

Safety

Our Goal: Children will be safe from abuse and neglect.

A Region 4 facilitator hosted a Family Team Decision-Making meeting to determine how to keep seven Somali children safe from further abuse and neglect. As soon as the door to the meeting opened about one hundred members of the Somali community walked into the room. The office staff came in with extra chairs to accommodate the large gathering. The family members all sat at a large table along with the assigned social worker and supervisor.

Children's Administration provided a language interpreter who was very flexible and followed the Family Team Decision-Making facilitator throughout the meeting ensuring that the family understood everything being said. The Family Team Decision-Making facilitator commented that the room filled with the family and Somali community was powerful and breathtaking. The facilitator began the meeting by welcoming those in attendance with a traditional Muslim greeting, "Assalamu Alilkum", which means "peace be unto you." It is said in the Muslim faith spreading Salaam leads to increasing the love between our hearts. The positive response from the group proved that the facilitator had succeeded in connecting with them and everyone was able to work toward what was best for the children.

The group discussed the abuse/neglect allegations as well as the family's strengths and safety concerns regarding the children and possible placement options. While discussing where the children would live, the Somali community presented Children's Administration staff with names of four individuals who had been chosen by the community to be placement options for the children if the children could not return to their parents due to safety concerns. The people recommended for potential placement came with completed background checks to help expedite the process.



After much thoughtful discussion around these specific seven children the decision was made by the family, Children's Administration, and representatives of the Somali community to reunite the children with their mother with the understanding that the father would not remain in the home, which meant the children would remain in their community. The placement decision was met with a loud clapping roar from the group. Children's Administration worked with the family and members of the Somali community to develop a safety plan and seven children who may have otherwise been separated from their community and from one another were able to remain safely in their home and their community.

Safety Overview

The primary purpose of the Children’s Administration is to ensure that children are safe from harm.

The Administration relies on caring family members, watchful educators, concerned community members, and responsive medical practitioners and law enforcement officers to notify Child Protective Services when any child appears to be the victim of abuse or neglect.

Washington state has a mandatory reporter law RCW.26.44.030, which requires professionals in law enforcement, corrections, the medical field, education, childcare, and social services who believe abuse or neglect has occurred to report such incidents.

In addition, the Administration hears from concerned neighbors, grandparents, and others who, while not legally bound to report, respond to the moral and ethical obligation to keep children safe by placing that often very difficult call to CPS.

In Fiscal Year 2008, Children’s Administration received nearly 75,000 referrals on behalf of children who may have suffered abuse or neglect. Of those referrals, more than 36,000 met the criteria for investigation by the Administration.

Nearly 8,000 families with children deemed at low to moderately low risk of harm were offered alternative intervention services in Fiscal Year 2008. Of these, more than 1,800 families were referred to the Alternative Response System (ARS).

Alternative Response Services are offered by community-based contracted providers to families in conflict but needing the least intrusive intervention to help ensure child safety.

Child Protective Services Referrals*



*Number of referrals received per fiscal year. Includes Division of Children and Family Services and Division of Licensed Resources Child Protective Services referrals. Source: EMIS report.

Safety Overview

Children’s Administration tracks the total number of referrals made to Child Protective Services by type of allegation on an annual basis. Whenever anyone contacts Child Protective Services to report that they believe a child may be the victim of abuse or neglect, that report is considered an intake. An allegation is “founded” after an investigation of an intake indicates that the alleged abuse more likely than not occurred.

Over the past decade, the founded incidents of neglect have far exceeded all other types of abuse allegations by a considerable margin.

In 2005, the Washington State Legislature passed ESSB 5922, which amended RCW 26.44.020 expanding the definition of neglect effective 2007.

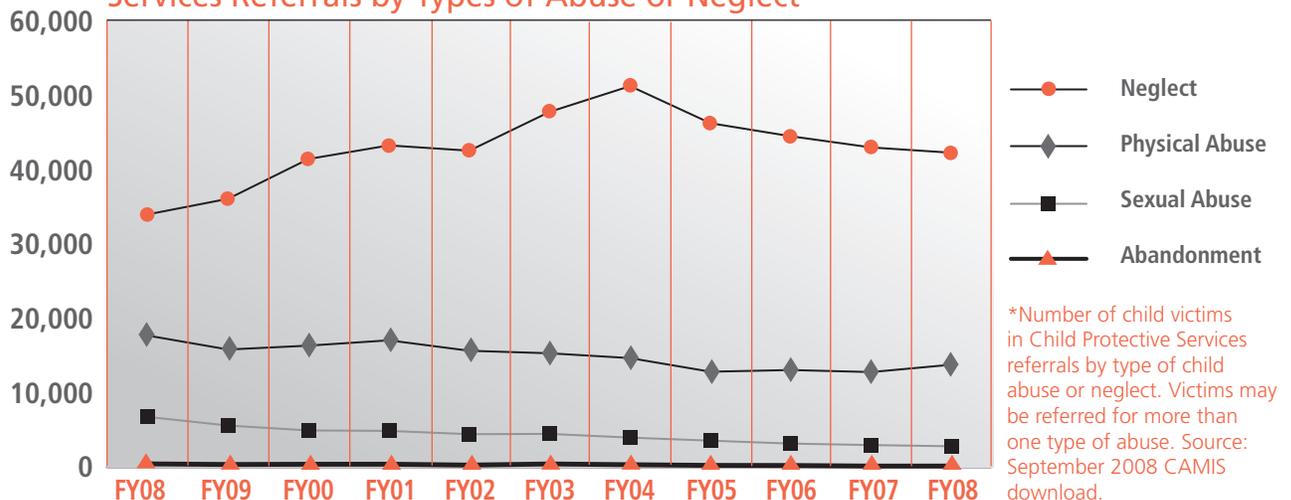
The bill’s intent was to enhance Children’s Administration’s ability to intervene in cases of chronic neglect where the health, welfare or safety of the child is at risk. When chronic neglect has been found to exist in a family, the legal system will reinforce the need for parents’ engagement in services that may decrease the likelihood of future abuse or neglect.

Through the application of widely adopted child welfare practices and evidence-based strategies, the Administration strives to intervene when children have been harmed by their caregivers. In addition, Children’s Administration endeavors to ensure that children who have experienced harm are protected from further harm in their own homes or in out-of-home care.

The Administration tracks the following specific measures designed to demonstrate the efficacy of the practices employed and to inform additional policy decisions and practice implementation:

- Timeliness of children seen face-to-face by a social worker following a referral accepted for investigation within policy timelines.
- Children who are re-abused.
- Children who are placed in out-of-home care due to abuse or neglect with prior placement due to abuse or neglect.
- Children who are abused or neglected in out-of-home care.
- Foster homes receiving health and safety checks.

Number of Alleged Victims in Accepted Child Protective Services Referrals by Types of Abuse or Neglect*



Safety Overview

What is child abuse or neglect? (WAC 388-15-009)

Child abuse or neglect means the injury, sexual abuse, or sexual exploitation of a child by any person under circumstances which indicate that the child's health, welfare, or safety is harmed, or the negligent treatment or maltreatment of a child by a person responsible for or providing care to the child. An abused child is a child who has been subjected to child abuse or neglect as defined in this section.

Physical Abuse means the non-accidental infliction of physical injury or physical mistreatment on a child. Physical abuse includes, but is not limited to, such actions as:

- (a) Throwing, kicking, burning or cutting a child;
- (b) Striking a child with a closed fist;
- (c) Shaking a child under age three;
- (d) Interfering with a child's breathing;
- (e) Threatening a child with a deadly weapon; or

(f) Doing any other act that is likely to cause and which does cause bodily harm greater than transient pain or minor temporary marks or which is injurious to the child's health, welfare and safety.

Physical discipline of a child, including the reasonable use of corporal punishment, is not considered abuse when it is reasonable and moderate and is inflicted by a parent or guardian for the purposes of restraining or correcting the child. The age, size, and condition of the child, and the location of any inflicted injury shall be considered in determining whether the bodily harm is reasonable or moderate. Other factors may include the developmental level of the child and the nature of the child's misconduct. A parent's belief that it is necessary to punish a child does not justify or permit the use of excessive, immoderate or unreasonable force against the child.

Sexual Abuse means committing or allowing to be committed any sexual offense against a child as defined in the criminal code. The intentional touching, either directly or through the clothing, of the sexual or other intimate parts of a child or allowing, permitting, compelling, encouraging, aiding, or otherwise causing a child to engage in touching the sexual or other intimate parts of another for the purpose of gratifying the sexual desire of the person touching the child, the child, or a third party. A parent or guardian of a child, a person authorized by the parent or guardian to provide childcare for the child, or a person providing medically recognized services for the child, may touch a child in the sexual or other intimate parts for the purposes of providing hygiene, child care, and medical treatment or diagnosis.

Safety Overview

Sexual Exploitation includes, but is not limited to, such actions as allowing, permitting, compelling, encouraging, aiding, or otherwise causing a child to engage in:

- (a) Prostitution;
- (b) Sexually explicit, obscene or pornographic activity to be photographed, filmed or electronically reproduced or transmitted; or
- (c) Sexually explicit, obscene or pornographic activity as part of a live performance, or for the benefit or sexual gratification of another person.

Negligent Treatment or maltreatment means an act or a failure to act on the part of the child's parent, legal custodian, guardian or caregiver that shows a serious disregard of the consequences to a child of such magnitude that it creates a clear and present danger to the child's health, welfare, and safety. A child does not have to suffer actual damage or physical or emotional harm to be in circumstances which create a clear and present danger to the child's health, welfare and safety. Negligent treatment or maltreatment includes, but is not limited to:

- (a) Failure to provide adequate food, shelter, clothing, supervision, or health care necessary for a child's health, welfare and safety. Poverty and/or homelessness do not constitute negligent treatment or maltreatment in and of themselves;
- (b) Actions, failures to act, or omissions that result in injury to or which create a substantial risk of injury to the physical, emotional, and/or cognitive development of a child; or
- (c) The cumulative effects of consistent inaction or behavior by a parent or guardian in providing for the physical, emotional and developmental needs of a child, or the effects of chronic failure on the part of the parent or guardian to perform basic parental functions, obligations, and duties, when the result is to cause injury or create a substantial risk of injury to the physical, emotional, and/or cognitive development of the child.

What is child abandonment? (WAC 388-15-011)

A parent or guardian abandons a child when the parent or guardian is responsible for the care, education or support of a child and:

- (a) Deserts the child in any manner whatever with the intent to abandon the child;
- (b) Leaves a child without the means or ability to obtain one or more of the basic necessities of life such as: food, water, shelter, hygiene, and medically necessary health care; or
- (c) Forgoes for an extended period of time parental rights, functions, duties and obligations despite an ability to exercise such rights, duties, and obligations.

Abandonment of a child by a parent may be established by conduct on the part of a parent or guardian that demonstrates a substantial lack of regard for the rights, duties, and obligations of the parent or guardian or for the health, welfare, and safety of the child. Criminal activity or incarceration of a parent or guardian does not constitute abandonment in and of themselves, but a pattern of criminal activity or repeated or long-term incarceration may constitute abandonment of a child.

OBJECTIVE:

Initiate timely investigations

MEASURED BY:

Children seen face-to-face by a social worker following a referral accepted for investigation within policy timeframes

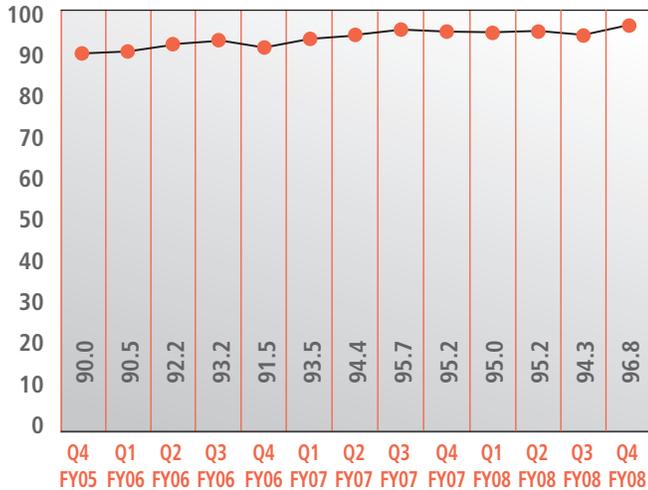
Whenever a Children’s Administration intake worker receives a call about a child who is possibly being harmed by a caregiver, that worker must determine if the allegations meet legal criteria for abuse and neglect. In addition, intake workers must assess the time frame in which an investigating social worker must make face-to-face contact with that child.

Washington state laws are prescriptive about what constitutes abuse or neglect, the Administration’s ability to investigate, and if so how quickly.

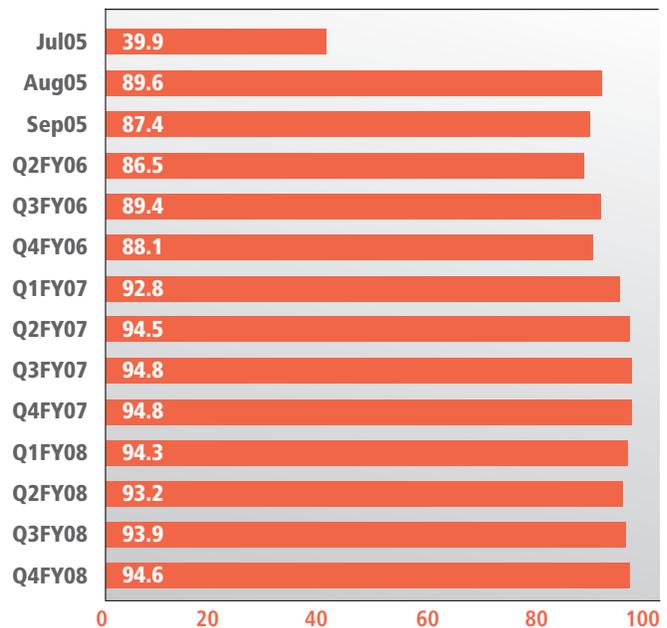
Children who are at risk of imminent harm must be seen within 24 hours of receipt of a referral. Children for whom abuse or neglect is likely to have occurred but who are not at risk of imminent harm must be seen within 72 hours of a referral.

Children’s Administration has met or exceeded the target goal for face-to-face contact in emergent referrals since 2006. The Administration has met or exceeded the goal for timeliness of face to face contact in non-emergent referrals since 2007.

Percentage of Children in Emergent Referrals Seen Within 24 Hours*

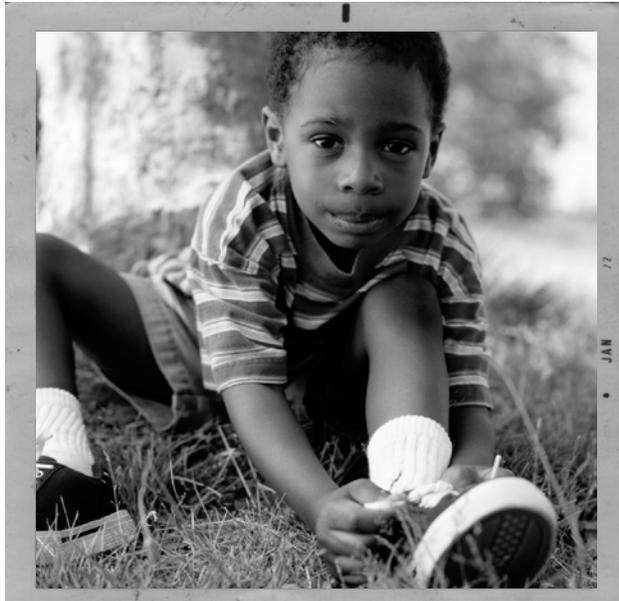


Percentage of Children in Non-Emergent Referrals Seen Within 72 Hours**



*Percent of children in emergent referrals seen or attempted within 24 hours. Excludes Division of Licensed Resources (DLR) CPS referrals. The federal Program Improvement Plan goal was 90 percent by September 2006. Source: October 2008 CAMIS download.

**Percent of children in non-emergent referrals seen or attempted within 72 hours. Excludes Division of Licensed Resources (DLR) CPS referrals. The federal Program Improvement Plan goal was 90 percent by September 2006. Source: October 2008 CAMIS download.



OBJECTIVE:

Reduce recurrence of abuse or neglect

MEASURED BY:

Children who do not experience re-abuse

The Administration works to ensure that all children who come to the attention of social workers as the result of abuse or neglect are protected from further caregiver abuse.

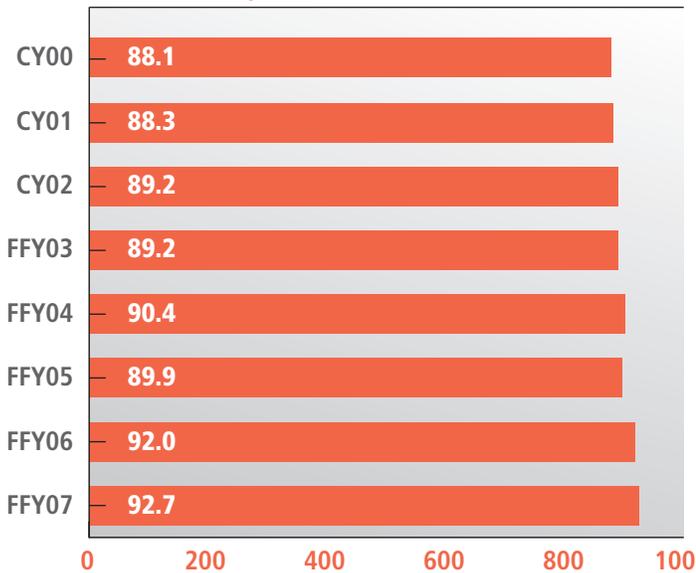
The federal government recently increased the standard for this measure from 93.9 percent to 94.6 percent of children who experience a founded referral of abuse will be free from any additional founded referrals within the six month period following the initial finding.

The Administration has fallen short of the target on this measure since data tracking began but has made progress toward achieving that goal.

There is a statistical correlation between increased timeliness of social worker visits with alleged victims of abuse and the improvement in protecting children from incidents of re-abuse.

In Federal Fiscal Year 2007, the Administration demonstrated its highest rate of success for this measure on record.

Percentage of Children Who Did Not Experience Re-Abuse*



*Percent of children with a founded referral of abuse or neglect who were free from an additional founded referral of abuse or neglect within six months of the initial referral. "Founded" means that an investigation concluded that the maltreatment was more likely than not to have occurred. For referrals with multiple allegations, the referral is considered founded if any of the allegations are founded. The federal standard is 93.9 percent or more children will be free from additional founded allegations of abuse. In 2002, the federal government changed the required reporting period from calendar year to federal fiscal year. In 2007, the federal government required that states report the percent of children free from additional founded allegations of abuse rather than those who were re-abused. Source: federal fiscal year data submitted to the National Child Abuse and Neglect Data System (NCANDS).

OBJECTIVE:

Improve safety when returning children home

MEASURED BY:

Children who are placed in out-of-home care due to abuse or neglect with prior placement due to abuse or neglect

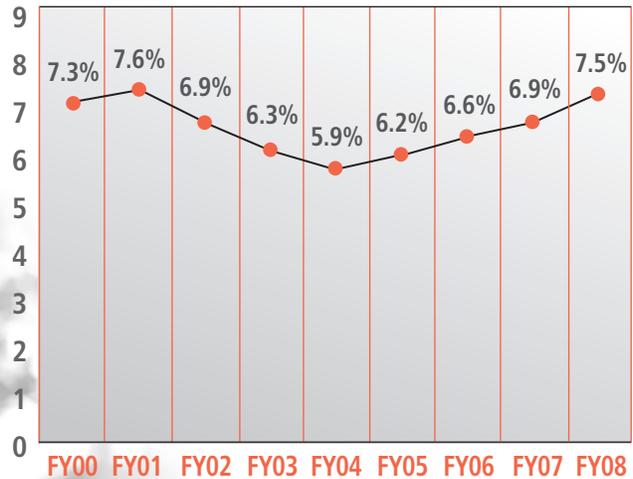
Before any child can return to the home from which he or she was removed due to findings of abuse or neglect, a number of safeguards and supports must be in place.

Children’s Administration staff members conduct a reunification assessment for children who have been in care at least 60 days and were removed from their home due to abuse or neglect. A safety assessment and/or plan is developed for all children returning to caregivers from whom they were removed regardless of length of stay in out-of-home care.

Families of children returning home must be in substantial compliance with agreed upon family safety and stability enhancing efforts which may include ongoing participation in substance abuse recovery meetings, drug testing, parenting classes, anger management, domestic violence classes, or individual and family therapy.

Moreover, the Administration continues to follow up, for a minimum of six months, with families of reunified children who had been in the Department’s care under a dependency order.

Percentage of Children in Placement Due to Abuse or Neglect with Prior Placement Due to Abuse or Neglect*



*Percent of children placed in out-of-home care for abuse or neglect who had returned home from a prior placement for abuse or neglect within 12 months of being placed again. Both placements must have lasted for more than three days in order to exclude 72-hour emergency placements due to temporary incapacitation of parents. Source: September 2008 CAMIS download.

OBJECTIVE:

Improve safety for children placed in out-of-home care

MEASURED BY:

Children who are free from abuse or neglect in out-of-home care

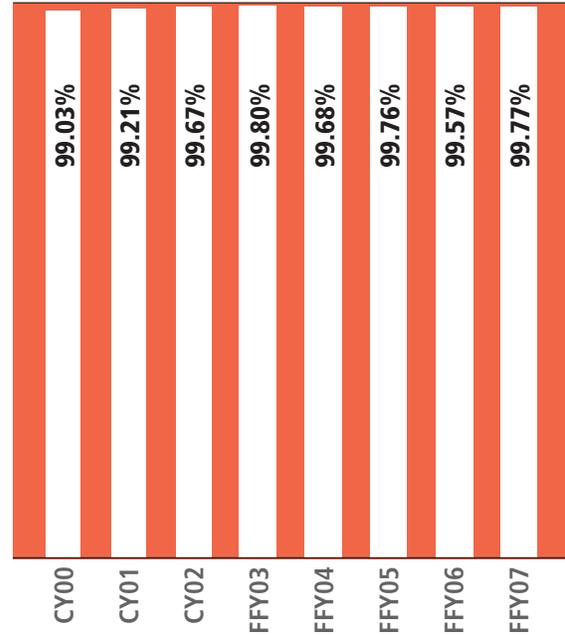
Those wishing to serve as licensed substitute caregivers for children who have experienced abuse or neglect, must demonstrate the caring, commitment, and competency necessary to fulfill state licensing requirements.

Individuals known to the child or family such as relatives or other suitable persons (as specified in RCW 74.15.020) may also serve as substitute caregivers upon passing a background check and completing a successful home study.

Every applicant to become a licensed foster parent must attend training, pass rigorous background checks, and ensure that their living environment is a suitable child placement setting.

The goal of removing a child from an abusive home is to improve their well-being by decreasing

Percentage of Children Who are Free from Abuse or Neglect While in Out-of-Home Care*



the likelihood that they will be subjected to harm by those responsible for their care.

The state and federal governments have extremely high standards when it comes to protecting children from abuse or neglect in out-of-home care. While Washington state has historically done well with reference to this measure, in FFY2006, the federal standard increased from 99.43 percent to 99.68 percent and the Administration fell short of the new standard at that time.

For the most recent reporting period, Federal Fiscal Year 2007, the Administration performed better than the more stringent federal standard.

The ultimate goal is that no child in Washington state licensed care will experience abuse or neglect in his or her out-of-home placement.



*Percent of children in out-of-home care without a founded referral of abuse or neglect. The new federal standard is 99.68 percent or more. Source: federal fiscal year 2007 data submitted to the National Child Abuse and Neglect Data System and the Adoption and Foster Care Analysis and Reporting System.

OBJECTIVE:

Improve safety for children placed in out-of-home care

MEASURED BY:

Foster homes receiving health and safety checks

Not only must caregivers meet strict licensing standards, so must the dwellings into which children are placed. Often these homes are held to safety standards and emergency preparedness requirements well above those of a typical home. Fireplaces and wood stoves must be completely fenced, medications must be locked up at all times, multiple level homes must demonstrate effective evacuation plans, and foster parents must be trained in a variety of health and safety courses.

Licensors thoroughly inspect and evaluate the condition of homes and facilities to make sure that no hazards have developed since a license was issued or since a previous health and safety check.



Percentage of Division of Licensed Resources Homes Receiving Health and Safety Checks Annually*



Washington state statute requires that “Monitoring shall be done by the Department on a random sample basis of no less than ten percent of the total licensed family foster homes licensed by the Administration on July 1 of each year,” and reported annually. (RCW 74.13.260; RCW 74.13.031(5))

The Children’s Administration has exceeded the state requirement of ten percent of homes monitored since Fiscal Year 2003.

*Percentage of Division of Licensed Resources foster homes with a health and safety check completed by the Division of Licensed Resources annually. Source: September 2008 CAMIS download.

Child Fatality Review Process

The Children's Administration conducts Child Fatality Reviews on child deaths that occur while a family had an open case with the Administration or if the family received services from Children's Administration in the 12 months preceding the child's death. The purpose of these reviews is to examine practice, policies or system issues and identify any service gaps that might impact the outcome. The ultimate objective is to improve the health and safety of all children. Child fatality reviews are not investigations into the manner or cause of death. The manner and cause of death is determined by medical examiners and coroners. Law enforcement investigates whether or not a child's death was the result of criminal activity.

The Administration conducts a review if:

- The child's family had an open case with the Administration at the time of the child's death.
- The child's family received any services from the Administration within 12 months preceding the child's death, including a referral for services that did not result in an open case.
- The child's death occurred in a home or facility licensed to care for children.

There are two types of child fatality reviews:

- **The child's death is considered to be natural or accidental.** This type of review is facilitated by the regional Child Protective Services program manager and the review team may be comprised of staff and community professionals who had some involvement with the family or whose professional expertise is pertinent to the dynamics of the case.
- **The child's death is the result of apparent abuse or neglect by the child's parent or caregiver.** This type of review is facilitated by the regional Child Protective Services program manager and the review team is comprised of individuals who had no previous involvement in the case and whose professional expertise is pertinent to the dynamics of the case.

These reviews are completed within 180 days from the date of the fatality. Summaries of the fatality reviews are posted on a public website at <http://www.dshs.wa.gov/ca/pubs/fatalityreports.asp>.

Through the analysis of child fatality data collected for more than a decade, CA works to identify children most at risk in order to inform the Administration and the child welfare system in improving the protection of children and services to families.

In 2007, 700 children under the age of 18 died in Washington state. Sixteen percent (110) of these child fatalities were reported to Children’s Administration intake units.¹ Of all children who died in Washington state in 2007, fatality reviews were conducted on nine percent (59) of them.

The number of child fatalities that require a review by the Administration has steadily decreased over the past 7 years. Of those fatalities that require review, the number of child deaths resulting from natural/medical, accidental deaths and suicides have slightly decreased. The number of fatalities caused by homicide has remained relatively constant with fewer than 10 deaths in each category each year. In 2007, there was a significant increase in the number of child fatalities where the manner of death is unknown or undetermined. Sudden Infant Death Syndrome and Sudden Unexplained Infant Death fatalities make up more than half of these unknown or undetermined deaths.

Child fatalities in Washington state - Calendar Year 2007	
Total youth population in Washington state (ages 0-17) ²	1,566,409
Referrals to Child Protective Services for abuse or neglect	75,900
Total child fatalities in Washington state.....	700
Child fatalities reported to Child Protective Services intake	110
Number of child fatalities requiring a child fatality review ³	59
Fatalities on open cases.....	26
Open case fatalities attributed to abuse or neglect.....	6

2007 Child fatalities manner of death-total fatalities requiring review=59			
	Number of fatalities	Open case at time of death	CA history in prior 12 months
Manner of death-Homicide (abuse)	6	1	5
Manner of death-Homicide (3rd party)	2	1	1
Manner of death-Suicide	1	1	0
Manner of death-Natural/Medical	20	12	8
Manner of death-Accidental	15	5	10
Manner of death-Undetermined	15	8	7

¹When Children’s Administration intake is notified that a child has died, a completed intake referral is required if: There is an open case on the family prior to the fatality incident (this does not include adoption support cases) or any Children’s Administration history on the family within 12 months of the fatality, including information-only intakes.

²<http://www.ofm.wa.gov/pop/coagemf/state.pdf>

³Per RCW 74.13.640, Child Fatality Reviews are required in unexpected deaths of children in Washington state who are in the care of or receiving services from Children’s Administration.