

# Assessing the Safety of Children at Risk of Maltreatment: Decision-Making Models

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*Child protective service caseworkers must make difficult decisions about the safety of maltreated children. Decision-making models for helping staff members balance the dual roles of child protection and family preservation are increasing. Results of a review of 10 models suggest that although some criteria overlap in these models, there are also wide differences in definitions, purposes, and the level of research support for the criteria being used to guide decision-making.*

Among the most difficult decisions facing child protective service (CPS) staff members today are (1) assessing the safety of children who are at risk of maltreatment, (2) deciding what types and levels of services may be immediately needed to keep children safe, and (3) determining under what conditions children must be placed in out-of-home care for their protection.

In an effort to increase the quality of caseworker decisions and the consistency with which caseworkers make those decisions and to deal with the dual roles workers have of child protection and family preservation, at least 42 states have adopted risk assessment models [Berkowitz 1991]. The movement toward a risk assessment approach is an apparent effort by states to "encourage a philosophical shift in the focus of investigations from policing activities to

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family assessment activities; from case substantiation to appropriate planning; and from emphasizing past experiences to examining the future of the child" [Cicchinelli and Keller 1990: 4].

Despite this shift in philosophy, current risk assessment models engender much controversy. Wald and Wolverton [1990] assert that wide-scale implementation of such models is premature because they are neither adequately designed nor validated. Reviews of risk assessment by Doueck et al. [1993], McDonald and Marks [1991], and Pecora [1991] also identify major differences in definitions and purposes of models.

Some risk assessment systems have a component for assessing the safety of maltreated children. Safety assessments are distinguished from risk assessments because they go beyond predicting the potential of maltreatment at some point in the future to suggesting that future maltreatment may be severe and thus harmful to children at a level that may require immediate intervention. Developers of safety evaluation models gear their instruments toward helping workers make decisions about how to keep maltreated children safe at home and when children should be placed in out-of-home care. A comprehensive search of the literature yielded one unpublished review [McDonnell and Heitner 1985] and no published reviews of the similarities and differences in these models. This article seeks to synthesize safety-related research and contrast ten models for evaluating the safety of maltreated children.

### Safety-Related Research

According to Webster [1981: 1010], *safe* means being "freed from harm or risk, unhurt, and secure from threat of danger, harm, or loss"; *safety* is defined as "the condition of being safe from undergoing or causing hurt, injury, or loss." Thus, for a maltreated child, being safe suggests more than being free from the risk of future maltreatment—it also encompasses freedom from harm or loss. Studies regarding the safety of maltreated children describe how caseworkers make placement decisions or the reasons that maltreated children come into out-of-home care. The authors found no studies that examined the safety of maltreated children from a family preservation framework.

### Studies Examining Placement Decision-Making

Previous reviews of placement decision-making research [Kadushin and Martin 1988; Stein et al. 1978; Wells 1988] suggest that researchers have asked caseworkers to rate existing cases in the agency or respond to questions about analogous cases. Taken together, this research suggests that workers use a combination of factors to make placement decisions. Although not conclusive,

studies have found relationships between three types of independent variables—caseworker, client, and resource characteristics—and the dependent variable, placement decision.

*Caseworker characteristics and perceptions.* Several researchers have suggested that characteristics of caseworkers and their perceptions of their clients influence their final judgments and decision-making [Billingsley and Giovannoni 1972; Boehm 1962, 1968; Meyer 1972; Nagi 1977; Phillips et al. 1971; Wolock 1982]. For example, Meyer [1972: 28] concluded that "placement decisions are more than a little subject to the constraints of our limited knowledge, our value preferences, and our professional biases." Similarly, Billingsley and Giovannoni [1972] suggest that child welfare decision-making is dominated by middle-class, majority assumptions that perceive pathology in behavior that does not conform. As convincing as these arguments seem to be, "research findings describing the relationship between the placement decision and the characteristics of the decision maker have failed to produce any reliable predictors" [Costin et al. 1991: 384]. Roberts [1970] found that personal characteristics such as age, sex, race, marital status, or social class did not influence worker judgments. Workers with more experience or graduate work tended to be more pessimistic about treatment outcomes and more likely to recommend placement, however. In addition, Fanshel and Shinn [1978] found no association between the placement decision and professional experience, agency position, education level, social work training, age, sex, marital status, parenthood, or attitudes toward foster care. Thus, it appears that the research is inconclusive either way. More recent studies that examine caseworker attitudes and characteristics and control for case circumstances are needed to clearly document that caseworker characteristics and perceptions alone might predict how caseworkers make decisions about safety and the need for placement.

*Case characteristics.* Results of studies that have examined the relationship between case characteristics and caseworker decision-making have largely been consistent. Caseworkers have identified the following case characteristics in ratings of both actual and analogous cases as most important to the safety and placement decision: severity and frequency of past harm [Graham 1978; Meddin 1984], risk to the child and necessity of immediate action to prevent harm to the child [Graham 1978; Meddin 1984], age of the child [Meddin 1984], maternal behavior [Boehm 1962, 1968], functioning of primary caregiver [Meddin 1984] and father's interest in and affection for the child [Boehm 1962, 1968], absence of a caregiver [Graham 1978; Meddin 1984], household management [Boehm 1962, 1968], existence of a hazardous environment [Meddin 1984], family insight [Boehm 1962, 1968], and cooperation of the

caregivers [Graham 1978; Meddin 1984]. In spite of consistency in some of the above case characteristics, the criteria used by caseworkers to make decisions about the need for child placement are not necessarily the same ones that might suggest a child would not be safe if left to remain at home. The authors found no studies that asked caseworkers how they assessed safety of a child separate from the decision to place a child in care.

*Availability of resources.* Researchers have suggested that the availability of resources influences caseworkers' decisions. For example, Shyne [1969] conducted a study of the decision-making behavior of caseworkers in 69 agencies across the country. She asked caseworkers to state their "ideal" decision for 1,260 cases, compared these ideal decisions to actual outcomes, and found a discrepancy between the two in an average of one-third of the cases. Jenkins and Sauber [1966] interviewed 425 families of children in care to identify changes that had occurred in the family during a 12-month period prior to placement. Results indicated that 17% of the placements could have been avoided if homemakers, day care, or income supplementation had been available. Similar results have been noted by other placement prevention projects [Jones et al. 1976]. Despite the consistency in these results, further research should examine the influence that the availability of resources plays in assessing whether maltreated children can be maintained safely in their own homes or under what conditions they must be placed.

#### *Studies Examining Reasons for Child Placement*

Researchers who have examined the reasons why children come into care have described characteristics of children, their parents, and environmental circumstances [Becker and Austin 1983; Gershenson 1983; Hubbell 1981; Sauber and Jenkins 1966; Shyne 1969; Shyne and Schroeder 1978; Vasaly 1978]. Kadushin and Martin [1988] reviewed these studies and described parent-related problems as precipitating factors in 75% to 80% of all family foster care placement cases. "These problems include neglect and abuse of children, abandonment, physical or mental illness, marital conflict, substance abuse, or imprisonment" [Kadushin and Martin 1988: 358].

Research has further suggested that it is not so much the presence of a particular characteristic that increases the likelihood of placement as it is the degree to which the family is experiencing problems such as greater social psychological pathology [Phillips et al. 1971] and the most serious kinds of maltreatment [Giovannoni and Becerra 1979]. Research has also suggested that it is the combination of case characteristics [Phillips et al. 1971], rather than any one characteristic, that leads to placement.

Despite the similarity in results of descriptive research, we are far from being able to predict which maltreated children will enter care. Runyan et al. [1981] conducted the most extensive and methodologically sound study examining predictors of placement in out-of-home care for maltreated children. Even though some expected variables such as parental stress factors (substance abuse) and types of abuse (burns and scalds) placed a child at significant risk for placement, overall, the model explained little of the variance of these decisions and predicted placement poorly. Dagleish and Drew [1989] conducted a similar study in Australia to examine indicators of the court's decisions to separate abused children from their families. "Statistical analysis of the data showed that the indicators most associated with the separation outcome were severity of abuse, parenting, and the family social system" [491].

#### **Review of Models**

Selection of safety evaluation models involved a comprehensive search of published and unpublished documents known to the authors. Models were included for review if (1) their sole purpose was to guide caseworker decision-making regarding the assessment of child safety and the use of in-home or placement services, or (2) a separate safety evaluation component of a broader risk assessment system was used for these same purposes.

The level of detail and specificity of these models varied considerably and generally increased in sophistication through the years. The U.S. Department of Health, Education, and Welfare supported the development of two of the earliest models, Phillips et al. [1972] and Dukette [1978]. These models were oriented toward helping casework staff members make decisions about whether children with broader child welfare problems ought to be placed in out-of-home care. They were structured by a simple checklist in Phillips et al. and an open-ended assessment outline in Dukette.

The next two models, also supported by the U.S. Department of Health and Human Services, still focused on broader child welfare cases, but were much more sophisticated. The model of Snyder and Ramo [1983] comprised four guides and worksheets designed to help caseworkers decide whether in-home services could be provided or whether placement was necessary. These guides emphasized both strengths and weaknesses and promoted consistency in the criteria used for decision-making. Stein and Rzepnicki [1983] developed a model in a decision-tree format to support child welfare intake staff members in making a range of casework decisions, including whether a child was in immediate danger and whether protective custody was necessary.



Four safety evaluation models [Beveridge and Topper 1992; Coler 1982; Dew et al. 1992; Holder and Corey 1987] were designed as part of broader risk assessment models. The earliest of these models [Coler 1982] included a separate set of instructions on how to use the regular Illinois Risk Assessment Matrix to help staff members make decisions regarding the need for child placement. ACTION for Child Protection developed its Safety Evaluation Instrument [Holder and Corey 1987] under a grant from the Edna McConnell Bunker Foundation [DePanfilis 1988]. This was the first risk assessment system to develop separate instruments for the assessment of risk and the assessment of safety. The other two models, used in Texas [Dew et al. 1992] and Colorado [Beveridge and Topper 1992], though structured differently, use an approach similar to that of the ACTION safety evaluation model. These instruments are designed to help workers identify conditions that may jeopardize a child's safety, assess alternate service responses for keeping a child safe (including placement as a last alternative), and develop a safety plan that delineates the risks and services to be provided to ensure child safety.

The two remaining models are quite different from those reviewed above. The Hawaii model [Yoshimoto 1993], is based on 14 Safe Family Home Guidelines enacted in state statute. These open-ended criteria are considered in cases when the child is at risk of maltreatment and may be unsafe at home. Initially, the Family Risk Scales [Magura et al. 1987] were developed as a part of a larger study of placement prevention services in New York state. The purpose of these scales is to help caseworkers identify situations predictive of near-term child placement so that families may be offered appropriate preventive services. "The scales also provide a method of monitoring the effectiveness of preventive services, in that changes in risk status can be measured" [Magura et al. 1987: 1].

#### *Definitions, Model Purposes, and Structure*

Many experts have emphasized the problems related to the lack of clear and consistent operational definitions of child maltreatment [Giovannoni 1988; Giovannoni and Becerra 1979; Hutchinson 1990; Stein 1984; Zuravin 1991]. Definitions of risk of maltreatment are also inconsistent [Berkowitz 1991; Micchinelli and Keller 1990; Palmer 1988], as are definitions of safety and risk of placement.

Many of the safety evaluation models did not define safety per se. Those that did used substantially different definitions. For example, in the Illinois model [Coler 1982], assessing safety is equated with assessing risk. In the Child at Risk Field System [Holder and Corey 1987], assessing safety considers the presence of risk but emphasizes a different degree of concern for the child.

Decision-making models have been developed with overlapping but distinct primary purposes. Despite differences, all models are at least partly designed for placement decision-making and most are recommended for use when making reunification as well as removal decisions. Only one of these ten models [Coler 1982], however, proposes that decisions regarding emergency placement be based on risk assessment ratings. In this system, protective custody is recommended when caregivers' cooperation and abilities are at an intermediate risk level and the child's age and physical and mental abilities, the rationality of the perpetrator's behavior, the perpetrator's access to the child, and the extent of permanent harm are rated at a high-risk level.

There are some similarities in the structure of these instruments. Of the 10 models reviewed, eight include a checklist or matrix and seven include open-ended questions. All can be used during nonemergency situations, and three models—Coler 1982, Stein and Rzepnicki 1983, and Yoshimoto 1993—are also to be used during emergencies.

#### *Model Criteria*

The child protection field is far from reaching a consensus on the most pertinent criteria for assessing the safety of children at risk of maltreatment. The identified criteria differ vastly among the models, consistent with the range of years in which they were developed (1972 to 1992) and the different primary purposes of the models. A few identified criteria are consistent, however.

For comparison purposes, we have grouped criteria by factors related to the child, parent, family and environment, maltreatment, and intervention (see table 1). In some cases, we identified and grouped variables based on our own interpretation when definitions of criteria were not readily available. With respect to child-related criteria, eight out of 10 models include "basic needs are unmet," six out of 10 include the "physical and mental abilities of the child," and five out of 10 include some element of child's "age," "vulnerability," or "capacity to protect self." Five consider "self-destructive behavior beyond the parents' control."

The most frequently identified parent criteria are consistent with safety-related research. All of the 10 models included "ability of the parents/caregivers to control their behavior," such as violence, substance abuse, or mental health problems. Presumably, the less controllable the parental behavior, the greater the likelihood that severely negative outcomes may result for the child.

There was some consensus with respect to family and environment-related criteria. Seven of the 10 models identified "life-threatening living conditions," six included "intense family conflict/stress or crisis that endangers the child's safety," and five included "support systems." There is no apparent

TABLE 1 Contrast of Safety Evaluation Criteria

	Model <sup>a</sup>									
	1	2	3	4	5	6	7	8	9	10
<i>Child-Related Criteria</i>										
Age/Unable to Protect Self	X	X	X	X	X	X	X	X		
Basic Needs Are Unmet	X	X	X	X	X	X	X	X	X	
Child Is Fearful at Home	X	X			X	X				
Child Requests Placement	X	X		X	X	X	X	X		
Developmental Needs Are Unmet		X			X	X	X	X		
Emotional State Disturbed	X			X	X	X				
Exceptional Unmet Needs	X	X			X	X				
Ill and Parents Refuse Treatment	X	X	X	X	X	X	X	X	X	X
Physical/Mental Abilities										
Social-Emotional Needs Are Unmet			X	X	X					
Self-Destructive Behavior beyond Parent's Control, e.g., suicide attempt or substance abuse	X	X	X		X	X			X	
Serious Effects of Maltreatment	X	X	X		X					
<i>Parent-Related Criteria</i>										
Blame Child for Parent Problems	X						X			
Cannot Control Behavior e.g., Violence, Substance Abuse, Mental Health	X	X	X	X	X	X	X	X	X	X
Erratic Handling of Child	X	X								
Extreme Negative View of Child	X									
Fears They Will Maltreat and/or Request Placement and/or No Caregiver Will Care for Child	X	X		X	X	X	X	X	X	X
Serious Deficits in Parenting Knowledge, Skill, Motivation	X	X		X		X			X	X
Will Flee Jurisdiction	X			X		X			X	X

Whereabouts Unknown or Child Abandoned	X					X				
No Caregiver Will Care for Child	X	X				X				
Nonmaltreating Parent Cannot/Will Not Protect	X	X				X				
<i>Family/Environment Related Criteria</i>										
Competent Person Will Intervene on Behalf of Child	X	X				X				
Intense Family Conflict/Stress or Crisis that Endangers Child's Safety		X	X	X	X	X	X	X	X	X
Level of Attachment to Child										
Life-Threatening Living Conditions or Lack Resources to Meet Basic Needs	X			X		X			X	X
Repeated Exposure to Domestic Violence		X	X	X					X	X
Support Systems		X	X				X		X	X
<i>Maltreatment-Related Criteria</i>										
Abuse or Nutritional Neglect Is Life-Threatening	X	X	X	X	X	X				
Abuse of Child	X	X	X	X			X			
Chronic Neglect	X	X	X	X			X	X		
Danger of Future Abuse	X	X	X	X			X	X		
History/Frequency of Past Maltreatment	X	X	X	X			X	X		
Inadequate Parental Supervision	X	X	X	X			X	X		
Maltreater Intended to Harm Child/Injury Suggests Intent	X	X	X	X			X	X		

TABLE 1. CONTRAST OF SAFETY EVALUATION CRITERIA (CONTINUED)

	1	2	3	4	5	6	7	8	9	10
Maltreating Parent Exhibits No Remorse or Guilt	X	X								
Parents/Perpetrator Cannot/Will Not Explain Injuries/Conditions	X	X			X	X				
Perpetrator's Access to Child	X	X	X		X					
Perpetrator Apologized to Child	X	X								
Perpetrator Identified or Not	X	X				X				
Rape by Related Adult/Sexual Abuse	X	X	X	X						
Severity of Past Harm	X	X								
Severe Abuse/Neglect after Services Offered	X	X			X	X				
Intervention-Related Criteria								X		
Capacity of Parents to Change		X				X				
Parents Are Uncooperative	X	X	X	X						
Parents Have Failed to Benefit from Past Help	X	X			X		X			
Previous Placements								X		
Problem Is Chronic		X								
Refusal to Perceive or Remedy Problems					X			X		
Unrealistic View of Current Situation							X		X	

\*KEY

- 1 = Holder and Corey [1987]
- 2 = Yoshimoto [1993]
- 3 = Coler [1982]
- 4 = Magura et al. [1987]
- 5 = Srydler and Ramo [1983]
- 6 = Stein and Rzepnicki [1983]
- 7 = Dukette [1978]
- 8 = Phillips et al. [1972]
- 9 = Dew et al. [1992]
- 10 = Beverage and Topper [1992]

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consensus on what to consider the most important maltreatment related criteria. The most frequently cited criteria were "abuse of the child" and "inadequate parental supervision." With respect to intervention-related criteria, seven out of 10 consider the parents' level of cooperation, and all models include some aspect of intervention criteria.

Research Support for Safety Evaluation Models

As has been emphasized elsewhere [Doueck et al. 1993; Pecora 1991; Wald 1990], most risk assessment-related instruments lack strong empirical support. Although most safety evaluation models derive their criteria from research about children who have been placed, most models have not been subjected to rigorous evaluation in the field. Of the ten reviewed models, we found evaluation research about two of them [Holder and Corey 1987; Magura et al. 1987].

The safety evaluation component of the Child At Risk Field System [Holder and Corey 1987] was field-tested through a grant from the Edna McConnell Clark Foundation. Results suggested that placement rates were reduced in one county by 29% from the year before the pilot, and that 100% of the children who were assessed as "unsafe" but where alternate in-home intervention was provided were not subject to future reports of maltreatment within six months after initial assessment [DePanfilis 1988]. For the cases in which children were determined to be unsafe, the following conditions (ranked from most often to least often) were found to be present: parents are out of control/violent, non-maltreating parent or other cannot protect, parents cannot explain injury, parents show no guilt or remorse, parents request placement, parents did not respond to previous intervention, parents might flee, child has exceptional needs that the parents cannot meet, life-threatening living arrangements exist, and parents' whereabouts unknown. For the cases in which risk of maltreatment was present but the child was assessed to be safe, the following strengths were most frequently present (ranked from most often to least often): parents possess sufficient impulse control, parents accept responsibility for the situation, parents have appropriate viewpoint/understanding of the child, parents show concern/remorse, family has a history of using help successfully, and parents possess parenting skills/knowledge.

An independent evaluation of the use of the ACTION system [Doueck et al. 1990] suggested that workers used the safety evaluation instrument appropriately. Maltreatment cases with safety criteria present were more likely to be offered services compared to cases where safety criteria were absent and the intensity of intervention response was increased in these cases as well. Six or more services were recommended in 62.9% of the cases with safety criteria present. In

contrast, six or more services were recommended in only 15.2% of cases with safety criteria absent. Both of these relationships were statistically significant.

The factorial validity and internal consistency reliability of the Family Risk Scales [Magura et al. 1987] were tested by the authors during scale construction. Three factors emerged from this analysis: parent-centered risk, child-centered risk, and economic risk. Interestingly, many of the criteria used by all of the models seem to intuitively fit into one of these constructs. An internal consistency coefficient of reliability was computed for each scale and all alphas nearly met the standard of .80. Alpha scores ranged from .88 for the parent-centered risk scale to .78 for the economic risk score. In comparison to the Child Well-Being Scales [Magura and Moses 1986], which were developed through the same methodology, the Family Risk Scales have not been as extensively used and tested in the field. There have been at least two studies of intensive family preservation programs that employed the Family Risk Scales. Fraser et al. [1991] studied 453 families and found several of the items completed at intake to be correlated with an outcome of placement, although termination scores differed even more between families whose children were placed and those who were not. In Iowa, Thiemann et al. [1990] studied 747 families served in six intensive family preservation pilot programs. A majority of the individual items showed significant change in nonplacement but not in placement cases. In several studies of family preservation services, the Child Well-Being Scales have also been found to correlate significantly with an outcome of placement or nonplacement and to detect significant change in family functioning [Feldman 1991; Yuan and Struckman-Johnson 1991]. Results have not been consistent however. Tests of composites of the Child Well-Being Scales were not able to differentiate families at high risk of placement with two separate samples [Nelson 1992]. Even though Seaberg [1988] has criticized the Child Well-Being Scales because they do not persuasively reflect child well-being and they have not consistently discriminated cases that may eventually lead to placement (as noted above), they do reliably measure a number of characteristics of families served by child welfare agencies today.

### Discussion

The extent of our knowledge about the best criteria for evaluating safety of children at risk of maltreatment remains in its early stages. We have identified six general areas that call for further development or research. First, with the advent of risk assessment, a major focus of current research is on predictors of recurrence [Baird 1988; Johnson and L'Esperance 1984; Marks and McDonald 1989; Weedon et al. 1988]. Yet, definitional problems make comparisons of studies very difficult. Are we trying to prevent recurrence of immediate, severe harm to children or any form of maltreatment? Second, with respect to safety, are we concerned about immediate safety or long-term developmental out-

comes for children? It seems crucial that researchers and program planners at least clarify the differences and the impact that these differences have on the comparability of pertinent research.

Third, research on predictors of child placement has been extremely limited. Most studies have been descriptive and have not examined the interrelation among variables. Those studies that have employed more sophisticated methodology have not contributed substantially to our knowledge-building about factors that jeopardize a child's safety. In some ways, studies that focus on placement as an outcome may be misdirected. This diverts attention from service alternatives that can keep a maltreated child safe. It also seems inappropriate to identify variables that predict case outcome unless it is also possible to examine whether these outcomes are the best ones for children at risk of maltreatment. Just because children are placed does not mean that they should be, or that the criteria that caseworkers currently use are the best ones for children and families. Thus, our view is that future research must examine predictors of various outcomes for maltreated children so that we can direct services toward both keeping children safe and families together.

Fourth, a major arena for investigation concerns the linkage between assessment and safety evaluation on the one hand, and decisions to provide intensive family preservation services, on the other hand. Should these services be available only for children who may be unsafe, and who are thus vulnerable to the possibility of immediate, severe consequences without intensive intervention? Or should services also be available when children are at risk of future maltreatment but there is no immediate concern for their safety? How do "risk" of placement relate to "risk of maltreatment?"

Fifth, prospective research on the recurrence of child maltreatment is critical—research that goes beyond identifying general predictors by also examining such issues as the frequency and severity of recurrence. Further, identifying factors that contribute to severe reabuse within short intervals may be useful for refining criteria for evaluating safety.

Finally, empirical testing of safety evaluation models is critical. Contrast studies are needed that adequately compare safety outcomes between groups of maltreated children whose caseworkers use models for assessing risk and those who do not use any particular model or criteria.

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