

KEY ELEMENTS OF STRUCTURED DECISION MAKING – HITTING THE GOAL ON SAFETY



- The **consistency** and **accuracy** of decisions can be notably improved if the approach to making them is well-structured.
- The same factors and criteria must be applied and taken into account by **every worker** for **every assessment**, with safety and risk clearly defined to reduce inconsistencies in decision making processes.
- Arkansas has identified **14 situations** that pose **immediate threats to the safety of children**.
- Equally important is ensuring workers know how to **interpret** and **address the factors** once they have identified them.
- Arkansas has identified **two options for intervention** when one or more safety factors exist in the child's living environment – put a protection plan in place or remove the children from the parent or caregiver.
- **The safety assessment must drive the decision whether to remove a child or put in immediate interventions.** Children should not be removed if there are no safety factors/threats, or the factors/threats identified can be controlled while services are put into place.
- All assessments (HSA, CANS, FAST) must drive the case plan. In investigations, **every item identified as a concern** in the risk assessment **must be addressed in the case plan**.
- The process for making structured decisions must be applied throughout the CPS system, **from the hotline intake through investigations, protective services, foster care and adoption.**

SAFETY ASSESSMENT ≠ RISK ASSESSMENT

TWO NECESSARY BUT DIFFERENT ASSESSMENTS

The words safety and risk are not the same thing. Safety assessments and protection plans are concerned with immediate situations. The focus is on identifying conditions that are happening right now that may harm or endanger children. Protection Plans have a narrow and very time limited focus. They involve things that must happen immediately to keep children safe and they are monitored closely. Risk assessments are much more comprehensive. Risk assessments and case plans consider factors that are predictive of maltreatment, increase the likelihood of maltreatment, or resulted in maltreatment. Both safety assessments and risk assessments also consider protective factors. These are people, supports, coping skills and any other factor that might reduce the immediate danger (safety) or reduce the long term risk that maltreatment will occur again. In DCFS lingo protective factors and strengths are very similar.

SAFETY	RISK
Concerned with conditions that may seriously harm or endanger children RIGHT NOW.	Concerned with factors that are predictive of child abuse or neglect.
Requires immediate intervention with either a protection plan or removing the child from the situation.	Requires planned and more long-term interventions, usually delivered through services designed to decrease the risk of harm (case plan).
Assessment is primarily by the FSW and is based on observation/interviews with children, parents, or others in the environment where the child lives.	Requires a comprehensive assessment with input not only from the FSW but also from the family, extended family, service providers and collaterals with knowledge about the child and family.

RISK FACTORS

FACTOR	LOW RISK	MODERATE RISK	HIGH RISK
Child's age	11 years and older	4 through 10 years old	Infant through 3 years Old
Child's physical and mental ability	Cares for and protects self without adult assistance	Requires adult assistance to care for & protect self	Unable to care for or protect self without adult assistance
Caregiver's level of cooperation	Aware of problem, will work with DCFS to resolve	Cooperative, but lacks ability to make changes without assistance	Doesn't believe there is a problem, will not cooperate
Caregiver's physical, mental, emotional abilities and controls	Realistic expectations, ability to nurture	Some history of alcohol/ substance abuse, DV, or childhood issues; can function day-to-day; some nurturing skills; possibly depressed	Victim or perpetrator of DV, current A/S abuse issues that interfere with day-to-day functioning, untreated MH issues, history of childhood abuse/neglect
Caregiver's parenting skills and behavior	Anticipates potential harm to child, ability to provide structure for child	Inability to anticipate harm; inappropriate parenting decisions that result in moderate CA/N	History of poor Parenting, chronic dangerous parenting practices, harms child on purpose
Alleged Offender	Out-of-home, no access	In home, access to child is restricted	In home, provides primary care for child
Extent of child abuse/neglect	Not severe, no major effect on child	CA/N occurred, no medical care necessary	Injury severe enough to require medical attention

RISK FACTORS, CONT.

FACTOR	LOW RISK	MODERATE RISK	HIGH RISK
Location of injury, or type/impact of neglects	Arms, legs, injury sites or neglect that does not impact development	Injury on torso, neglect that causes emotional problems	Injuries to face, head, genitals, neck. Chronic neglect that causes major health concerns
History of CA/N of child victim or siblings	No prior history	Fewer than three priors, none serious	Substantiated serious prior or chronic history of three or more reports
Physical condition of home	Clean, no safety or health issues	Trash and garbage not disposed of, animal feces in home	Dangerous structural issues; health hazard from human waste, vermin, exposed wiring, meth lab
Support systems	Family, neighbors and friends available, community resources	Supportive family, but not nearby, some support from friends	No relatives or friends nearby; isolated from community
Stress	Stable family, steady employment, not a lot of moving around	Job loss, separation/divorce, birth of child or other new household member	Death of spouse or child, DV, no income source
History of CA/N of parent as a child	No reported history	History involving abuse or chronic neglect	History of TPR, near death, numerous CA/N reports