Showcase:
Safety Outcomes and Decision-Making Approaches

The showcase provides information for states considering tools and approaches to improve decision-making and safety outcomes. While the models and approaches included in the showcase are grounded in research and are commonly used in child protection, none are evidence-based child safety determinants. Inclusion in the showcase should not be considered an endorsement by the U.S. Department of Health and Human Services, Children's Bureau or the Capacity Building Center for States.

Different approaches for states to consider include: using decision-making models, such as ACTION for Child Protection Safety Assessment Family Evaluation Model (SAFE Model) and Structured Decision Making (SDM); using practice models that incorporate safety assessments to support decision-making (such as the Signs of Safety practice model); teaming during different decision-making points; and using existing data to engage in predictive analytics.

The majority of models included in the showcase have been, and continue to be, updated to reflect current research and field practice. Jurisdictions that are interested in, or are in the process of, implementing any of the approaches listed in this showcase should communicate with the developers to ensure access to the most up-to-date tools and components.

Implementing with Success

There are several factors that help determine the relative success of assessment tools. Effective tools are easy to use and produce practical results, measure what they are intended to measure (validity), result in consistent conclusions across users (reliability), and work similarly with diverse families (Akin, McDonald, & Tullis, 2010; D'Andrade, Austin, & Benton, 2008; Russell, 2015).

It is widely understood that risk and safety assessment tools do not replace clinical judgment and are instead intended to supplement solid practice within high-functioning agencies (Pecora, Chahine, & Graham, 2013; White & Walsh, 2006). As with any intervention, attention to implementation is critical; caseworkers must be adequately trained and supervised to ensure fidelity to the model (Fixsen, Blase, Friedman, & Wallace, 2005; White & Walsh, 2006). Organizations can expect successful implementation of any new model to take 3 to 5 years of practice (Fixsen et al., 2005).

A combination of approaches and tools may be incorporated within agency practice. However, while some child welfare agencies have combined components from a variety of approaches, developers caution against implementing assessments or pieces of the models in isolation without adequate training and organizational support (P. Decter, personal communication, August 17, 2017; P. Turnell, personal communication, September 7, 2017).

Types of Decision-Making Approaches

There are several models, approaches, and related tools that agencies can use in their risk assessment and safety decision-making processes. Some prominent examples within child welfare practice, which will be explored in more detail in the showcase, are described below:

Consensus-based models use expert agreement about the characteristics associated with maltreatment, while actuarial models rely on empirical research and factors statistically shown to predict future maltreatment (Baird, Wagner, Healy, & Johnson, 1999).

Teaming approaches use group decision-making, which is theorized to reduce bias and increase consistency in decision-making (National Association of Public Child Welfare Administrators, 2009). Conversely, there are concerns that group decision-making can result in overcompensation and inappropriate decisions (Keddell, 2014).

Some jurisdictions are beginning to pilot predictive analytics by using existing administrative data to make predictions about future maltreatment. This process relies on data mining and al-gorithms and does not rely on caseworker assessment. While theoretically more objective, the process is as vulnerable to systemic bias as other approaches (Capatosto, 2017).

While each of these approaches can enhance decision-making processes, risk assessments are limited to identifying correlations as opposed to causes. For example, prior engagement with child protective services may be correlated with future involvement, but it does not cause maltreatment or re-referral (Capatosto, 2017; Rycus & Hughes, 2008).

Frequently Implemented Models and Approaches

ACTION for Child Protection Safety Assessment Family Evaluation Model

ACTION for Child Protection Safety Assessment Family Evaluation Model (SAFE Model) is credited as the first comprehensive safety decision-making model. Numerous states and jurisdictions have adopted versions of the consensus-based SAFE Model to inform decision-making at each point along the lifespan of a case, from referral to closure (ACTION for Child Protection, 2000). The model uses a standard tool to assess threats of danger, caregiver protective capacities, and a child's unique vulnerability. The assessment distinguishes between "present" and "impending" danger, providing guidance about a child's risk and safety at first contact and throughout the course of the investigation (Pecora et al., 2013). While each tool includes guiding definitions, they require clinical judgment to successfully complete (ACTION for Child Protection, 2000; Pecora et al., 2013).

Core Components:

The SAFE Model includes tools designed for use at specific points during intake, investigation, ongoing case management, planning, evaluation, and closure. At each decision-making point, the following processes are implemented (ACTION for Child Protection, 2000):

- At intake: Assess the need for an urgent response based upon present or impending danger.
- At initial contact: Identify present and impending danger threats and create a protective plan to ensure adequate adult care throughout the assessment/investigation.
- At initial assessment or investigation: Assess caregiver protective capacities, a parent's ability to protect the child, caregiver dangerousness, and unexplained injuries.
- At completion of the initial assessment or investigation: Assess impending danger threats and establish an in-home or out-of-home safety plan, as needed.
- Throughout child protective services involvement: Integrate safety issues into treatment plans to reduce threats of harm and build protective capacities.

- At reunification: Confirm that safety threats have been eliminated or can be controlled with an in-home safety plan and implement a multistep process to facilitate a successful reunification.
- At case closure: Assess safety to determine that the family is functioning sufficiently, either alone or with a support network. If not, determine whether an alternative, safe environment is available.

Specific tools are included to support safety planning in a kinship or foster care placement, as well as to incorporate safety planning into court orders. A guide for use by court personnel is available to support the use of common language and approaches across child welfare and court systems.

Key Considerations for States:

- Offers training and other implementation supports (T. Costello, personal communication, September 5, 2017)
- Supports decision-making from referral through case closure (ACTION for Child Protection, 2000)
- Emphasizes family partnership and engagement (ACTION for Child Protection, 2000).
- Includes strengths and protective capacities within the assessment (ACTION for Child Protection, 2000)
- Factors indicators of child vulnerability (age and ability to protect self) into the assessment (ACTION for Child Protection, 2000)
- Can be used to form the basis of a state-specific practice model
- Uses the same tool to assess safety for all types of maltreatment (ACTION for Child Protection, 2000; Pecora et al., 2013)
- Includes a consensus-based safety assessment

> **For More Information About the SAFE Model:**
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> **ACTION for Child Protection**
> 2101 Sardis Road North, Suite 204
> Charlotte, NC 28227
> 704-845-2121
> http://action4cp.org/

Structured Decision Making

Structured Decision Making (SDM) is one of the most widely used decision-making assessment models in the United States (Harbert & Tucker-Tatlow, 2012). SDM uses a variety of tools, including an actuarial risk assessment, to guide the decision-making process, and prioritizes the delivery of services to families at the highest level of risk (Pecora et al., 2013). While the tools themselves support case decisions, the model is designed to be used by well-trained social workers with strong clinical judgment (Pecora et al., 2013). A range of supports are available to agencies implementing SDM, including a customized implementation plan and multiple fidelity measures (Children's Research Center, 2008).

Core Components:

SDM includes a different tool for each decision point throughout the case. Using a base set of assessment items, a series of state-specific tools and protocols are collaboratively developed (P. Decter, personal communication, August 17, 2017). Components of the model include (California Evidence-Based Clearinghouse for Child Welfare [CEBC], 2015):

- A screening assessment to determine if a family has met the threshold for a child protection response
- A safety assessment to identify current danger and appropriate interventions
- A risk assessment to determine risk of future maltreatment
- A strengths and needs assessment to prioritize appropriate interventions and create a treatment plan

- Periodic reassessments of safety, risk, and needs to update the treatment plan and determine readiness for case closure
- A reunification assessment to determine permanent placement

The risk assessment is used to determine the intensity of the intervention needed after investigation (low, moderate, high, or intensive) (CEBC, 2015; Children's Research Center, 2008). Service levels ensure that agency resources are focused on the highest risk families (Children's Research Center, 2008). Decision trees are used at various points throughout the assessment process (Children's Research Center, 2008).

In addition to the practice components, SDM incorporates agency tools to determine workload demands, analyze child welfare data, and support continuous quality improvement (Children's Research Center, 2008).

The SDM model attempts to support race and ethnic equity by including diverse stakeholders in model development, as well as through ongoing testing, coaching, and data analysis (CEBC, 2015).

Key Considerations for States:
- Offers training and other implementation supports (CEBC, 2015)
- Identified as a promising approach to achieve permanency (National Institute of Justice, 2011) and reduce racial disparities (CEBC, 2015)
- Supports decision-making from referral through case closure (Children's Research Center, 2016)
- Includes multiple assessment tools for use at different decision points (Children's Research Center, 2016)
- Ensures children's voices are represented in both assessment and case planning (P. Decter, personal communication, August 17, 2017)
- Offers tools to assess foster and kinship care providers, for use with high-risk families accessing Temporary Assistance for Needy Families (TANF) services, and for use in adult protective services (Children's Research Center, 2016)

For More Information About Structured Decision Making:

Children's Research Center
National Council on Crime & Delinquency
1970 Broadway, Suite 500
Oakland, CA 94612
SDMsystems@nccdglobal.org
http://www.nccdglobal.org/assessment/structured-decision-making-sdm-model

Signs of Safety

Signs of Safety is an assessment and planning model that includes stakeholder mapping of past harm and future danger, as well as safety and protective factors (Pecora et al. 2013; Turnell & Murphy, 2017). The Signs of Safety model takes a practice-based evidence approach—that is, it derives from field work and continuously evolves and improves based on testing and feedback from practitioners using Signs of Safety in practice (Signs of Safety, n.d.; Urban Indian Health, n.d.) It is an inquiry-based model and includes a strong emphasis on family partnership, as well as an acknowledgment of the complexities inherent in child welfare and family systems (Turnell & Murphy, 2017).

Core Components:

Signs of Safety includes five core components (CEBC, 2013; P. Turnell, personal communication, September 7, 2017):
- Signs of Safety assessment protocol

- An inquiry-based "questioning approach" to assessment
- Three core processes: skillful use of authority, vision, and conversation
- Relationship-building between families and child welfare staff
- Safety plans and safety networks

A single protocol is used to support four domains for inquiry (Turnell & Murphy, 2017):

- *What are we worried about?*
  This question assesses past harm, future danger, and any complicating factors.
- *What's working well?*
  This question assesses existing strengths and safety.
- *What needs to happen?*
  This question assesses future safety and includes longer term family and agency goals, as well as measures for short term progress.
- *Where are we on a scale of 0–10?*
  This question assesses the level of safety or danger in the home according to the judgment of those involved in mapping. It assumes that 10 equals enough safety to close the case and 0 means enough danger to potentially permanently remove the child from the home.

A one-page tool is used with adult stakeholders to "map" answers to these questions, while additional tools are used with children (CEBC, 2013; Turnell & Murphy, 2017). These include two versions of a tool to elicit children's perspectives about past harm, future danger, and current goals, as well as strategies to help caseworkers explain child protection and safety planning to children (Turnell & Murphy, 2017).

Key Considerations for States:

- Offers training and other implementation supports (Turnell & Murphy, 2017)
- Supports decision-making from referral through case closure (Turnell & Murphy, 2017)
- Includes emphasis on cultural and community context, as well as on family partnership (CEBC, 2013; Turnell & Murphy, 2017)
- Uses families' existing strengths, resources, and networks in case planning (Department for Child Protection, Government of Western Australia, 2011; Turnell & Murphy, 2017)
- Ensure children's voices are represented in both assessment and case planning (Turnell & Murphy, 2017)
- Uses a single, one-page risk assessment protocol (CEBC, 2013; Pecora et al., 2013; Turnell & Murphy, 2017)
- Includes emerging research on fidelity measures (Roberts, Caslor, Turnell, Pecora, & Pearson, 2016)
- Promotes agencies' commitment to organizational culture change and the development of in-house training and implementation capacity (Turnell & Murphy, 2017; P. Turnell, personal communication, September 7, 2017)

> **For More Information About Signs of Safety:**
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> **Resolutions Consultancy Pty Ltd.**
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Safety Organized Practice

Safety Organized Practice (SOP) is a collection of best practices, drawing on solution-focused therapy and SDM (P. Decter, personal communication, September 5, 2017; Northern California Training Center, 2014). It is designed to support a comprehensive focus on child safety that involves partnership and collaboration with the child, family, and stakeholders throughout the lifespan of a case (Decter & Freitag, 2013).

SOP includes teaming to explore past harm, safety and strengths, and future risk, as well as to develop goals (Decter & Freitag, 2013). As in Signs of Safety, children have an opportunity to participate in the assessment and planning processes.

Core Components:

The model includes three primary objectives, achievable through specific strategies (Decter & Freitag, 2013):

- The development of good working relationships through the use of solution-focused interviewing, tools to support meaningful child participation, and common language and operating definitions for terms like safety, danger, risk, and harm
- The use of critical thinking and decision-support tools, including a case consultation process, decision-making tools, and clear formulation statements about past harm, present concerns, and future goals
- The creation of detailed, behavior-based plans to enhance the daily safety of children that include collaboratively developed, safety-driven goals and the development of a safety network to support family implementation

Key Considerations for States:

- Offers training and implementation support from multiple sources (P. Decter, personal communication, September 5, 2017; Northern California Training Center, 2014)
- Includes a collection of best practices rather than a copyrighted model (P. Decter, personal communication, August 17, 2017)
- Supports decision-making from referral through case closure (Decter & Freitag, 2013)
- Offers a practice approach to build strong, collaborative relationships with families while maintaining a focus on the child's daily safety (Decter & Freitag, 2013; P. Decter, personal communication, September 5, 2017)
- Ensures children's voices are represented in both assessment and case planning (Decter & Freitag, 2013)
- Emphasizes both cultural humility and trauma-informed practice (Northern California Training Center, 2014)

For More Information About SOP:

University of California, Davis
Continuing & Professional Education
Center for Human Services
1632 Da Vinci Ct.
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Children's Research Center
National Council on Crime & Delinquency
1970 Broadway, Suite 500
Oakland, CA 94612
http://bayareaacademy.org/wp-content/uploads/2012/10/Introducing_SOP_CAL.pdf

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Teaming

A number of teaming models are used in child welfare decision-making. Teaming recognizes that a single caseworker does not have access to adequate information to make case decisions in isolation and that families themselves are critical partners in planning (The Annie E. Casey Foundation, 2014).

Key Considerations for States:
- The perspectives of multiple people may reduce individual caseworker bias and may result in decisions based on more complete information.
- Family participation and partnership in case planning can increase motivation.
- The effects of teaming have not been rigorously tested, and different models have different levels of supportive research.

Examples of Teaming in Child Welfare:

- **Family Group Decision-Making (FGDM).** Also referred to as family team conferencing, family team meetings, family group conferencing, family team decision-making, and family unity meetings, FGDM is a promising teaming model that centers families as primary decision-makers who are supported by caseworkers and other stakeholders (CEBC, 2016). A neutral facilitator convenes family members both with and without child protection personnel at multiple decision-making points. Teams meet to plan, set goals, and review progress throughout the case (CEBC, 2016). Child protection workers agree to support a family's plan as long as it meets the agency's goals (CEBC, 2016).

- **RED Teams**. RED (review, evaluate, direct) Teams use a group process to review referrals at the point of intake (Sawyer & Lohrbach, 2005). This model uses a framework of safety, risk, complicating factors, child vulnerability, strengths, protective factors, cultural considerations, and history to make decisions about case acceptance. RED Teams include a consistent group of caseworkers and supervisors who meet daily to assess intake referrals (Sawyer & Lohrbach, 2005). If there is risk of imminent harm, a social worker will respond to a referral prior to a team decision (Sawyer & Lohrbach, 2005).

- **Team Decision-Making.** Team Decision-Making uses a collaborative, group model for all decisions involving child placement, including removal, change of placement, and reunification or other permanency plan (The Annie E. Casey Foundation, 2014). Meetings take place before any formal child placement is made and include birth parents, youth, supports, and service providers, in addition to a skilled facilitator (The Annie E. Casey Foundation, 2014). Team Decision-Making meetings are linked to child and family outcomes data to ensure adequate evaluation (The Annie E. Casey Foundation, 2014).

Predictive Analytics

An increasing number of child welfare agencies are using existing datasets to make predictions and, in some cases, to guide decision-making at referral or child placement (Auspos, 2017). Predictive analytics uses data mining and algorithms to determine which predictors are most often linked to specific outcomes (O'Brien, 2014). Patterns are identified using large datasets of de-identified client and case information, and these patterns are then used to predict future outcomes (Auspos, 2017). While predictive analytics can inform decision-making, it is limited to the accessible data; larger datasets lend themselves to more robust results. In addition, because systemic inequities influence child welfare data, it is important not to overestimate the objectivity of predictive analytics (Capatosto, 2017).

Key Considerations for States:
- Successful predictive analytics systems require adequate technology and data entry capacity.
- Larger datasets lead to more robust results (Auspos, 2017).
- While data analytics may be perceived as more objective than caseworker judgment, child welfare data is reflective of systemic bias (Capatosto, 2017).

Examples of Predictive Analytics in Child Protection:

- **Eckerd Rapid Safety Feedback.** In 2012, following the deaths of nine children engaged in the child welfare system, Eckerd Kids began overseeing child protection in Hillsborough County, FL (Barry, 2012; Eckerd Kids, 2017). Eckerd analyzed data from over 1,000 open cases and the nine child abuse homicides to identify common risk factors for severe maltreatment and death (Eckerd Kids, 2017). A software system uses predictive data to analyze individual case information and determine risk and appropriate response. Eckerd Kids now works with eight additional states to incorporate predictive analytics into decision-making (Eckerd Kids, 2017). For more information about Eckerd Rapid Safety Feedback, visit http://www.eckerd.org/.

- **Allegheny County Data Warehouse.** In 1999, the Allegheny County, PA Department of Human Services created an integrated data system containing almost two billion records from 29 distinct sources, including child welfare, behavioral health, school districts, and criminal justice (Auspos, 2017). The Data Warehouse is used primarily to support case decision-making by using predictive modeling to screen referrals and alert caseworkers when children on their caseload miss consecutive school days. It allows multiple agencies, as well as clients, to see service histories (Auspos, 2017). For more information on the Allegheny County Data Warehouse, visit http://www.alleghenycounty.us/.

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