

## Is a Recurrence Standard Achievable?

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If a case is opened for in-home services following a substantiated allegation of child maltreatment the case plan may address a wide range of family risk factors. In contrast, when a child enters out-of-home care, many jurisdictions limit the case plan to only those factors directly related to a child's removal. In other words, maltreatment risk factors not specifically related to the removal of a child may not be introduced into the case plan as they were not conditions leading to the child's removal even though they may influence recurrence. Yet, child protection agencies will be held accountable for maltreatment recurrence whether it involves serious harm or not. The Child and Family Service Reviews (CFSR) use maltreatment recurrence as a key outcome indicator in assessing child welfare agency performance. Nearly 75% of states performed below the federal standard in 2002.

The difference between judicial standards for case plans and those created in cases not having court involvement is understandable. The standards for substantiating maltreatment and for the state taking custody are different. It is reasonable that parents should only be legally responsible for those circumstances that resulted in a child's entry into care as conditions for the return of the child. But does this place child protection agencies in jeopardy of having higher rates of recurrence than if all maltreatment risk factors could be addressed in the case plan?

In non-placement cases there is another reality. Unless there are other grounds for court involvement, when a child does not enter out-of-home care a family's consent is generally necessary to begin a continuing service intervention. According to data from the National Child Abuse and Neglect Data System, 19% of children whose caregivers are substantiated for child maltreatment are removed from the home. About 58% of child victims will receive post-investigative services, suggesting the presence of sufficient risk factors in their families to warrant an ongoing intervention.

This raises a real question as to how much absolute influence the child protection agency can actually exert over maltreatment recurrence. Even without considering the state of the art of child maltreatment interventions (overall efficacy and success is not well established), the child protection agency has a limited legal base for intervening to address a host of risk factors that do not rise to the imminent danger threshold. For example, a recent report involving California Counties using a risk assessment model offered by the Children's Research Center (2004) observed that, although policy recommends that all moderate risk cases remain open, 66.6% of moderate risk cases were not opened for ongoing child protective services. Further illustrating this point, 32.7% of cases rated as high risk were not opened and 17.8% of cases rated very high risk were not opened. This means that overall 50% of substantiated cases rated as moderate risk or higher were not opened.

That these cases were not opened, in spite of assessed risk levels, presumably reflects the child protection agency's lack of authority to intervene in cases not involving imminent danger of serious harm or the family's unwillingness to engage in services. Assuming some degree of predictive validity in risk ratings, this suggests that the agency cannot initiate

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a continuing service intervention in a substantial number of cases where risk assessment suggests there is a substantial likelihood of maltreatment recurrence.

The overall impact of intervention on recurrence is not clear. In 2002, the three states reporting the lowest rate of post-investigative services, Connecticut, Illinois and Ohio (22.9%, 19.4% and 26.2% respectively) had six-month recurrence rates of 11.8%, 7.5% and 8.2% respectively. In contrast, the three states with the highest reported level of post-investigative services, Arizona, New Hampshire and New Mexico (each reporting that 100% of cases received post-investigative services) had six-month recurrence rates of 5.9%, 2.6% and 6.9% respectively.<sup>1</sup> While this initially appears to suggest that higher rates of intervention result in lower recurrence, the latter states have significantly different rates of entry into care. In 2002, Connecticut, Illinois and Ohio reported that 11.1%, 13.0% and 15.1% of child victims entered foster care, whereas Arizona, New Hampshire and New Mexico reported entry rates of 53.3%, 33.5% and 15.8% respectively. (Child Maltreatment 2002) Higher rates of entry into care would logically seem to suppress six-month recurrence rates.

There seems to be a general assumption that receiving services equals better outcomes and that more services produce better outcomes than fewer services. Given the evidence that even with high-risk ratings a significant number of cases will not be opened for services, one can reasonably question the assumption that services will follow even where the risk of recurrence is considered moderate or higher. If services structurally cannot or will not be provided to many families likely to experience recurrence, then should child welfare agencies be specifically accountable for a defined level of maltreatment recurrence and how should this level be determined?

Some child protection agencies have moved to more family-friendly approaches, such as alternative response, to reduce the alienating effects of investigations. Evaluations of alternative response efforts generally support that families receiving an

alternative response are more likely to request and receive ongoing services. At the same time, there are significant fiscal obligations associated with opening a higher percent of cases, one which many states are unable to absorb. Federal funding supports only a small amount of the cost of in-home services. Those states that attempt to serve more families without sufficient state and federal resources may only see caseloads rise to levels that endanger other children who live in families with more serious safety concerns.

There is no disagreement that recurrence of maltreatment is a concern and that preventing it should be a goal of child protection agencies. But structural realities may make achievement of an absolute standard unrealistic, given the number of families presenting significant risk factors that will not have these factors addressed through any continuing intervention. While CPS has the authority to investigate all reports of alleged maltreatment, it does not have the authority to intervene in all families in which maltreatment is substantiated or even the authority to address all risk factors in cases in which it has legal custody. Even with such authority, state and federal financing does not provide a base of staffing and community services anywhere near what is needed in to meet such a demand. Given these realities, an absolute standard for the recurrence of maltreatment may be a laudable goal, but until more is known about the variables influencing states meeting the current standard and unless states are legally and structurally able to intervene to address all risk factors in all maltreating families, penalizing states not meeting a standard is an injustice of significant proportions.

<sup>1</sup> It is not clear that receipt of post-investigative services is a valid proxy for case opening as states reporting 100% post-investigative services acknowledge that they do not open 100% of all substantiated cases.

Children's Research Center (2004) *Structured Decision Making™ Case Management.- Combined California Counties*. Madison, Wisconsin