

**Protective Services  
for Families and Children**

# Protective Services for Families and Children



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Our goals include  
protecting children  
from abuse and neglect,  
helping families become  
safe for all family  
members, and providing  
a permanent place to  
live for children who  
cannot safely remain  
with their own  
families.  
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**T**he last fiscal year showed a scenario that has become all too familiar in Texas—an increase in the number of child abuse and neglect cases and a lack of sufficient resources to combat the problem. The agency responded by exploring creative and innovative means to provide field staff with the training, flexibility, and technology they need to deliver effective services. The agency worked to be more responsive to community concerns, inform the public about the Protective Services for Families and Children (PSFC) program's successes, and improve relationships with the public and the Legislature.

PSFC staff received international attention during spring 1993 when the world turned its attention to the fate of the children at the Branch Davidian compound near Waco. During the siege, staff arrived at the command post at Mount Carmel within 40 minutes of the time they received the call to respond, worked around the clock, received the 21 children who were released, interviewed them, transported them to a shelter site set up by an outside agency licensed through PRS' Child-care Licensing program, and prepared for the possibility of more children being let go. Beneficial assistance was also provided by Adult Protective Services staff who were on hand to investigate possible abuse, neglect, or exploitation of the elderly adults who were released from the compound and those living outside the compound who were related to cult members.

Child Protective Services (CPS) is the oldest and largest of PSFC's programs. It began with the establishment of the Child Welfare Division, which was created by the Texas Legislature in 1931 as a program within the Texas Board of Control. Before the Child Welfare Division's creation, a few counties had established local child welfare boards to address the needs of children in the community. The Child Welfare Division was created to increase the number of county child welfare boards, inform the public about children's needs, coordinate services to children, provide information and referral services, license and inspect maternity and children's homes, and assist state institutions in upgrading their services.

In 1939, the Child Welfare Division was transferred to the newly created Texas Department of Public Welfare. At that time, only 70 of Texas' 254 counties had local child welfare boards. Staff worked out of regional and state headquarters to provide services to children in counties where they were lacking.

Eventually, changes in requirements to obtain federal funds forced a reorganization to move to a more uniform statewide system. Gradually, child protective services came to be connected with other child welfare programs such as family preservation, foster care, and adoption.

When the Texas Family Code became effective Jan. 1, 1974, citizens were mandated to report suspected child abuse to the agency. Unfortunately at the time, the Texas Family Code did not include statutory definitions of abuse and neglect. It wasn't until 1987 that the Texas Legislature defined these terms.

## **The legal definitions of abuse and neglect are as follows:**

### **Abuse includes the following acts or omissions:**

- ◆ mental or emotional injury to a child that results in an observable and material impairment in the child's growth, development, or psychological functioning;
- ◆ causing or permitting the child to be in a situation in which the child sustains a mental or emotional injury that results in an observable and material impairment in the child's growth, development, or psychological functioning;
- ◆ physical injury that results in substantial harm to the child, or the genuine threat of substantial harm from physical injury to the child, including an injury that is at variance with the history or explanation given and excluding an accident or reasonable discipline by a parent, guardian, or managing or possessory conservator that does not expose the child to a substantial risk of harm;
- ◆ failure to make a reasonable effort to prevent an action by another person that results in physical injury that results in substantial harm to the child;
- ◆ sexual contact, sexual intercourse, or sexual conduct, as those terms are defined by Section 43.01, Penal Code, sexual penetration with a foreign object, incest, sexual assault, or sodomy inflicted on, shown to, or intentionally practiced in the presence of a child if the child is present only to arouse or gratify the sexual desires of any person;
- ◆ failure to make a reasonable effort to prevent sexual contact, sexual intercourse, or sexual conduct, as those terms are defined by Section 43.01, Penal Code, sexual penetration with a foreign object, incest, sexual assault, or sodomy being inflicted on or shown to a child by another person, or intentionally practiced in the presence of a child by another person if the child is present only to arouse or gratify the sexual desires of any person;
- ◆ compelling or encouraging the child to engage in sexual conduct as defined by Section 43.01, Penal Code; or

- ◆ causing, permitting, encouraging, engaging in, or allowing the photographing, filming, or depicting of the child if the person knew or should have known that the resulting photograph, film, or depiction of the child is obscene (as defined by the Penal Code) or pornographic.

### **Neglect includes:**

- ◆ the leaving of a child in a situation where the child would be exposed to a substantial risk of harm, without arranging for necessary care for the child, and a demonstration of an intent not to return by a parent, guardian, or managing or possessory conservator of the child; or
- ◆ the following acts or omissions:
  - placing the child in or failing to remove the child from a situation that a reasonable person would realize requires judgment or actions beyond the child's level of maturity, physical condition, or mental abilities and that results in bodily injury or a substantial risk of immediate harm to the child;
  - the failure to seek, obtain, or follow through with medical care for the child, with the failure resulting in or presenting a substantial risk of death, disfigurement, or bodily injury or with the failure resulting in an observable and material impairment to the growth, development, or functioning of the child;
  - the failure to provide the child with food, clothing, or shelter necessary to sustain the life or health of the child, excluding failure caused primarily by financial inability unless relief services had been offered and refused; or
  - the failure by the person responsible for a child's care, custody, or welfare to permit the child to return to the child's home without arranging for the necessary care for the child after the child has been absent from the home for any reason, including having been in residential care or having run away.



Today, as part of PRS, PSFC's goals include protecting children from abuse and neglect, helping families become safe for all family members, and providing a permanent place to live for children who cannot safely remain with their own families.

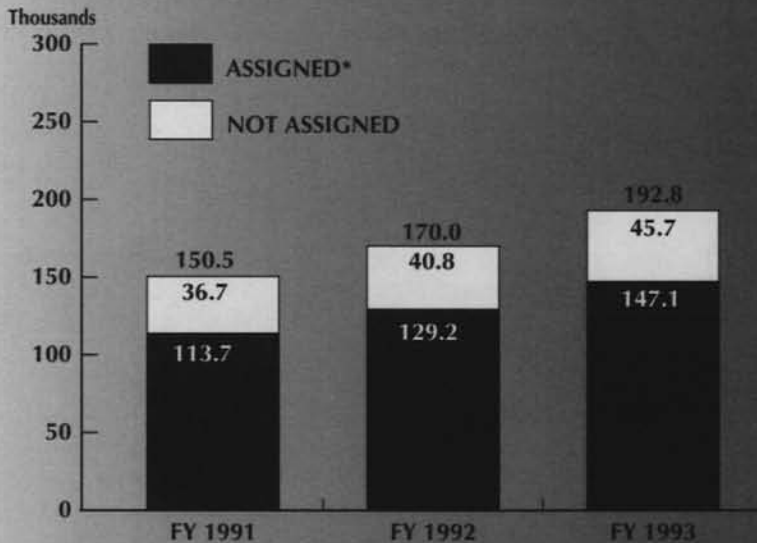
To meet these objectives, the program provides a number of services: intake and investigation of reports of child abuse and neglect, services to families and children in their homes, placement of children in substitute care, development and maintenance of foster homes, and adoption services. In fiscal year 1993, about \$370 million was spent to protect Texas children.

## Child Protective Services

In fiscal year 1993, the CPS program began to implement major changes in its policies and procedures for intake and investigation of reports of child abuse and neglect.

Historically, telephone intake for CPS calls has been handled by both local offices and a centralized hotline number, which has sometimes led to inconsistencies in assessing reports of child abuse and neglect.

**Reports of Child Abuse and Neglect  
by Fiscal Year**



\*Assigned Intakes include hotline counts.

In response, the program began a pilot project during fiscal year 1993 that involves a centralized intake system covering 30 Central Texas counties. The pilot puts to use the already existing centralized abuse hotline, which also takes reports of abuse, neglect, or exploitation of adults. The hotline has been expanded to handle the increase in calls and has replaced phone intake at local offices. As in the past, the hotline also continues to respond to complainants statewide who choose to make reports to the abuse hotline rather than to their local offices. Under the pilot, the hotline not only receives all reports of abuse or neglect in Central Texas, but decides whether to investigate them. Hotline calls from other regions, however, are still referred back to the region of origin for that decision.



Since beginning the pilot, CPS has experienced difficulties in responding to all the calls generated in Central Texas and ensuring the high quality of centralized report taking. Staff are in the process of trying to resolve both of these problems. Despite the initial difficulties, CPS believes that the idea of a statewide intake system represents a good way to improve the consistency of the program's assessment of abuse and neglect at intake.

## **Overview of Risk Assessment**

Until recently, CPS staff have based their conclusions about the risk of abuse or neglect on evidence of incidents that have already occurred. Although staff have always done some type of risk assessment, there has never been a way to ensure consistency from worker to worker.

Over the last five years, PSFC has been moving towards establishing a more structured and consistent method for making decisions about risk. In fiscal year 1993, after several years of research, development, and pilot testing, the program implemented the Structured Model for Assessment of Risk in Texas (SMART). SMART is a risk-based service delivery system that gives staff a structured approach to assessing the risk of child abuse and neglect based on advances in casework practice and continuing research.

With SMART, CPS staff now have a framework for determining the likelihood of abuse or neglect in the future and preventing incidents before they happen. The system provides staff with specific guidelines on how to collect, document, and use information in decision making.

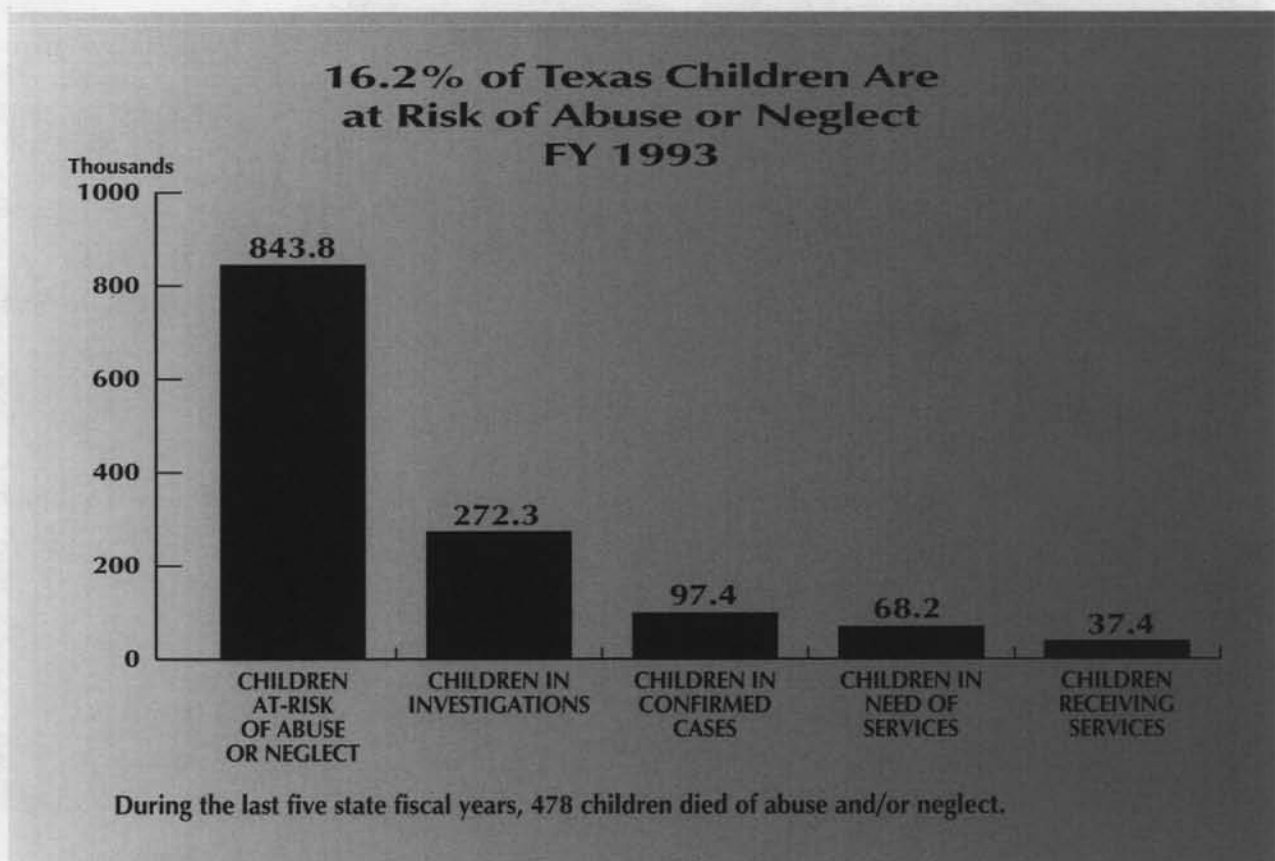
Under the SMART system, risk assessment begins at intake with the gathering of information about certain risk-related areas of family functioning. Staff weigh such factors as whether abuse or neglect has already occurred, the children's vulnerability, the parents' history, the way the parents view their children, and the family's interactions and functioning. If there appears to be a reasonable likelihood that children will be abused or neglected in the foreseeable future, the report is assigned for investigation.

During the investigation, staff determine whether the children are at risk of abuse or neglect. If a child is in immediate and serious jeopardy, staff try to work with the family to establish and implement a plan to ensure the child's immediate safety. When that is not possible, PRS may petition the court to remove the child from the home.

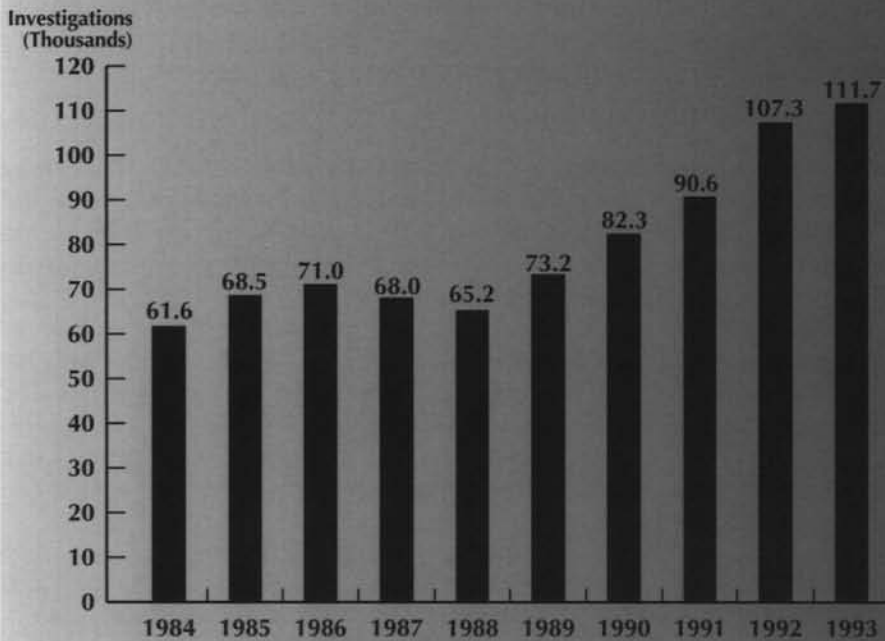
When a child is currently safe but at risk in the foreseeable future, PSFC may offer in-home services to help the family manage the factors that place the child at risk. If the investigation indicates that none of the children in the home currently face a significant risk of abuse or neglect, the investigation worker closes the investigation without further action.

During fiscal year 1993, all CPS staff received extensive training, not only on the changes in policies and procedures, but also on the skills they would need to work with families in a risk-based system. Workers must be able to help families identify the causes behind behaviors that place children at risk and plan ways they can change those behaviors. The new system was in use statewide on Jan. 1, 1993.

During SMART's implementation stage, there were ongoing case reviews and training to help staff develop the system and learn the skills required to use it. Each region formed a work group that meets quarterly to look at issues relat-



## Child Abuse and Neglect Reports Investigated by CPS FY 1984-93



ed to SMART's implementation in the region. A statewide work group with regional representatives also meets quarterly to further refine the system and address problems that are identified with its use.

During fiscal year 1993, PRS was awarded a research grant from the U.S. Department of Health and Human Services to study decision making in child welfare practice. This grant funds a three-year project that will design, test, and implement refinements to the risk system, resulting in improved decision making. Intake, investiga-

tions, family preservation, removals, family reunification, and case closure are all currently being studied. This project holds promise for improving program planning, research, monitoring, and accountability that ultimately will help to improve services and enable the state to direct resources where they are needed the most—to those families and children who are at the greatest risk of abuse and neglect.

Children are considered to be at risk when CPS staff have determined that abuse or neglect is likely to occur in the foreseeable future.

When reports of maltreatment are received, CPS staff assign them a priority that determines how soon the case must be handled.

To establish time frames for investigations, CPS assigns each report of child abuse or neglect to one of two priority groups. CPS must initiate an investigation:

- ◆ within 24 hours of receiving a Priority I report; and
- ◆ within 10 days of receiving a Priority II report.

**Priority I** reports concern children who appear to face an immediate risk of abuse or neglect that could result in death or serious harm.

All reports of abuse or neglect that are not assigned to Priority I are assigned to **Priority II**.



**Cases Opened for In-home or  
PRS Conservatorship Services by Region  
After an Investigation in FY 1993**

<b>Region</b>	<b>In-home Direct Delivery</b>	<b>In-home Purchased</b>	<b>Conservatorship</b>	<b>Total</b>
Lubbock	1,258	370	425	2,053
El Paso	1,556	471	296	2,323
Abilene	563	431	300	1,294
Arlington	5,512	2,072	1,425	9,009
Austin	1,994	251	910	3,155
Tyler	1,243	240	495	1,978
Edinburg	2,199	1,763	507	4,469
San Antonio	2,751	613	422	3,786
Beaumont	1,133	350	196	1,679
Houston	5,319	281	2,074	7,674
<b>Total</b>	<b>23,528</b>	<b>6,842</b>	<b>7,050</b>	<b>37,420</b>

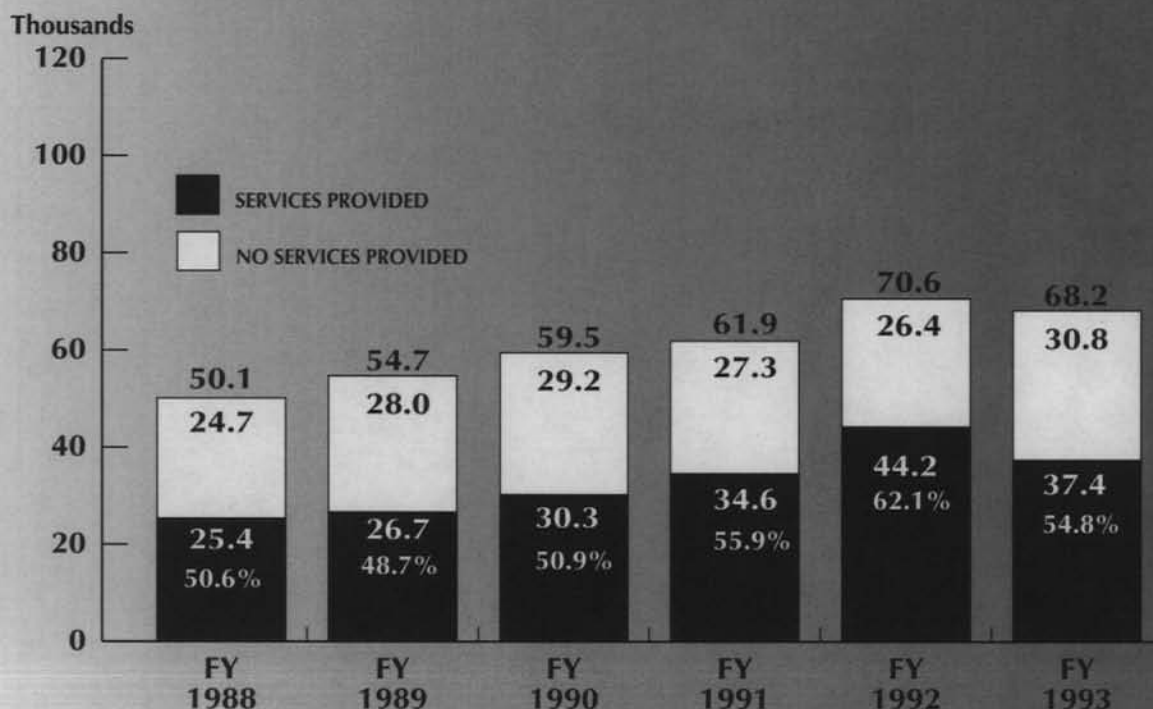
## **Family Preservation Services**

When the need for continuing protective services has been identified and it appears that children's safety can be maintained in their own homes, service plans are developed with the families with the goal of preventing further abuse or neglect. In a situation where children must be temporarily placed in foster care for their safety, services are also provided to the parents to enable the return of children as soon as safety is ensured. In providing services, workers try to strengthen the families' abilities to meet the children's needs so the children can remain in or safely return to their own homes. For a variety of reasons, more than 75 percent of the children removed return to their own homes.

Workers focus on factors contributing directly to the abuse or neglect. Often, the parents do not use appropriate and effective non-violent discipline methods, have minimal knowledge of child development and appropriate expectations for children, and do not know how to handle family or individual crises or find available support. Some parents may have emotional disturbances or deficiencies and require more intensive services from medical or mental health professionals. Some may have health or financial difficulties,



## Children in Confirmed Investigations Needing Services After Investigation vs. Those Actually Served



problems with drugs or alcohol, or other behaviors that prevent the children from being safe and properly cared for. Many of the families who have entered the CPS system exhibit more than one of these factors.

Both CPS staff and professionals from other disciplines participate in case planning with families. Where available, a variety of community resources may provide services for the family. The ever-increasing demand for services combined with the limited staff and service resources allotted PRS means that families must be served quickly and effectively.

Once the safety and risk-reduction plans are established, CPS staff provide and arrange for the planned services, continue to assess the family dynamics creating the risk, monitor the children's safety, and assess the effectiveness of the services and appropriateness of the plans. If the plans and services appear inappropriate or ineffective, or if changes in the families occur, staff establish new plans with the families that are more appropriate and effective. If children's safety appears to be unattainable in their homes, staff make recommendations about other options to the families and appropriate authorities.

Families who are receiving these services may still have unmet needs when their cases are closed, but the safety of their children will be controlled and risk of abuse or neglect reduced. Staff will refer families to other appropriate resources to address their remaining unmet needs.

PRS recently introduced policies that will encourage greater participation of supervisory and state office staff in decisions about types and lengths of service and the appropriateness of closing cases. Staff have also learned more about:

- ◆ risk and safety assessment techniques;
- ◆ new approaches to working with families to protect children and reduce risk;
- ◆ encouraging services to achieve safety and risk reduction as quickly as possible with staff and resources that are realistically available;
- ◆ providing ways staff can share skills, knowledge, and abilities with each other;
- ◆ safety planning; and
- ◆ child protection.



## Foster Care

When it has been determined that children are not safe with their families because of abuse or neglect, CPS staff work with the courts to obtain managing conservatorship of the children. This court authorization allows staff to remove children from their families and place them temporarily with others and work with the families to make their homes safe for the children's return. Children may be placed with relatives, in foster homes, or in child-care facilities during their stay in the foster care system.

The increasing number of abuse and neglect reports result in a corresponding increase in the number of children entering foster care. At the end of fiscal year 1992, the number of children in care was 9,965. The end of fiscal year 1993 found 10,880 children living in out-of-home placement because their families were unable to provide them with a safe environment.

When children initially enter the foster care system, their needs are evaluated to determine the resources that can best support normal growth and development while they are awaiting resolution of their families' problems. Staff worked

with the private sector in fiscal year 1993 to encourage the development of assessment centers that can receive children on an emergency basis and start medical, psychological, and developmental assessments almost immediately. The goal of centralized centers where staff can assess children's needs, which is a relatively new concept in Texas, is to reduce the number of times children are moved while in care.

The great majority of children can, with support and understanding, be helped to live with volunteer families in the community. These volunteers, generally referred to as foster families, make caring for an extra child a part of their daily lives. Foster families frequently assist in taking the children to appointments with professionals such as dentists, doctors, and psychologists. Additionally, foster children can have visits with their biological families that may also include participation by their foster parents.

For years, CPS staff have struggled to recruit and train sufficient volunteers to become foster families. During fiscal year 1993, staff were able to exceed statewide goals for the number of new foster families certified to care for abused and neglected children. This success allowed staff to place fewer children with individual foster families so the children can receive more personalized attention.

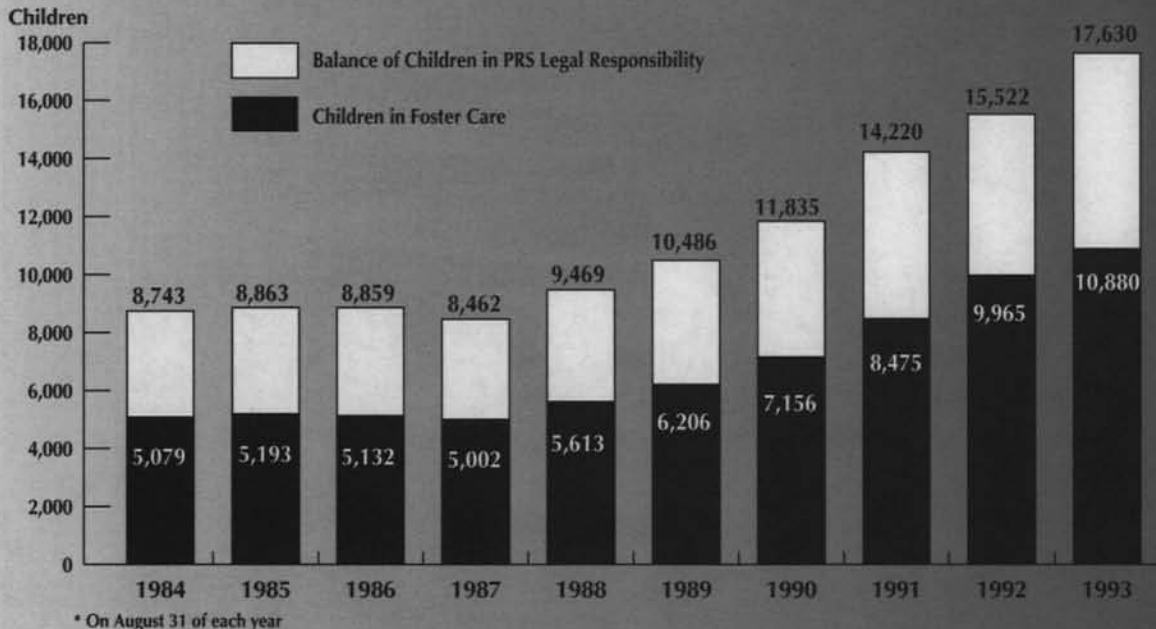
At the same time, staff have been evaluating the strengths and weaknesses of the foster parent system to determine what changes are necessary to make it a more satisfying volunteer experience. In conjunction with the state foster parent association, staff developed a survey that was mailed to every foster family registered with the agency. At present, staff are analyzing the responses to determine what changes are needed to improve the foster parent program.

During fiscal year 1993, CPS began to collaborate in a multi-state effort to develop new training for foster parents that will enhance their abilities to work with children. This training is only being offered to people who have already been certified as foster parents. The regular certification process requires prospective foster parents to attend 10 training sessions that provide them with basic information about PRS, CPS, and the effects on children of abuse, neglect, and removal from the home. This advanced training will help staff place children who have extensive medical, emotional, or behavioral needs that are difficult for many families to meet. Those children whose needs are too great for family care are cared for in facilities that are monitored by staff on a regular basis.

Staff still must determine whether parents can make the changes needed to provide their children with a minimum level of care and supervision. With the support of periodic court reviews, staff determine whether it is possible to return the children to their homes. When staff conclude that it isn't possible to do so in the near future, arrangements are made through the court system for children to grow up in a consistent, stable environment that will provide them with long-term nurturing relationships. The process of finding and developing such environments is called permanency planning.



## Children in Legal Responsibility of PRS Including Children in Foster Care Placement FY 1984-93



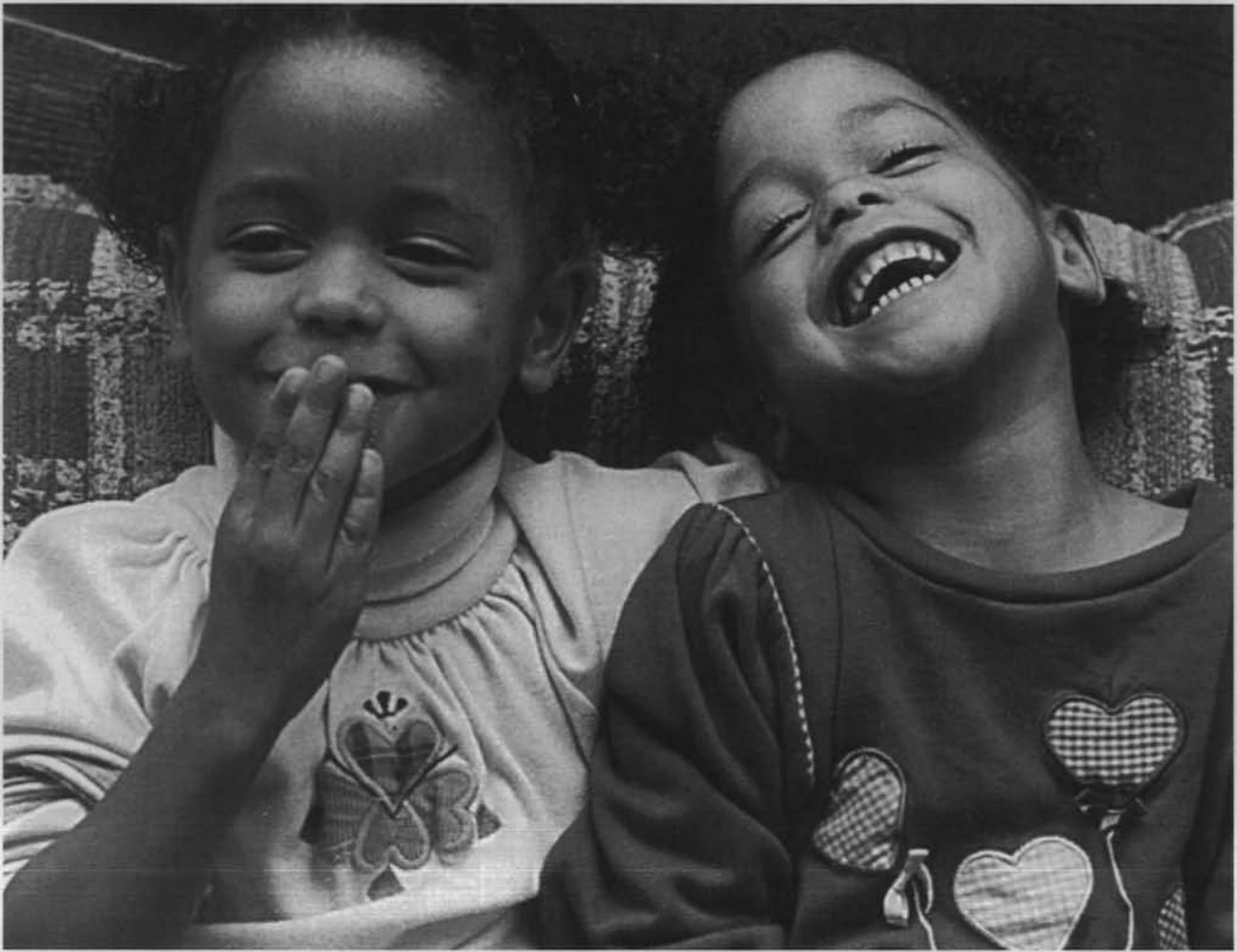
During fiscal year 1993, a select group of staff worked to develop better guidance for their peers in making the difficult decisions involved in permanency planning. This activity has the long-term goal of helping to reduce the amount of time that children remain in the foster care system.

## Adoption Services

The permanency plan for most children in PRS's managing conservatorship is for the children to return home and for the agency's responsibility to be dismissed. But when a child cannot return home safely, adoption is the most frequently selected permanency plan.

Once PRS determines that adoption is in the best interest of a child, staff ask the court to terminate the parental rights of the child's parents. When the child is legally freed for adoption, staff begin work towards placing the child with a permanent adoptive family.

Most of the children in PRS' conservatorship who are awaiting adoptive placements have special needs. They generally are school-age, have physical or mental disabilities, belong to racial minorities, or need to be placed to-



gether with their brothers or sisters. These children have a great need for acceptance and nurturing to help them grow and flourish. The PRS adoption program finds adoptive families for these children, but also encourages private adoption agencies to aid in the process. During fiscal year 1993, the agency placed 872 children in adoptive homes.

To enhance adoption services for children with special needs, PSFC has continued to make a special effort to recruit adoptive parents. The program's recruitment activities are both general and specific to a child's identified special needs. The activities involve efforts such as adoption booths and fairs at malls and other public facilities, public service announcements, news media campaigns, community task forces, recruitment of churches and private industry to help locate prospective adoptive families, and airport billboards.

Another resource used is the Texas Adoption Resource Exchange (TARE), which is an information exchange and photo-listing service published by PRS. TARE includes both the children who are available for adoption and families who can raise children with special needs. Registrations can be matched by specific criteria and referred to the child-placing staff. The exchange is also attached to a national photo listing that provides information regarding PRS' children to families across the United States. TARE is distributed to about 500 agencies in Texas and other states.

Once recruited, prospective adoptive families attend a training program. The training gives staff and prospective adoptive families the opportunity to explore their abilities to care for children with special needs. After adoptive parents complete the training, PSFC staff complete a home study of the parents. The study includes an assessment of the adoptive family's flexibility in all areas of life and their sensitivity, understanding, and ability to deal with the children's unique needs.

When the home study is completed and the family is approved for adoption, adoption staff work with other CPS staff to identify children awaiting adoption who may benefit from a particular family's skills.

When an adoptive family is selected for a child, CPS staff help the family understand the child's readiness for adoption and evaluate the family's ability to provide for the needs of the specific child. This process is started by providing the adoptive family with a copy of the child's case record, including a detailed Health, Social, Educational, and Genetic History (HSEGH) report, which the family is required to review before meeting the child. Information that might identify individuals whose identity is confidential is deleted from the copy of the case record that the adoptive parents review.

After several preplacement visits between the child and adoptive family, the placement is arranged. PSFC's adoption services staff provide support services to help the child and adoptive family develop their relationship. The adoption can be consummated after the child has been in the adoptive placement for six months.

Children in foster care are often adopted by their foster parents, although they are assessed in a similar fashion to any other prospective adoptive families entering the CPS program. As with new placements, foster-adoptive placements receive support from adoption services staff to prepare the child and foster family for the transition.

To alleviate financial barriers related to the adoption of children with special needs, adoption subsidies are available to eligible children. Adoption subsidies help adoptive parents with expenses related to the placement and ongoing care of a child with special needs. The subsidies, which include medical coverage, are provided from either federal or state funds depending on the eligibility of the child. Another resource to alleviate financial barriers associated with adopting children who have special needs is the nonrecurring adoption expenses benefit. According to the Tax Reform Act of 1986, PRS reimburses nonrecurring adoption expenses such as attorneys' fees, court costs, and adoption study costs.

Children with backgrounds of abuse and neglect may experience problems as they grow up in adoptive homes. Post-adoption services are available to families and their adopted children to support them through the periodic and ongoing adjustment, help overcome the children's severe backgrounds, and prevent permanent or long-term removal of children from the adoptive families' settings.

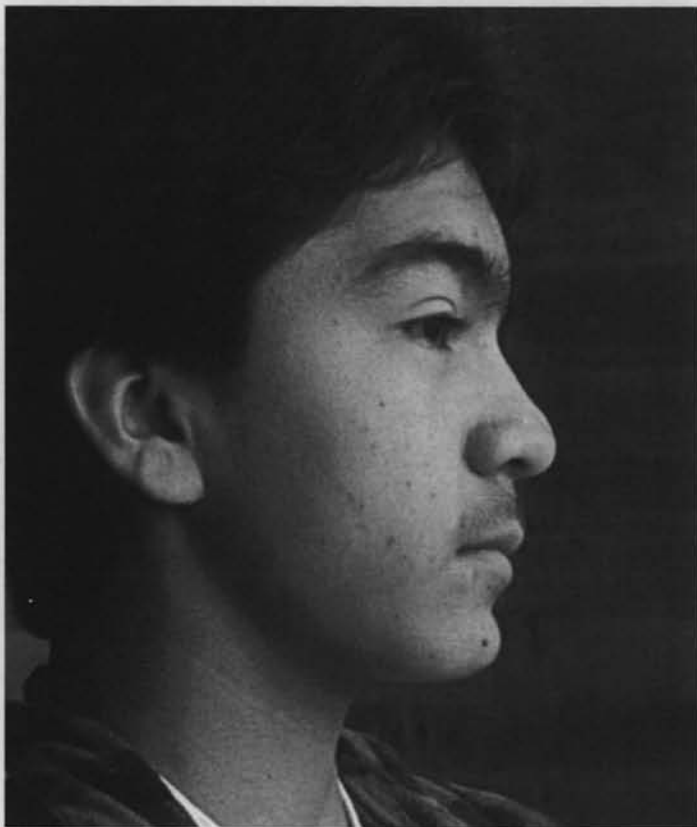




Post-adoption services are also available if PRS was the managing conservator or provided adoption assistance benefits for the child before adoption. Services are provided by contracts with private agencies that have experience in working with adoption of children with special needs and include case management, referral services, parent groups, parenting programs, counseling services, respite care, crisis intervention, and residential treatment for severely emotionally disturbed children. Post-adoption services were provided to 3,111 people during fiscal year 1993.

To ensure the protection of children and adoptive families when working across state lines, Texas abides by the Interstate Compact on the Placement of Children. The compact promotes cooperation between the 50 states, the District of Columbia, and the U.S. Virgin Islands in foster and adoptive placements.

The compact ensures that each interstate placement is in the best interest of the child, policies and applicable laws have been followed, the child's legal and financial responsibilities will continue to be met by the sending agencies or individuals, and the child actually relocates to the receiving state. During fiscal year 1993, 1,017 children were approved by interstate compact to be placed into Texas and 1,413 were approved for placement out of the state.



## **Preparation for Adult Living**

Becoming an adult is a frightening and challenging experience, but these factors are compounded further for youths who have been raised by the state in the foster care system. Many of these youths will not be able to depend on their biological families for emotional and financial support while they are making the transition. PRS provides the Preparation for Adult Living (PAL) program to help such youths assume the responsibilities of adulthood.

PAL services include independent-living assessment and skills training; group and individual counseling; sex education; money management classes; vocational assessment and training; General Educational Development (GED) or college preparation courses;

and other services aimed at preparing youths for responsible adulthood. During fiscal year 1993, 1,948 clients participated in the PAL program.

The 73rd Legislature passed House Bill 1356, which exempts youths who are leaving foster care from having to pay tuition and most fees at state-supported universities, colleges, and vocational schools. This legislation opens doors of opportunity that these youths previously had little or no hope of entering. A number of youths began taking advantage of the legislation in September 1993.

## **Services to Runaways and At-risk Youth**

Commonly referred to as the STARS program, Services to Runaways and At-risk Youth makes services available to youth and families who would otherwise fall through the cracks. They are experiencing family conflict related to a youth running away, threatening to run away, or skipping school. The pressures resulting from these family conflicts often create the potential for violence. Unfortunately, the situation must escalate before CPS or juvenile probation will intervene.

Thirty-four contractors across the state maintain 24-hour availability of services to provide crisis intervention and counseling services to youths and families in hopes of resolving conflicts so youths can remain with their families. Contractors have emergency residential care (shelter or emergency foster

homes) available in the event that it is not advisable for youths to immediately return home. Follow-up counseling is made available to all youths and their families and a follow-up contact is made with the family 90 days after termination of services.

During fiscal year 1993, staff began to implement a new data management program that will provide the agency with more information on the clients served and services provided to them, as well as how effective services have been.

## **Other Program Directions**

The PSFC program participated in a major new training initiative—the Children's Protective Services Training Institute. Under a cooperative agreement between PRS and four graduate schools of social work in different metropolitan areas, the Institute offered all CPS supervisors and caseworkers advanced training in topics directly related to the provision of protective services in Texas. The participating universities are the University of Texas at Austin, the University of Texas at Arlington, the University of Houston, and Our Lady of the Lake University of San Antonio.

PSFC staff also completed a worker-turnover study that identified burnout as the major cause of staff turnover. It further identified excessive workload, "bureaucratic distractions," and empathy combined with distress as the leading causes of burnout, and it showed that supervisory adequacy is a mediating factor to reduce both worker burnout and turnover.

Staff also began working on designing a system that will monitor the quality and quantity of CPS services and ensure a better system of accountability for field management. This system will work in conjunction with the PRS Total Quality Management system, which was being designed near the end of the year.