

A Breakthrough Series Collaborative on Safety and Risk Assessments



casey family programs.



AMERICAN HUMANE

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Change Package

The Challenge

The public often believes that child welfare agencies have a “simple” job: keep children safe. But the families who are the subject of reports, their children, and the individuals who work with them all know that “safe” is often quite difficult to define. Further, children’s need for safety does not exist in isolation; they also must have permanency and stability. Take the case of the Jordan family:

The Jordan Family: A Case Example

A year ago, the local public child welfare agency accepted a referral when three children – Rachel (age 5), Anna (age 4), and Joey (age 2) – were found home alone. Their parents, Michelle and Rodney, could not be located. Hannah, their 72-year-old maternal grandmother, was willing to take the children overnight but had returned them to their mother by the time the worker made contact the following day. During the initial investigation, the worker reviewed the risks to the children, including lack of food in the house, unaddressed health care needs and what appeared to have been developmental delays in Rachel’s speech. Michelle demonstrated a very loving relationship with the children and was welcoming of help, both to provide for their basic needs and to address concerns for Rachel. The case was closed after the lack of supervision issues were addressed and the family received in-home services through a community service provider to address the children’s and family’s needs.

Six months ago, police were called to the home on a domestic disturbance, where they found Rodney battering his wife and the children cowering in another room. Rodney was arrested, but Michelle dropped the charges when he agreed to move out of their house. The children remained with Michelle. Based on new assessments of safety and risk, the worker concluded that the children’s overall developmental needs were being met and their safety would not be compromised if Rodney was no longer in the home.

Currently, police have responded to Michelle's home on a tip from a neighbor and found what they believe to be a methamphetamine lab. Michelle was at home with the three children, and has been arrested. Due to the dangerous environment and the lack of an available caregiver, the children were determined to be unsafe. The worker, seeking a placement for the children at 4:00 in the afternoon, sees her immediate choices as:

- Place all three children with Hannah again. While she is very connected to the children, she lives in a small apartment and has voiced to the worker the difficulty in "being strong" when her daughter begs for the children back. Furthermore, she has health problems that make it difficult for her to keep up with three small children.
- Place two of the children in a recently licensed foster home that is of a different racial and ethnic background but can take two toddlers (but not a baby), and place Joey, the youngest, in a separate home on the other side of town.
- Allow Rodney to take the children to his home.

Beyond the immediate placement decision, the worker needs to gather additional information to better understand the Jordan family to ensure the children achieve emotional and physical permanence while remaining safe from maltreatment. All of these questions must be considered in the context of the family's protective capacities and each child's strengths and needs. The children have lived in a dangerous environment, and been neglected and exposed to violence. The worker's response must include a focus on the children's safety and risk of future maltreatment, current developmental needs, medical and mental health needs, needs related to attachment, and permanency.

- While the children were not safe in the home when Rodney was battering Michelle, has anything with Rodney changed to make him a safe resource? Do protective capacities now exist that alleviate the risks of serious harm to the children?
- While the children would not be safe living in a meth lab, what would it take for Michelle to find and maintain a permanent safe place for the children?
- What are the real and perceived risks of maltreatment to the children in returning home to at least one of their parents -- as

compared to the impact of living with their over-taxed grandmother -- as compared to being separated with one another, living in foster care with strangers who may have limited cultural understanding?

- What are the impacts on the children of the maltreatment they have experienced and what appropriate interventions and services can be put in place to address the concerns and engage and support the family to meet their children's needs?

Because of all of these unanswered questions, the worker needs to continuously gather and synthesize information in a way that can help her develop an immediate, short-term safety plan, and a long-term case plan with the Jordan family to best achieve safety, permanency, and well-being for the children. This information gathering and synthesis must be grounded in the use of assessment tools, processes, and collaborative decision-making that engage the Jordans, their family members, and members of their community in identifying the best possible solutions.

Background and Overview

Federal law requires public child welfare agencies to work toward achieving positive outcomes for children and youth in three areas: safety, permanency, and well-being. As the case above illustrates, these are woven tightly into a complex fabric that strives to support and strengthen families and children whenever possible while simultaneously ensuring that children and youth are safe from abuse and neglect and risks of future maltreatment are identified and addressed. When children cannot remain safely in their own homes, the agencies work toward emotional and physical permanency for children while continuing to ensure they remain safe from abuse and neglect. It is a delicate balance, and one in which missteps can have severe consequences for children and families.

Effective child welfare services require assessments of child safety and risk of future maltreatment, as well as assessment of family functioning and well-being, and sound decision-making resulting from these assessments. In order to assess safety and risk and make appropriate decisions, an agency employs quality safety and risk assessment practices with families while remaining free to establish the instruments, policies and practices that best respond to the needs of its individual community. However, while jurisdictions have many unique and individual needs that must be met, they ultimately do need a common grounding in how safety and risk are defined, identified, and addressed.

Assessment of safety and assessment of risk are two distinct, yet integrated critical functions in child protection. These assessments and subsequent decisions are made while considering the child's need for permanency and well

being and occur throughout the life of the case, specifically at critical decision points including, but not limited to, initial referral to the child welfare agency, change in family circumstances, a child's move or change in placement, reunification, and case closure.

Safety assessments determine whether a child is in immediate or imminent danger of serious harm and shape the interventions currently needed to protect the child. A child is deemed safe when consideration of all available information leads to the conclusion that the child in his or her current living arrangement is not in immediate or imminent danger of serious harm. If the child is not safe, immediate interventions must be taken to assure the child's safety. Safety interventions are responsive to the immediate and imminent danger of harm to the child and are not expected to impact identified risks of future harm.

Risk assessments address the likelihood of future maltreatment. While safety concerns require immediate interventions to ensure that children are protected, risk of future harm can be addressed overtime with services that result in long-term positive behavioral changes. By clearly distinguishing between safety and risk assessments, we can judge the sufficiency of the proposed interventions and services to address the potential harm in each of these two domains.

This Change Package rests on the belief that every child has the right to be free from abuse, neglect and exploitation and needs to be safe in the care of stable parents, kin, or other caring and committed adults.

The purpose of this Change Package is to identify the core principles and components that describe an effective system of safety and risk assessments and decision making. This Change Package further recognizes that, in the work of the agency, decisions regarding safety and risk cannot be isolated from permanency or well-being, and that work on safety and risk assessments are key elements in an integrated approach to achieving positive outcomes for children and families.

Collaborative Mission

The mission for jurisdictions participating in this Breakthrough Series Collaborative (BSC) is to increase the capacity of their public or Tribal child welfare agency, of their community, and of the families they serve to conduct assessments and make related decisions that keep children safe from imminent danger and protect them from future maltreatment, Concretely, this can be attained by:

- Defining and creating a common language and understanding of child safety and risk of future maltreatment within the context of child welfare;

- Identifying roles and responsibilities for the public child welfare agency and the community, in order to effectively assess both safety and risk of maltreatment for the families who come to the agency’s attention;
- Implementing strategies, policies, protocols, and practices that respect and actively engage families and communities, while providing workers with support for ongoing learning and practice improvement through data and case analysis, training, supervision, resources and supports necessary to complete thorough, accurate, child-focused safety and risk assessments to support an informed process of clinical decision making; and
- Integrating safety assessments and risk assessments in an ongoing and continuous way throughout the life of the case.

Philosophy, Values, and Principles

The work of this Collaborative will be rooted in nine key foundational principles. These principles express the overarching values that must guide all policies, programs, practices, services and supports for children, youth and families. They are interrelated and work together in a dynamic, synergistic way. Each principle is critical and should be reflected in all policies, programs, practices, services and supports of the agency.

1. The most desirable place for children to grow up is in their own safe, nurturing and caring families.
2. Most parents want to and can provide a safe and nurturing home for their children.
3. The legal mandate of child welfare intervention by state, county, tribal, and community agencies is to assure the safety, permanency and well being of children.
4. The child welfare agency recognizes and honors the fact that parents, children, youth, kin, communities, and tribes have strengths, resiliency, and their own natural supports, which are used in increasing safety and reducing risk of maltreatment, and that children are inextricably connected to their families and communities, both cultural and geographic.
5. Active engagement of birth parents, children, youth and their kin with child welfare agencies, tribal agencies, and community service providers, is fundamental to:
 - assessing safety and risk;
 - making sound decisions;
 - maintaining ongoing focus on permanency and well-being;

- developing and implementing appropriate interventions and services to increase safety and reduce the risk of maltreatment;
 - ensuring consumer involvement and choice;
 - effectively evaluating outcomes; and
 - holding public child welfare agencies accountable for genuinely serving child, family, and community needs.
6. The agency understands and respects the varying beliefs, values, and family practices of different cultural, racial, religious, and ethnic groups. Culturally responsive services and supports are child-focused, family-centered, community-connected, and strengths-based.
 7. Partnerships with the diverse communities and tribes in which children and families live are essential to increase safety and reduce potential risk of maltreatment to children.
 8. The agency provides leadership within the community and institutionalizes safety and risk assessment strategies that recognize and address issues related to disproportionality and disparities in outcomes for children and families of color in the child welfare system.
 9. The agency provides leadership within the community and institutionalizes safety and risk assessment strategies that recognize and address issues related to poverty as distinct from safety and risk.

Components

The nine key principles can be translated into practice through ten component areas of the work of the agency. Work done in each component should reflect the core values defined by the key principles. In order to develop an effective and integrated system of safety and risk assessments and decision making that ultimately support the permanency and well-being of children, child welfare agencies should address all of these components.

1. Sound clinical decisions focus on the safety and risk of maltreatment to the child and result in optimal child safety. They are child-focused, strength-based, family-centered, and community-connected. Such decisions are rooted in evidence-informed, promising, and emerging practices as well as individual and institutional practice wisdom.
 - A. Conceptual frameworks, clear criteria, decision support guidelines, and integrated strategies are used for valid and reliable decisions.

- B. Decisions are transparent, open, and grounded in the comprehensive, specialized and integrated tools that are used to gather and assess information.
- C. Decisions are focused on child vulnerability, family strengths, family dynamics and needs, child development needs, and protective capacities.
- D. Practices to address initial and ongoing safety and risk issues are focused on identifying natural resources and supports, and are culturally responsive to the family within its own community/tribe.
- E. Decisions to optimize safety and lessen or eliminate the risks of maltreatment to the child are made while supporting and maintaining focus on permanency and well-being.
- F. All staff recognize the individual, systemic, and societal factors related to safety and risk assessment decisions that result in disproportionality and disparate outcomes for children of color and mitigate those factors by employing culturally responsive practices and approaches.
- G. Decisions are made in ways that respect, honor, and validate sexual orientations, culture, class, and religion of the children, youth, and families served.

2. Tools provide a structure for organizing and consistently rating risk and safety-related information that results from child-focused, strength-based, family-centered, community-connected practice.

- A. Tools are used to facilitate assessment and decision making regarding safety.
- B. Tools are used to facilitate assessment and decision making regarding risk of child maltreatment.
- C. Tools are applied in ways that actively engage youth and families as partners in the assessment processes.
- D. Clear, written protocols exist on the use of safety and risk assessment tools to ensure that the tools are used consistently and continuously by all staff.
- E. Clear and sufficient documentation is required to support the use of tools and ensure fidelity and integrity.
- F. Tools facilitate responsiveness to race, ethnicity, and culture of families in the community and do not contribute to disproportionality or disparate outcomes for children of color in the child welfare system.

3. Assessment of safety and assessment of risk are continuous and ongoing and are integrated with the agency's comprehensive assessment framework that supports permanency and well-being.

- A. Tools that are used to assess either safety or risk are integrated with each other in intentional and specific ways to ensure the tools are consistent, complimentary, and minimize duplication for families.
- B. Child welfare practices focused on safety and risk assessments and decision making are holistic and seamless by continuously collecting and integrating up-to-date information into the ongoing processes of assessment and decision making.
- C. Protocols exist to provide consistent guidance on the dynamic nature of both safety and risk and assist social workers to collect all available information.
- D. Protocols exist to assist social workers in making sound decisions that consider a family's situation in its entirety, with a continuous eye toward permanency and well-being for the child.

4. Parents, children, youth and kin are actively engaged as true partners in assessment, decision-making, and intervention, with the agency respecting their voices and valuing their input and solutions.

- A. Authentic engagement is established with each family.
- B. Every communication between the agency and the family is in language that is clearly understood by and meaningful to the family.
- C. Contact with the family is respectful, culturally responsive, and strength-based while focusing on the safety of the child.
- D. Clear information about agency and family roles and responsibilities is shared openly and agreed upon.
- E. Parents, children, youth and kin are intentionally prepared to participate in discussions and decisions.
- F. Parents, children, youth and kin are invited, included, and given meaningful roles in the design, selection and evaluation of programs, policies and services.
- G. Decision-making is inclusive, direct, and transparent.
- H. Parents, children, youth and kin are involved in ways that respect and honor their race, ethnicity, and culture.

5. A broad range of services and supports are available and accessible to the families in the communities and tribes in which they reside. These services and supports are put in place to control for and maintain safety, reduce the likelihood of future maltreatment, and stabilize at-risk families in times of crisis.

- A. Services and supports, including those that meet the family's basic needs, are available and accessible in the communities, neighborhoods, and tribal communities in which families live.
- B. Interventions are focused on increasing safety, reducing risk of maltreatment, increasing family protective capacity, and are targeted to specific identified child or family needs.
- C. Families identify their own informal networks of support and these individuals and groups are actively engaged to care for and protect children in their own communities.
- D. Services are culturally responsive and provided in ways that do not result in disproportionality or disparate outcomes for children, youth, and families of color.
- E. Families are connected directly to community or tribal-based resources in their own neighborhoods that are culturally responsive and available.
- F. Services are customized to meet the needs of the individual child, youth, and family in response to assessment and continuous reassessment.
- G. Services are provided in ways that engage families and their natural, self-identified supports in the least intrusive ways possible.

6. The agency and agency leadership fully support the integrated system of safety and risk assessments and decision making across the life of the case in the context of child permanency and well-being.

- A. There are clear statements, definitions, and understanding at all levels of the agency of safety and risk assessments and decision making.
- B. Workers' caseloads and workloads are manageable allowing for and encouraging the accomplishment of clearly defined criteria for quality assessments.
- C. Managers and supervisors consistently ensure that tools are being used as intended and are supporting and guiding appropriate decisions made by workers.
- D. Agency leaders maintain a sustained and prominent focus on safety, risk, permanency and well-being regardless of internal or external controversies that may emerge.
- E. Agency leaders coordinate the implementation and support processes for quality assurance and continuous quality improvement related to safety and risk assessments and decision making.

- F. Agency leaders consistently consider the impacts of practice changes and improvements across worker, managerial, and systemic levels.
- G. Agency leaders ensure the availability of extensive data, both quantitative and qualitative, to guide practice and policy improvements related to safety and risk assessments.
- H. Agency leaders are committed to continuous learning and improvement in safety and risk assessments in the agency, and support the continuous learning and practice improvement activities of all staff.

7. A qualified, competent, and well-trained workforce, committed to continuous learning and practice improvement, is recruited, prepared and retained. The workforce has the attitudes, knowledge, skills, and organizational support to do the work of the child welfare agency and reflects the communities and tribes from which the families, children, and youth come.

- A. The agency establishes a learning environment that supports workforce development (recruitment, hiring, training, learning, and retention) and has family feedback as a core component.
- B. The agency has well defined criteria for qualifications and expectations of staff.
- C. The agency recruits, hires and retains sufficient qualified staff who reflect the communities and tribes from which the families, children, and youth come to assess safety and risk of maltreatment throughout the life of a case.
- D. The agency continuously assesses its own staffing needs and requests, advocates for, and obtains additional staff when needed, based on reasonable workload standards.
- E. Staff receive comprehensive training in the philosophy, values, and mission of the agency as well as the specific processes to assess safety and risk within the context of permanency and well-being. Staff are supported and encouraged to engage in continuous practice improvement through PDSA-like activities.
- F. Supervisors and managers ensure that state of the art practices and approaches on safety and risk assessments and decision making in the context of permanency and well-being are disseminated throughout the agency and use this learning to support staff's continuous improvement activities.
- G. Supervisors and managers provide consistent, high quality, and supportive supervision (modeling and coaching) to staff that allows for shared decision making, professional growth, and increased safety and reduced risk of maltreatment for children.

H. As a component of individualized or team performance review and individualized or team learning, the agency gathers family feedback related to safety and risk assessments and decision making for inclusion in its data distribution and analysis.

8. Data are used in partnership with families, communities, tribes, provider agencies, staff, universities, courts, and other stakeholders to review worker, managerial, supervisor, and agency performance at key decision points in which safety and risk are assessed.

- A. Systems are designed to ensure that data are collected easily and timely and can be shared appropriately between partners and stakeholders.
- B. High quality safety and risk data exist and include self reported information on race, ethnicity, and culture.
- C. Data related to safety and risk assessments and decision making are connected to permanency and well-being indicators and outcomes to ensure that overall outcomes for children and families are improving.
- D. Safety and risk assessment data are presented in a timely way and in formats that are easily accessible to a variety of audiences, including families, tribes, the community, staff at all levels, and other partners and stakeholders.
- E. Staff and stakeholders receive training in reading and interpreting these data.
- F. Open forums are held to discuss the meaning of these data and what they say about the agency's performance.
- G. Continuous quality improvements and changes are recommended and implemented based on these data-based discussions.

9. The agency actively collaborates with communities and tribes to support children, youth and families in their communities and tribes to build shared responsibility and accountability to increase child safety and reduce risks of maltreatment.

- A. The agency uses language that is relevant, easily understood, and meaningful to the community and tribes in oral and written communications about child safety and risk assessment and decision making. The agency maximizes efforts to understand the language and concepts used by community members and tribes in their context.
- B. The agency works with the community and tribes to raise awareness about child safety and the need for practical family supports to increase safety and reduce the risk of maltreatment.

- C. Community and tribal members have the opportunity to participate in conversations about safety and risk assessments and decision making.
- D. The agency, community and tribes work together to develop activities, projects, and services that support families and keep children safe from maltreatment.
- E. Community members and tribes are invited, included, and given meaningful roles in the design, selection and evaluation of programs, policies and services related to child safety and risk assessments and decision-making.
- F. Community members and tribes are invited, included, and given meaningful roles in safety and risk assessment decisions and planning over the life of a case, as appropriate.

10. Cross-system partners, including courts, schools, the medical community, law enforcement, the mental health community, substance abuse and domestic violence and other key public and private agencies, are actively engaged as key partners in increasing child safety and reducing the risk of child maltreatment.

- A. The child welfare agency uses language with cross-system partners regarding child safety and risk that is easily understood and meaningful to them.
- B. The child welfare agency works collaboratively with cross-systems partners to raise awareness about the importance of child safety and the role of the partners in ensuring safety for all families.
- C. Cross-system partners are educated about safety and risk assessments and associated decision-making, including tools used to conduct these assessments, and provided with continuous opportunity for learning.
- D. Roles and responsibilities in ensuring child safety are clear; all cross-system partners explicitly acknowledge their roles and responsibilities and agree to assume same.
- E. Case-specific discussions and decisions include cross-system partners to ensure child safety.

Glossary

This glossary is intended to clarify what the BSC staff and faculty mean when they use certain words and terms. We recognize that different places and people may have different meanings for some of these words. This glossary, by no means, is intended to be the final word on what these terms mean or how they feel in action. We encourage individual teams to work together to develop their own definitions that best meet their needs.

Assessment: Gathering, examining, and using the facts of a situation to make decisions. In child welfare, assessments may be made to:

- Decide if the agency needs to take action to protect a child (safety assessment);
- Decide the chance that a child may be hurt or neglected in the future (risk assessment); or
- Understand the strengths and needs of a family, parent, child, or community.

We use assessments to identify the services that are needed and to make a plan that will reduce the risk of child abuse and neglect.

Breakthrough Series Collaborative: The joining together of teams who are all working on improving their work in a particular area. It involves trying many small changes in practice to see if they produce better results for larger change. Teams measure their work so that they can continue with changes that work, and stop doing those that don't.

Child-focused: Putting the needs of the child, especially safety, before everything else.

Culturally responsive: This is a way of interacting with other people in which we:

- Are aware of differences;
- Accept those differences; and
- Use each other's cultural strengths to improve results.

Community: People and families who live near each other or who have something else in common.

Cross system partners: Other groups who work with the same children and families as child welfare does. This includes schools, doctors and hospitals, and courts.

Disparity: People in one group are treated differently from others.

Disproportionality: exists when the percent of a group of children, such as African American, Latino, Indian, and white, who are involved with child welfare, is different from the percent of children in this same group who live in a specific community, city, county, state or other area.

Family-centered practice: The family is the key to the child's well-being. We work to make them stronger and include them in everything we do.

Family-driven: Families make decisions about their children, as well as about the work of the agency.

Imminent danger: The child may be hurt if something does not change.

Life of the case: The time from the initial report of abuse or neglect to the time when the agency is no longer involved, and everything in between.

Maltreatment: Child abuse or neglect.

Safety: Absence of harm.

Participating jurisdictions – Public or Tribal child welfare agencies that take part in this BSC.

Permanency: Having people care about you for a lifetime.

Risk: The chance that a child will be abused or neglected in the future.

Risk assessment: Looking at the chance a child might be abused or neglected in the future.

Safety assessment: Deciding if a child is in danger of being hurt right now.

Strengths-based: Looking at a person's or family's strengths, not their weaknesses.

Well-being: How well a child's schooling, health, and mental health needs are being met.