301)	1%	5%	14%	20%	61%
Time to be with your child(ren). (N=302)	1%	3%	8%	18%	70%
Time to be with spouse/partner or close friend. (N=277)	9%	20%	26%	19%	26%
Telephone or access to a phone. (N=303)	1%	1%	2%	5%	90%
Babysitting for child(ren). (N=244)	12%	15%	14%	16%	43%
Child care/day care for your child(ren) (N=191)	19%	8%	10%	8%	55%
Money to buy special equipment/supplies for child(ren). (N=277)	9%	12%	19%	17%	44%
Dental care for your family. (N=301)	7%	5%	9%	9%	70%
Someone to talk to. (N=300)	6%	11%	14%	15%	55%
Time to socialize. (N=301)	7%	24%	27%	17%	25%
Time to keep in shape and looking nice. (N=300)	11%	19%	22%	18%	30%
Toys for your children. (N=299)	1%	4%	8%	12%	74%
Money to buy things for yourself. (N=303)	12%	22%	25%	17%	24%
Money for family entertainment. (N=302)	7%	16%	31%	15%	32%
Money to save. (N=302)	32%	26%	19%	7%	17%
Time and money to travel/vacation. (N=296)	45%	21%	17%	6%	11%

* Those persons who skipped the question or answered Not Applicable have been excluded from the N's in this table.

As presented in Table 17, the families in this study report having resources to meet basic needs such as food, clothing, and shelter, however, more families report not having enough money to buy necessities beyond basic needs (28%) or money to pay monthly bills (40%). One-third of families report they do not have dependable transportation. Of note is the number of families who report not having enough "time" to be with their spouse or children, or time to themselves, including enough time to sleep or rest. In summary, the two major resource deficits reported by the families in this study are money for anything beyond basic needs and time for family relationships.

1b. Relationship of Family Resources and Outcomes

In order to explore the relationship between family resources and maltreatment we conducted a series of analyses examining associations between family self-report of resource availability (at the time of the investigation), and the type of abuse reported, whether or not there was a finding of maltreatment, whether or not the family re-referred to CPS within a 6-month post-investigation period and whether or not the child was placed during or after investigation.

A family resource scale variable was created by summing the scores of the 30 items on the Family Resource Scale. The reliability for the scale is (alpha = .92), virtually the same as the reliability alpha reported by Leet and Dunst, 1994. Missing data recoded to zero reduced the reliability coefficient to (alpha = .88). For the sample as a whole (n=303), the summed resource scale scores revealed a minimum of 58 and maximum of 150, with a mean score of 115 and a standard deviation of 18.3. T-tests for independent groups were computed for clients with different values of the 3 categorical variables of interest.

1.c. Type of CA/N

Typically, in CPS records, type of maltreatment is identified based on CPS worker classification of maltreatment type at intake. National, state and local CPS systems report type of maltreatment statistics based on this initial maltreatment classification. However, this method of classification does not account for cases where there are allegations of multiple types of maltreatment contained within an individual referral, or for the seriousness of one type of allegation within these multiple types of alleged maltreatment. In our earlier study of CPS Decision-Making

(See English et al., 1998) we found that as many as one-third of all CPS referrals include multiple maltreatment types within an individual referral. Furthermore, we have found that as many as one-quarter of the CPS referrals could be classified as a different type of maltreatment if multiples and the concept of severity are taken into consideration. For several years we have been using a modified Maltreatment Classification Scheme (MCS) to classify CPS referrals and allegations by type and severity (Barnett, Manly and Cicchetti, 1991). The MCS provides a method for classifying multiple sub-types within types of maltreatment as well as classifying individual types of abuse by severity. (See English, Wingard, Marshall, Orme and Orme 2000).

The relationship between family resources and type of alleged maltreatment was examined in two ways.

1. The abuse/neglect type used was that assigned by CPS Intake at the time of referral.
2. Each family was assigned a primary type of maltreatment based on the severity and number of allegations using the MCS classification scheme. The mean resource scale score associated with type based on severity was then compared to families who did not have that type.

Families with each type of CA/N were compared to families without that type of CA/N, regarding their family resources. This comparison of family resource availability was conducted using both of the two different CA/N classifications. This analysis revealed no differences in mean resource scale scores based on type of maltreatment regardless of which classification method was used.

2. Family Resource and Outcomes

A series of comparisons of family resource (mean) scores by CPS investigation findings was conducted. There are no differences in reported family resource availability and whether or not a case was founded, inconclusive, or unfounded. There is however, a significant difference in level of resource availability and whether or not a family re-referred on a new allegation of abuse/neglect. Families with fewer resources were significantly more likely to re-refer ($t = 2.874$, $df = 301$, $p.006$). Families with fewer resources were also more likely to have a child placed during or as a result of the investigation ($t = 2.544$, $df = 300$; $p = .011$). There are no differences in family self-report of perception/satisfaction of investigation experience based on level of resource availability.

3. Family Resource Summary

Most families in this study report having resources to meet basic needs, however 28 – 40% report lack of resources beyond the basics. There are no differences in level of resource availability and type of abuse/neglect reported. Families with more resources were as likely to be "found" for abuse/neglect as families with fewer resources. However, families with fewer resources were significantly more likely to re-refer and have a child placed during or after the investigation.

D. Family Social Support

Social support has been associated with stress reduction, the promotion of well-being and enhanced use of coping strategies (Affleck, Tennen, & Rowe, 1991; Bott, 1971; Crnic, Greenberg, Ragozin, Robinson, & Basham, 1983; Crockenberg,

1985; Dean & Lin, 1977; McCubbin, Joy, Cauble, Comeau, Patterson, & Needle, 1980; Mitchell & Trickett, 1980 as cited in Dunst, Trivette & Hamby, 1994). The lack or absence of social support has also been associated with the likelihood of future abuse/neglect and recurrence of abuse/neglect (Burrell, Thompson, & Sexton, 1994; DePanfilis & Salus, 1992). A number of different dimensions of social support have been identified including emotional, psychological, physical, informational, instrumental, and material aid. In addition to different dimensions of support, Dunst's operationalization of support delineates different sources of support including nuclear family, formal and informal kinship members, formal and informal social groups and organizations, and human service professionals. We selected the Family Support Scale (FSS) (Dunst, Jenkins & Trivette, 1984) to measure the level of social support available to the families interviewed in Phase III of this study. The FSS measures the availability of support of informal kinship, spouse/partner, social organizations, formal kinship, and professional organizations. On a scale of 1 to 5 where 1 equals *not at all helpful* and 5 equals *extremely helpful*, the respondent indicates how helpful each of 18 sources have been to their family in the past 3 to 6 months. If a source of help has not been available during this time period, the respondent indicates not applicable.

1. Validity and Reliability of the Family Social Support

Results reported by Dunst, Trivette & Hamby (1994), indicate the FSS scale is sensitive in detecting differences in rating of helpfulness of different types of social support among subjects. The majority (78%) of the mean scores tends to vary around the central point of the 5 point Likert Scale. Correlations between

demographic variables and FSS total score were low, however, indicating that social support was minimally related to parent and family characteristics. The coefficient alpha, computed from average inter-item correlations among the 18 items is reported as .79. The split-half (even vs. odd items) reliability is reported as .77, corrected for length using the Spearman-Brown formula. The short-term stability of the FSS, based on 25 subjects one month apart, yielded an average r=.75 (SD - .17) for the 18 separate items and r=.91 for the total scale score.

Regarding scale structure and content validity, a principal components analysis using varimax rotation yielded five orthogonal factors accounting for 55% of the variance, which is consistent with a five levels of support theoretical model. The authors also demonstrated criterion validity by using correlational and ANOVA approaches. Both analyses showed that higher levels of support as measured by the FSS were associated with lower levels of personal and family problems, as measured by sub-scales of the QRS (Questionnaire on Resources and Stress); Poor Health/Mood, Excessive Time Demands, and Family Integrity. The overall reliability for the FSS for this population of families is alpha .71.

A scale variable for social support was created by summing the scores on the 18 items for each respondent. The mean social support score was 53.3, with a minimum score of 26 and a maximum score of 94, and a standard deviation of 12.1. An examination of the relationship between social support and type of CA/N, finding, placement, and re-referral revealed no significant differences. Families with low social support were equally likely to be unsubstantiated (or substantiated), to re-refer

to CPS compared to families with high social support scores and to have a child placed during or after the investigation.

2. Family Social Support Summary

For this sample of families, level of social support is not associated with the type of abuse or any of the outcomes examined. Families who report high/low social support are equally likely to report perceptions of satisfaction/dissatisfaction with the investigation experience.

E. Abuse Potential

For this study we utilized a measure of abuse potential based on CPS social worker assessments of risk calculated from the Washington Risk Matrix (WRM). For the purposes of this paper *abuse potential* refers to potential for abuse and/or neglect. Since it is unknown whether the simple count of risk factors is sufficient to predict future maltreatment or whether severity of identified risk factors in a specific case is a better predictor of outcomes, we wished to explore different constructions of assessed risk potential to outcomes. Four different measures of abuse potential were developed using all risk factors included in the WRM (N=37), and a subset of seven selected risk factors. Two measures utilizing CPS social worker ratings of risk on the 37 risk factors were developed: 1.) Total number of risk items endorsed out of possible 37 and; 2.) The sum of maximum severities for the 37 risk items endorsed in each case.

Two additional measures, total number and sum of maximum severity scores, were developed for a sub-set of seven risk factors found in earlier research to be predictive of re-referral to CPS for a new allegation of child abuse/neglect (English et

al., 1998). Those seven risk factors (out of the 37) are denoted in Chart 1 by an asterisk.

Chart 1
Washington State Risk Assessment Matrix

RISK MATRIX FACTORS**	
CHILD CHARACTERISTICS	
Child Age Risk Level	
Physical/Mental/Social Development	
Behavioral Problems	
Self-Protection	
Fear of Caretaker/Home	
SEVERITY OF CA/N	
Dangerous Acts	
Physical Injury/Harm	
Emotional Harm	
Medical Care	
Basic Needs	
Supervision	
Hazards in Home	*
Sexual Abuse/Exploitation	
Exploitation (Non-sexual)	
CHRONICITY	
Frequency of CA/N	*
CARETAKER CHARACTERISTICS	
Victimization of Other Children	*
Mental/Physical/Emotional Impairment	*
Deviant Arousal	
Substance Abuse	*
History of Domestic Violence	*
History of CA/N as a Child	*
Parenting Skills	
Nurturance	
Recognition of Problem	
Protection of Child by Non-Abusive Caretaker	
Cooperation with Agency	
CARETAKER/CHILD RELATIONSHIP	
Response to Child's Behavior	
Attachment/Bonding	
Child's Role in Family	
Pressuring Child to Recant	
Personal Boundary Issues	
Response to Disclosure	
SOCIAL AND ECONOMIC FACTORS	
Stress on Caretaker	
Employment Status	
Social Support for Caretaker	
Economic Resources	
PERPETRATOR ACCESS	
Access to/Responsibility for Child	

**Factors rated on 5 pt. Scale where 1= *low risk*, 2= *Moderately low risk*, 3= *moderate risk*, 4= *moderately high risk*, 5= *high risk*.

T-tests for differences in the outcome variables of interest were conducted for each of the four abuse potential variables. Treating the risk items as elements of a scale, reliability coefficients for each scale were examined. The reliability of each abuse potential variable after missing data was re-coded to zero are presented in Table 18.

Table 18
Risk Abuse Potential Variables Based on WRM

Using 7 Risk Factors	Cronbach's Alpha
Total Number	.81
Maximum Severity	.82
Using 37 Risk Factors	**Cronbach's Alpha**
Total Number	.95
Maximum Severity	.94

One way in which the meaning of these abuse potential scales can be better understood is to consider them in terms of their association with the various forms of maltreatment. For this purpose, cases were classified in two alternative ways.

In the first classification we re-coded cases with only one type of maltreatment alleged in the referral, and compared abuse potentials in these referrals to those with more than one type of maltreatment alleged. In the second classification we re-coded type of maltreatment based on the highest severity type allegation within an individual referral (as determined by MCS coding). We designed specific decision rules (See Appendix 3) to account for multiple allegations of the same type within an individual referral.

Table 19
Type of Maltreatment by Abuse Potential
Single vs. Multiple Types

	Abuse Potential*			
Maltreatment Type	7 Factor Total #	7 Factor Max. Sev.	37 Factor Total #	37 Factor Max. Sev.
Physical Abuse Only vs. Multiples	X	X	X	X
Physical Neglect Only vs. Multiples	X	--	--	--
Sexual Abuse Only vs. Multiples	--	--	--	--

* **X**= means significant at p=.05 or less.

Table 19 provides a comparison of abuse potential by type of maltreatment using the first method of reclassification (single type vs. multiples). As indicated, the number of risk factors from the 7 factor set was significantly associated with physical abuse only cases (p=.007) and neglect only cases (p=.028) but not sexual abuse only cases. Maximum severity from the subset of 7 risk factors was also significantly associated with physical abuse cases (p=.001) but not neglect or sexual abuse cases. The number of risk factors from the 37 factor group was not significantly associated with any physical neglect vs. multiples, or sexual abuse vs. multiples, type of maltreatment but was significantly associated with physical abuse only vs. multiple type cases (p=.05).

Reclassifying maltreatment based on highest severity of individual allegations within a referral with multiple allegations, we find a similar pattern of relationships with the abuse potential scales. Table 20 provides a comparison of abuse potential by type of maltreatment based on highest severity allegation. The one difference from the pattern of results presented in Table 19 is that the type classification was sensitive to an association between the 37 factor total number scale and physical abuse and other cases.

Table 20
Type of Maltreatment by Abuse Potential
Highest Severity Allegation

	Abuse Potential*			
Maltreatment Type	**7 Factor Total #**	**7 Factor Max. Sev.**	**37 Factor Total #**	**37 Factor Max. Sev.**
Physical Abuse vs. Other	**X**	**X**	**X**	**X**
Physical Neglect vs. Other	**X**	**--**	**--**	**--**
Sexual Abuse vs. Other	**--**	**--**	**--**	**--**

* **X**= means significant at p.05 or less.

Specifically, referrals classified as neglect had significantly more risk factors on the 7-factor risk potential scale than cases with other types of maltreatment.

Cases classified as physical abuse based on highest severity have higher total number of risk and higher overall maximum severity on both the 7-item and 37-item abuse potential scale. There are no differences for sexual abuse cases vs. others on total number or total severity scores, on either the 7-item or 37-item abuse potential scale.

When examining the relationship between abuse potential scores and the post-investigation finding decision, we found that cases classified as substantiated or inconclusive had significantly higher abuse potential scores compared to families whose allegations were determined to be unsubstantiated, on both the 7 item and 37 item abuse potential scale. Cases classified as either substantiated or inconclusive had significantly higher scores on both the number and maximum severity on the 7 item and 37 item scales ($p = .005$ or less).

Only one of the abuse potential measures (maximum severity of 37 risk factors) was found to be related to re-referral. In contrast, the total number of 7 and 37 risk factors and the maximum severity of 7 and 37 risk factors are all significantly associated ($p < .01$) with the likelihood of placement during or after investigation.

1. Abuse Potential and Client Perception of Investigation Experience

Correlational and chi-square analyses were conducted to examine what, if any, relationship there might be between client perception of the investigative experience and social worker assessment of client abuse potential. The two risk potential scales based on the seven risk factors did *not* show meaningful correlation to the client perception scales. The correlation analysis based on the 37 risk factors showed a weak but significant ($p > .05$, in the case of the maximum scale)

relationship between client perception of their experience, indicating that families with higher risk potential might tend to be less satisfied with the CPS investigation in these cases (total number r=0.11, maximum severity r. =0.125).

In summary, examination of the relationship between different abuse potential classifications and type of CA/N revealed some interesting patterns. The *number* of risk factors endorsed on the subset of 7 risk items was significantly associated with physical abuse and physical neglect only cases, but not sexual abuse cases. The sum of risk on the subset of 7 risk factors, however, while also associated with physical abuse only cases was *not* associated with physical neglect or sexual abuse only cases. The number of identified risk factors from the total 37 items on the WRM was *not* significantly associated with *any* type of CA/N or single type only compared to multiples. Finally, the sum of 37 items was only significantly associated with physical abuse *only* types. This pattern remains essentially the same even if type of CA/N is reclassified based on the MCS (maximum severity criteria), with the exception that the sum of 37 risk factors was associated with physical abuse compared to cases classified as other types.

F. Summary of Services by Outcome Measures

Of the 303 clients interviewed in this study, 144 (47%) indicated they felt a need for services, and about one-half (56%) of those who felt a need actually received a service. A few clients (14%) reported they did not feel they needed services, but received them anyway.

An outcome analysis comparing families who felt they needed services to those who felt they didn't need services was conducted. Families who reported a

need for service, were significantly more likely to be substantiated (p.004) compared to inconclusive or unsubstantiated. Families who reported a need for help also had significantly higher satisfaction scores (p=.01), were significantly more likely to have a placement (p<.001), and significantly more likely to re-refer (p=.04). A comparison of families who felt they needed and received services to those who felt they needed but *did not* receive services revealed no differences in perceived satisfaction with the investigation experience, and no difference in re-referral or placement outcomes. Families who felt they needed services and were substantiated for maltreatment were significantly more likely to receive services than families who felt they needed services but were unsubstantiated for maltreatment.

G. Placement Impact on Client Perception

Twenty-five (9%) of the children from the 303 families interviewed were placed during the investigation process. Associations between client's perception of the investigation, family resources, social support and abuse potential were examined. Not surprisingly, families whose children were placed as part of the investigation process were significantly less satisfied with their investigation experience (p=.006). Over half (13/25) of the families whose children were placed had satisfaction scores one or more standard deviations below the mean ($\bar{x}$ = 11.28). Families whose children were placed scored significantly lower on the Family Resource Scale (p=.01), but there were no differences on level of social support. As expected, families of placed children in this sample had significantly higher abuse potential scores on all four abuse potential measures.

H. Multivariate Analysis

Finally, relationships between client perception, social support, family resources, abuse potential and type of CA/N were examined in a series of logistic regression models. In order to examine (in a multivariate context) key variables possibly predictive of the finding decision, a series of logistic regression analyses were first conducted using each of the three possible dichotomizations of the finding decision as dependent variables. The distinction between unsubstantiated and the other two findings (inconclusive and substantiated) is most pertinent to this study, and preliminary analyses confirmed that the use of unsubstantiation *(yes/no)* as the dichotomous outcome resulted in the most significant models. Therefore, the results presented below are restricted to models predicting an unsubstantiated finding vs. inconclusive or substantiated. Various collapses and operationalization of the independent variables were explored in the preliminary modeling process. A measure of client perception of the investigation experience was included in some models; however, because the use of this variable is somewhat problematic in this context it will be the subject of special consideration below. The same general procedure was followed using subsets of cases defined by maltreatment type and using re-referral *(yes/no)* and placement *(yes/no)* as outcome variables, although, due to the small number of cases with either placement or re-referrals, it was not possible to examine type-specific models.

The independent variables were entered into the analyses in several different forms. First, the Family Resource Scale was utilized as a whole (Standardized Cronbach's alpha = .90), summing all of the items. Several recodes and subsets of

the items of the FRS scale were developed and explored with separate logistic regression and bivariate analyses. Four social support variables were used in these analyses: the full Social Support Scale (alpha = .71) and three of its sub-scales, Relatives and Friends, Organizational Relationships and Professional Relationships.

The basis of the construct Abuse Potential is the Washington State Risk Assessment Model (WRM), which at the time of this study included 37 risk items. Also included in the analysis is a subset of seven risk items that had previously (English et al., 1999) been found to be predictive of re-referral. Based on the results of an earlier study, four different indices of risk (i.e., abuse potential) were examined in the multivariate context, coding a risk factor as present if it was documented regarding either caregiver. These four indices are: 1). The number of the seven risk items which were endorsed by CPS workers, 2). The sum of the risk ratings (1 through 5) of the seven items; 3). The number of the 37 items endorsed; and, 4). The sum of the risk ratings of all 37 items. In the course of the bivariate analyses it was found that all four of these indices were significantly associated with the finding decision (U vs. F/I: $p<.001$). In the multivariate context, however, the most useful was discovered to be the last of these, the sum of the 37 risk ratings. The reliability of this measure (Cronbach's alpha) was found to be .94. In the remainder of this section the sum of the 37 risk ratings will be what is meant when we refer to "abuse potential."

As mentioned above, the handling of the client perception variable in relation to the finding decision is somewhat problematic. Bivariate results indicated significant associations of some of the items on this measure with the finding

decision; however, the direction of effect is ambiguous. The measure was found to have high reliability (Cronbach's alpha = .96), however, the individual items have a varied character. Furthermore, it is unclear whether the family knew about the finding decision at the time that the measure was administered. Although CPS is required by law (RCW 26.44.100) to notify families of the post-investigation finding decision, data indicates this does not always occur. At the time of the interview some families may have known the outcome of their investigations, and some may not. If the family knew the finding decision at the time of the interview, this knowledge may have colored their responses to the question. The assumption is that an unsubstantiated finding might result in a more positive perception of the experience. Indeed, bivariate analyses (t-tests) indicated that this is so, however, as noted in Table 12, some families who were substantiated report positive perceptions of their experience, and some families who were unsubstantiated reported negative perceptions of their experience. Given these considerations, we decided to enter client perception into the logistic regression equations as a possible explanatory variable in order to examine to what extent the predictive features of the scale could account for variance in the finding decision.

Tables 21a and 21b present a summary of the best logistic regression models.

Table 21a
Overall Model Statistics

Cases Included in Model	Dependent Variable Y/N	Model Statistics				
		Chi^2 Sig	Nag. R^2	Classification Accuracy		
				% Yes	% No	Cutpoint
All	UnSub	**0.000**	**0.216**	78.2%	56.8%	.50
Neglect	UnSub	**0.000**	**0.282**	85.3%	60.0%	.50
Physical	UnSub	**0.000**	**0.320**	75.7%	66.7%	.50
All	Re-Ref	**0.001**	**0.103**	66.7%	62.9%	.10
All	Placement	**0.000**	**0.45**	81.8%	80.8%	.92

Note: the Nagelkerke R^2 is used here (Nag.R^2) because it varies from 0 to 1 as does R^2 used in ordinary least-squares regression.

Table 21b
Model Variable Statistics

Cases Included in Model	Dependent Variable Y/N	Independent Variable Statistics											
		Abuse Potential			Client Perception (Satisfaction)			Social Support			Family Resource		
		Variable	Sig	R	Variable	Sig	R	Variable	Sig	R	Variable	Sig	R
All	UnSub	**Mxsev37**	**0.000**	-0.24	**Sat_scor**	**0.003**	0.14	Soc_Sprt	0.390	0.00	Fam_rsrc	0.459	0.00
Neglect	UnSub	**Mxsev7**	**0.001**	0.24	**Sat_scor**	**0.001**	-0.24	Soc_Sprt	0.662	0.00	Fam_rsrc	0.232	0.00
Physical	UnSub	**Mxsev37**	**0.000**	0.33	Sat_scor	0.459	0.00	Soc_Sprt	0.840	0.00	Fam_rsrc	0.827	0.00
All	Re-Referral	**Mxsev37**	**0.048**	0.11	Sat_scor	0.11	0.58	Soc_Sprt	0.323	0.00	**Fam_rsrc**	**0.024**	0.95
All	Placement	**Mxsev37**	**0.000**	-.39	**Sat_scor**	**0.054**	0.11	Soc_Sprt	0.697	0.00	Fam_rsrc	0.203	0.00

Note: "R" is partial correlation. Bolded scores are significant (p=.05 or less).

Of the independent variables entered into the model only Abuse Potential and Client Perception were found, through logistic regression, to have statistically significant relationships (p. <.001 and p.<.004, respectively) with the unsubstantiated finding decision. The explanatory power of the final model including these variables was fair, but not large (Nagelkerke R^2 = .22), mostly provided by the Abuse Potential variable. In terms of classification accuracy (utilizing a cut-point of .50), the sensitivity of this model is 78.2% (104/133) and the specificity is 56.7% (67/118). The two types of maltreatment for which there were sufficient cases to perform analyses were Neglect and Physical Abuse. For these two analyses, the results were similar to those of the sample as a whole. The two models included the same

two independent variables, and were similarly significant ($p<.001$). The R^2 were somewhat higher (.28 for Physical Neglect and .32 for Physical Abuse), because in each analysis the model only attempted to explain the variance in finding of a subset of the cases.

Results of similar analyses using placement and re-referral as dependent variables are as follows. Abuse Potential again was included in both of these models, though in the re-referral model it barely reached a conventional level of significance ($p<.05$). For the placement model, however, inclusion of the variable was very significant ($p<.001$). In other ways, results were somewhat different for the two outcomes. For re-referral, Family Resources was also included in the model ($p<.05$), but client perception was not significant. For placement, however, client perception, although marginal ($p = .054$), was included in the model for the purpose of estimating R^2. None of the other independent variables were found by these analyses to be associated with re-referral or placement. There was little explanatory power discernable for the re-referral model ($R^2 = .10$), and the classification accuracy of the model was not high (e.g., at a cut-point of .10, sensitivity = 66.7% (18/27), specificity = 62.9% (144/229). However, the model for placement accounted for 45% of the variance in that outcome (i.e., $R^2 = .45$), and classification accuracy of the model (using a .50 cut-point) was excellent (sensitivity = 81.8% (19/22), specificity = 80.8% (189/243).

In summary, abuse potential and client perception were found to predict the finding decision to some extent, but classification accuracy is not outstanding. Also, the variables were predictive of re-referral to a slight extent. In addition to abuse

potential (or lack of), family resources was determined to predict placement, and the statistical model including these two variables accounted for a reasonably large amount of the variance of the placement decision. The placement model also had excellent classification accuracy. Social support however, was not found to be useful in any of the models.

Chapter V: Phase III Summary

In recent years there has been an increased interest in both client perceptions of the CPS investigation experience and in outcomes associated with CPS investigation. Some policy makers and researchers have argued that CPS investigation is an intrusive government function and an inherently harmful experience that is necessary for the protection of children. Given this negative perception, it is argued that it is crucial that this "intrusion" be limited. This perception of "over-intrusion" is based in part on an assumption that many families are erroneously referred and investigated. However, there is little empirical data to support these perceptions, and some emerging evidence that the "finding" decision associated with CPS investigation is complex and not well understood. Furthermore, there is little information about family perception of the CPS investigation experience or the context associated with the family at the time of the investigation process.

Phase III of the study, *Factors That Influence the Decision Not to Substantiate a CPS Referral*, is an exploratory examination of CPS client perceptions of the investigation experience, to determine whether there are differences in these

perceptions based on the outcome of the investigation, and to examine context variables associated with outcomes. The primary outcome of interest is the finding decision, that is, whether the investigation was classified as substantiated, inconclusive or unsubstantiated. Other outcomes of interest included re-referral and placement, either during or after the investigation. Context variables examined in the analysis are various dimensions associated with CPS client perception of and/ or satisfaction with the investigation process, and possible relationships of assessed abuse potential, level of resource availability to clients and level of social support.

Data from 303 CPS investigated families was collected during a 30 minute telephone interview. Although respondents were a self-selected cohort of families from a one-month sample pool of CPS referrals, comparative analysis indicates that the respondent families were very similar to non-respondents on key variables. The respondent groups were primarily female, Caucasian, and referred to CPS for neglect. One-quarter to one-third of the families were identified as having risk associated with substance abuse, and 10% to 20% were identified as having a current issue with domestic violence. Over two-thirds had a prior referral history with CPS, and 41% had history of abuse allegations against another child in their family. About one-half of the allegations in the index referral that brought the family into this study were alleged acts of moderate or high severity in terms of actual or potential harm. Despite the seriousness of the allegations, prior history and presence of risk, only one-third of these referrals were substantiated after investigation.

Not unexpectedly, families whose referral to CPS was classified as unsubstantiated report more positive perceptions of their experience and overall

satisfaction with the CPS investigation process. However, even families who were substantiated for CA/N report positive perceptions of their investigation experience. Furthermore, the analysis revealed specific components of a CPS worker's "approach" during the investigation process that influenced family perception of their experience. Families who report feeling heard and understood, who participated in decision making, were kept informed and felt respected were more satisfied with their investigation experience *regardless* of the finding decision.

In terms of "impact" of investigation, an overwhelming majority of the families report they were doing better or at least the same after the investigation. Sixty-one percent report positive change in family functioning as a result of the investigation. About one-half of the families report that they needed help, and most, but not all, families who identified a need for help received it.

Most families report having resources to meet very basic needs for food, clothing and shelter. However, between 28% to 40% reported lack of resources to meet anything but basic survival needs. Although there were no differences in level of resource availability by type of CA/N reported, families with fewer resources were more likely to re-refer and to have a child placed during or following the CPS investigation. In terms of social support, there was no relationship found between level of social support, type of C/AN, post CPS investigation finding, re-referral or likelihood of placement. Level of social support was not significantly different by type of C/AN, whether the case was unsubstantiated or substantiated, whether the family was re-referred for another allegation of maltreatment, or whether the alleged victim was placed during or after the investigation.

The CPS workers' assessment of abuse potential utilizing the Washington State CPS Risk Assessment Model revealed some interesting associations. Regardless of method of classification, the total number and maximum severity of the 7 and 37 risk factors were associated with physical abuse compared to other types of maltreatment. In contrast, only one of the abuse potential measures, the total number of the 7 risk factors was associated with physical neglect, and none of the abuse measures were associated with sexual abuse compared to other types of maltreatment. All four measures of abuse potential were significantly associated with the finding decision. The more risk factors identified, and the higher the maximum (summed) severity, the more likely the referral was to be substantiated. All four abuse potential measures were similarly associated with placement, but not with re-referral. Only the maximum or summed severity of the 37 risk factors was found to be associated with re-referral for this sample of families. Finally, there was only a very weak correlation between assessed abuse potential utilizing the 37 WRM factors, and client's perception of their investigation experience.

Families who report that they needed services were more likely to be substantiated for abuse/neglect, more likely to have their child placed and more likely to re-refer. There were no differences in perception of satisfaction, re-referral or placement for those who report a need for and receipt of services, and those who report a need but did not receive services. If a family was substantiated for maltreatment they were significantly more likely to receive services. Finally, even if a family identified a need for service, if their case was classified as inconclusive or unsubstantiated they were significantly less likely to receive services.

The bivariate analysis regarding placement and the independent variables of interest indicate families with placed children report lower satisfaction with their investigation experiences. Families with placed children also had fewer resources and higher abuse potential scores, but no difference in reported levels of social support.

Finally, in the multivariate analyses the most interesting findings are associated with abuse potential, type of CA/N and placement. Abuse potential, explains most of the variance in the multivariate finding and placement models. Higher risk and more risk factors predicted substantiation and placement, but not re-referral. Abuse potential also explained most of the variance in the physical neglect and physical abuse models. In contrast, for re-referral, level of family resources assumed more importance than assessed abuse potential. However, the re-referral model had little explanatory power, and the classification accuracy was not very high, presumably because the sample of re-referral cases upon which the model was based was so small.

Chapter VI: Conclusion

We agree with other researchers that asking families about their perception of the CPS investigation experience is an important contribution to our understanding of the experience of families reported to and investigated by CPS. In this study families were clearly able to tell us about their experience, as well as identify components within the process that were important influences on their perception/satisfaction with investigation. There is good news in this report. While there are some families who report negative influences and impacts associated with

being referred and investigated by CPS, many did not. Contrary to popular perception, the majority of families report at minimum a satisfactory, and even a very satisfactory experience. Furthermore, the majority of families report their family was better off after the investigation, or at least no worse off than before. Less than a tenth of the families reported they were doing worse. The data indicates that those families who were substantiated for abuse/neglect were less satisfied than those who were not, however, even some of the substantiated families report satisfactory experiences. More importantly, the families in this study clearly identify the characteristics of the investigation experience that contribute to their positive perception of the CPS investigation experience, regardless of outcome. Families who feel heard, understood, participate in the decision process, are kept informed, and feel respected, report a more positive experience regardless of the finding decision. These elements are characteristic of good social work practice and should be representative of CPS worker approach to families regardless of workload or other contextual factors that operate within child protective services practices. While many families report experiencing these positive interactional attributes as part of the investigation, some did not. This information can be used to improve practice approaches to families.

Of particular note in the findings is the relationship between level of resources and outcome of the investigation. Most families reported having resources to meet their basic needs; however, families with the lowest levels of resources were significantly more likely to re-refer and to have a child placed. This relationship

between outcome and social support was not found. There were no differences in level of social support available and any of the outcomes examined in this study.

The interpretation of association between the assessed abuse potential and outcomes is less clear. First, abuse potential was found to be differentially associated with type of CA/N. There were strong relationships across all four abuse potential measures for physical abuse compared to other types, but not neglect or sexual abuse, perhaps indicating some room for improvement in assessing the risk potential for neglect and especially sexual abuse cases. There was also a significant association between abuse potential and finding. The higher the risk assessed the more likely the case was to be substantiated. This outcome is in keeping with Washington State policy which allowed, at the time of this research, a finding based on risk. One would also expect a significant association between abuse potential and placement. However, the finding of no association between abuse potential and re-referral is more difficult to interpret, and may simply be a result of low statistical power based on small sample size. Families in this sample with low assessed abuse potential were as likely to re-refer as families with higher abuse potential. It is possible that this finding is associated with classification of risk and whether or not there was intervention associated with the initial referral. Overall, neglect referrals are more likely to be classified as low risk, but have a higher re-referral rate (English et al., 1998). Furthermore, if risk is assessed as high, but there is no basis for intervention, a case may be closed after investigation. However, as noted above, the number of re-referred families in this study is low, preventing a more in-depth look at this relationship.

It seems appropriate that families who were found to be maltreaters would receive services, especially if they indicated a need for service. However, there were families who were not substantiated, who indicated a need for service and did not receive services. Since many of the families in this study had already been reported to and investigated by CPS at least once before the qualifying referral that was examined, it seems likely that even though unsubstantiated, these families could benefit from services. This is especially true given the findings from our earlier CPS Decision-Making Study, in which we found that there is little difference in characteristics of families who are classified as substantiated, inconclusive or unsubstantiated post-investigation. Phase II of this current study provides more information on the factors that influence the likelihood of unsubstantiation, including factors that have little or nothing to do with whether abuse/neglect occurred.

The absence of significant relationships between social support and outcomes is of interest. Prior research has found that the presence or absence of social support is an important risk or protective factor. In this study, social support (presence or absence) was not associated with outcomes. Based on other research conducted at the Washington State Office of Children's Administration Research the lack of relationship between social support and outcomes is not surprising (English & Graham, 2000). This is because in earlier research we found little correlation between family self-report of social support and CPS worker assessment of this factor on the WRM. We would not necessarily expect a relationship between social support and finding, but would expect a relationship with re-referral and placement. Families with higher levels of social support might be expected to better care for

their child in their own home and to help ameliorate circumstances associated with re-referral.

This study demonstrates that it is possible to obtain client perceptions of their experience and that this effort produces useful information to inform both policy and practice. Furthermore, at least for this representative sample of CPS referred clients, it appears that the “harm” assumed to be associated with CPS investigation is in question. Although a few clients were angry at the referent, the vast majority indicated CPS should investigate if there is potential for harm to children, even if they didn’t like being investigated.

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Appendix I

DEFINITION OF WRM

In 1987, the Washington State Child Protective Services adopted a risk assessment model to guide decision-making. The WRM consists of six components, including screening or eligibility criteria, assignment of intake risk level, investigation standard at intake, guidelines for comprehensive assessment of risk during investigation, post-investigation findings and summary assessment, and case planning guidelines. This comprehensive set of guidelines was developed to structure the decision-making process at investigation and throughout the continuum of service delivery for families involved with CPS. The WRM is based on an ecological model of child maltreatment, that is, factors associated with the child, the caregiver, and the environment in which they live are believed to be associated with the likelihood of maltreatment, absent intervention.

The six components of the Washington Risk Assessment Model (WRM) are as follows:

1. **Screening for sufficiency:** A sufficiency screen is applied to all referrals made to child protective services. Four criteria are applied to each referral as follows: a). there must be sufficient information to locate the alleged victim, *and*, b). the alleged perpetrator must be a parent or caretaker of the child, or a person acting *in loco parentis*, or the parent must be negligent in protecting the child from abuse/neglect. In addition there must be, c). a specific allegation of child abuse and/or neglect which meets statutory or policy definitions in Washington State, *and/or* available information indicates that there is d). risk of imminent harm to the child. If “a, b and c” or “a, b and d” are satisfied, the referral is accepted and assigned for investigation

or the family may be referred to community-based services. If these criteria are not satisfied, the referral is designated as information only or third-party, and there is no CPS investigation.

2. **Assignment of level of risk at intake (Risk tag):** Every case that passes a sufficiency screen and is accepted for investigation is assigned a level of risk at intake. Level of risk at intake is assigned on a six point scale with 0 equals no risk, 1 equals low risk, 2 equals moderately low risk, 3 equals moderate risk, 4 equals moderately high risk, and 5 equals high risk. Since 1993, cases assigned a risk level 1 or 2 could receive a low standard of investigation (see below) and be referred to community-based services or diverted to an alternative response system in the community. Risk tag levels 3, 4, and 5 are to be assigned a high standard of investigation.

   Level of risk at intake is assigned based on the information typically available at intake from the referent, information available from collateral contacts, and information available from an examination of any prior history with CPS. Initial assessments of risk are based on the severity of the alleged maltreatment, chronicity of the current and past allegations, child vulnerability, perpetrator access, and other risk information available at intake. An assessment of these factors determines the immediacy and intensity of the CPS response at intake.

3. **Standard of investigation:** Guidelines for differential investigation based on level of risk state that risk level 0 does not require an investigation, risk level 1 and 2 may receive a low standard of investigation, and risk level 3, 4 and 5 require a high

standard of investigation. Low standard investigations are defined as a review of prior CPS involvement and collateral contacts to determine if further investigation should occur. Low standard investigations do not require a face to face contact with the child or caregiver. No findings of maltreatment are made for low standard of investigation cases. A high standard of investigation includes review of prior CPS involvement, collateral contacts, face to face interview with child and caretaker, and any additional assessments required to determine whether or not abuse/neglect occurred and whether there is potential risk to the alleged victim. All cases assigned as risk level 3, 4, or 5 at intake require a high standard of investigation and a finding associated with the referral.

4. **Comprehensive assessment of risk:** The centerpiece of the WRM is a 37 item Risk Assessment Matrix based on an ecological model of child maltreatment. The Risk Matrix consists of eight risk domains associated with the child, the severity of child abuse/neglect (CA/N), chronicity of CA/N, caretaker characteristics, parent-child relationship, socio-economic factors, and alleged perpetrator access (see Appendix 2 for a copy of the Risk Matrix). The theoretical basis for the risk factor guidelines is that child abuse and neglect is a multi-dimensional process that can be influenced by child, caretaker, or environmental factors (See English & Aubin, 1991 for discussion).

5. **Summary assessment:** The summary assessment component of the model includes assignment of post-investigation level of risk and case planning. After a comprehensive assessment of risk, CPS workers assign an overall level of risk and make a finding concerning maltreatment. The overall level of risk is based on two

dimensions. The first dimension is associated with an assessment of the likelihood that a child will be abused/neglected in the future, and if so, an assessment of the likely degree of seriousness that future abuse/neglect could be. In addition to the assessment of post-investigation level of risk, CPS workers must make a finding associated with the referral that initiated the investigation. Washington has a three level substantiation system, that is, a CPS worker can assign one of three finding categories. These three finding categories are *founded*, *inconclusive*, or *unfounded* (Washington Department of Social & Health Services, Division of Children and Family Services Practices and Procedures Guide, 1995).

Founded means: Based on the CPS investigation, there is reasonable cause for the social worker to believe that either the allegations on the referral are true or that sufficient evidence exists to reasonably support the conclusion that the child has been, or is at risk of being, abused or neglected by a parent or caretaker.

Unfounded means: Based on the CPS investigation, there is reasonable cause for the social worker to believe that the allegations on the CPS referral are untrue or that sufficient evidence exists to reasonably conclude that the child has not been abused or neglected nor is at risk of abuse or neglect.

Inconclusive means: There is not significant evidence for the social worker to reasonably conclude that a child has or has not been abused or neglected or is at risk of abuse or neglect.

The risk assessment guidelines were developed to orient the CPS program to the

assessment of risk including the likelihood of re-referral or recurrence of child maltreatment rather than strictly focusing on substantiation of past abuse/neglect. The guidelines also expanded the entry criteria for CPS to allow cases to enter the CPS system based on risk factors alone. If a CPS referral included risk factors that indicated that a child was at risk of imminent harm, services could be offered to families even if there were not specific findings of maltreatment.

The risk guidelines are meant to ensure that the immediacy, intrusiveness, and extent of CPS intervention are commensurate with the degree of risk assessed in any given case. The guidelines are also meant to ensure that a comprehensive and consistent assessment of risk based on specific risk factors believed to be predictive of future abuse/neglect occurs. Finally, the guidelines are designed to assist CPS in identifying specific cases that could benefit from less intrusive services and possible referral to community-based services for intervention.

After a CPS worker has completed a comprehensive assessment of risk, the information is organized in a summary assessment format that includes an assessment of risk, strengths, interaction of risk factors, overall level of risk, and a decision regarding the offer of services. Services can be offered on a voluntary or court-ordered basis. The model calls for the identification of changeable risk factors and interventions associated with the reduction of risk. Service planning can include the placement or reunification of children with their families based on assessed risk.

6. **90-day rule:** Under the “90 day rule,” a CPS worker has 90 days to complete a CPS investigation. During that time period, a worker may offer a family services, but

in order to continue services past the 90 days, there must be a voluntary service agreement with the client, or court intervention, or the case must be closed. If the CPS worker assesses risk in the family, but the family is not willing to voluntarily participate in services, and there is insufficient evidence to take the case to court, the case is closed regardless of level of risk assessed.

In summary, the Washington Risk Assessment Model includes a sufficiency screen, risk assessment guidelines, and a set of procedures and guidelines outlining how and when the model is to be used in decision-making. Once a CPS referral has been screened and accepted for investigation, the CPS worker uses the procedures and guidelines to determine a course of action. The fundamental underlying principle of the risk assessment model is that the worker should complete a comprehensive assessment of the likelihood and severity of future harm to the child absent intervention. Based on this assessment certain actions are open to the worker regarding intervention. The level of intrusiveness should be commensurate with the level of risk assessed and the willingness of the family to participate in services. If risk is not an issue, the case should be closed. If risk is an issue, then the family should be engaged in voluntary services, if possible, and mandated services if necessary. If there is insufficient evidence to obtain mandated intervention when risk is identified and a family is unwilling to participate in services, guidelines are provided for case closure. The aim of the risk assessment model is to shift the focus of CPS intervention from substantiation of past or ongoing maltreatment to the evaluation of likely future maltreatment absent intervention.

APPENDIX II

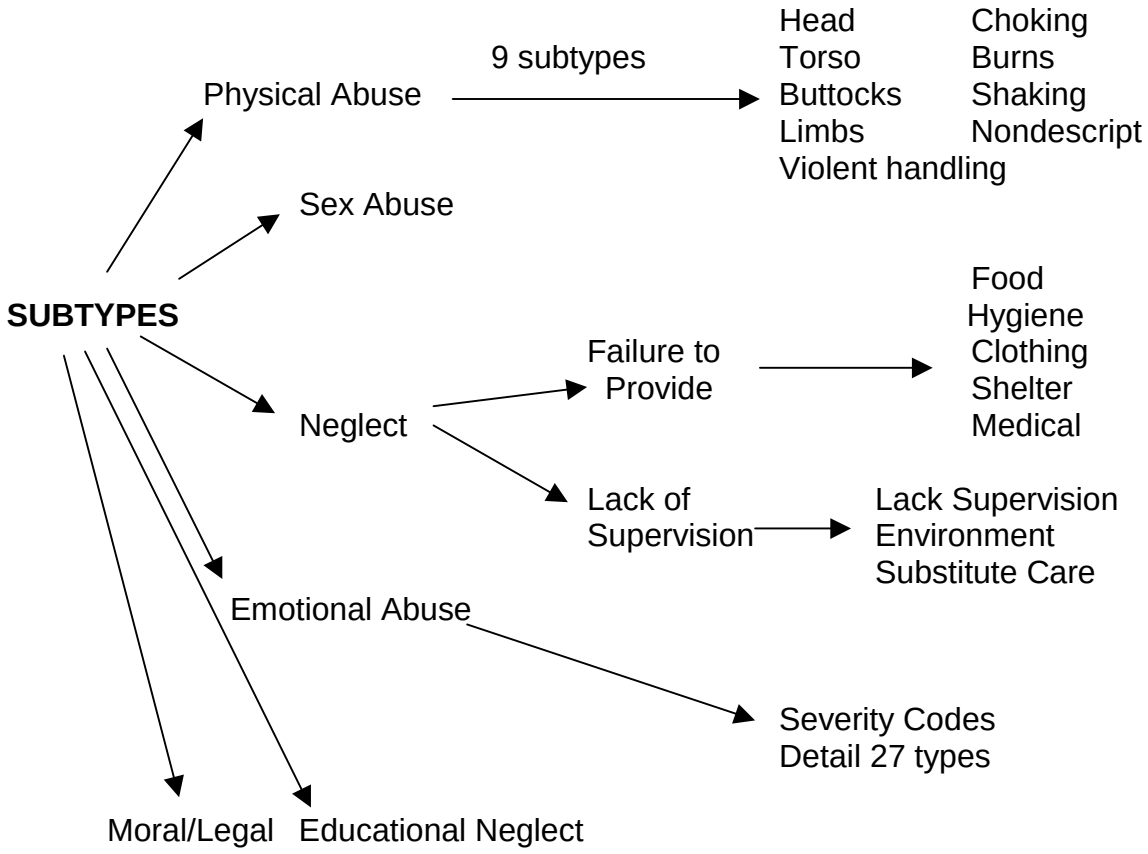
OPERATIONAL DEFINITIONS OF KEY VARIABLES OF INTEREST

RISK FACTOR MATRIX REFERENCE SHEET

RISK FACTOR:		FAMILY STRENGTHS	LOW (1)	MODERATE (3)	HIGH (5)
I.	**CHILD CHARACTERISTICS**				
a.	**Age**		12-17	6-11	0-5
b.	**Physical, Mental or Social Development**	No physical, mental, social or developmental delay	Mild physical, mental, social or developmental delay	Significant physical, mental, social or developmental delay	Profound physical, mental, social or developmental delay
c.	**Behavioral Issues**	Child displays normal, age appropriate behavior	Child displays minor behavioral problems	Child is behaviorally disturbed	Child is severely behaviorally disturbed
d.	**Self Protection**	Child is willing and able to protect self	Child displays consistent ability to protect self	Child displays occasional ability to protect self	Child is unable to protect self
e.	**Fear of Caretaker or Home Environment**	Child is comfortable with caretaker and/or home environment	Child evidences mild doubt or concern about caretaker and/or home environment	Child evidences anxiety and/or discomfort about caretaker and/or home environment	Child is extremely fearful about caretaker and/or home environment
II.	**SEVERITY OF CA/N**				
f.	**Dangerous Acts**	Parents exercise care and control to ensure child's safety and not cause injury to child	Acts which place the child at risk of minor pain or injury	Acts which place the child at risk of significant pain or moderate injury	Acts which place the child at risk of impairment or loss of bodily function
g.	**Extent of Physical Injury or Harm**	No injury and no medical treatment required	Superficial injury, no medical attention required	Significant injury, unlikely to require medical attention	Major injury requiring medical treatment
h.	**Extent of Emotional Harm or Damage Exhibited by Child**	Child exhibits normal behavior and social functioning	Minor distress or impairment in functioning related to CA/N	Behavior problems related to CA/N that impair social relationships or role functioning	Extensive emotional or behavioral impairment related to CA/N
i.	**Adequacy of Medical and Dental Care**	Routine and crisis care provided consistently	Failure to provide routine medical, dental or prenatal care	Failure to provide appropriate medical care for injury or illness that usually requires treatment	Failure to provide treatment for a critical or life-threatening condition
j.	**Provision for Basic Needs**	Food, clothing, shelter and hygiene needs adequately met	Failure to provide for basic needs places child at risk of minor distress/comfort	Failure to provide for basic needs places child at risk of cumulative harm	Failure to provide for basic needs places child at risk of significant pain, injury or harm
k.	**Adequacy of Supervision**	Supervision meets normal standards appropriate to child's age	Lack of supervision places child at risk of minor discomfort or distress	Lack of supervision places child at risk of cumulative harm	Lack of supervision places child at risk of imminent harm
l.	**Physical Hazards or Dangerous Objects in the Home or Living Environment**	Living condition are safe	Conditions in the home place the child at risk of minor illness of superficial injury	Conditions in the home place the child at risk of harm that is significant but unlikely to require treatment	Hazards in the home environment place the child at risk of serious harm that would likely require treatment
m.	**Sexual Abuse and/or Exploitation**	Adult has a non-sexualized relationship with child and consistently protects from sexual abuse or exploitation	Caretaker makes sexually suggestive remarks or flirtations with child without clear overtures or physical contact	Adult makes sexual overtures, or engages child in grooming behavior	Adult engages child in sexual contact or sexually exploits child
n.	**Exploitation (Non-Sexual)**	Adult has a non-exploitative relationship with the child and does not use the child in any manner for personal gain	Adult occasionally uses the child to obtain shelter or services that will benefit them both	Adult depends upon the child to sustain home environment and assist in illegal activities to obtain money	Adult engages child in dangerous activities to support or benefit the adult
III.	**CHRONICITY**				
o.	**Frequency of Abuse/Neglect**	Child is treated appropriately and there have been no incidents of child abuse or neglect in the past	Isolated incident of abuse or neglect	Intermittent incidents of abuse or neglect	Repeated or ongoing pattern of abuse or neglect
IV.	**CARETAKER CHARACTERISTICS**				
p.	**Victimization of Other Children by Caretaker**	Caretaker is positive and appropriate with children	Evidence of minor abuse or neglect toward other children	Evidence of moderate abuse or neglect toward other children	Evidence of serious abuse or neglect toward other children
q.	**Mental, Physical or Emotional Impairment of Caretaker**	Caretaker is physically, mentally and emotionally capable of parenting a child	A physical, mental or emotional impairment mildly interferes with capacity to parent	A physical, mental or emotional impairment interferes significantly with the capacity to parent	Due to a physical, mental or emotional impairment, capacity to parent severely inadequate
r.	**Deviant Arousal**	Adult is not sexually aroused by children	Adult is sexually aroused by children and is motivated to have sexual contact with children (all risk levels)		
s.	**Substance Abuse**	Parent does not abuse alcohol or drugs; parent does not sell drugs	History of substance abuse but no current problem	Reduced effectiveness due to substance abuse or addiction	Substantial incapacity due to substance abuse or addiction
t.	**History of Domestic Violence and Assaultive Behavior**	Caretakers resolve conflicts in non-aggressive manner	Isolated incident of assaultive behavior not resulting in injury	Sporadic incidents of assaultive behavior which results in, or could result in, minor injury	Single incident or repeated incidents of assaultive behavior, which results in, or could result in, major injury
u.	**History of Abuse or Neglect as a Child**	Caretaker was raised in a healthy, non-abusive environment	Occasional incidents of abuse or neglect as a child	Repeated incidents of abuse or neglect as a child	History of chronic and/or severe incidents of abuse or neglect as a child
v.	**Parenting Skills and Knowledge**	Caretaker provides environment which is child-friendly	Caretaker has some unrealistic expectations of child and/or gaps in parenting skills	Significant gaps in knowledge or skills that interfere with effective parenting	Gross deficits in parenting knowledge and skills or inappropriate demands and expectations of child
w.	**Nurturance**	Caretaker is openly accepting of child, interacts with child, and provides appropriate and adequate stimulation	Caretaker provides inconsistent expression of acceptance, and inconsistent stimulation and interaction	Caretaker withholds affection and acceptance, but is not openly rejecting or hostile to child	Caretaker severely rejects child, providing no affection, attention or stimulation

IV. CARETAKER CHARACTERISTICS (continued)					
x.	**Recognition of Problem**	Caretaker openly acknowledges the problem and it's severity and is willing to accept responsibility	Caretaker recognizes a problem exists, and is willing to take some responsibility	Caretaker has a superficial understanding of the problem, but fails to accept responsibility for own behavior	Caretaker has no understanding or complete denial of the problem, and refuses to accept any responsibility
y.	**Protection of Child by Non-Abusive Caretaker**	Caretaker is willing and able to protect child from persons and dangerous situations	Caretaker is willing, but occasionally unable, to protect child	Caretaker's protection of the child is inconsistent or unreliable	Caretaker refuses or is unable to protect child
z.	**Cooperation with Agency**	Caretaker is receptive to social worker intervention	Caretaker accepts intervention and is intermittently cooperative	Caretaker accepts intervention but is non-cooperative	Caretaker is extremely hostile to agency contact or involvement with family
V. CARETAKER RELATIONSHIP					
aa.	**Response to Child's Behavior or Misconduct**	Caretaker responds appropriately to child's behavior	Caretaker responds inappropriately to child's behavior	Caretaker responds to child's behavior with anger, frustration or helplessness	Caretaker consistently responds abusively to child's behavior
bb.	**Attachment and Bonding**	Secure parent-child attachment	Mild discrepancies or inconsistencies are evident in the parent-child relationship	Parent-child relationship evidences an anxious or disturbed attachment (or lack of attachment)	Obvious lack of bonding between child and parent
cc.	**Child's Role in Family**	Roles and responsibilities in family are assigned appropriately	Child is given inappropriate role with no immediately apparent detrimental effects	Child's role in family has detrimental effect on normal development	Child's role in family severely limits or prevents normal development
dd.	**Child is Pressured to Recant or Deny**	Caretaker supports and insulates child from any pressure to recant or deny the abuse	Caretaker supports and insulates child from outside pressure to recant or deny	Caretaker indirectly puts pressure on the child to recant or deny, and allows others to directly pressure the child	Caretaker directly pressures child to recant or deny, and solicits or encourages others to do so
ee.	**Personal Boundary Issues**	Personal boundaries are clear and respected	Personal boundaries are usually clear and respected; violations occur occasionally	Personal boundaries are usually clear but non-abusive violations occur occasionally	Even though personal boundaries are usually clear, violations occur regularly, including physical violations
ff.	**Parental Response to Abuse**	Caretaker believes disclosure, shows concern and support for the child, and wants to protect	Caretaker will consider the possibility that abuse occurred, shows support and concern for child and expresses desire to protect	Caretaker does not believe disclosure, but shows concern for child and is willing to protect	Caretaker does not believe disclosure, shows anger toward child and supports offender
VI. SOCIAL AND ECONOMIC FACTORS					
gg.	**Stress of Caretaker**	Caretaker has no significant life stresses	Caretaker is experiencing mild stress	Caretaker is experiencing significant stresses or life changes	Caretaker is experiencing multiple and/or severe stress or life changes
hh.	**Employment Status of Caretakers**	Caretaker is employed at a level that is consistent with training and personal expectations or unemployed by choice	Caretaker is under-employed or unemployed with immediate prospects for employment	Caretaker is unemployed but with marketable skills and potential for employment	Caretaker is unemployed with no prospects for employment
ii.	**Social Support for Caretaker**	Frequent supportive contact with friends or relatives and appropriate use of community resources	Occasional contact with supportive persons; some use of available community resources	Sporadic supportive contact; under-use of resources	Caretaker geographically or emotionally isolated and community resources not available or not used
jj.	**Economic Resources of Caretakers**	Family has resources to meet basic needs	Family's resources usually adequate to meet basic needs	Family's resources inadequate to meet basic needs	Family's resources grossly inadequate to meet basic needs
VII. PERPETRATOR ACCESS					
kk.	**Perpetrator Access (Abuse)**	Perpetrator's access to the child is limited, planned and structured to ensure child's safety and well-being	Perpetrator access is supervised and usually controlled or limited	Limited supervised access or primary responsibility for care of child	Unlimited access to the child or full responsibility for care of the child

Maltreatment Coding Scheme (MCS)*



*Modified from Barnett, Manly, Cicchetti (1993)

APPENDIX III

DATA COLLECTION INSTRUMENTS

Former Client
Any street
Hometown, WA 9XXXX

Dear client,

I am writing to let you know that within the next few weeks a member of our research team will be calling to ask you for your participation in a statewide study of families who were reported to and investigated by Child Protective Services (CPS). Children's Administration is interested in improving services to families in Washington and would like to offer you the opportunity to relate your opinions and experiences. We believe that your experience with CPS can help us to understand how a CPS investigation affects a family and what services are most important in helping a family solve their problems. Your name was randomly selected from a statewide list of families referred to CPS in April 1999.

If you agree to take part, we will schedule a time to ask you some questions over the telephone and then after the interview, you will receive a check in the mail for $40.00 to thank you for your time. The interview will last about 30 minutes, with questions about your relationship with the CPS social worker who performed the investigation, whether your family had other contacts with CPS, whether you received any services to help with family problems, whether you have support and resources available to meet your needs and whether you felt you had a part in the decisions CPS made. The answers you give during the interview will be linked with confidential information taken from your CPS record about the investigation and any previous contacts you've had with CPS. We will also review your CPS records in about six months to see if any new referrals have been made.

Taking part in the study is voluntary. All of the information that we collect will be kept private and confidential. Your decision about being in this study will not affect any CPS action regarding your case, or regarding any possible future referrals. Following the interview, your answers will be put into a computer database without your name and then will be combined with the answers of all other participants. Only the research team will see your answers to the questions and they will not be available to the CPS worker or anyone else in DSHS. We will be preparing a report that summarizes what former CPS clients tell us about their experiences.

If you have any questions or you do not want to be interviewed, let the interviewer know that when they call or you may call Sherry Brummel, the project manager, collect at 360/ 902-8050.

Sincerely,

Diana J. English, Office Chief
Office of Children's Administration Research

Factors that Influence the Decision Not to Substantiate a CPS Referral

Client Telephone Interview

V1. Sample ID#: _____

V2. Date: ____/____/1999_

V3. Duration of Interview: _____ *(record time in minutes)*

V4. Interviewer Initials: _____

INTRODUCTION:

Thank you for agreeing to participate in the interview.

This interview should take about 30-45 minutes. There are many multiple-choice questions, a few yes/no questions, and a few opportunities to give us more details. If you have any additional comments or concerns, please save them until the end of the interview.

Please feel free to say if you don't know an answer, if a question is not applicable to you, or if you feel uncomfortable answering it. You may skip questions you feel uncomfortable with. Are you ready to begin?

RELATIONSHIP WITH CPS SOCIAL WORKER

First, I'm going to make some statements about the child protective services investigation last April, and I would like you to say how much you agree or disagree with each statement. For the statements that talk about a "social worker," please think about the social worker who investigated the complaint. You will have five answer choices: you *strongly agree*, you *agree,* you're *not sure*, you *disagree* or you *strongly disagree*.

V5. **The CPS concerns were explained in a clear and understandable manner by my social worker.**

1	2	3	4	5	7
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Not Applicable

V6. **The social worker usually returned my calls within 24 hours.**

1	2	3	4	5	7
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Not Applicable

V7. **My social worker explained overall what was happening with my case.**

1	2	3	4	5	7
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Not Applicable

V8. **I felt informed of my rights as a parent.**

1	2	3	4	5	7
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Not Applicable

V9. **Services were offered to everyone in my family who needed help.**

1	2	3	4	5	6	7
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Didn't Need Help	Not Applicable

V10. **Generally, my social worker was clear in stating what he/she expected of me.**

1	2	3	4	5	7
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Not Applicable

V11. **I understood what was being done in my case most of the time.**

1	2	3	4	5	7
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Not Applicable

V12. **Overall, I played an active role in the decisions being made concerning my family.**

1	2	3	4	5	7
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Not Applicable

V13. **For the most part, I felt like I was treated with respect by my social worker.**

1	2	3	4	5	7
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Not Applicable

V14. **I felt that CPS services were usually sensitive to my culture and/or religion.**

1	2	3	4	5	7
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Not Applicable

V15. **In general, I agreed with the social worker's plan for my family.**

1	2	3	4	5	7
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Not Applicable

V16. **Overall, CPS kept me well informed of what was happening in my case.**

1	2	3	4	5	7

Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Not Applicable

V17. **My social worker and I usually agreed on what problems needed to be worked on.**

1	2	3	4	5	6	7
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	No Problems	Not Applicable

V18. **My social worker clearly understood my family's problems and how I felt about them.**

1	2	3	4	5	6	7
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	No Problems	Not Applicable

V19. **My social worker clearly understood the kind of help my family wanted.**

1	2	3	4	5	7
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Not Applicable

V20. **Usually, my family members felt their opinions were heard and understood, even if they did not agree with the social worker about what problems needed to be worked on.**

1	2	3	4	5	7
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Not Applicable

V21. **My family generally understood the reason for actions taken, even if they did not agree with the social worker.**

1	2	3	4	5	7
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Not Applicable

V22. **Overall, I was satisfied with my contact with CPS.**

1	2	3	4	5	7
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Not Applicable

V23. **My social worker recognized that my family was working on our problems.**

1	2	3	4	5	6	7
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	No Problems	Not Applicable

V24. **I felt my social worker was mostly there to help, not just to say what was wrong.**

1	2	3	4	5	7
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Not Applicable

V25. **My social worker usually identified my family's strengths during the course of the investigation.**

1	2	3	4	5	7
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Not Applicable

V26. **My social worker spent enough time with my family, overall, to discuss and work through any problem areas.**

1	2	3	4	5	7
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Not Applicable

V27. **My social worker asked questions, which I felt generally had nothing to do with the CPS complaint.**

1	2	3	4	5	7
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Not Applicable

V28. **My social worker usually suggested ways to improve my family's situation.**

1	2	3	4	5	7
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Not Applicable

V29. **Overall, I felt my social worker was more interested in investigating the complaint than in helping my family.**

1	2	3	4	5	7
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Not Applicable

Okay, we're done with that section of rating questions. Now I'm going to ask you some questions about your social worker and the impact of the investigation on your family.

V30. **Did you have a social worker from your own ethnic or cultural background?**

1 = YES 2 = NO 3 = DON'T KNOW

V31. **Is it important to you to have a social worker from your own ethnic or cultural background?**

1 = YES 2 = NO/DOESN'T MATTER

IMPACT ON THE FAMILY

V32. **Thinking about the CPS investigation, do you feel your family had problems that needed to be worked on?**

1 **=** YES 2 = NO *(If no, skip to next question.)*

V33. *If yes,* **would you briefly explain?**

V34. **Were you interviewed in person by the social worker?**

1 = YES 2 = NO

V35. **Did the CPS worker explain the complaint?**

1 = YES 2 = NO

V36. **Did you understand why CPS was concerned, even if you may not have agreed with them?**

1 = YES 2 = NO

V37. **How do you feel your family was functioning prior to the CPS investigation?**

V38. **Were there any changes in the way your family functions as a result of the CPS investigation?**

1 = YES 2 = NO *(If no, skip to next question.)*

V39. *If yes,* **would you briefly explain?**

V40. **In your opinion, is your family doing better, worse, or about the same since the CPS intervention?**

1 = BETTER 2 = WORSE 3 = ABOUT THE SAME

V41. **Do you feel CPS should become involved in family's lives when there is a chance that children are being harmed?**

1 = YES 2 = NO

FAMILY HISTORY WITH CPS

Now I will be asking you some questions about your history with CPS.

V42. **Have you been involved in any other CPS investigations prior to the April referral?**

1 **=** YES 2 = NO *(If no, skip to V47)*

V43. *If yes,* **Would you briefly explain?** *(As you document the response, listen for answers to questions V43a & V45; if the client includes possible answers for V43a or V45, record them in the space provided for those specific questions. You won't necessarily need to ask V43a & v45 if the client has already answered them in this explanation, but you must at least verify the answers with the client.*

V43a. **Were you a subject or caregiver in the prior investigation?**
1 = Yes 2 = No
V43b**. Were you a victim?** 1 = Yes 2 = No
V43c. **Were you a referrer?** 1 = Yes 2 = No

V44. **How long ago was the last investigation prior to April?**

V45. **Did you or your family become involved in services as a result of that/those CPS investigation(s)?**

1 = YES 2 = NO

V46. How would you describe your previous experience with CPS? For example, was it helpful, or unhelpful, etc.

V47. **Have any of your children ever been removed from your custody by law enforcement or DSHS and placed in a foster home or the home of a relative?**

1 **=** YES 2 = NO *(If no, skip to next question)*

V48. *If yes,* **would you briefly explain?**

INVOLVEMENT WITH DECISION MAKING PROCESS

The next set of questions is about how much you were involved with the decisions made by CPS during the April investigation. I will again read you a series of statements, and I would like you to tell me whether you were involved *A lot*, *Some*, or *Not at all*. Some of the questions will not apply to you and when that happens, let me know, OK?

Statements	A lot	Some	Not at all	Does not apply to me
V49. **How involved were you in making decisions about the safety of your child?**	1	2	3	7
V50. **How involved were you in making decisions about where your child will live?**	1	2	3	7
V51. **How involved were you in making decisions about the services you and/or your family members would receive?**	1	2	3	7
V52. **How involved were you in making decisions about medical services for you and/or your family members?**	1	2	3	7
V53. **How involved were you in making decisions about whether to provide information about your family to others?**	1	2	3	7
V54. **How involved were you in making decisions about whether your case would go to court?**	1	2	3	7
V55**. How involved were you in making decisions about you or your child needing an attorney?**	1	2	3	7

**V53 Clarification: For example, information to a school, counselor, or law enforcement.*

Now, for those same questions, I would like to ask how *important* it is to you to be involved in each of those decisions, whether it applied to you or not.

Statements	Very Important	Sort of Important	Not very important
V56. **How important is it that you be involved in making decisions about the safety of your child?**	1	2	3
V57. **How important is it that you be involved in making decisions about where your child will live?**	1	2	3
V58. **How important is it that you be involved in making decisions about the services you and/or your family members would receive?**	1	2	3
V59. **How important is it that you be involved in making decisions about medical services for you and/or your family members?**	1	2	3
V60. **How important is it that you be involved in making decisions about whether to provide information about your family to others?**	1	2	3
V61. **How important is it that you be involved in making decisions about whether your case would go to court?**	1	2	3
V62. **How important is it that you be involved in making decisions about you or your child needing an attorney?**	1	2	3

SERVICES

This next set of questions is about services: whether you needed services, if you were offered services, if you received or used the services, and whether they met your needs.

V63. **Looking back, do you think that you and/or your family needed some "outside" help prior to the CPS investigation?**

1 = YES 2 = NO *(if no, skip to V64.)*

V63a. **What kind of services or "outside" help did you think your family needed?**

V64. **Did anyone in your family receive services as a result of the CPS investigation?**
(If clarification of services is necessary: like counseling, daycare, or housing assistance.)

1 = YES 2 = NO *(If no, skip to Family Resource Scale.)*

If yes: **Of the following people, who received the service? Answer yes or no.**

V64a. **Yourself?** 1 = YES 2 = NO V64b. **Your spouse or partner?** 1 = YES 2 = NO 7=N/A

V64c. **Your child or children?** 1 = YES 2 = NO

V64d. **Your entire family?** 1 = YES 2 = NO

V64e. **Another relative or family member?** 1 = YES 2 = NO

V64f. *(specify relationship)*_____

V64g. **Other non-relative ?** 1 = YES 2 = NO

V64h. *(specify relationship)*_____

V65. **What type of service or services did your family receive?**

V66. **Is your family still receiving services?**

1 = YES *(includes "some of them")* 2 = NO

V67. **Do you think your family got all of the services you felt they needed?**

1 = YES *(skip to Family Resource Scale)*
2 = NO
4 = DIDN'T NEED SERVICES *(skip to Family Resource Scale)*

V68. *If NO:* **What other services do you think your family needed?**

V69. **Do you understand why your family didn't get the services they needed?**

1 = YES 2 = NO

V70. **What do you think prevented your family from getting those services?**

FAMILY RESOURCE SCALE *Hope E. Leet & Carl J. Dunst*

I'd like to ask you a set of questions called The Family Resource Scale. Sometimes families don't always have the resources they need which can be stressful. We are trying to learn more about stress experienced by families referred to CPS.

This scale is designed to assess whether or not you and your family have adequate resources (like time, money, energy, and so on) to meet the needs of your family as a whole, as well as the needs of individual family members. For each item, I will ask you to give me the response that best describes how well your family's needs are usually met. The possible responses are: *Not at all*, *Seldom, Sometimes, Usually,* and *Almost always adequate.* If any of the items do not apply to your family, just say "*Does not apply.*" OK?

**If clarification is needed: Adequate means "enough."*

To what extent are the following resources adequate:	1 Not at All	2 Seldom	3 Sometimes	4 Usually	5 Almost Always	7 Does Not Apply
V72. **Food for two meals a day.**	1	2	3	4	5	7
V73. **House or apartment.**	1	2	3	4	5	7
V74. **Money to buy necessities.**	1	2	3	4	5	7
V75. **Enough clothes for your family.**	1	2	3	4	5	7
V76. **Heat for your house or apartment.**	1	2	3	4	5	7
V77. **Indoor plumbing/water.**	1	2	3	4	5	7
V78. **Money to pay monthly bills.**	1	2	3	4	5	7
V79. **Good job for yourself or spouse/partner.**	1	2	3	4	5	7
V80. **Medical care for your family.**	1	2	3	4	5	7
V81. **Public assistance (SSI, TANF, Medicaid, Child Care, etc.)**	1	2	3	4	5	7
V82. **Dependable transportation (own car or provided by others).**	1	2	3	4	5	7
V83. **Time to get enough sleep/ rest.**	1	2	3	4	5	7
V84. **Furniture for your home or apartment.**	1	2	3	4	5	7

To what extent are the following resources adequate:	1 Not at All	2 Seldom	3 Sometimes	4 Usually	5 Almost Always	7 Does Not Apply
V85. **Time to be by yourself.**	1	2	3	4	5	7
V86. **Time to be with family together.**	1	2	3	4	5	7
V87. **Time to be with your child(ren).**	1	2	3	4	5	7
V88. **Time to be with spouse/partner or close friend.**	1	2	3	4	5	7
V89. **Telephone or access to a phone.**	1	2	3	4	5	7
V90. **Babysitting for your child(ren).**	1	2	3	4	5	7
V91. **Child care/day care for your child(ren).**	1	2	3	4	5	7
V92. **Money to buy special equipment/supplies for child(ren).**	1	2	3	4	5	7
V93. **Dental care for your family.**	1	2	3	4	5	7
V94. **Someone to talk to.**	1	2	3	4	5	7
V95. **Time to socialize.**	1	2	3	4	5	7
V96. **Time to keep in shape and looking nice.**	1	2	3	4	5	7
V97. **Toys for your child(ren).**	1	2	3	4	5	7
V98. **Money to buy things for yourself.**	1	2	3	4	5	7
V99. **Money for family entertainment.**	1	2	3	4	5	7
V100. **Money to save.**	1	2	3	4	5	7
V101. **Time and money to travel/vacation.**	1	2	3	4	5	7

Thanks for being patient with my questions. I have two more areas I'd like to ask about, and then I'll give you a chance to tell me anything else you think is important that I haven't asked about yet.

MH6A : MOTHER'S HEALTH SCREENER

Here are a couple of general questions about your health.

V102. **Compared to others your age, would you say that your health is?**

1 = EXCELLENT 2 = GOOD 3 = FAIR 4 = POOR

V103. **During the past year, was there a period of a week or more when you had to stop or cut down on your regular work, school, or housekeeping because of an illness or injury?**

1 = YES 2 = NO *(skip to Family Support Scale)*

V104. *If* Yes: **Did this condition affect your ability to care for your child(ren)?**

1 = YES 2 = NO

FAMILY SUPPORT SCALE *Carl J. Dunst, Vicki Jenkins, & Carol M. Trivette*

A lack of social support can sometimes be an issue for families referred to CPS. I am going to read you a list of people and groups that oftentimes are helpful to members of a family raising children. I would like you to tell me how helpful each source has been to your family during the past 3 to 6 months. Your response choices are: *Not at all, Sometimes, Generally, Very, or Extremely helpful.* If a source has not been available to you, just let me know, OK?

In the past 3-6 months, how helpful has each of the following been to you in terms of raising your child(ren)?

Person or Group	**1** Not Available	**2** Not at All Helpful	**3** Sometimes Helpful	**4** Generally Helpful	**5** Very Helpful	**6** Extremely Helpful
V105. **Your parents.**	1	2	3	4	5	6
V106. **Your spouse or partner's parents.**	1	2	3	4	5	6
V107. **Your relatives/kin.**	1	2	3	4	5	6
V108. **Your spouse or partner's relatives/kin**.	1	2	3	4	5	6
V109. **Spouse or partner.**	1	2	3	4	5	6
V110. **Your friends.**	1	2	3	4	5	6
V111. **Your spouse or partner's friends.**	1	2	3	4	5	6
V112. **Your own children**	1	2	3	4	5	6
V113. **Other parents**	1	2	3	4	5	6
V114. **Co-workers.**	1	2	3	4	5	6
V115. **Parent groups.**	1	2	3	4	5	6
V116. **Social groups/clubs.**	1	2	3	4	5	6
V117. **Church members/minister**.	1	2	3	4	5	6
V118. **Your family's or child's physician**.	1	2	3	4	5	6
V119. **Early childhood intervention program.**	1	2	3	4	5	6
V120. **School/day-care center.**	1	2	3	4	5	6
V121**. Professional helpers (social workers, therapists, teachers, etc**.)	1	2	3	4	5	6
V122. **Professional agencies (public health, social services, mental health, etc.)**	1	2	3	4	5	6

**V116 Clarification: like Eagles, Elks, sewing club, book club, motorcycle club, Rotary, etc.*
**V119 Clarification: like Headstart, therapeutic daycare, Birth-to-three program, or First Steps.*

Were there any other persons who I haven't already mentioned?

V123. *Write in Other Person or Group #1:*						
V124. Rating for Other Person or Group (#1):	1	2	3	4	5	6
V125. *Write in Other Person or Group #2:*						
V126. Rating for Other Person or Group (#2):	1	2	3	4	5	6

That's all of the questions that I have for you today. Do you have any additional comments that you would like to make about your experience with CPS and the impact they had on your family?

Thank you for taking the time to participate in our research study. Now let me make sure I have your correct address to send your $40.00 check.

NAME: _____

ADDRESS: _____

_____

_____

Office of Children's Administration Research/LSN/ARS/CPS
REFERRAL DATA COLLECTION
Originally 10/96

(4/28/99 revision for CPS Unsubstantiation Project)

REVIEWER NAME: _____

1. REVIEWER ID #: _____

2. TODAY'S DATE: __ __/__ __/__ __

3. DCFS CASE NUMBER: __ __ __ __ __ __ __ __ __ __

CPS REPORT INTAKE INFORMATION

4. DATE OF REFERRAL: __ __/__ __/__ __

5. REFERRAL NUMBER: __ __ __ __ __ __

6. RISK TAG AT INTAKE: _____

7. REFERRER TYPE: _____

8. CPS MALTREATMENT TYPE AT INTAKE :
(Enter 1 for all that apply to the victim-of-interest.)

a. ____ Physical ABUSE
b. ____ Sexual Abuse
c. ____ Physical NEGLECT
d. ____ Medical Neglect
e. ____ Exploitation
f. ____ Emotional Maltreatment
g. ____ Prenatal Injury
h. ____ Abandonment
i. ____ None Given
j. ____ Other: 8j1._____

12. MCS-R2 ALLEGED (AT INTAKE) for the Victim-of-Interest:

MALTREATMENT TYPE	SEVERITY	PERPETRATOR(S)	
a1) _____	a2) _____	a3) ____/____/____	a3a) ____/____/____
b1) _____	b2) _____	b3) ____/____/____	b3b) ____/____/____
c1) _____	c2) _____	c3) ____/____/____	c3c) ____/____/____
d1) _____	d2) _____	d3) ____/____/____	d3d) ____/____/____
e1) _____	e2) _____	e3) ____/____/____	e3e) ____/____/____
f1) _____	f2) _____	f3) ____/____/____	f3f) ____/____/____

10. RISK ISSUES MENTIONED IN THE INTAKE ALLEGATION TEXT:
(Circle all that apply.) (Yes=1) (No=2)

a. Substance Abuse **Yes** **No**

(Write in the details from the intake text that led you to believe that substance abuse is an issue.)

a1. _____

_____

b. Caregiver Domestic Violence	**Yes**	**No**
c. Mental Illness of Caregiver	**Yes**	**No**
d. Child Problems	**Yes**	**No**
e. Child Fear of Caregiver	**Yes**	**No**
f. Child Has No Fear of Caregiver	**Yes**	**No**
g. Caregiver Physical Health/DD	**Yes**	**No**
h. Request for Services	**Yes**	**No**
i. CA/N Toward Other Children	**Yes**	**No**
j. Lack of CPS/CA/N History	**Yes**	**No**
k. Caregiver HX of CA/N as Child	**Yes**	**No**
l. Protective Caregiver	**Yes**	**No**
m. Not Protective Caregiver	**Yes**	**No**

11. OTHER ISSUES AT INTAKE: (Circle all that apply.)

a. Custody Battle	**Yes**	**No**
b. Unstable Living Situation	**Yes**	**No**
c. Caregiver In Jail/Arrested	**Yes**	**No**
d. Child Sexually Acting Out	**Yes**	**No**
e. Other Assaultive/Violent Behavior/ Gang Involvement	**Yes**	**No**
f. Caregiver Cooperative w/Agency	**Yes**	**No**
g. Caregiver Not Cooperative w/Agency	**Yes**	**No**
h. Lack of Credibility of Child	**Yes**	**No**
i. Victim Recanted	**Yes**	**No**
j. Lack of Credibility of Referrer	**Yes**	**No**
k. Child No Longer in Original Home	**Yes**	**No**
l. Perpetrator Not Currently in Home	**Yes**	**No**
m. Unable to Locate Family/Family Fled so Unable to Complete Investigation	**Yes**	**No**
n. Other:	**Yes**	**No**

n1. ***(Please write-in 'Other')***_____

12. EMPLOYMENT STATUS AT INTAKE: (Yes=1) (No=2) (UNK=3)

a. Employed **Yes** **No** **UNK**

b. Public Assistance **Yes** **No** **UNK**

REFERRAL HISTORY

13. DOES CLIENT HAVE PRIOR REFERRALS? Please use the exclusion criteria in the code book to determine which referrals to count.

Yes=1 **No=2**

RE-REFERRAL

(**Please use the exclusion criteria in the Appendix pg.1 to determine which referrals to count.)

14. NUMBER OF RE-REFERRALS on this *family* (involve the victim-of-interest or siblings) within 6 months following the sample referral date_____

15. Please record the referral ID#, date, and CA/N allegations for the ***first re-referral regarding the family*** which has been received within 6 months following the sample referral. If there is no re-referral on the family that meets the exclusion criteria, leave #15-18 blank & skip to #19.

RE-REFERRAL ID # **RE-REFERRAL DATE**

15a. _____ **15b. ____/____/____**

16. RE-REFERRAL MCS-R2 CA/N ALLEGED for the Victim-of-Interest

MALTREATMENT TYPE	SEVERITY	PERPETRATOR(S)	
a1) _____	a2) _____	a3) ____/____/____	a3a) ____/____/____
b1) _____	b2) _____	b3) ____/____/____	b3a) ____/____/____
c1) _____	c2) _____	c3) ____/____/____	c3a) ____/____/____
d1) _____	d2) _____	d3) ____/____/____	d3a) ____/____/____
e1) _____	e2) _____	e3) ____/____/____	e3a) ____/____/____
f1) _____	f2) _____	f3) ____/____/____	f3a) ____/____/____

17a. IS THERE AN INVESTIGATION MODULE FOR THIS RE-REFERRAL?

1 = Yes **2=No**

17b. RE-REFERRAL INVESTIGATION SCREEN FINDINGS FOR VICTIM-OF-INTEREST:

1 = Founded
2 = Unfounded
3 = Inconclusive
4 = DK: CA/N code listed for victim-of-interest has missing finding code.
7 = N/A: No Investigation Module for this referral.

1. ____ Physical ABUSE **6. ____ Emotional Maltreatment**

2. ____ **Sexual Abuse**
3. ____ **Physical NEGLECT**
4. ____ **Medical Neglect**
5. ____ **Exploitation**
7. ____ **Prenatal Injury**
8. ____ **Abandonment**
9. ____ **None Given**
10. ____ **Other:**

17c._____

18a. IS THERE A SUMMARY ASSESSMENT FOR THIS RE-REFERRAL?

1 = Yes 2 = No

18b. RE-REFERRAL SUMMARY ASSESSMENT FINDING CODE:

1 = Founded
2 = Unfounded
3 = Inconclusive
4 = DK: (Summary Assessment has no Finding Code entered.)
7 = N/A: (No summary assessment for this re-referral.)

CPS FINDINGS & SUMMARY ASSESSMENT for SAMPLE REFERRAL

19. IS THERE A SUMMARY ASSESSMENT FOR THE SAMPLE REFERRAL? (Circle one.)

Yes=1 No=2

20. SUMMARY ASSESSMENT ID # : _____

21. SUMMARY ASSESSMENT COMPLETE DATE: __ __/__ __/__ __

22. SUMMARY ASSESSMENT FINDING CODE:

1 = Founded
2 = Unfounded
3 = Inconclusive
4 = DK: (Summary Assessment has no Finding Code entered.)
7 = N/A: (No summary assessment for this referral.)

23. IS THERE AN INVESTIGATION MODULE FOR THIS REFERRAL?

1 = Yes, with Finding(s) for the victim-of-interest.
2 = Yes, but no Finding code(s) entered for the victim-of-interest.
3 = No.

24. FINDING FOR CPS MALTREATMENT TYPE:

- If the answer to #23 was 1 or 2, then Code each CPS subtype for the identified victim-of-interest, using the appropriate conclusion code (per Type 2 instructions in the code book.)
- If the answer to #23 was 3, but #19 was 1, complete the following section using the Type 1 rules from the code book.
- If the answer to #23 was 3 and #19 was 2, leave the next section blank and skip to Placement section.

CONCLUSION CODES

1 = Founded	**4 = DK** (Type 1: Summary assessment has missing finding code)
2 = Unfounded	(Type 2: CA/N code listed for victim-of-interest has missing finding code)
3 = Inconclusive	**7 = N/A** (CA/N type not applicable)

a. ____ Physical ABUSE
b. ____ Sexual Abuse
c. ____ Physical NEGLECT
d. ____ Medical Neglect
e. ____ Exploitation
f. ____ Emotional Maltreatment
g. ____ Prenatal Injury
h. ____ Abandonment
i. ____ None Given
j. ____ Other: 24j1._____

FINDINGS FROM NARRATIVE SUMMARY

25. FINDINGS AND MCS-R2 ISSUES Per Summary Assessment Text:

CONCLUSION CODE (per #24 or text)	**MALTREATMENT TYPE**	**SEVERITY**	**PERPETRATOR(S)**	
a1) _____	**a2) _____**	**a3) _____**	**a4) ___/___/___**	**a4a) ___/___/___**
b1) _____	**b2) _____**	**b3) _____**	**b4) ___/___/___**	**b4b) ___/___/___**
c1) _____	**c2) _____**	**c3) _____**	**c4) ___/___/___**	**c4c) ___/___/___**
d1) _____	**d2) _____**	**d3) _____**	**d4) ___/___/___**	**d4d) ___/___/___**
e1 _____	**e2) _____**	**e3) _____**	**e4) ___/___/___**	**e4e) ___/___/___**
f1) _____	**f2) _____**	**f3) _____**	**f4) ___/___/___**	**f4f) ___/___/___**

26. RISK ISSUES INCLUDED IN NARRATIVE/SUMMARY:
(Circle all that apply.) (Yes=1) (No=2)

a. Substance Abuse **Yes** **No**

(Write in the details from the intake text that led you to believe that substance abuse is an issue.)

a1. _____

_____

b. Caregiver Domestic Violence **Yes** **No**
c. Mental Illness of Caregiver **Yes** **No**
d. Child Problems **Yes** **No**
e. Child Fear of Caregiver **Yes** **No**
f. Child Has <u>No</u> Fear of Caregiver **Yes** **No**
g. Caregiver Physical Health/DD **Yes** **No**
h. Request for Services **Yes** **No**
i. CA/N Toward Other Children **Yes** **No**
j. <u>Lack</u> of CPS/CA/N History **Yes** **No**
k. Caregiver HX of CA/N as Child **Yes** **No**

l. Protective Caregiver	**Yes**	**No**
m. Not Protective Caregiver	**Yes**	**No**

27. OTHER ISSUES FROM SUMMARY ASSESSMENT: (Circle all that apply.)

a. Custody Battle	**Yes**	**No**
b. Unstable Living Situation	**Yes**	**No**
c. Caregiver In Jail/Arrested	**Yes**	**No**
d. Child Sexually Acting Out	**Yes**	**No**
e. Other Assaultive/Violent Behavior/ Gang Involvement	**Yes**	**No**
f. Caregiver Cooperative w/Agency	**Yes**	**No**
g. Caregiver Not Cooperative w/Agency	**Yes**	**No**
h. Lack of Credibility of Child	**Yes**	**No**
i. Victim Recanted	**Yes**	**No**
j. Lack of Credibility of Referrer	**Yes**	**No**
k. Child No Longer in Original Home	**Yes**	**No**
l. Perpetrator Not Currently in Home	**Yes**	**No**
m. Unable to Locate Family/Family Fled so Unable to Complete Investigation	**Yes**	**No**
n. Other:	**Yes**	**No**

n1. ***(Please write-in 'Other') :_____***

28. DOCUMENTED EVIDENTIARY FACTORS:

(Circle all that apply.)	(Yes=1)	(No=2)
a. Physical Evidence of Injury due to CA/N	**Yes**	**No**
b. No Physical Evidence of Injury due to CA/N	**Yes**	**No**

29. EMPLOYMENT STATUS at Time of Summary Assessment:

	(Yes=1)	(No=2)	(UNK = 3)
a. Employed	**Yes**	**No**	**UNK**
b. Public Assistance	**Yes**	**No**	**UNK**

PLACEMENT INFORMATION

Look up the identified victim-of-interest through *Person Search* in CAMIS to determine *official* placement data for that child and his/her siblings.
WE ARE ONLY CONCERNED WITH OFFICIAL PLACEMENTS WHICH ARE FOUND IN CAMIS/ Informal Placements which may be found in case narrative should be noted elsewhere.

PAST PLACEMENTS

30. Does the victim-of-interest have an official placement prior to the date of the initial referral?

*Only consider placement episodes which involved more than just protective custody, (placement longer than 5 days.) Circle appropriate response.

Yes=1 **No=2**

31. Are there prior official placements of other children in the family?
*Only consider placement episodes which involved more than just protective custody, (placement longer than 5 days.) Circle appropriate response.

Yes=1 **No=2**

PLACEMENTS SINCE THE REFERRAL

32. Has the victim-of-interest been in <u>any</u> official placement within 6 months since the date of the initial referral (or that began on the date of the referral)? (Circle appropriate response.)

Yes=1 **No=2** (If "No," skip to #36.)

33. If yes, what is the Original Placement Date (OPD) of the placement episode most immediately after the date of this referral (or that began on the date of the referral) ?

OPD: __ __/__ __/__ __
(Leave blank if victim-of-interest has not been in placement within 6 months of the referral.)

34. What is the duration of the placement episode which began on the date noted in #33?

Number of days: _____
(Code "**999**" if placement episode was **ongoing at 6 months past the referral date**.)
(Leave blank if victim has not been in placement within 6 months of the referral.)

35. Did any placement episode within 6 months after the referral (or that began on the date of the referral) last longer than 5 days? (Circle appropriate response.)

Yes=1

No=2 (Use 'No' all placements were protective custody only.)

(Leave blank if victim has not been in placement within 1 year of the referral.)

36. Have there been official placements of other children in the family within 6 months following the referral (or that began on the date of the referral)?

*For sibling placements, only consider placement episodes which involved more than just protective custody, (placement longer than 5 days.) Circle appropriate response.

Yes=1 **No=2**

April 28, 1999
CPS DECISION-MAKING MALTREATMENT CODE BOOK
Revised for CPS Unsubstantiation Project Data Collection

This code book and the coding form have been revised to incorporate the goals of Phase III of the Unsubstantiation Research Project. This version is generally the same as the 9/98 version adapted for Phase I of this project with the following exceptions. Most of the Evidentiary Factors section has been excluded from this collection form as the narrative fields are extremely time-consuming to analyze. Although the "Physical Evidence of Injury due to CA/N" & "No Physical Evidence of Injury due to CA/N" have been retained in this section, as they are of interest per our grant hypotheses, and these fields do not require text entry/analysis. The referral history section has been reduced to a yes/no field for the presence of past referrals meeting exclusionary criteria. The "Re-referral" section includes the same "count of re-referrals" on the family, but the time-frame has been shortened from one-year to 6 months. This is necessary as time frames are different for this sample population, and we will not have a full-year to analyze at the time of data collection. Furthermore, the 1st re-referral on the *family* will be coded for CA/N severity and findings, rather than the 1st re-referral on the victim-of-interest. This will enable us to collect more complete information on the family, regardless of if they are re-referred for the same child. Other than these mentioned changes, this form collects the same data as the form used for Phase I, and all coding information other than referral history and re-referral will still be based on a victim-of-interest.

VARIABLE LIST / OPERATIONAL DEFINITIONS

This section will be the entry of factual information, such as correct dates, identification numbers and assigned values.

REVIEWERS NAME: The name of the individual completing this form.

1. **REVIEWER ID #:** The ID # assigned to the individual reviewer.

2. **TODAY'S DATE**: The date the file is being reviewed for data collection.

3. **DCFS CASE #:** The CPS unique identifying number assigned to the family.

CPS REPORT

This section refers to the specifics of the report made to CPS.

Note: Please see the Appendix for important details of how to **identify referrals which will be excluded** from coding in the study.

4. **REFERRAL DATE**: The actual date that this specific allegation was made to CPS. .

5. **REFERRAL NUMBER**: The actual number assigned as a unique identifier for the report made to CPS.

6. **RISK TAG**: The level of risk assigned to the referral at intake by CPS;
   0 = Assessed as No risk
   1 = Low risk
   2 = Moderately Low risk
   3 = Moderate risk
   4 = Moderately High risk
   5 = High risk
   9 = No Risk Tag

7. **REFERRER**: The person or agency reporting the incident to CPS. Please select the collapsed category code from the list below which reflects the type of referrer for this referral.

   1 = Social Services
   2 = Medical
   3 = Legal/Justice
   4 = Education
   5 = Child Care Providers
   8 = Other Relatives
   9 = Friends/Neighbors
   10 = Perpetrators
   11 = Others
   12 = Anonymous

6 = Victims
7 = Parents
13 = Self

8. CPS MALTX TYPE AT INTAKE: If a CPS CA/N code (or CA/N codes) is/are identified on the referral, then determine which of the CA/N codes apply to the *victim-of-interest*. Enter a "1" on the coding form next to the CA/N type (or types if there is more than 1 type identified) that relate to the victim-of-interest.

If specific CA/N codes clearly apply to allegations of CA/N toward other children in the home, do not record those CA/N codes in this section. Simply circle "Yes" in the Risk Issues section #10h, "CA/N Toward Other Children."

This info. is found just below the "Persons Identified in Referral" & just above the "Incident Address" in REFSUMDR. If no CA/N type is given here, then enter a "1" next to "None Given."

If the CA/N code listed on the intake is "*Mental Injury*" or "*Emotional Abuse*," please record this in the "Emotional Maltreatment" field #8f.

If the CA/N code listed on the intake is "*Death by CA/N*" or "*Sexual Exploitation*," please record them in #8j "Other", and write-in the CA/N code in the space provided.

ALLEGATION

This section refers to the specific allegation made known to the CPS agency. Only the reported incident information should be coded.

9. MCS-R2 ALLEGED (at Intake): Use the coding system found in the Maltreatment Coding Scheme, Revision 2, (MCS R-2) to code all allegations in the referral which involve the *victim-of-interest*, (up to six.) If there are allegations of CA/N which clearly relate only to another victim in the home, do not record these allegations in this section; allegations of current or past CA/N to other children should be recorded by circling "Yes" in the Risk Issues section #10i, "CA/N Toward Other Children."

The maltreatment code for the allegation goes in the first column, the corresponding severity of the allegation goes in the second column, and the identified perpetrator(s) of the specific allegation goes in the 3rd & 4th columns. (See Appendix page 2 for perpetrator codes.)

If there is an undefined allegation of Physical Neglect, Emotional Abuse, or Sexual Abuse that does not meet MCS-R2 Coding Standards, please write this info. in #11n, "Other".

If there are NO allegations of CA/N which meet the MCS-R2 Coding Standards, please leave this entire allegation section (#9) blank and move on to the Risk Issues section.

10. RISK ISSUES MENTIONED IN THE INTAKE ALLEGATION TEXT: Code all 'Caregiver' risk issues for primary caregivers in a caregiving role, within the allegation. Code the 'Child' risk issues for the *victim-of-interest* only. The allegation must specifically state these risk issues, i.e. "Mom has a drinking problem," in order to code them. If they are not mentioned, or if there is no allegation information, then code "No."

a. ***Substance Abuse****:* A history of substance abuse or any current substance use/addiction that may limit capacity or causes incapacity of the caregiver's ability to effectively parent the child. (This risk issue has the same meaning as the Risk Matrix Factor Substance Abuse by Caretaker.)

a1. ***Substance Abuse Narrative Detail:*** Please write in the details from the intake text that led you to believe that substance abuse might be an issue for the family. This detail information will be analyzed and categorized after data collection.

Examples might include:
1) mother lives in crack house,
2) mother's boyfriend is violent when drinking,
3) father incapacitated from intoxication.
4) mother had postive U/A for cocaine

*Please record the type of drug(s) allegedly used if that information is available in the text.

b. ***Caregiver Domestic Violence****:* Assaultive behavior/violence between intimate partners, one of whom must be a caregiver. (This issue does not have the same definition as any particular Risk Matrix Factor.)

(This does not include violence between other persons in the home, i.e. violence between an adolescent and parent, roommates, among sibs, toward a friend, neighbor, other relative residing in the home, etc. Please record other known history of violence, property destruction, animal abuse, criminal assault charges, gang involvement etc. in #11e as appropriate.)

c. ***Mental Illness of Caregiver****:* A mental illness or instability of the caregiver that interferes with their ability to adequately parent the child. (Note: Chemical dependency is not included here as an impairment, but is coded as substance abuse.) (This issue does not have the same definition as any particular Risk Matrix Factor.)

d. ***Child Problems****:* Victim-of-interest has diagnosed behavior problems or is behaviorally disturbed. This category applies to extremely assaultive children and children with Juvenile Justice involvement. This category also includes behavior problems and difficulty of care related to child's disability (i.e., autism, ADHD, suicidal ideation, chemical dependency, substance abuse by child, severe physical disability or developmental delay.) (This issue does not have the same definition as any particular Risk Matrix Factor.)

e. ***Child Fear of Caregiver***: Victim-of-interest experiences doubt, concern, anxiety or fear of caregiver. (This issue does not have the same definition as any particular Risk Matrix Factor.)

f. ***Child Has <u>No</u> Fear of Caregiver***: Victim-of-interest does not evidence doubt, concern, anxiety, or fear of caregiver. Victim-of-interest expresses a lack of fear of caregiver. (This issue does not have the same definition as any particular Risk Matrix Factor.)

g. ***Caregiver Physical Health/Developmental Delay***: A mental/intellectual or physical impairment of the caregiver that interferes with their ability to adequately parent the child. Note: Chemical dependency and Mental Illness are not included here, but are coded under Substance Abuse and Mental Illness of Caregiver, respectively. (This issue does not have the same definition as any particular Risk Matrix Factor.)

h. ***Request for Services****:* Use this factor <u>only</u> when a caregiver self-refers to CPS and is <u>requesting concrete services or assistance</u>, (i.e. Day Care, housing, placement, etc.). Without this assistance from the agency, there would be serious risk to the child(ren). This factor also applies if a request for services is made by a *direct advocate* for the parent, who is calling CPS at the request of the parent. (Note: This factor was previously known as "Serious Resource Need" and the original definition has been retained.) (This issue does not have the same definition as any particular Risk Matrix Factor.)

i. ***CA/N Toward Other Children:*** Evidence of CA/N toward other children by caregiver. An example of this factor would be if the referral alleges that other children have *previously* been removed or abused by the caregiver or that other children in the home are *currently* being victimized by the caregiver. (This issue does not have the same definition as any particular Risk Matrix Factor.)

j. ***<u>Lack</u> of CPS/CA/N History*:** Caregiver does not have history with CPS. Caregiver does not have history of CA/N towards children. This must be stated in the text in order to code. (This issue does not have the same definition as any particular Risk Matrix Factor.)

k. ***Caregiver History of CA/N as a Child:*** Caregiver experienced abuse or neglect as a child. This factor may also be inferred if the report mentions the caregiver's history as a child with CPS. (This factor has the same meaning as the Risk Matrix factor History of Abuse or Neglect as a Child.)

l. ***Protective Caregiver:*** BE VERY LITERAL WITH THIS FACTOR, DO NOT INTERPRET! Caregiver is willing and/or able to provide protection of the child from the perpetrator of CA/N. This must be stated in the text in order to code. (This issue does not have the same definition as any particular Risk Matrix Factor.)

m. ***<u>Not</u> Protective Caregiver:*** BE VERY LITERAL WITH THIS FACTOR, DO NOT INTERPRET! Caregiver is unable or unwilling to provide protection for the child from the perpetrator of CA/N. This must be stated in the text in order to code. (This issue does not have the same definition as any particular Risk Matrix Factor.)

11. OTHER ISSUES AT INTAKE: The allegation text must specifically state these issues in order to code them. If these issues are not mentioned, then code "No."

a. ***Custody Battle***: The allegation text clearly states that a custody battle is present and/or may be a motivating factor for the CPS report.

b. ***Unstable Living Situation***: Caregiver moves frequently within a limited time frame, caregiver and child live with friends/relatives but have no official residence. Family is going to be or is in the process of being evicted. Homelessness is included here.

c. ***Caregiver in Jail/Arrested:*** Caregiver is in Jail or has been arrested.
(Do not record references to old criminal history here, this is for jail/charges which are ***currently*** affecting the family.)

d. ***Child Sexually Acting Out***: Victim-of-interest is exhibiting behavioral signs of having been sexually abused, or having been exposed to sexually explicit stimuli.

e. ***Other Assaultive/Violent Behavior/Gang Involvement:*** Other violence, current or historical, which does not meet the strict criteria for the #10b, 'Caregiver Domestic Violence' risk issue.

Examples include:
1) Family violence
2) Property destruction
3) Animal cruelty/abuse
4) Threats of violence/death
5) Gang involvement in the home
6) Violence by caretakers to others
7) Violence between other persons in the home
8) Stalking/Terrorizing Behavior

f. ***Caregiver Cooperative with Agency:*** BE VERY LITERAL WITH THIS FACTOR, DO NOT INTERPRET! Caregiver is willing to cooperate with social worker/agency investigation and accept intervention or services. This must be stated in the text in order to code. (This item has the same meaning as the Risk Matrix factor Cooperation with Agency, when rated as family strength.)

g. ***Caregiver <u>Not</u> Cooperative with Agency:*** BE VERY LITERAL WITH THIS FACTOR, DO NOT INTERPRET! Caregiver is unwilling to cooperate with social worker/agency investigation, intervention, or services. Caregiver denies the social worker access to the home or child. Caregiver is hostile toward social worker or refuses agency intervention. This must be stated in the text in order to code. (This item has the same meaning as the Risk Matrix factor Cooperation with Agency, when rated as low-high risk.)

h. ***Lack of Credibility of Child*****:** Narrative text states that victim-of-interest is not a credible witness or source of information. This would include such expressions as "child is a liar," "child has a history of false accusations," "child changed his/her story," or "child appears to be lying to protect caregiver."

i. ***Victim Recanted*****:** Narrative text states that the victim-of-interest recanted his/her disclosure of CA/N.

j. ***Lack of Credibility of Referrer*****:** Narrative text states that the referrer lacks credibility due to ulterior motive, mental illness, custodial conflict, neighborhood dispute, etc.

k. ***Child No Longer in Original Home:*** Original home means the home the child was living in when/where the CA/N took place. Intake narrative mentions that victim-of-interest is no longer in his/her original home, i.e. the child now has a new primary caregiver or is living on his/her own. (This would include child has moved out, is in placement, living with older sibling/friend/relative, ran away/kicked out & living on the streets, etc.).

l. ***Perpetrator Not Currently in Home:*** Intake narrative reveals that the alleged perpetrator is not living in the home.

Examples would include:
1) Perpetrator is incarcerated, dead, or deported.
2) Perpetrator has moved out or been otherwise removed since the alleged CA/N occurred.
3) Alleged CA/N was perpetrated on visitation with a non-custodial parent who does not live in the child's primary residence.
4) Caregiver and children move out of perpetrator's home.

m. ***Unable to Locate Family/Family Fled, so Unable to Complete Investigation:*** Social worker notes that family could not be located or has fled to an unknown location, and thus the investigation cannot be completed.

n. ***Other*****:** Any specifically mentioned issues that pertain to the allegation and/or risk issues that are not included in MCS-R2 or elsewhere on this form.

Examples: Undefined Sexual Abuse, Emotional Abuse, or Physical Neglect when the report does not contain enough details to apply a MCS-R2 code to the allegations otherwise. Child exploitation, kidnapping, or other type of CA/N which has no applicable MCS-R2 equivalent.

n1. Write-in detail of 'Other.' Abbreviation will often be necessary, there are limited spaces of text available in the database to record this data.

12. EMPLOYMENT STATUS at INTAKE: What is the employment status is of the caregiver(s) at the time of the referral? Is the family receiving Public Assistance?

a. Employed: **Yes** = referral says that there is employment/work by caregiver. (This does not include prostitution or drug dealing.)
No = referral specifically states that caregiver is unemployed.
UNK = no mention of job or lack thereof in the referral.

b. Public Assistance: **Yes** = Referral text (if provided by CPS or CSO caseworker) and/or ACES check reveals that Public Assistance was received at the time of the referral.
No = ACES reveals that family had no open Public Asst. grants at the time of the referral and/or the referral text (if provided by CPS or CSO caseworker) states that family is receiving NO benefits.
UNK = The referral does not provide enough information to conduct an ACES check on the family. (i.e. No names or birth dates for family members.)

13. REFERRAL HISTORY

Does Client Have Prior Referrals?

After coding the sample referral, review the "(L) Referral History" section which follows the 'Basis for Risk Tag' in CAMIS. *Please apply the exclusion criteria from the Appendix pg. 1 to determine which referrals are applicable.

Yes= There is at least one prior referral which meets exclusion criteria for the client.
No= There are no prior referrals which meet exclusion criteria for the client.

14.-18. RE-REFERRAL

After coding the sample referral, review the "(L) Referral History" section which follows the 'Basis for Risk Tag' in CAMIS. *Please apply the exclusion criteria from the Appendix pg. 1 to determine which referrals to count.

Since only the first 10 lines of text are available from the 'Referral History' section of the referral screens, it will occasionally be necessary to skim the referral text of the re-referrals to determine who was involved in the referral and what the allegations were, in order to determine if the re-referrals meet the exclusionary criteria.

14. Number of re-referrals on this *family* (involve the victim-of-interest or siblings) within 6 months following the sample referral date.

Determine which re-referrals in the 6 month period involve the same family, count the number of family re-referrals (which meet exclusion criteria), and record this number in #14.

15.-18. 1st RE-REFERRAL for FAMILY: Determine which re-referral was the first re-referral on the family. Then determine if you will be using the same victim-of-interest as you did for the sample referral:

1) If the original victim-of-interest is labeled as a "V" in the 1st family re-referral, continue using that victim-of-interest to code the re-referral…
2) However, if the original victim-of-interest is <u>not</u> labeled as a "V," read the re-referral to see if the original victim-of-interest was involved, and if yes, then still code for the original victim-of-interest…
3) Last choice: **if the original victim-of-interest is not labeled as a "V" <u>nor</u> involved in the 1st family re-referral per the text,** then use the victim-of-interest selection criteria in the Appendix to determine a new victim-of-interest on whom to focus your coding of the 1st family re-referral.

If there is no re-referral for the family within the 6 month period which meets exclusionary criteria, leave 15-18 blank & skip to #19.

15a. Re-Referral ID #: The ID # of the first re-referral on the family which was received within 6 months following the sample referral received date.

15b. Re-Referral Date: The received date of the first re-referral on the family.

16. Re-referral MCS-R2 CA/N Alleged: Read the intake narrative for the first re-referral on the family (which occurred within 6 months following the sample referral.) Code the CA/N allegations for type, severity, and perpetrator(s) for the applicable victim-of-interest per the MCS-R2 using the same procedure that you used for #9 Intake Allegations.

17a. Is There an Investigation Module for This Re-Referral? : Yes or No depending on if an investigation module has been completed for this re-referral.

17b. Re-Referral Investigation Screen Findings for Victim-of-Interest: Enter the appropriate finding code for each CA/N code documented for the applicable victim-of-interest for this re-referral.

Use DK if a CA/N code listed for the victim-of-interest has no finding code documented.

Use N/A, if there is no investigation module for this re-referral.

If there is no finding code **and** no CA/N code on the Victim screen, code 4=DK in the None Given field.

18a. Is There a Summary Assessment for This Re-Referral? :

Yes or No depending on if there if you could find a summary assessment for the re-referral.

18b. Re-Referral Summary Assessment Finding Code:

If there is a summary assessment with a finding code entered for the 1st re-referral, circle the appropriate finding code.

If there is a summary assessment, but the finding code is missing, code DK.

If there is no summary assessment, code N/A.

CPS FINDINGS for SAMPLE REFERRAL

This section is to be coded for the **sample referral** using only information given in the Summary Assessment narrative and any text entries in the Risk Matrix.

19. SUMMARY ASSESSMENT? Yes or No, depending on if you can locate a summary assessment for the sample referral. (Note: For this Unsubstantiation Project, all sample referrals will have directly associated summary assessments, so the answer to this question will always be "Yes.")

20. SUMMARY ASSESSMENT ID#: The actual ID number assigned to this summary assessment.

21. SUMMARY ASSESSMENT COMPLETE DATE: The actual date on which this summary assessment was input into CAMIS.

22. SUMMARY ASSESSMENT FINDING CODE: If there is a summary assessment with a finding code entered for the sample referral, circle the appropriate finding code.

If there is a summary assessment, but the finding code is missing, code DK.

If there is no summary assessment, code N/A.

23. IS THERE AN INVESTIGATION MODULE FOR THIS REFERRAL?

1 = Yes, with finding : An investigation module is directly linked to the referral and it has at least one finding code entered for the victim-of-interest.
(Note: if the answer is 1 for this question, then you will use whatever information is in the investigation module to complete the findings in #25 & 27).

2 = Yes, but no finding: An investigation module is directly linked to the referral, but it has no finding codes entered for the victim-of-interest.
(Note: if the answer is 2 for this question, then you will use whatever information is in the investigation module to complete the findings in #25 & 27.)

3 = No: No investigation module is directly tied to this referral.
(Note: if the answer to this question is 3, but there was a summary assessment noted in #20, you will complete the findings in #25 & 27 following the instruction below for Type 1. However, if there is no investigation module and no summary assessment for this referral, you will skip to the placement section #33.)

24. FINDING for CPS MALTREATMENT TYPE:

Type 1 (Old Summary) only: Follow these instructions only if the answer to #24 was "NO."

Record the finding which is located in the FINDING field of the summary assessment for each CPS Maltreatment subtype which was identified in #8 of this coding form. Use the following codes to record the FINDING.

Type 2 (Investigation Module) only: Follow these instructions only if the answer to #24 was "YES."

Record the finding codes for the *victim-of-interest* for each applicable CA/N type as they are entered on the victim investigation screen for this referral.

If the CA/N code listed on the investigation screen regarding the victim-of-interest is "*Mental Injury*" or "*Emotional Abuse*," please record the finding in the "Emotional Maltreatment" field #25f.

If the CA/N code listed on the investigation screen regarding the victim-of-interest is "*Death by CA/N*" or "*Sexual Exploitation*," please record the finding in #25j "Other", and write-in the CA/N type in the space provided.

*Anomaly Rule: When the victim-of-interest and caregiver/perpetrator are reversed as to their role codes: fill out purple sheet for actual victim denoting 'S' as the role code. Go ahead and look in the subject findings screen for the victim's findings, (hopefully victim & subject will have the same findings in these instances.)

Substantiation Decision Codes:

1 = **FOUNDED/***SUBSTANTIATED*: Based on the CPS investigation, there is reasonable cause for the social worker to believe that either the allegations on the referral are true, or that sufficient evidence exists to reasonably support the conclusion that the child has been, or is at risk of being, abused or neglected by a parent or caregiver.

2 = **UNFOUNDED/***NOT SUBSTANTIATED*: Available evidence indicates that, more likely than not, child abuse or neglect did not occur.

3 = **INCONCLUSIVE**: There is not significant evidence for the social worker to reasonably conclude that a child has or has not been abused or neglected or is at risk of abuse or neglect.

4 = **DON'T KNOW**

Type 1 only: The summary finding field on the summary assessment is left blank by the worker.

Type 2 only: A CA/N code listed for the victim-of-interest on the victim investigation screen does not have a finding code entered for it.

7 = **NOT APPLICABLE**

Type 1 only: This CA/N Code was not identified on the referral at intake, and was not revealed as an issue in the summary narrative text.

FINDINGS FROM NARRATIVE SUMMARY

25. FINDINGS AND MCS-R2 ISSUES PER SUMMARY ASSESSMENT:

Connect the CPS Finding Code(s) from #24 to each Type, Severity, and Perpetrator information which is mentioned in the Summary narrative. Use the same MCS-R2 system as you did with the intake allegations.

Example:

Conclusion Code	**MCS-R2 CA/N**	**CA/N Severity**	**Perpetrator(s)**	
a1. 1	a2. 403	a3. 3	a4. 01/M/A	a4a.01/F/A
(1 = Founded / Substantiated)				
b1. 3	b2. 500	b3. 14	b4. 01/F/A	b4b._____
(3 = Inconclusive)				

If the text mentioned the allegations specifically**, then carry over** only **those allegations that are specifically mentioned. If the text is only** general**, (e.g. "physical neglect is founded"), then carry over all neglect allegations that you coded at intake & assume the worker is talking about the same thing you are. Another example might be "the allegations were shown to be unfounded," even if this is the only mention of CA/N and the remainder of the text addresses risk, services,**

case outcome, etc., you would carry over all allegations which you coded at intake since you know this summary is intended to address this specific referral's issues.

New categories of CA/N not mentioned at intake: 4 = DK is usually the appropriate conclusion code for allegations of new *categories* of CA/N if they are mentioned in the summary assessment text, but were not mentioned as part of the intake issues. However, if there are findings documented on the victim investigation screen for the new CA/N category (CA/N code) then use the applicable finding code as your conclusion code.

For multiple referrals per summary assessment: Specifically carry over the allegations which relate to the sample referral. Exclude any allegations which clearly relate to a different referral.

If there is text, but **no CA/N** mentioned in summary text: Leave section #25 completely blank and record Risk Issues as applicable.

No Text In Summary: If there is no text written in the summary assessment or risk matrix: Record the Conclusion Code in 25a1.
Enter '0' in 25a2.
Enter '0' in 25a3.
Enter '00/D/K' in 25a4.

No Text In Summary, When There are Multiple Finding Codes for Victim:
There is also the potential situation of different finding codes for different CA/N codes on the victim investigation screen, (e.g. PA = F, PN = I). When this occurs and there is no text in the summary, document each of the different conclusion codes on a separate line (25a1, b1,..., add the 0 for all maltreatment types and severity codes, and use 00/D/K for all perps (25a4, b4,...)

Example:

Conclusion Code	MCS-R2 CA/N	CA/N Severity	Perpetrator(s)	
a1. 1	a2. 0	a3. 0	a4. 00/D/K	a4a. _____
b1. 3	b2. 0	b3. 0	b4. 00/D/K	b4b._____

26. RISK ISSUES INCLUDED IN NARRATIVE SUMMARY ASSESSMENT:
Code all 'Caregiver' risk issues for primary caregivers in a caregiving role, as reported in the Narrative Summary and/or narrative entries in the Summary Risk Matrix. Code the 'Child' risk issues for the *victim-of-interest only*. The text must specifically state these risk issues, i.e. "Mom has a drinking problem," in order to code them. If they are not mentioned, or if there is no text, then code "No."

For multiple referrals per summary assessment: The Risk Issues, Other Issues, and Evidentiary Factors sections should be completed with any information disclosed in the summary narrative text and any text entries within the Risk Assessment Matrix, regardless of the fact that more than one referral may be addressed by the summary.

Since the worker has included the discussion of these issues and information in the same summary, they were most likely discovered during a single case opening or ongoing investigation involving multiple referrals. It is usually impossible to discern which issues and information were discovered in relation to which referral, when they are included in the same write-up of the outcome of the case.

a. ***Substance Abuse****:* A history of substance abuse or any current substance abuse/addiction that may limit capacity or causes incapacity of the caregiver's ability to effectively parent the child. (This risk issue has the same meaning as the Risk Matrix Factor Substance Abuse by Caretaker.)

a1. ***Substance Abuse Narrative Detail:*** Please write in the details from the summary assessment text that led you to believe that substance abuse might be an issue for the family. This detail information will be analyzed and categorized after data collection.

Examples might include:
1) mother lives in crack house,
2) father is violent when drinking,
3) mo's boyfriend incapacitated from intoxication.
4) mother had positive U/A for cocaine

*Please record the type of drug(s) allegedly used if that information is available in the text.

b. ***Caregiver Domestic Violence****:* Assaultive behavior/violence between intimate partners, one of whom must be a caregiver. (This issue does not have the same definition as any particular Risk Matrix Factor.)

(This does not include violence between other persons in the home, i.e. violence between an adolescent and parent, roommates, among sibs, toward a friend, neighbor, other relative residing in the home, etc. Please record other known history of violence, property destruction, animal abuse, criminal assault charges, gang involvement etc. in #29e as appropriate.)

c. ***Mental Illness of Caregiver****:* A mental illness or instability of the caregiver that interferes with their ability to adequately parent the child. (Note: Chemical dependency is not included here as an impairment, but is coded as substance abuse.) (This issue does not have the same definition as any particular Risk Matrix Factor.)

d. ***Child Problems****:* Victim-of-interest has diagnosed behavior problems or is behaviorally disturbed. This category applies to extremely assaultive children and children with Juvenile Justice involvement. This category also includes behavior problems and difficulty of care related to child's disability (i.e., autism, ADHD, suicidal ideation, chemical dependency, substance abuse by child, severe physical disability, or developmental delay.) (This issue does not have the same definition as any particular Risk Matrix Factor.)

e. ***Child Fear of Caregiver***: Victim-of-interest experiences doubt, concern, anxiety or fear of caregiver. (This issue does not have the same definition as any particular Risk Matrix Factor.)

f. ***Child Has <u>No</u> Fear of Caregiver***: Victim-of-interest does not evidence doubt, concern, anxiety, or fear of caregiver. Victim-of-interest expresses a lack of fear of caregiver. (This issue does not have the same definition as any particular Risk Matrix Factor.)

g. ***Caregiver Physical Health/Developmental Delay***: A mental/intellectual or physical impairment of the caregiver that interferes with their ability to adequately parent the child. Note: Chemical dependency or Mental Illness is not included here, but is coded under Substance Abuse and Mental Illness of Caregiver, respectively. (This issue does not have the same definition as any particular Risk Matrix Factor.)

h. ***Request for Services****:* Use this factor only when a caregiver self-refers to CPS and is requesting concrete services or assistance, (i.e. Day Care, housing, placement, etc.). Without this assistance from the agency, there could be serious risk to the child(ren). This factor also applies if a request for services is made by a *direct advocate for the parent*, who is calling CPS at the request of the parent. (Note: This factor was previously known as "Serious Resource Need" and the original definition has been retained.) (This issue does not have the same definition as any particular Risk Matrix Factor.)

i. ***CA/N Toward Other Children:*** Evidence of CA/N toward other children by caregiver. An example of this factor would be if the summary text mentions that other children have *previously* been removed or abused by the caregiver or that other children in the home are *currently* being victimized by the caregiver. (This issue does not have the same definition as any particular Risk Matrix Factor.)

j. ***Lack of CPS/CA/N History*****:** Caregiver does not have history with CPS. Caregiver does not have history of CA/N towards children. This must be stated in the text in order to code. (This issue does not have the same definition as any particular Risk Matrix Factor.)

k. ***Caregiver History of CA/N as a Child:*** Caregiver experienced abuse or neglect as a child. This factor may also be inferred if the report mentions the caregiver's history as a child with CPS. (This factor has the same meaning as the Risk Matrix factor History of Abuse or Neglect as a Child.)

l. ***Protective Caregiver:*** BE VERY LITERAL WITH THIS FACTOR, DO NOT INTERPRET! Caregiver is willing and/or able to provide protection for the child from the perpetrator of CA/N. This must be stated in the text in order to code. (This issue does not have the same definition as any particular Risk Matrix Factor.)

m. ***Not Protective Caregiver:*** BE VERY LITERAL WITH THIS FACTOR, DO NOT INTERPRET! Caregiver is unable or unwilling to provide protection for the child from the perpetrator of CA/N. This must be stated in the text in order to code. (This issue does not have the same definition as any particular Risk Matrix Factor.)

27. OTHER ISSUES IN NARRATIVE SUMMARY: The summary narrative or Risk Matrix narrative entries must specifically state these issues in order to code them. If these issues are not mentioned, then code "No."

a. ***Custody Battle****:* The text clearly states that a custody battle is present and/or may be a motivating factor for the CPS report.

b. ***Unstable Living Situation****:* Caregiver moves frequently within a limited time frame, caregiver and child live with friends/relatives but have no official residence. Family is going to be or is in the process of being evicted. Homelessness is included here.

c. ***Caregiver in Jail/Arrested:*** Caregiver is in Jail or has been arrested. Do not record references to old criminal history here, this is for jail/charges which are ***currently*** affecting the family.

d. ***Child Sexually Acting Out***: Victim-of-interest is exhibiting behavioral signs of having been sexually abused, or having been exposed to sexually explicit stimuli.

e. ***Other Assaultive/Violent Behavior/Gang Involvement:*** Other violence, which does not meet the strict criteria for the #26b 'Caregiver Domestic Violence' risk issue.

Examples include:
1) Family violence
2) Property destruction
3) Animal cruelty/abuse
4) Threats of violence/death
5) Gang involvement in the home
6) Violence by caretakers to others
7) Violence between other persons in the home
8) Stalking/Terrorizing Behavior

f. ***Caregiver Cooperative with Agency:*** BE VERY LITERAL WITH THIS FACTOR, DO NOT INTERPRET! Caregiver is willing to cooperate with social worker/agency investigation and accept intervention or services. This must be stated in the text in order to code. (This item has the same meaning as the Risk Matrix factor Cooperation with Agency, when rated as family strength.)

g. ***Caregiver <u>Not</u> Cooperative with Agency:*** BE VERY LITERAL WITH THIS FACTOR, DO NOT INTERPRET! Caregiver is unwilling to cooperate with social worker/agency investigation, intervention, or services. Caregiver denies the social worker access to the home or child. Caregiver is hostile toward social worker or refuses agency intervention. This must be stated in the text in order to code. (This item has the same meaning as the Risk Matrix factor Cooperation with Agency, when rated as low-high risk.)

h. ***Lack of Credibility of Child*****:** Narrative text states that victim-of-interest is not a credible witness or source of information. This would include such expressions as "child is a liar," "child has a history of false accusations," "child changed his/her story," or "child appears to be lying to protect caregiver."

i. ***Victim Recanted*****:** Narrative text states that the victim-of-interest recanted his/her disclosure of CA/N.

j. **Lack *of Credibility of Referrer*:** Narrative text states that the referrer lacks credibility due to ulterior motive, mental illness, custodial conflict, neighborhood dispute, etc.

k. ***Child No Longer in Original Home:*** Original home means the home the child was living in when/where the CA/N took place. Summary assessment narrative mentions that victim-of-interest is no longer in his/her original home, i.e. the child now has a new primary caregiver or is living on his/her own. (This would include child has moved out, is in placement, living with older sibling/friend/relative, ran away/kicked out & living on the streets, etc.).

l. ***Perpetrator Not Currently in Home:*** Summary assessment narrative reveals that the alleged perpetrator is not living in the home.

Examples would include:
1) Perpetrator is incarcerated, dead, or deported.
2) Perpetrator has moved out or been otherwise removed since the alleged CA/N occurred.
3) Alleged CA/N was perpetrated on visitation with a non-custodial parent who does not live in the child's primary residence.
4) Caregiver and children move out of perpetrator's home.

m. ***Unable to Locate Family/Family Fled, so Unable to Complete Investigation:*** Social worker notes that family could not be located or has fled to an unknown location, and thus the investigation cannot be completed.

n. ***Other*****:** Any specifically mentioned issues that pertain to the allegation and/or risk issues which are not included in MCS-R2 or elsewhere on this form.

Examples: Undefined Sexual Abuse, Emotional Abuse, or Physical Neglect when the report does not contain enough details to code the allegations by otherwise. Child exploitation, kidnapping, or other type of CA/N which has no applicable MCS-R2 equivalent.

n1. ***Write-in detail of 'Other.'*** Abbreviation will often be necessary, there are limited spaces of text available in the database to record this data.

28. EVIDENTIARY FACTORS SECTION: The narrative text must specifically state these issues in order to code them. If these issues are not mentioned, then code "No."

a. ***Physical Evidence of Injury due to CA/N*:** The narrative text indicates that there was physical evidence of injury to the victim-of-interest, i.e. visible bruise, laceration, burn, etc. Injury may be caused by any type of abuse or neglect, unexplained injury.

b. ***No Physical Evidence of Injury due to CA/N*:** The narrative text indicates that there was no observable physical evidence of injury to the victim-of-interest. This includes when the text notes that a worker or physician was unable to verify the presence of a physical injury.

29. EMPLOYMENT STATUS at Time of Summary Assessment: What is the employment status of the caregiver(s) at the time of the summary? Is the family receiving Public Assistance at the time of the Summary Assessment?

a. Employed: **Yes** = Summary says that there is employment/work by caregiver. (This does not include prostitution or drug dealing.)
No = Summary specifically states that CG is unemployed.
UNK = No mention of job or lack thereof in the summary.

b. Public Assistance: **Yes** = Summary text (if provided by CPS or CSO caseworker) and/or ACES check reveals that Public Assistance was received at the time of the summary assessment.
No = ACES reveals that family had no open Public Asst. grants at the time of the summary and/or the summary text (if provided by CPS or CSO caseworker) states that family is receiving NO benefits.
UNK = The summary/referral does not provide enough information to conduct an ACES check on the family. (i.e. No names or birth dates for family members.)

30-36. PLACEMENT INFORMATION:
Look up the victim-of-interest that you have identified through ***Person Search*** in CAMIS and type 'P' next to the name to review that child's "***official placement***" data.

***For this Placement Information section, we are only concerned with Official Placements which are found in CAMIS/ Exclude Informal Placements which may be found in case narrative, Please do not record in-home dependencies (BA or BN type) here if that was the only placement event in the episode**

30. Does the victim-of-interest have an official placement prior to the date of the initial referral?

Only consider placement episodes which involved more than just protective custody, (placement longer than 5 days.) Circle appropriate response.

31. Are there prior official placements of other children in the family?: *To look up sibling placements*: On the line next to the victim-of-interest in Person Search, type an 'F' to review family relationships. Type 'P' next to the names of all siblings on the list, then press 'Enter.' After reviewing the 1st sibling's placement history, push 'F12' to see the next sibling's history....and so forth.

Only consider sibling placement episodes which involved more than just protective custody, (placement longer than 5 days.) Circle appropriate response.

****Anomaly Rule:** If the victim-of-interest was placed prior to the referral & remains in placement after referral, but the allegations are regarding the child's non-foster parent caregivers (e.g. bioparents in past or during visitation)…. Code "Yes" for prior placement, "Yes" for placement since referral, and enter the original OPD of the child's placement, (despite what the question says.)

32. Has the victim-of-interest been in any official placement within 6 months since the date of the initial referral (or that began on the date of the referral)?: First, you will need to determine what the 6 month window of time following the received date of this referral would be. Then, check the placement record for the victim-of-interest to see if the victim-of-interest has spent any time in official placement within the defined 6 month period. *This includes placements which* ***began on the day of the referral.***

The answer to this question is "Yes" if **any** official placement (even protective custody only) has occurred for the victim-of-interest within the defined 6 month period.

If the answer if "**Yes**," complete all remaining questions on this form.
If the answer is "**No**," skip questions #33-35, and complete only question #36.

33. If 'Yes,' what is the Original Placement Date (OPD) of the placement episode most immediately after the date of this referral? (or the episode which started on the day of the referral.) : Enter the start date from the victim-of-interest placement information screen of the placement episode directly following the referral received date.

Leave blank if victim has not been placed within 6 months of the referral.

34. What is the duration of the placement episode which began on the date noted in #33?

Calculate and report the number of days that the placement episode lasted for the episode which started on the OPD listed in #33. When calculating duration, count the day on which the episode began & the day on which it ended. For example, OPD 8/1/98 which ended 8/3/98 should be recorded as a 3-day placement.

Code "**999**" if placement episode was **ongoing at 6 months** past the sample referral date.

35. Did any placement episode within 6 months since the referral (or that started on the day of the referral) last longer than 5 days?

Yes=1 (Circle 'Yes' if there was a placement within 6 months after the referral date (or that began on the date of the referral,) which lasted *longer than 5 days* for the victim-of-interest (i.e. the placement involved more than just protective custody.)

No=2 (Use 'No' all placements for the victim-of-interest within the 6 month period were protective custody only.)

Leave blank if victim-of-interest has not been placed within 1 year of the referral.

36. Have there been official placements of another child (other children) in the family within 6 months following the referral?: For sibling placements, only count placement episodes which involved more than just protective custody, (sibling spent longer than 5 days in any official placement since the sample referral.) Circle appropriate response.