



Safety Outcomes and Safety Decision Policy: NCANDS and Administrative Data Capacity, Limitations, and Prospects

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November 2, 2010

Overview

- Review of CFSR Safety Indicators
- Some Research on Re-reporting and Recurrence
- How measure have influenced
 - program changes
 - information systems
- Prospects



CFSR Round 1 and Round 2

- Round 1 July 2001
 - Recurrence of Child Abuse and Neglect
 - Standard: 6.1% or less
 - Incidence of CAN in Foster Care in 9 months
 - Standard: 0.57% or less
- Round 2 July 2006
 - Absence of Recurrence of Child Abuse and Neglect
 - Standard: 94.6% or more
 - Absence of CAN in Foster Care in 12 months
 - Standard: 99.68% or more



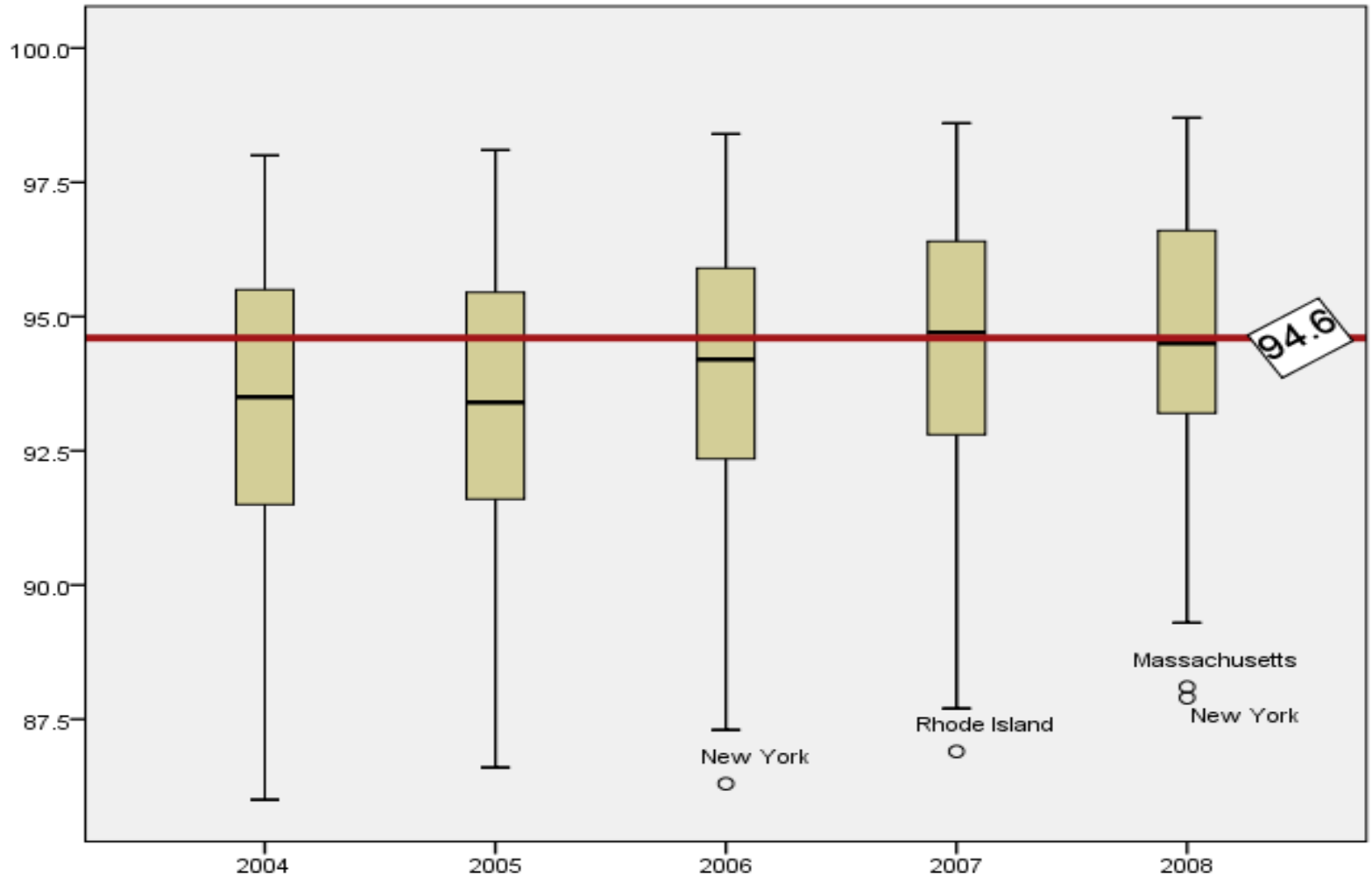
Safety Measures

Safety Measure	Performance Variables		
	Range	Mean percent	Median percent
<p>Percent of child victims not experiencing a recurrence of child maltreatment within a 6-month period.</p> <p>Standard = 94.6% (N=49 States)</p>	86.6-98.1%	91.9%	93.4%
<p>Percent of children in foster care who were not victims of maltreatment by a foster parent or facility staff member in 12 months.</p> <p>Standard = 99.68% (N=43 States)</p>	98.41% - 99.88%	99.48%	99.58%
<p>* The number of States identified for each measure reflects those that provided sufficient data to NCANDS to calculate the measure.</p>			

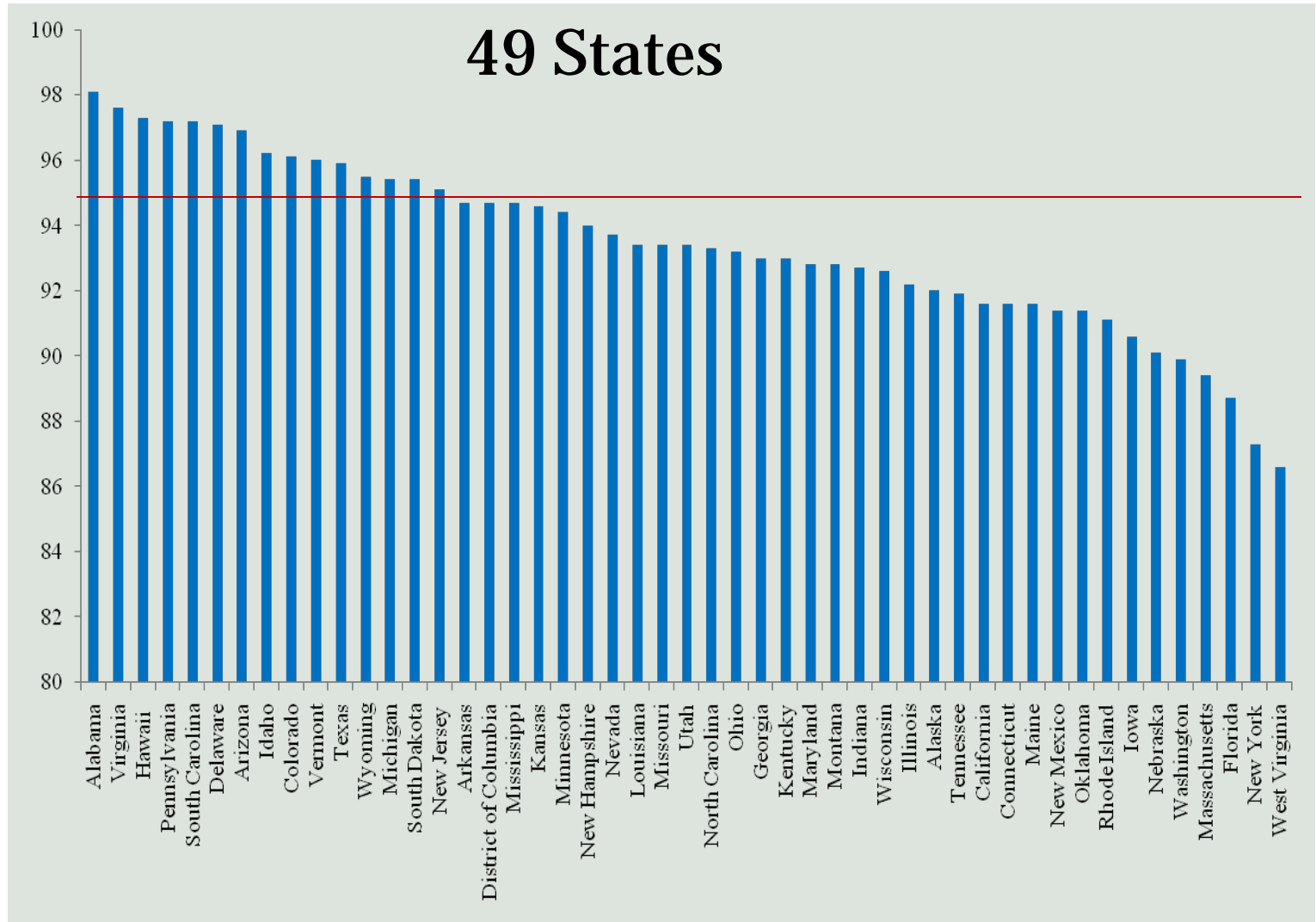


Absence of Recurrence

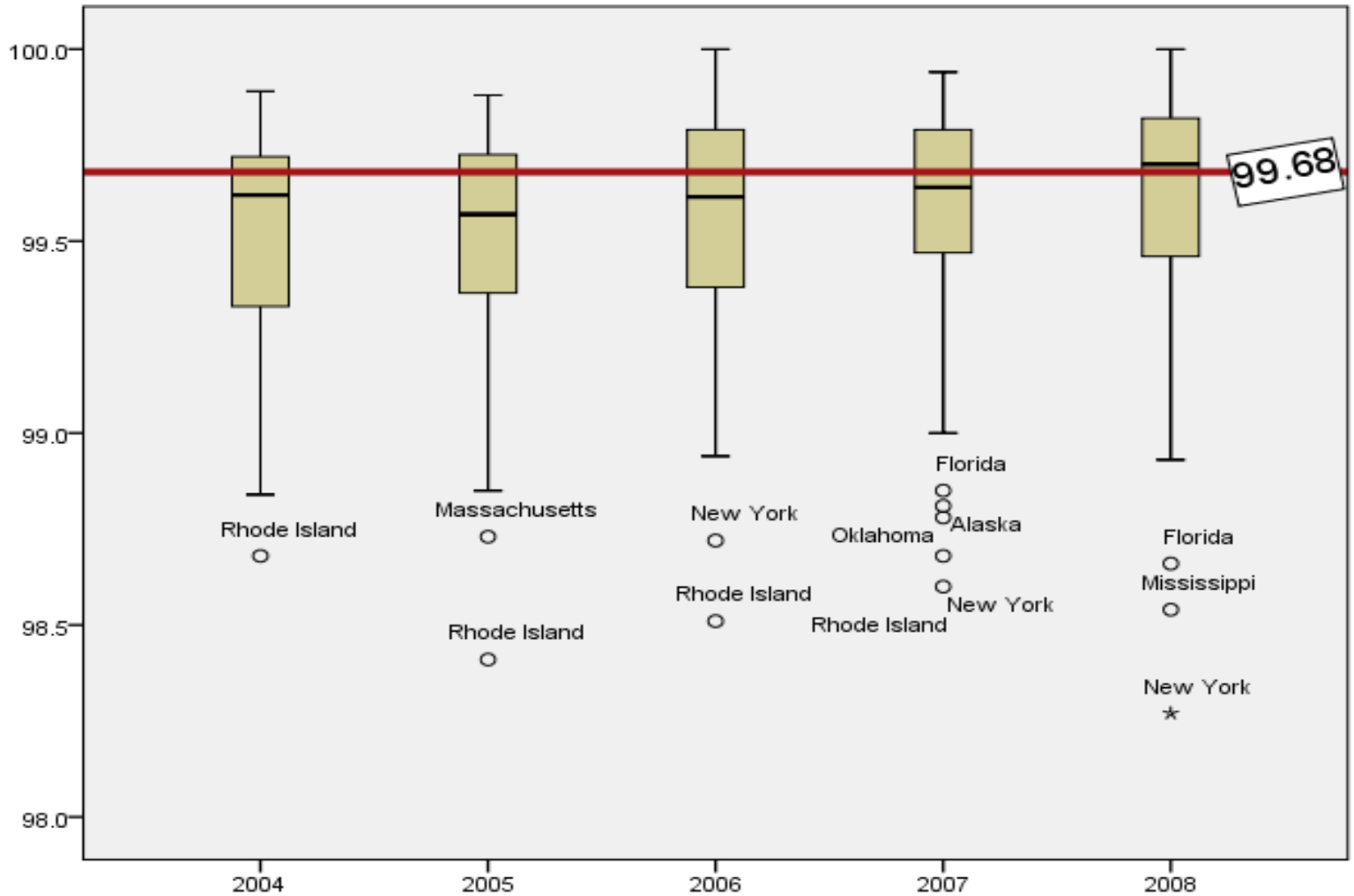
Child Maltreatment 2004-2008



Absence of Recurrence *Child Maltreatment 2005*



Absence of Abuse in Foster Care *Child Maltreatment 2003-2005*



Review of Research

- Approaches to Definition and Measurement
 - Study Purposes
 - Data Sources
 - Definitions
 - Analytic Approaches



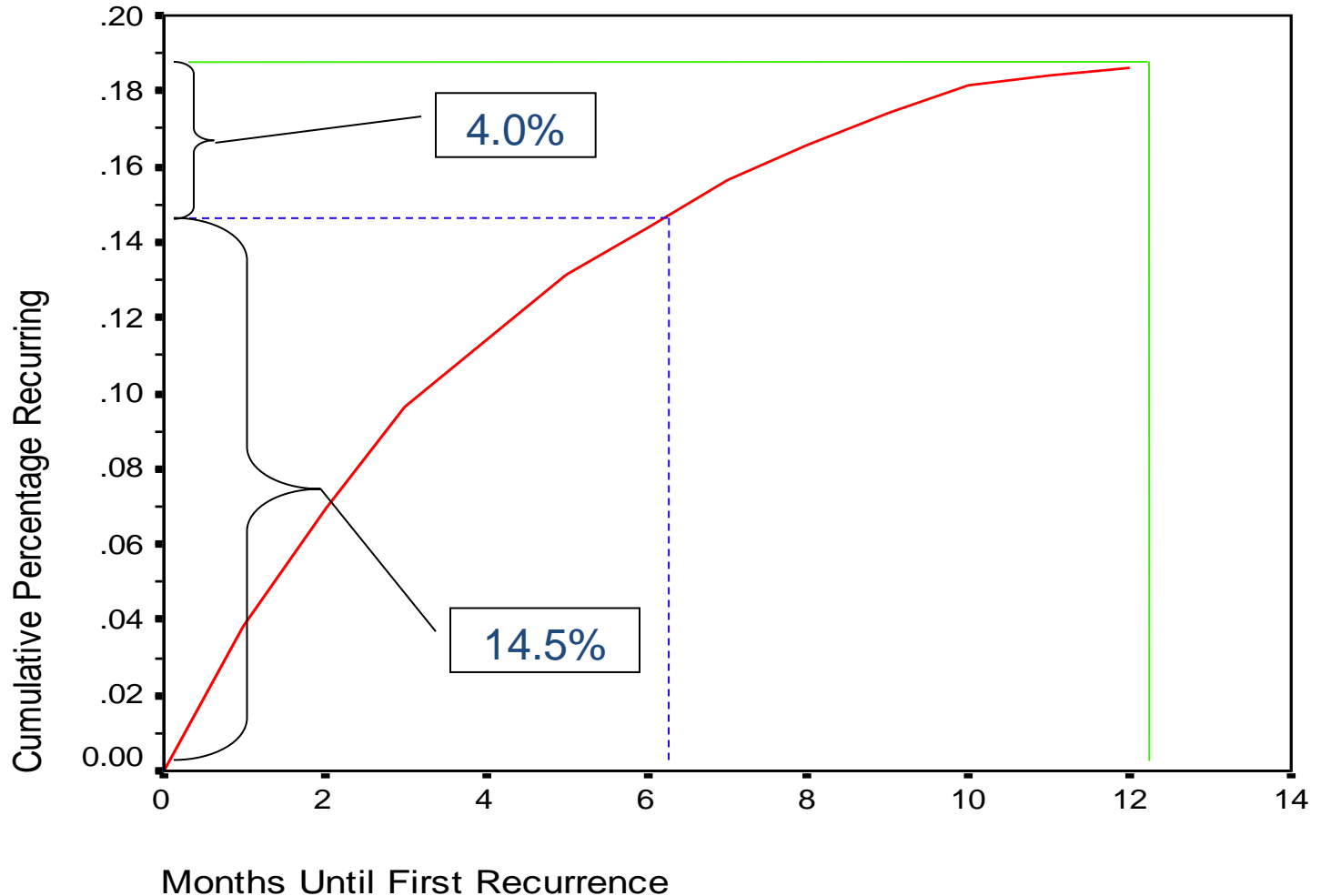
Factors Associated with Recurrence

- **Rate of Recurrence**
- **Timing of Recurrence**
- **Number of Recurrences**
- **Multiple Recurrences**
- **Child vs. Family Recurrence**
- **Case Status**
- **Re-referrals vs. Recurrence**



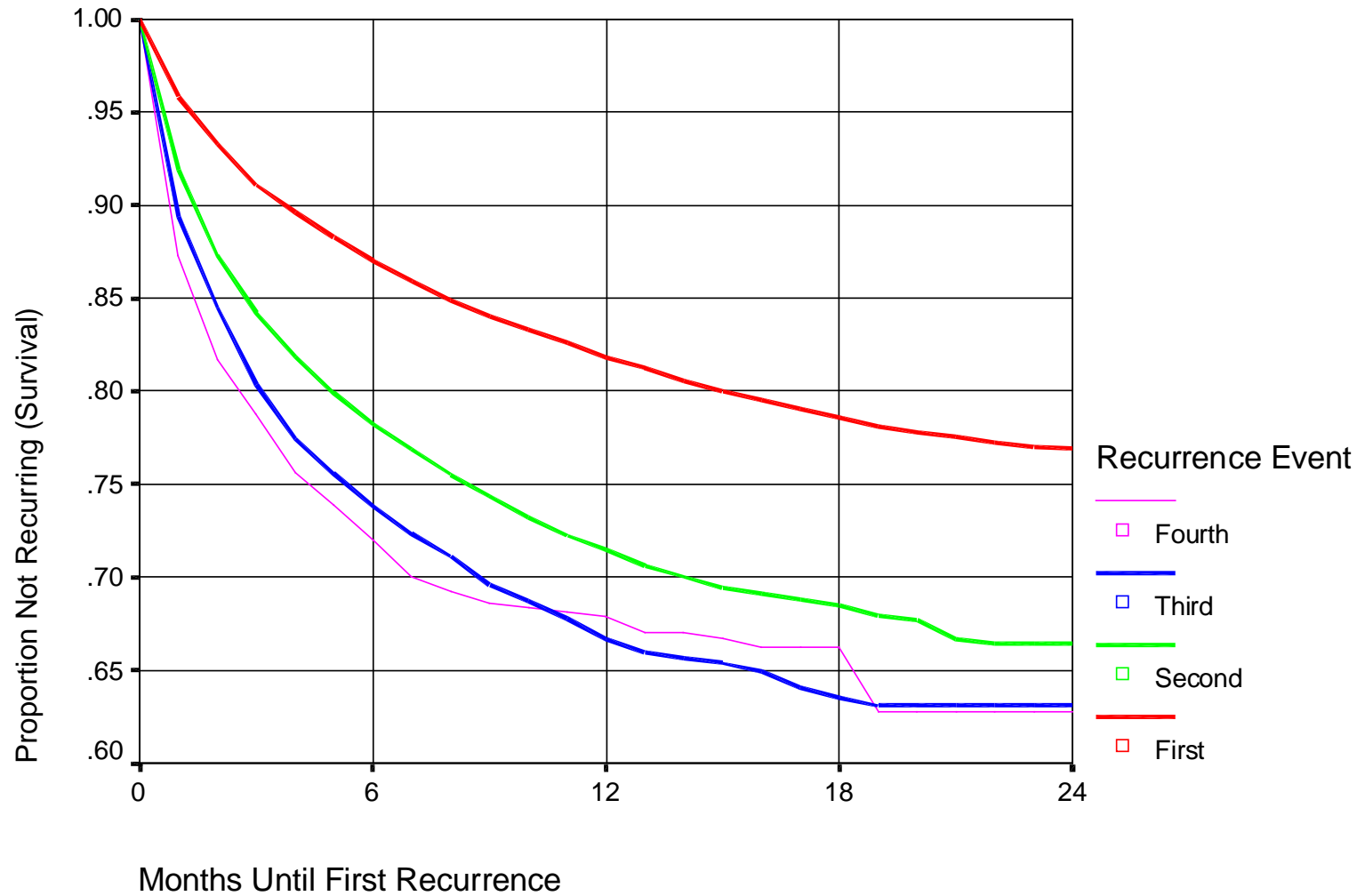
Survival Analysis Plot for Typical State:

Recurrence During a 12 Month Period, Over Three-Quarters
Were Reported Within 6 Months



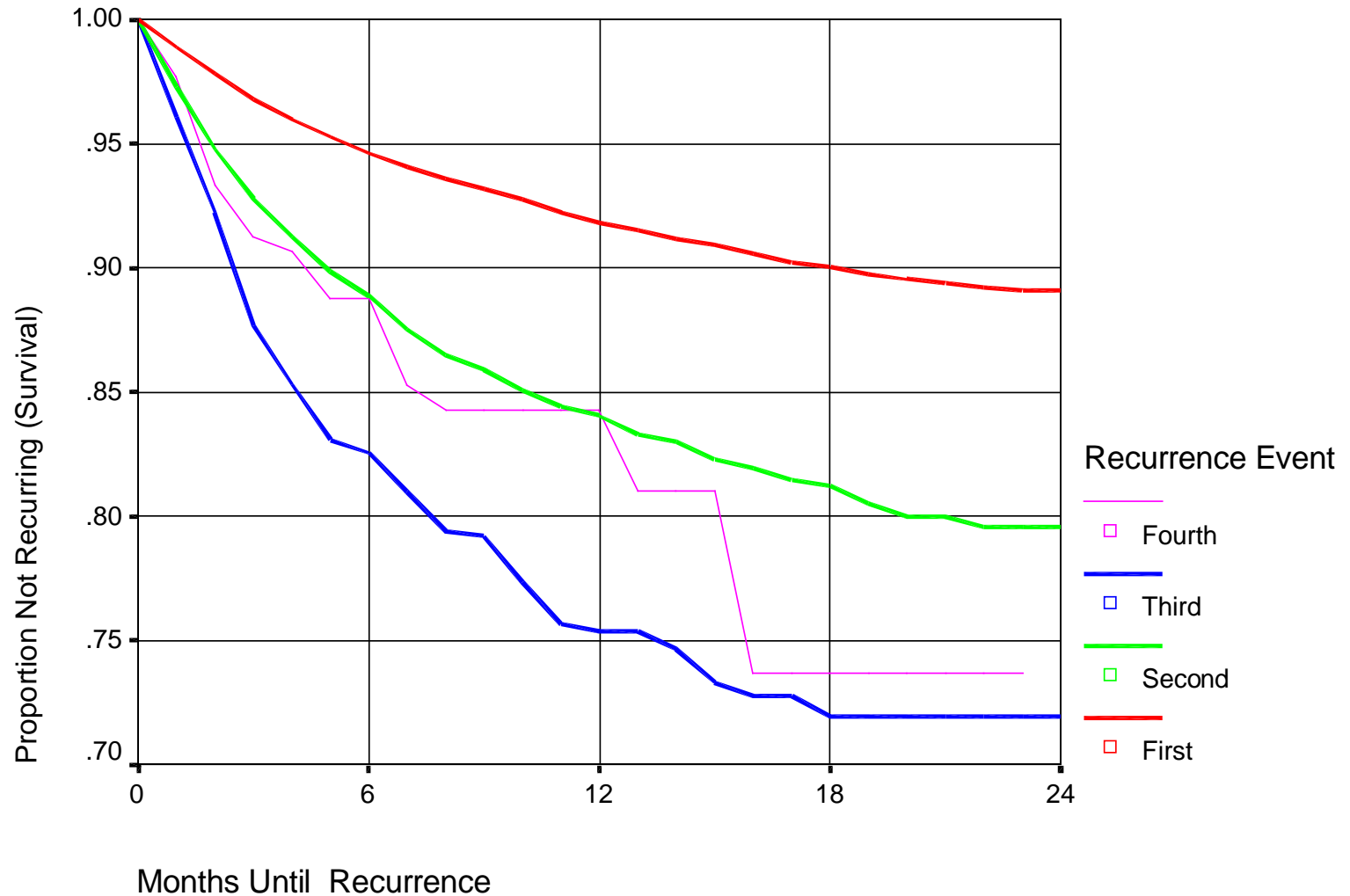
NCANDS - DCDC

Illinois - 1994 and 1995 Combined



NCANDS - DCDC

Texas - 1994 and 1995 Combined



Child Demographics and Recurrence

**Table A:
Number of Studies
Identifying Specific Child Factors Affecting Recurrence**

Factors	Recurrence¹		
	Greater Likelihood	Less Likelihood	Equal Likelihood
Child Characteristics			
<i>Age of child</i>			
Younger (different ranges, but all under age six)	10		
Older (12-17)		1	
<i>Race/Ethnicity of child</i>			
White, Non-Hispanic	2	1	4
African American		2	3
Asian American		3	1
Hispanic		1	2
Alaskan Native	1		
Native American	1		
<i>Gender of child</i>			
Female (vs Male)			5
<i>Child has disability</i>	3		
<i>Child has behavior problems</i>	2		
<i>Type of maltreatment</i>			
Neglect (vs. other maltreatment types)	13		1
Physical Abuse (vs. other maltreatment types)	1	1	1
Sexual Abuse (vs. other maltreatment types)	1		1
Multiple maltreatment types (vs. Single maltreatment types)	5		
<i>Higher severity of maltreatment</i>	6		1
<i>Child has history of child abuse or neglect</i>	8		

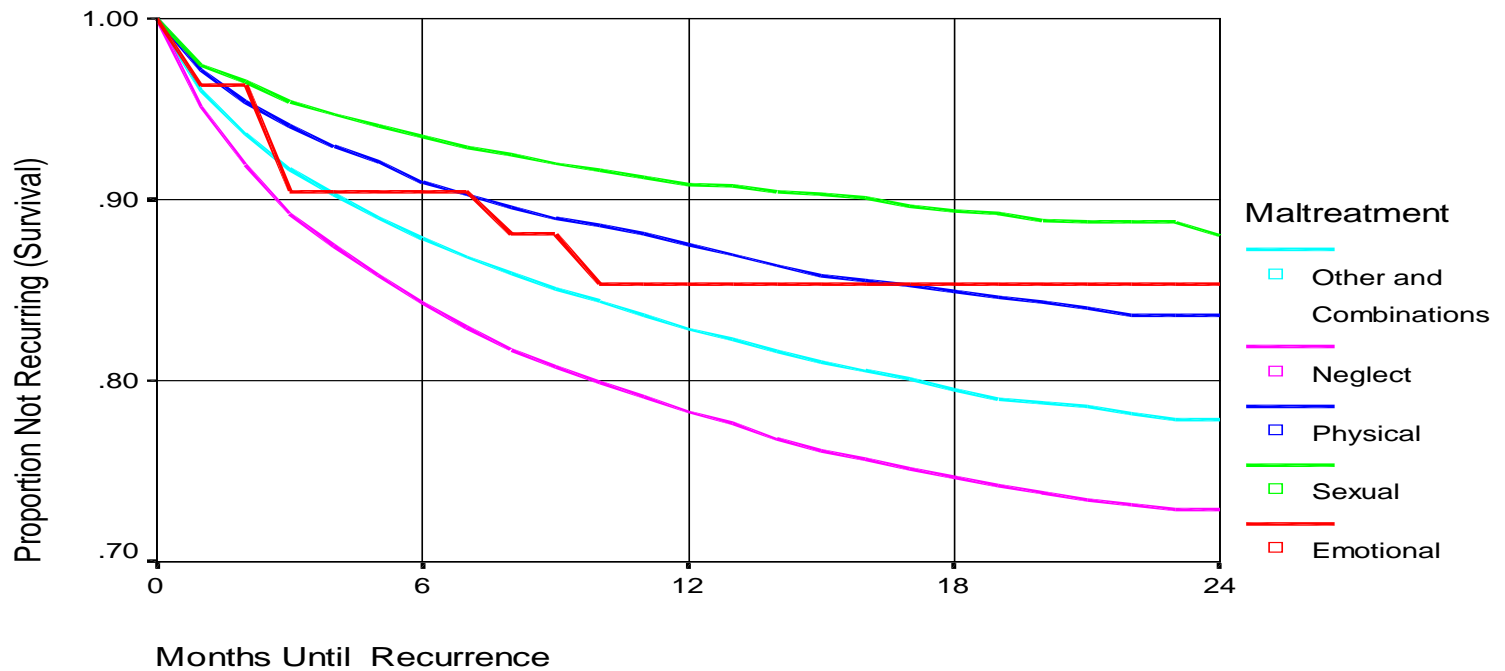


Maltreatment Factors

NCANDS - DCDC

Illinois - 1994 and 1995 Combined

First Recurrence



Family or Perpetrator Factors

Table B: Number of Studies Identifying Family or Perpetrator Factors Affecting Recurrence

Factors Perpetrator or Family Characteristics	Recurrence		
	Greater Likelihood	Less Likelihood	Equal Likelihood
<i>Substance Abuse</i>	6		
<i>Domestic Violence</i>	7		
<i>Family Structure</i>			
Single Parent Family	3		
Family with Step-Parent	1		
<i>Larger Size of Family</i>	6		
<i>Perpetrator History of Maltreatment as a Child</i>	3		
<i>Identity of Perpetrator</i>			
Biological Parent	1		
Stepfather	1		
Same Perpetrator	1		
<i>Perpetrator Access to Child</i>	4		
<i>Caregiver a Younger Age at time of report</i>	3		
<i>Poor Parenting Skills</i>	2		
<i>Lack of Social Support</i>	10		
<i>Family Stress</i>	6		
<i>Psychological Problems</i>	3		
<i>Low motivation and/or low cooperation of perpetrator or caregiver</i>	8		
<i>Caregiver viewed incident as seriously as or more seriously than investigation worker</i>		2	
<i>Family has Prior CPS case</i>	13		
<i>Multiple prior recurrences</i>	9		
<i>Recent report of maltreatment</i>	7		
<i>Perpetrator's History of Perpetration</i>			
Same Maltreatment Type	1		
Different Maltreatment Type	2		
<i>Geographic Location of Family</i>	4		
<i>Family's Ability to Use Agency Resources</i>	2		
<i>Lower Income</i>	6		



Provision of Services

**Table C:
Number of Studies
Identifying Service Factors Affecting Recurrence**

Factors	Recurrence		
	Greater Likelihood	Less Likelihood	Equal Likelihood
<i>Use of Safety Assessment or Risk Assessment Protocol</i>		2	
<i>Post investigation services received</i>	5		
<i>Family Preservation Services Received</i>			2
<i>Substantiated but closed with no services (vs. services provided)</i>		2	
<i>Longer Length of Treatment/Services</i>		4	3
<i>Higher Number of In-person Caseworker Visits</i>	1	1	
<i>Higher Number of service appointments kept</i>		2	
<i>More services received</i>		2	1
<i>Risk Assessment Continuum Rating from high to medium to low risk</i>	7		
<i>Foster Care Placement</i>	6	2	

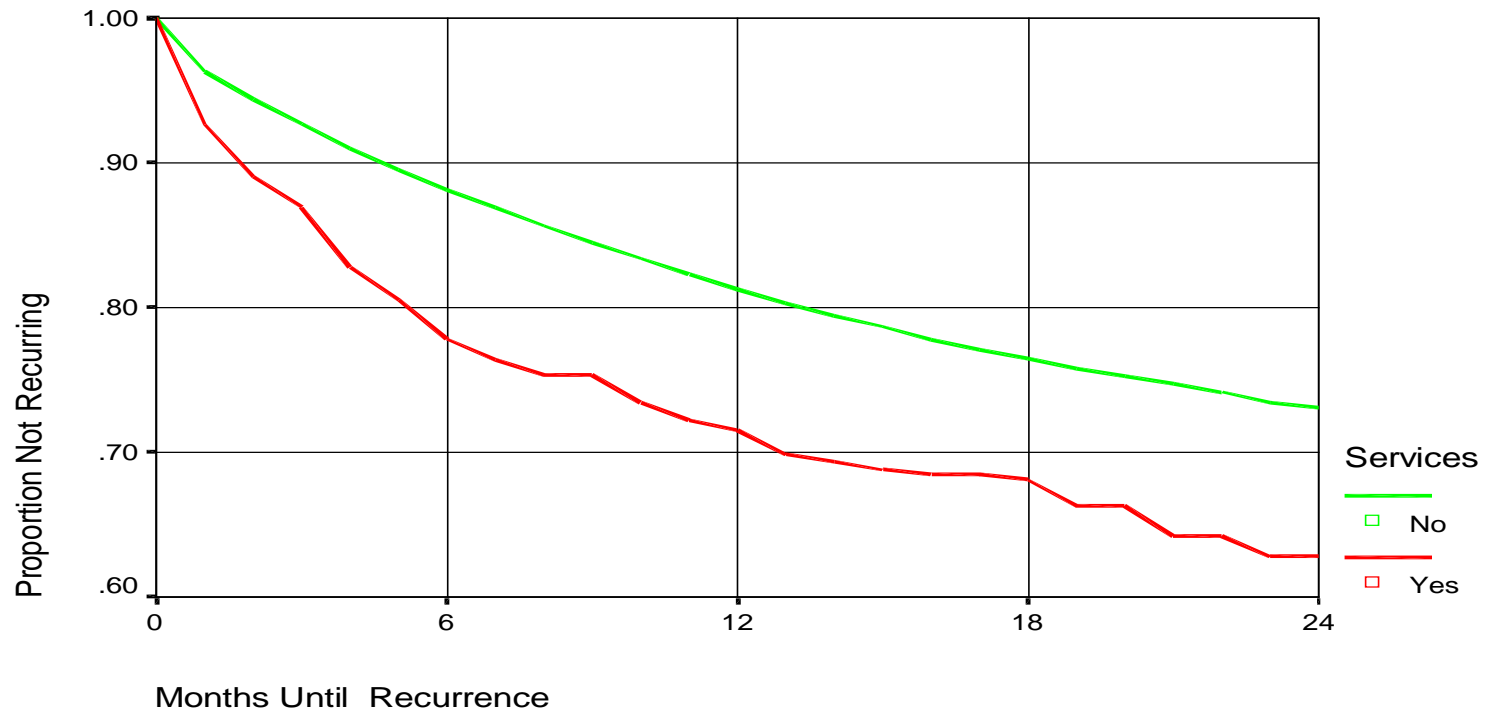


Post-Investigation Service and Recurrence

NCANDS - DCDC

New Jersey - 1994 and 1995 Combined

First Recurrence - Excluding Placements



Limitations and Issues with Recurrence as an Outcome

- Definition of Incidence
- Incidence and Report Dates
 - Same Maltreatment Event Reported by Different Sources
 - Identifying Maltreatment that Occurred Some Time Ago
 - Delays Between Report Date and Investigation Completion
- Identification of Children, Families and Perpetrators Over Time



Implications and Strategies

- Outcome Improvement
 - Philosophy of Program
 - Philosophy of Improvement
- Information System Improvement
- State Policy
- Intervention Targeting
- Research and Evaluation



Information System Improvement

- Appropriate Creation and Use of Identifiers
- Management of Delays in Completing Investigations
- Combining Multiple Reports Pertaining to the Same Investigation
- Flag or Provide Dates for Maltreatment that Occurred In the Past
- Produce Multiple Measures/Views of Recurrence



State Policy

- Implementation of Safety and Risk Assessment Systems
- Development of Diversified Response Systems



Intervention Targeting

- Identify the Largest Groups or Clusters of Populations that are Most Susceptible to Recurrence
- Characteristics of Children
 - Neglect or Multiple Maltreatment and Prior Maltreatment (approx 18% of victims)
 - Younger Children
 - Severely Maltreated Children



Intervention Targeting (continued)

Characteristics of Families/Perpetrators

- Substance Abuse
- Domestic Violence
- Others
 - Prior history of maltreatment
 - Presence of psychological problems
 - Presence of lower incomes
 - Lack of social support
 - Single parents or step-parents



Intervention Targeting (continued)

- Services (opening of including placement)
 - Issue of Risk and Surveillance
 - Need for Measurement that Takes this into Account
- More Specific Interventions
 - Providing longer term treatment services
 - Insuring that caregivers receive services and attend appointments
 - Providing a more comprehensive set of services



Research and Evaluation

- Develop an Information Technology (IT) Infrastructure to Monitor/Track Recurrence (example)
 - CFSR Measure and Other Measures
 - Provide for Continuous Improvement Monitoring
- Identify Target Segments of the Families and Children Served and Develop Service Intervention Strategies or Frameworks for the Target Populations
- Assess and Isolate Surveillance Effects



Some Possible Unintended Consequences

- Some Families with Relatively Minor Maltreatment Concerns Might Benefit from Being Re-Reported to CPS Agencies
- Policy May Gravitate to Making Only the Most Severe Forms of Maltreatment Reportable or Increase the Evidentiary Standard for Substantiation





SOME EXAMPLES OF POLICY AND PRACTICE APPLICATIONS

Other Applications and Measures

- Range of Event Based Safety Indicators
 - Reintake
 - Reresponse
 - Rereports with Substantiation
 - Recurrence
 - Intervention events (maltreatment in foster care, reentry)
- Policy and Practice Areas
 - Assessment
 - Differential and Targeted Response
 - Decision Threshold Analysis (DME/GADM)
 - Chronicity
 - Quality Improvement



Illinois Safety Assessment (CERAP)

- Implemented Statewide in 1995 by the Illinois Department of Children and Family Services
- All Staff Trained
- All Staff Tested
- Quality Assurance by Record Review to Insure that Assessment was Being Used
- Continuous Efforts at Improvement



Illinois Safety Assessment (CERAP)

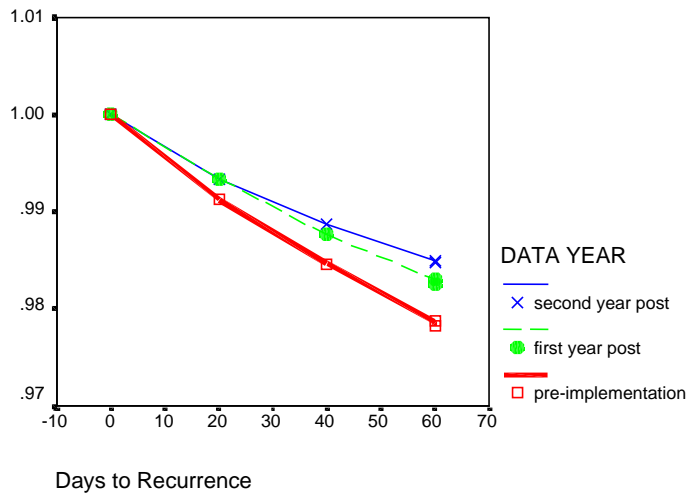
- Evaluation- Could a Decrease in 60 Day Rereporting with Substantiation After Implementation be Explained by Something Else?
 1. The reduction in indicated reports.
 2. Increased use of out-of-home placements early in the investigation.
 3. Policy changes implemented by DCFS impacting substantiation criteria.
 4. General decline in 60 day recurrence in other States.



3) Policy changes implemented by DCFS impacting substantiation criteria.

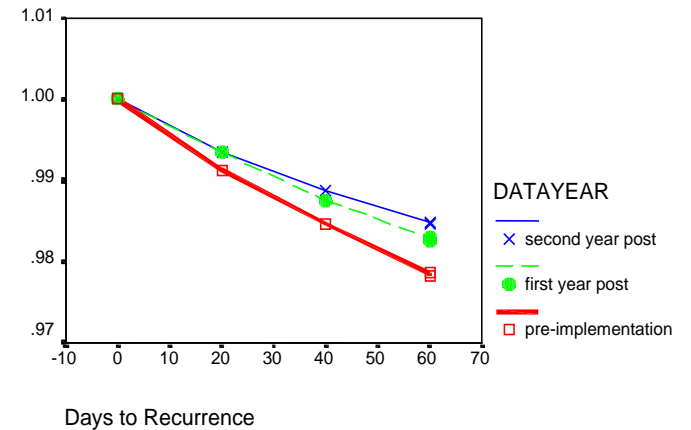
Survival Function

Initial Reports, Non Protective Custody



Survival Function

Excludes Allegations of Risk of Harm or Inadequate Supervision, Relative care



What Happened?

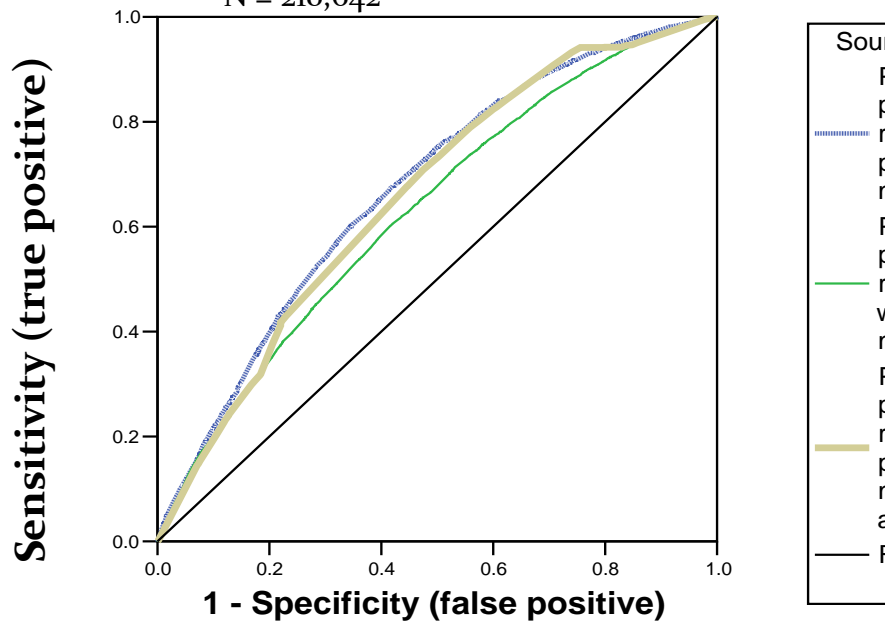
- CERAP still in place in Illinois
- Couldn't Falsify the Hypothesis
- Published the Study
 - Reducing Recurrence in Child Protective Services: Impact of a Targeted Safety Protocol
Fluke J.; Edwards M.; Bussey M.; Wells S.; Johnson W.
Child Maltreatment, August 2001, vol. 6, no. 3, pp. 207-218(12)
- Subsequent Studies
 - Fuller and Wells, 2001 – Looked at what specific aspect of CERAP safety assessment predicts 60 day recurrence. No feature was found to be predictive.
- Illinois and Many Other States (including SDM) Use and Adjust Safety Assessments
- Bottom Line – Results are promising. Not enough evaluation yet



Child Welfare and the Problem of False Positives

Accuracy of Assessment - Recurrence Exa

N = 210,642

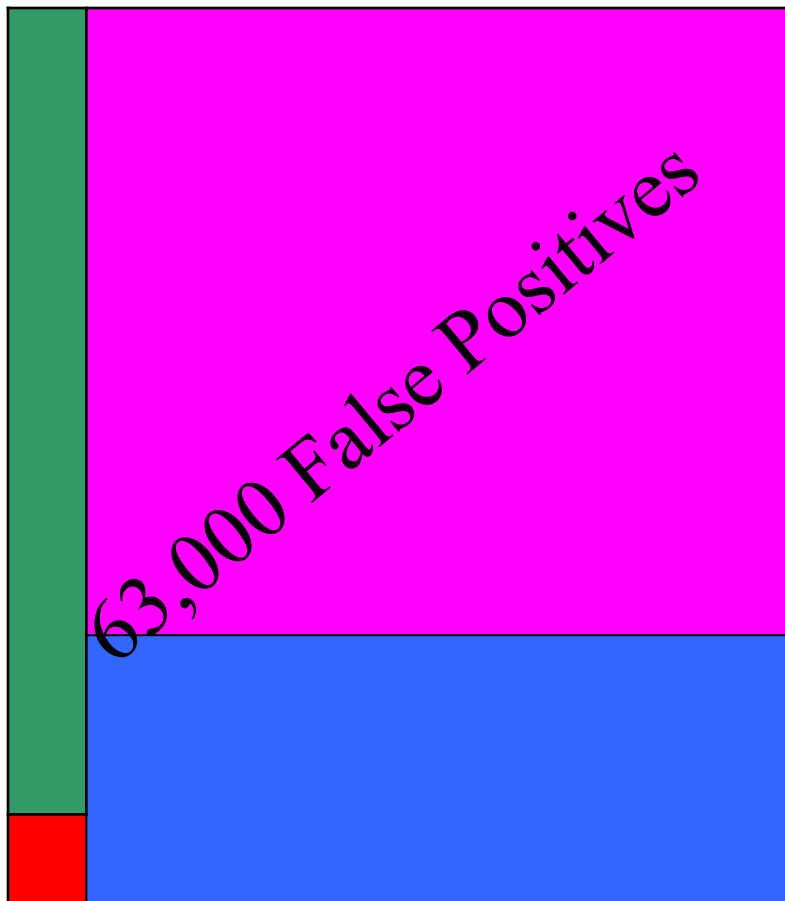


- Accuracy in assessing risk is generally not very good, and false positives are very likely
- Furthermore almost all predictive power is tied to prior occurrences

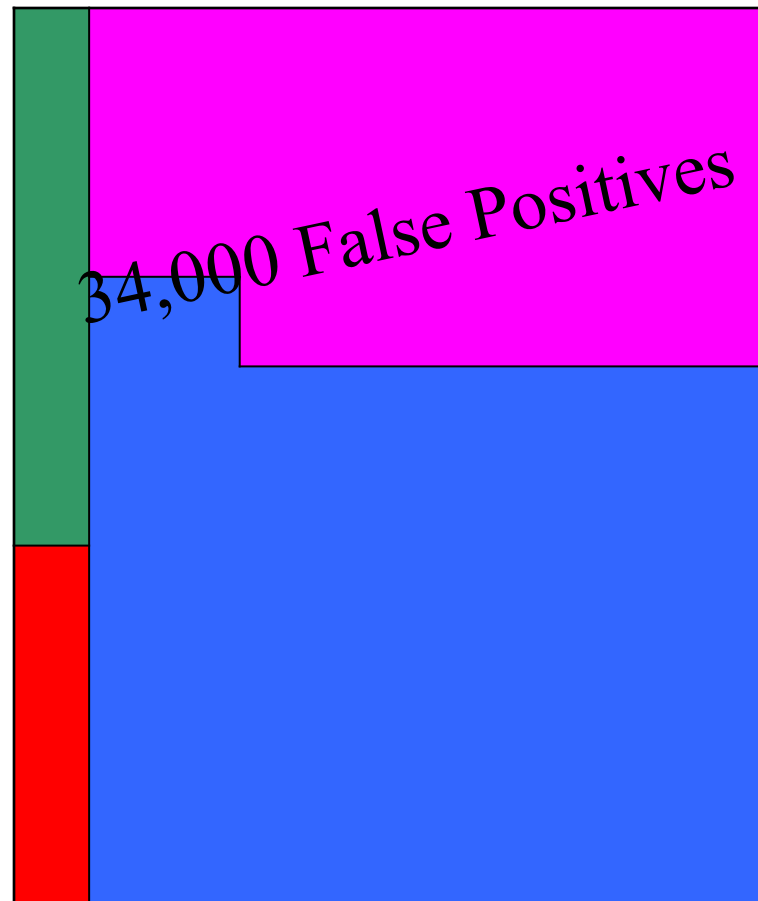


Effect of Thresholds on False Positives

The system has an AUC = 63%: Prevalence assumed to be 10%: Applied to 100,000 children



**LOW
THRESHOLD**



**HIGHER
THRESHOLD**

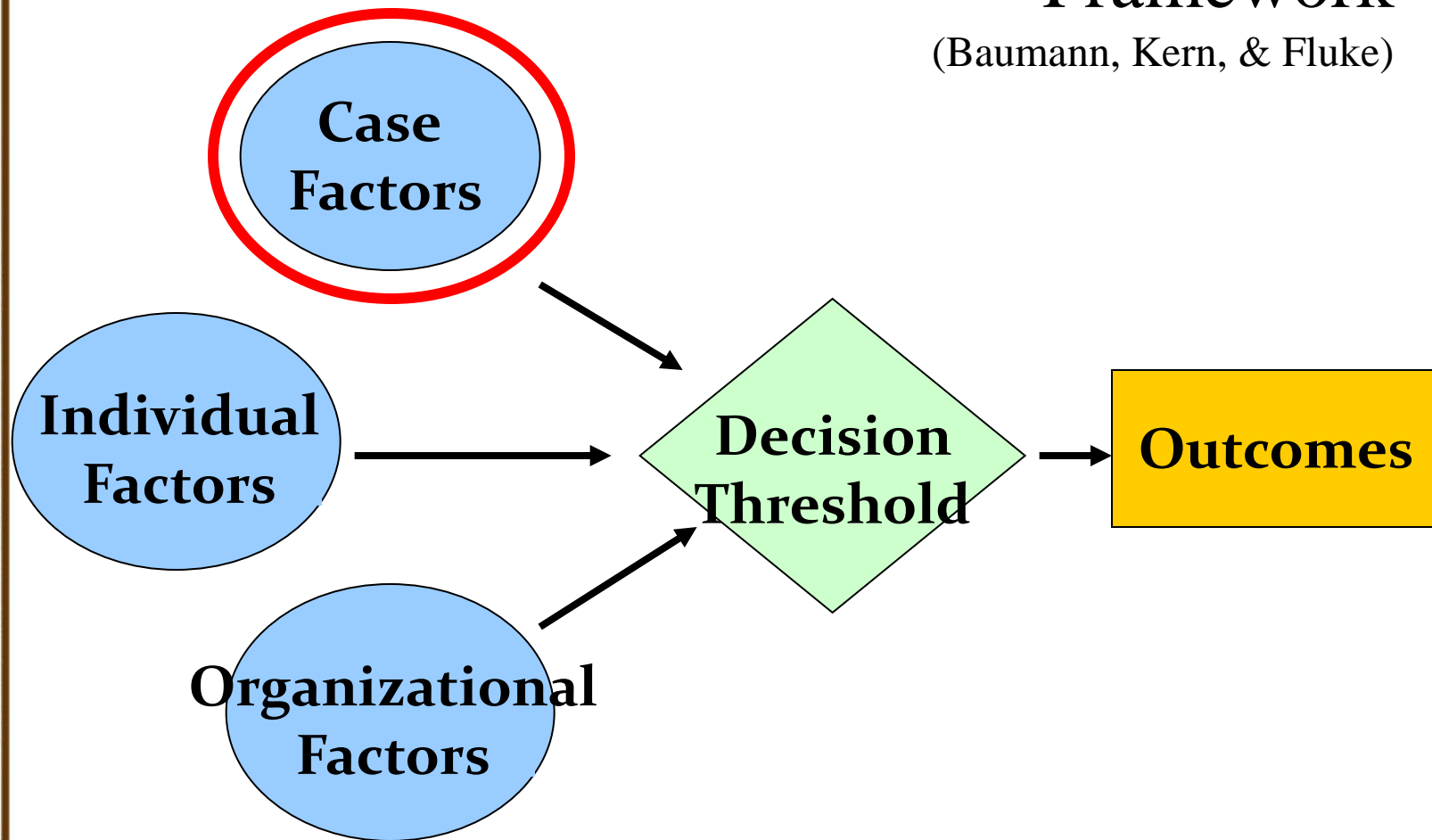
Making Sense of Feedback and Consequences

- How do we make progress in integrating and improving clinical/professional judgment in the assessment process?
- What and whose consequences are we actually most concerned about?
- What are the best ways to influence decision actions?

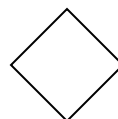


Decision Making Ecology and General Assessment and Decision Making Framework

(Baumann, Kern, & Fluke)



Influences



Intervention



Outcomes



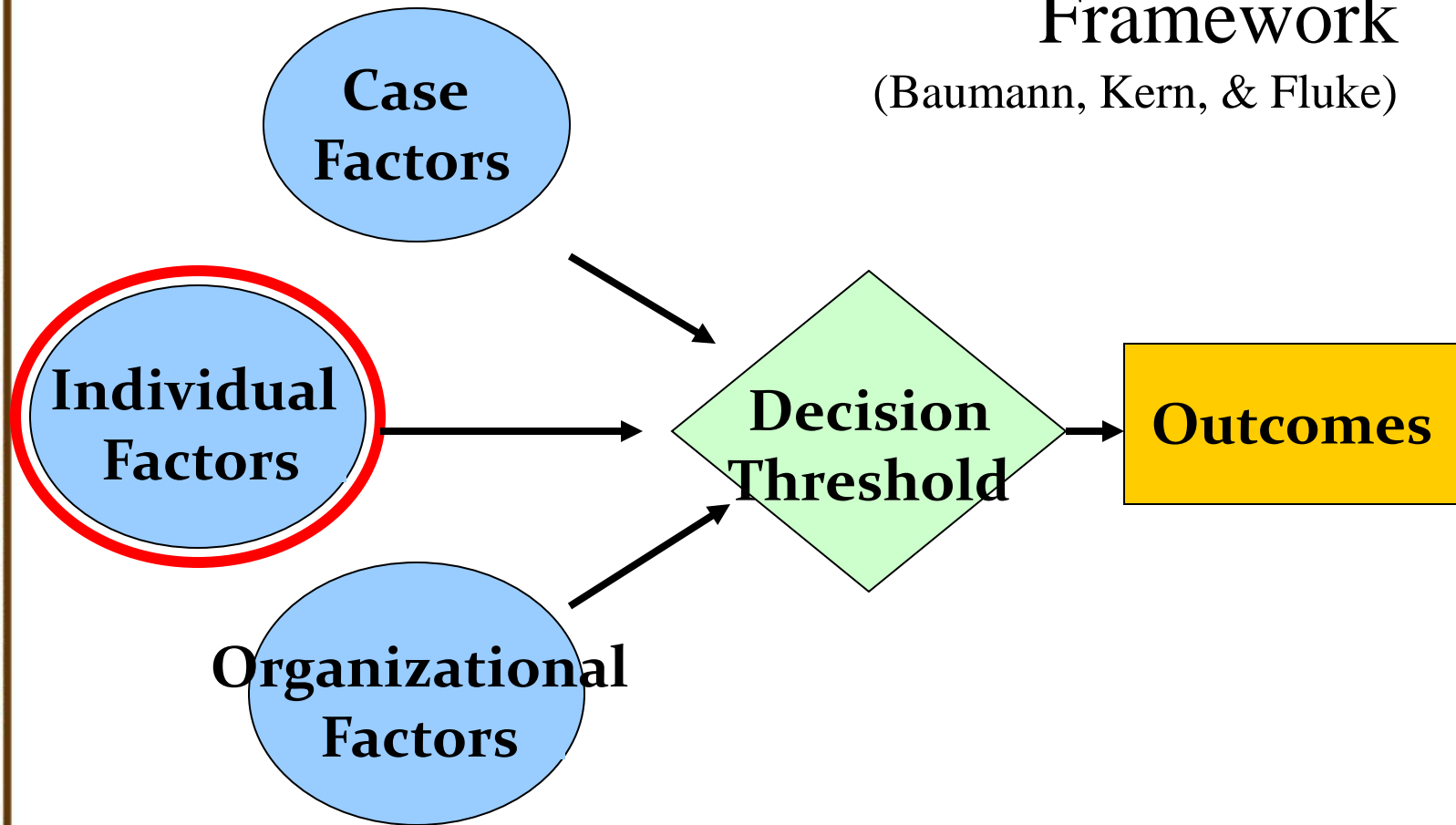
Case Factors

- The Family
 - Level of Risk
 - Income
 - Number of Children
 - Marital Status
- The Child
 - Race/Ethnicity
 - Gender
 - Age
 - Behavioral Problems
 - Medical Problems

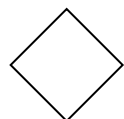


Decision Making Ecology and General Assessment and Decision Making Framework

(Baumann, Kern, & Fluke)



Influences



Intervention



Outcomes



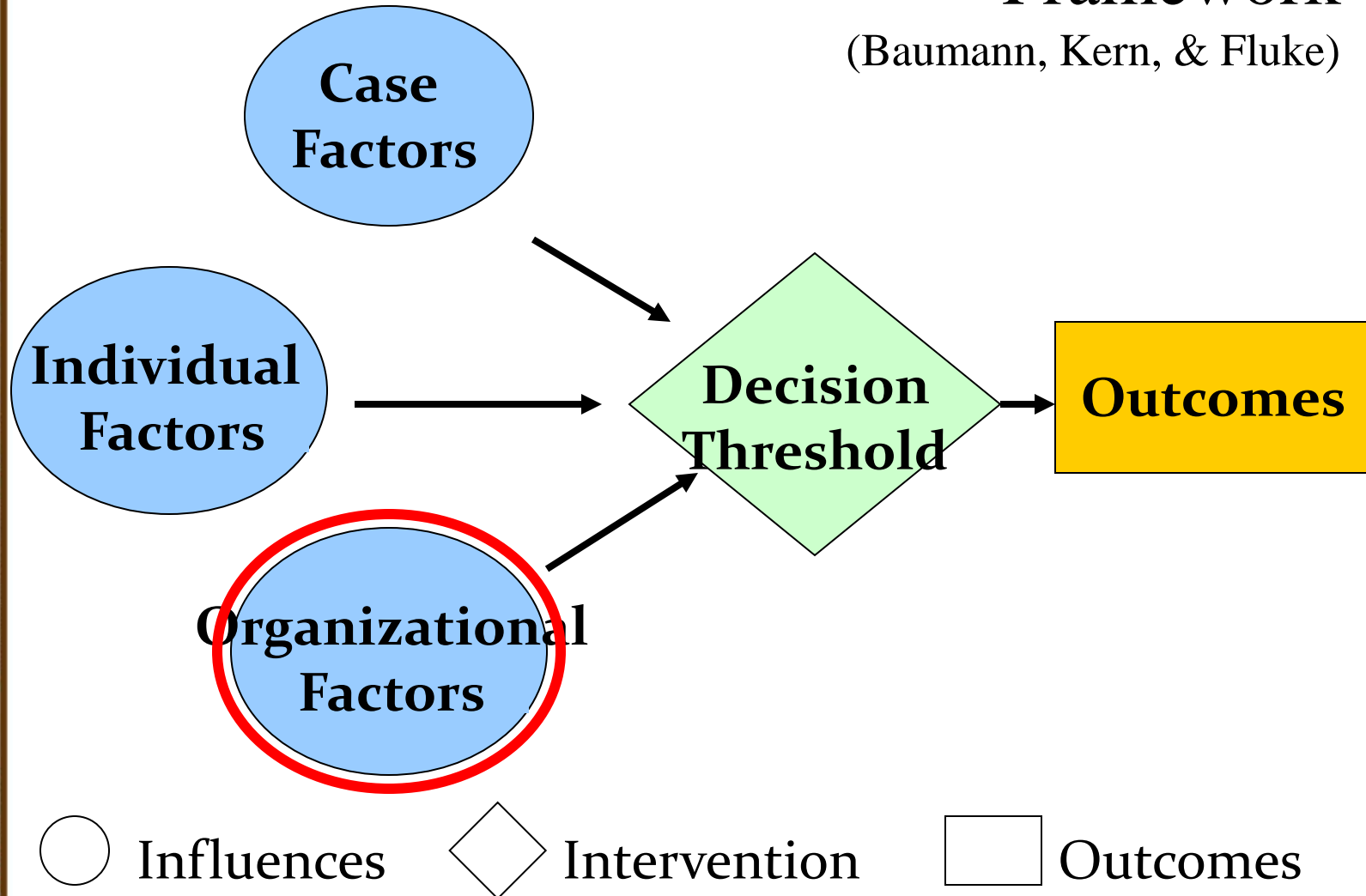
Individual Factors

- Decision Making Skills (e.g., good judgment)
- Case Skills (e.g., fact finding)
- Cultural Sensitivity (e.g., awareness)
- Knowledge of Placements



Decision Making Ecology and General Assessment and Decision Making Framework

(Baumann, Kern, & Fluke)



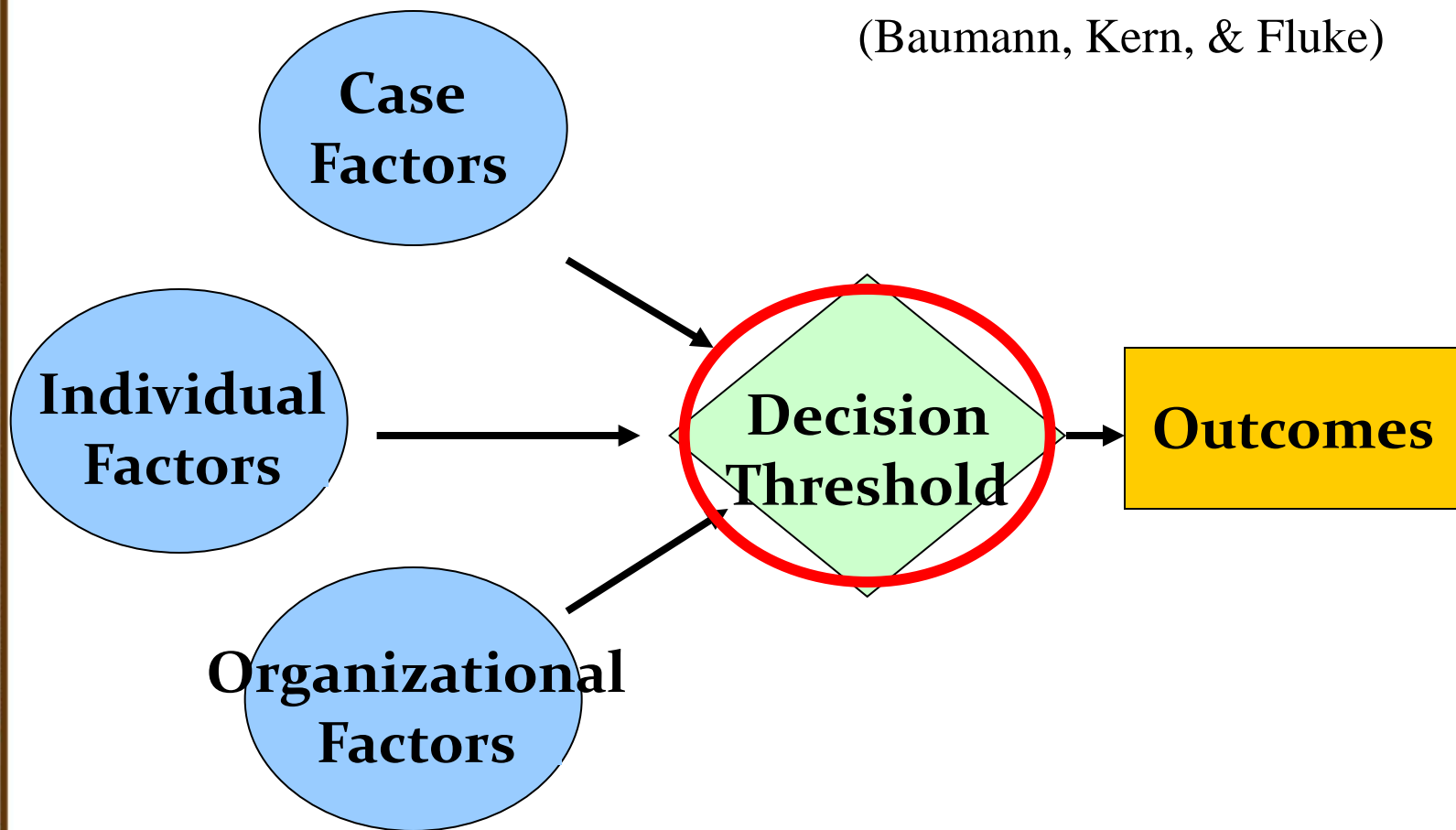
Organizational Factors

- Workload
- Supervision
- Agency Policy
- Availability of Intervention Services



Decision Making Ecology and General Assessment and Decision Making Framework

(Baumann, Kern, & Fluke)



○ Influences

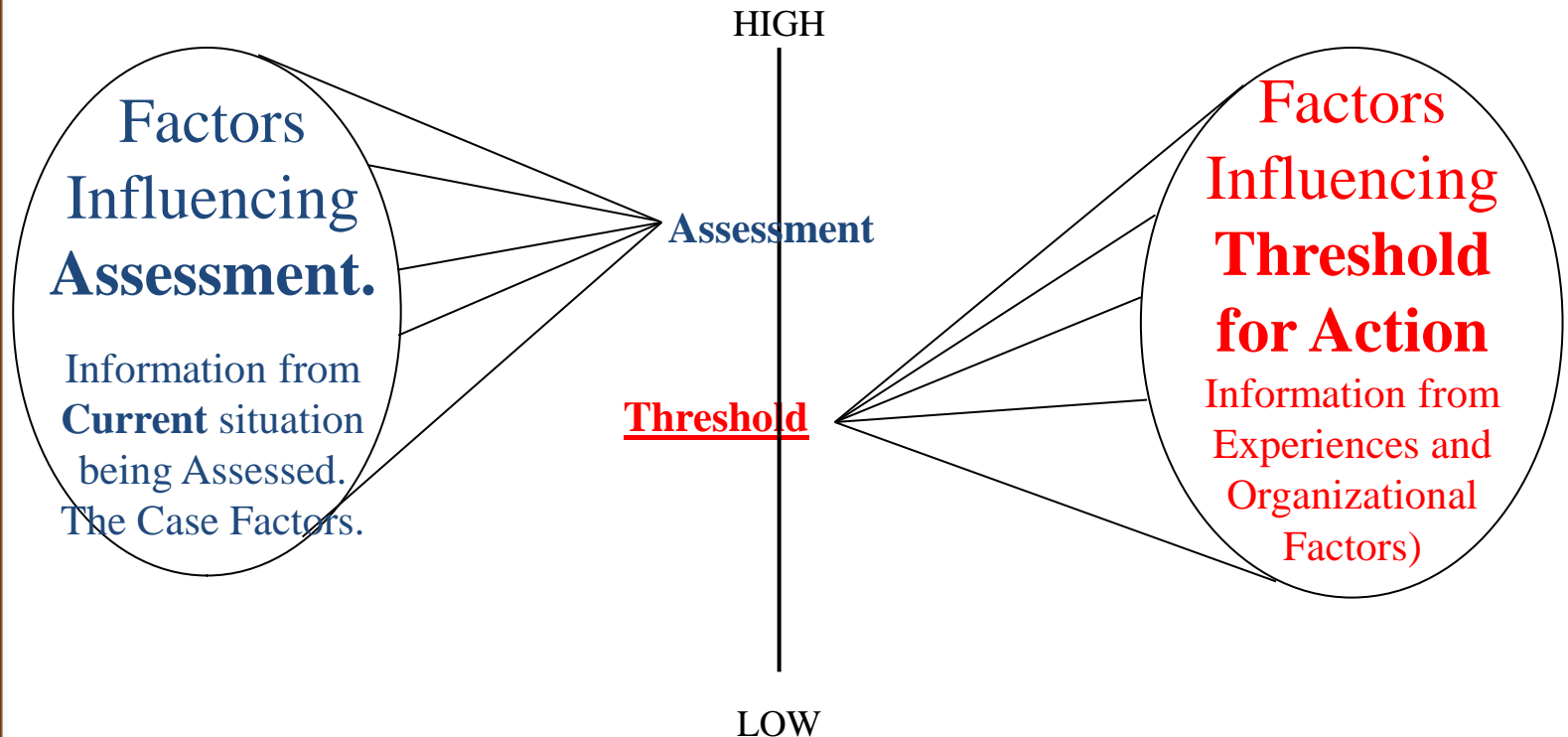
◇ Intervention

□ Outcomes



*A General Model for Assessing the Situation and **Deciding** what to do about it - Dalglish*

Assessment Dimension:
e.g. Risk or 'Level of Concern'

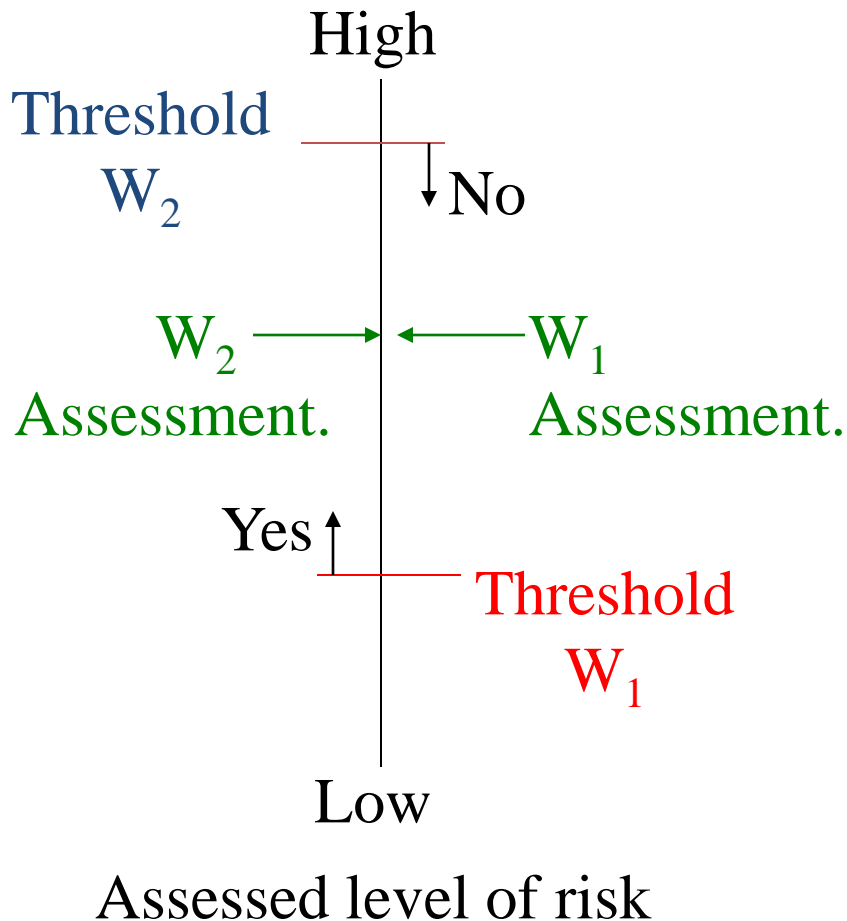


If the **Assessment** is *ABOVE* the **Threshold**, then ACTION is taken.

If the **Assessment** is *BELOW* the **Threshold**, then NO ACTION is taken.



The threshold concept: Implication

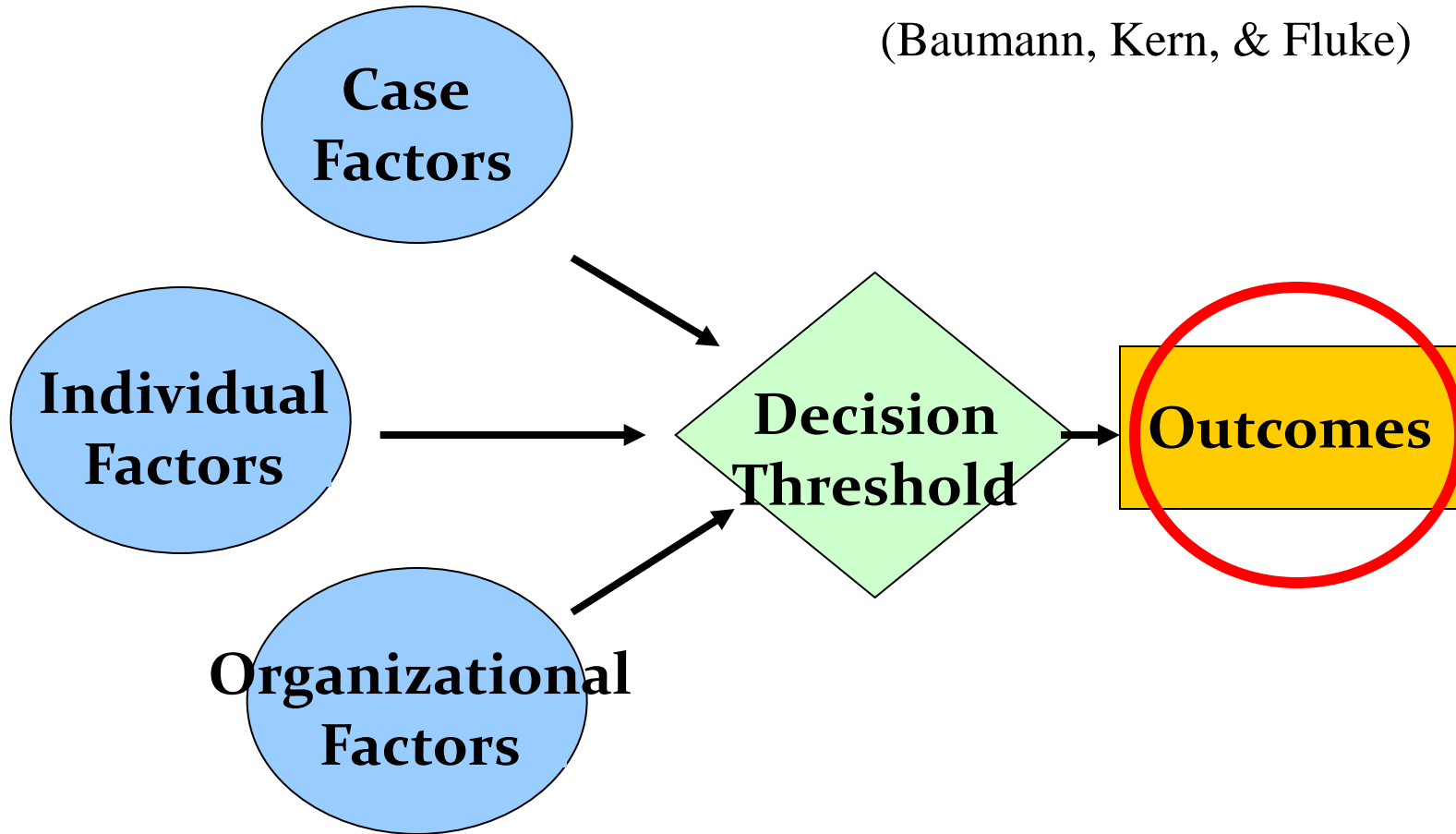


- If threshold low, W_1 needs little evidence before taking action.
- If threshold high, W_2 needs much evidence before taking action.
- Even if they agree on the assessment,
- they disagree about taking action.



Decision Making Ecology and General Assessment and Decision Making Framework

(Baumann, Kern, & Fluke)



○ Influences

◇ Intervention

□ Outcomes



Capacity Outcomes

- **Wide variability across jurisdictions in decisions**
- **Wide variability across decision makers in system decisions**
- **Impacts on Capacity**
 - On Families
 - Staff
 - Service Demand
 - Costs
- **Factors in the DME are intended to explain decisions that lead to these changes**



DME and Intake in New Zealand

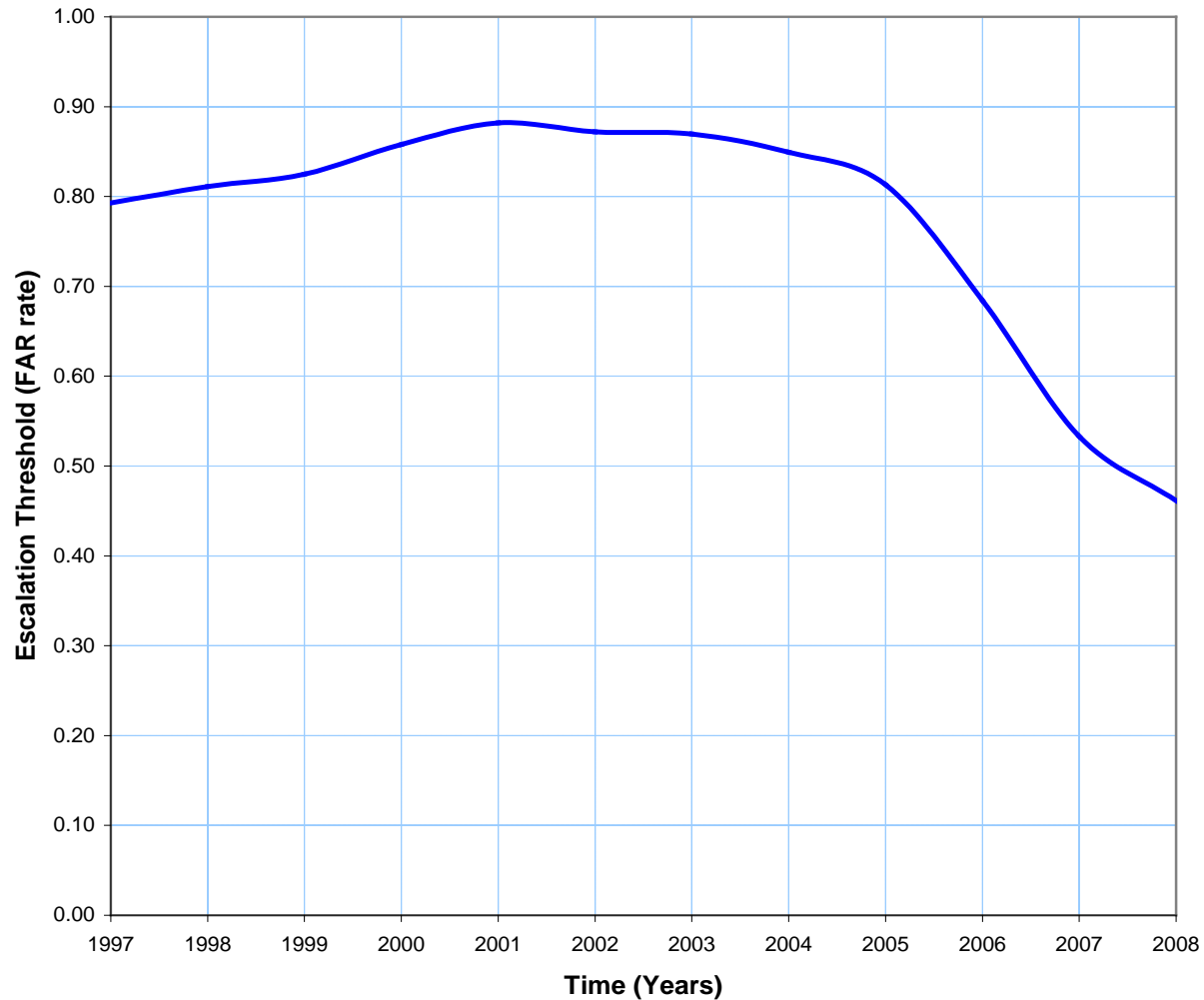
- Knowledge Building with a Focus on Communicating Decision Policy Tied to Cost and Benefits
- Measures of Decisions
 - Intakes Escalated to CPS Response
 - Substantiations
 - Legacy Intakes (re-reports at intake)



DME and Intake in New Zealand

(James Mansell)

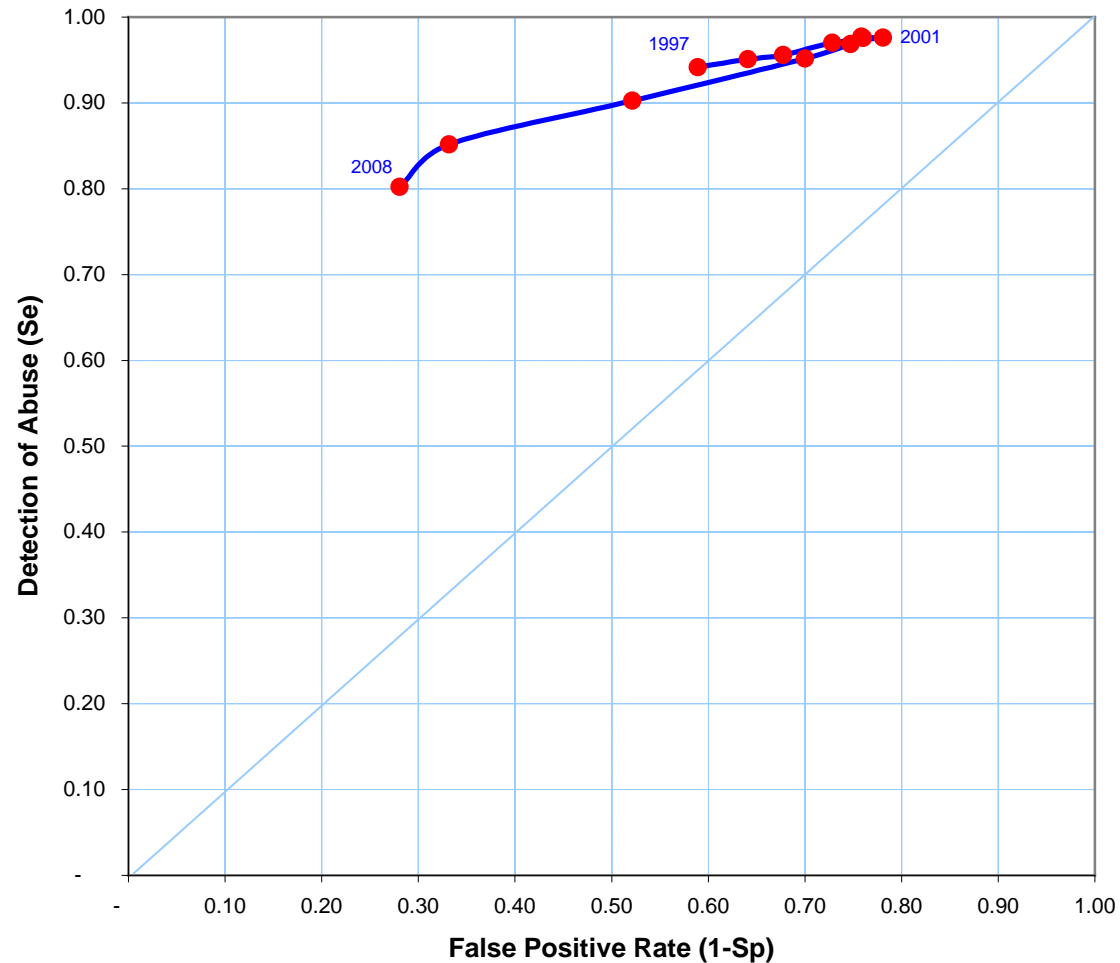
**Intake Decision Making:
Escalation Threshold ("Further Action Required" rate)**



DME and Intake in New Zealand

(James Mansell)

Intake Decision Performance: CYF
Receiver Operator Characteristic (ROC) Decision Points
(1997-2008)



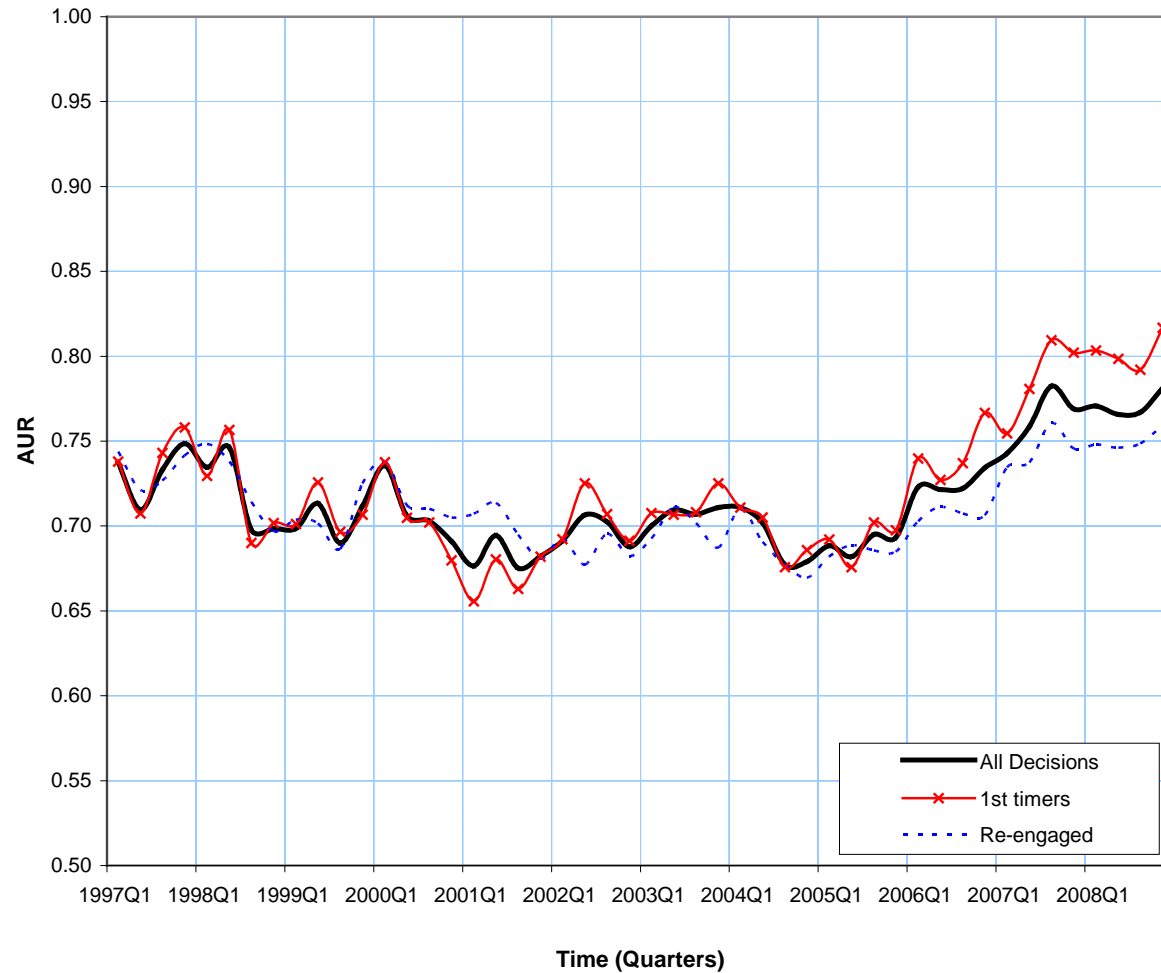
DME and Intake in New Zealand

(James Mansell)

Child, Youth and Family's Intake Decision Making

Area Under the ROC curve (AUR)

[Final intake decision, 1 yr reference period]



Summary

- Be aware of the CFSR definition and its relationship to other definitions of subsequent entry events and their measurement.
- Focus intervention on the intent of the CFSR measurement and State measures in relationship to the philosophy and orientation of the agency.
- Develop adequate infrastructure to measure and mechanisms to monitor subsequent entry events continuously.
- Use data and programmatic knowledge to maximize the impact of interventions.
- Acknowledge and address the possibility of unintended consequences and adjust planned interventions accordingly.



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