SAFETY AND RISK DECISIONS AND TOOLS

This practice idea is a result of the work by teams in the BSC on Safety and Risk Assessments. These are practice ideas that you can start doing today that may improve your work with families in conducting effective safety and risk assessments.

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| **How Can I Try This?**       | One social worker calls his or her supervisor immediately upon completing the assessment and discusses the following questions:  
1. Are safety threats (serious harm) present?  
2. Do adult protective capacities mitigate or aggravate?  
3. Does any child require immediate protection? |
| **Success in the BSC**        | “Social workers knew how to better identify safety vs. risk and supervisors were better able to assess safety from case initiation.” |
| **Things to Think about**     | “In some case initiations, just the three safety questions could be answered and communicated when the social worker calls the supervisor from the field, saving time. In other cases, the nature of the report and initiation, for example with a serious injury/near-fatality, the three safety questions may have to be expanded upon.” |
| **Tools & Links**             | Buncombe County Safety, Risk and Protective Factors in Case Decision-Making |
| **Originally Tried**          | Buncombe County, NC |
Buncombe County DSS child welfare professionals are required to make many critical decisions regarding the safety of children. Although these decisions must be made on a case-by-case basis, it is important that the agency have a consistent analytical approach to its decision-making process. The following principles are intended to provide general guidance to that process while recognizing that professional judgment must be applied in individual situations.

Background
Child welfare services are designed to protect abused and neglected children from further harm and to support and improve parental/caregiver abilities in order to assure a safe and nurturing home for each child. Generally, such services are preventive, rehabilitative, and non-punitive with efforts directed toward identifying and remedying the causes of the maltreating behavior.

The foundational philosophy of child welfare services is family-centered practice. The underlying beliefs of a family-centered approach are as follows:

• Safety of the child is the first concern.
• Children have the right to their family.
• The family is the fundamental resource for the nurturing of children.
• Parents should be supported in their efforts to care for their children.
• Families are diverse and have the right to be respected for their special cultural, racial, ethnic, and religious traditions; children can flourish in different types of families.
• A crisis is an opportunity for change.
• Inappropriate intervention can do harm.
• Families who seem hopeless can grow and change.
• Family members are our colleagues.
• It is our job to instill hope.

Critical Factors
In family-centered practice, child welfare social workers employ the least intrusive approach to safety intervention and remain involved with the family only for as long as the child's safety is threatened. In making critical case decisions, the CPS social worker must separately identify and “balance” risk factors, safety factors, and protective factors. The balance should be assessed based on the number, degree, and interaction of these factors. Risk, safety, and protective factors must be assessed throughout the life of a case.

The following definitions do not replace child welfare policies and laws; they are used to define and distinguish key terms and concepts used in critical decision making. They are used to determine the duration of foster care involvement. They are also used to answer the four questions related to Child Protection Services case decisions:

• Has the maltreatment occurred with frequency and/or is the maltreatment severe?
• Are there current safety issues? Would the child be unsafe in the home where the abuse, neglect, or dependency occurred?
• Is the child at risk of future harm?
• Is the child in need of protection?
**Risk** is the possibility of future harm. Harm exists on a continuum from mild to serious. Risk factors are behaviors, motives, perceptions, beliefs, and conditions within a caregiver, the family as a whole, and/or the family’s environment that create danger to the child in the foreseeable future. There must be a direct cause or association between the behavior or condition and the possible, harmful consequences to the child. Risk is the possibility of danger in the near, foreseeable future. All families have some level of risk.

A conclusion about risk must assess the likelihood of maltreatment and has a timeframe in the foreseeable future and consequences that may be mild or serious to a child.

**Safety** is the reality that a child has received serious injury that appears to be inflicted by a parent or caretaker or is in immediate or immediate near-term danger of serious harm. Safety factors are time-sensitive conditions that are happening now, have just happened, or could happen in the immediate near-term. There must be a direct cause or association between the behavior or condition and an actual or threatened, harmful consequence. Safety is the danger of serious harm in the here and now and must consider child vulnerabilities, including age, physical ability, cognitive ability, developmental status, emotional security, and family loyalty.

**The key principle in safety decision-making is that conclusions must be supported by sufficient information.**

A conclusion about safety must consider a timeframe in the immediate near-term or that has already occurred and consequences that are serious to a child.

**Serious injury** is defined in North Carolina case law in the context of our child abuse statutes as a non-accidental injury resulting in the need for treatment by a medical professional. Examples include broken or fractured bones or burns that are not caused by an accident. It also includes “an injury that creates a substantial risk of death, or that causes serious permanent disfigurement, coma, a permanent or protracted condition that causes pain, loss or impairment of the function of any bodily member or organ, or that results in prolonged hospitalization” (G.S. 14-318.4). Actions that result in emotional abuse of the minor child may be considered a serious injury. Serious injury also includes a combination of maltreatment that may not cause actual broken or fractured bones or create a substantial risk of death but that are so egregious that no child should have to endure (e.g., choking, hitting with a fist or object, pulling out hair).

**Protective factors** are conditions in families and communities that, when present, increase the health and well-being of children and families. They are attributes that serve as buffers, helping parents who might otherwise be at risk of abusing their children to find resources, supports, or coping strategies that allow them to parent effectively, even under stress. Protective factors may have racial, ethnic, religious, or cultural influences. All families have protective capacities. All adults in a home must be assessed for protective capacity.

**Guidelines for Critical Decisions**

Critical case decisions regarding the nature and duration of child welfare involvement with a family are based on a thorough assessment of risk, safety, and protective factors within the child’s family or alternative living arrangement. These decisions must be made on a case-by-case basis and should involve consultation with Child and Family Team members and other professionals whenever possible. Child welfare social workers must follow state policy guidelines regarding two-level decision making.
Continued child welfare involvement is indicated when:

- There are current, documented safety factors that result in immediate danger of serious injury.
- There are current, documented risk factors that are likely to result in serious injury for a young or vulnerable child in the foreseeable future and the family’s protective capacities are insufficient to prevent such effects.
- Risk factors associated with parental substance abuse have reached such a level that they result in the failure of the parent/caregiver to maintain necessary and common-sense protective boundaries in the home environment, including selling or distributing illegal substances in the home or in the presence of the child, permitting child access to weapons in the home, admitting strangers into the home to use illegal substances, obtaining illegal substances, which becomes the primary concern to the parent or caregiver, and the child expressing fear of parents and/or home environment due to substance abuse.

Continued child welfare involvement is not indicated when:

- There are no immediate safety factors and protective capacities are sufficient to provide protection.
- Risk factors can be managed with the family’s commitment to a plan to assure safety through the foreseeable future.

In the absence of safety factors, a non-custodial petition may be appropriate; however, a petition for DSS custody is not.

**Which Protective Factors Are Most Important?**

All parents have inner strengths or resources that can serve as a foundation for building their resilience. These may include faith, flexibility, humor, communication skills, problem-solving skills, mutually supportive caring relationships, or the ability to identify and access outside resources and services when needed. All of these strengthen the capacity to parent effectively, and they can be nurtured and developed through concrete skill-building activities or through supportive interactions with others.

Research has shown that the following protective factors are linked to a lower incidence of child abuse and neglect:

**Nurturing and Attachment** | A child’s early experience of being nurtured and developing a bond with a caring adult affects all aspects of behavior and development. When parents and children have strong, warm feelings for one another, children develop trust that their parents will provide what they need to thrive, including love, acceptance, positive guidance, and protection. The parent having a motivation to protect is also critical.

**Knowledge of Parenting and of Child and Youth Development** | Discipline is both more effective and more nurturing when parents know how to set and enforce limits and encourage appropriate behaviors based on the child’s age and level of development. Parents who understand how children grow and develop can provide an environment where children can live up to their potential. Child abuse and neglect are often associated with a lack of understanding of basic child development or an inability to put that knowledge into action. Timely mentoring, coaching, advice, and practice may be more useful to parents than information alone.
Parental Resilience | Resilience is the ability to handle everyday stressors and recover from occasional crises. Parents who are emotionally resilient have a positive attitude, creatively solve problems, effectively address challenges, and are less likely to direct anger and frustration at their children. In addition, these parents are aware of their own challenges—for example, those arising from inappropriate parenting they received as children—and accept help and/or counseling when needed.

Social Connections | Evidence links social isolation and perceived lack of support to child maltreatment. Trusted and caring family and friends provide emotional support to parents by offering encouragement and assistance in facing the daily challenges of raising a family. Supportive adults in the family and the community can model alternative parenting styles and can serve as resources for parents when they need help.

Concrete Support for Parents | Many factors beyond the parent-child relationship affect a family’s ability to care for their children. Parents need basic resources such as food, clothing, housing, transportation, and access to essential services that address family-specific needs (such as child care and healthcare) to ensure the health and well-being of their children. Some families may also need support connecting to social services such as alcohol and drug treatment, domestic violence counseling, or public benefits. Providing or connecting families to the concrete support that families need is critical. These combined efforts help families cope with stress and prevent situations where maltreatment could occur.