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DECISION-MAKING IN UNSUBSTANTIATED CHILD PROTECTIVE SERVICES CASES: A SYNTHESIS OF RECENT RESEARCH

This synthesis was made possible by the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services. The conclusions discussed here are solely the responsibility of the authors. Suggested citation: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau (2003). *Decision-making in Unsubstantiated Child Protective Services Cases.* Washington, DC.

1. INTRODUCTION

In the year 2000, nearly twice as many referrals to child protective services (CPS) were unsubstantiated as substantiated.[1] However, many of the children in unsubstantiated cases become the subjects of subsequent CPS referrals. In a sample of 35,000 CPS cases in Missouri, three-quarters of the children who were referred to CPS two or more times—including child fatalities—had cases that were initially unsubstantiated.[2] The decision to unsubstantiate a referral does not guarantee a child's safety from future harm. To better protect children, decision-making and outcomes in unsubstantiated CPS cases warranted closer review.

The meaning and use of the terms "substantiated" and "unsubstantiated" vary by State. For the purposes of this synthesis, "substantiated" means an investigation by child protective services determined there is reasonable cause to believe that the child has been abused or neglected. "Unsubstantiated" means an investigation determined no maltreatment occurred, or there was insufficient evidence under State law or agency policy to conclude that the child was maltreated. In deciding to substantiate a referral, some States require the caseworker to determine not only whether a specific incident of abuse or neglect occurred, but also whether the child is *at risk of* future maltreatment.

To further explore this issue, the Children's Bureau awarded three research grants in 1998 on unsubstantiated CPS cases (detailed in Figure 1). The studies' findings respond to two key questions: (1) What factors influence the decision to substantiate or unsubstantiate a CPS referral? and (2) How does that decision impact outcomes for children? In an effort to share with the field the knowledge gained from these studies, this paper synthesizes their findings around these two questions and presents some of the researchers' suggestions for practical implications and future research. Readers are encouraged to read the full reports. A full-text version of each final report, containing additional findings not discussed here, is available by calling the National Clearinghouse on Child Abuse and Neglect Information at (800) 394-3366 or e-mailing nccanch@caliber.com.

[1] U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau (2002). *Child Maltreatment 2000*. Washington, DC: U.S. Government Printing Office, p. 9.
[2] Drake, p. 174.

2. FINDINGS

The research studies are complex and touch on many issues. The following section summarizes some of the key findings. In some cases, the studies' findings agree; occasionally they conflict. Taken together, these findings help develop a better understanding of the dynamics of unsubstantiated CPS cases. They do not, however, represent a national sample. Further exploration of these issues will be needed.

In this section, findings regarding factors that influence CPS decision-making are presented first. Then the researchers' findings regarding the impact of those decisions on outcomes for children are discussed, using re-referral as an indicator for outcomes. "Re-referral" indicates any situation in which a case (whether initially substantiated or not) returns to the system for a second or subsequent referral. In most cases in the research, re-referral has been identified from the child's perspective (often identified as "recurrence"). In some cases, re-referral has been identified from the perpetrator's perspective (often identified as "recidivism").

FIGURE 1: RESEARCH STUDIES ON UNSUBSTANTIATED CPS CASES

Factors That Influence the Decision Not to Substantiate a CPS Referral. Phase I: Narrative and Empirical Analysis (English I); Phase II: Mail and Telephone Surveys of Child Protective Services Social Workers (English II); Phase III: Client Perceptions of Investigation (English III)

Grantee: State of Washington Department of Social and Health Services
Principal Contact: Diana J. English
Other Researchers: J. Christopher Graham, Sherry C. Brummel, Laura K. Coghlan, Tim Clark
Data source: Phase I – A cohort of 2000 cases from the State of Washington (9/1/96 to 8/31/97)
Phase II – Telephone interviews with 223 CPS social workers; mail survey
Phase III – 303 Telephone interviews with investigated CPS clients

The Dynamics of Unsubstantiated Reports: A Multi-State Study (Fluke)

Grantee: The American Humane Association
Principal Contact: John D. Fluke
Other Researchers: Cynthia F. Parry, Patricia Shapiro, Dana Hollinshead, Vicky Bollenbacher, Donald Baumann, Karen Davis-Brown
Data source: National Child Abuse and Neglect Data System (NCANDS) 1996 to 1998, as well as more detailed case data from Connecticut, Texas, and Louisiana (1998 to 2000)

Recidivism in Child Protective Services Among Substantiated and Unsubstantiated Cases (Drake)

Grantee: Washington University, George Warren Brown School of Social Work
Principal Contact: Brett Drake
Other Researchers: Melissa Jonson-Reid, Ineke Way, Sulki Chung
Data source: Approximately 35,000 Missouri Department of Social Services cases with a first report in 1993 or 1994

2.1 Factors That Influence CPS Decision-Making

In general, the researchers agree that the decision-making process is complex, involving many layers and factors beyond the facts of the case itself. Factors found to influence CPS decision-making can be grouped into the following four categories:[3]

- **Case factors** are situations, events, or circumstances related to the child and family.
- **Decision-maker factors** include caseworker characteristics such as training, experience, beliefs, their interactions with each other, and their perceptions about the organization.
- **Organizational factors** are aspects of the CPS work environment such as the structure of the agency; its resources, tools, and training; workloads; and supervision.
- **External factors** include State laws and other policies that govern the CPS system.

2.1.1 Case factors

Characteristics of the case, child, and family were found to have the greatest influence on decision-making. These include many factors often used by CPS caseworkers to assess risk to the child, such as the child's age and development, the parent's ability to care for the child adequately, and the severity of the alleged incident.

One study examined how caseworkers' assessments of risk impacted their decisions regarding substantiation. These caseworkers used a risk assessment matrix that grouped 37 risk factors into 7 "domains."[4] The domains included:

- **Child characteristics** (e.g., age of child; physical, mental, and social development).
- **Severity of child abuse or neglect** (e.g., dangerousness of the act, provision of basic needs, adequacy of supervision).
- **Chronicity** (frequency of occurrence).
- **Caretaker characteristics** (e.g., substance abuse, history of domestic violence, recognition of the problem).
- **Caretaker/child relationship** (attachment and bonding issues).
- **Social and economic factors** (e.g., employment status, social support systems).
- **Perpetrator access to the child**.

[3] CPS Decision-Making Ecology (Baumann, 1997), cited in Fluke, p. 6-7.
[4] English I, p. 133-134.

Table 1 summarizes how particular risk factors were found to increase the likelihood of a particular finding decision. It should be noted that the relative importance of particular risk factors to the finding decision varied in some cases according to maltreatment type. Some of the more interesting findings are discussed in detail below.

TABLE 1: IMPACT OF RISK FACTORS ON DECISION-MAKING[5]

Factors associated with an increased likelihood of SUBSTANTIATION	Factors associated with an increased likelihood of a finding of INCONCLUSIVE	Factors associated with an increased likelihood of UNSUBSTANTIATION
• Risk factors found in 6 to 7 domains.		• Risk factors found in 5 or fewer domains.
• Any risk indicated in the incident severity domain or the caretaker/child relationship domain.	• Low to moderate levels of risk for dangerous acts, physical harm, emotional maltreatment, and lack of supervision.	
• History of prior referrals.	• History of one or two prior referrals.	• No history of prior referrals.
• Higher risk within the caretaker characteristics domain, including: - History of moderate or serious abuse or neglect of another child - Significant physical, mental, or emotional impairments of caretaker - Caretaker incapacitated because of drugs or alcohol - Domestic violence that resulted in an injury - Significant caretaker history of victimization as a child - Significant gaps or gross deficits in parenting skills - Caretaker is withholding from or openly hostile to the child - Caretaker denies problem or refuses responsibility - Caretaker does not/is unable to protect the child - Caretaker accepts intervention but is uncooperative - Caretaker is hostile to the agency.	• Lower risk within the caretaker characteristics domain, including: - Evidence of minor abuse by caretaker to another child - Caretaker had a minor physical/mental or emotional impairment that could interfere with capacity to parent - History of or reduced effectiveness associated with substance abuse - Sporadic incidents of domestic violence with minor injury - Minor history of victimization as a child - Some gaps in parenting skills - Parent recognizes the problem and is willing to take some responsibility. • Moderate risk is indicated for caretaker risk factors, but CPS worker identifies some "mitigating" or "protective" factor.	• Lower risk within the caretaker characteristics domain, including: - Some, but not extensive, deficits in parenting skills or "unrealistic expectations" - Acknowledgement of problems - A degree of willingness to accept responsibility - Isolated incidents of domestic violence - Domestic violence that resulted in no physical harm - Spasmodic incidents of child abuse or neglect for the perpetrator as a child.
• Higher risk within the social and economic domain, including:	• Within the social/economic domain, inadequate resources and stress on secondary	• Lower risk within the social/economic domain, including:

[5] English I, p. 117-119.

Factors associated with an increased likelihood of SUBSTANTIATION	Factors associated with an increased likelihood of a finding of INCONCLUSIVE	Factors associated with an increased likelihood of UNSUBSTANTIATION
- Significant or severe stress - Little prospect for employment - Sporadic or isolated supports - Inability to meet basic needs.	caretaker (usually the male in the household).	- Mild stress - Underemployment but with some prospects - Some supports and use of community resources - Ability to meet basic needs.
• Current substance abuse.	• Historical (past), or historical and current substance abuse.	• Historical substance abuse.
• Child is afraid of the caretaker.		• Child demonstrates no fear of the perpetrator.
• Professional referral source (e.g., law enforcement).	• Referral source is assessed as lacking credibility.	• Nonprofessional referral source (e.g., neighbor or relative).
• Child ages 0 to 2 or 13+.		• Child ages 3 to 5.[6]
• Parental mental illness.		• Child is able to protect him/herself.[7]
• Parental history of assaultive behavior.	• Child acts out sexually.	• Child acts out sexually.
• Unstable living situation.	• Child is the subject of a custody dispute.	• Child is the subject of a custody dispute.
• Caretaker is arrested.	• Uncooperative caretaker.	• Child demonstrates either "no risk" or "very high risk" for behavior problems.[8]
	• The family cannot be located.	

Multiple risk factors. When risk factors of significant severity were found in six to seven different domains, the likelihood of a *substantiated* finding was significantly increased. *Unsubstantiated* cases were more likely to have risk found in only one to five domains.[9] However, if any risk was identified using the risk assessment matrix, the case was significantly less likely to be unsubstantiated than if no risk was identified.

Prior referrals. A finding of *unsubstantiated* was more likely if there was no history of child abuse or neglect referrals. In one study, cases with any prior referrals were found to be 21 percent *less* likely to be unsubstantiated.[10] In a second study, when there was a history of 1 or 2 prior referrals, the investigation was more likely to be found inconclusive. (In Washington State, "inconclusive" is a third option, in addition to substantiated or unsubstantiated, indicating there is insufficient evidence for the caseworker to conclude either that the child has or has not been

[6] English I, p. 32.
[7] Defined as "child is able (physically and/or mentally) to escape or hide to avoid abuse, or the child may be able to resist, but the child is afraid of the caregiver." Diana English, personal e-mail communication, December 30, 2002.
[8] Despite the apparent contradiction, this is the finding.
[9] English I, p. 115.
[10] Fluke, p. 109, 115.

maltreated.) Three or more prior referrals resulted in a high likelihood the case would be *substantiated*.[11]

Referral source. One study found that referrals from "community" sources (e.g., family, friends, neighbors) were more likely to be *unsubstantiated*, [12] while referrals from professionals were more likely to be *substantiated*.[13] In the same study, interviews with caseworkers suggested the issue of referrer credibility was less influential than other factors in the decision-making process.[14] In another study, cases referred by professionals were found to be 45 percent *less* likely to be *unsubstantiated*.[15]

Neglect type. In one study, caseworkers indicated they were least likely to substantiate referrals for neglect.[16] Among types of neglect cases, allegations of medical neglect (defined as failure to obtain or maintain medical and dental services necessary to a child's continued health, welfare, and development) were found to result in the highest rate of *substantiation*, while allegations of lack of supervision resulted in the lowest. The researchers suggest this may be because medical neglect referrals often come from professional sources (which, as discussed above, are associated with an increased likelihood of substantiation). Meanwhile, referrals for lack of supervision often come from neighbors and relatives (community sources, which are associated with a *decreased* likelihood of substantiation).[17]

Age of the child. One study found the likelihood of *unsubstantiation* increased incrementally with the age of the child.[18] In another study, children ages 0 to 2 and older than 13 were more likely to have their cases substantiated, while children ages 3 to 5 were more likely to have their cases unsubstantiated.[19]

Types of information used in decision-making. One study found that caseworkers emphasized different types of information in making each case decision (substantiated, inconclusive, or unsubstantiated). For example, issues of proof were emphasized in decisions to substantiate. Other factors—such as whether the child's basic needs were met, whether a caregiver offered a plausible explanation, and supervisory input—were more significant in inconclusive cases.

Findings regarding the decision *not* to substantiate a case were more complex. The types of information used varied according to the type of maltreatment alleged. In physical abuse cases, issues of proof and evidence (especially evidence of physical harm or medical evidence) were most important. In sexual abuse cases, caseworkers were more likely to rely on testimonial information and credibility issues in deciding not to substantiate. For physical neglect cases, observational information (such as condition of the home) was most significant.[20]

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[11] English I, p. 118.
[12] English I, p. 122.
[13] English I, p. 39.
[14] English II, p. 102.
[15] Fluke, p. 109.
[16] English II, p. 98.
[17] English I, p. 39.
[18] Fluke, p. 109.
[19] English I, p. 32.
[20] English II, p. 105-106.

Factors found to be insignificant. All other things being equal, no significant differences in rates of substantiation were found between children who were male or female, of an ethnic minority or majority, or from high- or low-income families.[21]

2.1.2 Decision-maker factors

Certain caseworker characteristics were found to impact decision-making. These include both individual characteristics (such as a worker's inherent tendency to decide one way or another in particular kinds of cases) and the context of the decision (including factors ranging from the caseworker's level of experience to his or her relationship with co-workers).

Caseworker tendencies. Caseworkers' individual tendencies were found to have a direct impact on their decisions, which in some cases outweighed other factors or evidence. For example, a worker who observed a child with a severe behavior problem or a family under extreme stress might consider those to be "good excuses," or acceptable reasons *not* to substantiate the referral, even if the caseworker believed that abuse or neglect had occurred.[22]

Context. Other caseworker characteristics were found to affect decision-making in more complex ways. Characteristics such as more experience, higher self-assessments of skills, and more supportive relationships with co-workers were found to *increase* the likelihood of unsubstantiation.[23] Caseworkers who agreed State policy was important to their decision-making also were found to be more likely not to substantiate a case.[24] This may indicate that these caseworkers substantiate only in the most clear-cut cases.

2.1.3 Organizational factors

Aspects of the organizational environment also were found to be significant factors in the decision-making context discussed above. Workload stress and supervisor behavior were two of the most significant organizational factors in decision-making.

Workload stress. In one study, workers noted that having adequate time to do a thorough investigation was a significant factor to both substantiated and unsubstantiated case decisions.[25]

In another study, increased stress resulting from heavy workloads tended to *decrease* the likelihood of unsubstantiation. The researchers noted several possible explanations for this seemingly contradictory finding. Because these workers feel overworked already, they may not have time to investigate to the extent they would like and, as a result, make a finding that is neither substantiated or unsubstantiated (such as "unable to determine"—a third decision-making category available in the State of Texas). Another possibility is that these caseworkers may be doing more in-depth investigations, which may tend to result in a higher percentage of substantiated findings. Or, these caseworkers may focus on a few complicated cases that involve more time and labor to substantiate. Since these are not cleared as quickly, they build up over

[21] English I, p. 119.
[22] English I, p. 121.
[23] Fluke, p. 89-90.
[24] Fluke, p. 72.
[25] English II, p. *i*.

time and become a greater proportion of a caseworker's workload. (Thus those workers will show a greater proportion of substantiated cases over time.)[26]

Role of supervisors. Supervisor behavior tended to buffer caseworkers from some effects of the organizational environment, such as high stress. For example, when supervisors perceived their own work units as cohesive and themselves as supportive, there was an *increased* likelihood of unsubstantiation, suggesting that workers in units where the supervisors see themselves as supportive and work units as cohesive are more likely to define cases as unsubstantiated. These feelings of nurturance and support may offset the effect of a higher stress environment (noted above).[27]

2.1.4 External factors

Differences among State policies were found to affect rates of unsubstantiation from State to State. Whether State policies allowed for caseworker uncertainty regarding the occurrence of maltreatment (by offering options for case decisions that acknowledged indeterminacy) was found to be significant, as was the degree of evidence required by State policy to substantiate a case.

Options for indeterminacy. "Two-tiered" States (where substantiated or unsubstantiated are the only two decision-making options) were found to have higher proportions of unsubstantiated cases than States where caseworkers have options that allow for some uncertainty, such as "unable to determine" or "insufficient evidence." States that allow for an alternative response track that focuses more on identifying needs and providing services than on gathering evidence also have lower proportions of unsubstantiated cases.[28] Researchers suggest this may indicate that in States with more decision-making categories, ambiguous cases are isolated in those distinct categories. In two-tiered States, on the other hand, ambiguous cases may be more likely to be unsubstantiated whether or not unsubstantiation is explicitly defined in State policy to allow for ambiguity.[29]

Standard of evidence. States' standards of evidence required to substantiate a referral were found to fit one of three categories:

- "High" (e.g., requiring a "preponderance" of or "clear and convincing" evidence)
- "Low" (e.g., requiring "some credible evidence" or "credible evidence")
- "Vague or no clear evidentiary standard"

Not surprisingly, in States where the evidence threshold to substantiate a case was higher, the rate of unsubstantiated cases also tended to be higher.[30]

Factors found not to influence substantiation rates. All other factors being equal, States that used a central registry, formal screening criteria, or a formalized risk assessment were not found to substantiate cases at significantly different rates than those that did not. Whether a

[26] Fluke, p. 72, 75.
[27] Fluke, p. 115.
[28] Fluke, p. 32.
[29] Fluke, p. 45.
[30] Fluke, p. 33-34.

State involves law enforcement in the investigation process also was found to be an insignificant factor in determining substantiation rates.[31]

2.2 How Decision-Making Impacts Outcomes

The rate at which cases re-refer to the CPS system is one way to measure outcomes. The studies synthesized here examined the connection between decision-making and re-referral in two ways:

- **Directly**—by looking at the correlation between particular case decisions and re-referral rates.
- **Indirectly**—by looking at how CPS decision-making impacts service provision and how services impact re-referral.

2.2.1 Re-referral

Re-referral rates for substantiated and unsubstantiated cases. Two studies found substantiated cases were more likely than unsubstantiated cases to re-refer, although the degree to which this was found varied. One of these studies found families whose cases were substantiated or inconclusive were "significantly more likely" to re-refer than those determined to be unsubstantiated.[32]

The second study categorized subsequent CPS referrals into three groups, when comparing the likelihood of initially substantiated and unsubstantiated cases to re-refer:

- *All* subsequent referrals (substantiated or not)
- Subsequent referrals that were *substantiated*
- Subsequent referrals resulting in *placement*

For most maltreatment types, researchers in the second study found rates of re-referral to be only slightly higher for initially substantiated cases, in the categories of *all subsequent referrals* or *substantiated subsequent referrals*.[33] This differential was found to be greater when looking at *subsequent referrals resulting in placement*.[34]

It is important to note that in the second study, despite the higher *rates* of re-referral among initially substantiated cases, the *sheer numbers* of subsequent referrals from initially unsubstantiated cases was found to be higher. While this may appear contradictory, the discrepancy is due to the much higher number of cases that were initially unsubstantiated.[35]

Neglect and re-referral. Neglect cases that were initially substantiated were found to be highly likely to re-refer.[36] Regardless of the type of maltreatment alleged in the initial referral, subsequent referrals were found to be most often due to allegations of neglect.[37]

[31] Fluke, p. 37-42.
[32] English I, p. 42.
[33] Drake, p. 174.
[34] Drake, p. 142.
[35] Drake, p. 169.
[36] Drake, p. 134.
[37] Drake, p. 154.

Case factors affecting re-referral. Younger children were more likely to be re-referred to the system, for all types of maltreatment except sexual abuse.[38] On average, a case in which the youngest child was age 15 would be 50 percent less likely to re-refer than a case in which the youngest child was age 5. Younger perpetrators were also found to be at higher risk for re-referral.[39] Researchers suggest two possible explanations for this: older parents may be more likely to have their children age out of the study, or younger parents may experience a greater lack of knowledge and resources.

A parent as perpetrator increased the risk of re-referral dramatically in sexual abuse cases, moderately in physical abuse cases, and seemed to have little impact on re-referral rates for emotional abuse cases. Lower community income-levels were associated with a moderate increase in the likelihood of re-referral for all types of maltreatment except emotional abuse.[40] Families with fewer resources were also more likely to be re-referred.[41]

Decision-maker factors affecting re-referral. Caseworkers' perceptions that State policy was important to their decision-making significantly increased the likelihood of re-referral.[42] This coincides with the finding that caseworkers who felt State policy was important to their decision-making were more likely to unsubstantiate, and may indicate the tendency to substantiate only the most clear-cut cases results in less protective decisions.

Organizational factors affecting re-referral. Some findings regarding organizational factors that predicted re-referral contradicted researchers' expectations. Although researchers originally assumed high workloads for caseworkers might lead to increased re-referral rates due to what they called "inadequate decisions," this was not found to be the case. High job satisfaction among supervisors, on the other hand, *was* found to increase re-referral—also contrary to what researchers expected, having assumed that job satisfaction would equate to "better performance" and therefore lower re-referral rates.[43]

2.2.2 Services

Impact of CPS decision-making on service provision. Decisions regarding substantiation impact both the degree to which workers are able to provide services and the level of investment families are likely to feel in the services offered. Several studies suggest there may be children and families who are at risk but underserved because of a decision to unsubstantiate.[44] One study found families whose referrals were substantiated and whose children were offered in-home services were more likely to take advantage of services than were families whose referrals were classified as "inconclusive" but who were also offered services.[45]

Impact of services on re-referral. When caseworkers reported a lack of agency resources to provide services for clients, re-referral rates increased.[46] Although neglect cases

[38] Drake, p. 142.
[39] Drake, p. 185.
[40] Drake, p. 143.
[41] English III, p. 63.
[42] Fluke, p. 111.
[43] Fluke, p. 111-112.
[44] Fluke, p. 120; English III, p. 68.
[45] English I, p. 42.
[46] Fluke, p. 126.

were found to be highly likely to re-refer, any form of services was found to reduce that risk.[47] Though there was not statistical significance, one study did find all cases that later returned as child fatalities received no services after the initial finding.[48]

Type of services. One study examined the impact of the following three types of services on re-referral rates:

- **Family preservation services** were defined as brief, intensive in-home services provided to those families whose children were at greatest risk for foster care placement.
- **Family centered services** were less intensive in-home services provided over several months to families whose children were at lower risk for foster care placement.
- **Foster care** was defined as out-of-home services provided to children who needed to be removed from their families.

When the family in an initially substantiated case received family centered services or foster care, the risk of a *subsequent* referral was frequently reduced to a level no higher than for an initially unsubstantiated case. This despite the fact that substantiation, on its own, has been found to *increase* the likelihood of re-referral.[49] By contrast, it was found that family preservation services, which are intended to keep high-risk families together and avoid foster care placement, were associated with an *increased* risk of re-referral involving eventual out-of-home placement.[50]

Length of stay in foster care. Longer stays in out-of-home care resulted in decreased re-referral rates over time. Children remaining in foster care fewer than 3 months experienced the highest rates of re-referral among those children who spent time in out-of-home care. Those in care between 7 and 11 months experienced the lowest rates of re-referral over time.[51]

3. IMPLICATIONS

The researchers presented a number of practical implications of their findings. These included strategies that might improve both the accuracy of decision-making and the provision of services, ultimately resulting in more positive outcomes for children.

3.1 Strategies for Improving Decision-Making

Risk assessment. The high number of unsubstantiated cases that are re-referred suggests that including risk assessment in the decision-making process, rather than basing substantiation purely on the question of "what happened," is likely to reduce re-referral assuming services are then provided to address identified issues. This is particularly critical, one study's authors

[47] Drake, p. 134.
[48] Drake, p. 168.
[49] Drake, p. 141.
[50] Drake, p. 142.
[51] Drake, p. 151.

suggest, where there is insufficient evidence, according to State law and agency policy, to support a decision to substantiate.[52]

Consistency in decision-making. Due to variations in both State decision-making policies and individual caseworker behaviors, consistent decision-making within CPS agencies was not found to be a realistic expectation in at least one study. If consistency is important to a CPS agency, that agency might begin with a review of policies and laws related to indeterminacy (i.e., decision-making categories and levels of evidence). Where dispositional options are limited, or where the level of evidence required is more restrictive, consistently higher levels of unsubstantiation are more likely.

Training to address individual decision-making behaviors and the consequences to children of particular decisions may also be helpful. Given the apparent impact of caseworker behavior on decision-making, this could be an opportunity to identify thresholds for action, clarify differences in personal tendencies, and provide better direction to workers on the impact of decision-maker discretion.[53] To achieve consistency, understanding the effects of workload stress may also need to be addressed.[54]

Use of central registries. At least two studies point to an important link between prior referrals and decision-making. Researchers in one study suggest that agencies may therefore want to re-think policies that require purging all unsubstantiated cases from central registries. Since a large number of families with previously unsubstantiated cases will return to the system, allowing caseworkers to scan for all prior referrals when assessing risk can help agencies evaluate ways to improve outcomes for the children in these cases.[55]

Role of the supervisor. Supervisors play a pivotal role in providing information about agency policy and setting the tone for workers regarding organizational consequences of decision-making.[56] Supervisors can also play an important role in buffering workers from job stress.[57] When supervisors are responsive to and knowledgeable about their role in the agency, more consistent interpretation and application of policy is likely to result. Higher percentages of unsubstantiation may also result, if workers feel more supported.

3.2 Strategies for Improving Service Provision

Resource development. Further consideration needs to be given to the impact resource limitations have on practice, as these limitations have been shown to impact both decision-making and re-referral outcomes. Not surprisingly, at least one study found re-referral rates increased when decision-makers reported inadequate services for families.[58]

Targeting services. Certain risk factors for re-referral, revealed through this research, might support the development of more targeted community resources. For example, lower community income levels were associated with a moderate increase in the likelihood of re-

[52] English I, p. 122.
[53] Fluke, p. 125-126.
[54] English II, p. 101.
[55] Drake, p. 184.
[56] Fluke, p. 124.
[57] Fluke, p. 115.
[58] Fluke, p. 126.

referral for most types of maltreatment. This may indicate a need for child welfare agencies to participate in efforts to build support systems (both informal and formal) within lower-income communities or find other ways to provide services for those families.[59]

Services for unsubstantiated cases. As mentioned earlier, due to the sheer number of initially unsubstantiated cases, more children return to the system from unsubstantiated than substantiated cases. As a result, CPS agencies may wish to give consideration to offering services to families in those cases where a degree of risk is present but the worker may not deem it high enough to warrant substantiation. Researchers point particularly to the need for preventive services for neglect in initially unsubstantiated cases of any type, because neglect is "almost always the most common type of second report."[60]

More States also may wish to consider a "two-track" approach. In States that take this approach, gathering evidence to substantiate a case (and involving the courts) is only an issue in the more severe cases. In less severe cases, caseworkers are able to focus on providing support to families who need it (including families that might otherwise be unable to receive services because their cases do not meet the evidence requirements for substantiation).[61]

Multiple maltreatment types. Since most children who return to the system are eventually referred for multiple types of maltreatment, caseworkers should monitor carefully for the risk of multiple maltreatment types in chronically maltreating families. State or county policies and resources also must allow for caseworkers to provide chronically maltreating families with broad assessment and support, rather than to focus services only on the specific type of maltreatment currently identified.[62]

Longer-term services. Because shorter-term services for the highest risk cases (family preservation services) were not found in this research to reduce re-referral, agencies should strategize ways to provide longer-term services to these cases. Researchers in one study suggest decision-making and service planning are best based upon the capacity of the family. For example, this may require extending the length of stay for some children in foster care, rather than returning a child to the home before the family is fully ready (e.g., this particular study found better outcomes for children who stayed in foster care longer than 3 months).[63]

4. RECOMMENDATIONS FOR FUTURE RESEARCH

The researchers acknowledge many questions regarding decision-making require further research. Such research would ideally provide the field with evidence-based information about the consequences of decisions, and ultimately result in better outcomes for children and families.

Complexity of the decision-making process. The researchers agree that the decision-making process is complex, involving layers of factors that are not always acknowledged. Future research could further explore the various contexts, factors (e.g., case, personal, organizational, and external), and case features from which decision-making emerges.[64]

[59] Drake, p. 185-186.
[60] Drake, p. 183-184.
[61] Drake, p. 191.
[62] Drake, p. 187-188.
[63] Drake, p. 186-187.
[64] Diana English, personal e-mail communication, December 30, 2002.

Risk factors. Because the researchers generally agree that case factors are the most significant factors in decision-making, more research into risk factors is warranted. Risk factors currently used in assessment should be evaluated regarding their contribution to predicting case outcomes. Although no specific factors were proposed in these studies, additional research could be designed to explore whether certain factors now used in risk assessment could be dropped due to the minimal association they have with child outcomes, or whether additional factors or domains should be included or given greater weight in the assessment process.[65]

Decision-making in unsubstantiated cases. More needs to be known about why so many families that return repeatedly to the system have initially unsubstantiated cases. Because chronic maltreatment, particularly neglect, has been found to be devastating, one study recommends reconsidering the evidence required to substantiate cases of families who are referred frequently.[66]

Services. Engagement in services has been shown to be critical to outcomes for families, and, in at least one study, substantiation was positively associated with engagement. Both decision-making and engagement are to some degree dependent on the availability and effectiveness of services. Researchers therefore suggest the need for more information about how the availability of effective services affects both caseworkers' decisions to substantiate cases and, ultimately, outcomes for children and families.[67]

Outcomes in unsubstantiated cases. These studies suggest that although one can be fairly certain that substantiation means maltreatment more than likely occurred, a finding of unsubstantiated does not guarantee that abuse or neglect did not occur.[68] As a result, the use of case findings and recurrence as CPS outcome measures may need to be explored further.[69] Future research should continue to look at child and family outcomes not only in substantiated cases but in unsubstantiated cases, as well.[70]

5. CONCLUSION

The three studies discussed here have identified a number of factors—relating to the child and family, as well as to the caseworker, organizational environment, and external environment—that make an unsubstantiated case finding more or less likely. They have also begun to illuminate how children fare in those cases, in terms of repeated reports to CPS agencies, as compared to children whose cases are substantiated. This research points to the fact that substantiation is not the only valid way to identify "true" cases of abuse or neglect and may not be the only or best predictor of future harm.

These studies, however, do not represent a national sample. All of the researchers acknowledge the complexity of the CPS decision-making process and the limitations of the interpretability and generalizability of their data. More research will be needed to refine further our understanding of these issues and continue to promote the safety of children who come to the attention of the State child welfare agency.

[65] Fluke, p. 127; English I, p. 122.
[66] English I, p. 122.
[67] English I, p. 122; Fluke, p. 126.
[68] English I, p. 122.
[69] English II, p. 107.
[70] Drake, p. 188.