



Report to the Legislature

Risk Assessment Report for FY 2002

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Department of Social & Health Services
Children's Administration
Division of Program and Policy Development
PO Box 45710
Olympia, WA 98504-45710
360)902-8065
Fax: (360) 902-7903

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EXECUTIVE SUMMARY

This is the Risk Assessment Report for FY 2002. RCW 26.44.030 directs that Children's Administration will provide annual reports to the Senate and House of Representatives on the effectiveness of the risk assessment process in Washington State. Such reports have been provided to the legislature since 1988.

The Washington State risk assessment model for Child Protective Services (CPS) was developed in 1987 by Children's Administration. In 1988, Children's Administration was granted authority by the legislature to use a risk assessment tool for investigating child abuse and neglect referrals and the risk assessment tool was implemented statewide in 1990. A process for relating CPS findings to WAC definitions for child abuse and neglect was implemented in 1998. A tool to screen for substance abuse was put in place in 1999 in response to a legislative mandate.

THE RISK ASSESSMENT MODEL

Risk assessment is both a broad model of practice and a tool for organizing information at critical decision points that are common for every case. Risk assessment is used throughout the life of a case, from intake to reunification. Specific tools are used at each decision point to help ensure the quality and consistency of decisions. The tools guide social workers in making decisions and help supervisors to review those decisions.

THE PURPOSE OF THE RISK ASSESSMENT MODEL

Risk assessment in CPS has been designed to:

- guide social workers in information gathering
- differentiate among "low risk", "moderate risk" and "high risk" groups of families
- reduce the likelihood of further incidents of abuse
- ensure each risk decision is given careful consideration
- provide a structured approach to risk decision making
- increase accuracy, consistency, and objectivity in assessing risk
- provide support to front line staff making risk decisions
- improve documentation of major risk decisions
- focus resources and case plans on reducing high risk factors

CURRENT STATUS OF RISK ASSESSMENT IN WASHINGTON

➤ *KIDS COME FIRST ACTION AGENDA*

In fiscal year 2002, new risk assessment tools were developed as part of a statewide initiative called the Kids Come First Action Agenda. These risk assessment tools are reflective of three of the primary principles of the Kids Come

First Action Agenda and represent current social worker best practice. The three Kids Come First principles are:

1. Child safety is the primary mission for Children's Administration. When the interests of parents and children compete, or when there is an issue of reunification versus safety, child safety is always the paramount consideration.
2. Shared decision-making results in sound decision making.
3. Critical thinking is an important part of shared decision making. Critical thinking requires that social workers collect and analyze initial data with an open mind. Judgement regarding the reliability of information about the family should be reserved until careful investigation of the facts has occurred. Social workers need to guard against collecting evidence that supports the currently held belief about the family while overlooking or dismissing evidence that challenges that belief. Decisions should be based on a factual review of all the evidence rather than a personal inner conviction about "being right." Critical thinking requires that social workers recognize that it is possible to make an error in judgement. Once initial decisions have been made it is also important to remain open to rethinking assessments and decisions as new information becomes available. Revising a decision or assessment on the basis of new information represents good professional practice.

The Assessment Tools

The newly designed risk assessment model in Washington State examines risk at major points in the life of a case. Each tool assesses risk at different critical points in a case. The risk assessment tools include the:

- sufficiency screen
- intake risk assessment
- safety assessment
- safety plan
- investigative risk assessment
- re -assessment of risk
- reunification assessment
- transition and safety plan
- closing risk assessment

Decision Points and Case Management

Throughout the continuum of service for any referral, risk assessment is used in the decision making process. The table on the next page represents key decision points and the tools used to make those decisions.

Following the chart, each of the decision points is discussed separately.

Risk Assessment Decision Making



Step 1 - The Sufficiency Screen

Determining if a referral is accepted for investigation is the first key decision point made by Child Protective Services (CPS). The sufficiency screen determines if a referral is screened in for investigation or not. The quality of this decision depends on the extent and accuracy of information obtained from the referral source, other collateral sources and previously documented CPS case history. The sufficiency screen identifies specific criteria required for investigating a referral. These include:

- Can the child be located?
- Is the alleged subject the parent/caregiver of the child?
- Is there an allegation of child abuse and neglect meeting the legal definition?
- Do risk factors exist that place the child in serious and immediate harm?

The intake social worker reviews the referral, collateral information and case history to make a screening decision. One of the following decisions is made:

- Information Only: Referral does not meet sufficiency criteria and referral is screened out.
- Low Risk: Referred to alternative response system (ARS) (contracted community providers, phone call, letter)
- Accepted for Investigation: Referral meets sufficiency criteria and referral is screened in.
- Third Party Report: Referral does not meet sufficiency criteria and referral is screened out. A referral is made to law enforcement and the date recorded on the intake form if the allegations indicate a crime has been committed.
- Screened out for CPS: Referred to Division of Licensed Resources. This item pertains to reports concerning licensed facilities where the allegations do not merit CPS investigation but do call for an examination of compliance with licensing requirements.

Step 2 - Intake Risk Assessment

If a referral meets the criteria of the sufficiency screen, an intake risk assessment is completed to determine the risk tag and response time for the case. The intake risk assessment establishes a baseline risk level by assessing risk factors in the following areas:

- History of child abuse and neglect
- Child characteristics
 1. vulnerability/self-protection
 2. special needs/behavior problems

- Caregiver characteristics
 1. substance abuse
 2. mental, emotional, intellectual or physical impairments
 3. parenting skills/expectations of child
 4. empathy, nurturing, bonding
 5. history of violence or sexual assault
 6. protection of child by non-abusive caregiver
 7. recognition of problem/motivation to change
 8. level of cooperation with intervention
 9. History of CA/N as a child

- Familial, Social and Economic
 1. stress on family
 2. social support for family
 3. economic resources of family
 4. domestic violence

The intake risk assessment considers the most vulnerable child in the family but the other children are considered as well in assessing risk.

Step 3 - Safety Assessment

The safety assessment provides a structured and consistent way to assess the child's safety. It is designed to make immediate decisions about current safety for a child in the home. The safety assessment is based on conditions that place children at risk of serious and immediate harm. The safety assessment also gives the social worker information that will help make the following determinations.

- The child is safe and can remain in the home without a safety plan in place
- The child is safe to remain in the home with a safety plan in place
- The child is not safe in the home and requires out of home placement.

Step 4 - Safety Plan

Safety planning is a documented plan to help keep the child safe. Safety plans are developed in order for the child to remain in the home. The safety plan addresses each of the safety issues that were indicated in the safety assessment. Safety planning encourages family members and others to share the responsibility for keeping children safe. Safety planning helps to identify the roles and responsibilities of various adults in keeping children safe.

Step 5 - Investigative Risk Assessment

The investigative risk assessment answers the question, "What is the risk of future abuse and neglect based on information collected during the investigation?" The

investigative risk assessment again examines the 16 risk factors that practice and research have shown are most predictive of future abuse and neglect without intervention into the current situation. The 16 factors are the same as those examined in the intake risk assessment. Those factors include:

1. history of child abuse and neglect
2. child's vulnerability/self-protection
3. child's special needs/behavior problems
4. substance abuse
5. mental, emotional, intellectual or physical impairments
6. parenting skills/expectations of child
7. empathy, nurturing, bonding
8. history of violence or sexual assault
9. protection of child by non-abusive caregiver
10. recognition of problem/motivation to change
11. level of cooperation with intervention
12. stress on family
13. social support for family
14. economic resources of family
15. domestic violence
16. history of CA/N as a child

The investigative risk assessment provides a structured approach to assessing risk of future child abuse and neglect and to differentiate children that are at low, moderate and high risk of abuse.

Step 6 - Reassessment of Risk

The purpose of reassessment of risk is to:

- identify specific changes in current risk factors in comparison to the identified previous risk factors in the investigative risk assessment
- accurately assess current risk of child maltreatment
- draw appropriate conclusions of current overall risk based on data, observations and interviews
- compare current protective factors to protective factors in the investigative risk assessment
- assist social workers in evaluating the effectiveness of the intervention
- apply the results of the reassessment to case planning

The reassessment of risk is completed:

- on CA/N related cases
- at case transfer, every six months and case closure
- on open cases after completion of an investigative risk assessment if no Individual Service and Safety Plan (ISSP) is required

Step 7 - Reunification Assessment

The reunification assessment answers the question, “Is it safe for the child to return home?” The reunification assessment identifies conditions that have significantly changed so that reunification may occur. The reunification assessment is also used to:

- assess risk of harm due to CA/N if child is reunified
- evaluate the effectiveness of service plans in reducing risk
- assess caregiver’s capability to parent the child
- assess the impact of reunification on child and family
- structure the decision making process for reunification
- provide rationale for reunification decision.

The reunification assessment considers each child in the family individually when reunification is being considered.

Step 8 - Transition and Safety Plan

The transition and safety plan answers the question, “How will the safety of the child be ensured?” The results of the reunification assessment are used in developing the transition and safety plan. In particular, the safety plan should specifically address any high risk factors that were identified as concerns on the reunification assessment. The transition arrangements should specifically focus on the needs of the family and child as identified in the service plan in the ISSP. The transition and safety plan is to be developed in collaboration with the parents and the individuals that will be providing support to the family. Family meetings that provide for shared decision-making, such as family group conferences or family support meetings, can provide an opportunity to develop a mutually agreed upon transition and safety plan. The purpose of the transition and safety plan is to:

- identify current safety needs for the child
- identify current protective factors for the child
- minimize trauma to child
- address child’s needs
- consider safety issues
- support the parent towards a successful reunification
- support the overall success of the reunification

Step 9 -Closing Risk Assessment

In CPS there is a risk assessment at closure for cases closing within 90 days, cases open on a voluntary service basis, or cases transferring to Child Welfare Services (CWS). There is no requirement in policy for a closing risk assessment for cases in CWS on dependency status.

Risk Assessment Training

The newly designed risk assessment tools are explained in *The Practice Guide to Risk Assessment*, completed in May 2002 and available on-line for all CA staff. The guide reviews each decision point in the life of a case and the risk assessment tools available to guide decision making.

Staff training for the new tools was divided into two phases. Phase I training on the tools occurred in November and December 2001. It included statewide training on the safety assessment, safety plan and investigative risk assessment tools. Intake staff were also part of the Kids Come First Training. The intake risk assessment tool uses criteria similar to the investigative risk assessment tool. The sufficiency screen used by intake staff is not a new tool.

Across the board implementation of the first two tools occurred in January 2002 and statewide implementation of the investigative risk assessment occurred in February 2002. Clerical training for inputting the safety assessment and safety plan was held in April 2002. This is the only risk assessment function related to the new tools that will be performed by clerical staff. Kids Come First brochures were also available for CA staff in April 2002.

Statewide training on the Phase II tools took place in May and June 2002. The training covered the following areas:

- the reassessment of risk
- reunification assessment
- the transition and safety plan
- follow up training for the investigative risk assessment

Statewide implementation for the Phase II tools took place in July, 2002.

➤ ***CENTRALIZED INTAKE***

Child Protective Services intake was centralized statewide for all after hour responses in August of 2002. Statewide implementation of centralized intake will be in place by January of 2003. This is another effort to provide statewide consistency for screening decisions of CPS referrals.

➤ ***REGIONAL CPS COORDINATORS***

Programs directed at intervention and reduction of child abuse and neglect are managed regionally within CA. The CPS coordinator in each region is the resource for issues related to CPS and risk assessment. The coordinators meet monthly as a group with the state CPS program managers to discuss local and statewide issues. The CPS coordinator also assists the regional administrator in drafting and implementing any corrective action work plans when indicated as necessary through the internal child fatality review process.

The coordinators in the regions are responsible for:

- regional and statewide CPS quality assurance
- staff training
- staff consultation on risk assessment
- statewide CPS projects
- consensus building
- coordination of community based child protection teams
- community training
- coordination of alternative response systems providing services for low risk families

➤ ***ADDITIONAL EFFORTS TO IMPROVE RISK ASSESSMENT***

- development of community response teams for methamphetamine labs
- collaboration related to child fatality reviews by Department of Health and CA
- evaluation and recommendations for ARS programs
- development of a more consistent statewide internal child fatality review process

RISK AND SAFETY

It is important to recognize the difference between addressing safety and risk issues. When assessing safety concerns, the focus is on short term practical interventions that reasonably ensure the child’s safety. Comprehensive risk assessment focuses on the likelihood of future child abuse and neglect towards a child. Risk assessment requires the collection of data across many factors associated with child abuse and neglect and implementing a longer-term approach focusing on reducing identified risk factors.

DIFFERENCES OF RISK AND SAFETY

SAFETY	RISK
Concerned with current conditions that may harm or endanger child now	Concerned with risk factors that are predictive of child abuse and neglect in the future
SAFETY	RISK
Requires immediate assessment and intervention to protect child from current threats of harm	Requires planned interventions, usually delivered through services, that are designed to decrease risk of harm
Assessment is provided by the social worker and based primarily on observation and/or interview with child and parent	Requires a comprehensive assessment of multiple risk factors provided by the social worker with input from parents, children, service providers, extended family

CULTURAL CONSIDERATIONS

Working with diverse families requires staff to be sensitive and knowledgeable about cultural differences. This is often a difficult task to accomplish. Risk assessment as a process is not culturally neutral. Factors that put children at risk or protect them from risk are not evenly distributed across racial and cultural groups. There are no cultural groups whose children are more “at risk” due entirely to cultural factors. There are also no cultural groups whose children are never at risk. It is important to have an understanding of the complexity of interactions between a cultural minority and the dominant culture.

As social work staff engage in risk assessment with families, it is important to recognize both cultural diversity and the differing abilities found among the parents we serve.

LIMITATIONS OF THE RISK ASSESSMENT MODEL

Any risk assessment system should be applied to individual cases with an understanding of its inherent limitations. The risk assessment model:

- does not replace the professional judgement of well trained, experienced social workers;
- does not predict outcomes in a specific case or with a specific individual;
- only reflects an estimation of risk at a specific moment in time; and,
- is not a comprehensive assessment of all family functioning.

ADDENDUM

The data presented are illustrative of intake and risk assessment decisions made by CPS workers across the state. The data in this report apply to CPS referrals relating to alleged abuse or neglect within a child's home. Children's Administration, Division of Licensed Resources (DLR) is responsible for investigating allegations of child abuse or neglect that occur in licensed facilities that care for children. DLR has its own set of guidelines regarding decision making for child abuse/neglect referrals in licensed facilities. The DLR investigation guidelines share many of the characteristics of the in-home CPS investigation guidelines, but the two models are not identical.

The following data represent statistical information from calendar year 2001.

- 77,825 CPS referrals were made to the Children's Administration, Child Protective Services. This represents an increase of 260 referrals from 2000.
- 33,789 or 43.4% CPS referrals received were accepted for investigation.
- 4,833 or 6.2 % CPS referrals were accepted and referred to an alternative response system.
- 34,844 or 44.7% CPS referrals did not meet the CPS sufficiency screen criteria and were classified as information only.
- 1,642 or 1.6 CPS referrals did not meet the CPS sufficiency screen criteria but were referred to the Division of Licensed Resources (DLR) for follow up in facilities required to be licensed by CA.
- 4,352 or 5.6% CPS referrals were classified as third party referrals, where the alleged perpetrator of child abuse or neglect was not the caregiver of the child. These referrals were sent to law enforcement for investigation.
- 58 or .1% CPS referrals did not have an intake decision entered at the end of 2001.

Standard of Investigation

- 29,075 or 75.2% CPS accepted referrals were assigned the high standard of investigation and required a face to face contact by a CPS social worker.
- 9,364 or 24.2% CPS accepted referrals were assigned the low standard of investigation.
- 7071 or .8 CPS accepted referrals did not have a standard of investigation designated according to the year-end report.

- 4,833 or 14.3 % of accepted CPS referrals were referred to an alternate response system for intervention services.
- 4,531 or 13.4 of accepted CPS referrals were responded to with an informational letter or telephone call to the family.

Risk Tag at Intake

- 8,120 or 21% CPS accepted referrals were risk-tagged high at intake.
- 7,923 or 20.5% CPS accepted referrals were risk-tagged moderately high at intake.
- 13,032 or 33.7% CPS accepted referrals were risk-tagged moderate at intake.
- 7,040 or 18.2% accepted CPS referrals were risk-tagged moderately low at intake.
- 2,324 or 6 % accepted CPS referrals were risk-tagged low at intake.
- 90 or .2 accepted CPS referrals were risk tagged zero at intake.
- 93 or.2% accepted CPS referrals did not have a risk tag entered at intake.

Response Time

- 5,158 or 13. 4% accepted CPS referrals were assigned an emergent response time requiring contact within 24 hours.
- 32,574 or 84.3% accepted CPS referrals were assigned a non-emergent response time allowing contact within 10 days.
- 890 or 2.3% accepted CPS referrals did not have a response time entered.

The response time decisions for CPS referrals in 2001 were similar to response times in 2000. The percentages of the referrals in all the categories regarding investigation standard and risk tag were very similar to the percentages in the 2000 statistics. The differences between 2000 and 2001 in any category varied from zero percent to three percent. This data is further evidence of the consistency of the Washington State CPS risk assessment model.