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Assessing Risk Throughout the Life of a Child Welfare Case

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Child welfare practice is, first and foremost, about making effective case decisions that promote the safety of abused and neglected children. Effective child protective services intervention depends upon the accurate and timely identification of children who have been maltreated and who remain at high risk of future harm, and intervening to promote their safety. The accurate identification and assessment of risk is an essential prerequisite to achieving outcomes of child safety, and the assessment of risk must be appropriately integrated throughout the entire continuum of child protective services assessment and decision making strategies.

Historically, the challenge of making effective decisions for maltreated children and their families has been a source of considerable concern for the profession. Recently, these concerns have become more pronounced in response to the increasing complexity of child welfare practice. Most child welfare agencies face severely limited resources, high rates of staff turnover, burdensome work loads, and the difficulty of responding to increasingly complex social problems, such as substance abuse and domestic violence. Many child welfare agencies are hard pressed to respond effectively because of the high volume of complex referrals of families with wide ranging and often disparate needs (Children's Research Center, 2005).

Child welfare decisions are inherently complex because so little is certain about human behavior. This is especially evident when we consider decisions that can protect children from future maltreatment, while concurrently promoting permanence and well being. Assuring children's safety requires the ongoing and vigilant assessment of conditions that may place children at high risk of both imminent and future harm, and intervening to reduce these risks in a manner that also minimizes trauma, strengthens families, promotes placement stability and permanence, and provides environments that sustain children's well being. Achieving this balance requires the identification of both the unique contributors to risk in a family, and the family strengths and other mitigating conditions that can be applied and enhanced to reduce risk at all stages of case involvement. While assuring children's *immediate* safety has recently been placed at the center of the national dialogue about best child welfare practices, we cannot forget the equally important goal of ameliorating the conditions that place children at high risk of future harm, enabling us to close cases with reasonable assurance that the children will remain safe in a more protracted future, even after agency involvement has been terminated.

As is true for many of life's most important and challenging decisions, accurately identifying children at risk of serious harm requires considerable skill in gathering, analyzing, weighing, and synthesizing a large body of relevant information, and then applying this information to guide decision making. Some protective decisions are made more challenging because they require the capacity to estimate the likelihood of a future occurrence of child maltreatment –

no easy task in even the best of circumstances. The environment in which protective service decisions are made may also be quite enigmatic and opaque. Vital case information may not be readily available, and child safety decisions must often be made in very short time frames. While the risk to children in some families may be quite apparent, in most families this is not the case. The higher the degree of uncertainty in the decision making environment, the greater the potential for decision-making errors (Baird & Rycus, 2005).

In attempts to address these challenges and to support reliable and valid decision making, child welfare organizations have adopted a variety of decision-making models and associated tools to help identify and respond to children at high risk of serious harm from maltreatment. Unfortunately, the utility of these models and tools has been inconsistent and their effectiveness compromised by a variety of factors (Rycus & Hughes, 2003; DePanfilis, 1996; Curran, 1995). Uniform, relevant, well-articulated criteria on which to base child welfare case decisions have not always been developed or incorporated into decision making tools (Lyons, Doueck, & Wodarski, 1996; Cicchinelli & Keller, 1990). The tools used by many child welfare agencies to guide critical case decisions often demonstrate poor reliability and validity, or have simply never been researched and tested prior to their implementation (Gambrill & Shlonsky, 2000; Pecora, Whittaker, Maluccio, & Barth, 2000; Johnson, 1996; McDonald & Marks, 1991). There are wide variations in the decision-making criteria utilized by various tools designed to achieve similar objectives. There is also a lack of consistency in decision-making methods and processes among caseworkers using the same models and tools (Gambrill & Shlonsky, 2000; Cicchinelli, 1995). Many staff using these tools

have not been fully trained in their use (Hughes & Rycus, 2007; Rycus & Hughes, 2003; Pecora et.al., 2000; Curran, 1995). Some child welfare systems have failed to fully and properly implement the decision making tools they have adopted in policy (Ruscio, 1998; English & Pecora, 1994;) and decision making tools that have been implemented into practice are at times used for purposes other than those for which they were developed (Rycus & Hughes, 2003). Thus, the hoped for improvement in outcomes for children and families from the use of standardized decision making models and tools has often been elusive.

A more fundamental problem complicates child welfare decision making. The very concepts of *risk* and *safety* are not always defined or used logically and consistently by the child welfare field. While the meanings of *risk* and *safety* might seem self-explanatory, these terms have been used in diverse contexts with often inconsistent and idiosyncratic meanings, resulting in considerable confusion among child welfare professionals, and increasing the difficulty of communicating our methods and intentions to our partner agencies, constituents, and communities (Rycus & Hughes, 2003).

In common vernacular English, the word *safety* has an opposite meaning to the word *risk,* much as *health* has an opposite meaning to *illness.* The dictionary definition of *safety is* a state of being free from injury, risk, danger or harm, while *risk* is defined as the chance of injury, damage, or harm (Webster, 1983). Following this logic, we would expect the child welfare field to define *risk factors* as conditions that threaten or undermine child safety, and *safety factors* to be conditions that offset or mitigate risk. However, in some widely used child

safety models, *safety factors* are considered conditions that *increase* risk rather than conditions that mitigate it, and *safety assessments* typically completed at the time of intake are misconstrued as novel enterprises, not recognized as a specialized type of risk assessment concerned specifically with determining the *imminent* risk of serious harm to a child from maltreatment.

Child safety is an overarching outcome toward which all child protective services are directed. It is not possible to achieve this outcome unless we accurately identify and respond to the risk factors that undermine children's safety in all stages of case involvement. Achieving an outcome of child safety requires both an accurate understanding of the concepts of *risk* and *safety* and the mastery of a variety of assessment and decision making strategies best suited to identify and deal with risk at various stages of case involvement.

The purpose of this chapter is to outline the typical decision-making points in child protective services, to delineate how risk is assessed at each stage of case involvement, and to consider the types of strategies and tools that are best suited to promote accurate, consistent, and timely decisions that reduce risk and promote child safety. The first part of this discussion provides a brief review of some of the principles of effective decision making and how these apply to the design and structuring of decision making tools and models to achieve our objectives. The second will review the ways in which risk is considered at each stage in the decision-making continuum.

Decision Making Technologies and Tools

Developing relevant and effective decision making tools to increase the accuracy and timeliness of child welfare case decisions is the first challenge in improving child welfare decisions. A field of study referred to as *decision theory* provides a framework for the development of tools and models that can achieve these objectives (Baird & Rycus, 2005).

According to Dawes (1993) the first step in developing any decision making protocol is to break large, complex constructs, such as risk, into their component parts. Thus, while recognizing and responding to risk are essential throughout the life of a case, the manner in which risk is assessed and addressed will depend on differing degrees of urgency, and the amount and type of information available at different stages of case involvement. Assessing risk to promote children's safety is an iterative process that incorporates a series of individualized assessments and decisions, performed in a prescribed order, to achieve a series of discrete case objectives (Baird & Rycus, 2005).

Consider the broad range of decisions that must be made during the life of a child welfare case, all of which require various calculations of risk, and all of which directly impact children's safety. Does this referral rise to the threshold to warrant a child protective services investigation, or should the family be diverted to other community providers? How quickly should the agency respond to the referral, and is a formal child protective services investigation warranted? Do any of the children in the complaint appear to be at high risk of imminent harm and in need of immediate protection? Can a child be safely left at home while the

caseworker gathers more complete information? What immediate interventions are necessary to protect the child? Is out-of-home placement the only means of assuring a child's safety? What is the likelihood that a child may be seriously harmed in a more protracted future? Should the case be opened by the agency for ongoing child protective services? What kind of services and interventions will be needed to reduce risk and promote a child's long-term safety? Can a child in out-of-home care be safely reunified with his family? Can we close the case with reasonable assurance that the child will remain safe into the future?

One of the challenges in answering these questions is that differing amounts of essential and reliable information will be available at each case decision point. An initial telephone referral will typically offer less information than what can be learned during an initial on-site assessment, and both will provide less information than a thorough assessment and/or investigation. The decision at each point must be as accurate and efficient as possible, given the urgency of time frames and limited availability of essential information at many decision making points. There are obvious benefits to having decision making tools and guidelines that prioritize the collection of information that is both essential to the decision and also likely to be available in the time frames in which the decision must be made. By structuring both the collection and analysis of this information, an effective tool can guide the decision maker to the best possible decision given the limitations in the decision-making environment.

A related challenge is the difficulty in knowing exactly what information is most pertinent to the particular decision to be made. In child welfare, as in other

human service disciplines, there is a natural tendency to gather as much information as possible about families, their historical background, their current circumstances, and the events that prompted the referral. However, especially at certain decision-making points in child welfare, too much data can create an information overload that reduces both the efficiency and the quality of decisions. Proponents of decision theory divide data into two general categories: *information* and *noise*. Information reduces uncertainty. Noise is superfluous information not directly relevant to the problem being addressed, and that can actually increase uncertainty**.** What is *information* and what constitutes *noise* will change depending upon the circumstances and the nature of the decision to be made. However, whenever *noise* is mistaken for *information*, it undermines rather than enhances decisions. The most problematic *noise* consists of factual information that intuitively seems important and relevant, but which doesn't substantially inform the specific decision to be made. Research can help identify and quantify the particular types of information that are most relevant at each decision point, thereby allowing the collection of this information to be formally incorporated into standardized decision-making models, essentially separating *information* from *noise.* This both enhances the quality of a decision, and reduces the amount of time necessary to reach it (Baird & Rycus, 2005).

Effective decision-making tools have certain characteristics. They must be easy to understand and to use without oversimplifying either the criteria or the methods of analysis to the point that conclusions will either be ambiguous or inaccurate. Further, the criteria, items, or measures in a tool must be defined clearly enough to be recognized and understood by a wide variety of users,

thereby promoting consistency among users (sometimes referred to as inter-rater reliability) in the use of the protocol. The criteria or items in the tool must actually measure what they are intended to measure – there must be a relationship of each measure to the specific outcome we are seeking to influence. . Tools must be subjected to scientific assessment to establish their reliability and validity, thus assuring they function in the intended manner. Finally, the type of tool must always be appropriate to achieve the stated objective. As the decision-making goal or objective changes, both the criteria incorporated in the tool and the methodology needed to arrive at a decision may also change.

Decision making tools are often formalized into broader, decision- making *models*. These are formal frameworks which typically include a series of individual tools that promote decisions to achieve predetermined objectives at different decision points throughout the life of a case. Decision-making models structure the decision making process in the following manner. First, they formalize the collection, recording, and analysis of the specific information determined to be most relevant to the decision at hand. This is accomplished by incorporating predetermined and carefully defined questions, items, or measures in a protocol, thereby focusing on important i*nformation* while reducing or eliminating *noise*. Second, the sequence in which the information should be considered is often predetermined to promote the most logical analysis and synthesis of the information. Third, each piece of information may be assigned a level of priority or a weight, based on the relative importance of the information to the desired decision. And finally, protocols often guide decision makers to

arrive at the most accurate and relevant conclusions based on the answers or responses to the items in the tool (Baird & Rycus, 2005).

Two types of decision-making tools are particularly useful in structuring decisions related to assessing risk in child maltreatment. One such tool, called a *decision tree,* provides a logical framework for decision making by identifying, articulating, and prioritizing very specific criteria needed to reach a decision, and then structuring the assessment into a logical series of questions, the answers to which lead to subsequent questions, until a decision is reached. In its most basic form, the criteria in a decision tree are presented as questions that can be answered either *yes* or *no*. Depending on the answer, the decision maker is directed to consider the next relevant question, until, at the end of a line of inquiry a specific deductive decision is provided. Decision tree technology forms the framework for two common types of safety-related decision protocols widely used by child welfare agencies – establishing priorities for agency response at the time of referral, and assessing the risk to a child of imminent serious harm (often called a *safety assessment.)*

A second type of tool, sometimes referred to as an *additive index,* is better suited to translate the findings of empirical research into simple decision tools. Actuarial risk assessment is one application of this technology, in which a level of risk of future maltreatment in families must be assigned, based on current family characteristics and environmental circumstances. Researchers can determine the combination of criteria that can demonstrate the highest levels of

consistency and accuracy in estimating the likelihood of future recurrences of maltreatment. Actuarial tools will be discussed more fully later in this chapter.

Effective tools and models for assessing risk in child welfare must be developed to collect and utilize the most relevant and accessible information, in realistic time frames, to accomplish the objectives specific to each decision making point throughout the life of the case. By simplifying and structuring the decision making process, these decision making tools and protocols can also increase effectiveness and efficiency by helping to eliminate *noise* and enhance the reliability and validity of the resulting decisions, thereby improving the capacity of all case decisions to promote children's safety.

Strategies to Assess Risk Throughout the Life of the Case

Screening at Intake

Risk is considered for the first time during the initial child protective services referral. Intake screeners must consider the information provided by the reporter to determine whether the referral is appropriate for agency follow-up, and more importantly, to prioritize the urgency of initiating an agency response when one is indicated.

To properly establish a priority for agency response, intake screeners must determine whether any of the children in the family appear to be at imminent

risk of serious harm. Unfortunately, at this stage, substantial or accurate information may not be readily available, as reporters may lack detailed knowledge about the child or family, may not know the most relevant information to provide, may be reticent to disclose sensitive personal information, may be wrong about the facts or dynamics of maltreatment, or may have incentives to mis-report. Agency screeners must be able to recognize family dynamics and environmental conditions that elevate the risk of imminent harm to children, and must be able to engage, prompt, and encourage reporters to disclose as much essential information as possible in what is typically a brief telephone contact. Screeners must try to collect information that can help determine the type and severity of the alleged maltreatment, the scope and type of apparent injuries or illness, the child's age and degree of vulnerability, the child's location, the availability and capacity of the primary caregivers, whether the alleged perpetrator is known and has unrestricted access to the child, and whether other competent adults are acting to protect the child. Referencing historical case information from agency databases can help establish a pattern of risk in the referred family and can also help screeners interpret the context and potential meaning of current information.

Many agencies have adopted screening protocols to guide this assessment. Because of the challenges of quickly assessing risk without a face-to-face contact, the criteria used to establish response times should be based on a few essential facts that can be reliably obtained in a brief telephone interview. The optimal screening protocol is comprised of simple and straightforward questions that promote relevance and accuracy in the information collected to inform screening

decisions. A *decision tree* is a very effective strategy for screening tools because it incorporates and prioritizes critical and visible risk factors that should be considered in the priority decision, and it dictates the order in which these questions should be considered, leading the screener to a presumptive decision regarding the necessary speed of the response. "Yes" responses to several criteria suggest increased potential for imminent harm, warranting a more rapid agency response. Among these are significant reported injuries to a child, a need for immediate medical care, a child victim who is younger than 7 or limited by disability, the use of severe or bizarre disciplinary measures, prior allegations of maltreatment in the family, and unhindered access by the alleged perpetrator to the child (Children's Research Center, 2002).

Safety Assessment: Further Assessing Risk of Imminent Harm

The purpose of formal safety assessment is to accurately identify children who are at high risk of imminent, serious harm in order to prompt immediate protective interventions to assure their safety. Threats of imminent serious harm in child welfare cannot be ignored, and time is the enemy in such circumstances. In the time it takes to collect essential information about family circumstances to inform the development and implementation of an individualized service plan, serious harm or even death to a child may ensue. By identifying children at imminent risk, we can act to assure their safety while more detailed assessment and case planning activities are being completed.

Determining the level of imminent risk to children in their own families requires the rapid and accurate identification of specific conditions that create a high risk situation for children. These conditions are widely referred to as *safety threats*. Two criteria define safety threats; their high potential for resulting in serious harm to children, and the immediacy of the threat. While many risk factors in families may negatively affect children's safety and well being over time, for a condition to qualify as a bona fide safety threat, it must have reached a sufficient threshold to place a child in *imminent danger of serious harm*. Safety assessment can best be thought of as an environmental scan for conditions and dynamics most highly capable of inflicting serious harm to a child in the immediate future. Safety assessment is not designed to determine the potential for maltreatment in a more extended future, nor to gather thorough data regarding the complex and individualized dynamics contributing to maltreatment in each family, even though safety assessment information is generally relevant to and can enhance these assessments at a later time.

To determine the presence of safety threats, safety assessments routinely probe for information about recent or current serious child maltreatment, negligent or abusive parenting practices, out-of-control family violence, very hazardous environmental conditions, and other family circumstances with high potential for serious harm to a child . Identifying the presence of any of these conditions is sufficient to register a potential safety concern, indicating there is a high potential for imminent serious harm to a child. In these cases, the agency must act immediately to assure the child's safety.

While most safety threats are common to all children, the degree of potential harm to individual children from comparable safety threats or types of maltreatment may vary, depending on a child's individual susceptibility to injury or harm. A higher degree of susceptibility is often referred to as *child vulnerability*. More vulnerable children may include those who are very young and/or developmentally immature, children who have physical or mental disabilities or developmental delays, children who may be physically or medically fragile, children who may be temperamentally or behaviorally more challenging to parent, and children who may be less able to communicate their needs or to seek help. Because of their developmental immaturity in all domains, children under the age of six all have categorically increased vulnerability to the harmful effects of maltreatment, and infants under the age of two are extremely vulnerable. In very young children, both physical abuse, such as shaking or battering, and neglect, including malnutrition and lack of supervision, are more likely to result in permanent injury, brain damage, seriously impaired development, or death. Unfortunately, the same factors that make children more vulnerable to maltreatment may also increase the likelihood they will be maltreated, since their care may be inherently more difficult, challenging, and stressful to their caregivers. Therefore, knowing the age, condition, and developmental level of alleged child victims is essential in helping to determine the level of heightened risk of imminent serious harm in their current situations.

A significant challenge during the intake assessment is to determine whether children in unsafe environments must be removed and placed in out-of-home care in order to assure their safety. When one considers the potential detrimental

consequences to both children and their families of traumatic separation and out-of-home placement, the importance of seeking strategies to maintain children's safety in their own families becomes more evident.

Historically, emergency placement decisions at intake were based primarily on the clinical judgment of investigating caseworkers, without the benefit of consistent and standardized guiding criteria or tools. A study conducted by Rossi and colleagues (1996) found little agreement among child welfare workers or child welfare experts about the specific conditions that warranted removal of children from their homes. The researchers concluded that the likelihood of a child being taken into custody varied widely, depending largely on the individual assigned to handle the case. Wide discrepancies in placement decisions, and resulting negative consequences for many children and families, prompted development of formal protocols to help investigators protect children from imminent harm while also promoting stability and permanence. Safety assessments were intended to provide caseworkers with information that would promote the least traumatic and least intrusive interventions, preferably applied in the child's own home, that would successfully protect them from imminent harm (DePanfilis & Scannapieco, 1994).

To protect children in their own homes, caseworkers must identify the strengths, resources, and protective capacities present in the immediate family, extended family, and community environment that can be marshaled and enhanced to mitigate and control safety threats, thus reducing the degree of imminent risk to the child. Safety assessment protocols generally include a series of questions

intended to determine the degree to which both immediate and extended family members have the willingness and the capacity to protect the children from serious harm. Such supportive resources in the family and their broader social network may not always be immediately evident to the caseworker, and may only be discerned after in-depth conversations with family members. Optimally, intake caseworkers can help family members recognize and fully understand the nature of existing safety threats and the elevated cause for concern, and support them in devising their own solutions to keep the children safe. However, irrespective of the degree of family involvement, caseworkers must always maintain an active monitoring and supportive role to assure that family members sustain their protective functions, and that the safety threats are sufficiently controlled to maintain the child safely in the home.

If effective solutions can be identified and mobilized to protect a child at home, the trauma of out-of-home care can often be prevented, sometimes without extensive or costly agency intervention. However, if sufficient protective factors do not exist within the family system, the worker must identify agency resources and interventions that can protect the child at home until the investigation and assessment can be completed. Such protective interventions might include protective or respite day care, homemaker or home management services, crisis intervention services, respite kinship care, concrete services, and other in-home interventions to stabilize family situations and provide essential care to the children. If in-home agency and community-based interventions cannot protect the child, then the final option, removal and placement, is considered.

Because of the importance of asking specific questions in a predetermined order, a modified decision-tree is often used as the format for safety assessment tools and protocols. The decision tree model directs the assessor to consider essential information in a prescribed order to determine whether the children are at high risk of imminent harm, whether a family's protective capacities or agency interventions can protect the children at home, or whether out of home placement is the only intervention that can assure the children's safety. By structuring the assessment questions in the proper sequence, a decision to remove and place a child in out-of-home care will be made only after the child has clearly been identified at high risk of imminent harm, and after all other options to protect the child at home have been considered and ruled out. The internal structure of a decision tree helps establish safeguards that concurrently assure children's safety while helping to deter inappropriate or premature placement decisions.

The specific interventions selected to protect children at the time of intake, whether in their own homes or in out-of-home placement, should be formalized and documented in a *safety plan*. The short-term nature of safety plans promotes the effective protection of the children until further risk assessments and family assessments can be completed and longer-term service and/or placement plans can be implemented to reduce risk more permanently.

While safety assessments are most frequently conducted during initial investigations, children's safety status may change at any time because of the protean and often volatile nature of child maltreatment. Caseworkers must

therefore be continually vigilant in recognizing and assessing safety threats in open child welfare cases. Continual attention to identifying children at risk of imminent serious harm must be incorporated into all family contacts and casework activities throughout the life of the case, and in all placement settings.

Formal Risk Assessment: Estimating the Likelihood of Future Harm

Formal risk assessment technologies have been adopted by a majority of child welfare jurisdictions to assist caseworkers in estimating, as quickly and accurately as possible, the probability of a future occurrence of child abuse or neglect in a family.

In contrast to safety assessment, which seeks to determine the risk of imminent serious harm to children, formal risk assessment attempts to estimate the probability of serious harm to children in a more protracted future – generally calculated in weeks and months, rather than in the hours and days most relevant for safety assessments. As one component of a continuum of safety assurance strategies, formal risk assessment can help agencies provide ongoing protective services to those families in which recurrences of maltreatment are most likely, while lower-risk families who need developmental, supportive or preventive services can be referred to other providers, with reasonable confidence that future occurrences of maltreatment are unlikely (Hughes & Rycus, 2007; Rycus & Hughes, 2003).

Accurately estimating the probability of a future occurrence of child maltreatment is a very complicated undertaking, considering the interacting effects of multiple factors contributing to child maltreatment. Because of this complexity, it is extremely difficult to accurately estimate the likelihood of future maltreatment in a family using clinical judgment alone.

Utilizing well-tested, reliable, and valid risk assessment protocols in child welfare practice can promote assessments of risk and subsequent case decisions that are more consistent, more accurate, less biased, and therefore, more just for families and children than less structured and more informal clinical risk assessment by individual caseworkers (Hughes & Rycus, 2007); Rycus & Hughes, 2003). When properly used and uniformly implemented, reliable and valid risk assessment tools have been demonstrated to positively impact child safety by allocating services and strengthening case monitoring for those families at highest risk of future maltreatment, subsequently reducing the rates of recurrence (Children's Research Center, 2005; Baird & Wagner, 2000). Formal risk assessment should therefore be a fundamental component of any continuum of decision making strategies to promote child safety.

Formal child welfare risk assessment protocols can generally be classified into one of two types: actuarial tools, and consensus or matrix tools. Actuarial risk assessment instruments are developed using sophisticated research and statistical methods to allow more accurate estimations of the likelihood of a future event. Actuarial risk assessment tools incorporate criteria in combinations that have been found through intensive statistical analysis to have high levels of

association with reoccurrences of maltreatment. The presence of specific groupings of conditions in families can be demonstrated to increase the likelihood that maltreatment will reoccur (Rycus & Hughes, 2003; Baird & Wagner, 2000). The scoring for each measure in the instrument, and the overall risk level for a family, are dictated by the previously determined statistical weighting of the variables included in the model (Children's Research Center, 2005; Shlonsky & Wagner, 2005; Macdonald, 2001; Gambrill & Shlonsky, 2000; Ruscio, 1998; Johnson, 1996). Ultimately, the stronger the statistical association between the combined variables in an instrument and the subsequent occurrence rates of future maltreatment, the greater the instrument's capacity to consistently and accurately classify families into various levels of risk.

Consensus models, by contrast, rely on professional agreement about which variables or conditions are most highly associated with recurrences of child maltreatment (Hughes & Rycus, 2007; Rycus & Hughes, 2003; Pecora et.al., 2000) There is a large body of professional child welfare literature that identifies and describes the individual, family, and environmental conditions found to be associated with different forms of child maltreatment. Consensus risk assessment models presume that when these factors are present, the likelihood of future maltreatment is increased. Consensus models typically rely on the clinical judgment of caseworkers to rank a risk level for each variable, and to determine a level of future risk based on the presence or absence of these combined variables in a particular family.

Historically, there has been considerable confusion in the child welfare field about what constitutes consensus. Consensus has been incorrectly interpreted to mean the negotiated opinions of whatever group of experts or professionals is convened to develop or to modify a risk assessment tool. Ad hoc committees of practitioners are asked to consider and discuss their judgments and opinions, and try to reach agreement on the criteria, definitions, and rating methods that should be included in the tool. Referring to this process as generating consensus, further refining the model, or addressing a jurisdiction's unique circumstances gives apparent validity to a process that is notoriously subject to error and bias (Hughes & Rycus, 2007, Rycus & Hughes, 2003; Macdonald, 2001; Gambrill & Shlonsky, 2000; Ruscio, 1998; Dawes, Faust, & Meehl, 1989). A variety of factors can negatively impact the accuracy and objectivity of these judgments, including errors in information processing, personal beliefs, history and preconceptions, selective attention, faulty memory, lack of knowledge, and organizational pressures to negotiate mutually agreeable compromises (Whitaker, Lutzker & Shelley, 2005; Gambrill, 2003; Gambrill & Shlonsky, 2000; Munro, 1999).

There is a large body of literature describing both actuarial and consensus risk assessment models, as well as some research that compares their respective reliability and validity (Bay Area Social Services Consortium, 2005; Baird & Wagner, 2000; Baird, Wagner, Healy & Johnson, 1999; Lyons et al., 1996; Camasso & Jagannathan, 1995). A formal risk assessment model's reliability and validity provide the *litmus test* of its effectiveness. The higher a model's reliability and validity, the more likely it is to promote the consistent collection of accurate information about the condition being examined, ultimately promoting

more consistent and accurate conclusions regarding potential risk (Whitaker et.al., 2005; Shlonsky & Wagner, 2005; Macdonald, 2001; Johnson, 1996). Conversely, risk models that lack reliability or validity formalize and sustain the collection of inconsistent and inaccurate data, and promote faulty decision making using this data (Macdonald, 2001; Gambrill & Shlonsky, 2000; Ruscio, 1998).

Research has repeatedly demonstrated the superior reliability, validity, and performance of actuarial tools over consensus-based tools in estimating the likelihood of future events (Bay Area Social Services Consortium, 2005; Shlonsky & Wagner, 2005; Munro, 2004; Macdonald, 2001; Gambrill & Shlonsky, 2000; Baird & Wagner, 2000; Baird et al., 1999; Ruscio, 1998; Grove & Meehl, 1996; Dawes, Faust, & Meehl, 1993; Dawes, 1993). Further, the preponderance of the research literature continues to raise serious questions about the reliability and validity of many of the risk assessment models and instruments currently used by child welfare agencies, and particularly consensus based models (Bay Area Social Services Consortium, 2005; Shlonsky & Wagner, 2005; Macdonald, 2001; Baird & Wagner, 2000; Pecora et al., 2000; Gambrill & Shlonsky, 2000; Baird et al., 1999.; Lyons et al., 1996; Schene, 1996; Camasso & Jagannathan, 1995).

It must be cautioned, however, that accurately *classifying* a particular family as high risk does not mean we can accurately *predict* whether or not an actual maltreatment event will reoccur (Children's Research Center, 2005; Shlonsky & Wagner, 2005; Munro, 2004; Baird & Wagner, 2000). Even though the words

prediction and *classification* are often used interchangeably in the risk assessment literature, actuarial risk assessment instruments simply categorize or classify families into groups based upon a higher or lower probability that maltreatment will reoccur. Classifying a family as high risk connotes a higher probability – not a certainty – that maltreatment will reoccur. In fact, a large percentage of families classified as high risk do not subsequently abuse or neglect their children (Baird & Wagner, 2000). However, as indicated earlier, identifying families who are at higher risk allows child welfare agencies to allocate necessary services and resources and to monitor these families more closely to prevent a reoccurrence of maltreatment.

Formal risk assessment. therefore, has a limited, albeit very important purpose in the continuum of decision making strategies to protect children who are at high risk of serious harm. At the completion of an initial assessment or investigation, child welfare agencies must decide which families should be opened for ongoing protective services, which families can be referred to other community providers for supportive services, and which families need no services and can be closed. This decision, generally called the *case disposition,* is most appropriately made based on the likelihood of future serious harm to a child from maltreatment. Children who are at high risk of serious future harm are most appropriately served under the umbrella of child protective services, with ongoing monitoring and supervision in addition to more intensive and sustained services directed toward reducing risk and promoting children's safety over the long term. Other families with service needs, but for whom the probability of future maltreatment is low, are often better served in the larger human services community, or by

child welfare agencies under the umbrella of preventive or supportive family services rather than mandatory child protection. In many agencies, the decision to refer families to *alternative response* programs is made based on data from a reliable and valid risk assessment that indicates the family to be at relatively low risk, irrespective of their current service needs.

Comprehensive Family Assessment: Identifying Factors That Sustain Risk

Child abuse and neglect are called the *presenting problems* of child welfare. They are the visible symptoms of complex personal, family, environmental, and social conditions that, together, compromise families' ability to safely care for their children. The conditions that underlie and perpetuate child maltreatment are variously called *risk factors, risk contributors,* or *maltreatment contributors.* Families also have individual and collective strengths and resources, sometimes called *protective capacities*, that can be marshaled to counteract and mitigate risk factors. The ultimate goal of casework intervention is to identify, strengthen, and support continued development of inherent or nascent family strengths and protective capacities as a means of reducing or eliminating risk, thus reducing the likelihood of future recurrences of maltreatment in the family. Individualized services and supports to families can be effective means of helping them assure their children's safety over the longer term, even after the case has been closed by the child welfare agency.

Each family presents a unique combination of interacting problems, needs, resources, and strengths. By examining the dynamic interplay of contributing

and mitigating factors in each family, caseworkers and family members can select the most appropriate services and interventions to reduce risk and strengthen protective capacities in a family. The most appropriate service interventions to meet a family's individual needs become formalized in the case plan, which outlines the case objectives, services to be provided, activities of each participant, and estimated time frames for completion. The case plan is the blueprint for services, and the family assessment assures that case plan activities remain focused and directed toward reducing and eliminating risk factors and strengthening family members' protective capacities, thereby promoting children's safety over the longer term.

Many agencies have adopted formal protocols to assist in collecting and exploring the most pertinent information about each family prior to selecting service interventions and activities. Use of structured family assessment protocols can not only promote consistency in the assessment criteria, but can also assure the most relevant criteria related to child safety are considered in the greatest scope and depth.

Differentiating Safety, Risk, and Family Assessments

There has historically been considerable confusion about the structure, criteria, and purpose of various tools used at different stages of case assessment and intervention. Part of the confusion is derived from the fact that the same risk factors are often re-examined and re-evaluated at different decision making points. However, the focus, emphasis, urgency, and depth of these assessments

will vary depending on the objectives of the assessment and the intended use of the data. This point can be best illustrated using a case example.

Parental substance abuse has often been associated with several forms of child maltreatment and is widely considered a primary risk factor for future child maltreatment. It is thus incorporated into the majority of child welfare assessment protocols. However, the manner in which substance abuse is addressed and the impact it has on the decision making process will change depending on the stage of the assessment and the decision the data is intended to support. .

As indicated above, the principal purpose of safety assessment is to identify children who are at high risk of imminent serious harm, allowing the agency to take immediate steps to protect them. In this context, assessment questions related to substance abuse seek to determine whether and how a parent's substance abuse poses a safety threat to the children, potentially causing them imminent serious harm. Substance abuse constitutes a safety threat if a parent is physically or psychologically unavailable or incapable of meeting a child's basic survival needs, if a parent's judgment is significantly impaired, if substance abuse results in volatile, irrational, or aggressive behavior, placing the children in potentially dangerous circumstances, or if it results in an otherwise hazardous and dangerous living or social environment. Identifying safety threats is necessary to properly intervene to control them and to assure children's safety in the short term. At this stage of case involvement, interventions are not intended to bring about longer term change. In our case example, safety interventions

would attempt to mitigate the negative effects of parental substance abuse on children's immediate safety, not to produce more permanent change in parental behavior or patterns of substance abuse.

By contrast, formal risk assessment is intended to accurately estimate the probability of future serious harm from maltreatment, regardless of whether the children are at imminent risk. Because parental substance abuse has been strongly associated with recurrences of both abuse and neglect, it is included as a criterion in most formal risk assessment instruments. To complete a risk assessment, workers must identify the presence and scope of substance abuse in the family, but it is not necessary to fully understand the dynamics that underlie and support its continuance. The extent to which substance abuse increases future risk is determined by the statistical formulas inherent in the tool itself. Formal risk assessment data is used primarily to inform (not dictate) the case disposition, including whether a family case should be opened and served in the child protective services agency or referred to community providers.

Identifying the presence and impact of parental substance abuse, as completed during safety and risk assessments, is insufficient for case planning purposes. At this later stage of casework, the goal is to develop an individualized service plan that can directly target the particular family conditions that underlie and increase risk, to generate changes that reduce risk, and to help families sustain changes into the future. In this context, the family and environmental dynamics that underlie parental substance abuse must be fully explored and understood in order to develop a relevant case plan and select the most appropriate service

interventions. Services may vary dramatically for substance abusing parents in different circumstances. For example, a parent who uses drugs to counteract feelings of anxiety or depression may require very different services than a parent heavily involved in a drug subculture, or one who deals drugs as a primary source of income. Still different services might be provided to treat substance abuse associated with post-traumatic stress disorder (PTSD), or bipolar disorder, or for teenage mother using drugs in an attempt to gain acceptance from her peer group. Since the intended outcome of ongoing services is long-term change, data collected during the family assessment must be broader in scope and more thorough than that needed to complete either safety or risk assessments.

Assessing Risk at Reunification and Case Closure

While the case goal for most children in out-of-home placement is reunification with their families, premature or inappropriate decisions to reunify children can potentially compromise both their immediate and future safety. Children can usually be returned home when identified safety threats have been significantly reduced or eliminated, or are being monitored and well-controlled by family protective capacities or other in-home safety interventions. However, this does not suggest that cases can be closed immediately after reunification, even when the current family environment is considered to be safe for the children. Prior to closing a case, it must be determined that the risk of future harm has also been significantly reduced, thereby increasing the likelihood that the family environment is likely to remain safe over time. Prior to deciding to reunify,

caseworkers and families should complete a reassessment of risk, which includes reassessing the family's progress in completing case plan activities and determining whether these have effectively reduced risk and strengthened family protective capacities as they were intended.

Further, the post reunification period is a critical time for continued monitoring to identify the re-emergence of safety threats. Reunification can present a variety of challenges for families, particularly when the children have been out of their homes for more than a few days or weeks. Both children and families may have experienced significant disruptions during the time the child was in placement. These discontinuities can make the re-establishment of stable family relationships considerably more difficult, can create increased stress in the family, and can present a variety of challenges for reunifying families (Rycus & Hughes, 1998). Because of the many complexities inherent in reunification, families may need intensive supports and services to sustain child safety and placement stability, both at the time of reunification and for extended periods after reunification. Prematurely closing cases, or closing them without an ongoing plan to assure continuing safety, can increase the risks to the children of future maltreatment.

Conclusion

Assessing risk throughout the life of a child welfare case is an iterative process, and a key to improving child safety in the child welfare system. Although the goal of assessing risk is assuring children's safety throughout the life of a case,

the objectives of each assessment change from decision point to decision point, and distinct tools have been developed to perform these different functions, even though they often contain similar criteria. These tools must be implemented in a logical sequence to promote ongoing attention to factors that increase risk and factors that mitigate it at all phases of case involvement, allowing child welfare professionals to make the most effective decisions to assure children's safety in a timely manner. Continuing research to validate and further refine these decision making tools, and to assure their effective and consistent implementation into practice, are essential to helping us achieve an outcome of child safety for abused and neglected children.

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