ISSUES AND RECOMMENDATIONS

In addition to conducting investigations, the Ombudsman is required by state law to develop recommendations for improving the child protection/welfare system. The recommendations in this section are based on Ombudsman analysis of information derived from investigations, surveys, and research. They are aimed at strengthening the state's protection and care of vulnerable children.

The Ombudsman developed recommendations in the following four areas:

- Evidence-based assessment and treatment;
- Protecting adolescents;
- Children with developmental disabilities;
- Relative and kinship care.

Recommendation 1: Evidence-based Assessment and Treatment

Direct the Washington State Institute of Public Policy (WSIPP)[1] or another entity to convene a multi-disciplinary summit to examine a broad range of assessment and service models, identify programs found to be effective through rigorous research, and make recommendations to the Department of Social and Health Services (DSHS).[2] This will enable DSHS to implement assessment and treatment models with demonstrated research effectiveness, to help workers more accurately predict risk to children, and provide the most effective therapeutic services for families.

Background

In reviewing child fatality reports and complaints to the office, the Ombudsman identified major deficits in the consistency and effectiveness of assessments and services typically utilized by the DSHS Division of Children and Family Services (DCFS) in the provision of child protection and welfare services.

In some cases, the deficit lay in DCFS' reliance on inadequate assessment tools. For example, in many cases assessment models measuring risk of child abuse and neglect, or anger management evaluations of a caregiver, failed to provide workers and supervisors with the depth of knowledge required to make the best decisions to protect children.

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[1] WSIPP recently released a report on prevention and early intervention programs targeting a variety of outcomes including child maltreatment. This report summarizes evidence of a program's effectiveness and provides a cost-benefit analysis. Information contained in this report provides an excellent starting point for identifying effective programs. Benefits and Costs of Prevention and Early Intervention Programs for Youth (July, 2004) (hereinafter, WSIPP Report), Aos, Lieb, Mayfield, Miller and Pennucci, Washington State Institute for Public Policy, http://www.wsipp.wa.gov/

[2] This recommendation parallels one made in the WSIPP Report (page 5) that "legislation should designate an existing or new entity…to develop a list of approved research-based prevention and early intervention programs…to ensure that Washington taxpayers get a good return on the selected prevention and early intervention approaches."

In other cases, the deficit lay in the use of ineffective service models, such as traditional parenting classes, Family Preservation Services (FPS) and Family Reconciliation Services (FRS). These services are intended to help families address mental health, substance abuse, parenting deficiencies and other issues in order to strengthen positive family functioning. However, it is the Ombudsman's observation that they often do not produce successful outcomes. In fact, several research studies have indicated that these services are not effective.[3] Failure to provide effective services adversely impacts both family reunification and child safety. Fortunately, risk assessment and treatment tools exist whose validity and effectiveness are supported by scientific evidence. One example is the Child Abuse Potential Inventory (CAPI), a 160-question instrument that estimates the risk of a caregiver committing child physical abuse.[4] Cases reviewed by the Ombudsman indicate that although this tool is used by a few providers with whom DCFS contracts for assessment services, it is not utilized on a consistent basis either across the state or within regions.[5]

A number of treatment programs have also been found, through rigorous research, to be effective with child welfare populations. One such program is Parent-Child Interaction Therapy (PCIT). The PCIT is a 14-session program where parents learn specific skills to change coercive parenting styles and improve parent-child interactions through teaching parents how to interact positively with their children, reinforce good behavior, and consistently apply step-by-step non-violent alternatives to physical discipline. This intervention has been shown to improve parent child relationships, decrease child behavior problems and reduce re-referral to Child Protective Services (CPS) from almost 50 percent (for usual services) to about 20 percent in physically abusive families.[6] The PCIT is only one example of an evidence based intervention service worthy of examination.

Rationale

The goal of convening a multi-disciplinary summit to examine various assessment and service models targeting child abuse and neglect, is to identify assessment tools and treatment programs found to be effective through rigorous research, and make recommendations to DSHS. Implementation of evidence-based tools and services will enhance DSHS' ability to assess child safety, identify and address parental deficiencies, and improve outcomes for children and families. Moreover, utilizing assessment tools and services, that are proven effective, will help ensure that state funding is allocated in the most cost effective manner.

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[3] Westat, Inc., Chapin Hall Center for Children, and James Bell Associates. (2001) Evaluation of Family Preservation and Reunification Programs: Interim Report. Washington, DC: U.S. Department of Health and Human Services. (Study was unable to conclude that the family preservation programs achieved the objective of reducing placement of children in foster care, and also found little difference between the family preservation and control groups in the incidence of reports of maltreatment.); See also, Benefits and Costs of Prevention and Early Intervention Programs for Youth (2004), Aos, Lieb Mayfield, Miller and Pennucci, Washington State Institute for Public Policy

[4] Assessing Physical Child Abuse Risk: The Child Abuse Potential Inventory, Milner, J.S. Clinical Psychology Review, Vol. 14, No. 6, pp.547-583 (1994). Other examples of standardized assessment tools include the Parenting Stress Index (PSI) and the Achenbach Child Behavior Checklist (CBCL).

[5] DCFS Region 5 has established specific policy governing psychological and behavioral assessment services. This policy lists preferred assessment tools, including the CAPI, PSI and CBCL for psychological and parenting assessments. DCFS Region 5, Policy Memorandum #02-07.

[6] Physical Abuse Treatment Outcome Project: Application of Parent-Child Interaction Therapy (PCIT) to Physically Abusive Parents. Grant Number: 90CA1633, U.S. Department of Health and Human Services.

How Inadequate Assessments Harm Children

The Ombudsman initiated an investigation when a four-year-old child was removed from the foster parent's care after suffering numerous physical injuries. Two toddlers had previously been removed from the foster parent's care due in part to inappropriate discipline/anger management-related concerns. Although the children had already been removed from the foster home by the DSHS Division of Children and Family Services (DCFS), the Ombudsman reviewed the case to determine whether safety risk posed by this foster parent had been appropriately identified and addressed by the agency.

The agency first became aware of concerns regarding the foster parent shortly after two toddlers were placed in licensed care. Child Protective Services (CPS) received a referral reporting harsh and inappropriate discipline by the foster parent. A professional involved with the foster parent also noted concerns regarding unreasonable discipline of the toddlers. Furthermore, the foster parent told the children's social worker of several instances of physical injury to the children and attributed them to accidents. For example, within a two-month period, the foster parent reported that: the child fell and hurt his knee; the child pinches and bruises self; the child pulls hair out; the child fell out of car and has scrapes and bruises; the child twists own ear and they are black and blue; the child fell and scraped head; the child hit other child and left a red eye; and the child leaned against open car door leaving child with a bruise.

A thorough parenting assessment concluded the toddlers should be removed from the foster parent's care and that the foster parent should undergo an anger management assessment and treatment as recommended. Following the parenting assessment, the toddlers' DCFS social worker removed them from this home.

The foster parent agreed to an anger-management assessment. Although the written assessment states that it was conducted pursuant to the standards set forth through the State Certified Perpetrator Treatment Program, the Ombudsman found no indication that:

- Any assessment tools were used to evaluate the foster parent's propensity to act in anger or potentially abuse a child;
- The evaluator received or reviewed any background information such as, reports of multiple injuries to the child, concerns from professionals regarding inappropriate discipline by the foster parent, or a previous assessment identifying anger management as an issue that needed to be addressed;
- The evaluator made any collateral contacts in completing the assessment.

Based primarily, if not exclusively on information provided by the foster parent, the evaluator concluded that the foster parent would be a good teacher, caretaker and nurturer. The evaluator did not recommend any anger management classes, counseling, or treatment for the foster parent. Other than the parenting classes that the foster parent had already completed, no additional treatment services were deemed necessary.

Following this evaluation, DCFS placed two other young children with the foster parent. Shortly after the placement, the agency again became aware of concerns about the foster parent's rigid discipline and reports of physical injuries to the children. A referral to CPS also reported that the foster parent was being physically rough with one of the children to a degree that greatly disturbed the person making the report. Again, the foster parent characterized injuries to the children, including burns on the head and a split lip, as accidental.

The children were removed from the foster home after a medical professional contacted CPS to report serious bruising to the child's head, face and throat, burn marks on the face, and a fractured arm. Upon completing its investigation, the DSHS Division of Licensed Resources (DLR) concluded that the foster parent had physically abused the children. The Ombudsman contacted the DLR administrator and voiced concerns about the inadequate assessment and the agency's acceptance of it. The Ombudsman took no further action, as the children were removed from the home.

Recommendation 2: Protecting Adolescents

Require Children's Administration to mandate that older children and adolescents receive appropriate child protective services and that they not be treated differently solely because of their age. In particular, referrals alleging physical abuse against an older child or adolescent should be investigated and not screened out on the premise that youths can more adequately protect themselves.

CPS Fails to Screen for Investigation

A community professional contacted the Ombudsman expressing concerns about a 16-year-old alleged to be neglected and exploited by her parent. The professional stated that CPS was declining to investigate a recent report alleging that the girl had been on a "one week run of methamphetamine" and possible prostitution activity involving her and her parent. When the police picked up the youth she was with a 22-year-old man. Upon further investigation, the Ombudsman found that the girl had younger siblings, who were all dependent and in foster care, due to chronic neglect by the parent. The family's CPS history contains numerous referrals alleging chronic neglect, unsanitary conditions in the home, domestic violence, and substance abuse by the parents. The parent recently agreed to relinquish parental rights to the dependent children currently in foster care, as services to enable family reunification had been unsuccessful.

When the Ombudsman questioned DCFS' decision not to file dependency on the 16-year-old, DCFS replied it did not have a suitable placement for her, as she would likely run from a licensed care.

The Ombudsman determined that the latest referral was initially screened as "information only" by the after-hours supervisor at the CPS Central Intake (CI) Unit. The next day, the office-hours CI supervisor changed the screening decision and accepted the referral for investigation. When the referral reached the local CPS office, however, it was again screened out. The Ombudsman contacted a CI supervisor who concurred that the referral should have been screened in for investigation of sexual exploitation. The Ombudsman contacted the local supervisor and the area manager who agreed to have the ongoing CWS worker for the siblings interview the youth, obtain further information and try to engage the youth in services. Before the worker was able to meet with the youth, the youth was admitted to a 5-month in-patient drug treatment program in another region of the state. The DCFS worker offered to meet with the youth after her discharge from drug treatment, to explore services, including out-of-home placement.

Background

The Department of Social and Health Services is required to investigate allegations of child abuse and neglect.[7] As defined by statute, "child abuse and neglect" does not differentiate by the age of a child.[8] The child's age is a relevant factor in determining whether or not circumstances indicate that the child's health, welfare, and safety are harmed. However, all children under the age of 18 are entitled to Child Protective Services (CPS).[9] Complaints to the Ombudsman indicate that referrals to CPS are often screened out or assigned for a lower standard of investigation, based on the child's age, on the assumption that an adolescent is able to protect him or herself from abuse or neglect. In other cases, referrals alleging maltreatment are referred to Family Reconciliation Services and characterized as a "family in conflict" based on the youth's age, even though allegations of child abuse or neglect are present. As a result legitimate concerns of child abuse or neglect are not always adequately addressed.

Rationale

A child's age should be only one of multiple factors relevant in assessing risk of harm due to allegations of child abuse or neglect. By reiterating its responsibility and commitment to serve adolescents exposed to abuse or neglect, CA will strengthen CPS efforts to respond to allegations of abuse or neglect involving adolescents and ensure that this population receives protection, placement and services it deserves under the law.

[7] RCW 26.44.020; RCW 26.44.030; RCW 74.13.031(3); and RCW 74.15.030.

[8] RCW 26.44.020(12).

[9] RCW 26.44.020(6).

Recommendation 3: Children with Developmental Disabilities

- Require DSHS to provide an adequate supply and range of residential placement options for children with developmental disabilities or other serious handicaps.
- Require DSHS to develop and implement a coordinated protocol between Children's Administration, the Division of Developmental Disabilities and Mental Health Services addressing the placement and service needs of families with developmentally disabled children and children with serious handicaps.
- Require DSHS to submit to the Legislature a report setting forth protocol to coordinate placement and services for these children.

The Agency Grapples with the Shortage of Mental Health Treatment Resources During a Disruption in an Adoptive Placement

The adoptive parents of a 13-year-old with significant mental health and behavior problems requested out-of-home placement for the youth, due to violent behaviors, including self-injury and threatening to kill his adoptive parents. The youth was placed at a mental health hospital under a voluntary placement agreement. When the agreement expired, the hospital staff recommended that he not return home, as his problems were too serious for the family to handle. DCFS insisted that the youth return home with Family Reconciliation Services in place.

After 17 days, the youth again had to be placed in out-of-home care, and a new voluntary placement agreement was established. The youth experienced 24 placement episodes in 6 months, including several admissions to juvenile detention for running away. The youth was placed pursuant to a voluntary placement agreement for a year, while the family requested that a dependency petition be filed. Child in Need of Services and At-Risk-Youth petitions filed by the parents failed to successfully address the youth's placement and treatment needs. DCFS filed a dependency petition after obtaining a Children's Long-term In-patient Placement (CLIP) at a mental health facility. DCFS stated that the delay in filing a dependency petition was in part due to difficulty locating a CLIP placement for this youth. The Ombudsman noted the lack of mental health resources available for adolescents.

Background

Recognizing that the needs of developmentally disabled children or children with physical or mental handicaps may exceed their parents' ability to care for them at home, state law establishes a procedure by which parents may seek placement for the child in a licensed facility based solely on the child's disability.[10] However, complaints to the Ombudsman indicate that in many cases, the Division of Developmental Disabilities, the Division of Children and Family Services and the mental health system are not equipped to meet the needs of families requesting an out-of-home placement for their delayed/handicapped child. **As a result, services and placement resources are not provided in a uniform and consistent manner.** Often, the success of accessing such services has depended on an individual parent's ability to advocate for their child and to navigate the intricacies of the system. DSHS acknowledges that the Voluntary Placement Program, which was created to serve this population, "has no new funding at this time to serve additional children and is not currently accepting new entries."[11]

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[10] RCW 74.13.350 states: "The legislature recognizes that, because of the intense support required to care for a child with developmental disabilities, the help of an out-of-home placement may be needed. It is the intent of the legislature that, when the sole reason for the out-of-home placement is the child's developmental disability, such services be offered by the department to these children and their families through a voluntary placement agreement."; RCW 26.40.030 states: "The parents or parent of any child who is temporarily or permanently delayed in normal educational processes and/or normal social adjustment by reason of physical, sensory or mental handicap, or by reason of social or emotional maladjustment, or by reason of other handicap, may petition the superior court for the county in which such child resides for an order for the commitment of such child to [the co-custody of the state] as provided in RCW 26.40.040."

[11] DSHS website 04/05/04: www1.dshs.wa.gov/basicneeds/dis2vp.html "Voluntary Placement Program (DDD)." The website advises parents that they may make a "written request for out-of-home placement" and the child's name will be entered into a database. Lack of funding has had an adverse impact on existing residential treatment facilities. For example, officials for the Martin Center, one of the state's few treatment centers for severely mentally ill children, recently announced that the facility will close in June 2004. Officials stated that, state reimbursements have fallen far short of the real cost of care.

Rationale

Failure to meet the needs of this population places these children (often teens) at risk of harming themselves and/or others. Lack of voluntary residential treatment options leaves families to rely inappropriately on the child welfare system and/or the juvenile justice system for residential treatment. By the times this occurs, the child is often in acute crisis. Providing sufficient residential treatment resources through DDD and the mental health system will enable parents of children with developmental disabilities or mental handicaps to access needed services and treatment in a coordinated and effective manner.

Recommendation 4: Relative & Kinship Care

Recent efforts by the DSHS Children's Administration (CA) to improve the agency's ability to identify and support relative and kinship caregivers should include the following:

- Development of a statewide protocol for identifying relative/kinship placement resources.
- Development of an objective assessment process for evaluating the suitability of relative/kinship caregivers.
- Development of criteria to assist workers in making relative/kinship placement decisions.
- Promoting family involvement in the agency's case planning process.

Background

State law establishes a preference for relative care[12] for children legally removed from their parents and recognizes that "children who cannot be with their parents, guardians, or legal custodians are best cared for, whenever possible and appropriate by family members with whom they have a relationship."[13] Additionally, in 2003, the legislature required DSHS to design and implement strategies to prioritize the placement of children with willing and able kin when out-of-home placement is required.[14]

Moreover, The CA has identified enhancing relative/ kinship placements and engaging families in case plan development as major themes of its comprehensive reform plan.[15] CA efforts to strengthen and support relative placements include: a Title IV-E waiver proposal in order to "deliver enhanced, culturally competent and individually tailored kinship supports" that will engage relatives and fictive kin in the planning for and placement of their children;[16] revision of CA policy and procedures governing relative search and placement;[17] and the development of home-study guidelines to be used for assessing potential relative placements.[18]

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[12] RCW 13.34.060(1)(a); RCW 13.34.130(1)(b); RCW 13.34.130(2); and RCW 74.13.600.

[13] RCW 13.34.060 Notes: Finding 1999 c 17.

[14] RCW 74.13.600

[15] DSHS Kids Come First: Phase II Comprehensive Reform Plan (Draft) May 24, 2004.

[16] State of Washington Title IV-E Child Welfare Demonstration Waiver Proposal, January 23, 2004.

[17] CA Practices and Procedures Guide Section 4527- draft revision, December 1, 2003.

[18] DSHS memo: Relative Home Study- Social Worker Guide, April 16, 2004.

CWS determines that non-relative rather than relative placement is in child's best interests

The Ombudsman is frequently contacted when the DSHS Division of Children and Family Services (DCFS) is deciding on a permanent placement for a dependent child. Typically, emotions are charged as recently-located, sometimes estranged relatives vie with foster parents who have grown attached to the child after months or even years of foster care placement. Sometimes, the Ombudsman receives separate complaints from different parties involved in the case, each presenting their concerns about why they believe the agency is acting unfairly. In these cases, DCFS must grapple with competing policies governing placement of children: policies which state a clear preference for placing children with relatives, yet also dictate that the number of changes in placement should be minimized and the long-term "best interests" of the child maximized. Invariably, the best interests of the child are viewed differently by the various stakeholders involved.

One such complaint asked the Ombudsman to examine the reasonableness of DCFS' decision not to place a two-year-old dependent child with her relatives, even though the relatives had received an approved adoption home study and had adopted the child's older sibling. The two-year-old child was born drug-affected, and spent her first five months alternately with her mother, either at home or in a treatment center and in temporary foster care. At the age of five months, DCFS inquired if the relative was available to care for this child. However, due to a serious illness in the family, she was unable to take the child at that time. The relative also expressed ambivalence about her ability to take the child in the future, even if her husband's health improved. The child was then placed in a foster home with prospects for permanent placement if necessary.

When the child was almost a year old, the relative contacted the agency expressing interest in caring for the child. The agency provided an adoption home study, and according to the relative, encouraged her to obtain the parent's agreement to relinquish their rights and have her adopt the child. However, DCFS ultimately opposed moving the child from her current placement, based on the relative's earlier ambivalence and the child's healthy bonding with the foster parents. DCFS arranged for an evaluation to assess the child's relationship with the grandparents and with her foster-adopt parents and the capacity of both parties to parent this child long-term, which the court then ordered. This evaluation concluded that both parties would be capable caregivers, but recommended that given the level of bonding between the child and the foster parents, it would be in her best interests to remain with them and have ongoing, extensive contact with the relatives.

The Ombudsman reviewed the evaluation and the sequence of events in the case, and concluded that DCFS was not violating law or policy, that the relatives had been fairly considered for placement, and the agency's preference to maintain the child's placement with her foster parents was not unreasonable.

Rationale for Development of a statewide protocol for identifying relative/kinship placement resources

The Ombudsman has encountered numerous situations in which the DCFS failed to timely locate a relative who was willing and capable of caring for a child in state and also noted a lack of consistency in practice in conducting relative searches. CA's efforts to enhance relative/kinship placements must assure consistent, statewide compliance with policy and procedure governing relative searches. Whenever possible, efforts to locate relatives should begin prior to a child entering state care. For example, in a case of a family involved with CPS due to referrals for neglect, relatives should be identified before the actual need for out of home care arises. Relative search should continue throughout case management, until an appropriate permanent plan is implemented. Coordination between DCFS and other state agencies should expedite establishment of paternity, and engage paternal relatives. The results of DCFS' relative search activities must be consistently documented in the child welfare information management system.[19]

[19] Children's Administration Care Management Information Systems (CAMIS) is the Children's Administrations' information system in which they document activity on each case, such as the social worker's contact with the children, family, and service providers.

Rationale for the development of an objective assessment process for evaluating the suitability of relative/kinship caregivers

DCFS uses a less stringent assessment standard for temporary placements than for permanent placements.[20] However, uniform assessment standards should apply irrespective of whether the child's placement is considered to be temporary or permanent. This is essential for two reasons: first, children should not be subjected to a "lesser" standard simply because their placement may be temporary. Second, the nature of placements can change over time depending on the needs of a child. What started as a temporary placement may evolve to a permanent placement. The current difference in placement standards can result in delays in permanency and create multiple placements. An objective relative assessment process is essential to assure the safety and welfare of children placed in relative care. Assessments must also be completed in a timely manner so that a child may be placed with an available and appropriate relative as soon as possible. To this end, CA should make efforts to expedite relative home studies and coordinate with law enforcement to complete criminal history checks of relative caregivers and family members in a timely manner.

Rationale for the development of criteria to assist workers in making relative/kinship placement decisions

Placement decisions can be exceptionally difficult because they must be consistent with the agency's dual responsibilities to reunite families and act in the child's best interest. Additionally, placement decisions often encompass multiple policy goals that are often in conflict with each other, such as: consideration of parental preferences, limiting the number of out-of-home placements, maintaining sibling groups, preference for relative/kinship placements, and consideration of the child's bonding and attachment with a non-relative care provider. In order to make sound and consistent placement decisions in the context of multiple policy goals, CA should develop criteria to prioritize and balance competing policy goals. For example, criteria should address under what circumstances a child's attachment to a care provider might outweigh the preference for placement with an available relative.

Rationale for promoting family involvement in the agency's case planning process

In addition to providing placement and care, relatives can be a valuable asset in case planning. Efforts to engage relatives in a child's case should include improved communication between DCFS and relatives. For example, DCFS should notify relatives of the court process,[21] educate relatives regarding the child welfare system, and within confidentiality requirements, inform relatives of the status of the child's case. Procedures such as the case staffings including extended family, which engage relatives in the case planning process are valuable tools and should be utilized to address such issues such as placement, visitation, reunification, and permanency.

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[20] Children's Administration Practices and Procedures, Section 45273(C) only requires that the department determine that the home is minimally adequate for the care of children in order to initially place a child in a relative's care.

[21] In 2003, the Legislature took a significant step to involve relatives in a child's dependency proceeding, by allowing relatives to attend court hearings, even when the public is excluded, based on a finding of best interest of the child. RCW 13.34.115(3)(a).