Achieving Results Safety

Goal: Children will be safe from abuse and neglect

Passersby watched in horror as a mother waiting at a bus stop began to violently beat her young daughter. A phone call later, little Britta was taken into protective custody and placed into a foster home.

The mother admitted to having lost the daughter to authorities once before in another state, the result, she said, of drug and alcohol problems. While the mother had maintained sobriety, she lacked the skills to provide her young daughter with a safe and secure childhood; a pattern reminiscent of her own growing-up experience.

A home visit revealed indescribable filth, the pungent odor of animal waste permeated the carpet. There were a host of pets, rodents and reptiles and a lone dog that also bore the telltale signs of abuse and neglect. The house was so replete with hoarded debris that social workers could not gain access into Britta's room. The girl's father, though living in the midst of the chaos, was not alleged to have participated in any additional wrongdoing.

The parents agreed to a "Voluntary Services Agreement". In essence, this agreement stated what the parents were willing to do in order to have their daughter returned to their home and detailed which support services would be provided by the state in an effort to assist them in providing a safe environment.

The agreement specified that the mother would participate in classes to help her learn to manage her anger and build parenting skills. In addition to social worker services, the family would receive the guidance of a Home Support Specialist who would help them access community resources and assist them in developing a parenting/discipline plan.

The parents and Home Support Specialist set about to make the house livable. Over the course of five months the family, with the help of Children's Administration staff, cleaned the home and yard and developed strategies toward Britta's imminent return home. The Humane Society took the pets, Volunteers of America replaced the stained and fetid carpet, and gradually the once squalid dwelling evolved into a healthy home.

With a behavior plan in place, Britta and her parents began to visit, in neutral locations at first and then gradually Britta went home on weekends. After the five month period, Britta returned home for good.

Britta's mom maintained a positive support system of other women who completed anger management and parenting courses. She had not only participated in all aspects of the plan to bring her daughter home, she demonstrated an understanding of how her own traumatic childhood impacted her parenting and she resolved to break the cycle of abuse.

Approximately a year later, Britta's mother has had no additional involvement with Child Protective Services (CPS) except to report a case of abuse that she had observed and to defend the intervening actions of CPS.

Through the efforts of the Children's Administration, a victim turned abuser learned the meaning and practice of ensuring child safety above all else.

Safety

GOAL: Children will be safe from abuse and neglect

The principal goal of the Children's Administration is to protect children from abuse and neglect by their caregivers. Referrals to Child Protective Services (CPS) come from neighbors, relatives, and professionals concerned about the welfare of specific children.

Parenting styles and discipline strategies vary among cultures, geographical divides and generations. While Washington State supports the rights of families to establish and maintain autonomous value systems and rear children with minimal interference, the state has clear criteria about what kind of treatment constitutes abuse and what kind of deprivation constitutes neglect.

The impetus for the creation of the Children's Administration and it's ongoing existence is to ensure safety for children who cannot protect themselves, provide for their physical, mental and emotional well-being or advocate on their own behalf.

Referrals made to CPS are *allegations* of abuse. Every report of suspected abuse or neglect is *immediately* assessed to determine whether or not it meets the legal definition of abuse.

If a referral does meet legal criteria, the level of severity is assessed and a prescribed immediacy of "response time" is followed. Those allegations determined to be at "high" or "moderate" risk require a face-to-face social worker visit within 10 days of the report. Children who are determined to be in "imminent" danger of harm must be seen by a social worker within 24 hours.

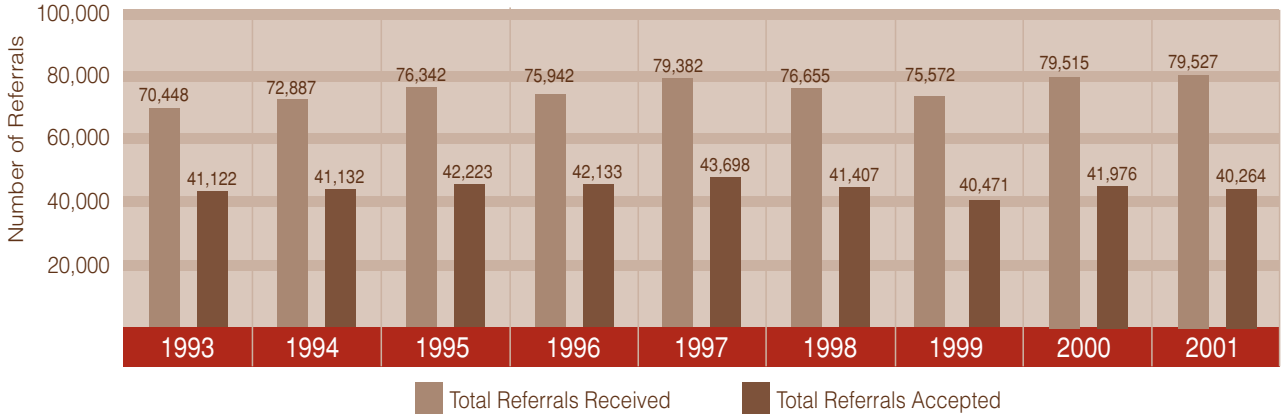
In 2002, there were in excess of 79,000 referrals made to DSHS alleging the abuse or neglect of a child or group of children. Of those allegations, over 38,900 met the definition of abuse or neglect. CPS assessed nearly 33,000 of those referrals and more than 4,500 of them were referred to the Alternative Response System. The Division of Licensed Resources (DLR) Child Abuse and Neglect Section responded to over 1,600 referrals.

Referrals that indicate a minor risk to children are sent to the Alternative Response System (ARS). ARS is a statewide service provided by contracted agencies to low-risk families in the least intrusive manner to improve family stability, prevent re-referrals to CPS for abuse and neglect, and improve the safety of children. The service is time-limited and voluntary.

The measures reported in this section document the frequency of repeated harm to children and track the administration's efforts to reduce or prevent the recurrence of child maltreatment.

Although most data presented in this report is based on the fiscal year, some safety measures are based on a calendar year breakout in order to show the historical trend.

Child Protective Services Referrals *



* Based upon calendar year rather than fiscal year calculations.

The DSHS *Kids Come First Action Agenda* provides a framework for CPS intervention

Principles of Child Protective Services*

"A child has the right to live in a safe, supportive, and permanent home. When those responsible for the well-being of a child cannot bring about such a living condition independently, Child Protective Services (CPS) must step in to assure that the child is safe and protected.

We have the secondary goal of maintaining the child in the child's home, whenever possible, if this goal is not in conflict with the safety of the child.

Preservation of the family and a permanent home are very important to the well-being of the child and should be held as goals of the child protection effort. However, when interests compete, the endangered child is the primary person CPS is charged to serve.

We need to be aware of and sensitive to parental concerns about interference, community concerns about cultural and society norms, and professionals' concerns about permanence. These concerns serve to help our decision-making regarding the well-being of the child, but must not prevent action needed to protect a child."

* Excerpted from *Kids Come First Action Agenda*. More information is available on the DSHS Website, http://www.wa.gov/dshs/geninfo/kidsfirst.htm

Safety Overview

- Referrals to CPS peaked in 1997 and have decreased slightly since then.
- Although the numbers of referrals of most allegation types have remained relatively stable, neglect, as a category, has steadily increased.
- Over 45,000 child victims were identified in the more than 37,000 child abuse and neglect referrals that were accepted for DCFS investigation in FY 2002.
- The Alternative Response System received referrals to provide services to more than 4,500 low risk cases through contracted providers, continuum of care and other early intervention services in FY 2002.

Safety objectives presented in this report include:

- Initiate timely investigations
- Reduce chronic maltreatment
- Reduce recurrence of maltreatment
- Improve safety when returning children to their homes
- Increase safety for children placed in out-of-home care

Three measures are currently used to monitor safety objectives and track the percent of children or families that are repeatedly involved with CPS:

- Families chronically referred to CPS
- Children who are re-abused (child recurrence)
- Children who are placed in out-of-home care due to abuse or neglect, returned home, and must be placed again

Four additional measures are used to monitor progress in meeting the safety needs of children:

- Children seen face-to-face by a social worker following a referral
- Children who are abused or neglected in licensed care
- Children's cases staffed with community Child Protection Teams
- Foster homes receiving an annual health and safety check

Safety

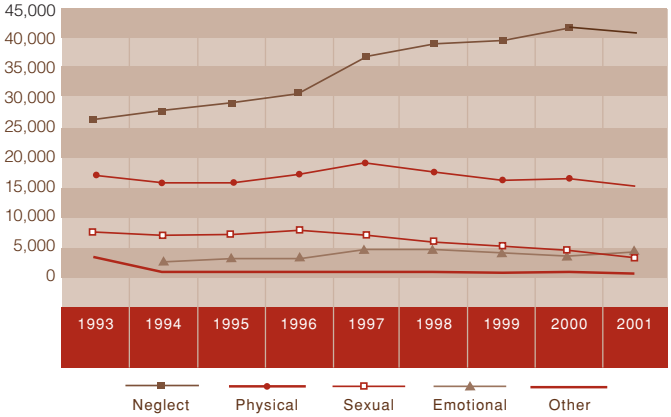
Defining Abuse and Neglect

What is the legal definition of child abuse and neglect?

Washington State law defines child abuse or neglect by a parent or caregiver (does not include investigation of third-party abuse) as follows:

"Child abuse or neglect shall mean the injury, sexual abuse, or negligent treatment or maltreatment of a child by any person under circumstances which indicate that the child's health, welfare and safety is harmed thereby." (RCW 26.44.020)

Alleged CPS Victims in Accepted Referrals by Type of Abuse 1993-2001*



* Source: CAMIS-Each victim may be reported for more than one type of abuse or neglect. "Other" includes prenatal neglect, mental injury, exploitation, abandonment and death. (Prior to 1994 also included emotional abuse.) Based upon Calendar year rather than fiscal year calculations.

What are the types of abuse and neglect?

Physical Abuse: 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.

Sexual Abuse: Sexual abuse means comitting or allowing to be committed any sexual offense against a child as defined in the criminal code. The intentional touching, either directly or through 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.

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: Negligent treatment or maltreatment means an act or failure 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 food, shelter, clothing, supervision, or health care necessary for a child's health, welfare and safety;
(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;
(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.

Abandonment: 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 a child with intent to abandon the child;
(b) Leaves a child without the means or ability to obtain food, water, shelter, hygiene, medical care;
(c) Forgoes for an extended period of time, parental duties and obligations.

Objective: Initiate timely investigations

Measured by: Children seen face-to-face by a social worker following a referral

Division of Children and Family Services (DCFS)- Child Protective Services

Referrals assessed as moderate to high risk are accepted for investigation by CPS staff. If a referral indicates that a child is at imminent risk of substantial harm, the CPS worker is required to initiate the investigation within 24 hours of receipt of the referral. CPS workers are obliged to make face-to-face contact with each child in an accepted referral within ten working days of the referral date.

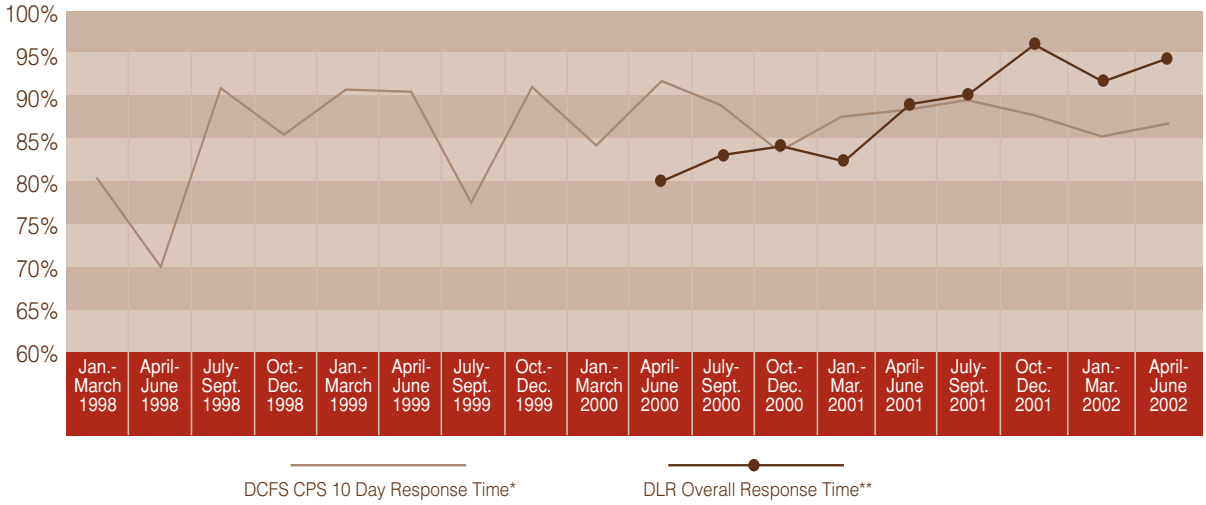
In 2002, over 85 percent of children requiring a social worker contact within 10 days received such a contact. Some delays in face-to-face contact occurred due to active law enforcement investigations, with CPS staff working in collaboration with law enforcement officials to maximize protection and evidence collection.

Division of Licensed Resources (DLR) - Child Abuse and Neglect Section

The Division of Licensed Resources continued to demonstrate improvements in timely response throughout Fiscal Year 2002. The percent of children receiving face-to-face DLR social worker contact within 24 hours or ten days, reached 90 percent at the beginning of the fiscal year and remained at or above 90 percent for the entire year.

The most recent reporting period indicated timely investigations were conducted in nearly 95% of referrals, representing a significant increase within the relatively brief period since data tracking on this measure commenced in April 2000.

CPS Response Time



* Handcount of the percent of DCFS CPS referrals received during a quarter that required and received face-to-face contact by a social worker within ten days.

** Handcount of the percent of DLR CPS referrals received during a quarter that required and received face-to-face contact by a social worker within 24 hours or ten days. (Tracking began in 2000)

Safety

Objective: Reduce chronic maltreatment

Measured by: Families chronically referred to CPS

Families who are referred multiple times to Child Protective Services for repeated allegations of abuse or neglect present a heightened sense of concern to the Children's Administration (CA). Consequently, CA has developed a screening tool to track families who have been referred multiple times to CPS regardless of any findings of abuse or neglect. Intake personnel consider the referral history of families when determining whether or not a new referral should be screened-in for investigation.

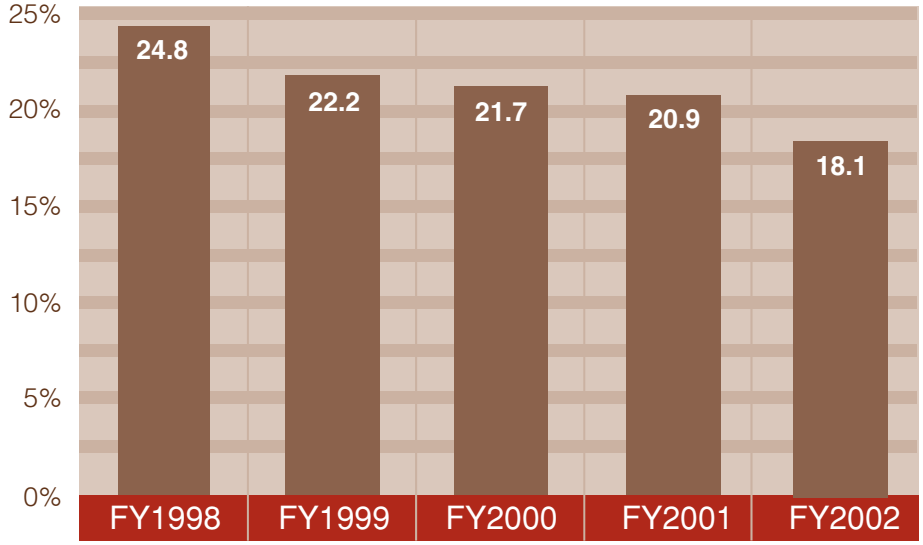
Families that present the highest risk are those that have received multiple referrals, and display indicators of developing an intensified pattern of child maltreatment. This screening tool was developed as part of the *Kids Come First Action Agenda*.

Families meeting one or more of the following criteria are included in this measure.

- Three referrals in the prior year
- Four referrals in the prior two years
- Five referrals in the prior three years
- Two or more allegations of sexual or physical abuse in the past two to six CPS referrals
- Two or more founded allegations in the past two to six CPS referrals
- Risk ratings of moderately high or high risk in the past two to six CPS referrals for young, vulnerable or developmentally disabled children whose caretaker has a childhood history of child abuse or neglect
- Biological mother under 21 years of age at the time of her first referral as the parent
- Primary caregiver rated at moderately high or high risk due to caregiver impairments for families referred two or more times to CPS

The percent of families meeting the screening criteria has been declining consistently over the past five years. Families meeting the screening criteria warrant special attention regardless of findings, severity or type of abuse.

Percent of Familes Chronically Referred to CPS*



* Percent of families with accepted CPS or ARS referrals during a given period that are referred and investigated and meet the criteria established in the Kids Come First Chronic Family Screener. Referrals must have occurred more than ten days apart to be counted as seperate referrals.

Objective: Reduce recurrence of maltreatment

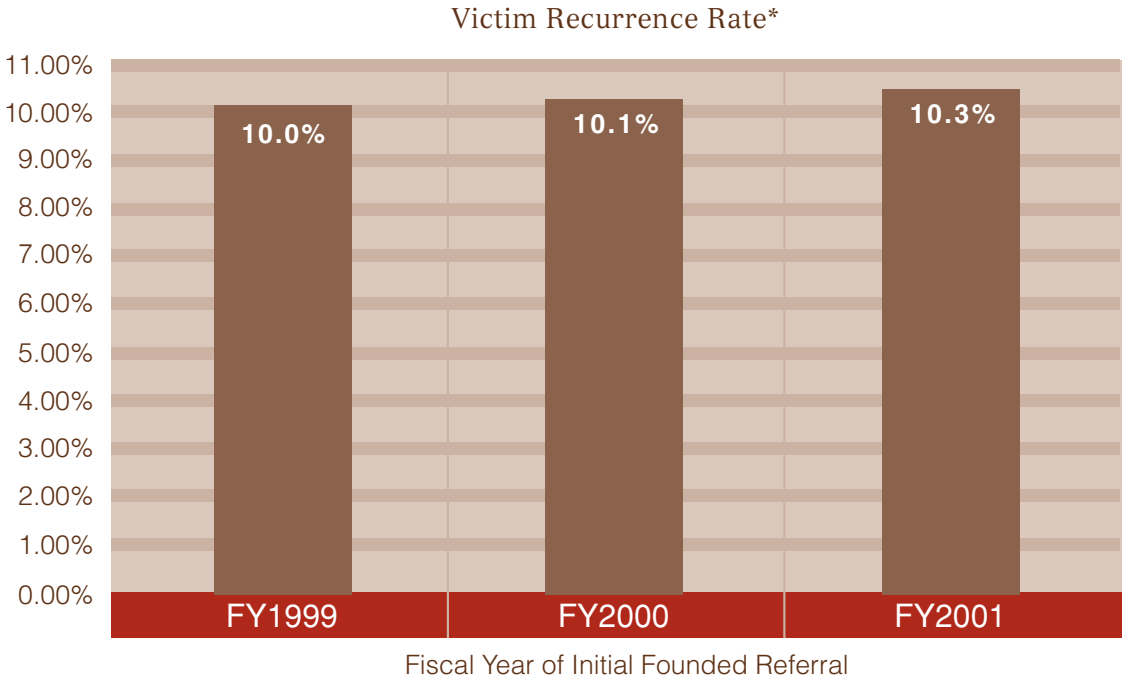
Measured by: Children who are re-abused

Re-abuse cases are those in which the agency has conducted an investigation regarding a specific report and rendered a finding of abuse or neglect, and despite efforts on the part of the family or the utilization of available resources, maltreatment occurred again within six months.

Families who are the subjects of multiple founded referrals in which children are re-abused are subject to increased scrutiny, since previous attempts to provide remedial services have not been successful.

A given family may have a number of individual child victims. In recent years, the Children's Administration has been able to track separate findings on each child victim through the data management system.

The victim recurrence rate is tracked in six month intervals allowing for subsequent referrals and completion of investigations. The recurrence rate has increased slightly over the past three years.



* The proportion of children with a founded referral of abuse that have a subsequent founded referral within six months of the initial referral. "Founded" means that an investigation concluded that the event was more likely than not to have ocurred. For referrals with multiple allegations, the referral is considered "founded" if any of the allegations are founded.

Safety

Objective: Reduce recurrence of maltreatment

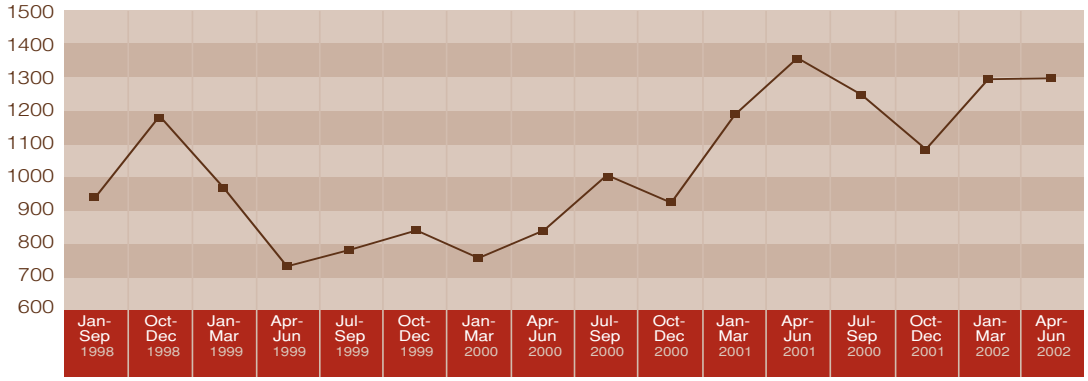
Measured by: Children's cases staffed with community Child Protection Teams

The Children's Administration has demonstrated commitment to engaging community experts in the shared decision-making process required for effective child protection through mandates specified in Executive Order 95-04 regarding the use of community Child Protection Teams (CPTs). The Administration requires the utilization of CPTs for decision-making about child placement in any of the following situations:

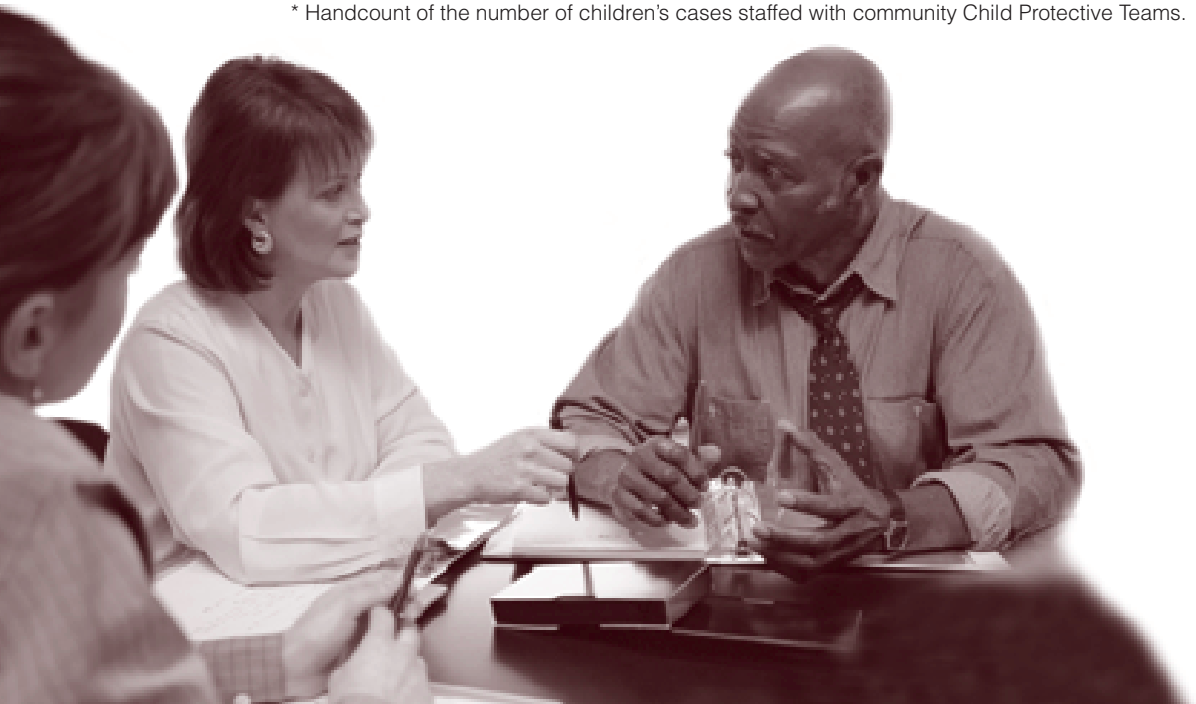
- moderately high and high risk cases involving children age six or younger,
- cases where serious professional disagreement exists about risk of serious injury,
- all moderate or high-risk cases prior to return home or dismissal of dependency of a child age six or younger,
- cases opened on the basis of imminent harm, or
- any complex case which may benefit from such consultation.

Each region maintains at least one CPT. Each multi-disciplinary team consists of at least four professionals invested in the interests of child welfare who are not employed by the Children's Administration. Participants may include, but are not limited to, law enforcement officers, physicians, mental health and substance abuse practitioners and other mandated reporters of child abuse and neglect.

Number of Children's Cases Staffed with Community Child Protection Teams*



* Handcount of the number of children's cases staffed with community Child Protective Teams.



Objective: Improve safety when returning children to their homes

Measured by: Children who are placed in out-of-home care due to abuse or neglect, returned home, and who must be placed again

Every effort is made to ensure that children who are served by state services as a result of abuse or neglect are not re-abused when returned home.

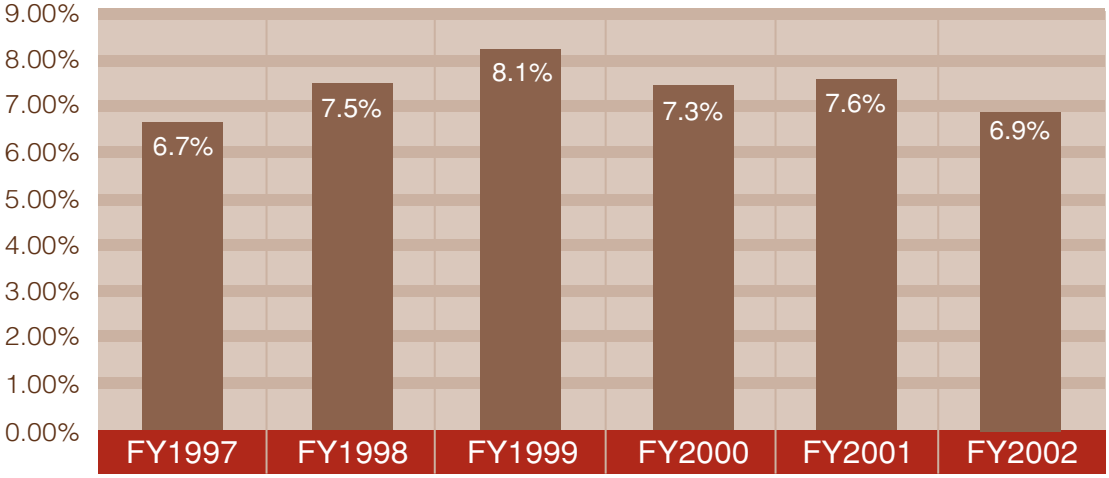
Of those children currently in placement because of abuse or neglect, the percent that also had a prior placement due to abuse or neglect is calculated.

Following a prior placement rate peak of 8.1% in 1999, there has been an overall reduction in the prior placement rate over the past three years.

The Administration continues to ensure safety before sending a child home and to support families when a child has been returned.

The Children's Administration currently conducts a formal assessment to determine whether reunification is in the best interest of a given child. All children who are returned home, do so with a transition and safety plan in place. Particularly vulnerable children receive additional monitoring visits by a DCFS social worker or other qualified professional within the first 120 days following their return home.

Percent of Children in Placement for Reasons of Child Abuse with Prior Placement*



* To be counted, children must have entered placement within 12 months of exiting their previous placement, and both placements must have lasted for more than three days in order to exclude 72-hour emergency placements due to temporary incapacitation of the parents.

Safety

OBJECTIVE: Increase safety for children placed in out-of-home care

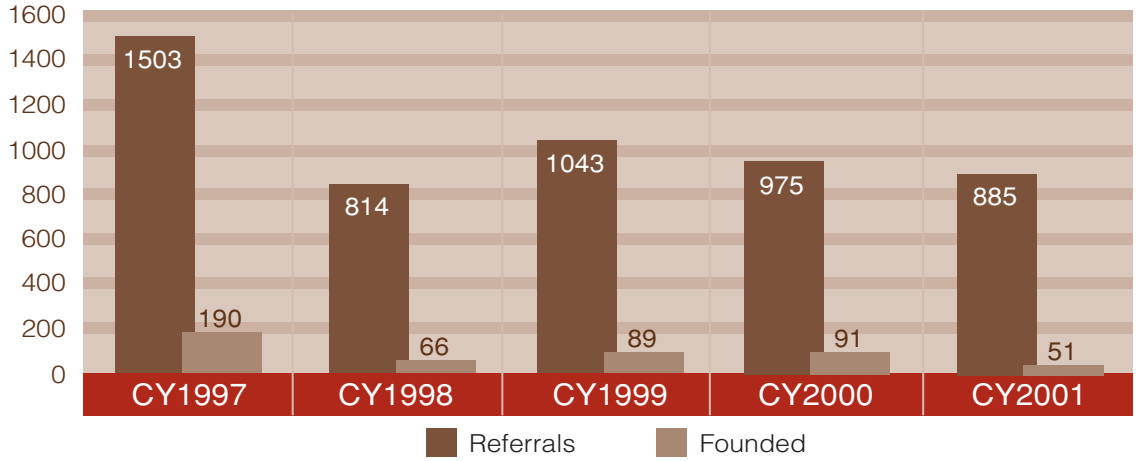
Measured by: Children who are abused or neglected in licensed care

The Division of Licensed Resources (DLR) Child Abuse and Neglect Section investigates all allegations of abuse and neglect in licensed, certified and state operated care facilities. It is the intent of the Children's Administration that no child who has suffered abuse should experience additional abuse in licensed care.

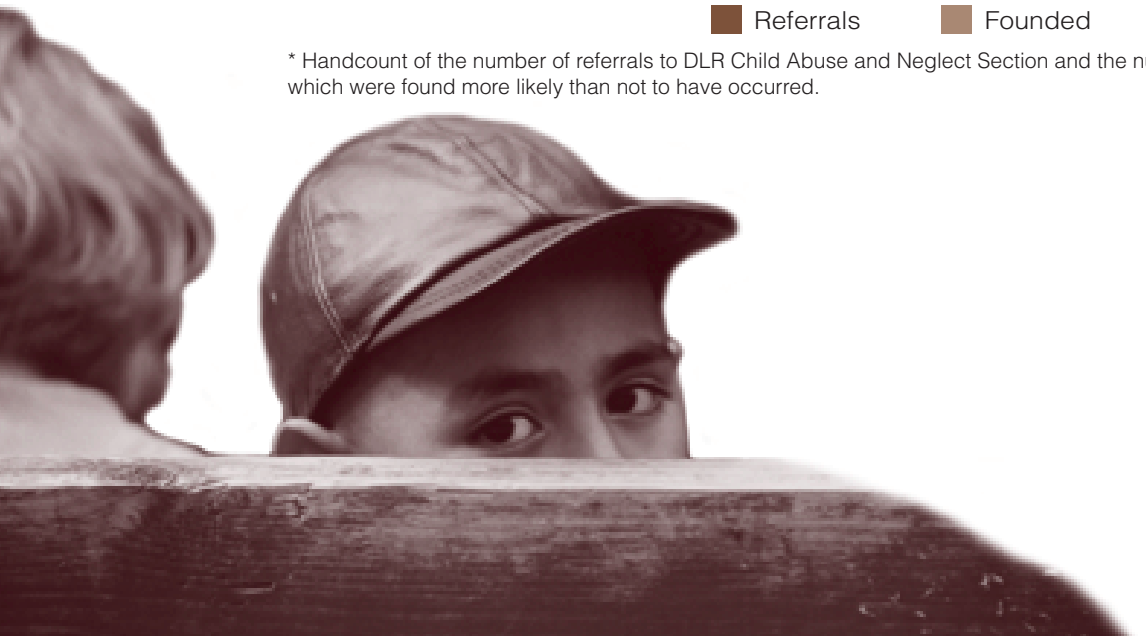
In FY 2002, more than 6,300 licensed foster homes were available to provide care to children who had been removed from their homes for reasons of abuse, neglect or parental abandonment.

DLR has worked diligently over the past several years to continually reduce the incidence of abuse in licensed care. Increasing coordination between DCFS and DLR staff in developing plans that address both safety and permanency for children, improved training for foster parents, increased training of investigators, facility reviews by licensors, and health and safety visits by social workers have all supported an improved quality of foster parenting. This improved quality of care along with increased supervision by direct service providers and training about the Kids Come First safety assessments and safety planning have contributed to a decrease in allegations of abuse or neglect in licensed care. The result was a reduction in founded cases of abuse or neglect in licensed care of nearly 75 percent over the five-year reporting period indicated in the chart below.

Allegations of Abuse or Neglect of Children in Licensed Care*



* Handcount of the number of referrals to DLR Child Abuse and Neglect Section and the number, upon investigation, which were found more likely than not to have occurred.



Objective: Increase safety for children placed in out-of-home care

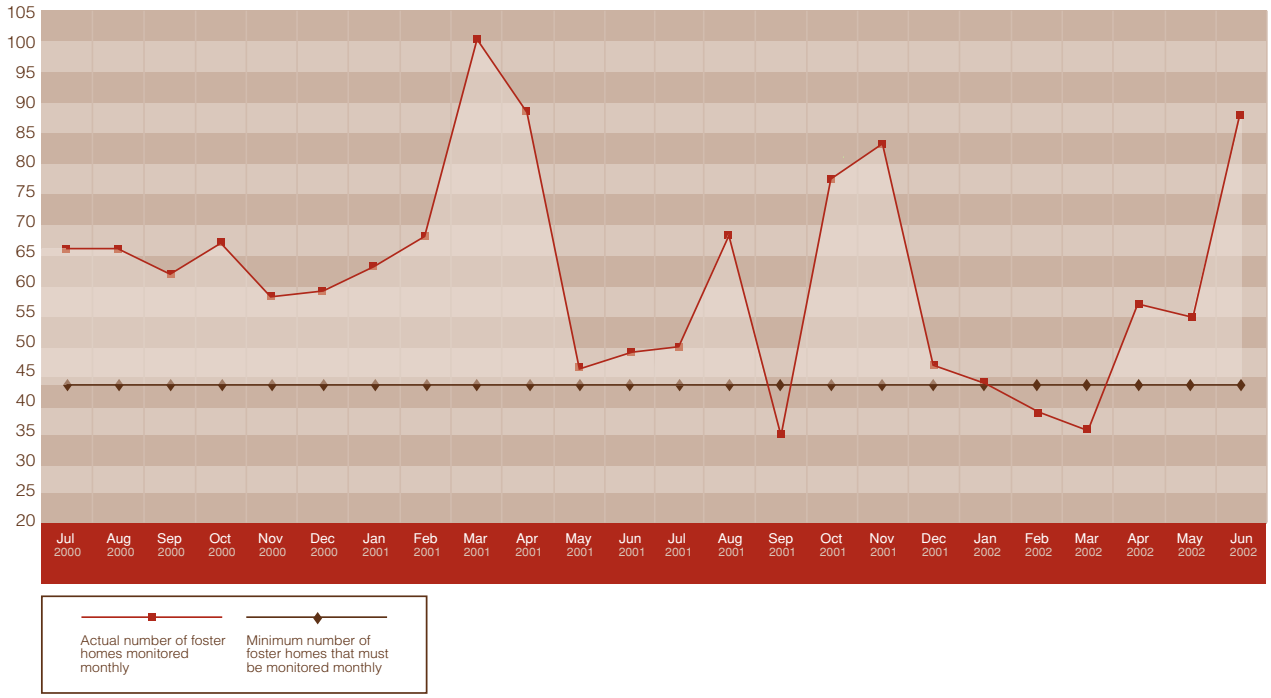
Measured by: Foster homes receiving an annual health and safety check

Revised Code of Washington (RCW) requires that the Children's Administration monitor licensed foster homes and residential care facilities annually to ensure the health and safety of children placed in out-of-home care.

RCW 74.13.260 specifically mandates that on-site visits be conducted in at least ten percent of licensed family foster homes annually. In FY 2002, the Division of Licensed Resources completed 710 health and safety inspections or 11.3 percent of licensed foster homes, exceeding the percent required by law.

In addition, Children's Administration policy requires that 100 percent of licensed residential care facilities are visited annually. In FY 2002, this internal requirement was successfully met as well.

Number of Foster Homes Monitored Each Month in FY 2001*



* Total number of licensed foster homes with a health and safety check completed by the Division of Licensed Resources during the month.

Safety

Child Fatality Review Process

The death of any child is a tragedy. It is all the more tragic when the circumstances surrounding the loss of a child could possibly have been prevented. By carefully reviewing child deaths, Washington State seeks to learn how such tragedies might be averted in the future. The Children's Administration (CA) participates in the review of child deaths both in collaboration with the Washington State Department of Health (DOH) and through internal review processes.

Since 1998 CA and DOH have worked cooperatively in the development and implementation of a single, statewide child fatality review system. The reviews are conducted by community-based teams facilitated by local health jurisdictions. Children's Administration maintains staff representation on each community team. All unexpected child deaths in the state are reviewed with the ultimate goal of developing preventative measures by looking at aggregate data from which factors and trends may be determined. DOH publishes an annual report which includes findings based upon aggregate data collected from child fatality reviews.

The Children's Administration also conducts separate internal child fatality reviews when any of the following criteria is met with reference to the death of a child.

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

The purpose of CA's internal child fatality review process is to conduct a thorough examination of the handling of a case to determine if agency policies, procedures and practices were properly followed. In addition, the review looks generally at policies, procedures and practices to determine if improvements to the Children's Administration system might help to prevent the death of a child in the future. The reviews are not investigations into the manner or cause of death. Such investigations are conducted by law enforcement entities, medical examiners and coroners. Some cases may be reviewed both internally and by community Child Fatality Review teams.

Data collected since 1997 and depicted in the chart on this page reflects all child deaths meeting CA internal review process criteria. This data will vary from the Washington State Department of Health (DOH) aggregate data. The criteria established by DOH for reviewing child deaths and collecting, tracking and reporting aggregate data differs significantly from that of the Children's Administration.

Children's Administration data changes over time. Because of the many agencies involved in reviewing a child fatality such as coroners and medical examiners, CA does not always receive child fatality data within a specific time frame.

As part of ongoing efforts to improve tracking of child fatalities, CA implemented improvements to the Case and Management Information System in 2001 to better identify children who have died. This is believed to be the major reason for the increased number of reported fatalities in CY 2001.

Child Deaths Meeting Children's Administration Child Fatality Review Criteria

Based upon child deaths reported to the Children's Administration; not all child deaths are reported to the administration.

Children's Administration **Statewide Child Fatality Data***	1997	1998	1999	2000	2001
Total number of child fatality intakes meeting the criteria for internal child fatality reviews	103	79	68	72	108
■ Manner of death - Homicide (abuse)	6	9	4	8	3
■ Manner of death - Homicide (3rd party)	10	5	5	2	8
■ Manner of death - Suicide	5	2	2	5	5
■ Manner of death - Natural/Medical	45	39	33	33	61
■ Manner of death - Accidental	36	20	20	21	26
■ Manner of death - Unknown/Undetermined**	1	4	4	3	5

Child Fatality Review Process

The administration is striving to better understand how fatalities occur to children who have been referred to or received services from the Children's Administration in an effort to make any needed policy, procedural or practice improvements.

The Children's Administration has recently developed a new data collection system designed to better track child fatality cases reported to the administration. This new system, called the Administrative Incidents Reporting System (AIRS), incorporates an improved child fatality review tool.

AIRS allows the administration to track trends in issues and recommendations made during the internal review process.

The Children's Administration also tracks any reported child fatalities that occur as the result of child abuse or neglect to children who are unknown to the administration or who do not meet the criteria for an internal child fatality review. While these cases, displayed on the second line of the following chart, do not impact internal policy, procedure or practice, they are of concern to the administration.

Child Deaths Deemed Homicide (Abuse)***

Based upon child deaths reported to the Children's Administration; not all child deaths are reported to the administration.

At the time of child's death*	1997	1998	1999	2000	2001
Known to CA and met criteria for CA child fatality review	6	9	4	8	3
Previously unknown to CA or did not meet criteria for CA review	6	3	4	5	2
Total	12	12	8	13	5

*Data included in the tables presented is based upon reports as of January 07, 2003 and may change as new reports become available.

** The manner of death was unknown or undetermined by coroners or medical examiners at the time reports were filed with the Children's Administration.

***Children's Administration divides homicide into two distinct categories; abuse and third party. The table above shows homicide (abuse) indicating that the homicide was found to have been committed by a person in the role of parent or caregiver at the time of the child's death.