

## CHAPTER 5

# Assessment of Child Neglect

Child protective services (CPS) is responsible for receiving and evaluating reports of suspected child abuse and neglect, determining if the reported information meets statutory and agency guidelines for child maltreatment, and judging the urgency with which the agency must respond to the report. In addition, CPS provides the public, as well as individuals who report allegations of child abuse or neglect (frequently referred to as “reporters”), with information about State statutes, agency guidelines, and the roles and responsibilities of CPS.

After receiving a report, CPS conducts an initial assessment or investigation, which may include the following:

- A determination of whether the report of child maltreatment is substantiated.
- A safety assessment to determine if the child’s immediate safety is a concern. If it is, CPS develops a safety plan with interventions to ensure the child’s protection while keeping the child within the family or with family members (e.g., kinship care or subsidized guardianship), if at all possible and appropriate.
- A risk assessment to determine if there is a risk of future maltreatment and the level of that risk.
- A service or case plan, if continuing agency services, is needed to address any effects of child

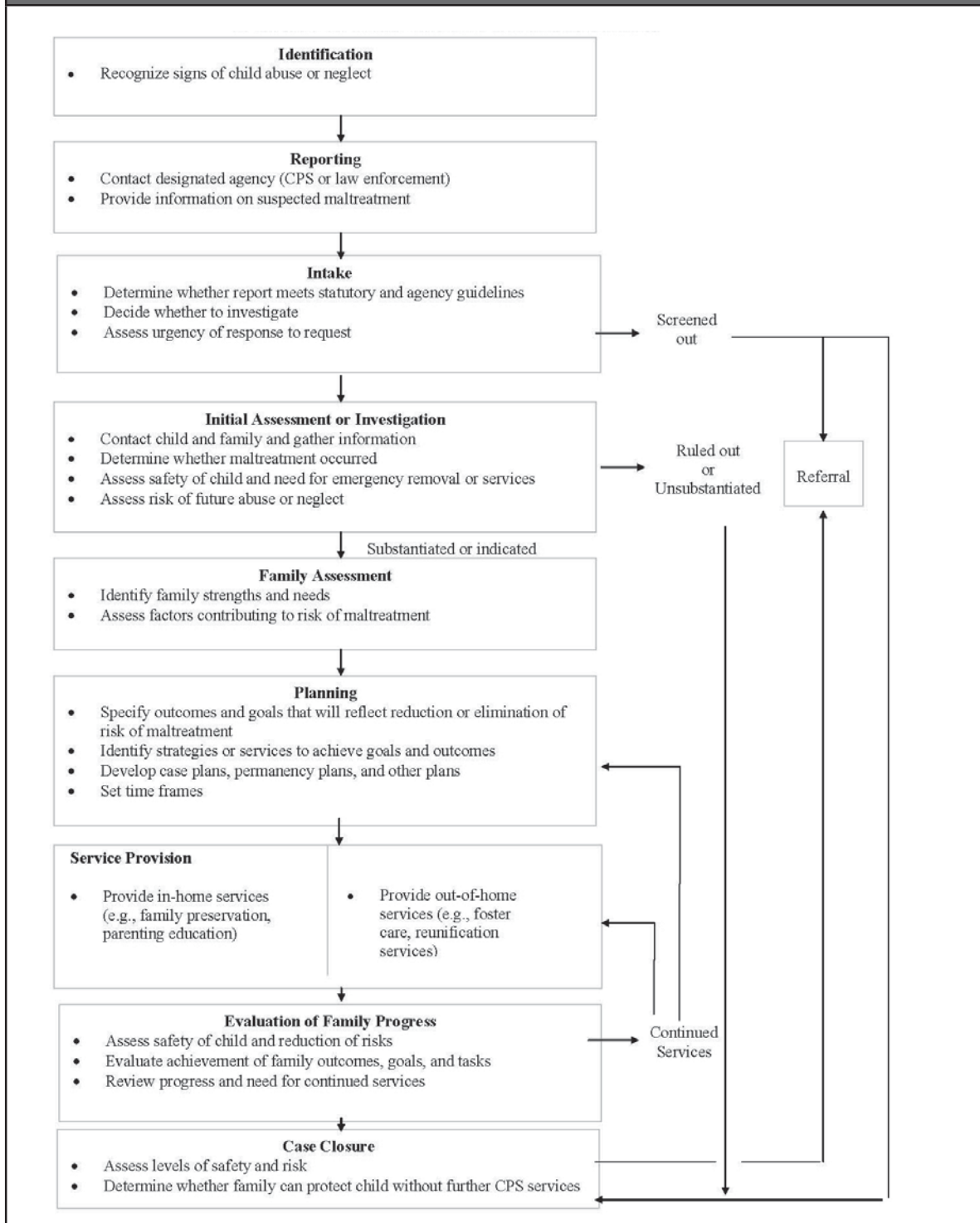
maltreatment and to reduce the risk of future maltreatment.<sup>190</sup>

During the initial assessment or investigation, CPS must determine whether child abuse or neglect occurred and can be substantiated and whether to conduct an evaluation to determine the risk of maltreatment occurring in the future. The initial assessment identifies the risk and safety factors of concern in the family. The family assessment:

- Considers the relationship between the strengths and the risks;
- Identifies what must change in order to:
  - Keep children safe;
  - Reduce the risk of (future) neglect;
  - Increase permanency;
  - Enhance child and family well-being.

Consequently, while the initial assessment identifies problems, the family assessment promotes an understanding of the problems and becomes the basis for the prevention and intervention, or the case plan.<sup>191</sup> Exhibit 5-1 presents an overview of the typical CPS process.

## Exhibit 5-1 Overview of Child Protective Services Process



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## FRAMEWORK FOR PRACTICE

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Practitioners generally agree that a strengths-based, child-centered, family-focused, and culturally responsive framework for prevention, assessment, and intervention of child neglect and other forms of maltreatment will promote the best outcomes for children and families.<sup>192</sup> This integrative framework for practice builds upon five main perspectives:

- **An ecological perspective**, which conceptualizes human behavior and social functioning within an environmental context. Individual, family, community, societal, and cultural factors interact to influence how people behave. Child neglect and other forms of maltreatment are viewed as the consequence of the interplay between a complex set of risk and protective factors at each of these levels.
- **A strengths-based perspective**, which refers to practice methods and strategies that draw upon the balance of strengths and the needs of children, families, and communities. Strengths-based practice involves a shift from a deficit approach, which emphasizes problems, to a more positive partnership with the family. The assessment focuses on the strengths related to individual family members, the family as a unit, and the broader neighborhood and environment.
- **A developmental perspective**, which refers to understanding an individual's and family's growth and development from a lifespan perspective. It examines individuals and families interacting with their environments over the course of time and tailors interventions based on the specific developmental needs of each child and the family.
- **A permanency planning orientation**, which holds that all children have a right to a permanent home. Practitioners focus on safely maintaining children in their own homes when possible or, if necessary, placing them permanently with other

families. Interventions include a set of goal-directed activities designed to help children live in safe families who offer a sense of belonging and legal, lifetime family ties.

- **A culturally competent perspective**, which requires practitioners to understand the perspective of clients or peers who may come from culturally diverse backgrounds and to adapt their practice accordingly. Basic cultural competence is achieved when organizations and practitioners accept and respect differences, engage in an ongoing cultural self-assessment, expand their diversity knowledge and skills, and adapt service models to fit the target populations, culture, situation, and perceived needs.<sup>193</sup>

The integration of these perspectives provides a strong framework for a comprehensive assessment of the presence and severity of neglect in families who come to the attention of the child welfare system.

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## INTAKE

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When a referral is made to CPS, a decision is made whether it should be “screened in” or “screened out” for investigation or assessment. For a case to be screened in, there usually has to be a specific allegation of maltreatment or an imminent threat or danger to the child. Cases that are screened in then receive an initial assessment or investigation. Families may be referred to CPS multiple times without having a referral screened in because each incident in question may not meet the State or local standards for neglect that are used by the particular CPS agency. In cases of neglect where no actual injury occurred, it often is difficult for a CPS caseworker to determine if a child is at risk of being harmed or how great the risk is; therefore, these cases may be screened out.<sup>194</sup>

Many CPS agencies only screen in the most serious cases. Consequently, cases in which it is reported that a child may be at risk for neglect (e.g., a child living in a dirty house with used drug needles on the floor), but actually has not been harmed, may go uninvestigated.

## Providing Services to At-risk Families with Unsubstantiated Cases

Some States have found creative ways to provide services to families with unsubstantiated cases of maltreatment. The following are a few examples:

**Create a third dispositional category.** Some States offer a third category for cases in addition to substantiated and unsubstantiated, such as “inconclusive” or “unable to determine.” This allows at-risk families to receive some supportive services that they might not have access to otherwise.

**Employ an alternative response model.** In these models, which are sometimes called “dual track,” “multiple response,” or “flexible response” models, cases are divided into low-risk and high-risk categories during intake. Cases that are low-risk follow a service-oriented track, while cases that are high-risk follow the regular investigative track. Agency staff then can focus most of their time on investigating high-risk cases, and voluntary services can be offered to low-risk cases.

**Use volunteers.** In many cases that are deemed low-risk, well-trained volunteers could adequately provide services to families. An additional benefit of using volunteers is that they may seem less threatening or stigmatizing than CPS caseworkers. Although training and resources for volunteers may be costly at first, the use of volunteers often proves to be cost-effective in the long run.<sup>195</sup>

Unfortunately, some children and families who could benefit from services are not receiving them either due to being screened out or to having an unsubstantiated case. In addition, families who have unsubstantiated incidences of neglect and do not receive services are likely to be referred later for incidences that are more serious. Receiving even one form of service may reduce the likelihood that a neglectful family would be re-referred. For the safety and well-being of the child, it would be more beneficial for these families to receive services to prevent neglect from occurring.<sup>196</sup>

### INITIAL ASSESSMENT OR INVESTIGATION

Determining whether child neglect has occurred is based on the answers to two primary questions: “Do the conditions or circumstances indicate that a child’s basic needs are unmet?” and “What harm or threat of harm may have resulted?” Answering these questions requires sufficient information to assess the degree to which omissions in care have resulted in significant harm or significant risk of harm. CPS caseworkers also must make their determination of whether neglect has occurred based on State or local statutes. Unlike

the other forms of maltreatment, this determination may not be reached by examining one incident; the decision often requires considering patterns of care over time. The analysis should focus on examining how the child’s basic needs are met and on identifying situations that may indicate specific omissions in care that have resulted in harm or the risk of harm to the child.<sup>197</sup>

Community service providers and others in the field have expressed concern that CPS agencies screen out many neglect cases during investigations because circumstances have not yet met the CPS threshold for neglect. By the time these families at risk for neglect are served by CPS, they often have acute and chronic needs that require long-term intervention and are more likely to experience recurrences of child maltreatment than abusive families.<sup>198</sup> These conditions point to the need for effective ways to target and serve at-risk families as soon as they are identified with risks that could lead to child neglect. When conducting an initial assessment or investigation, a caseworker should note whether a child has unmet physical and medical needs and if there is a lack of supervision.

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### Unmet Physical and Medical Needs

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Affirmative answers to any of the following questions may indicate that a child's physical or medical needs possibly are unmet:

- Have the parents or caregivers failed to provide the child with needed care for a physical injury, acute illness, physical disability, or chronic condition?
- Have the parents or caregivers failed to provide the child with regular and ample meals that meet basic nutritional requirements or have the parents or caregivers failed to provide the necessary rehabilitative diet to a child with particular health problems?
- Have the parents or caregivers failed to attend to the cleanliness of the child's hair, skin, teeth, and clothes? It is difficult to determine the difference between marginal hygiene and neglect. Caseworkers should consider the chronicity, extent, and nature of the condition, as well as the impact on the child.
- Does the child have inappropriate clothing for the weather? Caseworkers should consider the nature and extent of the conditions and the potential consequences to the child. They also must take into account diverse cultural values regarding clothing.
- Does the home have obviously hazardous physical conditions (exposed wiring or easily accessible toxic substances) or unsanitary conditions (feces- or trash-covered flooring or furniture)?
- Does the child experience unstable living conditions (frequent changes of residence or evictions due to the caretaker's mental illness, substance abuse, or extreme poverty)?
- Do the parents or caregivers fail to arrange for a safe substitute caregiver for the child?

- Have the parents or caregivers abandoned the child without arranging for reasonable care and supervision?<sup>199</sup>

Home accidents pose a significant risk to young children and often occur because of a lack of supervision. More than 90 percent of all fatalities and injuries to children younger than 5 years of age can be attributed to accidents within the home.<sup>200</sup> Since almost all accidents are preventable, an evaluation of hazardous home conditions is essential to ensure a safe environment for children. The Home Accident Prevention Inventory is a useful tool for a household safety assessment. In situations where an occurrence is clearly determined to be an accident, involvement with CPS is minimal or nonexistent. Resources in most communities can help these families. A parenting class, informational pamphlet, instructional video, and other educational materials can help parents identify and remove hazards or place them out of reach.<sup>201</sup> Exhibit 5-2 lists common home accident hazards.

Practitioners should base their assessments on relevant theory and research and consider possible underlying causes of inadequate care. What would explain a very dirty house? Is the parent in poor physical health? Is he or she overwhelmed by too many young children? Is the parent depressed and unable to respond, uncertain about what is needed, or resentful toward the child? Assessing the detailed circumstances and behaviors within the widest possible context will help ensure a successful intervention plan.<sup>202</sup>

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### Lack of Supervision

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While State statutes vary, most CPS professionals agree that children under the age of 8 who are left alone for any substantial amount of time are being neglected.<sup>203</sup> In determining whether neglect has occurred, the following issues should be considered:

- The child's age, physical condition, mental abilities, coping capacity, maturity, competence, knowledge regarding how to respond to an emergency, and feelings about being alone.

**Exhibit 5-2**  
**The Home Accident Prevention Inventory<sup>204</sup>**

**Poison by Solids and Liquids**

- Medicines
- Detergents and cleaners
- Polishes and waxes
- Alcoholic beverages
- Beauty products
- Insecticides and pesticides
- Paints and stains
- Solvents and thinners
- Glues and adhesives
- Petroleum products
- Fertilizers and herbicides
- Poisonous house plants

**Fire and Electrical Hazards**

- Combustibles
- Fireplaces without screens
- Outlets or switches (without plates)

**Suffocation by Objects**

- Plastic bags
- Crib or blind cords
- Ingestible small objects

**Sharp and Dangerous Objects**

- Firearms
- Kitchen knives and utensils
- Falling Hazards
- Balconies
- Steps
- Windows

**Drowning Hazards**

- Bathtubs and sinks
- Buckets
- Pools

- The type and degree of indirect adult supervision. For example, is there an adult who is regularly checking in on the child?
- The length of time and frequency with which the child is left alone. Is the child being left alone all day, every day? Is he or she left alone all night?
- The safety of the child's environment, neighborhood, and home.<sup>205</sup>

**Distinguishing Risk and Safety Assessments**

Assessing risk differs from assessing safety. A *risk assessment* is the collection of information to determine the degree to which a child is likely to be abused or

neglected in the future. A *safety assessment* involves the identification and evaluation of the imminent risk of harm regarding the specific vulnerability of a child.<sup>206</sup> Depending on where they fall on a continuum of severity and chronicity, factors are typically relevant to both risk and safety assessments. Caseworkers should work with families to develop an effective and accomplishable safety plan. This is usually an in-home or out-of-home service strategy created after the initial assessment or investigation that specifically addresses and manages risk of harm.<sup>207</sup> In addition, risk and safety assessments should be ongoing throughout the life of the case, not just during the initial assessment. Exhibit 5-3 lists some of the types of information collected in risk and safety assessments.

**Exhibit 5-3**  
**Risk and Safety Assessment Information<sup>208</sup>**

<b>Neglect and Other Maltreatment</b>	<b>Child</b>
<ul style="list-style-type: none"> <li>• Caregiver actions and behaviors responsible for the neglect</li> <li>• Duration and frequency of the neglect (chronicity of neglect)</li> <li>• Physical and emotional manifestations in the child (severity of neglect)</li> <li>• Caregiver’s attitude toward the child’s condition and the assessment process</li> <li>• Caregiver’s explanation of the events and effects of the maltreatment</li> </ul>	<ul style="list-style-type: none"> <li>• Developmental level</li> <li>• Physical and psychological health</li> <li>• Current functioning</li> <li>• Child’s explanation of events and effects, if possible and appropriate</li> </ul>
<b>Family Functioning</b>	<b>Parents and Caregivers</b>
<ul style="list-style-type: none"> <li>• Power and issues of control within the family</li> <li>• Interactions and connections with others outside the family</li> <li>• Quality of relationships</li> <li>• Problem-solving ability</li> </ul>	<ul style="list-style-type: none"> <li>• Current functioning</li> <li>• Relationships outside the home</li> <li>• Financial situation</li> </ul>

**FAMILY ASSESSMENT PROCESS**

The family assessment is a comprehensive process for identifying, considering, and weighing factors that affect the child’s safety, permanency, and well-being. It is designed to gain a greater understanding about the strengths, needs, and resources of the family. The assessment should be conducted in partnership with the family to help parents or caregivers recognize and remedy conditions so that children can be safe and the risk of neglect can be reduced. Family assessments must be individualized and tailored to the unique strengths and needs of each family. When possible and appropriate, this assessment also should be undertaken through family decision-making

meetings and other means designed to involve the extended family and support network.<sup>209</sup>

**Conduct the Initial Assessment**

In the initial information-gathering part of the process, the caseworker should ask the following questions to inform the assessment:

- What are the risk factors and the needs of the family that affect safety, permanency, and well-being?
- What are the results of neglect that affect safety, permanency, and well-being?
- What are the individual and family strengths?

- What do the family members perceive as their needs and strengths?
- What must change in order for the effects of neglect to be addressed and the risk of neglect and other maltreatment to be reduced or eliminated?
- What is the parent or caregiver's level of readiness, motivation, and capacity for change to ensure safety, permanency, and family well-being?<sup>210</sup>

CPS caseworkers need sensitive interviewing and analytic skills to engage the family in a partnership, to gather and organize the information, to analyze and interpret the meaning of the information, and to draw accurate conclusions based on the assessment. To accomplish the purposes of the family assessment, caseworkers should:

- Review the initial assessment or investigation information;
- Begin to develop a family assessment plan;
- Conduct the family assessment by interviewing all members of the household and other individuals the family identifies as having an interest in the safety and well-being of the child;
- Consult with other professionals as appropriate;
- Develop a safety plan, if necessary;
- Analyze information and make decisions.<sup>211</sup>

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### **Review the Initial Assessment or Investigation Information**

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Based on the information obtained in the initial assessment or investigation, the caseworker should develop a list of issues to address during the family assessment process. The following questions are examples of areas that the caseworker typically will want to examine:

- What was the nature of the neglect (type, severity, chronicity)?

- What was the family's understanding of the neglect?
- Which risk factors identified during the initial assessment or investigation are most influential?
- What is the child's current living situation with regard to safety and stability?
- Was a safety plan developed? What has been the family's response to this plan?
- What is currently known about the parent or caregiver's history? Are there clues that suggest that further information about the past will help explain the parent or caregiver's current functioning?
- What is known about the family's social support network? Who else is supporting the family? Who will be available on an ongoing basis for the family to rely on? What weak linkages might be strengthened to offer more support?
- Are there any behavioral symptoms observed in the child? How has the child functioned in school and in social relationships? Who else may have information about any behavioral or emotional concerns?
- Have problems been identified that may need further examination or evaluation (drug or alcohol problems, domestic violence, psychiatric or psychological problems, health needs)?
- What additional information about the family will help provide an understanding of the risk and protective factors related to the potential of continued neglect?<sup>212</sup>

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### **Develop a Family Assessment Plan**

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Based on the areas identified through the review, the caseworker should consider the following when developing a plan for how the family assessment process will occur:



- When will the first meeting be held with the family?
- How often will meetings with the family occur?
- Where will meetings be held?
- Will the services of other professionals be needed (for psychological tests or alcohol or other drug abuse assessments)?
- Who will be involved in each meeting? Are there other persons (friends, extended family, other professionals) who have critical information about the needs of this family? How will they be involved in the process?
- What reports may be available to provide information about a particular family member or the family as a system (from school or health care providers)?
- When will the information be analyzed and a family assessment summary completed?
- How will the caseworker share this information with the family?<sup>213</sup>

### Conduct the Family Assessment

Once the plan for the assessment has been established, the caseworker conducts interviews with the child and family to determine their treatment needs. Three types of meetings are usually held:

- **Meeting with the family.** If possible, and if it is safe for all family members, the caseworker should:
  - Meet with the entire family in an introductory session to begin the family assessment;
  - Attempt to gain an initial understanding of the family's perception of its current situation and of the agency;
  - Be specific with the family about the purposes of the family assessment;

- Address mutually identified problems that increase the risk of future child neglect.

To gain a better understanding of family dynamics, at least one assessment meeting beyond the introductory session should be conducted with the entire family to observe and assess their roles and interactions.

- **Meetings with individual family members.** Meetings with individual family members, including the children, should be held, if possible. They are not interrogations; the caseworker is trying to understand the person and the situation better. The caseworker should attempt to obtain family members' perceptions about family strengths and how they can be enhanced to reduce the risk of neglect. In interviews with the children, the emphasis will likely be on understanding more about any effects of neglect. In interviews with the parents, the emphasis is on trying to uncover the causes for the behaviors and conditions that present risk, as well as to obtain the parents' perceptions of their problems.
- **Meeting with the parents or caregivers.** When working with families with more than one adult caregiver, the caseworker should arrange to hold at least one of the meetings with all the adults together, if it is possible and safe for them. During this interview, the caseworker should observe and evaluate the nature of the communication; consider and discuss parenting issues, as well as the health and quality of their relationship; and seek each adult's perception of the problems, current situation, and family. The caseworker should be alert to signs that could indicate the possibility of spouse abuse and avoid placing any adult in a situation that could increase the risk of harm, such as referring to previously disclosed sensitive information. As appropriate or if requested, the caseworker also may provide referrals for additional resources or services, such as a contact for the local domestic violence victims advocate or shelter, to clients.<sup>214</sup>

## Father Involvement and the Child and Family Services Reviews

The 1994 amendments to the Social Security Act mandated the development of regulations to review States' child and family services. In response, the Children's Bureau developed and implemented the Child and Family Services Reviews (CFSRs), a results-oriented, comprehensive monitoring system designed to assist States in improving outcomes for the children and families they serve. As noted in the CFSRs, a common challenge with respect to child well-being was a lack of father involvement in case planning. The findings show that child welfare systems were often not making adequate efforts to establish contact with fathers, even when fathers were involved with the family. Additionally, agencies were less likely to assess the needs of fathers, to search for paternal relatives as possible placements or for other involvement, or to provide fathers with services than they were with mothers.<sup>215</sup> Also, if the mother was not contacted, then the father was also not likely to be contacted. In general, child welfare agencies recognize this lack of involvement and are working to address the issue primarily through initiating changes in policies, protocols, and practice guidelines.

### Consult Other Professionals

While the CPS caseworker has primary responsibility for conducting the family assessment, other community providers frequently may be called upon to assist when there is a specific client condition or behavior that may require additional professional assessment. For example:

- The child or parent exhibits an undiagnosed physical health problem or the child's behaviors or emotions do not appear to be age-appropriate (hyperactivity, excessive sadness and withdrawal, chronic nightmares, or bed wetting);
- The parent exhibits behaviors or emotions that do not appear to be controlled, such as violent outbursts, extreme lethargy, depression, or frequent mood swings;
- The child or parent appears to have a chemical dependency.<sup>216</sup>

A good way to judge whether outside referrals are needed is to review the gathered information and to assess whether significant questions still exist about the risks and strengths in this family. Sometimes other providers contribute to the assessment process because of their role as advocates for the child. For example, if the juvenile or family court is involved, the child may

have a Guardian ad Litem (GAL) or court-appointed special advocate (CASA) who advises the court on needed services based on interviews conducted with the child and family members.<sup>217</sup>

### Analyze Information and Make Decisions

To individualize the response to a particular child and family, the caseworker identifies the critical risk factors by examining the information in terms of cause, nature, extent, effects, strengths, and the family's perception of the neglect. The caseworker and family then should identify the necessary changes, translate them into desired outcomes, and match the outcomes with the correct intervention to increase safety, well-being, and permanency for the children.<sup>218</sup>

### STRUCTURED ASSESSMENT MEASURES

Each source of data regarding a child's neglect may provide different findings. Research has pointed to some of the limitations of CPS case records and caseworkers as sources of information for neglect definitions.<sup>219</sup>

Use of standardized assessment measures will increase the validity and reliability of assessments. These measures attempt to establish the minimal parenting

## Cultural Competence in Assessment

By increasing their knowledge about the culture, beliefs, and child-rearing practices of their clients, CPS caseworkers can increase their awareness and appreciation of cultural differences while accepting that some cultural practices may be harmful to the child. Recognition of differences among related cultural groups will help guard against misplaced assumptions about the risk and protective factors in the child's environment. For example, the cultural values, beliefs, and practices within the Latino culture are not necessarily the same for Mexican Americans, Cuban Americans, and Puerto Rican Americans.

Parental motives cannot simply be categorized as intentional or unintentional, but also must be considered in a cultural context. For example, immigrant parents sometimes do not use car seats because they believe their babies will feel abandoned if not held in their parents' arms. Nevertheless, the law requires the use of car seats to protect children from potential harm.<sup>220</sup>

In deciding whether a cultural practice is potentially harmful to a child, the following questions can foster a culturally sensitive consideration of the issue of neglect:

- What exactly is the practice?
- Is it safe?
- Is actual or potential harm involved?
- Is there a significantly better option?
- Are there potentially harmful implications of deviating from the cultural practice?
- Have the child's basic needs not been met?
- Is it against the law?<sup>221</sup>

standards, which, if not met, constitute evidence of neglect. The focus on *minimal adequacy* stems from the culture's concern about intervening in matters of individual and family autonomy. The concept of minimally adequate parenting implies that there may be dimensions of parenting or child care which are essential, that proficiency in parenting falls along a continuum of each dimension, and that parenting adequacy begins to be questionable at some points or within some range of that continuum.<sup>222</sup> Dimensions that may be more difficult to quantify along a continuum would include adequacy of affection and emotional support. Other dimensions usually are easier to quantify, such as money management and providing sufficient food, shelter, and clothing for the child.

An assessment tool that shows promise for determining the possible existence of neglect is the Neglect Scale, an easy-to-administer, retrospective, self-report measure that can be administered to diverse client populations.<sup>223</sup> Other standardized clinical assessment measures include observational measures (Family Assessment Form, Child Well-being Scales, Home Observation for Measure of the Environment) and self-report measures (Family Functioning Style Scale, Family Needs Scale, Support Functions Scale).

For more information on these instruments, see:

- Neglect Scale: <http://pubpages.unh.edu/~mas2/NS7A.htm>
- Family Assessment Form: <http://www.srpublications.com/socialwork/Family-Assessment-Form.htm>
- Child Well-being Scales, Home Observation for Measure of the Environment: <http://www.family.umaryland.edu>
- Family Functioning Style Scale: <http://www.childwelfare.gov/preventing/programs/whatworks/familyconnections.cfm>
- Family Needs Scale: <http://www.clas.uiuc.edu/special/evaltools/cl00950.html>
- Support Functions Scale: [http://www.acf.hhs.gov/programs/opre/ehs/perf\\_measures/reports/resources\\_measuring/res\\_meas\\_phiu.html](http://www.acf.hhs.gov/programs/opre/ehs/perf_measures/reports/resources_measuring/res_meas_phiu.html).

For more information on assessment, see *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice* and *Child Protective Services: A Guide for Caseworkers* at <http://www.childwelfare.gov/pubs/usermanual.cfm>.