Families
With
Repeat
Involvement
With
Child
Welfare
Systems

The Current Knowledge Base and Needed Next Steps
Families With Repeat Involvement With Child Welfare Systems
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Repeat involvement,” “chronic,” “recurrence,” “frequently encountered”—terms used by the child welfare system to describe families who cycle in and out—families that have not been able to consistently provide a safe and stable environment in which to raise their children. But, who are these families? How many are there? What is known of the reasons for their arrival at the door of child protection time and again, and do they share certain family and child characteristics? What innovations in existing service modes can help these families and ensure the safety of their children? And does the response of the child welfare system itself—through its policies and practices—contribute to families’ repeated involvement with child welfare services?

This paper reviews the current knowledge base regarding families that go through the revolving door of child welfare and the factors associated with their repeat system involvement. Knowledge of the characteristics of these families is growing as is an understanding of the ecological factors that contribute to the chronic nature of their child welfare involvement. Based on current information, this paper also offers recommendations to strengthen services for these families that promote better outcomes for their children. Several promising approaches and practices are highlighted throughout.

What Is Known From Research

An understanding of the experiences of families who are frequently seen by child protective services agencies (CPS) developed as a result of research in several areas: 1) studies that identify the characteristics and challenges of these families; 2) research on patterns of re-reporting families to CPS, with a specific focus on types of alleged child maltreatment; 3) research that documents the impact of chronic maltreatment on children; 4) studies that identify some of the ecological factors that appear related to families’ involvement with the child welfare system; and 5) research that identifies child protective service systemic factors that may be associated with families with a chronic need for intervention by or services from the child welfare system.

There is no consensus regarding the definition of “frequently encountered,” “chronic maltreatment,” or “repeat involvement.” There is variation across jurisdictions and in research regarding the meaning of these terms, differing approaches used to determine the number of alleged or substantiated child abuse and neglect reports that constitute “chronicity,” and differing views about what should be counted in determining “repeated involvement.” Because of the definitional variations, different studies find that the proportion of families for whom child maltreatment occurs, defined by terms of “chronic maltreatment” and “repeated involvement” range from 16% to 66.8% (Fluke, Shusterman, Hollinshead, & Yuan, 2005). When a more narrow definition of “recurrence” is used, approximately 20% of families with initial experiences of child maltreatment become involved with child protective services again.1 These families, however, account for approximately 50% of agencies’ personnel and financial resources (Loman, 2005).

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1 This percentage is based on Loman’s studies (2003, 2005) in Missouri and Minnesota. The Missouri study involved 33,395 families statewide who were followed for seven years (from July 1995 to June 2002). Families were considered to be “chronic” when there were five or more reports alleging child abuse or neglect over a period of five years. The Minnesota study involved 797 families from a single county who were selected during 2001 and 2002 and tracked for 27 months from the time of the initial report. Families were considered “chronic” when there were three or more reports over a period of 27 months.
Characteristics of Frequently Encountered Families

Certain family and child characteristics are associated with families’ repeated contact with child protective services.

Family Characteristics

Research indicates that the following types of families are more likely to be re-reported to child protective services: larger families, younger caregivers (particularly in their 20s), single parent households, families who lack social supports, families in extreme poverty, families with multiple needs, and families engaged with multiple public systems (DePanfilis & Zuravin, 1999; Loman, 2003, 2005).

Studies suggest that certain caregiver problems and challenges are also associated with repeated contact with the child welfare system: alcohol or other drug abuse; mental illness, particularly high levels of depression; serious health problems; and domestic violence (DePanfilis & Zuravin, 1999; Loman, 2003, 2005). These findings are consistent with a broad body of research that examined the relationship between child maltreatment and parental substance abuse, domestic violence, and mental health issues. Loman’s studies of Missouri and Minnesota families (2005), also found that in over one-half of families involved repeatedly with the child welfare system, both substance abuse and domestic violence co-occurred.

Substance abuse issues

Between 45% and 88% of cases referred to child protective services have a parental substance abuse problem (Hampton, Senatore, & Gullota, 1998; Wang & Daro, 1998). In families with substance abuse, there is a 3.6 times greater likelihood of child maltreatment than in families with no substance abuse history (Resnick, Gardner, & Rogers, 1998). Substance abuse is found to be a factor in families’ repeated contacts with child protective services. In Loman’s study of Minnesota families (2005), substance abuse problems are noted in 41% of the frequently encountered families, compared to 21% of families with no repeat contact.

Domestic violence

Research shows a strong association between domestic violence and child maltreatment. One study found that between 53% and 70% of male batterers (men who assaulted their female partners) also frequently abused their children (Straus & Gelles, 1990). Other research suggests that women who are hit by their husbands/partners are twice as likely as other women to abuse a child (Child Welfare Partnership, 1995). Data indicate that over three million children are at risk of exposure to parental violence each year (Carlson, 1984), and that children from homes where domestic violence occurs are physically or sexually abused and/or seriously neglected at a rate 15 times the national average (McKay, 1994). Loman, in his study of Minnesota families (2005), found that domestic violence was present in the households of twice as many families with repeated contact with the child welfare agency as with no repeated contact.

Mental health issues

The research on the relationship between parental mental health problems and child maltreatment is less extensive than the research on the roles of substance abuse and domestic violence in child maltreatment. Nonetheless, a few studies suggest an association between parental mental health problems and child abuse and neglect. In a survey of child protective services agencies, 39% state that a lack of parenting skills as a result of mental health problems, at least in part, is a serious
problem that clients confront (Wang & Daro, 1998). In another study, parents with depression and parents with anti-social personality disorder both were found to be approximately five times more likely to abuse their children than parents without these problems (Bland & Orn, 1986). The study also found that parents with these diagnoses were even more likely to neglect their children (Bland & Orn, 1986). In Loman’s study of Minnesota families, families with repeat child welfare contact are substantially more likely to have an adult with mental illness in the family than families with no repeated contact (20% versus 10%).

**Family Structure**

Loman’s study with Missouri families (2003, 2005) indicates that certain family structural factors also are associated with families’ repeated contact with the child welfare system:

- **Unemployment**
  More families with unemployed adults at the time of the initial report had recurring reports of child maltreatment while the reverse was true for families with one employed adult. In the study, 43% of families with one or more employed adults had no recurring child abuse and neglect report versus 32% of families in which there were no employed adults.

- **Absence of men**
  When men disappear from families, abuse reports decline (nearly 4%) and neglect reports increase (nearly 8%), a finding associated with a decline in family income. When men appear in families formerly headed by single women, there is an increase in reports of sexual abuse (by 2%), physical abuse (nearly 6%), and parent-child conflicts (nearly 3%) while reports of child neglect decrease (by 4% to 5%).

**Child Characteristics**

Research suggests that younger children, children with a disability or serious behavior problems, and European American children (as compared to African American children) are more likely to experience repeat reports of maltreatment (Drake, Johnson-Reid, Way & Chung, 2003).

- Loman (2005) finds in his study of Missouri families first identified as low-risk families who later have subsequent child welfare reports are significantly more likely to have a preschool child in the home. Having a teenage child correlated with a low risk of future reports of child abuse and neglect.

- Loman's study of Minnesota families (2005) finds that frequently encountered families are more likely to have a child with emotional disturbance or mental illness (24% versus 13%) and are slightly but statistically significantly more likely to have a child with disabilities in the family, including developmental disabilities (7% versus 2%).

**The Impact of Chronic Maltreatment on Children**

The long-term consequences of maltreatment on children depend on a number of factors, including the child’s age and developmental status when the abuse or neglect occurs; the type of abuse or neglect; the frequency, duration, and severity of abuse or neglect; and the relationship between the victim and his or her abuser (Chalk, Gibbons, & Scarupa, 2002). It is important to recognize the negative impact of child maltreatment, but research is clear that not all children face the same impact, and that a child’s resiliency and protective factors help modulate them. Still, it is essential to look at growing research into understanding the long-term impact of child abuse and neglect on children’s well-being.
and ultimately, life outcome. This research suggests that children subject to repeated maltreatment are at risk of the following:

**Impaired Brain Development**

Prolonged, severe, or unpredictable stress, including abuse and neglect, during a child’s early years is found to place children at risk of impaired brain development. The brain’s development can be altered by these experiences, resulting in physical, cognitive, emotional, and social impairments (Perry, 2002; Shore, 1997; Shonkoff & Phillips, 2000). Early experiences of trauma can interfere with the development of the sub-cortical and limbic systems, which can result in extreme anxiety, depression, and difficulty forming attachments to other people (Shore, 1997).

Children who experience the stress of physical or sexual abuse or the chronic stress of neglect focus their brains’ resources on survival and responding to threats in their environments. This chronic stimulation of the brain’s fear response causes the frequent activation of specific regions of the brain, and other regions of the brain, such as those involved in complex thought, cannot also be activated and are, therefore, not “available” to the child for learning (Shore, 1997).

The stresses associated with chronic abuse also may cause a hyper arousal response by certain areas of the brain, which, in turn, may result in hyperactivity, sleep disturbances, and anxiety. The child may experience increased vulnerability to post-traumatic stress disorder, attention deficit/hyperactivity disorder, conduct disorder, and learning and memory difficulties (Perry, 2001; Dallam, 2001). Chronic activation of the neural pathways involved in the fear response can create permanent “memories” that shape the child’s perception of and response to his or her environment. Although this adaptation may be necessary for the child’s survival in a hostile world, it can become a way of life that is difficult to change, even if the child’s environment improves (Shore, 1997).

**Psychological Consequences**

Research shows that the immediate emotional effects of abuse and neglect (including isolation, fear, and an inability to trust) can translate into lifelong consequences, including low self-esteem, depression, and difficulties in achieving healthy and secure relationships. Child abuse and neglect are associated with:

- **Poor mental and emotional health**
  In one study, as many as 80% of young adults who were abused as children met the diagnostic criteria for at least one psychiatric disorder at age 21 (Silverman, Reinherz, & Giaconia, 1996). The young adults in this study exhibited depression, anxiety, eating disorders, and suicide attempts. Other research found that psychological and emotional conditions associated with abuse and neglect include panic disorder, dissociative disorders, attention-deficit/hyperactivity disorder, post-traumatic stress disorder, and reactive attachment disorder (Teicher, 2000).

- **Cognitive difficulties**
  The National Survey of Child and Adolescent Well-Being find that children placed in out-of-home care due to abuse or neglect tend to score lower than the general population on measures of cognitive capacity, language development, and academic achievement (U.S. Department of Health and Human Services, 2003).
Social difficulties
Studies suggest that children who are abused and neglected by their parents or other caregivers often face challenges in forming secure attachments to other caregivers. These early attachment difficulties can lead to later difficulties in relationships with other adults as well as with peers (Morrison, Frank, Holland, & Kates, 1999).

Behavioral Consequences
Studies indicate that children who have experienced abuse and neglect are at greater risk in adolescence of experiencing delinquency, teen pregnancy, low academic achievement, drug use, and mental health problems (Kelley, Thornberry, & Smith, 1997).

Juvenile delinquency and adult criminality
A National Institute of Justice study found that abuse or neglect as a child increased the likelihood of arrest as a juvenile by 59%. Abuse and neglect increased the likelihood of adult criminal behavior by 28% and violent crime by 30% (Widom & Maxfield, 2001).

Alcohol and other drug abuse
Studies consistently have found an increased likelihood that abused and neglected children will smoke cigarettes, abuse alcohol, or take illicit drugs. According to the National Institute on Drug Abuse (2000), as many as two-thirds of individuals in drug treatment programs report being abused as children.

Abusive behavior
Abusive parents often have experienced abuse during their own childhoods. It is estimated that approximately one-third of children who are abused or neglected will eventually victimize their own children (Prevent Child Abuse America, 2006).

The Social and Economic Context of Repeated Involvement With the Child Welfare System
There is growing knowledge about the social and economic contexts in which families and children live that contribute to families’ involvement with child welfare systems. This information provides an ecological framework for better understanding families’ patterns of repeated involvement.

Pronounced and persistent poverty
While poverty is not determinative in the incidence of child maltreatment, (in fact, poverty has a significantly weaker effect on maltreatment rates in African American neighborhoods than in European American neighborhoods (Korbin, Coulter, et al, 1998)), pronounced and persistent poverty is associated with multiple reports to child protective services (Pelton, 1991; Sedlack & Broadhurst, 1996; Drake, Johnson-Reid, Way, & Chung, 2003). Loman (2005), for example, found that almost twice as many frequently encountered families (20.8%) were considered to be in severe financial difficulty as opposed to families with no repeated contact (11.6%).

Studies indicate that there is a strong relationship between economic indicators and reported child maltreatment and that neighborhoods with higher maltreatment are both socially and economically impoverished (Garbarino & Sherman, 1980; Deccio, Horner, & Wilson, undated).

Neighborhood characteristics such as residential instability, household and age structure, and proximity to concentrated poverty are associated with higher rates of maltreatment (Coulton, et al., 1995).
Patterns of Re-Reporting

Key findings of studies that examined patterns of repeat reports to child protective services include:

- Cases involving child neglect, as opposed to other maltreatment types, are more likely to recur.
- Cases involving multiple maltreatment types, as opposed to those involving only one type, are more likely to recur. Cases involving more severe maltreatment are more likely to recur (Drake, et al, 2003; Loman, 2005).

- Families frequently reported to child protective services have more reports of medical neglect and reports that their children’s basic needs are unmet (including lack of food and clothing, inappropriate clothing, poor hygiene that is health-threatening, and unsanitary living conditions). The more frequently the family is involved with child protective services, the greater the number of these types of neglect reports; conversely, the more frequent the family’s child welfare system involvement, the fewer the number of reports received for child abuse (Loman, 2005).

- Substantiated reports of abuse or neglect are more likely to be followed by a second report than are unsubstantiated reports. Families with substantiated reports of maltreatment are more likely to experience placement of their children in foster care (Loman, 2005). In Loman’s study of Missouri families (2005), 37% of the families with repeat reports had at least one child removed and placed in out-of-home care at one time during the study follow-up period.

Variable Patterns of Repeat Referrals

Research demonstrates variable patterns of repeat referrals to child protective services. “Chronic maltreatment” cannot be understood in terms of a set of static variables at one point in time (that is, at the point that a single report has been received) but must be viewed over time and in relation to changing patterns of events in the lives of families (Loman, 2005). Specifically, Loman’s research (2005) shows the following:

- The type of child abuse and neglect in an initial report is not a reliable predictor of the types in subsequent reports.

- Families who are repeatedly reported to child protective services continue to shift back and forth between abuse and neglect, but they shift more often from abuse to neglect rather than from neglect to abuse.

- Chronic child abuse and neglect are not distinguished by threats to a child’s safety associated with single reports. The severity of threats to the safety of the child may vary from one incident to the next.

- Families typically are assessed by different professionals over time, with resulting differences in the issues identified. Early assessments of families may be inaccurate, leading to families who receive services that they do not need and do not receive the services that they do need.
Child Protective Services: Systemic Characteristics That May Associate With Families’ Frequent Involvement

The vast majority of research has focused on the characteristics of families and children frequently involved with the child welfare system. The same level of examination has not been given to the characteristics or features of the child welfare agency itself, its partners, and how those characteristics may influence families’ frequent involvement with child protective services. There is limited information regarding the impact of the child protective service system on the likelihood that families will repeat their involvement with the system.

- Research suggests that the traditional practice of keeping child protective services cases open for limited periods of time combined with the absence of comprehensive assessments and ongoing services creates an environment in which families are more likely to return to child protective services (English, 1999; Loman, 2005; Schene, 1998).

- Research demonstrates a disjuncture between what families envision and what they actually experience from child welfare interventions, with families reporting lack of support for family stabilization leading to defeat and despair (DePanfiis & Zuravin, 2002).

- A recent study finds that agencies with higher levels of staff turnover have higher rates of recurrence of child abuse and neglect after three, six and 12 months of the initial report (National Council on Crime and Delinquency, 2006).

The Challenge

Families who repeatedly are involved with the child welfare system present special challenges in relation to existing service modes. These families’ involvement over time with child protective services appears to result from multiple factors: insufficient assessments with families, complex family issues that challenge preventing child abuse or anticipating future reports of maltreatment, and broad social and economic factors. These families also present a range of underlying issues (e.g., substance abuse, mental health and domestic violence) that while outside the direct mandate of the public child welfare system, are critical to address to ensure that families can function adequately. Finally, special challenges arise from the tensions in child protective services systems between balancing an immediate child safety focus and a desire to try and keep families intact with the long-term harm to children who experience child abuse or neglect and experience it repeatedly over time.

Research shows that these families need long-term help, which may be incompatible with short-term child welfare intervention. These realities challenge the child welfare system to re-conceptualize its role with families and with other agencies and to think more deliberately about how service links occur and can be maintained once a formal child welfare case closes.

Recommendations for Moving Forward

Every state’s child welfare system has knowledge about families where there is “chronic maltreatment,” and major portions of their resources are devoted to serving these families. Thus, every state’s child welfare agency has both incentive and a responsibility to rethink traditional approaches, explore new partnerships, and re-examine how the agency may be contributing—
through policies and practice—to poor outcomes families experience who have repeat involvement in child welfare.

Overall improvement in the quality of supports and delivery of services by the agency should improve outcomes for all families. However, families frequently involved with the child welfare system require more specific attention and intervention. Research and knowledge gained from practice experience can provide a basis to reframe how child welfare agencies, working in collaboration with other agencies and communities, can more effectively serve these families. This reframing includes:

1. Understanding the phenomenon;
2. Promoting change in management, staffing, and training in the child welfare agency and the court;
3. Enhancing family supports;
4. Heightening attention to the impact of trauma on children and youth; and

Appendix A on page 29 provides a possible structure for a state child welfare system to follow in the early stages of examining and responding to these issues. The steps in this structure are discussed in depth here. Within this discussion are examples of innovative approaches that communities have developed to work more effectively with families and children who repeatedly encounter child protective services.

1. Develop a better understanding of the phenomenon.

By using quantitative and qualitative data to understand the occurrence and experience of families’ repeated involvement, and assessing the underlying policies and practices that affect these families.

Jurisdictions first need to define what is meant by “chronic maltreatment” or “repeated involvement”; i.e., what is it that is measured (reports, substantiations, etc.), how many events, and over what period of time, constitute chronicity, and so forth. The analysis of longitudinal cohort data is suggested. Further, qualitative assessment can help examine how a system handles families’ cases and can identify systemic problems and solutions (The Center for Community Partnerships in Child Welfare, 2005). Quality Service Reviews (QSRs) utilize a case study approach that examines both child and family practice and system performance. A case review protocol guides structured interviews with children, parents, foster parents, caseworkers, and others. Through interviews, it is possible to identify strong practices and areas needing improvement (Human Services and Outcomes, 1999). Another qualitative assessment tool, the Child Welfare Audit, is a community-based process that focuses on ways that local child welfare agencies can incorporate safety and accountability into its practices.

2. Making needed change in management, staffing, and training in the child welfare agency and in the court.

The complex and long-term needs of many frequently encountered families are potentially in conflict with the way many public systems organize and operate their services to deal primarily with presenting problems and favoring short-term interventions. A number of innovative approaches are being considered and, in some cases, implemented around the country in recognition that some families require assistance over a long period of time. These approaches, which are designed to recognize and respond to these families’ chronic involvement with public child welfare services, include:
Supervisory review and consultation when families receive a second referral within a short period of time, such as within six months of the initial report.

Designation of a child protective services specialist or a child protective services team with expertise on the needs of frequently encountered families, strong skills in comprehensive assessment, and the ability to work effectively with families determined to have chronic child welfare contact.

Assigning cases to a child protective services unit rather than a single caseworker to allow multiple perspectives for assessing and service planning. As part of this teaming approach, families referred a second time (or more) are assigned to the same unit that handled the previous referral(s) to ensure strong consistent and continuous assessment service planning and delivery.

Coordinating related human services agencies so that families' needs are met holistically with a continuum of services.

Research and practice experience also demonstrate the linkage between high agency staff turnover and the recurrence of child maltreatment.

Recommendations included here are not specific to the needs of families with repeat involvement; rather, they are applicable to improving results for all families served by the public child welfare system. A range of supports for child protective service caseworkers are necessary to promote greater job satisfaction and an ongoing commitment to child protective services work. Studies show that the stability of the child welfare workforce is promoted by reducing the caseloads of individual caseworkers, reducing administrative burdens, and strong supervisory support (U.S. General Accounting Office, 2003). Caseworkers also identify, as a key factor in job satisfaction, training and other supports that strengthen their ability to work effectively (U.S. General Accounting Office, 2003).

To promote the stability of child protective services staff and their effective work with families, especially those who are or may be repeatedly referred to child welfare services, the following supports are important:

- Training that provides caseworkers and their supervisors with an understanding of the characteristics of frequently encountered families, the patterns of maltreatment associated with repeated involvement with the child welfare system, and the areas in which these families often need services and supports;

- Enhanced training on family engagement with a focus on involving families and their informal supports as “experts” on their own family’s strengths and needs;

THE ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES

(Pennsylvania) redesigned its human services as a cross-systems approach. At any given time, nearly 70% of individuals served by the Department receive services from more than one program office. The goal is to meet the range of families’ and individuals’ needs with teams that look comprehensively “at the whole person or whole family with multiple needs.” Emphasis is placed on prevention and in-home services where every in-home service incorporates teaching family members to use and become involved with community-based services. (http://www.county.allegheny.pa.us/dhs/CSyst/index.htm)
Enhanced training on family assessment and the importance of comprehensive assessment as opposed to a more limited focus on the specific allegations contained in a single report of maltreatment;

Training for supervisors on supervisory approaches that can strengthen caseworkers’ skills in engaging families in comprehensive assessment, service planning, and coordination with other service systems with which these families are (or should be) involved; and

An organizational commitment to collaboration with other child- and family-serving systems and community-based organizations, and opportunities for caseworkers and supervisors to meet and develop strong working relationships with community service providers.

Restructuring and strengthening public child protective services to respond more effectively to the needs of frequently encountered families can be accompanied by changes in court processes so that the courts can play a stronger role in addressing these families’ needs. Possible approaches include:

- Adopting a one judge/one family model so that a single court stays involved with a family and has information on the full range of issues that impact the safety and well-being of the children the court sees;
- Designating a specialized court for frequently encountered families so that one judge or a select group of judges has opportunities to develop expertise on the multiple issues that impact these families and can monitor the progress of these families over time; and
- Providing continuity of legal representation by assigning a single attorney for parents to represent them for the duration of their involvement with the child welfare system.

3. Assessing and enhancing the services and supports needed to address families holistically: recognizing and responding to the multiplicity and complexity of family needs.

Families who frequently encounter the child welfare system are also likely to have problems with substance abuse, domestic violence, and mental health. Further, experience and information directly from families suggest a disjuncture between a family’s actual experience, including the support and services they receive from the child welfare system and the goals they hope to achieve for their children and for their families as a whole. Practice experience suggests that layering on more services is ineffective without addressing the multi-faceted reasons that lead families to the child welfare agency and the array of intervention services that families actually need.

Promising approaches to better support frequently encountered families include:

THE INFANTS AND YOUNG CHILDREN’S INITIATIVE of the Miami-Dade County Juvenile Court, under the leadership of Judge Cindy Lederman, exemplifies this approach. This initiative includes assessment of children and parents to evaluate early neglect and trauma, mental health services for children under the age of 3, and Early Head Start services.

(http://www.nccp.org/media/initiative_14.pdf)
- **Expand and co-locate prevention and intervention resources.** Co-location can take many forms: advocacy services for women who have experienced domestic violence can be located within courts and at child protection services offices; family support services can be located in mental health and domestic violence agencies; and mental health and substance abuse treatment professionals can be located at child protection services offices. Through day-to-day coordination and collaboration, existing resources can be used more effectively.

- **Cross-train child welfare, mental health, substance abuse, and domestic violence service providers.** Cross-training can build internal capacity to identify, assess, refer, and intervene, as appropriate, on a family's multiple needs to ensure the safety of children and better support for their families.

- **Develop agreements to support information sharing among service agencies to the extent legally possible.** Child welfare, mental health, substance abuse treatment, and domestic violence service agencies can develop memoranda of understanding that delineate the mandates of each system, confidentiality requirements, and agreements to share information, which provides a better continuum of service response to promote positive outcomes for families served by multiple systems.

- **Create “blended” funding pools within state agencies.** To maximize services and support coordination and collaboration among agencies that address families’ needs for substance abuse treatment, domestic violence prevention and intervention, and mental health services, state agencies can make creative use of resources through flexible, blended funding pools.

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**SHARED FAMILY CARE**

Shared family care provides out-of-home care for children whose parents cannot care for them on their own. Shared family care creates simultaneous sharing of the care of these children between the parent(s) and the out-of-home host caregiver while the host caregiver helps the parent(s) toward the goal of independent in-home care for their children. The host family is trained to mentor and support the parents as they develop the skills and supports necessary to care for their child and move toward independent living. Shared family care can be used for abuse prevention, making it unnecessary to separate a parent from her or his child; to support reunification and provide a safe environment in which to reunite a family that has been separated; or to help parents who are uncertain about a decision to relinquish their parental rights. Currently, several shared family care programs exist in the United States. The Shared Family Care program operated by FamiliesFirst, Inc., in Contra Costa County, CA, serves families in the child welfare system who are at risk of having their children removed or who are in the process of reunification. Growing Home in St. Paul, MN, has a Whole Family Placement Program, recently restructured to serve adolescent mothers with severe emotional disturbances and their children. Crime Prevention Association operates A New Life program for mothers with substance addiction and their children in Philadelphia, PA. CHINS UP, Inc., in Colorado Springs, CO, has a small shared family care program for families involved or at risk of involvement with in the child welfare system (Price & Wichterman, 2003).
4. Listen to the voices of families.

Research and experience indicate that the voices of families are not consistently heard in assessments of their needs and in providing services. To ensure that services are offered to meet families’ self-identified needs:

- **Child and family team meetings (or family conferences).** These meetings need to be regularly held to bring family members together so that, with professional and community resource support, a plan to ensure child safety and address identified family needs can be created.

- **Focus on training needs to further and better develop caseworker skills in understanding what families are saying.** If caseworkers better understand the families’ needs by effectively listening to them, it is more likely that success can be achieved through tailoring services to meet individual needs.

- **Help parents be their own advocates.** Advocacy approaches, particularly advocacy in which parents help other parents, are needed to fully engage frequently encountered families as advocates for themselves and for other families. Strategies may include:
  
  *Developing processes in which conversations are regularly held with families about what they need and use this information to add to, eliminate, or change the services that are provided.*

  *Bringing on board, as key agency staff, "personal agents" to serve as advocates and coaches for families. Personal agents may be parents who previously had direct personal experience with the agency.*

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**CHILD AND FAMILY TEAM MEETINGS**

In North Carolina, as part of the State’s Multiple Response System, ten counties currently are making child and family team meetings a standard part of their practice with families. Soon, all county departments of social services in the State will implement child and family team meetings as standard practice. Designed to empower families and bring people together for the benefit of children, the child and family team meetings are one of the seven core strategies of the State’s child welfare system reform effort. (http://ssw.unc.edu/fcrp/cspn/vol8_no2.htm)

**CHILD WELFARE ORGANIZING PROJECT**

The Child Welfare Organizing Project (CWOP) located in New York City is a parent/professional partnership dedicated to public child welfare reform through increased, meaningful parent involvement in service and policy planning. Parents with previous direct, personal experience with the system are prepared and supported by CWOP to play active policy roles in the child welfare system. Parents hold seats on three New York City Administration for Children’s Services Advisory Groups, work with the New York State Office of Children and Family Services on the state’s Program Improvement Plan, guest lecture at area schools of law and social work, develop training curricula for other parents and professionals, publish their own newsletter, and serve as paid peer advocates with over twenty foster care, preventive, and legal services agencies. CWOP is committed to training quality Parent Advocates to serve as role models for other parents, promote better service outcomes for families through peer advocates as links between the child welfare agency and community, and provide a viable way to hire from the community so that publicly funded agencies can become engines of economic development. (http://www.cwop.org/)
5. Heightening attention to the impact of trauma on children and youth to meet children's physical, cognitive, emotional, social, and behavioral needs.

To better serve children who repeatedly experience child maltreatment, the following suggestions are offered:

- The impact of maltreatment on children who are repeatedly referred to child protective services is significant, and each referral and family and child contact needs to be assessed carefully and throughout their experience with the agency. To ensure appropriate assessment child protective caseworkers need:
  - Ongoing training to develop a strong understanding of child development and current research on early brain development; and
  - Access to community-based experts who can fully assess children's neurological and developmental status and make appropriate referrals for additional evaluation and services, as needed.

Services for very young children should include:

- **Referral to early intervention services.** For very young children (ages 0 to 3), child welfare agencies should understand and implement the provisions of the 2003 amendments to the Child Abuse Prevention and Treatment Act (CAPTA) that require child welfare agencies to refer substantiated reports of child abuse or neglect for children under the age of 3 to Early Intervention Services (funded under Part C of the Individuals with Disabilities Act) but are not determined to be at risk of imminent harm.
This provision is potentially one of the richest entitlements to services for children under the age of 3 who experience abuse or neglect as it requires referrals for children who otherwise may never have access to these services.

- **Collaboration with early intervention and pre-school programs.** Child welfare agencies need collaborative relationships with early intervention services providers, Early Head Start programs, Head Start and other early child development programs in the community, and should ensure that young children and their caregivers are connected to these early childhood education programs. Whenever possible, every effort should be made to maintain continuity with these programs regardless of a child’s placement. These effective partnerships need:

  - *Early childhood education providers who are trained and understand child abuse and neglect and the impact of this trauma on children. Child protective services caseworkers should be trained on early childhood development and education.*

  - *Joint protocols should be developed to ensure that services are provided to at-risk children and their families, including the development and implementation of individual family service plans to address the family’s and child’s needs.*

For school-age children and adolescents who experience chronic maltreatment, strong collaboration with schools is needed. Whenever possible, child welfare agencies need to work closely with parents and caregivers to ensure that children and youth receive the educational services they need to succeed in school. Among the steps needed are:

- **Training educators regarding the symptoms of trauma.** Educators need to understand how children who experience abuse or neglect are likely to cope and how they can assist children to deal with the trauma and upheaval in their lives.

- **Working with schools to re-evaluate their policies.** Educational settings need to review policies on confidentiality, curricula, and discipline to ensure they address the needs of children who have experienced chronic abuse and neglect. Through this process, policies may be redesigned to permit greater information sharing between schools and child welfare agencies that could facilitate earlier intervention when a child is identified as experiencing repeat maltreatment, followed by developing effective responses to disciplinary problems indicative of chronic abuse or neglect.

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**STRENGTHENING FAMILIES THROUGH EARLY CARE AND EDUCATION INITIATIVE**

The Center for the Study of Social Policy implemented the Strengthening Families Initiative (SFI) as a way to sustain success in reducing the incidence of child maltreatment. Based in the early childhood education system, the initiative focuses not only on identifying risks in homes and communities but on building protection for children within their own homes and communities. Currently, the program is documenting the approaches used by exemplary early care programs across the country in building protective factors, providing tools and resources that support the broader implementation of this approach, and exploring policy and practice changes required for large-scale implementation through pilot initiatives in seven states. Aspects of SFI are being implemented in early care and education programs across the country. ([http://www.cssp.org/doris_duke/index.html](http://www.cssp.org/doris_duke/index.html))
Developing protocols with schools for early identification and intervention before children experience school failure or disciplinary actions. Child welfare and mental health professionals can work with schools to develop tools that can help classroom teachers to identify children who need evaluation and assistance before a child’s behavior problems affect his or her social or academic performance. Special education evaluations should consider the traumatic aspects of a child’s disabilities and offer trauma-related services as necessary to address a child’s individual needs.

Mental health services should be available to children who have experienced chronic abuse and/or neglect. To maximize children’s access to mental health services, the following steps should be taken:

- Establishing an entitlement to effective mental health treatment for children who are abused, neglected or traumatized. Mental health services are essential in addressing the significant effects of abuse and neglect on children’s physical, emotional, educational, and social well-being. Chronic abuse and neglect have costly social and fiscal impact on communities and states. Federal and state policy should provide children who are maltreated with an entitlement to the full complement of therapeutic and other services and supports that can help them recover as fully as possible from the effects of maltreatment.

- Expanding the range of interventions for children who are abused, neglected or traumatized. In most communities, there is a critical need for expanding and supporting evaluations of children with histories of abuse and neglect. There also is a need to develop ecological models of treatment, such as Multi-Systemic Therapy (Henngeler, 1998), that address the unique needs of the child within the context of family and community.

- Providing adequate reimbursement for evaluations and case coordination activities related to interventions. Reimbursements should be available for coordination and collaboration activities among service providers, clinicians, and other collateral professionals who work with children having a history of abuse and neglect.

- Developing funds to support collaboration at the local level. Localities and states should provide child welfare agencies, community-based mental health centers, trauma experts, and schools with funding to create networks of local services that can provide schools with the necessary resources they need to help each traumatized child succeed. These networks can facilitate the collaboration of those most immediately involved in the provision of services: teachers, the child’s social worker, psychologist, therapist, and/or guidance counselor, parents, and school administrators.

THE CHILD WITNESS TO VIOLENCE PROJECT (CWVP)

Created in 1992 under the Department of Developmental Behavior and Pediatrics at Boston Medical Center, CWVP seeks to support those children and their families that have been exposed to community and domestic violence through counseling, advocacy, and outreach. After a child is referred for treatment and assessed, they are directed to the appropriate service within the hospital—social workers, educational and clinical psychologists, early childhood specialists, an attorney, a public policy analyst, and a consulting psychiatrist and pediatrician. CWVP also offers training to police, health care professionals, and educators nationally and locally to increase the support for children who are witnesses to violence. (http://www.childwitnessstoviolence.org/about.html)

Community-based initiatives need to reflect in action the strong relationship between child maltreatment and economically impoverished neighborhoods.

It is essential that child welfare agencies are knowledgeable about and partner with community-based initiatives that promote economic development and strengthening communities through culturally sensitive and responsive efforts.

Claudia Coulton (2004, p. 23) notes that “there are thousands of local initiatives that are trying to invigorate and restore communities on the ground, and the concept of building community resonates loudly here and around the globe.”

Child welfare agencies, in addressing the multiple needs of frequently encountered families can actively pursue and support local efforts that focus on economic development and community revitalization since persistent, extreme poverty characterizes many families who have repeat involvement with the child welfare system.

The correlation between extreme and persistent poverty and repeated child maltreatment underscores the importance of financial support and employment training and preparation for these families.

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**HARLEM CHILDREN’S ZONE**

Harlem Children’s Zone, Inc., in New York City, founded in 1970, is a pioneering, non-profit, community-based organization that works to enhance the quality of life for children and families in a 60-block area of Central Harlem. Their mission is to create significant, positive opportunities for all children who live in the community by helping parents, residents, teachers and other stakeholders create a safe learning environment for youth. Two central tenets guide the work: (1) children from troubled communities are far more likely to achieve a healthy, satisfying adulthood (and help build a better community) if a critical mass of the adults around them are well-versed in the techniques of effective parenting and are engaged in local educational, social, and religious activities with their children; and (2) the earlier a child experiences sound health care, intellectual and social stimulation, and consistent guidance from loving, attentive adults, the more likely the child will grow into a responsible member of the community. Harlem Children’s Zone focuses on developing an integrated network of services and support that provides family stability, opportunities for employment, decent and affordable housing, a quality education, and youth development activities for adolescents. The emphasis is not only on education, social service, and recreation, but on rebuilding the very fabric of community life. (http://www.hcz.org/)

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**THE CLEVELAND COMMUNITY-BUILDING INITIATIVE (CCBI)**

CCBI was created in 1993 to address poverty in Cleveland in a comprehensive manner. CCBI focuses its efforts on residents and stakeholders in four inner-city neighborhoods referred to as “urban villages.” An urban village is a distinct geographic area whose residents are linked by, and identify with a cluster of local institutions such as schools, churches, neighborhood-based institutions, or commercial centers. CCBI addresses several major issues affecting families in the urban villages: health, education, physical revitalization, multi-cultural strengths, integrated services, labor force development, economic development/entrepreneurial training, and neighborhood image enhancement. (http://www.commbuild.org/html_pages/showresults.asp?topic_search=primary&logic=or&template=65.htm&box=65)
7. Using local, county and state resources more cohesively and effectively.

Interagency collaboration and/or agreements between the child welfare system and the state’s Temporary Assistance for Needy Families (TANF) program are needed to ensure that the economic and job preparation needs of frequently encountered families are met.

- **States that situate child welfare and family support in a single department or agency report an important benefit.** The ability to bring together key decision makers to coordinate efforts on behalf of vulnerable families is not only a benefit to families, it also is a benefit to the different agencies coordinating support for the families and can be a more effective and efficient way to use critical local, county and state resources. Positive results are reported from El Paso County, Colorado, and other counties that have redesigned their child welfare and TANF programming so that these services function cohesively as child abuse prevention and anti-poverty programs (Hutson, 2003). When child welfare and family support are not co-located, forming interagency workgroups to work together can develop smooth referral mechanisms; ensure interagency communication regarding families the agencies jointly serve; plan for and provide financial support and job training; and engage in a joint assessment of the effectiveness of the services the various agencies provide to these families.

- **Coordination between the child welfare system and Medicaid to meet families’ general health and behavioral health needs.** As noted earlier, caregivers in frequently encountered families often struggle with substance abuse, mental illness (particularly depression), and serious health

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**SUPPORTIVE HOUSING FOR FAMILIES**

Recognizing the intersection between child welfare and homelessness, the Supportive Housing for Families Program in Connecticut combines the resources and expertise of two state agencies and a non-profit partner (the State of Connecticut Department of Children and Families, the State of Connecticut Department of Social Services, and The Connection, Inc., a non-profit human service and community development agency). The result is better housing and child welfare outcomes for families as well as cost-savings to the state. The Supportive Housing for Families Program provides permanent affordable housing coupled with supportive services to families involved with the Connecticut child welfare system. The program centers on a commitment to improving child well-being by preserving families at risk of separation, reunifying families who have been separated, preserving and renewing parent-child relationships, and preventing family homelessness. Its key components are permanent housing and home-based intensive case management aimed to help families avoid the potentially devastating effects of separation through foster placement and to remain in stable housing. Intensive case management is the keystone of services for the family. Case managers perform weekly home visits, work with the family to create a family care plan, and become the single point of accountability for coordination of all appropriate services as identified by the plan. Services may include substance abuse treatment, parenting training, child care, transportation services, and educational and vocational training. All case management is home-based. The program strives to provide seamless support for families to meet their self-identified needs. The case management aspect of the program lasts for approximately 12 to 18 months (and in some cases, up to 2 years), depending on the needs of the family.

problems and, in many cases, their children have a
disability or serious behavioral problems. These
issues necessitate both basic and specialized
health services, all of which can potentially be
covered by a state’s Medicaid program. Through
coordinated efforts between the child welfare sys-
tem and the state’s Medicaid office, the state’s
Medicaid plan can incorporate (if it does not
already do so): 1) additional groups of families,
which states may opt to include thereby widening
Medicaid eligibility to more families who may
frequently encounter the child welfare system;
and 2) a range of behavioral and specialized
health care services (such as clinical services and
rehabilitative services) that states may opt to
include in their plans. In addition, the child wel-
fare system and the state’s Medicaid program can
explore opportunities to utilize Medicaid Tar-
geted Case Management (TCM) on behalf of
families who repeatedly come into contact with
the child welfare system. Because research shows
that these families often are involved with multi-
ple systems, TCM may be a particularly impor-
tant service to utilize.

- **Coordination between the child welfare sys-
tem and state and local housing providers.**

  Higher rates of maltreatment are associated with
  housing instability. Further, given the association
  between poverty and homelessness, it can be
  expected that many families with frequent child
  welfare encounters need housing assistance at one
  or more points in time.

**Conclusion**

Knowledge of the characteristics of families that
cycle in and out of the child welfare system is
growing, and there is a heightened understanding
of the ecological factors and child welfare agency
systemic factors that are associated with these
families. Innovative programs and practices have
been developed that can deepen the child welfare
system’s responses to these families, but research
and practice experience indicate that additional
steps are necessary to address the wide range of
issues these families have that correlate to their
repeat involvement with child welfare. This paper
suggests a number of strategies that can be used to
ensure that children who experience chronic abuse
and neglect receive early intervention, educational,
and mental health services; and that their families
simultaneously have access to substance abuse
treatment, domestic violence intervention, and
mental health services. Child welfare agencies can
actively engage with community-based initiatives
that provide services that families need including
those that focus on economic development and
community revitalization. The paper also high-
lights the importance of advocacy and other strate-
gies to ensure that the voices of families are heard
with regard to both individual families’ needs and
the systemic issues that impact the effectiveness
of the child welfare system’s response.

Children and their families caught in a cycle of
involvement with the child welfare system face
multiple and complex challenges that require a
thorough re-examination of practices, policies and
service designs. Many of the strategies highlighted
in this paper provide ideas for the challenging
work ahead.

Absent focused attention on the experiences and
needs of families who frequently encounter the
child welfare system, these families will continue to
find themselves continuously involved with child
protective services, children will continue to expe-
rience the profoundly negative effects of long-term
abuse and neglect, and child welfare systems will
continue to invest a substantial portion of their
limited resources in serving these families, and the
revolving door will continue to go around.
References


APPENDIX A

Framing Structure to Develop a Better Understanding of the Issues
Frequently Encountered by Families to Strengthen Responses to Their Needs

1. DEVELOP A BETTER UNDERSTANDING OF THE PHENOMENON

- Develop a working definition of “repeated involvement”
  - What should be measured: reports, substantiated reports
  - How many events over what period of time constitutes “repeated involvement”
- Collect data on the number and characteristics of families who fall within the definition of “repeated involvement”
- Consider using qualitative assessment approaches to develop a richer understanding of these families’ circumstances and needs

2. ASSESSING WHETHER CHANGE IS NEEDED IN MANAGEMENT, STAFFING, AND TRAINING IN THE CHILD WELFARE AGENCY AND IN THE COURT

- Assess the current structure of child protective services regarding how the cases of “frequently encountered” families are handled, with special attention to staffing and supervisory review and consultation
- Examine the rates of staff turnover in child protective services and the factors associated with turnover
- Assess the training that is being provided to child protective service staff to determine how well caseworkers and supervisors are being prepared to work with frequently encountered families
- Collaborate with the court system to identify aspects of the court process that may affect outcomes for frequently encountered families and their children

3. ASSESS THE CURRENT ARRAY OF SERVICES AND SUPPORTS FOR FREQUENTLY ENCOUNTERED FAMILIES

- Consider the following questions in assessing the current array of services:
  - What services are available for frequently encountered families?
  - How easily can these families access these services?
  - How strong are the agency’s collaborations with mental health, substance abuse prevention and treatment, and domestic violence service providers?
  - What opportunities exist to blend funding so that services are not constrained by funding “silos”?
- Assess the current use of and opportunities to expand child and family conferences (family team conferences)
- Assess the opportunities that are afforded families to directly express their needs and perspectives
4. Address and determine ways to listen to parents when developing a plan to address the family’s needs

5. Assess how well the needs of children and youth in frequently encountered families are being met

- Consider the following:
  - The adequacy of caseworkers' training on child development
  - The extent to which child development experts are available to child protective services staff
  - The extent of collaboration with early intervention and pre-school programs
  - The extent of collaboration with the school system
  - The availability of mental health services for children

6. Assess the level of involvement with community partners

- Consider the level of involvement with community-based efforts that focus on:
  - Economic development of neighborhoods
  - Community revitalization
  - Employment training and preparation
  - Affordable and safe housing

7. Improve the level of collaboration with other child and family-serving agencies, including:

- TANF
- Medicaid