

The Roots of Futility: The CPS Response to Chronic Neglect

By *Dee Wilson*

A recently published study of a representative sample of CPS referrals in California found that there had been prior protective service openings in almost 50% of these cases (Inkelas and Halfon, 1997). The study also found that 10% of the cases closed following CPS investigation had 4 or more terminations. The authors comment that "children who were reportedly neglected appear to experience higher levels of recidivism" (p 156).

Experienced child welfare practitioners are intimately familiar with the recycling of families through the CPS investigative process. Referral, investigation, closure; re-referral, investigation, superficial intervention, closure; re-referral, investigation, parenting skills class, closure...and so on.

Actually, families referred to CPS in many jurisdictions are unlikely to receive any services, even when the CPS report is substantiated (Inkelas and Halfon, 1997; McCurdy and Daro, 1994).

Consequently, what families often experience is a succession of intrusive investigations, each of which is focused on the most recent allegations of abuse or neglect, and none of which is comprehensive in scope or utilized as a basis for family support services or substance abuse treatment (Wilson, 1995).

This pattern of multiple CPS referrals, brief and superficial investigations, few or no services offered or provided and quick case closures is especially pronounced in neglect cases. Diana

English's LongScan study in Washington state has followed 261 Seattle children referred to CPS, mostly for neglect, for several years. During the first five years of this study, 1039 CPS referrals were received on these children, almost all of whom remain living with their birth parent(s). Approximately ^{35%}~~25-30%~~ of the families of these children have been recycled five or more times through the CPS investigative process. In addition, about one-third of the children have been reported to CPS for physical abuse or sexual abuse, as well as neglect (English, personal communication, 1997).

It has been understood for many years that chronic neglect is a type of child maltreatment extremely resistant to treatment (Daro, 1988); and this was true even before the dramatic increase in substance abuse problems among families referred to CPS – a change which occurred between 1986-1990 (Besharov and Baehler, 1994) and which has continued to the present day (Gaudin, 1995).

Substance abuse as a pervasive factor in neglecting families has compounded the problems of dire and hopeless poverty, maternal depression and other mental health issues, domestic violence, social insularity and/or social isolation. This is a formidable (and incomplete) list of risk factors. It is not surprising that CPS social workers often retreat quickly from parents whose problems are too overwhelming to be impacted by available CPS, or community, services. Why waste limited resources which seem puny in comparison to the needs of multi-problem neglecting families, especially if parents are weakly motivated or actually resistant to help?

These comments are not intended to ignore or minimize the reality that many children in neglecting families are placed out of the home by CPS social workers. In fact, the very large numbers of infants being placed by public child welfare agencies (at least 25% of all placements in some states, according to Chapin Hall's data base) is most likely the result of CPS concerns regarding the neglect, rather than physical abuse or sexual abuse, of these babies; for example, ^{85%} ~~87%~~ of children 0-1 year of age placed out of the home by CPS social workers in California during 1995 were removed from parents due to neglect (Needell, personal communication, 1997). However, out of home placement is a CPS response to maltreatment in a small fraction of investigated, or substantiated, cases (6.3% of families investigated by CPS in Inkelas and Halfon's study of California cases). A large percentage of neglected children remain in the home and many of these children suffer serious cumulative emotional and developmental harms due to neglect, as well as other factors, even if they are not physically harmed (DePanfilis, 1997; English, 1997; Erickson, Egeland and Pianta, 1989).

It is much easier to understand the reluctance of CPS social workers to fully engage with chronically neglecting families in service delivery efforts than it is to fathom the willingness of public child welfare systems as a whole to continue the largely futile cycling of these families through the CPS investigative process. There is an astonishing indifference to outcomes implied by a business as usual response to 5, 10, 15, 25, 30 referrals on the same family. Similarly, one might expect the widespread understanding of CPS insiders, and of community professionals who work closely with CPS, that CPS practice with neglecting families is largely ineffective (Wilson, 1995) would result in sustained and determined efforts on the part of child welfare

agencies to find interventions that work. I am aware of very few child welfare agencies where this is the case, but hopefully some exist.

What should be done about this state of affairs? First and foremost, CPS programs should stop doing the same thing (with chronically neglecting families) and expecting a different result, a habit of mind which Einstein described as “crazy” but which, in this context, is probably indicative of the bureaucratic tendency to produce behavior which is compliant with policy, repetitive and pointless. Public child welfare agencies need a massive injection of an experimental attitude in redesigning both their assessment processes and service programs. One expert has recently commented in her summary of research regarding promising approaches to services for neglecting families that “...strong empirical support for particular interventions is lacking...” (DePanfilis, 1997). Public agencies are not able to simply copy proven state of the art programs for chronically neglecting families; these programs must be developed, adapted for specific populations and circumstances and thoroughly evaluated.

I believe that one of the reasons that public child welfare agencies have been slow to experiment with new approaches to neglecting families is that experienced child welfare practitioners, managers and policy makers intuitively understand that small increments to, or adjustments of, existing CPS programs will not be enough to mount effective interventions for this population of families.

The powerful association of chronic neglect with extreme poverty has been documented in numerous studies (Nelson, Saunders and Landsman, 1993; American Humane Association, 1988;

Pelton, 1994). However, it is not just the poverty of these families, but their economic hopelessness, which forms the social and psychological context for multi-problem child neglect. Hopelessness is a form of demoralization and as such, creates an urgent need for palliatives of various kinds, including the use of cheap and dangerous substances. Re-tooling public child welfare agencies to create economic hope, where none currently exists, and to assure access to timely and family centered substance abuse treatment will not be easy, but it is the course required, in my view.

Diane DePanfilis writes in the article quoted above that "...our combined practice wisdom does suggest some basic principles for helping families provide adequate care for their children."

DePanfilis advocates "using an ecological developmental framework that targets intervention at the individual, family and community system levels," agency outreach to families and the development of "a helping alliance and partnership with the family and empowering families to develop and use their strengths" (DePanfilis, 1997)

Unfortunately, given current knowledge of CPS experience with neglecting families, it is much easier to specify intervention strategies which are almost certain to fail at effecting change than to do the opposite:

- 1) Brief crisis oriented services are not likely to have much impact, given the severity, extent and duration of problems in chronically neglecting families' functioning (Cohn and Daro, 1987; Wells and Tracy, 1996), especially if one or both of the parents has a substance abuse problem (Barth, 1994).

- 2) Programs which do not deal in a comprehensive way with both the impoverishment of families and the emotional problems (including substance abuse) of parents will not work..
- 3) A single CPS case manager is likely to be over matched by multi-problem neglecting families, even in the initial assessment phase of a case. Public child welfare agencies must organize, with the cooperation of mental health, public health, substance abuse agencies, case management teams which can bring greater diagnostic and therapeutic resources to these troubled families.
- 4) Incident oriented and allegation driven CPS investigations will not result in the careful and comprehensive assessment of child and family functioning, and of the family's social environment, which is required for good case planning (Daro, 1988).

Furthermore, effective interventions are likely to be early interventions (Daro, 1988). Neglecting families are difficult to help, not only because of their economic and psychological problems already discussed, but also because child welfare agencies often wait too long before making a serious attempt to help the parents. Diana English has found that, in Washington state, CPS referrals which are screened in, rated as "low risk" by phone intake staff and deflected from a normal CPS investigative process for workload management purposes are usually minor neglect cases (English, 1991).

Inkelas and Halfon found in their sample of CPS referrals in California that families referred for "general neglect" were less likely to be kept open for family preservation services than families referred for other types of maltreatment (Inkelas and Halfon, 1997); assuming a stable pattern for

several years of providing services to neglecting families less frequently than to physically or sexually abusing families, those families re-referred for neglect are more likely than other families referred to CPS to receive services later, rather than earlier, in a life of a case.

Delaying CPS interventions in families until the neglect of children, and associated risk factors such as maternal depression and substance abuse, becomes severe is not a good service delivery strategy. Public child welfare agencies are faced with the dilemma of managing workload while engaging with families in which minor abuse or neglect has already occurred at a time when parents can still be helped without depending on therapeutic miracles.

Some child welfare agencies are so understaffed that there is no realistic possibility of improving services to "low risk" families without large increases of staff and service dollars. Other agencies may be able to make relatively small investments in early, or earlier, intervention while experimenting with new service delivery models. Still other agencies may be able to adopt new criteria for entry into family preservation programs which permit earlier access to services and more extended service delivery (Wells and Tracy, 1996).

Finally, any reshaping of CPS policies regarding services for chronically neglecting families, needs to acknowledge the reality that some families cannot be helped, even with model treatment programs; pretending otherwise will result in a huge waste of resources. Initially, CPS social workers may have to largely depend on practice wisdom to identify "untreatable" families, but, hopefully, research will ultimately provide a sound basis for these decisions.

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