



Child Welfare Information Gateway

PROTECTING CHILDREN ■ STRENGTHENING FAMILIES

Reducing Re-referral in Unsubstantiated Child Protective Services Cases

Research to practice

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Child Welfare Information Gateway
Children's Bureau/ACYF
1250 Maryland Avenue, SW
Eighth Floor
Washington, DC 20024
703.385.7565 or 800.394.3366
Email: info@childwelfare.gov
www.childwelfare.gov

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The decision not to substantiate a child protective services (CPS) referral does not necessarily guarantee a child's safety from future harm.¹ Many of the children in unsubstantiated cases are eventually the subjects of subsequent CPS referrals. In seeking to improve safety outcomes for these children, however, child welfare leaders face a daunting list of challenges that may compromise decision-making and the ability to ensure child safety. This paper identifies strategies to reduce re-referral² in unsubstantiated cases.

These suggestions for practice are based on the findings of three research grants funded by Children's Bureau to explore decision-making and outcomes in unsubstantiated CPS cases. (See Appendix A.) The findings are synthesized in more detail in the Child Welfare Information Gateway publication, *Decision-Making in Unsubstantiated Child Protective Services Cases: Synthesis of Recent Research*, available from Information Gateway at 800.394.3366 or info@childwelfare.gov. While the studies do not represent a national sample, they do provide some thought-provoking findings practitioners and administrators may want to consider as they build and refine child welfare programs for this population. The suggestions for practice discussed

¹ The meaning and use of the terms "substantiated" and "unsubstantiated" vary by State. For the purposes of this document, "substantiated" means there is reasonable cause to believe the child has been abused or neglected. "Unsubstantiated" means no maltreatment occurred or there was insufficient evidence under State law or agency policy to conclude that the child was maltreated. Some States require the caseworker to determine not only whether a specific incident of abuse or neglect occurred, but also whether the child is at risk of future maltreatment, in making the decision to substantiate or unsubstantiate a referral.

² For the purposes of this document, the term "re-referral" is used to indicate any situation in which a CPS case (whether initially substantiated or not) returns to the system for a second or subsequent referral.

here are those of Information Gateway and are not necessarily endorsed by the researchers.

Summary of Key Research Findings

Factors That Influence CPS Decision-Making About Case Disposition

The researchers generally agreed that factors related to the case, child, and family circumstances all are significant to decision-making in CPS cases. However, the context for CPS decision-making is complex, and other factors (such as those related to caseworker characteristics, the organizational environment, and State laws and policies) were also found to influence these decisions.

Some of the research findings regarding factors influencing CPS decision-making include:

- **Multiple risk factors.** In one study, when risk factors were found in more than five different categories (such as child characteristics, caretaker characteristics, social and economic factors), the likelihood of a substantiated finding for that case increased significantly.³
- **Prior referrals.** In general, cases with prior referrals were more likely to be substantiated.⁴
- **Neglect.** In one study, caseworkers indicated they were *least* likely to substantiate referrals for neglect.⁵

³ English I, p. 115.

⁴ Fluke, p. 109, 115.

⁵ English II, p. 98.

- **State policies.** States with options for decision-making that acknowledged uncertainty about the occurrence of maltreatment, such as “unable to determine” or “insufficient evidence,” were found to have lower proportions of unsubstantiated cases. Researchers suggest that this may indicate that ambiguous cases are recorded in these categories when States have them available, while in States with only two options those ambiguous cases may be more likely to be recorded as unsubstantiated.⁶ Also, the proportion of unsubstantiated cases tended to be higher in States where the evidence threshold to substantiate a case was higher.⁷

Case Factors That Influence Re-referral

In general, substantiated or inconclusive cases were found to be more likely to re-refer than unsubstantiated cases. However, initially unsubstantiated cases accounted for the greatest number of children returning as a re-referral. One study also found that one-third of cases classified as inconclusive or unsubstantiated re-referred within 12 months of the last investigation.⁸ Some of the factors found to influence re-referral include:

- **Neglect.** Initially substantiated neglect cases were found to be highly likely to re-refer.⁹
- **Younger children.** In both initially substantiated and unsubstantiated cases, younger children were more likely to be re-referred

to the system for all types of maltreatment except sexual abuse.¹⁰

- **Perpetrator factors.** In both initially substantiated and unsubstantiated cases, younger perpetrators, parent perpetrators (for most maltreatment types), and families with fewer financial resources were found to re-refer at higher rates.¹¹

Impact of Services on Re-referral

The research found that families whose cases were substantiated were more likely to participate in services actively and use them effectively.¹² Services were found to reduce re-referral. Some examples:

- **Neglect cases.** Although neglect cases were found to be highly likely to re-refer, any form of services was found to reduce the likelihood of re-referral.¹³
- **Child fatalities.** In at least one small sample, all cases that later returned as child fatalities were found to have received no services after the initial finding (whether substantiated or unsubstantiated).¹⁴
- **Type of service.** One study compared the outcomes of family preservation services (brief, intensive, in-home services provided to families at greatest perceived risk for foster care placement) with what the researchers referred to as “family-centered services” (less intensive, in-home services provided, over several months, to families at lower risk for out-of-home placement) and foster care (out-of-home services). In that study, family-centered services and

⁶ Fluke, p. 32, 45.

⁷ Fluke, pp. 33-34.

⁸ English, p. 119.

⁹ Drake, p. 134.

¹⁰ Drake, p. 142.

¹¹ Drake, p. 143; English III, p. 63.

¹² English, p. 42.

¹³ Drake, p. 134.

¹⁴ Drake, p. 168.

foster care were found to reduce the risk of re-referral significantly. Family preservation services were found to be associated with a greater likelihood of re-referral involving eventual out-of-home placement.¹⁵ It is important to note, however, that family preservation services were designed to provide intensive short-term services to families at imminent risk of having a child removed. Caseworkers providing family preservation services, who are with a family so frequently, may be more likely to identify risk factors too great to permit the child to remain safely in the home. In this case, re-referral may actually indicate a higher, not lower, level of protection for the children.

- **Length of service provision.** Among families who received any type of services, the longer it had been since the service ended, the more likely a family was to experience re-referral. One study found that increasing the duration of foster care (up to a total of 7 to 11 months) was associated with lower re-referral rates following reunification.¹⁶ This may suggest that the longer services are provided, the more effective they will be.
- **Kinship care.** Among children who entered foster care, those who exited to a relative's care experienced a reduced risk of re-referral.¹⁷

Implications for Practice

Research suggests that a case finding of unsubstantiated does not necessarily mean no child maltreatment occurred—other factors,

¹⁵ Drake, pp. 141-142.

¹⁶ Drake, p. 151.

¹⁷ Drake, p. 152.

including State policy regarding required levels of evidence, play a role. Some at-risk children and families who come to the attention of the child welfare system and who are in need of services are not receiving services because of a finding of unsubstantiation.

Research also points to identifiable factors that put families at greater risk (such as younger parents and those with fewer resources). Using knowledge gained from research to target services to these families may help agencies maximize the impact of limited resources. This approach also can be used to develop targeted preventive services (such as a home visiting program for very young parents who lack support systems) that may keep families from ever being referred to the child welfare system in the first place.

The following are some examples of strategies that are suggested by the research findings and the work of experienced child welfare practitioners. These suggestions may help agencies more effectively target services to children and families who need them most. Some of these strategies have not yet been formally tested or validated; more research will be needed to determine if they lead to better outcomes for children and families, and under what circumstances.

Assess Risk More Effectively

Better outcomes for families may result when an assessment of risk, rather than an investigation of a specific alleged maltreatment incident, drives service provision. Research findings about the impact of case factors on a child's risk of harm can be used in a variety of ways to improve practice and achieve better outcomes for children. While the issue of safety was not addressed specifically in these

research studies, assessing safety and developing safety plans (along with risk assessment) will further enhance the protection of children. Some of the following suggestions about risk assessment might also apply to safety assessment:

- **Use a risk assessment instrument.** In light of the number of risk factors and other concerns caseworkers must keep in mind, effective risk assessment instruments help caseworkers avoid overlooking critical items. A number of instruments are now available. Agencies are encouraged to consider those based upon research and continually evaluated and refined as new research emerges.
- **Assess risk throughout the life of the case.** Whatever tool is used, assessing children and families throughout the life of a case, not just during an initial investigation, will help caseworkers evaluate the success of interventions and ensure more positive outcomes for children.
- **Provide ongoing risk training.** Caseworkers will need training to understand what will be, for some, a significant philosophical shift from an incident-based system to a risk-based system. Ongoing training on issues such as how to engage clients in services or how to assess the interaction of individual risk factors in a specific family situation is recommended.
- **Ensure independent internal review of high-risk cases.** Certain high-risk cases identified in the research (e.g., multiple prior referrals, younger child) may benefit from an additional agency reviewer.
- **Create an agency risk specialist.** Some agencies dedicate a skilled staff member

to deal solely with risk issues. These staff members serve as consultants to caseworkers and others in the agency, review high-risk cases, and provide informal and ongoing training.

Provide Services to At-risk Families in Unsubstantiated Cases

Some families who need and are likely to benefit from services do not receive them because the system does not provide resources for offering services to families in unsubstantiated cases. Some States are finding creative ways to ensure that services are available to these families, including:

- **Create a third dispositional category.** At least 14 States offer a third dispositional category (such as “inconclusive” or “unable to determine”) for cases that can be neither substantiated nor unsubstantiated.¹⁸ Families whose cases fall into this third category may be more likely to participate in supportive services, when offered, than families whose cases are unsubstantiated.
- **Employ an alternative response model.** In these models (sometimes called “dual track” or “flexible response” models), a decision is made at intake or screening to send cases with less risk to a more service-oriented track and cases with more identifiable risk to a more traditional investigative process. As a result, agency staff is able to devote more attention to investigating critical cases, while low-risk cases are offered voluntary services.
- **Use volunteers.** Provision of formal therapy by a professional is critical in some cases, especially where significant mental health

¹⁸ Fluke, p. 25.

issues are involved. However, in many cases, services could be provided by well-trained volunteers who may be better received by families as “friendly visitors.” Many faith- and community-based organizations have the resources to provide space and volunteers for such programs. Child welfare agencies could provide leadership and training. Despite start-up costs, these services often prove cost effective for agencies in the long term. Services provided by volunteers also mean more services available to more families, and families offered services in this way may be more likely to engage in them.

Provide the Appropriate Service

There is no “cookie cutter” model that works for all types of cases or all families. Models tailored to specific types of abuse or neglect, or models that acknowledge that cases of one type frequently re-refer as a different type, may prove more effective. (The type of maltreatment alleged in second or subsequent referrals is most often neglect, regardless of the type of maltreatment alleged in the initial referral.¹⁹) Families often have needs that are far beyond the specific incident for which they are referred to the CPS agency. Ideally all services would be designed to be family-centered, as this model has been found to be more effective. Strategies may include:

- **Re-think services for neglect.** Research findings regarding the prevalence of re-referral in neglect cases suggest that more services may need to be developed specifically to address the multiple needs in neglect cases. For example, researchers in one study suggest concrete services (e.g., providing food, paying utility bills, providing

clothing) alone, without associated supportive services (e.g., counseling, parenting classes) and training to use concrete services appropriately, may not be productive with this population.²⁰

- **Provide longer-term services.** Research indicates that longer-term services may be more effective. To expect significant change in the very short period of a few weeks may be expecting too much too quickly. Breaking the cycle of child abuse and neglect may take more time.
- **Support kinship care.** Children in kinship care retain family ties and, according to the research, are less likely to be re-referred to the child welfare system. More resources are needed to help relatives caring for children. Such resources might include financial grants, medical insurance, child care, and support services. Some agencies designate a small number of caseworkers as kinship specialists whose role is to develop resources, provide support groups, and link caregivers to existing resources. Other agencies have hired actual kinship caregivers to provide supportive services as relative advocates.

Conclusion

In seeking to protect children, child welfare leaders must negotiate numerous challenges including high caseloads, frequent staff turnover, limited services, and ethical dilemmas. The findings of the research studies from which these practice implications were drawn suggest there are strategies that can improve child outcomes despite limited staff and

¹⁹ Drake, p. 154.

²⁰ Drake, p. 184.

financial resources. Finding ways to assess risk more effectively, provide services to high-risk families whose cases are unsubstantiated, and provide the specific services needed by each individual family may help agencies maximize the impact of their resources and ensure that the right services are available to assist families and protect the safety of children.

Appendix A: Research Studies on Unsubstantiated CPS Cases

Factors That Influence the Decision Not to Substantiate a CPS Referral; Phase I: Narrative and Empirical Analysis (English I); Phase II: Mail and Telephone Surveys of Child Protective Services Social Workers (English II); Phase III: Client Perceptions of Investigation (English III)

Grantee: State of Washington Department of Social and Health Services

Principal Contact: Diana J. English

Other Researchers: J. Christopher Graham, Sherry C. Brummel, Laura K. Coghlan, Tim Clark

The Dynamics of Unsubstantiated Reports: A Multi-State Study (Fluke)

Grantee: The American Humane Association

Principal Contact: John D. Fluke

Other Researchers: Cynthia F. Parry, Patricia Shapiro, Dana Hollinshead, Vicky Bollenbacher, Donald Baumann, Karen Davis-Brown

Recidivism in Child Protective Services Among Substantiated and Unsubstantiated Cases (Drake)

Grantee: Washington University, George Warren Brown School of Social Work

Principal Contact: Brett Drake

Other Researchers: Melissa Jonson-Reid, Ineke Way, Sulki Chung