Module 9: Structured Decision Making (SDM) and Family Assessment Response Service Planning

Module Overview
Accurate assessment of child safety and risk of recurring maltreatment is an integral part of all child welfare decision making processes. The ability to identify maltreatment risks and factors that affect child safety is critical to accurate assessment. Workers must know how to use standardized assessment tools to inform and guide assessment decisions. The Structured Decision Making (SDM) process helps workers make more objective judgments about a family’s presenting situation, and guides the decisions necessary to achieve child safety.

Module 9 consists of three chapters:
1. Safety Assessment and Risk Assessment of Abuse and Neglect
2. Strengths and Needs Assessment
3. Family Assessment Response Service Planning.

Learning Objectives
When you have completed Module 9, you will be able to:
- Define safety and risk, and identify the differences
- Identify safety and risk factors for children and families
- Explain why safety and risk assessments are integral parts of the decision making process
- Identify the components of basic safety plans
- Identify needs and strengths within families
- Identify the components of Family Assessment Response Service Plans.

It is crucial that you understand the SDM Model and learn to use SDM tools effectively.

Structured Decision Making (SDM)
Why do we use SDM? Recall from the Practice Model and the passage of ASFA that child safety is paramount. The primary goal of child welfare is to prevent recurrence of child maltreatment.

Historic criticisms and concerns that agency decisions were not always objective or consistent led to the development of the SDM Model and tools. Child welfare decisions should never be subjective – based on gut feelings or bias about whether a family may need services or how successful they may be at parenting in the future.

SDM helps workers objectively assess and make decisions about safety, risk, needs and strengths within families.

Any tool used to help make decisions should have reliability, validity, equality and utility.
- **Reliability** is the quality of measurement. Measures are consistent and able to be repeated.
- **Validity** is the accuracy of the tool. A valid instrument measures what it says it will measure.
• **Equality** is the level of fairness in the tool that makes it valid across different ethnic groups. Minnesota recalibrated its risk assessment to address validity for our diverse population.

• **Utility** is the practicality of using the tool. In other words, the tool is easy to use and understand, and it helps guide decisions.

Minnesota’s SDM tools have these four components.

**SDM Benefits**

SDM benefits workers and families because it helps workers make consistent and objective decisions with families.

SDM provides workers with a clearly defined methodology for making decisions. You know in advance what you need to address in your assessments. SDM tools guide the decisions you make with families. In court, you are able to explain decisions as being part of the approved protocol for assessing safety, risk, needs and strengths with reliable, valid, equitable and practical tools that help you be consistent and objective.

SDM tools help workers manage their time. When primary safety, risk and need factors are identified with families, you can focus your efforts on mitigating those concerns by utilizing identified family strengths.

The tools are also valuable for writing clear, concise and factual assessment reports, service plans, case notes, and court reports.

**SDM Objectives**

The first objective of SDM is to identify critical decision points in each case and use the best assessment tool available. Following SDM policies and procedures to assess a common set of defined factors increases consistency and accuracy. SDM helps you and families make decisions at the case level.

The second objective of SDM is to help agencies and communities decide where to spend limited resources based on aggregate data.

**SDM Components**

SDM has three basic components:

- Policies and Procedures
- Assessment Tools – Safety, Risk, Strengths and Needs, Reassessments, and Reunification
- Definitions.

Now that you have a basic understanding of the SDM Model and why Minnesota uses it, let’s look specifically at safety and risk before we move into Chapter 1.

**Safety and Risk**

The terms safety and risk apply to your daily tasks, but have different meanings and specific applications to SDM. It is important for you to fully understand the differences in order to complete assessments and SDM tools consistently and accurately.
In terms of assessment:

- **Safety** is assessing the likelihood of serious harm happening in the immediate future. Substantial child endangerment and egregious harm constitute serious harm. Children are safe in their home when there is no threat of danger or when protective capacities mitigate threats of danger. Children are unsafe when a threat of danger exists and there are not sufficient protective factors to alleviate the threat. Threats of danger are generally very specific and observable; they are likely to have severe effects on the well-being of the child.

- **Risk** is assessing the likelihood of child maltreatment occurring sometime in the future. Dynamics that suggest a caregiver is likely to maltreat his or her child are identified as risk factors and classified as low, medium or high. Families can present risk factors of all degrees at any given time. Risk factors that are classified as “high” indicate an increased likelihood of future maltreatment.

From the Attachments tab, print and review Safety and Risk Differences.

Also, from the Attachments tab, print the Structured Decision Making System for Child Protective Services Policy and Procedures Manual. As an alternative to printing, you may save a copy to your agency’s computer system. In either case, be sure to have a copy handy as you complete this module.

**Chapter 1: Safety Assessment and Family Risk Assessment of Abuse and Neglect**

**Overview**

Because child safety is paramount, you must know how to complete safety and risk assessments.

The SDM Safety Assessment tool helps you assess whether a child is likely to be in immediate danger of serious physical harm which may require protective intervention, and to determine what intervention is necessary to provide appropriate protection.

Best practice is to assess safety at every contact with the child and family; this means you consider the likelihood of egregious harm to the child now and in the immediate future based upon identified risk factors.

**SDM Safety Assessment**

The Safety Assessment and the Risk Assessment of Abuse and Neglect (also called Risk Assessment) are connected. The Risk Assessment helps you identify risk factors and objectively assess the likelihood of recurring child maltreatment as high, moderate or low risk. The Risk Assessment of Abuse and Neglect uses reliable and valid research-based risk indicators to assess whether a family is more or less likely to have another incident of abuse or neglect without agency intervention. However, it is important to understand that the indicators do not predict recurrence of maltreatment; in other words, they don’t tell you if maltreatment will occur again.
Refer to the policy and procedure manual as you read the following information.

**Safety Assessment Key Points**
It is best practice to complete the Safety Assessment tool while referencing Safety Assessment definitions. Classroom training shows you how to access definitions when completing the tool in SSIS.

Carefully read the Safety Assessment Policy and Procedures and make note of these key points:

- **Which cases** – All child maltreatment reports accepted for Family Assessment Response or Family Investigation.
- **Who completes** – The assigned social worker, not other people.
- **When** – Assessment begins during the first face-to-face contact with the child and family; assessment continues throughout the life of the case; and, the tool is completed prior to allowing the child to remain in the home.
- **Decisions** – The tool guides decision making for identifying the current level of safety, determining the need for a safety plan, removal and reunification.
- **Complete the tool** based on the most vulnerable child in the family.
- **All sections of the tool must be completed.**
- **Best practice** is to complete the Safety Assessment tool in SSIS within 72 hours of contact with the child and family.
- **Be sure to consult with your supervisor** when cases present challenges or when you simply aren’t sure what to do or how to do it.
- **Safety plans are required** for all children assessed unsafe on any factor.

There are three primary sections in the Safety Assessment Tool: Safety Factors, Safety Response, and Safety Decision.

Refer to the Safety Assessment Policies and Procedures for more detailed explanations to guide decision making for each section.

**Safety Assessment Tool: Safety Factors**
This section requires you to identify the presence or absence of each factor listed on the tool.

Best practice is to review the Safety Assessment Definitions each time you complete a Safety Assessment; ask yourself if each Safety Factor statement is true or false based on available information.

If the statement is true, it is marked as a safety factor.

After you identify current safety factors, you must enter a brief Safety Factor Description of the individuals, behaviors, conditions, and/or circumstances associated with each factor.

**Safety Assessment Tool: Safety Response**
This section requires you to identify available resources that may potentially mitigate safety concerns and help keep the child safe.
After identifying potential resources, you must enter a brief description of Safety Response interventions that are planned or will be taken to protect the child.

If the child is removed from his or her home, explain why the safety responses were not sufficient or why legal action was necessary.

When safety responses are identified, it is important to ensure that the response actions are sufficient to ensure safety. It is also important to determine if the family is willing and able to implement the safety responses in ways that truly protect the child.

Refer to the Policies and Procedures for more detailed instructions.

**Safety Assessment Tool: Safety Decision**
SSIS automatically completes this section and determines if the child is safe, conditionally safe, or unsafe based upon the safety factors and safety response information that is entered into the tool.

**Safety Assessment Summary**
- Child safety is paramount.
- Safety is assessed throughout the life of the case.
- Safety is addressed at all judicial proceedings.
- Document the results of the completed safety assessment in SSIS.
- Consult with your supervisor when you have questions or additional concerns about a family’s situation.

Now let’s look at identifying risk factors and assessing the risk of maltreatment.

**SDM Risk Assessment of Abuse & Neglect**
Refer to policy and procedures manual as you read the following information.

It is best practice to complete the tool while referencing the definitions. Classroom training shows you how to access definitions when completing the tool in SSIS.

The Risk Assessment of Abuse and Neglect (Risk Assessment) is the second SDM tool used in the assessment phase of Family Assessment Response and Family Investigation.

The tool helps you:
- Identify and examine the presence and absence of family risk factors for all children in the home
- Objectively assess the likelihood of future maltreatment to children on a risk continuum
- Document child, family and environmental interactions
- Identify protective factors in the family
- Document facts to assist in making empirical, rather than instinctual, decisions
- Facilitate services that focus on meeting critical family needs and supporting protective family strengths.
Risk Assessment of Abuse and Neglect Key Points
Carefully read the Risk Assessment of Abuse and Neglect Policy and Procedures and make note of the following key points.

- Which cases - All child maltreatment reports accepted for Family Assessment Response or Family Investigation; Risk Assessment is one element in determining the need for services and whether maltreatment occurred.
- Who completes – The assigned social worker – not other people.
- When – Assessment begins during the first face-to-face contact with the child and family, and continues throughout the life of the case.
- The tool is finalized before determining whether services are needed (Family Assessment Response and Family Investigation) and whether maltreatment occurred (Family Investigation only). The tool is typically completed at the end of the assessment but within 45 days of opening.
- Decisions – The tool guides decision making for identifying the level of risk of future maltreatment and guides decisions to open cases for on-going services or close cases upon completion of the assessment or investigation.
- Reassessments – If the case is opened for on-going services, risk should be reassessed every 90 days after the service plan is implemented, at any point a new risk factor appears, when a child is being returned home, upon supervisory request, and 30 days prior to closing the case.
- New reports on open cases – When a new report is received on a case already opened for services and the report meets criteria for a new Family Assessment Response or Family Investigation, the agency is required to complete a new Family Assessment Response or Family Investigation and a new Risk Assessment.

Continuum of Risk
The Risk Assessment helps determine the level of risk for the recurrence of maltreatment. It also helps guide decisions about closing cases upon completion of a Family Assessment Response or Family Investigation, or opening cases for on-going services.

The determined risk level on the Risk Assessment should help guide your minimum contacts for open cases.

LOW
Little or no risk implies that the home is safe for the child, and that no casework intervention is required to protect the child. The presence of constructive parenting behaviors and family dynamics that support healthy child rearing is implied.

Families that are rated as “low risk” tend to have low rates of subsequent referrals, investigations and determinations, and are unlikely to be involved in serious abuse or neglect incidents.

MODERATE
Moderate risk implies that the child may suffer some degree of harm if he remains in the home. However, there is no evidence that the child is at risk of serious injury or death. This implies that while risk factors are present, there are also sufficient constructive
parenting behaviors to prevent the risk from being extreme. Intervention may need to be considered based on the totality of the risk information.

Families that are rated as “moderate risk” have moderately higher rates of subsequent referrals, investigations and determinations, and are somewhat more likely to be involved in serious abuse or neglect incidents than low risk families.

**HIGH**

High risk implies that the child is likely to be seriously harmed, injured, suffer permanent disability, or die if left in the present circumstances without protective intervention. Constructive parenting behaviors may never have developed, or other circumstances may prevent use of constructive behaviors.

Families that are rated as “high risk” have significantly higher rates of subsequent referrals, investigations, and determinations, and are more often involved in serious abuse or neglect incidents resulting in medical care.

**Primary Sections**

There are five primary sections in the Risk Assessment of Abuse and Neglect Tool:

1. Risk Assessment – Neglect
2. Risk Assessment – Abuse
3. Scored Risk Level
4. Risk Assessment – Override
5. Risk Assessment – Supplemental Data.

The separate abuse and neglect indicators on the Risk Assessment are reliable and valid for accurately estimating the risk of future maltreatment in terms of new reports, determinations, injuries, and out-of-home-placements.

Refer to the Risk Assessment of Abuse and Neglect Policy and Procedures and Definitions for more detailed explanations to guide decision making for each section.

Sections 1 and 2 of the Risk Assessment are the Neglect and Abuse indices.

Each item in both indices must be completed. If you are unable to gather certain information during the assessment, enter 0 as the score. After entering a response for all items on both indices, total the score of each index.

The final score after both indices are completed guides you to the appropriate risk level in Section 3 – the Scored Risk Level. When you complete the tool in SSIS, the application will tally the score.

Sections 4 and 5 of the Risk Assessment – Override and Supplemental Data – are addressed in classroom training.
You will notice that a Risk Reassessment Tool and a Reunification Assessment are part of the manual, each with its own policy, procedures, and definitions. These tools are discussed in classroom training.

**Safety and Risk Assessment Summary**

As you know, child safety is paramount. Assessment of safety and risk begin with your first contact and are assessed continually throughout the life of the case. When new concerns arise and compromise safety, you must address the issues and you should complete a new safety assessment.

Safety is addressed at all judicial proceedings – emergency protective care hearings through final permanency hearings. Because risk factors are directly linked to safety, court proceedings consider risks to children while addressing safety. It is clear that both safety and risk must be thoroughly and accurately documented in SSIS.

Safety factors include caregiver behaviors and attitudes, and child vulnerability and living environment. Child risk factors include age, abilities and disabilities, cognitive functioning, emotional stability, level of dependence, health and other characteristics.

Adult risk factors include age, abilities and disabilities, substance use, emotional stability, and past history of abuse, neglect and violence – both as victims and alleged offenders.

Remember to seek supervisory consultation when dealing with significant child safety and risk concerns during any Family Assessment Response or Family Investigation.

**Safety Plans**

A **safety plan** is an immediate, short-term management tool that responds to identified threats of immediate danger and physical harm to a child. It includes a course of action – steps or procedures – to control identified safety and risk factors that place the child at risk of serious harm.

The plan has one goal – to assure child safety in the home by controlling impending danger threats until risks are mitigated.

Safety plans are not intended to change the behavior of the alleged offender.

Safety plans typically accompany safety assessments; they are implemented when there is a strong probability of impending danger to the child. Minnesota Statutes 260.012 (d) (1) require safety plans as part of reasonable efforts. Minnesota Statutes 260C.176 require safety plans when children are released from 72-hour holds and returned home.

Although the SDM Safety Assessment requires documentation of safety responses, the actual tool is not ideally structured to leave with the family as a safety plan. DHS created a template that is easier to use and develop directly with families. Written plans help families recall agreed-upon tasks.
The written Family Safety Plan should be based on safety factors identified in the Safety Assessment tool. The safety plan can also be used when no safety factors are identified, but the family wants a written plan to help them address future crises.

From the Attachments tab, print and review the Family Safety Plan and Family Safety Plan Help Text.

**Safety Plans – Best Practice**

Remember these best practices:

- Complete SDM tools and safety plans with families whenever possible
- Use safety plans only when safety can be reasonably assured
- Create a *written* safety plan with the family during your initial visit when safety concerns are present and can be controlled through use of the plan
- Leave a copy with the family

Consult with your supervisor regarding your agency’s procedures and documents.

**Family Safety Plans**

Safety plans should be family-centered and strengths-based. Collaborate to help the family create the least intrusive, family-managed safety plan that outlines:

- **Who the plan is for** – children, parents, caregivers
- **Who developed the plan** – children, parents, caregivers, social worker
- **Immediate and obvious family conditions that threaten child safety** – why the plan is necessary
- **Presence and capacity of persons to protect the child** – or lack thereof
- **Steps or procedures to mitigate risk and maintain child safety at all times** – including formal and informal supports
- **Arrangements made with the family, kin and service providers to carry out the plan, and**
- **The family’s back-up plan if the first safety plan doesn’t work.**

Safety plans may be adjuncts to on-going service plans, or they may stand alone during the assessment or investigation until determinations about the need for services are made.

**Family Safety Plans: When to Use**

The DHS Family Safety Plan can be used for commonly reported concerns including, but not limited to, the following items.

- **Unsafe home conditions**: Use to help parents identify and take steps to eliminate child safety hazards in the home.
- **Parent and child conflict**: Use when the primary concern is escalating conflict between parents and children, typically adolescents.
- **Supervision**: Use to help parents plan appropriate and safe supervision of young or developmentally delayed children.
- **Parental mental health**: Use to assist parents in planning for situations in which their mental health may interfere with parenting abilities.
• Physical abuse: Use when physical discipline constitutes abuse – or is bordering on the criteria for abuse – to develop alternative disciplinary actions, and a list of coping techniques to manage emotions and avoid future incidents.
• Domestic violence: Use with adult victims and children to plan for safety if incidents are likely occur again.
• Best practice is to consult and develop plans in conjunction with domestic violence agencies to ensure that all facets of the family’s situation are addressed appropriately. Remember to review the DHS publication for co-occurring cases that was provided in Module 6.
• Other reported concerns: The Family Safety Plan can be used for other circumstances, but may not be appropriate or necessary for families primarily concerned with poverty or lack of basic needs and resources.

**Safety Plan Engagement Tips**
Demonstrate respect, empathy, authenticity and discretion. As you know, these relationship essentials are necessary for meaningful dialogue with families.
• Be calm and flexible while you actively listen to the family.
• Ask families for their perceptions about why you have entered their life.
• Transition to the primary safety concerns that are the focus of your visit.
• Identify the family’s existing protective factors.
• Ask parents and caregivers to identify options they see for creating or maintaining child safety. What protective options, beyond primary and secondary caregivers, are available for safety?

**Contact**

**Family Contact**
When cases are opened for on-going services, workers are required by the federal Child and Family Services Improvement Act of 2006, and MR 9560.0028 Subpart 4, to have at least one face-to-face contact each calendar month with caregivers and children.

**Contact** – first-hand observation and interaction – is the number of times per month that you have a face-to-face meeting with a parent or caregiver, and the child. These contacts must include discussion of the family’s agreed-upon service plan and progress toward goals. Contact is necessary for assessing risk and safety on an on-going basis.

Consult with your supervisor and use the Risk Assessment risk level to determine the frequency of contact with children and families. In other words, the higher the indicated risk, the more frequent your contact should be.

**Collateral Contacts**
Many times there are other non-family members involved in a service plan, such as therapists and other support persons. These people are generally identified as collaterals. A Release of information is necessary to share information. When workers contact collaterals, the contact may occur face-to-face or by phone. Talk with your supervisor and county attorney before discussing cases via e-mail.
At times, people other than yourself may act as designated contacts to meet the standards. Designees are typically service providers with contractual relationships to the child welfare agency; they support and supplement worker contacts with the family, but do not replace worker visits. Talk with your supervisor about your agency’s policy and procedure regarding use of designated contacts.

Summary
As you have learned, there are many factors to consider during your first contact with a family. Assessing these factors helps you determine whether a child is safe, what safety and risk factors are present, and whether a safety plan is needed.

Next Steps
File this chapter transcript behind the Module 9 Transcript tab.


File your copies of the “Family Safety Plan” and “Family Safety Plan Help Text” behind the Case Plans tab.

File the “Safety and Risk Differences” document behind the Module 9 Resources tab.

To learn more about domestic violence safety plans, visit Tubman.org at www.tubman.org

For a complete listing of domestic violence advocates and support contacts in Minnesota, visit aardvarc.org at http://www.aardvarc.org/dv/states/minndv.shtml

Consult with your supervisor regarding:
- Your agency’s safety plan procedures and documentation
- Agencies in your area that provide advocacy, assistance and safety planning for victims of domestic violence
- Agency-specific contract requirements
- Other questions you may have about this chapter.

When you are ready, begin Chapter 2.