Casey Family Programs

Review of Florida Safety Model and Front-End Assessment Tools

September, 2013

I. Introduction

This report was prepared in response to a request by Esther Jacobo, Interim Secretary of Florida's Department of Children and Families (DCF), for Casey Family Programs' help in reviewing and providing feedback on the state's new child Safety Model and related safety and risk assessment tools intended for use by Child Protection Investigators (CPIs). Secretary Jacobo requested feedback and suggestions for possible improvements on both the safety framework and the CPI assessment tools.

Casey Systems Improvement Advisor Alan Puckett and Dee Wilson, a Director in Casey's Knowledge Management unit, reviewed several safety and risk assessment tools together with Chapter 4 of the draft Child Welfare Practice Manual, which describes the Safety Model and outlines how it is to be applied in child protection investigations. Other documents reviewed include a 2012 report titled *Safety Decision Making Methodology: Formative Review*, prepared by the Ounce of Prevention Fund and Casey Family Programs, which describes findings from a survey of DCF staff who implemented elements of the new Safety Model on a pilot basis.

Before commenting on Florida's safety model, it is important to note that the effectiveness of practice frameworks, assessment tools and policy manuals is contingent upon the context in which they are implemented. CPI investigative skills, knowledge and experience; caseloads and broader workload demands; the extent and availability of supervisory oversight and support for front-line investigators; and the attitudes of investigators and supervisors toward the frameworks, tools and policies in question are fundamental to determining the effectiveness of child protection efforts. The ability of child protection investigators to apply critical thinking skills to issues of safety and risk is especially important.[1]

While this summary is focused on Florida's safety and risk assessment tools and the state's new Safety Framework, we believe it is critically important for DCF and policymakers to be mindful of these and related contextual factors, which are as important as tools and policies in determining child safety outcomes. We will address and provide recommendations regarding these and related contextual issues in Section V of this report, following comments on the Safety Model, CPI assessment tools, and the draft Child Welfare Practice Manual.

II. The Florida Safety Model

DCF's newly developed Safety Model offers the promise of greatly improved safety assessment and safety planning. However, the model is narrowly focused on protecting children in danger, and does not attend sufficiently to the goal of preventing at-risk children from becoming endangered. Because safety assessment amounts to a snapshot in time while danger may be episodic, many children found to be safe on initial referral may subsequently be harmed or endangered. A more balanced approach to risk and safety and ongoing investments in early intervention services would better serve Florida's child protection system, in our view, by helping to prevent future harm to children and by reducing repeat referrals to the child protection system.

In addition, careful thought needs to be given to how to adequately serve chronically neglecting families given the Safety Model's emphasis on present danger and impending danger, concepts that frequently do not illuminate the risks to children in families with multiple neglect reports. A 2010 study by Jonson-Reid and colleagues based on a sample of more than 6,400 child welfare cases found that over 26% of children in the sample had at least two child protection referrals; about 18% had three referrals; and nearly 13% had four or more referrals over a seven-year period. A majority of referrals in each group involved child neglect.[2]

[1] This perspective is addressed in greater detail in a forthcoming article in the journal *Child Welfare* (Volume 92, No.2) titled "Safety and Risk Assessment Frameworks: Overview and Implications for Child Maltreatment Fatalities" by Pecora, Chahine and Graham. We recommend this article to anyone seeking an in-depth look at issues related to safety and risk assessment in child protection work.

[2] Jonson-Reid, M., Emery, C.R., Drake, B. & Stahlschmidt, M.J. (2010). "Understanding Chronically Reported Families". *Child Maltreatment* 15, 271-281.

The Florida Safety Model was developed by DCF in consultation with the National Resource Center for Child Protective Services (NRCCPS) and the Children's Research Center (CRC). The model is designed to identify children in Present Danger or Impending Danger and to assist staff in deciding whether in–home safety plans can sufficiently protect children identified as unsafe. The Safety Model includes several tools, three of which—the Present Danger Assessment (PDA); the Family Functioning Assessment (FFA); and the initial Family Risk Assessment of Child Abuse and Neglect—were reviewed in preparing this report. Guidelines for use of these assessment tools and for development of safety plans for children found to be in danger are provided in Chapter 4 of the draft Child Welfare Practice Manual.

The Safety Model's conceptual framework views child safety as an interaction between and among specific safety threats, child vulnerabilities, and parent or caregiver protective capacities. In this conceptual framework, children are more or less vulnerable in relationship to specific safety threats, not based solely on child characteristics such as age, physical health or disability, or developmental status.

The Safety Model endorses the importance of CPIs and case managers engaging an active parental partner in developing in-home safety plans, and sets forth several conditions that must be satisfied before caseworkers enter into agreements with parents or caregivers regarding an in-home safety plan.

The Florida Safety Model categorizes children as safe or unsafe based on application of the Present Danger Assessment and the Family Functioning Assessment tools. The safe vs. unsafe paradigm is not universally accepted in the child protection field. Some safety assessment tools used in other states provide for a determination that a child is "conditionally safe" in situations where effective steps can be taken to reduce risk of future maltreatment. In the Signs of Safety framework developed by Andrew Turnell and utilized in some states, a safety team rates child safety using a ten-point scale, and may re-assess safety at frequent intervals. Other implications of a safe/unsafe perspective on safety are discussed elsewhere in this report.

Under Florida's Safety Model, parents of children classified as safe by a CPI, but determined to be at risk of future child maltreatment based on completion of the risk assessment tool, can be referred for community services prior to or at the time of case closure. However, Chapter 4 of the draft Child Welfare Policy Manual appears to indicate that ongoing case management services are available to families only when children are found to be unsafe, regardless of the assigned risk level. Given the importance of supportive and preventive services for families at significant risk of future abuse or neglect, even when children are determined to be "safe" at a point in time, agency policy regarding eligibility for case management services has significant implications for child safety.

Another questionable aspect of the Florida Safety Model is its conceptual approach to child vulnerability. Florida's Safety Model acts to counter child vulnerabilities only in relation to specific identified safety threats in the home, not in relation to identified risks. Very young children, however, and children with physical disabilities, chronic health conditions, or developmental delays, are more vulnerable to a range of risks and conditions than other children, whether or not a corresponding danger is present in the home at the time a safety assessment is conducted. Very young children are also much more likely to suffer serious harm when they are maltreated than are older children. The Safety Model's guidelines are incongruent with child protection practices designed for babies and toddlers, the age groups at greatest risk for serious inflicted injuries and maltreatment fatalities.

Beyond Danger: Prevention and Early Intervention for Moderate- and High-Risk Families

Florida's Safety Model categorizes children as being either safe or unsafe, while also proposing that some unsafe children are living in a pervasive "state of danger" which may not be apparent during a CPI's initial contact with a troubled family. Florida's Safety Model focuses on child protection responses for children in present or impending danger, and incorporates emerging agreement among experts regarding the importance of parents' protective capacities and the need for CPIs and other professionals to have an active parental partner in safety planning. Safety planning is presented as an approach to controlling danger to children, not as a means of anticipating danger or preventing danger from occurring.

A strength of Florida's Safety Model is its emphasis on caregiver protective capacities. The section of Chapter 4 of the Practice Manual on caregivers' protective capacities is detailed, insightful and practically useful. The Practice Manual's discussion of parent-child interaction is also strength of the model.

Children who live with parents who have chronically relapsing conditions such as substance abuse and depression, however, may be safe from physical danger for periods of time and then in danger at other times. Danger to children may not be pervasive; it is often sporadic. Many child welfare experts see child safety as a continuum ranging between safe and unsafe, rather than as a dichotomy in which children are either safe or unsafe.

The Safety Model as described in the Practice Manual does not clearly convey the cumulative emotional and developmental harm which children may suffer from chronic neglect or from the combination of chronic neglect with physical abuse or sexual abuse. In many chronically referring families, children may be neither in present or impending danger nor truly safe given the cumulative developmental and emotional impact, and occasional significant harm, which may result from low level chronic maltreatment.

Florida's Safety Model relies significantly on use of safety plans for children who are not removed from their homes. There is little recent research in the field, however, regarding the effectiveness of in-home safety plans, and there is very little research available regarding how well different types of safety plans work with specific types of families, or what elements of safety plans are most or least effective. In addition, there is a lack of recent research regarding the sustainability of safety plans and how often these plans need to be renewed. Safety assessments often turn out to be more like snapshots of how families are functioning at a point in time rather than a reliable means of distinguishing safe homes from unsafe homes.

Recommendations

1. Families whose children are found to be safe, but where risk of future maltreatment is moderate, high, or very high at the close of an initial investigation, should be eligible for ongoing case management services.

2. Families whose children are found to be safe, and where risk of future maltreatment is low, should be eligible for referral to community based services without case management. The provision of effective prevention and early intervention services to such families could significantly improve child safety and well-being and reduce subsequent maltreatment reports.

3. For families with chronically relapsing conditions such as substance abuse and some mental health conditions, safety plans should include a relapse plan component when children are found to be at moderate or high risk for future abuse or neglect, regardless of whether children are assessed to be safe or unsafe.

4. The presence of significant child vulnerabilities in a family assessed as being at moderate, high or very high risk for child maltreatment should trigger development of a safety plan which includes effective steps to protect the child, and should also lead to a referral for appropriate early intervention services, with or without identified danger threats in the home.

5. Because inflicted injuries in very young children are strongly associated with subsequent harm, safety planning should be implemented when any child aged 3 years or younger is found to have even minor inflicted or suspicious injuries.

6. Consensus building exercises should be conducted using the tools throughout Safety Model implementation in order to increase consistency in safe vs. unsafe determinations and in the development and use of safety plans.

III. Tools Used by Child Protection Investigators

The Present Danger Assessment (PDA) Tool

This initial safety assessment tool is concise and appears relatively simple to use; it does not appear likely to require excessive time to complete. In terms of item content, the PDA includes many child safety-related items which are similar to items in safety assessment tools used in other states.

Unlike the child protection safety assessments used in a number of other states (e.g.: CA, IL, MN), the PDA does not include specific items pertaining to allegations of child sexual abuse, caregiver drug or alcohol abuse, caregiver mental illness, or domestic violence in the home. A category for "Other" is included and could be used to list these or other concerns if they are noted by the CPI and rise to the level of safety threats. Particularly in the absence of specific safety assessment items assuring attention to these issues, clear policy guidance for CPIs on assessment and safety planning with families in which one or more of these factors is present will be especially important.

Recommendations

7. Specific examples and concrete guidelines for assessing child safety and for developing and using safety plans with families in which a parent/caregiver has significant substance abuse issues, significant mental health problems, or severe cognitive impairments, and for families in which there is a history of domestic violence, should be added to the Manual.

8. Consider adding an item to the PDA that asks: "Is there an escalating pattern of maltreatment severity, injury or frequency of abuse or neglect?"

9. Consider adding an item to the PDA: "How have the parent(s) harmed or endangered the child(ren) in this family?" Concise factual information that addresses child safety issues will make the PDA easier to review by supervisors and Quality Assurance staff.

The Family Functioning Assessment (FFA) Tool

The FFA is a comprehensive assessment tool intended to gauge safety threats termed "impending danger" under the Florida framework. Like the PDA tool, the FFA does not include specific items for child sexual abuse, caregiver drug or alcohol abuse or domestic violence in the home.

The FFA leads the CPI to assess a number of issues related to parent/guardian protective capacities. Information gathered in this section of the FFA will be important in determining whether identified dangers or safety threats can be offset or controlled by the protective capacities of one or more adults in the home, and in subsequent safety planning. Completion of the FFA leads to a safe/unsafe determination and, if one or more impending dangers are identified, to either an in-home safety plan or out-of-home placement of the child.

Depending on how much narrative is required and other details regarding how the FFA is used in practice, we are concerned that the tool may require a significant amount of time to complete and could become a burden for CPIs unless their workloads allow sufficient time for completing the assessment as intended. If CPIs resort to completing the FFA in a superficial manner, the integrity and effectiveness of the Safety Model could be compromised.

Recommendations

10. DCF should carefully assess the amount of time required to complete the FFA tool in practice and assure that CPIs are actually given sufficient time to use this core assessment tool as intended.

11. Consider adding an item to the Protective Capacities Assessment of the FFA: "How have the parent(s) acted to keep the child(ren) safe?" Answers to this question may prove useful in developing in-home safety plans.

The Initial Family (Household) Risk Assessment of Child Abuse/Neglect Tool

The initial Family Risk Assessment is an actuarial risk assessment tool developed by the National Center on Crime and Delinquency Children's Research Center (CRC), and is similar to Structured Decision-Making (SDM) risk assessments used in many other states. The combination of NRCCPS safety assessment tools (the PDA and FFA) and use guidelines together with an SDM actuarial risk assessment tool is unusual in the child protection field, and has been implemented in only two other states that we are aware of (New Mexico and Washington).

The Initial Risk Assessment incorporates two separate scales to assess risk for abuse and risk for neglect, with an overall risk level determined on the basis of the highest score between the two scales. The overall risk score is used to classify families according to risk level category (Low; Moderate; High; Very High) and is intended to guide referrals and service levels following the close of an investigation.

The Initial Risk Assessment tool is relatively concise and should be straightforward for well trained staff to use. This is a research-based actuarial assessment tool, and any modifications to item scores or to the "cut points" which separate risk categories could affect the tool's validity.

Information and guidance related to use of the Initial Risk Assessment tool is currently covered in less than two pages. We understand that a Resource Guide is available, but the risk assessment tool has not yet been fully integrated into the Safety Model.

Recommendations

12. The risk assessment tool should only be used in a form approved by, and with the full support of, the CRC.

13. DCF should take steps to assure full integration and effective use of the Initial Risk Assessment tool within the DCF safety framework, including adequate staff training and the provision of complete and clear written guidance regarding use of the tool. Training and CPI guidance on use of the risk assessment tool should be developed with input from the CRC, and should be provided in the same Manual and format alongside other elements of the Safety Model.

IV. The Draft Child Welfare Practice Manual

Based on our reading of Chapter 4 of the draft Practice Manual, the Florida Safety Model seems complex and likely to be challenging or confusing for less experienced CPIs due to the conceptual and practical overlap among the PDA, FFA and Initial Risk Assessment tools and the level of abstraction with which concepts are presented. We also find the Manual to be written in language which often makes concepts and practices seem more complicated than they need to be.

Nine types of Safety Threats are named in the safety assessment tool and discussed in the Manual. Similarly, the Manual lists seven Safety Actions for in–home safety plans. We are concerned that these lists imply that these are the only safety threats to be assessed and the only safety actions that can be used to protect children. These artificially narrow constructions of important concepts may reduce rather than encourage critical thinking around issues of safety and risk, especially among less experienced CPIs.

We also find the distinction between safety plans and treatment or service plans, and the relationship between the two, to be poorly explained in the Manual. This is likely to foster confusion and may lead to the creation of ineffective or poorly conceived safety plans.

Further, the Manual lacks discussion of how safety plans can strengthen parents' "protective vigilance" by developing practices and habits that increase child safety; does not provide clear guidance regarding time limits for the duration of safety plans; and lacks guidance for determining appropriate monitoring schedules for safety plans.

Recommendations

14. Streamline the Manual to incorporate greater clarity on key points (e.g.: the distinction between present and impending danger; the difference between impending danger and risk of future abuse or neglect; and which types of supports, services, and safety plans are needed based on case characteristics and presenting issues).

15. The Manual should incorporate case examples and other adult learning approaches intended to stimulate critical thinking with regard to child vulnerability, parental protective capacities, and the development of safety plans which build on existing family strengths.

16. The Manual should include specific examples and concrete guidelines for assessing child safety and for developing and using safety plans with families in which a parent/caregiver has significant substance abuse issues, significant mental health problems, or severe cognitive impairments; and for families in which there is a history of domestic violence.

17. The Manual should include a statement to the effect that no list of potential safety threats or safety actions can be all-inclusive, and that CPIs must use judgment and critical thinking in order to recognize and respond to additional threats or protective factors when they exist.

18. Strengthen the Manual through the inclusion of concrete and explicit guidelines regarding how to assess and work with chronically referred families, i.e., families with multiple CPS reports accepted for investigation. These guidelines should reflect an understanding of and concern with cumulative emotional and developmental harm, and episodic danger to children, potentially resulting from chronic maltreatment.

19. The Manual should make clear to CPIs that child vulnerabilities including very young age, disability or chronic health conditions, and developmental delays may interact with risk factors such as a caregiver's substance abuse or mental health problems to expose children to harm, whether or not a corresponding danger threat has been identified in the home.

20. The Manual should provide clear guidance regarding the distinctions between safety plans and treatment or service plans; and guidance for determining the effective duration of safety plans once they are implemented and for determining the frequency with which safety plans are monitored while in effect.

21. For children who are truly in danger, infrequent monitoring (e.g.: every 30 days) will often be inadequate. In-home safety plans for children assessed as being in present danger should be monitored weekly by the CPI or case manager, including contact with the endangered child(ren), unless a supervisor gives written authorization for less frequent monitoring; in-home safety plans for children assessed as being in impending danger, but not in present danger, should be monitored every two weeks by the CPI or case manager, including contact with the endangered child(ren), unless a supervisor gives written authorization for less frequent monitoring.

22. We recommend adding a section to the Manual regarding the development of safety plans that build on parents' demonstrated safety enhancing behaviors.

23. Rigorously train CPIs and in the development and implementation of safety plans. Training exercises should be based on multiple types of families and a variety of presenting problems rather than on a single case vignette.

24. The Manual should make clear that treatment of chronically relapsing conditions takes time and is likely to proceed with periodic setbacks. Assumptions regarding child safety resulting from parents' entry into treatment are inappropriate for inclusion in safety plans, which should focus on immediate and short-term protection of children.

Strengthening Family Engagement to Improve Assessment and Safety Planning

Chapter 4 of the draft Manual refers to family engagement but lacks specific strategies for bringing parents, children, and extended family members into active roles in assessment and safety planning processes. Some jurisdictions use the Signs of Safety approach or other family engagement models, such as Family Team Meetings or Family Group Decision Making, to incorporate more assertive family engagement strategies early in the child protection process. Such approaches can be effective at uncovering critical information, and can help to lay the groundwork for effective safety planning.

25. Consider the use of formal family engagement strategies to strengthen assessment and safety planning processes at the "front end" of the child protection system.

V. Strategies to Improve Child Safety

Useful decision-making tools, a well-designed policy framework and clear written guidance are necessary but not sufficient conditions for effective child protection practice. Other resources and strategies are also needed in order to build a system in which errors are minimized and the best possible child safety outcomes are achieved.

Immediate availability of community based family support and intervention services during the investigative phase of child protection cases can help to address in a timely way some of the urgent issues of families reported to the child protection system, and can transform the adversarial interactions families often have with child protection agencies into more positive experiences. Involving a variety of community agencies in outreach to troubled families can reduce the burden on child protection agencies by framing child safety as a responsibility shared among families, communities and the child welfare system.

Evidence-based prevention and early intervention programs should be available for referred families even while initial investigations are ongoing in order to begin assisting families and protecting children as soon as possible.

Skilled and well-trained CPIs, manageable caseloads and workloads, and experienced supervisors with appropriate supervisor to CPI ratios are also essential to effective child protection work. "Real time" quality improvement processes that provide feedback and coaching to CPIs and case managers on open cases is essential.

Basic and advanced trainings in child development, effective family engagement approaches and the application of critical thinking skills to child protection investigations and decisions are important in helping to build and improve critical workforce skills.

In a system highly dependent upon community agency partners to implement child welfare policies and practices, effective and ongoing efforts to improve information-sharing and coordination among public agencies (i.e.: DCF and law enforcement) and between DCF and local / regional partner agencies, particularly at the point of hand-off to CMOs at the close of an initial investigation, are also critically important.

Recommendations

In addition to the specific recommendations included in sections above, we believe that implementation of the following steps has the potential to improve the effectiveness of child protection investigations and safety planning activities.

26. Consider delaying implementation of the Safety Model until any significant planned changes to the model are completed so that CPIs and other staff do not have to learn, then unlearn, elements of the model. Phase in the new model beginning with a few selected counties, and incorporate "lessons learned" from early implementers to make any additional changes as rollout of the model is expanded.

27. In cooperation with the CBCs, develop safety related services such as respite care, poverty related concrete services, home visitors, safety network facilitators and rapid response to family crises in every county in the state.

28. Conduct a workload analysis to determine the time CPIs will need in order to effectively apply the new safety methodology and request additional staff if needed.

29. Create and implement 'real time' quality improvement methods that provide coaching and feedback to CPIs, case managers and their supervisors on open cases.

30. Develop methods for learning from the vast experience of CPIs and case managers and their supervisors. Assure that CPIs receive timely feedback from case managers regarding the outcomes of safety plans they developed during their investigations, and that case managers are informed of child protection reports, or lack of reports, on families following case closure.

31. Assure that CPIs have timely access to expert consultation regarding substance abuse assessment and treatment, mental health assessment and treatment, and domestic violence during child protection investigations. Liaisons located in DCF offices, consultation networks that can be immediately accessed by phone, DCF staff with certifications in key subjects, and multi–disciplinary case staffings are a few approaches to providing expert consultation to CPIs at key decision points.

32. Establish processes for ongoing improvement of communication and coordination between DCF and law enforcement agencies around initial referrals and investigations, and between DCF and CMOs at the point where cases are transitioned from initial investigation to ongoing services and/or case management. Effective communication and coordination between DCF and CMOs regarding the design, implementation and monitoring of safety plans is especially important.

33. Consider funding a research entity to carefully study implementation of the Safety Model, and report on a range of outcomes 2-5 years following the initial date of implementation as well.

VI. Summary

Florida's DCF has an unusual opportunity to develop an approach to child protection that incorporates greatly improved safety assessment, risk assessment, and safety planning practices that identify and serve families requiring early intervention to prevent children from being harmed or seriously endangered. However, developing a balanced practice model which give due weight to both risk and safety issues presents both conceptual and practical challenges.

The Safety Model as described in the Practice Manual is highly conceptual (as compared, for example, to the California Structured Decision Making System) and would benefit from the addition of specific guidance for assessment and safety planning with families having substance abuse, mental health and domestic violence issues. It will be important as the model is implemented to build in feedback loops that will allow CPIs and CMO case managers to learn from their experience with safety plans. A variety of factors affecting CPIs and supervisors, including size of caseloads and the workload demands of the Safety Model, should be carefully tracked. Developing a core set of safety related services in all counties of the state would greatly enhance the potential effectiveness of safety plans.