Risk Management in Child Protective Services:
A Balanced Scorecard Approach

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The United States Child Protective Services (CPS) system has received criticism from politicians, media, and the general public for a perceived propensity to make decisions that are detrimental to children and families. In this paper, we propose a management approach that, if implemented, could dramatically reform the way CPS conducts its daily operations.

Public Child Protective Services (CPS) in the United Sates has been a favorite whipping boy of politicians, child advocacy groups, the media, and many in the general public. Horrific cases of child abduction, rape, starvation, or murder in Florida, New York, or Washington, D.C. appear to fade from media coverage only to be replaced by seemingly even more gruesome cases from New Jersey, Illinois, Utah, or Maryland. Especially upsetting to the public are the children who have been killed or severely harmed while they and their families have been under CPS supervision—such cases are perceived as both scandalous and outrageous (Price, 2005; Gainsborough, 2010).

The social outrage provoked by CPS performance has led to an almost uninterrupted call for reform in policies, case practice, and/or administration (Schorr, 2000; Lindsay, 2004). These reform efforts have taken the form of federal and state legislation (Lindsay, 2004; Child Welfare Information Gateway, 2011) and judicial interventions like consent decrees and injunctions (Lowry, 1998; Noonan et al., 2009). CPS has experimented with a variety of administrative reforms, some of these mandated by legislation, statute, or court order and others instituted voluntarily. It is useful to clarify such reforms at management into three broad categories: (1) improved traditional, (2) limited function, and (3) privatized.

An examination of the class action suits filed against CPS in 35 states and resulting consent decrees indicates that in a majority of these states, calls for restructuring have been tantamount to demands for integrated investigation and services components that function at the highest level possible. In New Jersey, Utah, Alabama, and the District of Columbia, for example, states have been pressed to implement what has been termed variously as the social work practice model, the problem-solving model or the diagnostician approach (Golden, 2009; Jagannathan and Camasso, 2011; Noonan et al., 2009). The emphasis is placed on careful triage backed by a rigorous quality service system (QSS), which, in turn, is based on explicit standards for child status and system performance and continuous case review.

Limited function models come in two forms—one advocates stripping CPS of its service function, the other takes away investigation.

Pelton (1989), for example, believes CPS should give up investigation completely so that the agency can concentrate on providing services to poor families on a voluntary basis. For Pelton, "discovery, investigation and judgment of individual culpability and wrongdoing should have provenance in law enforcement and the courts" (p. 158). Lindsay (2004) and Wulczyn and colleagues (2005) also recommend that law enforcement assume responsibility for CPS investigation functions but limit that role to serious abuse cases where intentional harm is alleged or suspected.

Some, but certainly not all, of the impetus for a CPS grounded in social services delivery emanates from legislation like the Adoption Assistance and Child Welfare Act (AACWA) of 1980 and from a vibrant Family Preservation movement (Cameron and Vanderwoerd, 1997; Pecora et al., 2000). Family Preservation resonates well with both the American ethos of encouraging strong families and social work ideals of forging effective helping relationships through intensive expenditures of effort.

Instead of discarding investigative functions, Waldfogel (1998) is among a group of reformers who call for discarding family service components. She supports a CPS that works closely with law enforcement on the toughest cases of child maltreatment while referring less severe cases to community and social services agencies. Waldfogel asserts that this approach would solve the five principal problems of the current CPS system, i.e., overinclusion, capacity, underinclusion, inadequate services, and inappropriate services. Another proponent of this investigation or extreme case/safety model is the Vera Institute of Justice. As Ross (2009) notes, the New York City Administration for Children's Services was split out of the City's Human Resources Administration in 1996 in the wake of widely publicized child deaths and widespread concern about the system's ability to keep children safe.

Outrage, coupled in some instances with the impetus to secure cost efficiencies, has motivated a number of states to privatize some or all of the frontline, child protective services case management functions (Collins-Camargo, McBeath and Ensign, 2011; McBeath and Meezon, 2008). Collins-Camargo and colleagues report that in 2008, 11 states, including Maryland, Michigan, and Ohio, had engaged in

limited privatization—usually of foster care case management—with six states, Florida, Illinois, Kansas, Maine, New York, and the District of Columbia opting for large-scale privatization. Substantial privatization typically results in the transfer of frontline case management functions, including setting case goals, choice of services, and case evaluation, to not-for-profit organizations.

These efforts to reform CPS management, especially when they involve limiting functions or privatizations, are not without critics. Rogowski (2012; 2010) maintains that "managerialist policies" result in a social work practice with children and families that is de-professionalized, culturally insensitive, and client-controlling. West and Heath (2012) cite a "McDonaldization" of services where an ideology of reductionism, speed of response, and accountability supplant holistic approaches and practice wisdom. Noble and Henrickson (2012), too, lament a fragmentation of client care that is the sequelae of "new managerialism" and its commodification of services and reliance on the economic principle of efficiency.

No matter the management reform path taken, decisions about child safety still need to be made. As Myers (2006) points out, the lines separating the criminal from the non-criminal and the severe from the non-severe often are fuzzy ones, and problems will continue to overlap. Whether or not CPS decisions are made in an NGO or government bureaucracy or in one or several organizations matters less, it would seem, than if these decisions are made competently, and competency in CPS is inextricably bound to the quality of the risk management system being utilized.

Risk Assessment, Outrage Management, and Balanced Scorecards

The centrality of an evidence-based risk management system in CPS to any credible reform endeavor has been argued persuasively by a number of child welfare scholars (Gambrill, 2008; Gambrill and Shlonsky, 2001; Rzepnicki and Johnson, 2005). For Gambrill and Shlonsky (2001), such a system should contain these components:

> Ideally, risk management should minimize risks from all sources that contribute to unwanted outcomes (e.g., harm to children), not only risks posed by parents to their children, but risks posed by child welfare staff and service providers to clients and all procedures put in place to decrease both. Elements also include safeguarding the assets of the organization (financial, reputational and staff morale) under aims of risk management as well as responding effectively to client concerns …. (p. 89).

When risk management is defined to include both the clear identification of risk and organizational, professional, and societal capacity to effectively respond to risk levels, risk assessment is transformed into what some have termed "social vulnerability management" (Barrett, 1999; Alwang, Siegel, & Jorgensen, 2001).

While this broad focus on social risk management is movement in the right direction, its roll-out in CPS reveals two principal shortcomings. The first is the issue of guidance; risk management in this literature has typically taken the form of long lists of prescriptions and prohibitions which can range from case review strategies and hiring practices to service coordination and service "gap" reporting (Gambrill, 2008; Gambrill & Shlonsky, 2001). One list of components from Gambrill and Shlonsky is shown in Figure 1.

Such lists are as overwhelming as they are exhaustive. Most CPS managers would likely agree that many or even all of the components in Figure 1 are critical for real CPS reform; however, without clear principles for prioritization it is easy to see how efforts could be swallowed up in Alvin Schorr's aptly named "palate of gray" (Schorr, 2000, p. 130).

A second problem with current risk management conceptualization in CPS is the adoption of a public health definition of "risk as a function of hazard" where hazard embodies the properties of a person, object, or event that poses a threat to personal health and safety. The level of risk posed here depends on the magnitude of the threat (state of nature) measured by toxicity and dosage and the likelihood of exposure.

Figure 1

Components of Risk Management Systems in Child Welfare

1. Clear description of practice and policy components likely to maximize attainment of hoped-for outcomes.
2. Effective implementation of a risk assessment instrument that contributes to sound decisions.
3. Clear performance standards for all staff and selection of standards based on what has been found, via rigorous appraisal, to maximize hoped-out outcomes (e.g., increase safety for children).
4. Monthly random audit of a sample of cases of each staff member and provision of individualized feedback and training based on this review.
5. Hiring supervisors with the values, knowledge and skills required to help staff maintain desired staff performance levels and random audit of a random sample of related supervisory behaviors/products.
6. Hiring staff who possess values, knowledge and skills required to fulfill expected tasks at minimal levels of competence as demonstrated by their performance on related asks.
7. Hiring administrators who encourage evidence-based practices and policies (see text) and who are expert in arranging positive contingencies to support related staff behaviors; routine review of their policies and practices in relation to key indicators.
8. Up-to-date, clear descriptions of services offered and outcomes attained by local agencies related to areas of interest (e.g., parent training, substance abuse). This should include critical reviews of the evidentiary base of each service offered.
9. Description of variations in services provided and related outcomes that are provided to staff, clients, and funding sources.
10. Clear description of what is needed to achieve hoped-for outcomes and what is provided on each case.
11. Access to computer databases that facilitate sound decision-making.
12. A whistle blowing policy that contributes to constructive criticism of current agency policies and practices.
13. A nonpunitive (anonymous?) system for identifying errors and mistakes and use of these data to improve service quality.
14. An accountable, accessible, user-friendly client feedback system and regular review of complaints and compliments to enhance quality of services. Complaint forms should be readily accessible in every office.
15. Selection of evidence-based training programs for staff (i.e., programs that include instructional formats that maximize learning and that incorporate content found via rigorous appraisal to help clients achieve certain outcomes) and evaluation of training via review of on-the-job practices and outcomes.

Source: Gambrill and Shlonsky (2001)

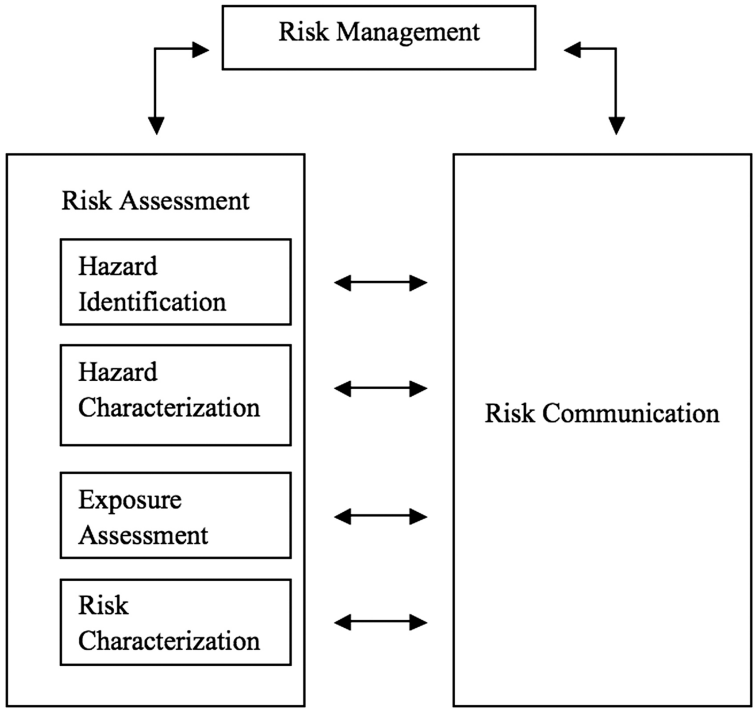
Given the importance of social outrage to CPS operations and CPS reform efforts, it would appear that a re-specification of this public health conception of Risk = f(Hazard) is warranted. This new specification can be written simply Risk = f(Hazard, Outrage), where hazard is defined as before and outrage measures the level of public anger and mistrust in CPS decisions. When risk is conceptualized as a function of outrage as well as hazard, risk management becomes a process of hazard measurement and intervention coupled with a strategy for outrage measurement and communication.

Risk communication has been defined as "an interactive process of exchange of information and opinion among individuals, groups, and institutions. It involves multiple messages about the nature of risk and other messages, not strictly about risk, that express concerns, opinions or reactions to risk messages or to legal and institutional arrangements for risk management" (Covello, Peters, Wojtecki, & Hyde, 2001, p. 3). Sandman (2003), for example, has identified four types of risk communications: (1) public education, when hazard is high but outrage is low; (2) stakeholder relations, when both hazard and outrage are at moderate levels; (3) outrage management for situations of low hazard and high outrage, and (4) crisis communication for circumstances of high hazard and high outrage. A principal task in outrage management, for example, is to reduce outrage by listening, acknowledging, apologizing, and sharing control and credit as a means of paving the way for a discussion of actual hazard.

In her expanded list of components of a systematic risk management system in child welfare, Gambrill (2008) does make mention of needed attention to community engagement and advocacy. It is not obvious from this inclusion, however, if this input is part of a conscious risk communication effort or mainly a needs assessment tool. Conceptualizations of risk management systems outside of CPS have called for the close coordination of risk assessment and risk communication endeavors. One of these models, adapted by the European Commission's Health and Consumer Protection Directorate General (2004) is depicted in Figure 2.

Figure 2

The Interconnected Components of Risk Analysis — Risk Assessment, Risk Communication, and Risk Management



Source: The European Commission (2004)

Here, a full-throated risk communication strategy interacts sequentially with hazard identification communications, hazard characterization levels, exposure data, and overall risk level characterization. While the risk management of outrage is not explicitly referenced in this model, it is not difficult to imagine how these multiple messages can be fashioned to address emotional as well as technical/analytic content.

Strategic Balancing of Risks in CPS

One vehicle that could be utilized in CPS to create a risk management system capable of addressing both the hazard and outrage components

of risk is the approach termed "balanced scorecards." Developed in 1992 for business and industry by Robert Kaplan and David Norton, the approach has been characterized as follows:

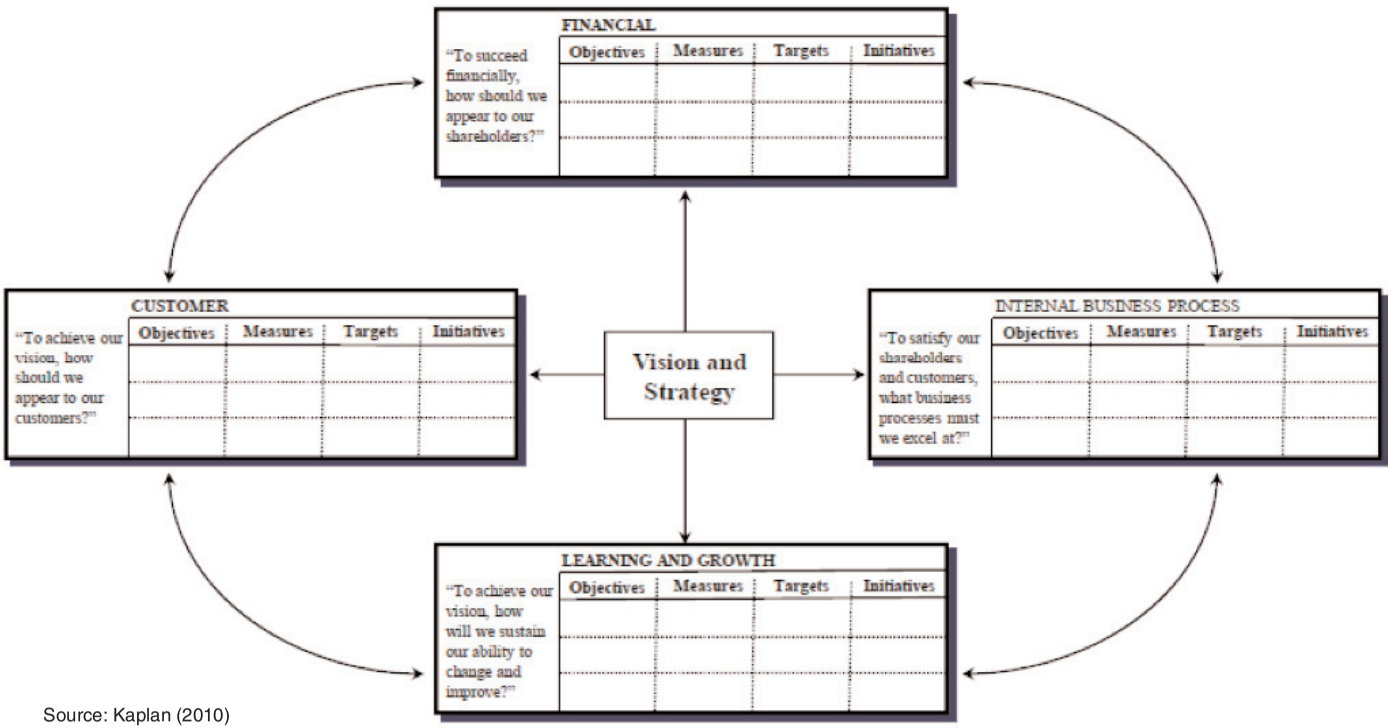
> A good balanced scorecard should have a mix of outcome (status) measures and (system) performance drivers. Outcome measures without performance drivers do not communicate how the outcomes are to be achieved. They also do not provide an early indication about whether the strategy is being implemented successfully. Conversely, performance drivers—such as cycle time or part-per-million defect rates—without outcome measures may enable the business to achieve short term operational improvements but fail to reveal whether the operational improvements have been translated into enhanced financial performance. (Kaplan & Norton, 1996, p. 150)

Within this framework, a company's business strategy is evaluated from the four linked perspectives shown in Figure 3.

Financial performance is measured as profitability and growth and this, in turn, is seen as dependent on customer valuation and internal business practices that insure cost control, quality, and reliability. Measures of employee learning and growth are viewed as enablers of the other three perspectives, capturing employee commitment and productivity (Kaplan & Norton, 1992). Effective balanced scorecards are characterized by relatively few measures that can be ranked numerically on simple scales across six criteria: (1) linkage to strategy, (2) ability to quantify, (3) accessibility, (4) understandability, (5) balance, and (6) common definition (Kaplan & Norton, 1996). These measures are linked in cause-effect sequences that describe the strategic story of the company and provide the outline of the specific path(s) the organization should follow to achieve success when employing that strategy. As Figure 3 indicates, specific objectives and performance measures are accompanied by targets, benchmarks, and timeframes for initiatives designed to accomplish those objectives. It is difficult to imagine how balanced scorecards can be successful if an organization's

Figure 3

The Four Perspectives of a Balanced Scorecard: Business and Industry Application



Source: Kaplan (2010)

senior managers lack a strategic vision and/or these managers are uncomfortable with accepting employee initiated objectives, measures, and initiatives to achieve broad goals they have articulated.

Inasmuch as balanced scorecards seek to temper the profit-making motivation of business with considerations of customer satisfaction, employee growth and high service quality, this approach would appear to blunt some of the criticism aimed at the "new managerialism" (Noble & Henrickson, 2012) and "social work business" (Rogowski, 2012; West & Heath, 2012) models that has penetrated public child welfare. Indeed, balanced scorecards have begun to make their way into CPS through several state consent decrees in which courts have prescribed structural and process changes to correct performance inadequacies (see, for example, Center for the Study of Social Policy, 2010; Golden, 2009; Noonan, Sabel, & Simon, 2009). These litigation settlements recognize that while CPS is not a business per se, it is an institution that must function with efficiency, impeccable quality, professionalism, and community trust. In essence, these court agreements brush aside the contention that business principles and social work values are antithetical and even view them as mutually reinforcing when child protection goals are clearly articulated (Center for the Study of Social Policy, 2010; Noonan, Sabel, & Simon, 2009).

Managed healthcare is the human services setting with the most exposure to the balanced scorecards (Inamdar & Kaplan, 2002; Yeager, 2004). Yeager notes, however, that despite the scorecard's "simplistic" approach (p. 891), healthcare organizations have experienced difficulty in applying this tool to centralized systems that frequently are driven by multiple missions and have multiple practice services and competing political and programmatic goals. Multiple missions typically have multiple objectives and measures, which lead inexorably to laundry lists and metrics overload. Mark Brown (2007) maintains that scorecards with too many metrics usually contain too few multiple measures for individual objectives and high ratios of lagging-to-leading performance indicators. A paucity of leading metrics makes establishing cause-effect linkages nearly impossible.

In his recent writings on the evolution of the balanced scorecard, Kaplan (2010) has discussed the necessity of augmenting his twin pillars of financial performance, i.e., growth and profitability with a third pillar, risk management. He notes that there is now an intense focus in companies around the world on the measurement and management of risk, and many companies lack the strategic guidance and empirical data to create a business model that is structured to optimally counterbalance risk, growth, and profitability. A balanced scorecard without a risk management component would appear to make little sense for an organization like CPS, whose *raison d'être* is the assessment and management of risk.

Kaplan and Norton (1992; Kaplan, 2010; 1996) maintain that the most important variable in explaining the success or failure of balanced scorecards is real executive leadership. Leadership is necessary to translate vision into the linked strategic objectives and to use performance measures interactively. Absent leadership, maintaining this management tool will devolve into just another ad hoc reporting system (Kaplan, 2010).

Incorporating a risk management system, a scorecard that balances outcome measures and performance drivers or, for that matter, any management approach that attempts to improve mission clarity and tangible forms of accomplishment in CPS would appear, in principle, to have few detractors. Successful adoption of systems that rely on quantifiable metrics and analytics occur frequently in settings like managed care or market-based business; success stories in the public sector, however, are much more difficult to find. We propose a management model that, if implemented, could dramatically reform the way CPS conducts its daily operations. When evaluating the feasibility of our approach, the reader needs to ask, as we do, if what we are suggesting can take place in a government-run agency without an explicit court order.

The core structure of the framework is presented in Figure 4. The model integrates risk management into a balanced scorecard, making outrage management and hazard assessment the pair of reciprocal linkages that bind overall reform vision to system performance and child outcomes. The staff learning and growth perspective in Figure 4 addresses the issues of human capital readiness and capability to engage in the organization's strategic vision and achieve CPS performance goals.

Figure 4
Applying a Balanced Scorecard to Institutional Reform in Child Protective Services

Planning and implementation of the framework would require an up-front commitment of the organization's strategic apex (top administration and middle managers) and the commitment of the technostructure, operating core, and support staffs to participate and help generate an organizational climate immersed in metrics and analytics (Mintzberg, 1979).

Federal legislation and regulations, especially the Child Abuse Prevention and Treatment Act (CAPTA) (1974), the Adoption and Safe Families Act (1997), and the Child and Family Services Improvement Act (2006) provide a very general adumbration and a broad mission of child protection with which states must comply if they are to receive federal funding. It is states, however, that make the programmatic and fiscal decisions that shape specific strategies in CPS organizations. In New Jersey, for example, the mission of the Department of Children and Families is to insure the safety, permanency, and well-being of children and to support families (New Jersey Department of Children and Families, 2007). States retain the right to have blurry, nonspecific, or even ambiguous visions; states also have the prerogative to create visions that in Niven's (2004) words can clarify direction, motivate action, and coordinate effort. One thing, however, is hardly debatable—it is unlikely that an organization, public or private, can formulate a coherent strategy for effective operations without a vision containing an organization's core values and cause-effect principles. The pivotal importance of clear organization vision can be found at many of America's most successful businesses. Johnson & Johnson (2010), one of America's A-list corporations, guides strategic decision making with its famous Credo, which promulgates a balance of responsibilities to health professionals, patients, employees, communities, and stockholders. Johnson & Johnson describes the Credo as not only a moral compass but its recipe for business success. It is noteworthy that this statement of vision (available on the Johnson & Johnson webpage) shares several attributes that can be found in virtually all well-thought through mission statements; it balances the interests of the various stakeholders in describing how the organization will reach performance goals and create future value. At minimum, therefore, it would appear eminently practical for state CPS agencies to

formulate a strategic vision that addresses the needs of staff, media, the legal system, and politicians, as well as child and family victims.

What would a CPS vision statement look like that is capable of clarifying direction, motivating action, and coordinating effort? At the risk of appearing presumptuous we offer this starting point:

> We are an organization that must protect children from child maltreatment by making decisions about risk that are trusted in the community, are based on a thorough scientific knowledge of hazards and are the product of employees with the commitment capabilities, and readiness to achieve excellence.

The statement serves to focus the operational objectives and metrics that are necessary for CPS to realize its vision. It also focuses the specific communication, internal operations, and staff development tasks that need to be undertaken. If one believes the CPS vision we have offered is worthy of pursuit, or is simply willing to indulge our overactive imaginations, we now provide some concrete suggestions for CPS reform.

Implementing a Hazard Assessment Strategy

What must CPS excel at in order for children to be protected and for the public, including judges, court appointed masters, politicians and law enforcement, to express their satisfaction with the level of protection being rendered? According to the vision we have laid out, this would have to be a service characterized by rapid response, on-time delivery, and, most importantly, few defects. Stated differently, CPS internal operations must be premised on a vital, organization-encompassing quality control system.

In some institutional reform litigation, the courts have required states to initiate or revamp quality assurance efforts with the goal of forcing explicit and standardized explanations and measurement of system and child outcomes. The Quality System Review (QSR) adopted in Alabama, Utah, and nearly a dozen other states has proven to be the central measure of compliance in decisions to terminate court supervision (Golden, 2009; Noonan et al., 2009). At the core of QSR is an extensive

and intensive case review of random, proportionate-to-size samples of cases from all county offices. Reviews are conducted by teams of caseworkers and supervisors who begin with a file analysis and then proceed to interviews with the child(ren), family members, non-family caregivers, professional consultants, and teachers. Case results are scored numerically on a series of indicators that measure system performance and

Figure 5

Child Status and System Performance Ratings for a Sample Case Evaluated by the Utah QSR

Child Status	Rating
1a. Safety of the Child	5
1b. Safety Risk to Others	5
1. Overall Safety	5
2. Stability	5
3. Appropriateness of Placement	6
4. Prospect of Permanence	4
5. Health/Physical Well-Being	6
6. Emotional/Behavioral Well-Being	4
7. Learning Progress (5 and older)	3
8. Developing/Learning Progress (under 5)	n/a
9. Caregiver Functioning	5
10. Family Functioning and Resourcefulness	n/a
11a. Child Satisfaction	5
11b. Parent/Guardian Satisfaction	5
11c. Substitute Caregiver Satisfaction	6
11. Overall Satisfaction	5
12. OVERALL STATUS	5

System Performance	Rating
1. Child and Family Participation	5
2. Child and Family Team/ Coordination	4
3. Child and Family Assessment	4
4. Long-Term View	5
5. Child and Family Planning Process	5
6. Plan Implementation	6
7. Formal & Informal Supports & Services	5
8. Successful Transitions	5
9. Effective Results	4
10. Tracking and Adaptation	5
11. Caregiver Support	5
12. OVERALL PERFORMANCE	5

Source: Noonan et al. (2009)

child/family status. In essence, the two sets of indicators provide the inchoate form of the balanced scorecard we have introduced in Figure 4.

In Utah, QSR indicators are scored on a six-point scale, with six being optimal and one totally unacceptable; four is considered minimally acceptable. An example of an individual case summary is provided in Figure 5. Subsequent to case scoring reviewers meet with caseworkers and supervisors to discuss their findings.

Cases are aggregated and summaries are produced which show the number of cases scored as acceptable and non-acceptable. As Noonan and colleagues (2009) observe, in addition to functioning as a performance measure, the QSR data serve as a form of clinical training for workers and as a means of values elaboration for the entire organization.

From the lofty perch we have constructed, the QSR provides CPS with a good starting point for implementing a data-based, hazard assessment strategy. In two respects, however, the current iterations of QSR do not go far enough in establishing metrics for codeable decision making processes and including analytics that permit worker, work unit, and office profiling. Borrowing from the early work of the quality assessment pioneer, Avedis Donabedian (1980), the authors have developed and implemented a 61-page case record audit protocol that tracks the following twelve fundamental components of decision making style, which when taken together map a CPS worker's or supervisor's hazard assessment strategy (see Camasso & Jagannathan, 1992).

1. Amount, type, source of information collected
2. Speed of information seeking and collection
3. Value of information items sought (a) according to office norms (b) professional standards
4. Sequence in which items are collected
5. Information re-evaluation (in light of contemporaneous or subsequent information collection)
6. Degree of redundancy
7. Stereotyping
8. Search patterns with respect to the problems known/believed to be central

9. Tendencies to act prior to amassing sufficient information
10. Tendencies to seek information beyond the point of reasonable assurance about the solution
11. Error tolerance
12. Degree of success sought in achieving a solution.

By incorporating these measures into a quality control system the organization can significantly enhance its clinical diagnosis and teaching capacity.

QSR comparisons of simple rankings on child status or system performance indicators have a great deal of utility, but like any point estimates, they tell only a partial story. The simple method of control charting (Crocker, 1990; Knapp & Miller, 1983) offers a way of tracking a performance indicator over time and across individuals to determine if scores are above or below acceptable limits, usually set at 95% or 99% confidence intervals. Receiver Operating Characteristic (ROC) curve analysis allows CPS to venture beyond the simple juxtaposition and side-by-side comparison of outcome and process scores to a formal analysis of judgment patterns and clinical errors. Both control charting and ROC analysis are natural, analytic extensions of QSR; both are readily available in popular statistical packages.

Implementing an Outrage Management Strategy

Real balance between CPS penultimate and ultimate outcomes on the one hand, and risk management processes on the other, can only be achieved with the inclusion of an aggressive outrage management strategy (see Figure 4). Just as business must take into consideration a customer perspective (i.e., consumer satisfaction, cost to customer, market share) to insure a successful financial outcome, so must CPS develop and implement a risk communication process that can change public perception about agency effectiveness. By aggressive management here, we are not talking about a public relations campaign. Image re-packaging and impression management are not likely to be successful for an organization struggling to explain a child's death or starvation. Public

relations strategies assume a high-hazard, low outrage circumstance where monologues issued through the media are employed to grab attention (Sandman, 2003). Inattentiveness to CPS actions, especially in egregious cases, is clearly not the problem.

Outrage management is not likely to be successful, moreover, if the organization interprets the problem as a matter of public education. As dreadful as child fatalities and torture are, they are not pervasive hazards experienced by American children or encountered by CPS workers. Relative rarity tends to exacerbate the difficulty of educating individuals about the nature of risk, itself a significant challenge for reasons described by Covello and Sandman (2001):

> Largely because of gaps in knowledge, risk assessment seldom provides exact answers. In this sense, it suffers from the same weaknesses as many other fields of scientific inquiry. A variety of confounding factors often make it difficult, if not impossible, to reach definitive conclusions about cause and effect. This is especially the case for health risk assessments where usually direct testing on humans is ethically prohibited. As a result, outcome of most risk assessments are best seen as estimates, with varying degrees of uncertainties about the actual nature of risk. These uncertainties can justify conflicting interpretations of the data, typically grounded as much in value judgments as in scientific judgments. (p. 166)

Public education programs, like public relations, assume a high-hazard, low-outrage set of circumstances. Horrendous cases of child maltreatment, conversely, place CPS agencies in low-hazard but high outrage situations, which are not likely to be emended by technical discussions laden with probabilistic caveats. More likely than enlightenment is the prospect of even higher levels of outrage.

Low-hazard, high-outrage positions call for risk communications that address the emotion and worry experienced by the general public. Such positions need to contain content that risk perception research has

found to play a major role in determining an audience's anxiety, fear, hostility, and outrage. Covello and colleagues (Covello et al., 2001; Covello, Sandman, & Slovic, 1988), for example, have isolated 15 "perception factors" that significantly influence attitudes and behavior at times of high outrage (see Figure 6).

Outrage has been found most often when risk is perceived to be involuntary, uncontrollable, unfamiliar, unfair, poorly understood, uncertain, dreadful, ethically objectionable and associated with untrustworthy institutions. From a purely risk = hazard definition, these perception factors can be viewed as distortions, "hype" or misconceptions; from a balanced risk management perspective, on the other hand, disdain for the outrage potential of these perceptions would be viewed as a grave organizational dereliction.

A close examination of Figure 6 reveals that underpinning virtually all of these outrage factors is the element of trust. In point of fact, only when institutions and their employees engender trust in their customers and/or client base and the broader public can that institution hope to begin the task of public education and consensus building (Covello et al., 2001; Covello et al., 1988). The core of any CPS outrage management strategy must contain a recipe for regaining the public trust. One ingredient in that recipe must be the close affiliation of CPS with trusted state and national institutions, inside and outside the child welfare field. Perfunctory affiliations will not suffice; successful trading-in on the reputations of others will require tangible interactions that produce tangible accomplishments—namely, accreditations, continuing education credits, certificates, awards, degrees, and testimonials. The expert panels or special masters appointed in institutional reform litigation can serve as a springboard for subsequent trust-building associations when consent decree are terminated—assuming these entities are trusted.

Insight into the trust levels of CPS may be educed from the authors' experience on a research project they conducted with the New Jersey Division of Youth and Family Services (DYFS) some years ago. One aspect of this research was the administration of a questionnaire to the parents of children who had been referred to DYFS for suspected abuse

Figure 6

Risk Perception Factors Influence the level of Public Outrage

1. **Voluntariness.** Risks perceived to be involuntary or imposed are less readily accepted and perceived to be greater than risks perceived to be voluntary.
2. **Controllability.** Risks perceived to be under the control of others are less readily accepted and perceived to be greater than risks perceived to be under the control of the individual.
3. **Familiarity.** Risks perceived to be unfamiliar are less readily accepted and perceived to be greater than risks perceived to be familiar.
4. **Equity.** Risks perceived as unevenly and inequitably distributed are less readily accepted than risks perceived as equitably shared.
5. **Benefits.** Risks perceived to have unclear or questionable benefits are less readily accepted and perceived to be greater than risks perceived to have clear benefits.
6. **Understanding.** Risks perceived to be poorly understood are less readily accepted and perceived to be greater than risks from activities perceived to be well understood or self-explanatory.
7. **Uncertainty.** Risks perceived as relatively unknown or that have highly uncertain dimensions are less readily accepted than risks that are relatively known to science.
8. **Dread.** Risks that evoke fear, terror, or anxiety are less readily accepted and perceived to be greater than risks that do not arouse such feelings or emotions.
9. **Trust in institutions.** Risks associated with institutions or organizations lacking in trust and credibility are less readily accepted and perceived to be greater than risks associated with trustworthy and credible institutions and organizations.
10. **Reversibility.** Risks perceived to have potentially irreversible adverse effects are less readily accepted & perceived to be greater than risks perceived to have reversible adverse effects.
11. **Personal stake.** Risks perceived by people to place them personally & directly at risk are less readily accepted & perceived to be greater than risks that pose no direct or personal threat.
12. **Ethical/moral nature.** Risks perceived to be ethically objectionable or morally wrong are less readily accepted and perceived to be greater than risks perceived not be ethically objectionable or morally wrong.
13. **Human vs. natural origin.** Risks perceived to be generated by human action are less readily accepted and perceived to be greater than risks perceived to be caused by nature or "Acts of God."
14. **Victim identity.** Risks that produce identifiable victims are less readily accepted and perceived to be greater than risks that produce statistical victims.
15. **Catastrophic potential.** Risks that produce fatalities, injuries, and illness grouped spatially and temporally are less readily accepted and perceived to be greater than risks that have random, scattered effects.

Source: Covello et al. (2001)

or neglect. After many hours of discussion and a pretest, we acquiesced to DYFS appeals that we *not* use their stationary, *not* have DYFS officials sign any introductory letters, and *not* refer to DYFS as an agency that helps families in New Jersey. Our response rate was just short of 85%.

A second ingredient for successful outrage management strategy (and this over the long run is more important than the first) requires a fully functioning and productive hazard assessment strategy. It is incumbent upon CPS to provide services of impeccable quality. Some first steps in this direction include the creation of a QSR system, which reviews, analyzes, and reports sufficiently large numbers of cases, achieving compliance with Child and family Services Review (CFSR) process standards. These actions are unlikely by themselves to build sufficient levels of public trust. Case and systems audits will need, at least initially, to be conducted by independent agencies external to child protective services—Quality Improvement Organization (QIO) Programs and/or The Joint Commission (TJC) Programs—kind agencies come to mind. If these types of agencies do not exist, then they need to be created.

A balance of outrage and hazard strategies can go a long way in preparing CPS to deal more effectively with news media, often a fount of oversimplified, distorted, or inaccurate information. A substantial amount of research has shown that journalists report risk in a selective fashion and are inclined to report stories that are unusual, emotional, or sensational; in effect playing to the set of outrage factors which the public already uses to evaluate risks (Covello & Sandman, 2001; Sandman, Sachsman, & Greenberg, 1987). The New Jersey Department of Children and Families (DCF), under the direction of Commissioner Kevin Ryan, sought to blunt sensational media coverage of child fatalities through the formulation of a new policy limiting individual case details. Will limited access to gory details help reduce lurid reporting and citizen outrage? Without a reputation for high-quality service and public trust, the answer is probably "not for long." While CPS builds its risk management capacity to address both outrage and hazard issues, the organization will have to learn how to function with more professionalism and grace in an environment of mistrust.

Improving Workforce Readiness

It is quite noteworthy that Robert Kaplan, a co-founder of the balanced scorecard, refers to the "learning and growth perspective" (see Figure 3) as the "black hole" of the model (Kaplan, 2010, p. 22). He goes on to discuss why measures such as turnover, absenteeism, training hours, education level, employee production, etc., have proven to be inadequate metrics for connecting worker capabilities to overall decision strategy. The development by Kaplan and Norton (2004) of the notion of a strategic human capital readiness appears to have provided a bridging conceptualization that fills the hole.

When viewed through the prism of employee readiness, it is not enough that CPS workers and supervisors share some brave new vision. Workers need to be ready to implement rigorous quality control processes and must be ready to exhibit a professionalism that garners the praise and trust of citizens, politicians, law enforcement, and legal professionals. The general respect given to firemen and emergency medical technicians (EMTs) would be a level worthy of aspiration. Issues of BSW vs. BA, MSWs vs. BSWs, and Title IV-E vs. traditional pathways need to be revisited as the organization utilizes hard audit data and competence assessments from outside organizations like, for example, the International Critical Incident Stress Foundation (ICISF), to rate a worker's investigation prowess, evidence-gathering skills, and crisis intervention performance. In child welfare, the human capital assessments we have are largely impressionistic; nothing approaching the rigorous evaluations done in the 1970s and 1980s of nurse practitioners, physician assistants, and physicians' capabilities to deliver quality healthcare exist. Absent comparative performance data, it is best to regard CPS worker education and training as merely signaling mechanisms for efficacy and nothing more.

A natural experiment undertaken by the state of Florida legislature in 1998 suggests that the road to creating work readiness for reform may require an entirely different organizational aegis. As reported by Cohen, Kinnevy, and Dichter (2007), several counties in the state had responsibility for CPS investigations transferred from the public child welfare

agency to the sheriff's office. When CPS workers at the sheriff's office were compared with CPS workers operating out of traditional child welfare agencies, the former group exhibited significantly higher levels of concern for child health and safety, more active participation in team decisions, saw greater opportunity for advancement and had better communication flows. Of course, dramatic reorganization of CPS has been a remedy sought by many child welfare scholars, among them Lindsey, Waldfogel, and Pelton. Will any of the modifications sought by these experts, including privatization, create a climate that facilitates more comprehensive risk management, strategic balancing, and worker readiness? State variations in the use of improved traditional, limited function and privatized management reform noted in the introduction to this article offer the conditions of a natural experiment in effectiveness which should be exploited by the profession.

Conclusion

In this paper, we have offered a strategic blueprint for improving CPS operations. We have taken a promising management model that has been trumpeted in institutional reform litigation and recast it around a Risk = f (Hazard, Outrage) management orientation. Whether or not states are willing to work with the fully balanced scorecards we propose, is likely to depend on equal measures of managerial courage and desperation.

What can the public and child protective services professional expect to happen if CPS agencies are successful in implementing the hazard and outrage strategies we have presented? Correct and reliable identification of maltreatment cases performed by a well qualified and trained workforce will certainly go a long way in engendering trust among major CPS stakeholders. A preponderance of correct decisions will eliminate or reduce the unnecessary resource expenditures accruing from false positives, and curb the potential danger to children resulting from false negatives and from the delivery of inappropriate services.

As CPS gains credibility as the primary sentinel for child maltreatment identification, so should the public gain trust in the agency as the source of true maltreatment prevalence rates. Decisions by CPS to protect

children should now begin to lead much more often than follow initial and repeat incidents of abuse and neglect. Finally, if the critics are correct and child protective services needs to be reformed now, new approaches to CPS service delivery must be implemented sooner rather than later, and these demonstrations must be tested for efficacy and effectiveness using strong research designs. The adoption of what is essentially a business model into a public child welfare environment will not be easy, nor is it likely ever to be fully accepted. The longer we wait to test reasonable alternatives to the current system, however, the more we have to risk.

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