Table of Contents

Page

Digest i

Chapter I
Introduction 1

Utah's Child Welfare System 1

Child Welfare Environment in Utah 4

Audit Scope and Objectives 5

Chapter II
Improvements Needed in Foster Care 7

Improvements are Needed to Establish Permanency for Children 8

Foster Care Services Can Be Improved 24

A Few Children Were Not Protected 33

Chapter III
Improvements Needed in Child Protection Services (CPS) 37

Some Investigations Were Inadequate 37

Some Rejected Referrals Should Have Been Investigated 47

Some Referrals Improperly Prioritized 49

More Prevention Services Are Desirable 52

Chapter IV
System-Wide Changes Needed 57

Training Needs to be More Comprehensive 58

Supervision Should be More Focused 60

Staffing Needs to be Reviewed 61

Agency Response 65

Digest of
A Performance Audit of
Utah's Child Welfare System

Our audit identified problems with Utah's child welfare system and recommends many changes to help the Division of Family Services (DFS) better accomplish its goals of protecting children from abuse or neglect, preserving families wherever possible, and finding a permanent home as soon as possible. The problems we identified in Utah's system are not unique. National experts said Utah's problems are similar to those they have seen in other states. Though we identified problems with the system, we also found DFS' child protection workers generally to be hard-working, dedicated and concerned about children.

The Division of Family Services is the child, youth, and family services authority of the state. To accomplish its goals DFS has developed programs to help families, including child protective services, out-of-home services or substitute care, and in-home services. In fiscal year 1993, DFS reported about 360 caseworkers in these programs investigated over 15,000 referrals of abuse or neglect and provided services to an average of 1,537 children in foster care. The state also has established the Guardian Ad Litem (GAL) program to ensure that a child's legal rights are protected. The GAL program is independent of DFS and is overseen by the state's Court Administrator's Office.

Child abuse and neglect have been major concerns nationally and in Utah over the past few years. Child and family advocacy groups, the public, legislators, and the media have all been concerned about child protection issues. DFS caseworkers have a very difficult job trying to do what is best for the child in the face of competing demands. For example, workers must protect the child while at the same time trying to preserve the family. If an abused or neglected child is placed in foster care, those more concerned with preserving the family may argue that the worker is destroying child-parent bonds. On the other hand, if the worker leaves the child in the home other critics may charge that the child is put at further risk of harm because the parents are unfit. Child welfare agencies and workers across the nation are faced with the challenge of finding the correct balance between these and other controversial issues.

To address child welfare concerns, we collected information from several sources. We reviewed 100 child protection services (CPS) investigations and 100 foster care cases selected randomly and discussed the cases with workers and supervisors. We also reviewed over 50 complaints from the public both about general concerns with the child welfare system and

specific cases. Our review of these complaints identified similar problems to those found when we reviewed the random samples of CPS and foster care cases. We also conducted group discussions with supervisors and caseworkers on major issues. To assist in deciding what information to extract from the case files as well as how to interpret the information, we reviewed literature on child welfare and hired two nationally recognized experts to assist us. They helped prepare our data extraction instruments and assisted in evaluating the information.

Improvements Needed in Foster Care. Improvements are needed to ensure that all children in foster care are protected, that families get services and that children get a permanent family as soon as possible. Out of our sample of 100 randomly selected cases, we found that in 51 cases DFS protected children, provided services and established a permanent home in a timely manner. In 30 cases the circumstances of the case made it very difficult for DFS to place the child in a permanent home. In other cases we found children were not placed in a permanent home, either with their natural parents or with other caretakers, within a timely fashion. Also, in other cases services were not provided to parent or child, and, in rare instances, children were not protected from further abuse or neglect. To prevent these problems, all foster care workers need to more strictly follow principles designed to help provide a permanent family for children in foster care and help protect children from abuse or neglect. Making these changes will alleviate some of the problems with the current system; however, circumstances in other cases make it very difficult for DFS to achieve the goals of providing services and establishing a permanent family.

Improvements Needed in Child Protective Services. More can be done to ensure that all appropriate referrals receive thorough and adequate investigation, and that all referrals are appropriately screened and prioritized. We found 24 of 100 randomly selected referrals were inadequately investigated. When a referral is inadequately investigated there is some concern about whether the child is being protected. In addition, we found that some referrals not accepted for investigation should have been investigated and some referrals were not properly prioritized. Further, more needs to be done to provide services to families to avoid further referrals and out-of-home placements.

System-Wide Changes Needed. Better training, more focused supervisory review, and changes in staffing will help ensure that children are protected, families are preserved where possible, and a permanent home is established. These changes and others that DFS can develop, such as periodic case file reviews, are needed as part of a program of continuous quality improvement. Making these changes will help ensure that the appropriate goals are achieved on every case. Currently, as case examples show, the state's child protection system has a significant number of cases where a relevant goal was not reached. Enhanced training, focused supervision, and changes in staffing will help increase the likelihood of meeting DFS' goals on every case.

Chapter I
Introduction

Our case file review identified problems with the state's child protection system. For instance, in some cases the caseworker did not thoroughly investigate a referral of abuse or neglect. In other cases, a permanent home was not found in a timely manner for a child in foster care. This report recommends many changes to help the Division of Family Services (DFS) better accomplish its mission of protecting children from abuse or neglect, preserving families wherever possible, and finding a permanent home as soon as possible. The problems we identified in Utah's system are not unique. National experts said Utah's problems are similar to problems they have seen in other states. Though we have identified problems with the system, we also found DFS' child protection workers generally to be hard-working, dedicated and concerned about children. The changes we recommend will help DFS ensure these three goals are accomplished in all cases.

Utah's Child Welfare System

The Division of Family Services is the child, youth, and family services authority of the state. They face the difficult, and often conflicting tasks of protecting children from abuse and neglect while often trying to reunite children with the parents who once abused them. Two of the most important methods of accomplishing this mission are the CPS (Child Protection Service) worker's investigation of abuse or neglect referrals and foster care services. The CPS worker investigates referrals of abuse and neglect and based on the investigation, the referral is either closed with no further services provided, or DFS provides services to help correct the problems which caused the abuse or neglect. Services can be provided in the child's home or can be provided out of the child's home in a foster care setting. In fiscal year 1993, DFS' records show about 360 caseworkers in these programs investigated over 15,000 referrals of abuse or neglect and provided services to an average of 1,537 children in foster care. The state has also established the Guardian Ad Litem (GAL) program to ensure that a child's legal rights are protected. The GAL program is independent of DFS and is overseen by the state's Court Administrator's Office.

Child Protective Services

Child protective services (CPS) workers investigate referrals (allegations) of child abuse or neglect. Referrals come from a variety of sources such as parents, relatives, neighbors, law enforcement, teachers, health professionals, and the general public. Referrals received by DFS are screened and prioritized based upon the perceived risk to the child. Those referrals where the child appears to be at greatest risk are investigated first. The purpose of the investigation is to determine if abuse or neglect occurred and if the child is still at risk. The worker then takes whatever action is necessary to protect the child from further abuse or neglect.

In-Home Services

In-home services are provided when the child is living in the home and includes: family preservation, voluntary in-home, court ordered in-home, and youth services. Family preservation service is offered to families where there is imminent risk that a child(ren) will be removed from the home. This is an intensive voluntary program usually lasting 90 days or less. The caseworker spends several hours weekly with the family and is also available to the family 24 hours a day for crisis intervention or other counseling.

Court-ordered in-home services or Protective Services Supervision (PSS) usually results from a petition filed by DFS in juvenile court. Caseworkers usually enroll families in this program when they are concerned about family problems that are not serious enough for Family Preservation Services. PSS continues for as long as the court orders it.

Voluntary in-home services or Protective Services Counseling (PSC) is similar to PSS except the family voluntarily agrees to supervision which usually lasts between two and six months. A final in-home service is Youth Services for families with children who are difficult to manage in a traditional home. In this program, workers try to defuse crises and help resolve problems. A temporary shelter is also available when needed.

We did not specifically look at these programs because they were not part of our assignment. However, many sampled cases were provided in-home services at some time during DFS' involvement. In some cases services were provided after the child(ren) returned home from foster care, whereas in other cases, in-home services were provided to try to prevent removing the child(ren) from the home.

Out-of-Home Services

Out-of-home services includes: foster care, family reunification, independent living, and adoption. Foster care is provided to a child who is removed from the home and placed with

foster parents in a traditional home setting. The amount of time a child spends in foster care is supposed to be limited (i.e., the parents are given a sufficient amount of time to change their behavior and if they do not, alternate living arrangements are found). Once the decision is made to remove a child from the home the child is usually placed with foster parents. In some circumstances the child is placed in a group home or treatment facility. The caseworker must convince a juvenile court judge that if left in the home the child could be harmed. The court must also be convinced that DFS has made reasonable efforts, such as providing family preservation services, where practicable to avoid having to remove the child. When the court is convinced DFS has made reasonable efforts, the court gives custody of the child to DFS. The decision to maintain custody with DFS is periodically reviewed by the court. If the parents do not progress satisfactorily, the caseworker may try to have the parents deprived of their parental rights to the child. The caseworker must convince the county attorney that there is sufficient evidence to file for permanent depravation. The county attorney must then be willing to file for permanent depravation. If there is sufficient evidence, a permanent deprivation is filed with the court and the juvenile court judge determines whether or not to grant the petition.

After foster care is completed and the child is returned home, family reunification services are provided. The reunification worker spends several hours with a family each week observing how the parent(s) and child(ren) interact, monitoring whether treatment plan goals are still achieved, and helping the parent/child adjust. The reunification worker typically provides services for 90 days after which the case is closed and DFS' involvement is terminated.

Independent living is available to teens over 16 years old to help prepare them for when they will live by themselves. This program pays for rent, utilities and general living expenses. To qualify, a teen must either be working, attending school, or both. In some areas, classes are available to teach teens independent living skills.

A final program is adoption. In those few cases where it is not likely that the child will return home, a child's case is reviewed for adoption. Whether or not the child is adopted will depend on a number of factors including the child's wishes, the child's mental and medical condition, and the availability of suitable adoptive homes. Before a child may be adopted, the legal parental rights of the biological parents must be terminated by the juvenile court (called permanent deprivation).

Guardian Ad Litem

We were also asked to review the Guardian Ad Litem (GAL) program. The GAL is an attorney appointed by the juvenile court to represent the best interests of a child who is appearing before the court. The GAL's duties include: acting as an independent fact gatherer, ascertaining the child's best interests, seeking cooperative solutions to the child's situation,

ensuring that all relevant facts are brought before the court and that appropriate motions are filed on the child's behalf, explaining court proceedings and actions to the child where appropriate, and monitoring treatment to determine if required services are provided. The GAL serves until released by the court.

The GAL's role is important. While the DFS caseworker tries to preserve families and protect children, the GAL represents only the child's best interest. The GAL, therefore, independently checks that the child's needs are met. Also, the GAL relies on volunteers for assistance in urban areas because of the number of children in foster care. Typically, a volunteer is assigned one or two children. The volunteer is supposed to meet with the child periodically, monitor the child's situation, keep the GAL attorney informed on the child's situation, and attend court proceedings or other reviews.

We were unable to fully evaluate this program because we were unable to review the GAL's records. We subpoenaed the GAL's records but our request was denied in state district court; the judge was persuaded that giving us the records would violate attorney-client privilege. However, some GALs did answer questions on a sample of cases and we reviewed court documents, letters, and other correspondence in DFS case files relating to the GAL. However, we are unable to corroborate what the Guardian Ad Litems said because they denied us access to their case files.

Child Welfare Environment in Utah

Child abuse and neglect have become major issues nationally and in Utah over the past few years. Child and family advocacy groups, the public, legislators, and the media have all been concerned about child protection issues. DFS caseworkers have a very difficult job trying to do what is best for the child in the face of competing demands from these groups. For example, they must protect the child while at the same time trying to preserve the family. If an abused or neglected child is placed in foster care, those more concerned with preserving the family may argue that the worker is destroying child-parent bonds. On the other hand, if the worker leaves the child in the home other critics may charge that the child is put at further risk of harm because the parents are unfit. Child welfare agencies and workers across the nation are faced with the challenge of finding the correct balance between these and other controversial issues.

The federal government has imposed mandates upon states that place greater burdens on the worker. In 1980, Congress passed the Adoption Assistance and Child Welfare Act, also known as Public Law 96-272. This act encourages state child welfare agencies to treat problems in the child's home and place the child in foster care only when absolutely necessary. Even when a child is in foster care, the act indicates that foster care should only be used for a

limited time. Public Law 96-272 provides financial incentives to develop programs that prevent children from being removed from their homes unnecessarily and that reunite children in foster care with their families. The act also lists procedures states must follow when a child is in foster care. Legal requirements associated with this act and other laws have forced caseworkers to spend more time documenting what they have done on the case. Completing more paperwork along with trying to serve increasing numbers of cases have placed greater demands on workers. Caseworkers report they cannot spend the time they would like providing services on each case because they are spending more time documenting.

Audit Scope and Objectives

This audit was requested by Senators Delpha Baird and Eldon Money. They, along with other legislators, child advocates, and the public, are concerned about the effectiveness of the state's foster care and CPS programs. In addition, they wanted an evaluation of the Guardian Ad Litem program.

To address these concerns, we collected information from several sources. We reviewed 100 child protection services (CPS) investigations and 100 foster care cases selected randomly and discussed the cases with caseworkers and supervisors. We reviewed over 50 complaints from the public about general concerns with the child welfare system and specific cases. Our review of these complaints identified problems similar to those found when we reviewed the random samples of CPS and foster care cases. We also conducted group discussions with supervisors and caseworkers on major issues. To assist in deciding what information to extract from the case files as well as how to interpret the information, we reviewed literature on child welfare and hired two nationally recognized experts in the field to assist us in our work. They helped us prepare our data extraction instruments and assisted in evaluating the information.

A weakness in case file reviews is that the reviewer is limited to the information contained in the case file augmented by discussions with agency staff and others. Further, after reviewing the case records it is our impression that problems could be raised about almost every case reviewed. However, we limited our review to significant issues directly affecting child protection, family preservation and establishing permanency. Specifically we were asked to review the following issues.

1. The effectiveness of the foster care program in preserving families, providing services and protecting children.

2. The effectiveness of the child protection program in protecting children from abuse or neglect.

3. The effectiveness of the Guardian Ad Litem program in representing the rights and wishes of children.

As discussed above we were unable to evaluate the Guardian Ad Litem program because we were denied access to the guardian's records.

Chapter II
Improvements Needed in Foster Care

Improvements are needed to ensure that all children in foster care are protected, that families get services and that children are returned home or are placed with a permanent family as soon as possible. In some cases, DFS protected children, provided services and established a permanent home in a timely manner. In other cases, we found children did not get a permanent home, services were not provided to parent or child, and, in rare instances, children were not protected from further abuse or neglect. To prevent these problems, all foster care workers need to more strictly follow principles designed to help provide a permanent family for children in foster care and help protect children from abuse or neglect. This chapter gives recommendations to correct problems found through our case file review. In Chapter IV we give recommendations that are not specific to individual cases, but are ones that will nonetheless improve the state's child welfare system. Making these changes will alleviate some of the problems with the current system.

Children are generally placed in foster care when there are no other ways to protect them from abuse or neglect. Almost 70 percent of the children in our foster care sample entered foster care as a result of a child protection worker's finding that the abuse or neglect was so serious the child needed to be removed from the home. In the remaining cases, the child was placed in foster care because of the child's delinquent behavior or the parent's refusal or inability to care for the child. To place a child into foster care requires the approval of a juvenile court judge who must be convinced that placing the child in foster care is the best plan for the child. Once the child is in foster care, the worker prepares a treatment plan listing the services needed for both parent(s) and child. The caseworker helps the parents and child overcome problems in order to reunite the family, or, if that is not possible, to make other living arrangements.

To help achieve DFS' mission as mentioned earlier, experts identify some basic steps that should generally be followed by the caseworker. Some of the most important steps are: (1) the caseworker must prepare a treatment plan showing the services to be provided and what change is expected through treatment; (2) the foster care worker should closely monitor the progress of the parents and child through regular visits; (3) an administrative review is to be held regularly to monitor progress made by parent and child in achieving treatment goals; (4) the treatment plan should be evaluated and revised if it is not leading to necessary behavior changes. These and other controls described in the sections that follow are helpful in achieving DFS' goals. For example, our review found that treatment plans that clearly show what the parents need to do to have their child(ren) returned to them were helpful in getting a

permanent family for the child in a timely manner.

If the caseworkers will follow these steps and other principles outlined in this chapter, we believe that DFS' goals of child protection, family preservation, and permanency will more likely be achieved. However, there is no guarantee that this will occur on each case. Though success is not assured on every case, the chances of success are improved when the caseworker follows good social work principles outlined in this chapter.

Improvements are Needed to Establish Permanency for Children

Improvements are needed to ensure that all children are placed in a permanent family as soon as possible. Research in child welfare shows that a child can suffer serious psychological harm when he or she is in foster care for an extended period of time without getting a permanent family. In our review of 100 cases, we identified 19 where we had serious concerns about the caseworker's actions in trying to get a permanent home for the child in a timely manner. In these cases we believe foster care workers did not follow principles designed to get a permanent family quickly for a child in foster care. For instance, in some of these cases the worker did not prepare goal-oriented, time-limited treatment plans. Sometimes children in these cases spent years in foster care frequently being moved before being adopted or returned home. In the remaining 81 cases, DFS established a permanent home in a reasonable length of time or circumstances beyond DFS' control prevented a permanent home from being established. To help ensure that children get a permanent family in a timely manner we believe foster care workers need to more strictly follow principles designed to help provide a permanent family for children in foster care.

The urgency of establishing a permanent home as quickly as possible is one of the major reasons why Congress passed Public Law 96-272 in 1980. Findings in various states indicated that some children spent their formative years in the foster care system with no planned effort to reunify them with their families or pursue adoption. As a result, the law states that diligent efforts should be made to place children in foster care back with their families or, if that is not possible, other arrangements need to be found. If the state does not satisfy the federal requirements, it may lose federal funding. However, PL 96-272 also states that caseworkers must make diligent efforts to help parents change their behavior. Given the serious problems of some parents, this can take a long time. However, while the parents are being given a chance to change, the children are living in another home and are developing close ties with their foster parents. The longer the child is in foster care, the more difficult it is generally on both the child and the foster parents to return the child to the natural parents. Consequently, the worker needs to either return the child home or place the child in another more permanent arrangement as quickly as possible.

Because it is so important and difficult to establish permanency, experts in child welfare and Public Law 96-272 highlight important principles that should be followed to help ensure that a permanent home is established quickly. These experts state that permanency planning should be time-limited, goal-directed (i.e., the caseworker's actions should be focused on the timely return of the child to his or her biological parents or extended family, or where that is not feasible other appropriate living arrangements are made in a timely fashion) and help to ensure a continuity of relationship between the child and his or her natural parents or caretakers. In addition, PL 96-272 outlines certain requirements that should be met in each case. For instance, every case should have a written treatment plan that is clear, specific, and time-limited. Caseworkers should make diligent efforts to get parents to visit their child while the child is in foster care. Finally, the case must be monitored by those not directly providing services to the child and family to evaluate progress. Following these principles will help ensure that the child receives a permanent home.

The purpose of our review of 100 foster care cases was to determine if permanency was established in a timely manner and how well the above permanency planning principles were followed by the caseworker. In 51 cases permanency was established within a reasonable length of time (i.e., the child returned home; if return home was not possible another permanent home was established in a timely manner; if the child was in foster care longer than two years the circumstances justified the additional time). In fact, in these 51 cases the child spent 1.5 years in foster care on average, whereas for 19 cases where we had serious concerns about permanency the child spent an average of 3.1 years in foster care. However, even in some of these 51 cases, workers did not always completely follow the above principles. DFS should not be satisfied with 1.5 years but should seek to reduce the time, if possible, even in these cases. Perhaps permanency could have been established even more quickly had the workers completely followed those principles. In 30 cases permanency was not established because of circumstances beyond DFS' control. The following figure highlights our results.

Figure I
Overall Findings in Permanency

Findings	Number of Cases
Permanency established within a reasonable length of time	51
Permanency not established for reasons beyond DFS control	30
Permanency not established because permanency planning principles were not followed.	19
Total	100

Permanency Established Within A Reasonable Length Of Time

In 51 cases a permanent home was found for the child within a reasonable length of time and permanency planning principles were generally followed. No definitive time has been set for how long a child should remain in foster care, but our literature review and discussions with experts indicated that a child should generally not be in temporary placement more than two years unless there are extenuating circumstances. Of the 51 cases where permanency was established within a reasonable length of time, in 32 or 63 percent of the cases a permanent home was established in less than two years. In the remaining cases more than two years in foster care appeared reasonable. For instance, we found cases where it took more than two years to finalize the adoption.

Also, in those cases where permanency was established within a reasonable time period, the caseworker(s) generally followed the principles described above of being goal-directed and time-limited. The caseworker helped the parents change their behavior and closely monitored their progress. Generally, the treatment plans had measurable goals and set time limits for their achievement. If the parents were given reasonable chances to change and still refused, the caseworker found another permanent home for the child as quickly as possible. In these cases, a permanent home was generally established more quickly than cases where we had concerns. Figure II highlights our findings on these cases.

Figure II
Cases Where DFS Was Able to Provide a Permanent Home Within a Reasonable Length of Time

Cases	Number of Cases
Child returned home	30
Custody & guardianship given to a relative	5
Child adopted or in process of being adopted	12
Child in process of returning home	4
Total	51

In the above cases a permanent home was established or was in the process of being established within a reasonable length of time. The following examples illustrate what happened to these children. In one case the child was returned home; in the other case the

child was adopted.

In one case, a teenage mother neglected her baby by not providing proper food or care. The mother also initially refused instruction in proper child care. DFS placed the mother and child in one foster home. After a year in foster care the mother completed independent living classes and learned better parenting skills. She then moved into her own apartment. She was allowed to have supervised visits with the child and then was permitted to have the child home on weekend visits. After 18 months the child returned to live with the mother with DFS monitoring the case. After almost 24 months DFS closed the case. In this case, DFS acted appropriately to protect the child while at the same time providing a permanent family in a timely manner. In our opinion, the caseworker wrote clear and specific treatment plans listing the steps necessary for their achievement. Each treatment plan was revised as the mother made progress. Finally, the worker closely monitored the progress of the parent and child. As the parent improved her skills, she was given more opportunities to practice her newly-learned skills through visits with the child. In our opinion, this case shows how a family can be successfully reunited through DFS' involvement.

In other cases, because the parents refused to change their behaviors, the children were adopted. For instance, in one case a newborn was taken into custody because she was born with a drug dependency and her drug-addicted mother was unable to provide a home or support for the infant. One very specific treatment plan was written to reunite the child with her mother. Tasks were included that were written in very specific and clear language that required the mother to work toward obtaining suitable housing, regular employment, and drug treatment. After six months of actively monitoring the case, the worker determined that the mother was not following the treatment plan and was not keeping DFS apprised of her whereabouts. The decision was made to actively begin legal proceedings to terminate the mother's parental rights. In this instance, only six months had passed because DFS had evidence that comprehensive services had been provided to the family on previous occasions for a sustained period of time with no indication of progress by the parent. The caseworker proceeded in a timely fashion with the petition to permanently deprive the mother of her rights. Within two years, the child was adopted by the foster parents with whom she had been living since she was placed into DFS custody. In our opinion, this case shows that DFS can proceed to terminate parental rights within a reasonable length of time and provide a permanent adoptive home for a child.

These examples illustrate cases where permanency was established within a reasonable length of time. Unfortunately, there were some cases where circumstances prevented permanency even though the caseworker's actions may have been time-limited and goal-directed. The following section describes the circumstances that prevented children from being placed in permanent families.

Circumstances Prevented Securing a Permanent Family

In our sample of 100 cases, there were 30 cases where DFS was unable to provide a permanent family in a timely manner for reasons beyond DFS' control. Returning the child to his or her home was not appropriate because the parents did not want the child or the child refused to return home. Placement with a relative was generally not an option because there were no relatives available. Adoption was generally not an option for a variety of reasons, usually because the child did not want to be adopted. Consequently, most children remained in foster care while the caseworker continued to work on the case. However, in three cases the children were ultimately placed in permanent homes after an extended stay in foster care. Below, in Figure III, we have identified the number of cases where permanency was not established for reasons beyond DFS' control and the reasons why it was not established.

Figure III

Permanency Not Established For Reasons Beyond DFS Control

Reasons	Number of Cases
Children did not want to be adopted	15
Professionals disagreed on best interests of child	4
Judge would not grant a permanent deprivation	3
Children were seriously ill	5
Custody transferred to youth corrections	3
Total	30

The above figure shows the reasons why permanency was not established in these 30 cases. The following examples illustrate why a permanent home was not found.

Reunification, Adoption, Relative Placement Did Not Work. In 15 cases, the children were over 12 years old and did not want to be adopted, could not be returned home and had no relatives who were willing to care for them. Consequently, they remained in the foster care system until they were emancipated at the age of 18. Most came into the system as older children and in each case the worker tried unsuccessfully to reunite the family. Caseworkers then tried but failed to locate relatives willing to take the child. The children chose to live in foster homes until they became of age.

For example, in one case a child was placed into foster care after being physically and sexually abused by a sibling. The sibling was placed in a treatment program for sexual abusers and returned home after completing treatment. There were no other options for the child other than to remain in foster care because the child refused to return home. Further, there were no relatives willing to take the child into their home. Finally, the child did not want to be adopted. Since there were no other options, the child may remain in foster care until 18 years of age.

Professionals Disagree. In four cases there were disagreements among professionals regarding the parent's ability to parent, thereby extending the time the child remained in foster care. In two of the four cases, the children were either adopted or returned home after an extended foster care stay. As described previously, children remain in foster care until the juvenile court judge consents to return the child home, places the child with a relative or places the child in an adoptive home. The judge considers the opinions of caseworkers, therapists and others in making a decision. If there is disagreement among professionals as to what is best for the parent and child, the county attorney may decide not to file for permanent deprivation of parental rights and the child remains in foster care.

For example, in one case permanency was not established because of conflicting opinions about the mother's parenting abilities. In this case, the Guardian Ad Litem volunteer and the foster parent believed that, based on the mother's history, she should be deprived of her child and the child should be placed in an adoptive home. However, the county attorney would not file a petition for permanent deprivation because the mother's therapist believed the mother was making progress and needed more time to make improvements. Currently, the county attorney is giving the natural parent one more try to complete the treatment plan after which, if the mother fails, he will file a motion to permanently deprive the mother of her child. There have been many disagreements among professionals about what to do on this case and, as a result, the child has remained in foster care for almost four years while DFS has been working with the mother.

DFS Reports Judge Would Not Grant Permanent Deprivations. In three cases, Native American children have been in foster care for several years because DFS reports the tribal judge will not deprive the parents of their rights in order to free the children for adoption. The parents in these cases have not resolved the problems that led to the out-of-home placement and have made little effort to be reunited with their children. Despite this inaction by the parents, the tribal judge will not deprive the parents of their children because the judge wants the caseworker to continue trying to rehabilitate the parents. Consequently, the children remain in foster care.

For example, in one case an eight-year-old girl has been in foster care for almost five years because her mother has a serious alcohol problem that hinders her ability to care for her children. The caseworker has written very specific treatment plans but the mother has made little effort to comply. The case has been reviewed in tribal court several times per year and

each time the court maintains the child in foster care and encourages the mother to rehabilitate herself. The caseworker supervisor said the tribal court rarely grants permanent deprivations. Without a permanent deprivation to free this child for adoption, DFS plans to

ask the judge to give custody and guardianship to the child's aunt with whom the child has been living.

In these three cases we believe the caseworker has done all that he or she could do to get a permanent home for these children within a reasonable length of time. The supervisor reports they have tried to get the tribal judge to grant permanent deprivations but have been refused. The caseworkers told us that one custom is to have children raised by relatives or other members of the tribe. A supervisor in that office said it is very difficult to get Native American children adopted. In the 20 years he has worked at DFS he can remember only a few times when the parents have been deprived of their children and the children were adopted. Each of these children have been living with relatives for several years and DFS is planning to ask the court to give custody and guardianship to the relatives.

Long-term Foster Care Selected For Some Seriously Ill or Handicapped Children. In five cases, the caseworker chose long-term foster care rather than adoption. For example, in three cases, the children were seriously ill and required specialized care. However, the parents were low functioning and unable to care for the children. The children wanted contact with their natural parents and the caseworker believed that maintaining close contact with the child's family would help the children develop. Long-term foster care appeared the best option for the children to receive needed care and also keep contact with their natural families. In another case example, foster care was chosen to keep the child with a sibling who had already been adopted. The family was unwilling to adopt this child, who was not expected to live long, because they needed a caseworker's support in dealing with this child's problems. The caseworker felt this was a good home for the child because it allowed him to be with his sister and foster parents who were willing to care for him.

Permanency Was Not Established

In 19 of the 100 cases we believe a permanent family was not found in a timely manner because DFS did not follow good permanency planning principles. The caseworkers often did not make timely decisions or the treatment plans were not goal-directed and time-limited. As we mentioned earlier these 19 children averaged 3.1 years in foster care whereas in the 51 cases where we did not have concerns with permanency, the children averaged 1.5 years in foster care. In addition, there were some cases where a lack of well-trained foster parents contributed to the child being moved frequently. If the worker had been goal-directed, time-limited and provided continuity of care, we believe permanency could have been established sooner or the child would not have had as many disruptions in placement. The following table lists our concerns about permanency.

Figure IV
Reasons Why DFS Was Unable to Provide Permanency

Reasons	Number of Cases
Workers were not goal-directed or time-limited	14
Worker settled for long term foster care instead of attempting adoption	2
Worker did not have enough well-trained foster parents	3
Total	19

Worker Actions Were Not Time-limited or Goal-directed. In 14 cases the caseworker's actions were not goal-directed or time-limited. Experts state that treatment plans should be time-limited and goal-directed. In addition, PL 96-272 states that caseworkers need to actively monitor the progress of the child and parents while in foster care. In addition, PL 96-272 requires administrative reviews be held to evaluate progress in achieving permanency quickly. In 14 cases we found that caseworkers did not follow these principles. Consequently, the child remained in foster care for an extended time period.

Worker gave foster parents too long to decide. For example, in one case an eleven-year old child was placed in foster care for nine months prior to the parents being permanently deprived of their child. The child remained in the foster home for an additional two years while the foster parents decided whether or not to adopt the child. Eventually, the foster parents decided against adopting; however, the foster parents agreed to permanent foster care and guardianship for the child. Shortly after agreeing to permanent foster care and guardianship, the foster parents decided they could not handle the child and demanded that he be removed from their home. The child was moved to another potential adoptive home after being with this family for almost three years.

This case illustrates failures by the caseworker in following permanency planning principles. The worker's actions were neither time-limited nor goal-directed. Supervisors and other caseworkers said circumstances in this case indicate that the foster parents should have been given no more than a couple of months from the time the father was permanently deprived of his rights to when the foster parents decided whether they were going to adopt. Currently, judges require that a child live with his or her adoptive parents for six months before adoptions can be finalized. In this case, the child had lived in the foster home for nine months prior to when the child was available for adoption. Giving the foster parents over two years to decide whether to adopt indicates the worker was not time-limited.

The case file documents likewise show that the worker was not time-limited. There should be three treatment plans covering the eighteen-month period between when the father was permanently deprived and when the foster family decided not to adopt the child. There was no record in the case file of any treatment plans covering this period. Further, the two treatment plans following this eighteen-month period indicate the child is to receive therapy, but do not address what the therapy is to cover or how progress is to be measured. These plans do not have any deadlines nor do they list what DFS and the foster parents are to do. Finally, there is no evidence in the case file documents that the worker visited the home for a six-month period. In our opinion, these data indicate the worker was not aggressively trying to find a permanent home for the child in a timely manner.

Worker did not place child in a potential adoptive home soon enough. In another case, the worker did not place the child in a potential adoptive home (fost/adopt home) but rather left the child in a regular foster home for over two years until the parents were permanently deprived of their child. A fost/adopt home is a foster family who is also willing to adopt a child for whom adoption is likely to occur given the parent's history of abuse and neglect. The case file indicates the worker did not consider permanent deprivation until the father suggested to DFS that he might voluntarily relinquish his parental rights. The judge accepted the voluntary relinquishment and also terminated the mother's rights. At this point, the caseworker removed the child from the first foster home and placed the child in a fost/adopt home.

In this case the worker did not try to get the child into a permanent home as quickly as possible. Prior to the child being removed from his natural parents and placed in foster care, DFS had extensive involvement with the family spanning eight years and seventeen referrals. DFS' caseworkers had been working fruitlessly with this family for years before the child was put in foster care. Consequently, when the child was removed he or she should have been placed in a fost/adopt home. However, the child was not placed in a fost/adopt home until after the mother's rights were terminated, some two years after placement in foster care, even though the family history showed that this was a high risk family with many substantiated referrals. Given the prior history, the children should have been placed in a fost/adopt home from the beginning. The state's DFS specialist agreed with our analysis in this case.

Worker did not pursue enough alternatives. In another case permanency was delayed because the worker did not pursue enough alternatives. In this case, three children, one child selected in our sample and two siblings, were placed in foster care after their mother's live-in boyfriend sexually abused them. The mother and her boyfriend then fled the state. Early on, during the CPS investigation, the mother stated she did not want the children and suggested that DFS contact their natural father in another state to see if he wanted them. However, the treatment plans all focused on returning the children to their natural mother though she had abandoned the children. The worker did not begin working with the natural father to determine if he was an appropriate placement until eleven months after the children were placed in foster care. Also, the worker did not develop any additional plans initially in the event the mother would not take the children because the children initially said they did not

want to live with the father. We believe permanency has been delayed because the caseworker did not pursue enough alternatives should the desired option of returning the child home not work.

In another similar case, a mother abandoned her three young children, a two-year-old selected in our sample and two siblings, but the children were not placed in a fost/adopt home until two-and-one-half years later. The children have still not been adopted but the current foster parents may adopt them. For over one year the treatment plans focused on the mother even though her whereabouts were unknown. The DFS specialist shared our concern in this case and agreed that the treatment plans should have included more permanency options from the beginning.

We believe permanency can be established sooner if caseworkers include more alternatives in the treatment plans. For instance, we reviewed a case where the caseworker prepared a treatment plan for a custodial mother and another treatment plan for a non-custodial father. The worker monitored the compliance of each parent and was able to establish permanency with the noncustodial father quickly when the mother did not comply with her treatment plan.

<u>Some treatment plans need to be more specific and contain more alternatives</u>. In the examples from the previous two sections where the child did not get a permanent family in a reasonable length of time, the treatment plans did not specify clearly the behavior that needed changing, how the change was going to be measured and how much time the parents had to change. Also, some treatment plans did not contain enough options. As previously noted, experts in child welfare state that the worker should be time-limited and goal-directed. In keeping with this principle, treatment plans should have clear, measurable goals and objectives. There should be time limits imposed on the natural parents by which they must either change their behavior or another permanency planning option will be found. Finally, as mentioned in the previous section, the treatment plans should contain enough options that if the most desired option fails, alternatives are already available.

Most of the treatment plans in those cases where a permanent home was not established in a timely manner did not have specific, measurable treatment goals and objectives. Rather, our review showed that treatment plans often contain general statements like, "Parent will attend parenting classes." These plans do not say what the parent is to get out of the parenting classes nor how to measure if improvements are made. A better treatment plan goal is specific and time-limited, with measurable outcomes. For instance, a treatment plan from our sample states, "Parent will demonstrate the appropriate use of time-out in disciplining children." The treatment plan goes on to say that the parents will show from their parenting class they have learned a disciplining technique called time-out by demonstrating this behavior to the caseworker on home visits. This plan is very specific about what improvements are needed and how they are to be measured. When the plans are written more specifically, the worker can more quickly either return the child home or look for other options because progress or lack of progress made by the parent is easier to document. Also, county attorneys could help

the department prepare specific treatment plans that would be effective in court.

Some caseworkers said they write more general treatment plans at first because they are not completely sure about the family problems, and then the plans become more specific later on. Unfortunately, we found that some treatment plans remained essentially the same over years of involvement with the family. The initial treatment plans are very general without measurable goals. Often the plans stayed exactly the same for years with just the dates changed. For instance, in one case seven treatment plans spanning two-and-one-half years remained the same even though the circumstances in the case changed. In the two-and-one-half year period both parents voluntarily relinquished their parental rights, the child disrupted two potential adoptive placements and continued to do poorly in school. In our opinion, new treatment plans should have been written each time there were new goals in order to ensure that the plan addressed the needs of the child and her caretakers. In our opinion, treatment plans that contain very specific goals and ways to measure these goals will help establish permanency more quickly.

Administrative reviews need more outside involvement and more in-depth analysis. In the above cases where a permanent family was not established in a timely manner, we found that administrative reviews to ensure that timeliness is achieved were not effective. Administrative reviews are held when a committee composed of DFS employees and others outside DFS review the actions and plans regarding each case in foster care. Administrative reviews are held every six months to help ensure that permanency is established as quickly as possible for a child. Natural parents, foster parents, guardian ad litems and others who have an interest in the case are normally invited to the administrative reviews. In this review, those not directly responsible for the case are supposed to evaluate the caseworker's actions to ensure that permanency is established as soon as possible.

However, we reviewed the administrative review summaries in the case files on the cases in the above two sections and found there was little outside involvement in the reviews and little in-depth analysis of the cases. According to the documentation, the guardian ad litem as well as the parents and foster parents were often not present. Further, it is our impression that committee members often do not evaluate in any depth how well the goal of establishing permanency is being achieved. We attended several administrative reviews and found several cases where the discussion appeared to evaluate in depth how well the caseworker was establishing permanency. However, in other cases, the administrative review committee did not evaluate how well the caseworker was achieving permanency for the child. Rather, with the exception of the caseworker and supervisor, the committee members were unfamiliar with the case and generally agreed with what the caseworker was doing without exploring other possible alternatives.

We believe that for administrative reviews to be effective in moving a child towards permanency, there must be full participation from those outside the DFS system, namely, guardian ad litems, foster parents, and natural parents. In addition, we believe the panelists need to review a chronology of events on each case before the administrative review and then

satisfy themselves through questioning the caseworker whether the goal of establishing permanency has been achieved in the particular case.

DFS records show that generally the guardian ad litems are invited to the hearings but do not attend. We interviewed the Guardian Ad Litem in Salt Lake City who said he is generally not informed about when these meetings are held. However, Salt Lake district officials say they notify the Guardian Ad Litem regularly. In our opinion, the Guardian Ad Litem and district office should work out the notification process. In addition, we interviewed 10 foster parents and statewide representatives from the foster parent association. Some foster parents complained that they are not invited to the administrative reviews and their opinions are not valued by the caseworker. In our opinion, DFS needs to make certain that foster parents are invited and their opinions considered.

Worker Did Not Try Adoption. In two cases caseworkers set a goal of permanent foster care for young children without trying adoption first. When the children became teenagers the foster parents had difficulty with the children and the children had to be moved. Consequently, DFS was forced to look for a permanent placement after the children had spent years in foster care. In one case, the caseworker kept the child in the foster home where he was currently living because he felt the child was becoming attached to the foster family and should not be disrupted. As a result, he chose a goal of permanent foster care and guardianship. This arrangement worked until the child became a teenager and the foster parent had difficulty with the child. The child was moved and now DFS is trying to find an adoptive home for the child.

In our opinion, the caseworker should have followed the priority of options as established by PL 96-272, the caseworker manual and experts in the field. Nationally, in most instances, by order of desirability the priorities are: return home to the biological family; adoption by responsible relatives; adoption by nonrelated families; long-term foster care; and independent living. The caseworker and supervisor explained that they did not pursue a permanent deprivation because the children were bi-racial making them extremely difficult to adopt and the particular foster home selected provided excellent care. However, we believe DFS should have at least attempted adoption in this case before placing the children in long-term foster care. If a satisfactory adoption was not found, then it would have been acceptable to use permanent foster care. DFS' policy agrees with our conclusion by stating that permanent foster care generally should only be pursued after attempts to return the child home or place him or her for adoption have failed.

Child Was Moved Too Often. In addition to the risk of foster care being prolonged throughout much of a child's formative years, three children in our sample did not get a stable foster home because they experienced many unplanned moves before they were returned home, placed with a relative, or adopted. Numerous studies of child growth and development emphasize the importance of stability in foster care living arrangements. Experts state that multiple moves of a child in foster care can interfere with meeting the child's most basic need

for continuity of relationships. Multiple moves can harm a child's ability to form normal relationships with other people. Because of the potential harm of multiple moves, a primary responsibility of caseworkers is to minimize the number of times the child is moved. In most cases, we believe the number of moves were justified. However, in these three cases the number of moves potentially could have been reduced.

We evaluated the number of moves for all 100 cases and determined that the average number of placements for each child in our sample was 2.9 placements before the child was returned home, placed with relatives or adopted. In addition, in 61 cases there were two or fewer placements for the child. However, without understanding all the facts concerning a particular case, placement statistics can be misleading. The following example illustrates this point.

A seven-year-old with serious emotional and behavioral problems was moved seven times in eight years. This child was oppositional, aggressive and destructive. DFS made consistent attempts to treat the child's problems by placing him in several treatment facilities and short-term foster placements. The treatment facilities included the state hospital, Primary Childrens Medical Center and other residential treatment facilities. All of these treatment facilities were counted as foster placements. In this case, we believe the number of placements is indicative of DFS' diligent efforts to assist this child to change his behavior and is not an indication of a child "languishing" in foster care. Consequently, we evaluated the number of moves in terms of how well the caseworker tried to establish a stable home situation given the child's circumstances. The number of placements was only one indicator of how well permanency was established.

To evaluate why children were moved from one foster home to another we reviewed the case file and discussed each case with the caseworker. However, in most cases the file contained very few details to show why the children had to be moved. We also contacted some foster parents regarding the cases. In the cases reviewed, the primary reason children were moved from one foster home to another was at the request of foster parents. Likewise, DFS data show that the number one reason children in foster care are moved is because the foster parents request the move because they cannot handle the child's behavior.

In addition to discussing individual cases with the foster care parents, we also spoke to chapter representatives from the Utah Foster Parents Association. They said parents ask that children be removed from their homes for a variety of reasons. Some foster parents do not want to continue caring for a child with serious behavior problems. Others feel they do not have the necessary training to care for a particular child. Finally, some foster parents ask that children be moved from their home because of changes in their lives such as moving out of state, going back to work, or wanting to specialize in a particular type of child. In our opinion, these data all indicate the need for more foster care parents who are better trained.

Furthermore, national experts state that natural parents, foster parents and other child care professionals should be partners in rehabilitating the family. For instance, various authors believe that foster parents should be role models to the natural parents. In order to accomplish these goals, the role of foster parent needs to be clearly identified and the foster parent needs to become an integral part of the overall treatment program.

Not Enough Trained and Well-Informed Foster Parents Are Available. All caseworkers interviewed said because there is a shortage of available foster parents, they place children in foster families based on the availability of bed space and not necessarily on what home they think is best for the child. Caseworkers said there is no formal matching of children to foster homes because they do not have a large pool of homes from which to choose foster parents. Consequently, workers often place children by default into whatever home will take them. A more aggressive community-based recruiting program may help increase the number of foster parents, enabling caseworkers to better match children with families.

In one example, a three-year-old girl had seven foster placements in 11 months before being returned home. All but one of the moves were requested by the foster parents. The caseworker said she had very little choice about where to place this girl each time because there were few foster parents from which to choose. The initial foster parent did not understand her role and wanted to adopt the girl but when she was told that she had to help the natural parent work toward reunification she asked that the girl be moved from the home. Other foster parents felt they had not been trained to handle the child's difficult behavior. One foster parent, who kept the girl for only two weeks, said she had not been told of her behavior problems before she was placed in her home and she also complained that she had difficulty contacting the caseworker for help. Consequently, when the girl became too difficult to handle, she requested the girl be moved to another home. This case highlights several problems. There are not enough foster parents to allow the caseworkers much choice in who they select. Also, foster parents complain that they are not given enough information about the child prior to placement and foster parents believe the caseworker does not support them enough.

In another case, an 18-month-old Native American child, who had been abandoned by his mother, was moved 11 times in four years. Currently, the child is in a potential adoptive home. The workers said the child was moved many times because they believed the child needed to be placed with a Native American family and there were very few adoptive or foster Native American families. Consequently, the child was moved from anglo homes to Native American homes often in an attempt to place the child with Native American foster parents who would adopt him.

Although there will always be reasons to move a child from a particular home, caseworkers need to minimize the number of moves by having enough foster parents from which to choose. In addition, DFS needs to enhance their foster parent training. Finally, caseworkers need to be available to and supportive of foster parents. Some caseworkers said

they would like to spend more time helping foster parents in the home but they do not have the time to do so.

Better foster parent recruiting is needed. An ongoing program for recruiting foster parents must be established. There is currently no overall statewide recruiting program. Rather, the recruiting is done on a region-by-region basis. In only one region, the northern region, did we find an organized recruiting effort. This region has recruited in the past through newspaper advertisements, magazine articles, county fairs, public interest stories in the news, and word of mouth. However, DFS has recently hired a statewide coordinator who will develop a recruiting policy and begin working with all the regions.

Our consultants as well as other national foster care professionals report that recruiting and retaining foster parents is becoming increasingly difficult. They state that foster parent recruiting is most effective when there is a program of community education, involvement, and support. In addition, other factors of success include using foster parents as recruiters and providing continuous, positive, recruiting messages directed at all possible sources of potential foster parents, especially those who can serve those types of children most in need of care.

Better foster parent training is needed. Enough well-trained foster parents who are well-supported by the caseworker also are essential in helping DFS accomplish its mission. Enough well-trained foster parents are essential not only to provide a safe home for children who have been abused or neglected, but these foster parents are vital in nurturing children to help them bond with a family. Also, if the natural parents are unable to change their own behavior, the foster parents may potentially adopt the children, thus helping to establish permanency. The value of family foster care is that it can respond to the unique, individual needs of infants, children, youths, and their families through the strength of family living, and through family and community support.

Our interviews with 10 foster parents as well as chapter representatives from the Utah Foster Parents Association indicated that foster parents want and need more training. These parents said they generally felt unprepared to deal with some children. Further, they indicated they received little training directly related to helping children with behavior problems.

The northern region has a very aggressive program to train foster parents to take children with difficult behavior problems. The region has contracted with a professional trainer to train foster parents in the classroom. In addition, the trainer also goes to foster homes and sets up an individualized discipline program for the foster parent to use. In talking to foster parents and workers in other regions we found that this training would be very beneficial throughout the state. DFS recognizes this problem and is expanding the current program.

The current foster parent training program entails 14 hours of basic training and a two-hour first aid and CPR course. The basic training entails an overview of the foster care system, an overview of the court system, a discussion on how to fill out forms, and a review of child

development and discipline methods. Our consultants indicate that the training in Utah is very minimal. They reported the National Association of Foster Presidents recommends 30 hours of basic training. Also, they said the Child Welfare League of America has developed a training curriculum requiring 30 hours of basic training. DFS has recently completed an extensive basic training manual. DFS wants to expand the current training program and has begun to write an advanced training program for foster parents. They have chosen to address five areas of concern in the 10 hours of training. This training will include how to care for sexually active children, medically fragile children, hyperactive and learning disabled children, and children with attachment disorder. In addition, the training will include more training on discipline methods.

Better support for foster families is needed. Caseworkers need to support the foster families by regularly visiting with the foster family and child. Supporting the family and child through visits can help reduce the number of disrupted placements and can therefore help in establishing permanency. Also, the caseworker can help the family in treating child behavior problems. In many cases reviewed we did not find documentation that caseworkers visited the families each month as required by policy. However, in most of these cases we did see that there was some contact, either by phone or in person. Some caseworkers said they are unable to make periodic visits because of their heavy work load. Others said they regularly visit the child but prefer to visit the child at school or at a therapy session. Making regular visits to the foster homes and providing more support for foster families may have prevented some of the disrupted placements.

Some foster parents interviewed said they were not getting the support needed. They complained they were not getting background information on the child, they were not able to contact the caseworker when they had a problem and they were not receiving regular visits to the home by the worker. In some of the case files reviewed there was not adequate documentation to determine that visits were occurring. In our opinion, foster care workers should be required to make regular visits with the foster family, visiting with the child and foster parents separately and together. In addition to foster care workers not making enough periodic visits, foster parents also indicated they need more respite care (where another foster parent temporarily cares for the child(ren) to allow the original foster parent time to get a break) and more help from DFS in times of crisis.

Recommendations:

1. We recommend that all treatment plans clearly specify the appropriate behavior to be changed (either parent or child or both) and how progress in achieving treatment plan goals is to be measured.

2. We recommend that multiple alternatives be worked on simultaneously in the treatment plans.

3. We recommend that the administrative reviews become more effective in evaluating whether permanency is being achieved by:

   a. Requiring that all committee members review a chronology on each case before the review.

   b. Requiring that all committee members evaluate all options to achieve permanency.

   c. Encouraging Guardian Ad Litem's and others to attend administrative reviews, and documenting notification and effort to include all these participants.

4. We recommend that caseworkers follow the priority of options as established by PL 96-272 and experts in the field. In order of desirability the priorities are: return home to the biological family; adoption or permanent custody by responsible relatives; adoption by non-related families; long-term foster care; and independent living.

5. We recommend that DFS begin an aggressive community-based recruiting program. DFS should contact community organizations for help in obtaining foster parents who can provide services to specific types of children.

6. We recommend that DFS expand its foster parent training to address areas of need as determined by DFS caseworkers and the Foster Parent Association.

7. We recommend that DFS' supervisors ensure that caseworkers visit foster homes sufficiently often to meet the needs of the child and foster parents. In addition, we recommend that DFS develop a protocol specifying what the foster care worker is to do when making a visit. Supervisors should ensure that the protocol is followed.

8. We recommend that DFS provide training in case assessment and planning, working with foster parents, interviewing and providing information and support for decision making.

Foster Care Services Can Be Improved

Our case file review found that needed treatment services were provided in most cases, but services can be improved by developing a statewide treatment system for children who are difficult to manage in a traditional home and by improving internal controls to ensure that all needed services are offered and all case files are complete. Along with preserving families, protecting children, and establishing permanency for children, treating problems caused by abuse or neglect is one of the principal responsibilities of DFS.

Our discussions with consultants and review of child welfare literature and laws and policies all indicate that family problems must be identified and services need to be provided to treat these problems if families are to be preserved. Experts indicate that DFS must identify the problems that led to the child being removed from the home and then treat these problems systematically. The treatment plan identifies the services to be provided. From our case sample we reviewed the file documentation to determine if the problems causing the child to be placed in foster care were identified in the treatment plan, if treatment was provided, and if the worker monitored the progress being made by the parent and child. We did not assess whether the treatment was appropriate nor did we attempt to determine whether the treatment effectively changed family behaviors causing DFS' involvement.

Families in our sample had a variety of problems. Parents suffered from drug and alcohol dependency, mental illness, and improper parenting skills. Children had problems with drug and alcohol abuse and mental illness. For example, our sample identified 62 cases in which family members--either the father, mother, or child--had drug or alcohol problems and 36 cases where one or both parents were jailed.

DFS offers a wide range of services to treat family problems. These services are provided so the child can return home or, if that is not possible, prepare to live with a new family. Parents may receive alcohol and drug treatment, mental health counseling, and instruction in proper methods of disciplining and nurturing children. In addition to placement in a foster home, children may receive similar services as well as medical and dental treatment. In addition, we found other services being provided which include: parenting classes, psychological evaluations, hospitalization for a medical or mental problem, tutoring for children doing poorly in school, and independent living classes for older teens.

We found that family problems were generally identified in the treatment plans and that some treatment was provided. In most cases a treatment plan was prepared that contained steps to treat the family's problems and the caseworker followed-up to evaluate the progress made by the parents and children. However, there were also a few cases where services were not offered for all problems identified in the case record, or file documentation was missing or unclear about what services had been provided. Below we discuss some of these cases.

Children Did Not Receive Services In Some Cases

In 32 cases children did not receive services for all the problems identified in the case file. In 20 cases children did not receive services because they did not remain in their placements long enough to complete the treatment program. This lack of completion was because the child ran from his or her placement or the foster parent or group home asked that the child be moved because of behavior problems. Generally in these 20 cases the child was in care not because the child was abused or neglected but because the child is difficult to manage in a traditional home. Typically, the natural and foster parents cannot control the child and the child

repeatedly runs from placements. Also, many times these children are involved in criminal activities. In six cases DFS failed to provide services for all problems identified in the case record, but did provide services for other problems. In addition, there were six other cases where we could not determine from file documentation if services had been provided. Figure V summarizes these findings.

Figure V
Children Not Receiving Treatment

Reasons Why Children Were Not Provided With Treatment	Number of Cases
Child ran from placement or foster parent requested child be moved	20
DFS failed to provide treatment	6
Case file unclear	6
Total	32

Child Ran From Placement or Foster Parent Requested Child Be Moved. Twenty children did not receive treatment for their problems because they ran from the treatment facility or foster home before treatment could be provided or the child's behavior was so bad that the foster parents requested the child be moved. These children were placed in foster care generally because they were difficult to manage in a traditional home and not because they needed protection from abuse or neglect. Many of these children were beyond the control of their parents. When placed in DFS custody many repeatedly ran from placements. Others were removed from placements because they assaulted or abused other children or repeatedly disrupted the foster home. Some of these children have been involved in criminal activity including, rape, assault, burglary, theft, vandalism, auto theft, joyriding, and shoplifting. Many of these children have alcohol and drug problems, mental illness, or are suicidal. The following case examples illustrate some of these children's problems and how DFS attempted to treat the problems but was unsuccessful.

The first case involved a teenage girl with a history of drug and alcohol abuse, as well as delinquent behavior. This girl was in DFS custody for about one year during which she was mostly on the run. She was placed in DFS custody at age 16 because prior counseling and court orders failed to change her behavior. She was ordered into Odyssey House where she remained 11 days and then ran. When apprehended several weeks later she refused to return to Odyssey House. Over the next several months she was placed at a residential group facility three times and each time she ran within the hour. On one occasion when this girl and her

caseworker were driving in the caseworker's car, the girl escaped from the caseworker's car while stopped at a traffic signal and disappeared. During the time she was in DFS' custody she had been on the run for weeks or months without the DFS caseworker knowing where she was.

The second case involved a boy who came into DFS custody at age 12. The child was placed in foster care because he had been sexually abused by his mother's boyfriend. The child's behavior became difficult to manage, and he ran several times from placement. He shoplifted clothing and, with other youth, stole a van and truck. Because he was so difficult to manage he was moved from several foster homes.

In both of these cases the child did not receive needed treatment. The child repeatedly ran from placements and as a result did not get treatment or the child became unmanageable causing the foster parents to request that he or she be moved. These two cases illustrate the need for better trained foster parents and more beds in specialized treatment programs.

Caseworkers said they are frustrated because there are a limited number of foster parents available with expertise in dealing with children who are difficult to manage. With the exception of one region, there is no formal, specialized training for foster parents with these children. Sometimes because they are untrained and inexperienced, foster parents do not know how to manage a defiant child and request that he or she be removed from the home. Though caseworkers try to get foster parents with experience in dealing with adolescents, they explained there are a very limited number of foster parents available to take these children and too often the child is placed in a foster home because it is the only home that will take him or her.

Caseworkers also said the lack of specialized treatment facilities is a problem. There are residential treatment facilities available but there is a chronic shortage of open bed space. For instance, in Provo caseworkers report they often must wait between one to two months for bed space at residential treatment facilities. Consequently, the caseworker is forced many times to find a bed in a foster home and the child often runs away without getting needed treatment. Often the child remains in the system, shuffled from placement to placement, until eventually the child turns 18 and is released from DFS custody. The child may or may not have received treatment for his or her problems.

More well-trained foster parents and more residential treatment bed space are needed for these children. As we have mentioned above, services are often provided based on the availability of beds and not on how well treatment needs are met. State officials said they would like to see a systematic approach developed statewide to provide services for children who are difficult to manage which includes enough well-trained foster parents and enough beds in specialized treatment facilities. We believe DFS needs to develop a comprehensive program and, with legislative approval and funding, obtain more foster parents and more beds in specialized treatment facilities.

Some Children Were Not Offered Needed Services. We also found six cases where DFS failed to offer services for all problems identified in the case record. We found that psychological evaluations, counseling, and tutoring were not provided even though these problems had been documented in the case file. As discussed earlier, DFS policy requires that services be provided to children. Professional literature stresses the importance of providing services to treat identified problems that led to the out-of-home placement. While DFS provided some services in all six cases, services did not address all problems identified in the case record. DFS should consider developing a case-tracking system that notifies the worker when treatment is due. Currently, some offices use a tickler system to track when treatment plans, court reviews, and other documents are required. This could be expanded to include tracking identified problems and the services being offered to address them. Such a system would allow the caseworker to readily identify when services such as psychological evaluations have not yet been provided.

In two cases from our sample the child had behavioral problems, but psychological evaluations were not completed. A psychological evaluation identifies the causes for behavior problems and recommends treatment. The caseworker on the first case asked the school psychologist, who was doing an educational assessment, to do a psychological evaluation. The psychologist failed to do this and the caseworker did not follow up. The caseworker acknowledged that he should have made sure the child got the psychological evaluation. This child did receive other services for identified problems including an educational assessment, special education classes, and mental health counseling. In the second case the child was having difficulty dealing with his father's suicide. This came out later when the child was in drug and alcohol treatment. A psychological evaluation done when the child was placed in foster care may have identified this problem earlier. The caseworker at that time is no longer with DFS and the current caseworker didn't know why a psychological evaluation was not done. The child did receive prompt services for other problems including drug and alcohol treatment, counseling, and a youth advocate.

Another example involves a teen who was doing very poorly in school but a tutor or tracker was not provided. The caseworker said a tutor should have been provided but was not because he was so involved in providing services to address this child's other problems that he overlooked this particular need. DFS did provide services to meet other needs including a psychological evaluation and counseling for behavior problems such as anger, and sexual abuse. The other three cases involve similar examples to the three discussed above and include failure to provide counseling or an educational assessment.

In each of these six cases, services were not provided because of a mix-up or because the problem was overlooked. Currently, based on the CPS investigation and the caseworker's assessment of the family, services to address problems are identified and listed in the treatment plan. The identification of problems and services is dependent upon the caseworker. If the caseworker fails to address all problems in the treatment plan, some problems can be easily overlooked. Also, in those cases where a misunderstanding occurs, the problem may not be

picked up. We believe DFS can ensure that needed treatment is always provided through using a tickler system to identify when services are due. Such a

system could be an additional check to help ensure that services are offered to address all known problems.

We Can Not Determine If Children Received Services Because of Poor File Documentation. We also identified six other cases where file documentation is either missing or not clear enough for us to determine if all needed services were provided. DFS policy and good social work practice require that services be made available for problems. Complete and accurate file documentation is critical to help track the progress being made by the child and to provide evidence to the juvenile court judge that the caseworker has diligently provided services to help the child. Without a complete file, a new worker doesn't have all necessary information. Complete files are also necessary to adequately document what action DFS has taken to provide services to the family. The use of a tickler system as discussed above or a file checklist is needed to ensure that case files are complete.

We identified four cases where part of the case file was missing and we could not tell if all needed services were provided. For example, in one case file treatment plans, activity logs, and quarterly summaries were missing for part of the foster care episode. As a result we could not tell what services were offered or provided. In another example, nearly all required documents were missing from the case file. We were unable to audit this file because there was nothing in the case file to review. When asked about missing documents, caseworkers were surprised many times that documents were missing. We were told that cases cannot be transferred or closed without these documents. At one office, where several files had missing information, we were told a past file clerk had shredded documents because she was behind with filing. In these four cases, caseworkers were unable to provide us with missing documents.

In two other cases file documents were present, but were not clear enough for us to determine if services were provided for all problems. In one of these cases a young boy suffered from Attention Deficit Hyperactivity Disorder (ADHD), which can be treated with medication. However, we could find no file evidence that this problem was treated. In similar cases we found file evidence where children received medications for their problems. When asked, the caseworker told us the child did receive treatment for this problem.

We believe that better quality control over files is needed to avoid these problems. A checklist that includes all required file documents with an accompanying notation that the document was placed in the file could improve the quality of file documentation. We found a checklist of required documents being used in some offices. For example, one office had used a checklist showing when all periodic worker visits to the foster home, court reviews, and quarterly summaries were due. Such a list could be modified to include treatment plans, administrative reviews, and other required documents. Requiring that all relevant documents be in the file, with review and sign off by the caseworker and supervisor, could eliminate files with missing documents.

Parents Did Not Receive Treatment In Many Cases

While children have not received services in some cases, we also found that parents did not receive services. We identified 45 cases from our sample where parents did not receive services, as shown below in Figure VI. In 34 of the 45 cases, parents either refused or would not complete services. In six other cases DFS did not provide services for all of the parents' problems. Finally, in five cases we could not tell from file documents if services were offered to parents for all problems. It is imperative that services be provided to parents to correct problems so the family can be reunited. DFS policy requires that services be provided to families, including parents. Experts in the field of child welfare have also emphasized the importance of providing services to address parental problems. When services are not provided either because family members refused services or because DFS did not provide the services families are often not reunited. In many of the 45 cases shown below the family has not been reunited.

Figure VI
Parents Not Receiving Treatment

Reasons Why Parents Were Not Provided With Treatment	Number of Cases
Parents refused or would not complete treatment	34
DFS failed to provide treatment for all problems	6
Poor documentation	5
Total	45

Parents Refused Or Would Not Complete Services. As discussed above, in 34 of the cases we reviewed parents either would not attend, or did not complete needed treatment services. In several of these cases parents refused services. In other cases the parent attended some treatment sessions sporadically or for a short period of time, and then stopped attending services. In a few cases, the parents left the state without receiving services. In all 34 cases the children have not been able to return home. However, in these cases DFS has been able to place the children with relatives, in adoptive homes, or they are working on a permanent placement.

To determine why parents were not receiving services, we reviewed the case files and

discussed cases with the caseworker. In most cases, the case file contained documentation showing efforts had been made by the caseworker to get parents to attend treatment. Typically, parents would agree to get treatment such as attending counseling, completing parenting classes, or completing a psychological evaluation, but would not follow through. Also, when parents did not have transportation, the caseworker often provided rides or bus passes. However, even after this help some parents would not attend services. In some cases, services such as a community health nurse or homemaker services were brought to the home, but parents refused these. In other cases parents moved frequently without informing DFS of their whereabouts. When this occurred, we found that caseworkers made diligent efforts to locate the parents. In some cases parents refused all involvement with DFS. Below we discuss several cases where parents either refused services or would not follow through.

The first case involves a father who had physically and sexually abused his children and had a problem with drug addiction. DFS wanted the father to attend drug rehabilitation, have a psychological evaluation, complete a parenting class, and attend counseling to address his physical, sexual, and drug abuse problems. The father refused all DFS services and left the area. The mother, who was not living in the home when the children were removed initially, expressed interest in working with DFS. The caseworker included the mother in the treatment plan and asked her to attend counseling, parenting classes, have regular visits with her children, and secure appropriate housing so her children could return to her custody. The mother attended two therapy sessions, did not visit her children, and left the area. For several months the parents' whereabouts were unknown. The caseworker made repeated attempts to locate the parents. When located, both parents refused to work with DFS. DFS then began with procedures to terminate parental rights. The children have now been placed in adoptive homes.

In the second case, the parent initially began receiving services but later quit. The treatment plan required the mother to get a psychological evaluation, continue mental health counseling, attend drug and alcohol treatment and parenting classes. The mother agreed to attend counseling and parenting classes, but after attending a few sessions she stopped attending. When her vehicle was being repaired the caseworker provided the mother with a bus pass and later offered to transport her to counseling and parenting classes. Despite this help the mother would not attend treatment. Despite a court order requiring the mother to comply with the treatment plan and attend treatment, she would not comply. The youngest child now lives with his father. The father of the two older children did not want his children and so these children have now been placed for adoption.

As these two examples illustrate, in many cases parents are not willing to make changes in their behavior needed for their children to return home. In fact, one article we reviewed suggests that some parents are not likely to change their behavior despite intensive rehabilitation efforts. This article proposes a plan to identify these parents and then give them very intensive but time-limited services. We believe that in most cases DFS workers have made diligent efforts to get treatment for parents. However, we have identified a few cases

where DFS failed to offer services, or we could not determine from file documents if services were offered. We discuss some of these cases below.

DFS Failed to Provide Services to Parents in Some Cases. While DFS offered services to parents for problems in most cases, we identified six case from our sample where parents were not offered services for all identified problems. This does not mean the parents received no treatment for their problems. It means that of several problems identified, DFS failed to offer treatment for one or two. As discussed earlier, failure by parents to overcome abusive or neglectful behavior will most likely result in their children remaining in foster care. It is critical that DFS provide services for problems that caused the foster placement and that services continue until the family is stable.

In six cases, services were not offered for all identified problems or services were terminated too soon. For example, in one case from our sample the mother voluntarily relinquished her parental rights. The divorced father, who had not been living with his children for several years, expressed an interest in having his children live with him. The caseworker placed the children with the father on a trial basis. A treatment plan was prepared which required the father to refrain from using alcohol, but did not offer the father treatment to help overcome his alcohol problem. We found this surprising because in other cases reviewed we found DFS made repeated efforts, often over several years, to provide parents with alcohol treatment. Several months after the children were placed with him, the father was arrested on an alcohol-related driving charge. DFS removed the children from the father's care and the court terminated his parental rights. The father had received no treatment from DFS for his alcoholism. The caseworker moved out of state and so we were unable to determine why no treatment was given to the father.

To eliminate these problems we believe that improved supervisory review of cases is needed. In the case above the treatment plan required the father to refrain from using alcohol but offered no treatment to help him with this problem. The failure to offer treatment to the father in this case should have raised questions. We believe that improved supervisory review is needed to eliminate similar cases in the future.

We Can Not Determine If Parents Received Services Because of Poor File Documentation. In a final area we identified five cases where we could not tell from the file if parents had been offered all needed services. Similar problems were discussed in the children's service section earlier in this chapter. Good social work practice should require that all files be complete and up-to-date. We believe improved quality controls can eliminate these problems. As discussed earlier, the use of a tickler system or file checklist could help ensure that case files clearly document services offered.

In one case from our sample, much of the critical information including treatment plans,

quarterly summaries, and activity logs are missing from the file. This becomes crucial because the child protection investigations on this case indicate that the father has a drinking problem and has been physically abusive with the wife and children. The child is placed in

foster care because she was fearful of returning home because of the father's abusive behavior, yet we can not determine what efforts DFS has made to provide treatment.

As recommended earlier in this chapter, a checklist of all required documents could eliminate this problem. A checklist ensures that files contain all required information before being closed or transferred. Such a list should require the review and signature of the caseworker and supervisor.

Recommendations:

1. We recommend that DFS develop, with legislative support, a statewide system of care for children who are difficult to manage. This program should include an increased number of specialized treatment beds and more well-trained foster parents.

2. We recommend that DFS develop a tickler or similar system to track client services and identify when services have not been provided.

3. We recommend that DFS develop a file check system that identifies all required file documents, with verification by the worker and supervisor that all required documents are in the file.

4. We recommend that supervisory review occur on each treatment plan to ensure that services are offered for all identified problems.

A Few Children Were Not Protected

Besides reviewing permanency and services, we identified three cases from our sample and one case from the complaints we received where children were not protected from abuse and neglect. While these cases are rare, we believe they are of serious concern. We believe these incidents may have been prevented if caseworkers were better informed about the family's situation, if workers always conducted periodic home visits, and if states improve information sharing.

The first case involves an infant who was not protected because caseworkers did not communicate among themselves. The infant was removed from her mother's care when she was found in a room of intoxicated adults, including the mother, with no appropriate caretaker. After three months in foster care, the infant was returned to her mother because the worker felt the mother was making progress and needed to bond with the infant. While the worker said the mother was making progress in overcoming her problems, evidence to support this was

missing from the file. The case was then transferred to another worker to help the mother get public assistance (AFDC, Medicaid), job training, and a home parenting class. This worker did not check the progress made by the mother while the child was in foster care. After about three months the second worker terminated the case because the mother had access to community resources. It is unclear if the foster care worker and the second worker ever discussed the case. Several months later DFS received referrals alleging abuse and neglect by the mother and others. Ultimately, the child died from physical abuse injuries. The workers who investigated these later referrals did not talk with the two prior workers. In fact, the worker who investigated the first of these referrals knew that the child had been in foster care, but assumed that the treatment plan had been completed and the problems were resolved. He said he would have acted differently had he known that the treatment plan had not been completed. In addition to this case, our discussions with CPS workers showed that they do not routinely check for prior referrals.

In two other cases (a stepbrother and a stepsister placed in the same foster home), the children were neglected by the foster mother. The foster parent did not provide the girl with adequate clothing, nor did the foster mother take either child to counseling sessions. When a new caseworker was assigned she found that the girl did not have enough usable clothing. The foster mother told the caseworker that the child in foster care kept wearing clothing belonging to the other children. When asked, the child in foster care told the worker she had little clothing of her own. The worker found that the clothing provided by the foster mother was old and torn, and the girl was poorly dressed and not clean. She also found that the foster parent had not been taking the children in foster care to counseling. The new caseworker placed the children in another foster home. DFS policy requires that foster parent(s) follow a code of conduct. This code requires the foster parent(s) to provide the child in foster care with adequate clothing and either provide transportation or arrange for transportation to treatment such as counseling. DFS provides a clothing allowance for children in foster care and pays mileage when foster parents transport children to medical appointments, counseling appointments, or other treatment. The prior caseworker was unaware of the conditions described above. She said she had not checked the child's wardrobe and relied on the mental health counselor to notify her if there were problems.

A final case involves problem families who move among states. Our review identified several families who moved from state to state possibly to avoid further involvement with child protection agencies. One family had a history of involvement with child welfare agencies in several other states before moving to Utah. This family had a long history of physical abuse in other states that included at least one foster care episode before moving to Utah. DFS officials in Utah were unaware of this family until the police notified them that the body of a six-year-old boy had been found buried in the family's backyard. The parents had repeatedly physically abused the boy until he died. Both parents are now incarcerated and the remaining children in the family have been placed for adoption.

We believe several changes are needed to prevent the problems discussed above. First,

better communication among caseworkers, review of prior case files, and a more thorough monitoring by caseworkers is needed. Good social work practice requires workers to review prior files and talk with previous workers to become aware of all known problems and conditions. This did not occur in the first case discussed above. Caseworkers should also check on home conditions and complete a risk assessment before returning a child home. This check should include discussions with the parents, other caseworkers, court officials, or treatment providers when appropriate. The use of a screening meeting, which is a staff meeting to evaluate the best placement for the child, when transferring or terminating foster cases could help accomplish this. We found that screening meetings were often used to determine when to place a child in foster care or what services to provide the family. However, screening meetings were not regularly used when removing a child from one foster placement to another or returning the child home. We believe the use of a screening meeting in these cases could help eliminate the problems discussed above.

Second, as mentioned before, caseworkers need to make periodic visits to foster homes to ensure that children in foster care are receiving proper care. Some caseworkers said they are unable to make periodic visits because of work load. Regular visits to the foster home and a thorough examination of the foster home may prevent problems where a foster parent is not providing adequate care. DFS policy requires caseworkers to visit the foster home periodically. These visits are designed to check on the child's progress, build rapport between the caseworker and foster parents, and determine if the child is receiving adequate food, clothing, and other basic needs.

Third, states need to improve information sharing on problem families. DFS personnel we talked with agree that improved sharing of information between states is needed. But they are often frustrated in their attempts to do so. Cooperation with other state's child welfare agencies is sporadic. Some states do not share information without a formal agreement. Other states readily share information. There are several reasons why information is not shared. Some states may be reluctant because they face the problems of high case loads and limited funding. They may also hesitate to accept a case on an informal basis because they may not have sufficient grounds to become involved with a family. We believe the state DFS' officials should attempt to improve communication amongst states by bringing this issue up nationally.

In the meantime, we believe that Utah DFS officials can improve information between states by readily responding to information requests from other states and encouraging other states to share information on families who have moved to Utah. We found this was occurring in some cases.

Recommendations:

1. We recommend that caseworkers review all prior files on the child and family when receiving a new case.

2. We recommend that caseworkers check on home conditions, complete a risk assessment, and talk with appropriate persons such as parents, caseworkers, teachers, counselors, and other treatment providers before returning a child home.

3. We recommend that screening meetings be held when a foster case is transferred or terminated.

4. We recommend that DFS enforce the policy that requires workers to make periodic visits to foster homes. Such visits should include discussions with the child in foster care, and foster parent, as well as an inspection of the child's living arrangements to help ensure that the child is receiving proper care.

5. We recommend that DFS attempt to improve communication among states to help identify abusive families moving from one state to another.

Chapter III
Improvements Needed in Child Protection Services (CPS)

Improvements are needed to strengthen Child Protective Services (CPS). More can be done to ensure that all appropriate referrals receive thorough and adequate investigations, and that all referrals are appropriately screened and prioritized. In addition, more needs to be done to provide services to families to avoid further referrals and out-of-home placements.

As mentioned in Chapter I, the mission of the Division of Family Services (DFS) is to protect children from abuse or neglect, to preserve families where possible, and to provide a permanent family as soon as possible. This chapter discusses how the CPS investigation can be improved to better protect children. It also discusses where timely intervention could help to preserve the family and obtain a permanent home as quickly as possible.

CPS consists of caseworkers who screen and investigate referrals of child abuse or neglect. When DFS receives a referral alleging abuse or neglect, a CPS worker screens the referral to see whether it should be investigated. If accepted for investigation, it is assigned a priority depending on the child's age and the severity of abuse. A CPS worker then conducts an investigation. The investigation determines whether the alleged abuse or neglect has occurred and/or is still occurring. The investigation also determines what services are needed initially to help the family overcome their problems. Depending on the severity of the problems, the case is closed or passed on to another worker for more intensive services.

To evaluate the adequacy of screening, setting priorities, and investigating child protection referrals, we reviewed case files, interviewed workers and conducted an extensive literature review. From a random selection of 100 referrals investigated by CPS workers in fiscal year 1992, we determined whether the worker adequately investigated the referral and whether the correct priority was assigned. In addition, we selected 66 referrals that were not investigated to see if they should have been investigated.

Some Investigations Were Inadequate

Twenty four of the 100 randomly selected referrals were inadequately investigated. When a referral is inadequately investigated there is some concern about whether the child is being

protected. The caseworker's investigation of abuse or neglect allegations is very important because the investigation determines whether abuse or neglect occurred. It also helps to determine family problems and what programs are needed to treat them. In order to evaluate potential conditions of abuse or neglect, DFS' **Child Welfare Manual**, the American Humane Association's **Casework Handbook**, and experts in child protection have identified essential elements that must occur during each investigation unless there are exceptional circumstances. In 24 referrals of the sampled investigations at least one of these essential elements was omitted. Though we found problems with 24 of the investigations, in 76 investigations we believe the worker correctly followed DFS' policies and protocols.

Experts have identified basic steps needed to thoroughly investigate each referral unless there are exceptional circumstances. On receiving a referral of abuse or neglect the caseworker should interview parent, victim and perpetrator; should make an unannounced home visit and document home conditions; should follow appropriate leads; and should begin an investigation in a timely manner. Based on the evidence collected during the investigation, the worker then determines whether the allegations contained in the referral should be "Substantiated" (i.e., there is enough evidence to confirm the allegation) or "Unfounded" (i.e., there is not enough evidence to confirm the allegations). Circumstances of each referral are different and some steps may rightfully be omitted on a referral. Generally, however, by following each step the caseworker can be assured that every investigation has enough information gathered to determine whether abuse or neglect has occurred and to determine whether DFS' intervention is needed.

To determine whether referrals are being adequately investigated we compared the steps taken by the caseworker as documented in the case file with the above basic steps. There were 24 referrals where we had a concern with the investigation. The following figure lists those concerns, though they are not in any particular order of importance.

Figure VII
Investigation Concerns

Concerns With The Investigation	Number of Referrals
Caseworker did not conduct a home visit	12
Caseworker may have visited the home, but there is no documentation of home conditions	5
Caseworker did not get necessary follow-up information	18
Caseworker investigated only one of multiple allegations	4
Caseworker notified alleged perpetrator of referral before visiting home or talking to alleged victim	19
Caseworker did not conduct a timely investigation	24
Caseworker made the wrong substantiation decision	14
Caseworker did not collect enough evidence to support a substantiation decision	19

**** Note: A referral can have more than one concern. Twenty four referrals had at least one concern.***

Caseworker Did Not Conduct a Home Visit

In 12 referrals the caseworker did not visit the home of the alleged victim of abuse or neglect. Without an assessment of home conditions, we believe the worker's assessment of whether the child was in danger of abuse or neglect in these cases was inadequate. Our discussions with supervisors, review of the literature, and discussions with our consultants indicates that visiting the home should be standard procedure except in circumstances in which the reasons for not conducting the visit are thoroughly documented.

For example, in one referral the referent alleged that young children, ages two and four, were unsupervised late at night and there was no food in the house. Though the worker visited the home several times, he was unable to find the mother home so he left a card for her to call him. According to the case file, she called and he warned her that if he got any further allegations he would have to investigate them more thoroughly. He then closed the case. However, without a home visit we do not believe the caseworker could determine whether the allegation of neglect was true or not.

In another example, the caseworker did not conduct a needed home visit because his "gut" feel was that it was unnecessary. The caseworker visited with the child while at school, but did not visit the home. The caseworker said that since the child appeared clean at school there was no need to visit the home. While we respect the experience and judgment of the worker, in this case there is no assurance that the child does not live in a neglectful home.

Not conducting home visits has led to mistakes on other referrals in our sample. In the case of one investigation the caseworker believed that a young kindergarten-age child was not being abused but was rather having problems adjusting to a new home situation, new school and new environment. When she interviewed the child, the caseworker said the child did not say he was abused except when "pressed" by the school psychologist. Because her judgment was that the child was not in danger of abuse she closed the case without visiting the home and interviewing the alleged perpetrator who was the mother's boyfriend. While the judgement of the worker is important, in this case we believe the worker erred in not observing the child's home and interviewing the mother and alleged perpetrator. Three months later the boy was taken to a hospital with a broken arm. The boyfriend admitted to abusing the child.

These examples illustrate the need to conduct a home visit. In most cases, visiting the home is essential in determining whether abuse or neglect is occurring. A home visit should be conducted on every case unless there is adequate justification not to do so.

Caseworker May Have Visited, But There Is No Documentation

In five referrals, the worker did not document home conditions, though he or she may have visited the home. In the 13 cases cited above, the case log indicates that the worker did **not** visit the home. However, in five other cases either the caseworker visited the home, but did not document home conditions or it was unclear from the file if the worker made a home visit. Documentation is important for evidence in court should the caseworker want to file a petition with a juvenile court judge. It is also important for those reviewing the case file to determine whether DFS' goals are being accomplished in each case.

We interviewed two of the six caseworkers assigned to these cases. They said that they had conducted the visits and observed conditions in the home, but they had not recorded their observations. They said this was an oversight on their part.

DFS' policy manual should require the caseworkers to record their observations of home conditions when they make home visits. This information documents what the home conditions were like when the visit was made and can help in providing information on any future concerns. Moreover, home visits and documentation should be included in a checklist to be used by all investigators to ensure all essential elements of an investigation are

addressed. As part of the checklist, the caseworker should thoroughly document home conditions.

Caseworker Did Not Get All Needed Information

In 18 referrals, the caseworker did not obtain all the information needed to determine whether the child was adequately protected. The American Humane Association's **Casework Handbook** indicates that parents and victims should be interviewed on all investigations. In addition, information should be gathered from sources other than the alleged victim and perpetrator (collateral contacts) when necessary. Discussions with DFS' child protection specialist and our consultants corroborate the need for these interviews as well as follow-up contacts. Like the cases previously mentioned where the child may not have been adequately protected, without these interviews and follow-up contacts there is some question about how well the child was protected.

For example, in one case the referent alleged the child was not being treated for a medical condition and was not enrolled in a necessary speech class. The mother explained that the child had received treatment for the medical condition and that she was going to enroll the child in a special speech class later in the year. After this discussion, the caseworker closed the case as unfounded. In our opinion, the worker should have contacted the child's doctor to see if, in fact, the child had been treated. The worker should also have made further contacts to see if the child had actually been enrolled in speech therapy. When we talked to the worker, he agreed that further contacts would have been desirable. However, he doubted the mother would give him the name of the doctor and he also said he did not have time to keep the case open for several months so he could determine whether the child actually got enrolled in speech therapy.

In another case, the referent alleged that the father was physically abusive. The caseworker discussed these concerns with the mother who said the father did abuse the child but she was divorced from him and so there was no danger of further abuse. After this discussion, the worker closed the case. In our opinion, the worker should have determined if the father had visitation rights and if so, how the child would be protected during visitation.

The caseworkers should use a checklist to ensure that all essential elements of an investigation are addressed. Making appropriate collateral contacts should be part of this checklist. The worker should thoroughly document all follow-up contacts or explain why follow-up contacts were not necessary.

Caseworker Investigated Only One Of Multiple Allegations

In four referrals, the caseworker investigated only one of multiple allegations in the

referral. For instance, one referral alleged non supervision, physical neglect, and sexual abuse. The caseworker focused on the sexual abuse part of the referral without documenting any work on the neglect or non supervision portion of the referral. The caseworker said he may have investigated the other parts of the referral but had not documented what he found. From our review of the case file and our discussions with the caseworker, we cannot tell if the child was fully protected.

Caseworker Gave Advance Notice

In 19 referrals the caseworker gave advance notice to the alleged perpetrator before the worker visited the home or contacted the alleged victim. Both the American Humane's **Casework Handbook** and DFS' **Child Welfare Manual** state that a worker should not notify the client before an initial home visit. Notifying the client by leaving a note or telephoning, before the home visit is made can raise client anxiety and can be damaging to the client if someone else should find the message. Also, leaving a note or telephoning the client gives the client the chance to alter evidence of abuse or neglect. We found 19 instances where the caseworker in some way notified the family before he or she conducted the initial investigation.

For instance, in one referral alleging emotional maltreatment and non-supervision of four children, the caseworker sent an "outreach" letter requesting a time that the worker could see the family regarding the allegations. The mother called the caseworker and denied the allegations. The caseworker scheduled a time to meet with the family and as a result of this visit, closed the case as unfounded. The caseworker said she sent the outreach letter because she got the referral late and did not have time to visit the family within the three day period required by policy. In our opinion, this is a poor excuse. It would have been better to make an unannounced visit to the home late and explain in the case record that the referral was received late, than to give advance notification to the family. We are not convinced through our review of the case file and our discussions with the caseworker that the allegation was adequately investigated and that the children were protected.

In other cases, workers made several visits during daytime hours without finding the family at home. After a number of unsuccessful attempts, the worker either sent an outreach letter or called the family at home. In fact, in one case the log records that a neighbor indicated that the parents worked during the day and so the worker would be unlikely to find them at home during working hours. Nevertheless, the worker persisted in visiting the home during working hours. After several unsuccessful attempts to catch the family at home, the worker left a card on the doorstep requesting the family to call him. In our opinion, visits during nonworking hours would have probably found the family at home and would have saved the worker from making trips when no one was at home. We believe caseworkers would be far more successful in contacting many families at home if they were to conduct some initial visits during nonworking hours.

Caseworker Did Not Conduct A Timely Investigation

In 24 referrals the investigation was not timely. Criteria for evaluating the timeliness of an investigation come from the **Child Welfare Manual.** The manual directs that response to Priority I, II, and III referrals be within 1 hour, 24 hours, and 3 working days. Response is defined as "any earnest and persistent effort to place in motion actions to investigate the allegations or protect the child/children in question." In these 24 referrals, often the worker not only did not begin the initial investigation within these time guidelines, but was very slow in conducting any further follow-up contacts.

For example, in one case alleging non supervision and physical neglect, a worker visited the home within the time deadline but did not observe the child because there were several adult visitors in the home. The worker did not attempt another visit for 17 days. In the meantime, a second referral alleging the same problems was received. In this case, we believe the caseworker did not make persistent efforts to protect the child, since it was over 17 days before the caseworker observed the child in question.

Caseworkers gave several reasons for untimely investigations. Two caseworkers said they occasionally received referrals late from intake. Another caseworker said when she is on-call (after-hours worker) she sometimes gets busy with one referral and so cannot investigate another referral within the appropriate time. Another worker indicated she establishes her own deadlines based on her workload. In three cases alleging sex abuse, the delays were partly caused by law enforcement. In one district, law enforcement officials have told the sex abuse unit supervisor not to conduct any investigation without police involvement or risk interfering in a felony investigation. The county attorney also told this supervisor to not provide any services to sex abuse victims before the police have interviewed the victim. In these three cases, the DFS' investigator waited until the police could interview the child before beginning the investigation. Consequently, the investigation was delayed. We believe these delays are unacceptable and DFS workers must be able to assess needs and provide services in a timely manner.

Because DFS' record-keeping system does not list when the intake worker gives Priority II and Priority III referrals to the CPS worker, we were unable to determine if all referrals were delivered in a timely manner. However, if this is a problem, we believe this could easily be worked out among CPS and intake workers. Also, another way to help workers conduct more timely visits is to require them to work some evening hours as part of their 40-hour work week. In almost all sampled cases, the workers conduct investigations during daytime hours. The intent of the deadlines is obviously to make sure the child is protected as soon as possible. If the worker does not observe the family situation in a timely manner, the child may needlessly suffer continued abuse or neglect. Visiting the home when the family is most likely at home, which for many referrals is during the evening hours, gives the greatest chance for

finding and protecting the child quickly. In addition to visiting during nonworking hours, we believe DFS' definition of earnest and persistent efforts should be clarified to indicate that these efforts mean contact to observe the child face-to-face to ensure that the child is not in danger.

Caseworker Made The Wrong Substantiation Decision

In 14 referrals the evidence in the case file does not support the substantiation decision. The substantiation decision is important because it indicates whether abuse or neglect occurred which could be valuable in court proceedings. Further, it gives an indication as to the extent of abuse or neglect in the state. The **Child Welfare Manual** indicates that the decision is to be based on "credible evidence" (i.e., evidence that is believable) collected during the investigation. Based on this evidence the worker either confirms or does not verify the allegations contained in the referral. In addition, DFS' management has given further elaborating information on this decision through the "Risk Assessment," a process to measure whether parents are meeting minimal parenting standards and to measure where there might be family problems. Despite these tools, there is a lot of debate as to when a referral's allegations should be confirmed and when they should not. However, based on our review of DFS' caseworker manual and our discussions with the state's child protection specialist, we determined that the evidence in the case file supported a different conclusion in 14 cases than what the worker concluded.

For instance, in one referral the parents left a six-month old child in an unlocked car in a parking lot for over 30 minutes while they visited a hospitalized relative. The parents admitted they did this, but said they both thought the other one had the baby. The worker did not confirm that neglect had occurred in this case because the worker felt that this was an accidental, one-time, occurrence. In our opinion, the caseworker improperly mixed the substantiation decision with the need to provide services. The substantiation decision is based on whether a child was in danger as a result of negligence on the part of the child's parent(s) or caretaker. This decision is separate from the decision to provide services or not. The decision as to whether to provide services is based on how severe the family's problems are. In this case, neglect had occurred and the child was in danger. The referral should, therefore, have been confirmed. However, the family may not be in need of any services because the neglectful situation may have occurred accidentally.

In another case, the worker explained that the conditions found during his investigation supported a conclusion of abuse having occurred. However, he did not substantiate because he felt the family had made progress and the child was not in danger at the investigation's closure. Again, we believe the substantiation decision should be based on the conditions found.

As these cases demonstrate, the substantiation decision is too subjective. In both of the cases mentioned above, other caseworkers indicated they would have confirmed the allegations

of the referral. These workers base their substantiation decision on the conditions found and separate this decision from what services are needed for the family. In fact, we interviewed over 20 caseworkers and supervisors concerning their methodology for determining whether or not to substantiate. Some workers said they make their decision to confirm or deny the allegations based on the conditions found in the investigation, as we believe they should. However, other workers held different views. For example, one worker said if the risk to the child at closure is low, the case is unfounded.

DFS administration has given the workers help in developing an objective methodology for making the substantiation decision, but some caseworkers are not using the tool provided. DFS administration, in conjunction with specialists in the field, has developed a Risk Assessment. This form evaluates the child's environment in key areas. For example, one area deals with the family's financial, intellectual and emotional ability to provide adequate child care. Factors include the potential for marital conflict and family violence, previous history of abuse or neglect, physical safety and sanitation, and family resources. When a worker investigates a referral, DFS' policy requires that the worker rate the family in each appropriate area on the risk assessment. The state's child protection specialist and the specialists who currently train new workers said that the risk assessment form has specific levels of behavior. If the family falls below a certain level, the parents do not meet "minimal parenting standards." If the child's environment is below minimal parenting standards and there is harm or potential harm to the child, the referral should be confirmed. This tool is valuable because it gives a systematic, uniform way to assist the worker in determining whether to substantiate. Unfortunately, many of the caseworkers we interviewed do not use the risk assessment as a tool to assist in making the substantiation decision. They view the risk assessment as just another perfunctory piece of paper they are required to complete. On further discussion, we learned that some caseworkers are not aware of the determination of minimal parenting standards on the risk assessment tool. The **Child Welfare Manual** should specify that the Risk Assessment process be used in assisting the worker to determine whether to substantiate a referral.

Caseworker Did Not Collect Enough Evidence To Support The Substantiation Decision

In 19 referrals the file did not contain enough evidence to support a decision to substantiate or not substantiate the referral. As explained above, the substantiation decision should be based on credible evidence. Also, the Risk Assessment form should be used to provide a systematic basis for collecting and evaluating the evidence. However, in some cases the file does not contain enough credible information to determine whether the referral should or should not be substantiated.

For example, in a case previously mentioned, the worker did not substantiate a referral that the mother was neglecting two children, ages two and four, by not having enough food in the

house. Also, the worker did not substantiate the referral that the children were unsupervised late at night. This decision to not substantiate the referral was based on a telephone conversation with the mother where she denied the allegations. In our opinion, this investigation was not thorough enough to support either substantiating or not substantiating the referral. As we have previously mentioned, the caseworker should have observed home conditions and not based his decision on the mother's denial.

Recommendations:

1. We recommend that DFS' **Child Welfare Manual** clearly state that a decision not to conduct a home visit must be thoroughly justified and documented.

2. We recommend that DFS' **Child Welfare Manual** require that caseworkers thoroughly document their observations of home conditions.

3. We recommend that caseworkers thoroughly document all follow-up contacts or explain why follow-up contacts were not necessary.

4. We recommend that caseworkers be required to address each allegation of the referral individually and document their efforts. This documentation should be included as a permanent part of the case record.

5. We recommend that the caseworker handbook specify that initial home visits are to be unannounced unless justified and documented in the case file.

6. We recommend that DFS require workers to work some evening hours as part of their normal 40 hour work week.

7. We recommend that law enforcement officials, the county attorney and DFS' officials develop a protocol which will allow CPS investigators to investigate and provide services in sex abuse cases in a timely manner.

8. We recommend that DFS' definition of earnest and persistent efforts be clarified to indicate that these efforts include contact to observe the child.

9. We recommend that DFS train new workers on the elements needed to substantiate or not substantiate a referral.

10. We recommend that DFS require the caseworkers to use the Risk Assessment process to assist in determining whether to substantiate or not substantiate a referral.

11. We recommend that before the caseworkers make the decision to substantiate or not

substantiate, that they evaluate the credibility of the evidence supporting their decision. This evaluation should be reviewed and formally approved by the supervisor.

As this section has shown, we have concerns with the adequacy of investigations on some of the sampled cases. In the next section we examine additional concerns about screening referrals and setting priorities. As mentioned previously, before a case is investigated it is screened to see whether it should be investigated and if so, it is assigned a priority. We found several concerns with screening and setting priorities.

Some Rejected Referrals Should Have Been Investigated

A random sample showed that 15 of 66 referrals (23 percent) not accepted for investigation should have been investigated. An additional 9 of 66 referrals (14 percent) not investigated did not have adequate documentation to support the decision to screen out the referral.

Determining which referrals should be accepted for investigation and which should be rejected is an important responsibility of the intake worker. The intake worker typically receives telephone calls alleging abuse or neglect. This worker determines which referrals should be accepted for investigation based on whether the caller is reporting conditions that fall within the definitions of child abuse or neglect and whether DFS has an appropriate role with the family. DFS' policy describes 11 conditions that constitute abuse or neglect. For instance, "Physical Neglect" is defined as:

> *The child's basic needs for food, clothing, or shelter are not sufficiently met; the child's home environment poses a threat to the child's physical health and safety.*

If an allegation fits one of the 11 definitions, the intake worker must then determine if DFS has an appropriate role with the family. There are conditions under which DFS would not accept a referral for investigation. For instance, if the referral involves a victim who is over 18, DFS does not accept the referral. If the allegation fits the definition of abuse or neglect and if DFS has an appropriate role with the family, the referral is accepted for investigation.

To determine whether referrals of abuse or neglect are appropriately screened, we selected a random sample of 66 referrals rejected for investigation from two district offices. The figure below shows why 24 out of the 66 referrals were of concern.

Figure VIII
Concerns About Rejected Referrals

Reason Referral Rejected	Number of Referrals
Police referred case to DFS. Intake worker felt police action was sufficient	9
Documentation in file indicates referral should have been investigated, but no investigation was conducted	6
Documentation is inadequate to determine if investigation should have occurred	9
Total	24

As the above figure shows, the intake workers rejected for investigation nine referrals reported by the police. Intake workers said police referrals are typically rejected because they feel a second investigation by a DFS caseworker would be redundant and disruptive to the family. However, after further discussion, these workers agreed that an investigation by a worker would be valuable. Police look for physical evidence of criminal wrongdoing. However, the DFS caseworker is trained to look for indications of abuse or neglect whether there is physical evidence or not and whether criminal action is taken or not. The caseworker is also trained to recognize and help the family overcome problems with abusive discipline, anger, etc.

The documentation in an additional six referrals indicated sufficient concern that the referrals should have been investigated, but were not. In three of the referrals the records indicate that the referral was to be investigated, but somehow the referral did not get investigated. For instance, on one referral the referent alleged that a seven-month old child was living in a filthy home, drinking curdled milk, and throwing up dark yellow vomit. On the intake form it indicates that the referral was accepted for investigation. However, further review indicates that the case was never investigated.

The other two referrals were also from the same office and were also marked as accepted for investigation but there is no record they were investigated. In this district, when a referral is received the intake worker completes an intake form either on the computer or manually. In these three cases the information was entered into the computer and was somehow inadvertently closed into a reject file without being passed on to the intake worker.

There was no indication that these three referrals were reviewed by a second person. A

second, or collaborating review, would likely have caught the mistake in filing. In our opinion, a second person needs to check on rejected referrals. The requirement of having collaboration of another worker or supervisor on all rejected referrals is a prudent safeguard. This requirement needs to be clearly stated in DFS' **Child Welfare Manual**. Had the supervisor reviewed all rejected referrals, we believe he would have caught these three referrals that were inadvertently put in the rejected file and given them to a CPS worker for investigation.

Finally, as the above table shows, in nine referrals, there is inadequate documentation to determine whether the referral should or should not have been investigated. For instance, on one referral the caseworker's notes were scribblings that were impossible for us to follow. Perhaps the decision not to accept the case was correct, but from notes on this referral it was impossible to determine if the decision was correct or not.

Recommendations:

1. We recommend that DFS' caseworker manual state clearly that police referrals are to be investigated for protection or services unless there is justification not to do so and this justification is included in the case file.

2. We recommend that policy clearly state that screened-out referrals require the collaboration of another worker or supervisor. We further recommend that DFS develop and implement a standardized format for logging screened-out referrals which should be used statewide.

Some Referrals Improperly Prioritized

Our random sample of 100 CPS cases showed that 16 referrals accepted for investigation were assigned the wrong priority. Once a referral has been accepted for investigation, the intake worker needs to assign a priority indicating how soon the worker needs to begin the investigation. Determining an appropriate priority for an accepted referral is very important. Urgent cases, where the child is in danger, need to be seen immediately. Less urgent cases need to be seen when the worker has time to organize his or her visits to accomplish them most efficiently. Consequently, as pointed out earlier, DFS' **Child Welfare Manual** indicates that Priority I referrals should be seen within one hour; Priority II referrals should be seen within 24 hours; and Priority III referrals should be seen within three working days. We found that some referrals deserved a more urgent priority than they were given.

To test whether child abuse referrals were properly prioritized, we compared the intake

documents describing the conditions leading the referent to believe that abuse or neglect occurred and the referral's priority with DFS' intake policies as well as guidelines provided

by the American Humane's **Caseworker Handbook**. Based on these comparisons, 16 referrals were wrongly prioritized. In the table below we summarize our concerns.

Figure IX
Concerns That Referrals Were Improperly Prioritized

Concerns	Number of Referrals
Allegation is that a young child is suffering abuse or neglect. Intake has not rated the risk high enough	12
Allegation is that the child is injured and is afraid to return home. Intake has not rated the risk high enough	2
Allegation came in during after hours. Intake did not rate the risk high enough	2
Total	16

**** Note: A referral can have more than one concern. Sixteen referrals were wrongly prioritized.***

In 12 cases, the intake worker should have given the referral a more urgent priority, generally from a priority III to at least a priority II, because the referral alleged that a young child was suffering from abuse or neglect. In these cases, not only did the case involve a young child, but there were additional indicators that the referral should be given a more urgent priority. For instance, in several cases the intake worker assigned the case a Priority III rating when the case involved pre-school age children and there was a history of abuse or neglect in the family. The American Humane's **Caseworker Handbook** states that the urgency of the case increases as the age of the child decreases. It also states that if there is repeated abuse and neglect the urgency of the case increases. In these cases, the referrals were prioritized as the least urgent despite clear indications they needed a more urgent priority.

In our opinion, DFS needs to more clearly describe, as the American Humane's **Caseworker Handbook** does, those conditions that should result in a more urgent priority involving young children. The handbook lists a number of conditions, any of which should increase the urgency of the referral: 1. the child is young; 2. the child needs medical care; 3. the child is alone; 4. the child is fearful of his or her circumstances; 5. the child shows repeated signs of abuse and neglect; 6. the problem is acute, or in the case of children

suffering from chronic abuse or neglect, the maltreatment has taken on new proportions. Listing these conditions would help the worker evaluate the urgency of the case. Currently, the **Child Welfare Manual** is very general. It simply states that a Priority I should be assigned when a child is in immediate danger. Priorities II and III are assigned when there are clear allegations of abuse or neglect, but where the child is not in immediate danger and the chance of losing evidence is lower. One DFS district has elaborated on these criteria by giving specific examples of Priority I referrals. Priority I referrals should be assigned when a child is injured and is afraid to return home from school; when young children are unsupervised; when physical abuse is severe and on-going, and reports involving other agencies when the assistance of the CPS' worker is requested immediately. Because the intake worker is not specifically identified on the intake document, we were unable to discuss priority assignments with the intake workers. However, in our opinion, DFS needs to clarify the conditions under which the priorities are assigned.

In two cases the referent alleged that the child was injured and afraid to return home from school. These referrals were given a Priority II, yet the district's policy as noted above is to assign these cases as Priority I. The intake workers said they often give these type of referrals to the investigating caseworker as Priority II. They explain to the investigator that he or she must interview the child before school is over. In our opinion, the intake workers should clearly designate on the intake form that this referral must be seen by a certain time. Assigning the priority in this manner would not only give the investigating caseworker the flexibility needed to conduct an investigation efficiently but would document that the intake worker has taken appropriate steps to protect the child.

Finally, in two cases, the priority was made less urgent because the referral came in after hours. For instance, one referral alleged that young children were playing next to a busy street without supervision. Because the referral involved young children who were alleged to be in danger, this referral should have been a Priority I. However, the worker handling this case told us that because she was the after-hours worker and was busy with another case, she assigned the case a Priority III. She further explained that she had no back-up support to help her when she gets busy and another referral comes in. In our opinion, as we have already mentioned, we believe DFS needs to require that caseworkers work some evening hours as part of their normal 40-hour work week. With several workers working during the evening, an after-hours caseworker would have back-up support if needed.

Recommendations:

1. We recommend that DFS' caseworker handbook clarify the conditions under which the priorities are assigned.

2. We recommend that DFS develop a method of handling cases that do not require a one hour response, but which must be investigated in less than 24 hours, such as a child at

school.

Our samples of CPS cases not only identified problems in investigating, screening and setting priorities, but these samples also showed that services were not provided to all families who could benefit from treatment. In the next section, we show that more prevention services are desirable.

More Prevention Services Are Desirable

Currently the state's child protection system does not provide preventive services to all families who could benefit from them. Our random samples showed there are many cases where the CPS caseworker(s) had investigated multiple referrals of abuse or neglect on one family. Despite identifying family problems, DFS provided little or no documented services on most of these cases. Without services rendered to correct the problems, a high percentage of sampled cases either had subsequent referrals of abuse or neglect and/or conditions worsened so that children were ultimately removed from the home and placed in foster care. Providing services early, before conditions worsened, may have helped prevent some foster care placements.

Besides investigating on a case-by-case basis, the CPS worker can also provide services to help resolve family problems. Many families have very serious problems preventing them from functioning well together. For instance, our sample of foster care cases showed that in 62 percent of the cases in foster care a family member had a substance abuse problem. The CPS worker can help the family resolve their problems for a limited period. The caseworker can counsel the family directly for a period of up to 30 days or the caseworker can obtain services for the family such as enrolling the family in parenting classes, providing homemaker services and/or mental health counseling. However, not later than 30 days after the investigation has begun the caseworker must decide whether to close the case as either substantiated or not and, if substantiated, whether to pass the case on to another worker for more intensive services. Unfortunately, many CPS workers said they do not have time to treat some families whose problems are not yet bad enough so that the child needs to be removed from the home. The workers told us they often must close the case without providing treatment.

Providing services early, before problems escalate to the point that foster care is needed, will help DFS better accomplish its goals of protecting children, preserving families, and providing permanency in a timely manner. As noted above, our samples showed that caseworkers often provide services only when family problems worsen so that foster care is needed. By not treating problems until they reach a crisis stage, a child can be subjected to on-

going abuse or neglect. Also, if the parents are unwilling to change, early intervention will allow DFS to document problems early and start the process of finding another family for the child sooner. Finally, providing services early, before family problems worsen, may help reduce repeat occurrences of abuse or neglect.

We believe that early intervention has many benefits; however, providing these services costs money. If the Legislature desires more early intervention programs, it will need to provide additional funding for these services. However, this funding should not be used just to hire more workers to meet increasing caseloads. The additional money should be used to preventively treat families early who would otherwise not receive services. DFS administrators and staff are very much in favor of enhancing services to provide more early intervention. If the Legislature does decide to provide more funding for early intervention services, it should fund the programs on a pilot basis and then expand them as they are shown to benefit families.

Many Families That Would Likely Benefit Do Not Receive Prevention Services

Our samples of CPS and foster care cases identified families who could benefit from early intervention services. In 79 percent of the CPS referrals in our sample, a CPS worker had either investigated a referral prior to our sampled referral or another referral, subsequent to our sampled referral, was made on the family. Also, 41 cases in our sample were substantiated. In only five of those cases were documented services provided to the family. In addition to our random sample of 100 CPS referrals, our random sample of foster care cases showed that 38 percent of the sampled cases had two or more CPS referrals prior to the particular foster care episode. These data show a high level of recidivism as well as that families with serious problems often do not get services. Caseworkers agreed that more preventive services would likely have benefitted these families, but they said they do not have the time to provide adequate prevention services in all cases.

In most of the CPS cases reviewed the CPS worker did little more than investigate a referral of abuse or neglect without providing any services to resolve family problems. Our samples identified that in some cases the family's problems worsened to where the children had to be removed to foster care.

For example, in one case a referral was received in 1988 that was substantiated for emotional maltreatment. The parents were to receive counseling services but did not attend and the case was closed. After this episode of DFS involvement, starting in 1990, six additional referrals were received on the family, eventually leading to a foster placement. We believe that had DFS intervened early and provided treatment early when the family problems were not bad enough to warrant an out-of-home placement, foster care may have been avoided. When the family did not attend counseling, a DFS caseworker should have voluntarily offered

these services at home. If the family refused these services, and there was sufficient evidence, court ordered services should have been tried. Even if these early interventions had failed, early intervention would have been desirable because the children in the case would have been closer to getting a permanent family. Permanency could be established sooner because there would be a record of failed treatment plans as opposed to just a substantiated referral where limited or no services were provided.

In another example, services were not provided despite clear evidence that the mother needed help parenting. In this case there were two referrals, eight months apart. The first referral was substantiated for emotional maltreatment after the worker found that the mother was screaming at the children and throwing things at them in anger. However, the log does not document any services being provided other than a suggestion that the mother attend parenting classes. Eight months later a second referral was received from the mother-in-law stating that her son was an alcoholic and his alcoholism caused the mother to lose her temper at the children. The caseworker investigated and the mother denied the allegations. The caseworker closed the case without offering services.

In this example, we believe that services were needed to make sure the child was protected and possibly prevent future referrals that could lead to a foster care placement. A caseworker should have been assigned to provide this mother help in parenting until the problems were resolved or more intrusive action taken.

Caseworkers and other professionals involved in providing child protection services want to provide more prevention services but feel caseloads are too large to allow sufficient time to provide treatment to all families who could benefit. The focus of our review was on how well caseworkers accomplished DFS' mission to protect, provide services and establish permanency. We did not formally analyze workload. However, we interviewed many CPS caseworkers and other child protection professionals. As a group they want to provide more treatment services to poorly functioning families, but said they do not have the time to do so.

Further, whatever preventive services are provided now are controlled so that only a limited portion of the families who might benefit receive these services. Currently, each district has a screening process to determine which families receive prevention services and which do not. In the Salt Lake District, for example, when a worker believes that a family might benefit from a preventive, family preservation service, the case is rated and screened with a committee. In this district only the very worst cases receive the most intensive "Family Preservation" services. If a case is rejected for family preservation, the case may or may not go to another, less intensive program, depending on the other program's caseload. If programs are full, unless the abuse or neglect is very severe, services are not provided by caseworkers assigned to the particular program. The supervisors involved in these screening committees told us that frequently families who could benefit from preventive services are not provided these services because there are not enough caseworkers to meet the need.

A Prevention Program Is Recommended By Child Experts

The Child Welfare League of America recommends a "Family Practice Model" for providing services. The researchers advocating this model believe that state child protection systems are typically reactive in nature and fragmented. Though child protection investigations identify many parents of families with poor parenting skills and other problems that could lead to abuse or neglect, these problems are often not treated until after conditions have worsened to the point where the child needs to be removed from the home. Researchers developing this model argue that caseworkers are more focused on determining whether abuse or neglect has occurred rather than providing preventive services. The model identifies four levels on a service continuum: (1) prevention, (2) voluntary problem solving, (3) mandatory problem solving and (4) out-of-home care. The first two levels are significant in preventing and resolving problems before more drastic action is taken.

Levels I and II--Prevention/Voluntary Problem-Solving. Levels I and II stress prevention and voluntary problem-solving. Family life education and other preventive and developmental services for families in the community are used extensively. When a family is identified as having serious problems, services are provided to help reduce or eliminate the family's behavior problems. One assistant regional director said that a competent social worker can spend a relatively short period of time teaching a parent such skills as anger management, time-out, and where to go for help. He believes teaching families these basic skills would prevent some family problems from escalating to where foster care is needed. These are the kinds of preventive services this model envisions. He argues that currently staff have too many cases to provide these services to all the families who could benefit.

In fact, this same district has tried a formal prevention program on a pilot basis. Under this program, a CPS worker investigates cases and gives them to various post-investigation services. Some cases would be closed and receive no services; other cases would receive foster care and other services; another group of cases would be given to a worker providing intensive CPS services. This worker would visit the family and help treat problems in the manner characterized above by the assistant regional director. This program only lasted for a few weeks, but this is the kind of program envisioned by the Child Welfare League.

In addition, the state is funding another program called the "K-3" program. Certain schools are targeted and a committee composed of a DFS worker, principal, school nurse and others identify children from families with serious problems. Services are provided to these families to help the children do better in school and to prevent potential future abuse and neglect. This program does not involve a CPS worker. If a referral of abuse or neglect occurs in one of the families identified, the case goes to DFS for investigation. This program is currently funded for about half the schools targeted, based on the number of students receiving free or reduced price school lunch. This program is likewise the kind of program envisioned by the Child Welfare League.

Legislative support and funding will be required if prevention services are to work. DFS should pilot test prevention models to determine which models are most successful in reducing the number of children going to foster care, preventing family problems and helping families in crises. As programs are shown to benefit families, these programs should be expanded. The amount of funding to be provided will depend on DFS' proposals. We believe the Legislature should provide funding for early intervention programs because early intervention may help to better preserve families and reduce the costs of foster care.

Recommendations:

1. We recommend that DFS develop more early intervention programs.

2. We recommend that the Legislature fund these programs on a pilot basis. As they are shown to be beneficial, these programs could be expanded.

Chapter IV
System-Wide Changes Needed

Better training, more focused supervisory review, and changes in staffing will help ensure that children are protected, families are preserved where possible, and a permanent home is established. These changes and others that DFS can develop, such as periodic random casefile reviews, are needed as part of a program of continuous quality improvement. Continually striving to improve the quality of work will help DFS to achieve the appropriate goals on every case. Currently, as case examples from the previous chapters have shown, the state's child protection system has produced a significant number of cases where a relevant goal was not reached. For example, in some cases a permanent home was not established in a reasonable time for a child in foster care. In other cases it is not clear that the goal of protecting the child was accomplished because the caseworker did not personally observe whether the alleged victim was abused or neglected. A program of continuous quality improvement which includes enhanced training, focused supervision, changes in staffing and other quality improvements, will help ensure that appropriate goals are met on every case.

To help resolve these problems, we propose basic changes in how the state's child welfare system is managed. Case file review and discussions with workers indicate the basic causes of problems identified in preceding chapters include caseworkers not understanding DFS' procedures, caseworkers not being diligent in accomplishing DFS' goals on every case, and caseworkers with caseloads that are too high to allow the workers adequate time to do their jobs. In those cases where we had concerns, either the worker did not fully understand DFS' procedures or the worker was not held accountable to achieve DFS' goals. While DFS has taken some steps to resolve these problems, this chapter recommends additional changes. Providing more training and changing staff allocations will help workers accomplish DFS' goals on every case. Requiring supervisors to hold caseworkers accountable for goal accomplishment also will help ensure that each case receives adequate caseworker attention.

This chapter discusses system-wide changes while previous chapters recommended changes related specifically to foster care or CPS. Chapter II not only discussed procedural changes in foster care such as expanding the recruiting and training programs for foster parents, but also recommended that the Legislature determine whether it wants to expand services provided to children with behavioral problems. Chapter III likewise discussed procedural changes related to specific CPS cases, and also recommended that the Legislature determine whether it wants to develop more early intervention programs. Implementing the previous chapters' recommendations will specifically improve foster care or CPS. Implementing the recommendations we propose in this chapter will help improve the child welfare system overall.

Training Needs to be More Comprehensive

DFS' current training program has improved but even more comprehensive training is needed. The current program is too limited in scope and too brief. DFS should copy some other states' training programs that give a caseworker more comprehensive training before he or she receives a caseload. To develop a more extensive program will require increased funding by the Legislature and a departmental commitment to more training.

According to DFS' program administrators, the current program was developed in 1987, prior to which time there was no formal, statewide training program. There are three phases in the current training program. The initial phase is given when the caseworker first begins employment. The new caseworker is supposed to go through a handbook and a computer presentation that gives overall background information on DFS, child development, how to conduct an interview, and the risk assessment process. The next phase is a two-day orientation on DFS' policies and procedures. The final phase is "certification" training. Within one year of employment, the worker is to attend a two-week certification training. This training program covers in more detail the types of abuse and neglect, laws and policies related to child protection and other important child protection issues.

Interviews with 21 caseworkers and supervisors indicated they believe the current training is good but several changes would enhance the program. They said a new caseworker needs more comprehensive training before receiving a case load. They also believe that the training needs to be more practical and directly assist the worker in conducting investigations, completing treatment plans, etc.

The problems we mentioned in Chapters II and III highlight the need for better training. For example, we recommended in Chapter II that all treatment plans specify what behavior changes are expected from treatment, how progress in accomplishing the goals is to be measured, and how long the parents have to make changes. The current training program does not cover these topics in detail. Chapter II demonstrated that caseworkers can get a permanent home for the child more quickly with treatment plans that contain the above elements. Also, we recommended in Chapter III that caseworkers observe the child's condition and make thorough observations of home conditions before closing a case. Currently, the training program does not give detailed information on how to conduct a home visit and what is necessary to ensure that DFS' mission is accomplished through the home visit. Unless there are exceptional circumstances, without a home visit we believe that DFS' goal of protecting the child is not being met. In our opinion, a training program covering these issues in depth would help DFS accomplish its goals.

Besides training to help workers make treatment plans more specific as well as help workers conduct adequate investigations, several examples from our case file reviews illustrate further areas where specific training would be valuable.

The training program needs to be enhanced to cover very specific and practical topics such as how home visits can be effective in helping foster families and children in foster care solve behavior problems. For instance, in one case, after more than six months with foster parents, a child was removed from the foster home because of family conflicts. The foster parent said the caseworker never visited the foster home though the foster parent had brought the child to the caseworker's office for interviews. The child's behavior worsened to where the child was eventually removed from the home. The foster parent said he did not contact the caseworker for help because he believed the caseworker was not familiar with the family situation. The foster parent said that regular visits to the home would have helped the caseworker understand the family and help with the problems they were having with the child in foster care. The caseworker said she did not visit the home, but also told us she was a new worker at the time and did not appreciate the significance of the monthly visit.

In another example a CPS worker said he did not substantiate a referral where abuse was occurring because the family was making progress and the abuse had ended by the time the case was closed. As mentioned in Chapter III, the worker should make the substantiation decision based on the conditions found at the time of the initial investigation. However, in this case, as in other cases from our case file reviews, the caseworker made the decision to substantiate the allegations of the case based on different criteria. In our opinion, the workers need to be trained in what evidence is needed and when to substantiate or not substantiate a claim of abuse or neglect. The above two examples illustrate the need for caseworkers to receive very specific, practical training before they are assigned cases.

Finally, one worker said she was given a case load on her first day at work. She had received no training in child protection. We are particularly concerned with workers getting case loads without receiving any training because DFS' workers and management said that colleges and universities do not give the workers specific training in child welfare. Consequently, without some formal training before getting a case load, the worker is likely to be ill-equipped to handle a case load.

Several other states offer more extensive training before the worker receives a case load. For example, Tennessee provides a ten-week program of orientation, composed of classroom training and visits with experienced caseworkers before a new caseworker is given a case load. Florida sends their new caseworkers to six weeks of similar training.

We believe DFS should offer a training program that is more thorough and practical, and where workers are trained before they receive a case load. The training should include a provision that new workers accompany experienced caseworkers in the field. Finally, the curriculum should be specifically oriented to practical caseworking. For instance, CPS

workers should be given more specific examples demonstrating proper investigation techniques and how to make the substantiation decision. Foster care workers should be trained on such topics as how to make monthly visits between foster parents and the child more effective, and how to write clear, measurable treatment plan goals and objectives.

The department is currently preparing an eight-week training program that the trainers hope will be more thorough and practical. It will relate more directly to the work performed by the caseworker and will provide on-the-job training where new caseworkers accompany experienced workers in the field. The department plans to require new workers to complete the program before they receive a case load.

This training will require a commitment, not only from DFS, but from the Legislature. The Legislature will have to provide additional funding for this program. DFS will have to make this training mandatory for all affected workers whether they are new workers or have been in the system many years.

After the caseworker has been thoroughly trained, the worker should be able to adequately perform the duties required in DFS' child welfare system. However, the caseworker needs to be held accountable for doing a thorough job to ensure each case gets the attention it needs. In the next section, we show that the supervisors must hold the caseworkers accountable through more focused supervisory reviews.

Supervision Should be More Focused

Supervisors need to vigilantly review cases to make sure DFS' goals are accomplished on each case. One of the most important supervisor responsibilities is to hold the caseworker accountable for achieving DFS' goals of protecting children, preserving families through providing services, and establishing permanency. As previously mentioned, in some sampled cases we had serious concerns that children were not protected, that services were not given, or that a permanent home was not established within a reasonable period. In these sampled cases, we believe a thorough supervisory review determining how well the goals were accomplished on the case would have helped to eliminate the problems found.

Our interviews with eight supervisors showed that the supervisors primarily review the case files to ensure that records, required to meet federal rules and DFS' policy, are in the case file. Some supervisors said they review all documents in a case file whenever possible, while others take a sample of cases focusing primarily on new workers' cases. However, they all said their primary focus of review is to determine if the case file documentation is complete.

Though reviewing the case files to ensure that all necessary documents are in the record is

important, it is likewise important to review the case files to ensure that DFS' goals are accomplished. For example, as previously mentioned, in one case a caseworker conducted a telephone investigation of a referral alleging children were being physically neglected. Because the worker did not observe home conditions and the health of the children, we question whether the goal of protecting the children from neglect was met. The supervisor signed-off on the case file which in our opinion indicates he had reviewed the case record and was satisfied with the case file documentation. Because the supervisor was reviewing for completeness of documents in the case record and not necessarily for whether DFS' goals were achieved, he allowed the caseworker to close the case without requiring the caseworker to observe the children and the home conditions. This case highlights the need for the supervisor to review not only the completeness of the case file documentation but also to evaluate whether DFS' goals are being achieved. In our opinion, the supervisors should review every case to ensure that DFS' goals are achieved.

In addition to the case example mentioned above where more focused supervisory review was needed to ensure that a home visit occurred, we also recommended in Chapter II that supervisors ensure that caseworkers visit foster homes regularly and are available to help foster families. A supervisory review that focuses on how well DFS' goals are being accomplished would ensure that these visits occur. As we mention in that chapter, some foster parents complained that the caseworkers were not helpful to them because the caseworkers did not visit the home regularly. Also, we found instances where a child was harmed by the foster parents. Regular visits to monitor the progress of the child and determine what services were being provided by the foster parents would have helped. Regular home visits, focused around accomplishing DFS' goals, are required by policy. By focusing the case file review and discussions on how well DFS' goals are being achieved, the supervisor can ensure that these visits occur and that they are effective.

Because the supervisor's time is very limited, to assist the supervisors with this review we propose that a checklist summary be prepared by the caseworker and reviewed by the supervisor on every case. The caseworker should document the steps he or she has taken and how he or she has addressed DFS' goals. For CPS investigators, this documentation would include documenting the basic steps taken in the investigation, such as observing the child, and how the steps taken satisfy DFS' goal of protecting the child. Foster care workers should periodically review with their supervisors how DFS' goals are being accomplished on each case. The foster care worker needs to explain what he or she is doing to protect the child, provide services to parent and child, and get a permanent home for the child as quickly as possible. Supervisors holding the caseworkers responsible for achieving DFS' goals in this manner will help ensure that every case receives adequate attention from the caseworker.

Staffing Needs to be Reviewed

Several indicators show that hiring more staff may improve DFS' programs. As mentioned earlier in this report, developing early intervention programs may help reduce the number of children going to foster care. We recommended in that chapter that the Legislature consider hiring a limited number of new staff for early intervention and more caseworkers be hired if these programs are shown to be effective. Besides hiring more staff for early intervention programs, more staff may be needed for DFS' current programs. Even if caseworkers get better training and more focused supervision, they will still not be able to adequately do their job if they have too many cases. Though we did not formally evaluate case loads, several indicators show that case loads may be too high. DFS needs to carefully review their staff allocations and determine where more staff may be needed. However, DFS also needs to better manage existing case loads through using more technicians.

Several indicators show that case loads are high. DFS' researchers compared case loads among different types of caseworkers with national standards on cases per worker. This study showed that there are not enough caseworkers to meet the Child Welfare League of America (CWLA) standards. For instance, CWLA indicates that foster care workers should have 15 foster care cases per worker on average. With 1,537 foster cases (fiscal year 1993 average number of cases per month was 1,537) there should be 129 foster workers to meet CWLA standards in foster care. However, as of June 1993 there were only 78 foster workers.

Information from case file reviews also indicates that workers probably have too many cases. Caseworkers said they have too many cases to provide adequate service to everyone who could benefit. They spend time with their worst cases and provide fewer services when problems are not as severe. We reviewed the times recorded in case files for 56 sampled foster care cases (the other cases in our random sample did not have time logs) and found the case logs support what the workers are saying. For all 56 cases the average amount of recorded time the caseworker spent working on a case was about 6 hours. However, there was a wide variation in the amount of time spent per case. For instance, in 7 of the 56 cases the caseworker spent over 10 hours per month on average with the case. According to DFS' data for fiscal year 1993, foster care workers had about 20 cases per worker overall. With DFS reporting case loads of 20 per worker and some cases taking 10 hours per month, there is limited time left for the remaining cases. In fact, we found in 12 of our 56 cases the worker spent less than 4 hours per month on average on the case.

Besides caseworkers, indications are that DFS needs to use more technicians. DFS' researchers report that meeting CWLA standards for support staff (one support staff per five professional staff) would require an additional 32 support positions. Caseworkers likewise reported they could use more support staff to perform nonsocial work functions, like completing paperwork and making routine deliveries, that would free the caseworker to do more social work. Our case file reviews found instances where caseworkers were performing tasks that could be done more efficiently by technicians. For instance, on one case the case file records that the worker spent over three hours one month picking up a child in foster care's

bicycle from one foster home and then delivering it to the child's new foster home. If a technician had performed this task the caseworker would have had three additional hours for more social work related functions.

DFS' management believes case loads are too high to adequately serve the existing number of cases. Since we did not formally evaluate work load we do not know how many new workers are needed to meet the demand. However, some indicators show there may not be enough caseworkers to meet the demand. DFS' management needs to evaluate their staffing and, if needed, present increased staffing recommendations to the Legislature.

Recommendations:

1. We recommend that DFS' management complete their plans for a more extensive training program and then implement their plans for an eight week training program. We recommend that the Legislature provide funding as needed to implement this expanded training program.

2. We recommend that caseworker supervisors hold caseworkers accountable for achieving DFS' goals on every case. To accomplish this, we recommend that supervisors focus their case file reviews not only on completeness of documentation, but also on accomplishing DFS' goals.

3. We recommend that DFS' management evaluate their present staffing and, if needed, present a proposal for legislative review.

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Agency Response