

# Chapter 6

## Risk Assessment: Issues and Implementation in Child Protective Services

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### Introduction

The primary goal of child welfare is “to protect children from harm” (Pecora et al. 2010). In order to fulfill this goal the child protective services (CPS) use assessments of risk as an essential part of service. Historically, assessment of risk and investigation are what workers use to determine the likelihood of maltreatment. Therefore, the assessment of risk is a key aspect of child protective agencies (Walk and Woolverton 1990 as cited in D’andrade et al. 2008). In this chapter, the history, goal, issues, and implementation of formal risk assessments in CPS will be discussed.

### History

In the past, child protective workers have heavily relied on the case study method to assess risk or the likelihood that maltreated children were in danger of future maltreatment. This method involves the examination of “case assessments, clinical experience, professional judgment, and sometimes intuition” (Hughes and Rycusa 2006). In addition, prior maltreatment was believed to indicate an increased risk for future maltreatment. Many professionals practice the “availability of heuristic” method. This method of decision making involves professionals following “rules of thumb” to make quick judgments ( Littlechild and Hawley 2009). Workers rely on their professional knowledge and experience. This approach can lead to workers making conclusions based on biases or simply insufficient data.

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Child maltreatment is a complicated issue and an unfortunate epidemic. Due to its severity and complex nature, there is a “consensus that practitioners should not rely solely on substantiation or prior maltreatment as the basis of subsequent case decisions” ( Hughes and Rycusa 2006). The unstructured style of assessing risk promoted bias and error ( Hughes and Rycusa 2006). To decrease error, biases, and promote a more accurate decision-making strategy CPS began to utilize risk assessments. Even within risk assessments there is a range “from discrete, ‘point-in-time’ assessments of the likelihood of future harm to case management tools that promote an overarching attention to risk...” ( Hughes and Rycusa 2006). This broad range from discrete to case management risk assessments can create confusion amongst professionals. Point-in-time risk assessments focus on families in which future maltreatment is likely to occur. On the other end of the continuum, case management risk assessments attempt to collect data throughout the lifespan of a case ( Hughes and Rycusa 2006). Attention is given to various areas of the family’s life. The danger with a broad continuum is that some workers practice at one end and other workers at the opposite end. These grand differences can lead to extremely different decisions in cases. In an effort to minimize the confusion and provide a more reliable and accurate decision-making model, CPS began to implement formal risk assessments. Formal risk assessments include those that are tested and found to be reliable and valid.

Studies suggest the interplay between risk and protective factors as contributors to maltreatment (Pecora et al. 2010). The evidence found in research has led to the use of the ecological framework in child protective agencies. The ecological framework is a systematic approach to assessing an individual’s life. Systems are examined at their level of interaction with one another. The decision-making strategy can greatly affect the provision of services in a child’s life (Pecora et al. 2010). Assessment of multiple domains requires an accurate strategy. The best formal risk assessments are those that contain a list of variables from numerous domains of life. These domains typically include: “child characteristics (e.g., age, disability), caretaker characteristics (e.g., substance use, access to the child, parenting skills), maltreatment characteristics (e.g., severity), environment (e.g., social support, housing and financial stability), and level of family cooperation with CPS” (Camasso and Jagannathan 1995; Fluke et al. 2005; Hindley et al. 2006; Johnson and L’Edperance 1984; Marks and McDonald 1989; McDonald and Marks 1991 as cited in Sledjeski et al. 2008). It is important for child welfare workers to remember that rarely is neglect “an isolated experience” (Mennen et al. 2010, p. 11). Therefore, conducting assessments that utilize the ecological framework are essential for accurate risk assessments.

## ***Goal***

The primary goal of CPS is to keep “children safe from child abuse and neglect” (Pecora et al. 2010). This goal corresponds with the goal of formal risk assessments. Formal risk assessments are “instruments and structured formats...” that “... aim to

improve ‘unassisted’ professional judgment” (Broadhurst et al. 2010). Formal risk assessments possess the ability to improve the decision-making process in CPS. It was believed that accurate and effective assessments would lead to “identification of children at high risk of future harm” (Hughes and Rycusa 2006). Ultimately a more accurate method to assessing risk such as the use of formal risk assessments could improve and promote safety of children.

Added to the primary goal of risk assessments is a list of ways in which formal risk assessments are expected to improve practice. They include:

Improving workers’ decision-making at all stages of casework; improving the quality and consistency of services to families; improving the case referral and case management process; providing a forum for case discussion and supervision; delineating child welfare practice standards; increasing agency accountability; demonstrating agency accountability to the public; reducing agency liability; improving court presentations; compensating for inexperienced staff and the effects of turnover; helping manage workloads; and providing a framework for case documentation (Hughes and Rycusa 2006).

### *Types of Models*

Most risk assessment models have four components. These components include:

1) the broad categories to be assessed; 2) behavioral descriptors that define and operationalize these criteria (also known as measures); 3) procedures and calculations for determining various levels of risk; and 4) standardized forms to uniformly capture and record this information (Hughes and Rycusa 2006).

As CPS and similar agencies progress there is a move towards using and implementing risk assessments and interventions that are found to be empirically valid (Shlonsky and Wagner 2005). Currently in CPS, there are two major approaches to risk assessment: Consensus-based model and an Actuarial model (D’andrade et al. 2008). These models are used as decision-making models and risk assessments are created based upon these models.

The consensus-based model is a comprehensive approach of child maltreatment theories, professional opinions as well as professional reports of child maltreatment. The collaboration of information often leads to the creation of hybrid assessments (D’andrade et al. 2008). Information from various assessments are gathered and created into one assessment. The consensus model of risk assessments is appealing due to its adaptability. However, adaptability does not equal effectiveness. In fact the flexibility of the consensus model may decrease the effectiveness of assessments by altering the validity and reliability of the various instruments used to create one hybrid risk assessment (D’andrade et al. 2008). The reliability and validity of a risk assessment model are the factors that determine its effectiveness. Without a strong level of reliability and validity, risk assessment models provide inconsistent and ultimately inaccurate data. These faulty data could potentially lead CPS professionals to make inaccurate decisions.

Actuarial-based risk assessments use measures that have been statistically proven to “have high levels of association with recurrences of maltreatment” (Hughes and

Rycusa 2006). Assessments that follow the actuarial model possess tested levels of reliability and validity. Actuarial risk assessments often provide professionals with numerical scores or an alternate method that can be used to classify a client's likelihood of risk (i.e., risk level) (Schwalbe 2008). As a result, comparative research has shown that actuarial-based assessments are better than consensus-based assessments in accurately assessing the probability of particular outcomes (Coohey et al. 2013; Shlonsky and Wagner 2005). Instead of relying on professional judgment and intuition, knowledge of empirical literature and research is the focus (Dorsey et al. 2008). In recent years, CPS have begun implementing actuarial-based risk assessments.

Despite the high validity of actuarial-based risk assessments, there are some professionals who are against the use of these assessments because they believe it undermines the use of clinical judgment (Shlonsky and Wagner 2005). These professionals are encouraged to research the development of actuarial-based risk assessments. The items used on actuarial risk assessments are often collected from professionals in the child welfare field (Shlonsky and Wagner 2005). The items then are used in an actuarial study to test the validity and reliability before being released as a formal risk assessment. Even though clinical/professional judgment is utilized in the development of the risk assessments the question remains: do actuarial-based risk assessments provide a full range of items necessary to evaluate and predict risk? Some would argue that guarding against the intrusion of clinical judgment by using a formal risk assessment eliminates the evaluation of additional or unexpected variables.

According to Baron, models of assessment should be a combination of the actuarial model and professional judgment (Littlechild and Hawley 2009). Though formal risk assessments such as actuarial-based assessments are vital to best practice, the professional judgment of workers should not be discarded. An equal mix between formal risk assessments and professional judgment based on research and practice experience is encouraged. Many workers would find it difficult to exclude or ignore their professional experience and knowledge. Some say that it is near to impossible. If workers choose to use professional judgment and experience, they must continue to keep biases in check to ensure that fair and accurate decisions are being made.

In recent years, researchers have begun to examine the use and effectiveness of decision-making models that influence the creation of formal risk assessments. A new theory that requires addition research is based on the integration of formal risk and needs assessments. Proponents of such an integrated approach to risk assessments state that the assessments would provide professionals with a thorough understanding of the client situation. This includes classification of risk (i.e., low, medium, high risk) provided by the risk assessment portion and direction for services provided by the needs assessment portion of the assessment (Schwalbe 2008). The confusion between the concepts of "risk" and "need" often interferes with the creation of such an assessment (Schwalbe 2008). A comprehensive approach to formal risk assessments is believed to prevent "misdirected casual hypotheses" (Schwalbe 2008). In this approach, professional intuition is supported by a needs assessments and an empirically tested risk assessment.

## ***Methodological Problems in Risk Assessments***

The biggest problem/barrier with risk assessments in CPS is the fact that risk assessments rely on the social process of the interaction between CPS workers and clients (Munro 2002; Gambrill and Shlonsky 2000). Interactions between workers and clients are an unavoidable component of risk assessments. However, as mentioned previously, the social aspect of risk assessments increases the likelihood that error and biases of the worker will occur.

Most risk assessments used today are based on an ecological framework. Failure to recognize the interaction of factors in one's life can lead to a poor risk assessment. Therefore, a barrier to an accurately performed risk assessment is a worker's lack of knowledge of all factors of a family's life. A family's lack of access to community support services might be a contributing factor to the perception of risk (Harlington et al. 2010). While a lack of services can negatively impact a family, this issue should not be held against the family during a risk assessment. Instead the worker should make attempts to place the family in contact with community services.

Lastly, a barrier in risk assessment is the predictor of child maltreatment (Camasso and Jagannathan 2012; Harlington et al. 2010). Despite numerous studies and years of research on the topic of predicting child maltreatment, it remains a topic that is still unclear. Researchers are continuously studying predictors of child abuse and neglect. Much knowledge has been gained throughout the years but like many fields of social science the wealth of knowledge is always evolving. Therefore, the known predictors of child maltreatment should continue to be tested and researched. New predictors or risk factors should be tested extensively before being associated to predicting the likelihood of child maltreatment.

## ***Proper Use of Risk Assessment***

The term risk assessment has often been used interchangeably in CPS. The term is used to describe ongoing casework in which a CPS worker watches for signs of maltreatment and the term is also applied to formal, standardized assessment instruments (Hughes and Rycusa 2006). Professionals in CPS frequently make the mistake of labeling every contact with a client as a formal risk assessment.

Confusion also exists between family assessments and risk assessments. There is confusion and disagreements on the difference between risk assessments and family assessments in CPS (Shlonsky and Wagner 2005). According to the National Association of Public Child Welfare Administrators, risk assessment is defined as, "undertaken to determine the likelihood of future maltreatment, particularly in the absence of intervention" family assessment is defined as:

Undertaken to determine dynamic aspects of family functioning that resulted in the family being brought to the attention of child protective services, as well as family strengths, conditions that need to be remedied, cultural issues, and other issues that should contribute to the construction of a successful service plan (1999 as cited in Kirk 2008).

It is important to establish and maintain a distinction between family assessments and risk assessments. Though both are equally important in a case, the dangers of using the two assessments interchangeably are inconsistency and poor quality practice. As the definition suggests, family assessments should be used for case planning purposes and not for assessing the level of risk (Hughes and Rycusa 2006).

### *Difficult to Measure*

Many informal risk assessments are difficult to measure. The ambiguous scoring and poorly defined risk classifications lead to inconsistent measuring. Even more dangerous to the effectiveness of practice, the ambiguousness allows the same behaviors or conditions to be scored at more than one risk level (Rycus and Hughes 2002; Pecora et al. 2000 as cited in Hughes and Rycusa 2006). This ultimately weakens the assessment's reliability.

Some risk assessments provide examples to aid child protective worker in identifying and classifying risk levels. However, the examples have the potential to bring confusion instead of clarity. The following example was taken from a risk assessment training manual. This particular measure describes moderate risk as "Caregiver currently exhibiting behaviors which may be a sign of deteriorating mental health, and treatment is not being sought" and high risk is described as "Caregiver's current psychological state appears to pose a high level of risk to the child; caregiver is unwilling and/or refuses to seek psychiatric treatment and/or evaluation" (Los Angeles County, Family Assessment Risk Variables, 1996, adapted from Illinois Department of Children and Family Services, 1989, Risk Assessment Training Manual, as cited in Hughes and Rycusa 2006). Both could be detrimental to a child but the difference between moderate and risk hinges on the phrase "appears to pose a high level of risk to the child." Although this may be true, the assessment is forcing the worker to make a judgment about the level of risk by choosing between two similar statements. Instead the conclusion should be derived from the risk assessment and little from the professional to prevent biases and inaccurate beliefs from intruding.

The difficulty of measuring formal risk assessments varies. The difficulty often depends on the type of risk assessment. Many risk assessments have a likert scale design. Likert scales allow the rater to score a behavior or incident on a continuum (i.e., never, rarely, sometimes, often, frequently, and always). The problem with likert scales lies with the worker. It relies on the worker to collect sufficient information to place the behavior or incident on the scale accordingly. This type of scoring works better with some risk factors than other. For example, a "minor gas leak" might be considered as a moderate risk and a "severe gas leak" as high risk (Hughes and Rycusa 2006). Whether a gas leak is minor or severe all levels should be considered high risk because gas is dangerous and can kill. This example while extreme demonstrates that the likert scale does not work for all risk factors.

## *Clarity in Language*

The problem with informal risk assessments is the lack of clarity in classifications, language, ratings, and questions. Increasing the accuracy of formal risks assessments involves clarifying the language found in the assessments. The simple terms of risk and safety are often interpreted differently by workers in CPS (Munro 2008). According to Webster, risk is defined as the possibility of injury, damage, or harm, while safety is defined as the state of being free from hurt, injury, or harm (Risk n. d.; Safety n. d.). Based upon these definitions one might assume that there should not be any misuse of these terms. However, the terms are often used differently in CPS. For example, risk factors are often understood as factors that threaten safety and safety factors are seen as “conditions that offset or mitigate risk” (Munro 2008). On the other hand, the term safety factors is also used to discuss “conditions that increase risk rather than conditions that mitigate it... (Munro 2008). Due to this discrepancy between the terms risk and safety there first must be an understanding of the two terms in CPS. There must be an understanding that risk assessments as mentioned previously are used to assess the potential risk or likelihood of child maltreatment. Whereas, safety assessments are used to assess “severe harm in the near term” (Hughes and Rycusa 2006). Safety assessments are a form of risk assessments but emphasis is placed on present harm. The proper use of the term risk with regards to assessment will lead to improving the assessments made by CPS, therefore, the safety and well being of children.

Once the use of the word risk is agreed upon an agreement on the type of risk being assessed needs to be clarified in assessments. There are two types of risk factors: static and dynamic risk factors (Schwalbe 2008). Static risk factors are “historical in nature and as such tend to remain fixed or indicate greater risk over time” (Schwalbe 2008). However, dynamic risk factors are current and “can change with changing circumstances” (Schwalbe 2008).

In addition, the word neglect is often defined differently from worker to worker (Harlington et al. 2010). Researchers often define neglect according to the legal term (Mennen et al. 2010). The legal definition of neglect is “an omission to do or perform some work, duty or act” (Neglect n. d.). According to the Child Abuse Prevention and Treatment Act as amended by the Keeping Children and Families Safe Act of 2003, child abuse and neglect is defined as:

At a minimum, any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation or an act or failure to act which presents an imminent risk of serious harm (US Department of Health and Human Services 2003).

Inconsistency in the definition of neglect varies across states and professions (e.g., CPS, court system) (Children’s Bureau, Office on Child Abuse and Neglect and DePanfilis 2006). For example, in California neglect is defined as “the failure of a parents or caretaker to provide for a child’s needs” ( Mennen et al. 2010, p. 2). The question arises, who defines a child’s needs? Needs may vary from culture to

culture. Workers should be aware of their personal beliefs regarding the needs of a child. Research in child development can provide beneficial information to assist CPS workers regarding the needs of children.

What may be considered neglect in one state may not be in another state. CPS workers need to assess neglect carefully using formal risk assessments. A call for consistency of the term neglect is needed for developing and interpreting risk assessments. A definition that is constant will improve current and future research in child maltreatment and risk assessments. With this lack of consistency “it is nearly impossible to compare research results” (Children’s Bureau, Office of Child Abuse and Neglect and DePanfilis 2006).

## Implications for Practice

### *Implementation of Risk Assessment in Child Welfare Practice*

Generally, CPS workers have a heavy caseload and therefore the time, which they can spend with each family, is limited. The limited amount of time can impact the workers’ ability to perform a thorough risk assessment. Workers may shorten the risk assessment process to fit their time frame, therefore increasing the likelihood that error and biases could intrude in the decisions made from the risk assessment (Hughes and Rycusa 2006). A call for a change in policy should be made in order to lighten the caseload of CPS workers and allow workers more time to complete thorough assessments and therefore better informed decisions. In support of lighter caseloads to allow case workers more time is the timing of the implementation of risk assessments. Often risk assessments are carried out in the initial meeting. It is suggested that risk assessments should be conducted after a few meetings after rapport has begun to be established or collateral contact have been made (Hughes and Rycusa 2006).

Research on actuarial-based risk assessments has shown results to yield strong validity and reliability. Even though numerous studies have proven actuarial risk assessments promise for making more accurate decisions, implementation in CPS is problematic (Dorsey et al. 2008). Some of the barriers to agency-wide implementation of risk assessments include:

Excessive workloads, shifting and competing priorities, poor time management, a reactive rather than planful approach to management, too few resources, poorly designed and implemented change initiatives, an unsupportive political environment, and the general resistance to change that helps maintain the status quo in many bureaucratic organizations (Hughes and Rycusa 2006).

Lastly, opposition of implementation comes from both caseworkers and supervisors. Many CPS workers believe the use of actuarial-based risk assessments hampers



practice rather than improving it. This is especially true if the workers do not see the value in using formal risk assessments or a need to improve their quality of assessments, decisions, or practice (Hughes and Rycusa 2006). Although the use of formal risk assessments in CPS is progressing, the use of “clinical prediction continues to thrive” (Gambrill and Shlonsky 2000). Human service professionals are urged to “consider” risk assessment findings or even to allow risk assessment findings to supplant their intuitive judgment about future risk” (Schwalbe 2008).

## *Training*

Research demonstrates that even with the use of risk assessments, there are discrepancies in the decisions made by social workers (Lee et al. 2013; Morgan 2007). Proper training is another barrier to implementing risk assessments in CPS. Many workers describe their training for complex cases involving child and parents as inadequate (Darlington et al. 2005 as cited in Darlington et al. 2010). Conducting risk assessments requires a considerable amount of clinical and professional skill (Hughes and Rycusa 2006). Therefore, quality training on risk assessments is needed among workers in CPS. Education and training on the use of formal risk assessments could lead to accurate implementation of the assessment tools. Training on how to read/interpret the responses and answers on risk assessments could increase the accuracy of decisions. The ultimate goal of training in risk assessments is to create consistency and improve accuracy amongst the decisions made by CPS workers.

The beliefs and values of a worker conducting the risk assessments can greatly impact the conclusion (Hughes and Rycusa 2006). One’s culture shapes the way in which they interact with and view the world. For this reason, training on acknowledging and recognizing one’s belief and value system is imperative. Culture awareness training can prevent one’s worldview from obscuring the understanding of the client(s) being assessed.

In addition, all those involved in understanding and implementing risk assessments should receive joint training (Darlington et al. 2010). Training for all professionals involved in risk assessments (i.e., caseworkers and supervisors) would provide better practice outcomes for clients. Training should include information on each item in the assessment, areas being measured, influence of culture, values and beliefs, time management, analyzing and scoring assessments, risk classifications, and influence of self on clients during risk assessment (Hughes and Rycusa 2006). If workers view formal risk assessments as a “bureaucratic mandate” or unnecessary they are more likely to shortcut the risk assessment process (Hughes and Rycusa 2006). This attitude towards risk assessments could harm clients by providing inaccurate information and thus inaccurate decisions are being made. Professionals should be educated on the value of formal risk assessments and their importance in quality practice.

## ***Ethical and Legal Issues of Risk Assessments***

The state is obligated to support parental rights and protect the rights of children with regards to safety (Hughes and Rycusa 2006). However, it is parents that have authority and legal rights of their children. In cases of child maltreatment, “children’s rights to safety supersede parents’ rights to self-determination” (Hughes and Rycusa 2006). Therefore, it is the states’ responsibility to protect children from child maltreatment by caregivers. Although the state has the responsibility and obligation to intervene in the life of a child, certain factors must exist. For example, there must be serious concerns about abuse or evidence of abuse.

The ethical and legal question arises to whether CPS can intervene based upon information from risk assessments (Hughes and Rycusa 2006). The argument exists to whether CPS has the legal right to intervene in a family’s life against their wishes based upon risk assessment results (i.e., a high-risk classification) (Hughes and Rycusa 2006). Currently, child protective investigations focus on substantiated child maltreatment. Some argue that investigations should move from past incidents to including more risk assessments, which are aimed to prevent future child maltreatment. Supporters of such a shift argue that substantiation is confrontational and does not focus on the families’ strengths and potential growth. This then inhibits the development of a collaborative relationship between the family and CPS. CPS workers must remember that “high-risk” classification even on a highly reliable and valid assessment tool does not equal certainty. High risk simply means high probability and not certainty (Hughes and Rycusa 2006). Despite the discussion of this issue the reality remains that the classification of high risk does not assure that families will maltreat their children (Baird and Wagner 2000 as cited in Hughes and Rycusa 2006). Therefore, it appears that substantiation will continue to be a “necessary part of child protective services” (Hughes and Rycusa 2006). The need to assess both past incidents and future likelihood of maltreatment are important for protecting the child.

Perhaps the most important ethical and legal issue for professionals to remember is that all actions are subject to legal action. Therefore, it is imperative that professionals do not falsely claim that their assessments are standardized and empirically tested. In addition, even standardized formal assessments have limitations and these must be acknowledged in practice. Professionals must be aware that all assessments have potential ethical and legal liabilities and it is their responsibility to ensure that the limitations of the risk assessment are recognized (Hughes and Rycusa 2006).

## **Conclusions**

Risk assessment tools are meant to improve practice and limit harm towards children. As discussed in this chapter, tested risk assessments provide accuracy and consistency to decisions made in CPS. In a recent study by the Department of Social

Services of Virginia, the department compared data from 30 local departments using actuarial-based risk assessments and 90 local departments that used nonactuarial-based risk assessments. The researchers also conducted interviews with 25 social workers and supervisors from the local departments. Qualitative results showed that social workers “preferred actuarial based risk assessment tools to a less structured approach to the child protective services process” (Jones and Beecroft 2008). The social workers felt that the use of actuarial base risk assessments not only provided consistency but helped justify their decisions. In addition, supervisors “liked the consistent and objective framework for making decisions about cases” (Jones and Beecroft 2008).

Almost all science-based professions use empirically sound and evidence-based assessment tools in practice. The area of social work and child welfare should be no different. Currently there are many assessment tools being utilized in child welfare that have not undergone strict research protocols. Professional fields such as education, psychology, medicine, etc. use standardized and tested assessments (Hughes and Rycusa 2006). In addition, these professions have strict guidelines for administration and scoring of the assessments. CPS “should commit to the same high standards” (Hughes and Rycusa 2006). To remedy the disparity between the profession of child welfare and other professions, the national child welfare system and social work organizations should create and establish a strict protocol for the “development, administration, evaluation, and utilization of formal risk assessment technologies” (Hughes and Rycusa 2006).

Before implementing specific risk assessments into practice, the instruments must have undergone empirical testing. It is important that the assessment tool itself has been tested but in addition the risk factors being assessed should be tested as well. Often certain risk factors are mentioned to be associated with child maltreatment (Shlonsky and Wagner 2005). However, association is not adequate for quality practice. The risk factors must be proven to predict child maltreatment or increase the likelihood of child maltreatment.

Recommendations for future research include researching caseworkers’ use of empirical knowledge and literature in their practice and case decisions. The current research being conducted on decision making and use of risk assessments in CPS is limited and typically involves small sample sizes as well as low generalizability to all cultures and geographical areas (Dorsey et al. 2008). The information gained through research can be used to inform and improve risk assessments.

Perhaps, the most important recommendation for future risk assessments is that each risk assessment should include a concise and descriptive training manual. CPS should attend regular training on the proper use and implementation of particular risk assessments used in their local department of CPS. The training format should include history, importance, instructions, scoring, and interpretation of the risk assessment. In addition, training should include a time of culture awareness training and question and answer time.

Just like many professions, despite good effort, CPS may have missed the mark for the proper use and implementation of formal risk assessments. To remedy this, the child welfare profession needs to reevaluate their options of best practice as well

as identify and maximize its strengths as a profession. Furthermore, they should “implement strategic measures to promote the most ethical and effective use of risk assessment to promote equitable and legitimate protective decisions”...for children and their families (Hughes and Rycusa 2006).

Finally, all involved in the risk assessment process whether from analyzing, development, research, or implementation, professionals should remember the goal of risk assessments. The purpose of risk assessments in CPS is to identify those children that are at risk for future maltreatment. To sustain the recommended changes discussed in this chapter, in real life practice, CPS workers need to be educated on the importance of risk assessments. Supervisors need to provide frontline workers with adequate support to ensure that thorough risk assessments are employed. Again, child protective professionals must remember that classifying an individual or family as high risk does not mean that future maltreatment is certain (Hughes and Rycusa 2006). Identification of high risk simply allows CPS to provide services in hopes to reduce or prevent future maltreatment from occurring.

## Additional Resources

Evaluation Methodology: Child Protection

<http://www.aifs.gov.au/cfca/bibliographies/evaluationchildprotect.php>

Consensus Based Model

<http://seedsforchange.org.uk/consensus>

Hartnett’s Consensus Oriented Decision making Model

<http://www.mindtools.com/pages/article/codm.htm>

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