

Safety vs. Risk in HPSO Family Situations: Part I

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Why are we here?

- Alarming and unsustainably number of critical incidents involving HPSOs in 2024 and 2025
- As a system, we've all gotten better at identifying and responding to "SAFETY" issues, but our work with "RISK" desperately needs attention
- To better understand how we can utilize the available tools and assessments to increase child safety and well-being
- An increase in understanding can lead to an increase in cross-collaboration—we all have a role and responsibility to those most vulnerable

Your presenters: Who are we?

Ryann Charvat – Child Safety Program
Manager, Department of Children, Youth &
Families

Ryan Murrey – Executive Director,
Washington Association of Child Advocate
Programs

Objectives for today

Refresher on
safety
framework(s)

Define risk in
child welfare
settings

An overview of
how DCYF
assesses risk

Understand when
and how to use
safety plans and
risk assessments

SAFETY



What is Safe?

- Children are **SAFE** when there are no *present* danger or *impending* danger threats *OR* the caregiver's protective capacities control all known safety threats
- Children are **UNSAFE** when they are vulnerable to present or impending danger *AND* caregivers are unable or unwilling to provide protection

Framework Crosswalk

DCYF

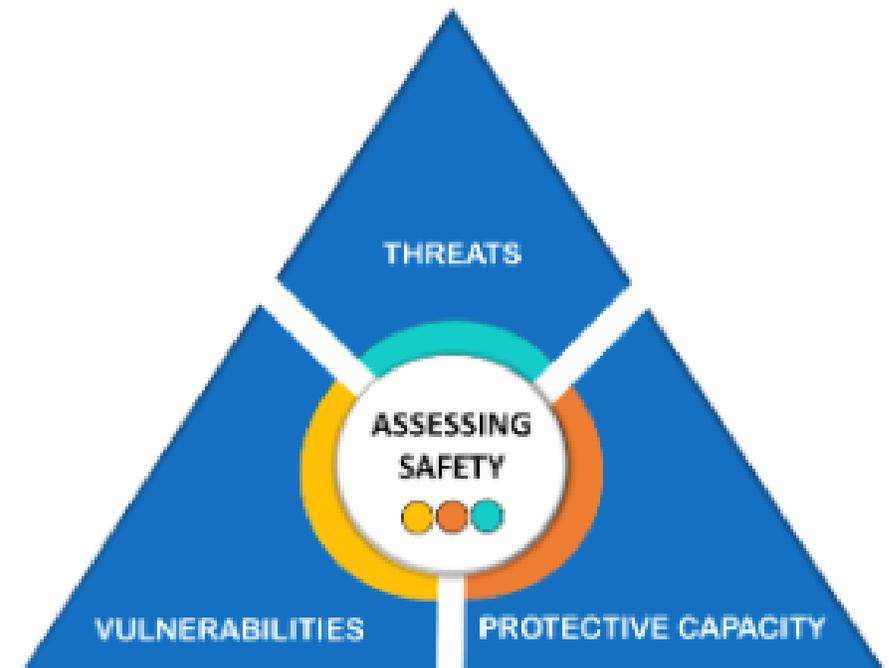
“Threshold Criteria”

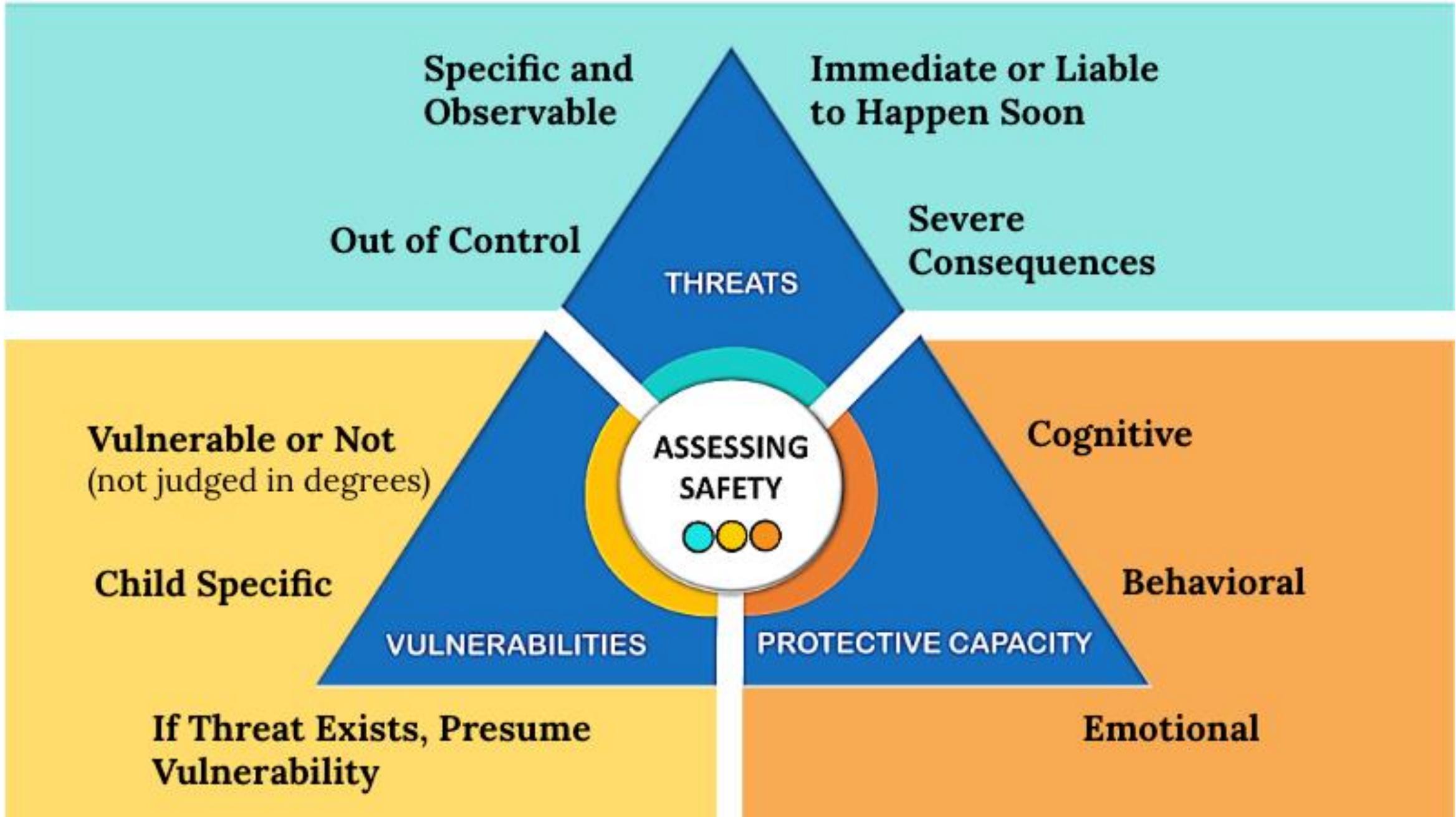
To determine that a threat exists, the following five criteria must be met:

- Severe impacts on the child
- Occurring immediate or in the near future
- Out of control
- Vulnerable child
- Observable and specific

Courts

“Blue Triangle”





Safety Plans

A safety plan is a **time-limited plan, developed with the family**, that clearly describes the safety related tasks that will be used to **manage the identified safety threat(s)**.



Can we safety plan when HPSO is a factor?

Safety Plan Analysis Questions

1. There is a parent/caregiver or adult in the home.

HPSO Considerations: physical safety of home, concrete goods, unsafe people?

2. The home is calm enough to allow safety providers to function in the home.

HPSO Considerations: do we know enough about their use to plan? Safe sleeping environment?

3. The adults in the home agree to cooperate with and allow an In-Home Safety Plan.

HPSO Considerations: do they understand the plan? Will the parents' substance abuse impact the plan?

4. Sufficient, appropriate, reliable resources are available and willing to provide safety services and tasks.

HPSO Considerations: do participants understand the threat? Would they know what to do if there is an overdose?

Essentials of Safety Plans



Tasks:

Be specific about who it applies to, when they do it, what they do, how they should respond if there is a problem



Participants:

Suitable, reliable, available, willing and able to do the task assigned
Background check if plan requires unsupervised access to child



Monitoring:

How are we checking to see if it is working and participants are following through?
Safety plans must be frequently re-evaluated

Limitations of Safety Plans

- They don't "fix" a problem; only prevent something bad from happening
- Require external monitoring
- Time limited – 30 days on average, probably more frequently
- Not sustainable – need to be frequently adjusted
- Can't rely on parental promises

RISK

What is risk?

- For most of us, it's probably something like “the probability of something bad happening.”
- For people who study risk, the formula is:

$$\text{Hazard} \times \text{Exposure} = \text{Consequence}$$

Why assessing “risk” is “risky”



The human brain is hard-wired to react quickly and defensively to perceived threats of any kind



The largely unconscious process of using of mental shortcuts to quickly make sense of partial information



Different characteristics of a threat carry different weights in terms of how people perceive the risk involved



People tend to shape their views so they match those in the groups with which they most closely relate

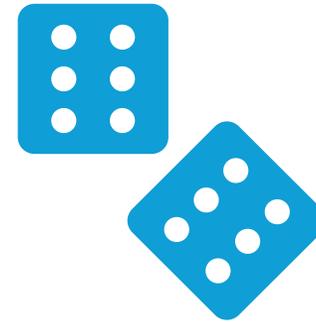
Why assessing “risk” is “risky”

- In short, we’re not (as a species) very good at assessing risk. Especially by ourselves.
- Risk assessment includes qualitative (subjective) and quantitative (probability) analysis
- Subjective analysis is by its very nature fraught with personal bias.
- And probability analysis isn’t exactly our strong suit, either.

How do we improve our ability to assess risk?



Bias is overcome by asking other people to review your thought process with you.



Probability analysis: we have to pay attention to what the results are showing us.

SAFETY vs RISK

Safety	vs.	Risk
<p>You are driving and see a deer in the road 1,000 feet ahead of you.</p> <p>You have an imminent threat of hitting a deer.</p>		<p>You are driving and see a deer crossing sign.</p> <p>Because you are in an area with a large deer population, you are at risk of encountering a deer in the road.</p>
<p>A mother was arrested for a DWI after she was seen driving in the opposite lane of traffic. Her 5-year-old son was in the car; she was taking him to school.</p> <p>This 5-year-old had an imminent threat of harm due to the mother driving intoxicated with him in the car.</p>		<p>A mother has a long history of substance use disorder involving alcohol, with several DWIs in the past. She is the only adult in the family who has a driver's license, and her 5-year-old cannot ride the bus to school.</p> <p>The child is at increased risk of riding in a car driven by an intoxicated parent.</p>

Assessments:

Safety vs. Risk

Safety

- Safety Assessments are based on **current** conditions
- They're a picture, or a page from a book.
- They're very black and white: either you're safe or you're not

Risk

- Risk Assessments are **future predictions based on past protective capacity**
- A movie...or a whole book.
- Way more subjective and shades of grey

SAFETY

EVENTS

The observable behaviour or action.

What's happening?

PATTERNS + TRENDS

Consistent or prolonged activity or behaviour.

What's been happening over time?

UNDERLYING STRUCTURES

The structures that reinforce or encourage the patterns.

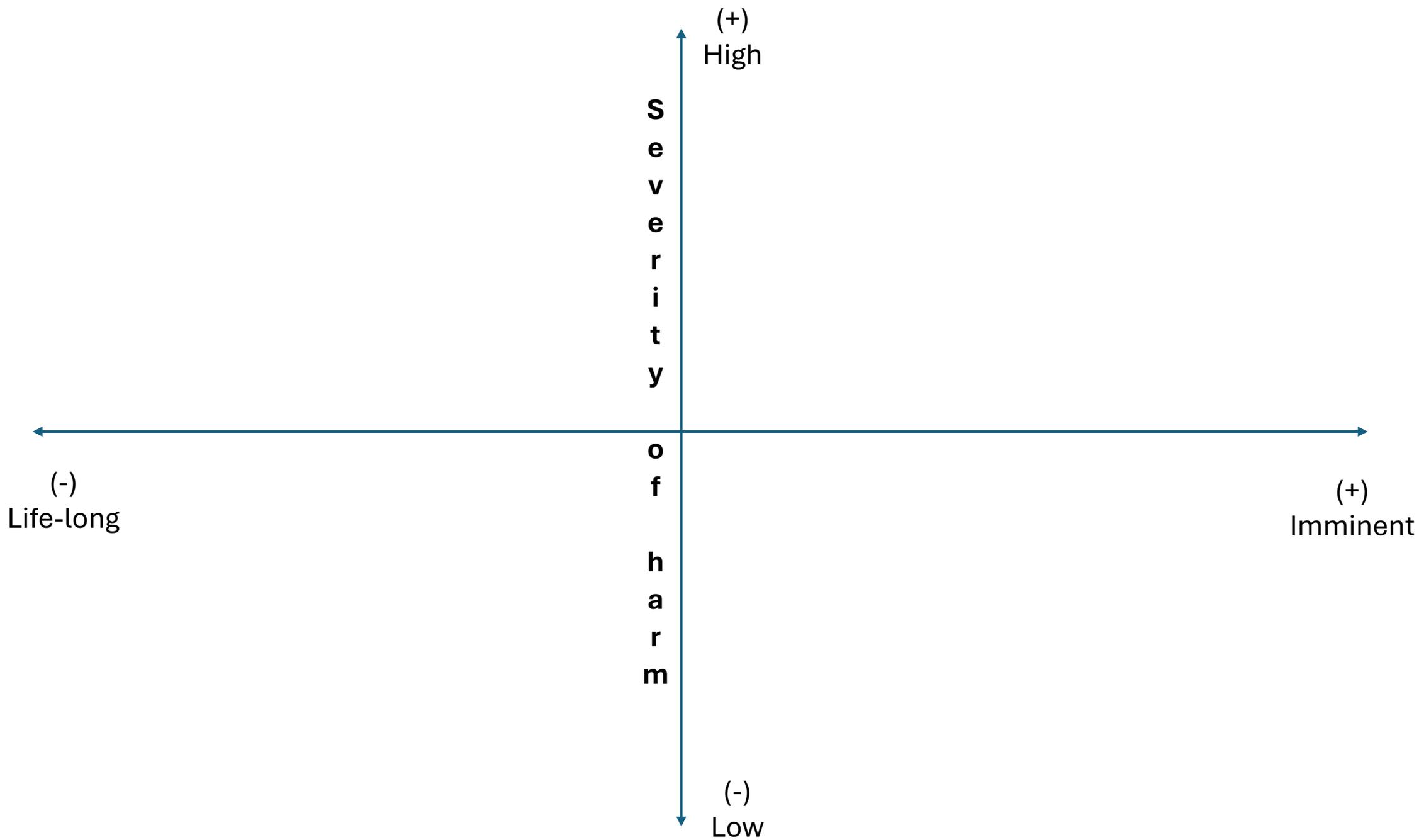
What's influencing that behaviour or trend?

RISK

MENTAL MODELS

The underlying culture or beliefs that fuel the structures.

What beliefs stimulate that behaviour?



Safety Plans vs. Case Plans

- Safety plans are utilized to keep vulnerable children in the immediate, defined time frame.
- Do not require a change in parental behavior
- We have 30-day shelter care hearings for a reason. – and safety is what we're reviewing in early stages more frequently

- Case plans are used to lower risk by increasing parental protective capacity over time.
- These are the behaviors we're asking to see parents change...and change is hard and it takes time.



Safety Plans



Short-term plan containing services and supports that **immediately address identified safety threats.**

VS

Case Plans



Long-term plan containing services and supports that work over time to **change parental behavior.**

What's assessed for risk?

- Most states, including Washington, use a series of standard questions to assess risk that then compares the responses to actuarial tables to “predict” the likelihood of future harm.
- It's like any kind of insurance – it's not saying future harm will happen, it's just that when you combine all the factors and variables, these are “likely” outcomes.
- 6109 – Courts are required to give “greater weight”

Understanding the SDM

- Provides an objective appraisal of the likelihood that a family will maltreat their children in the next 12-18 months.
- High risk families have significantly higher rates of subsequent referrals and founded findings, and they are more often involved in serious abuse or neglect incidents.
- When we are able to define risk, we are able to target our agency resources towards reducing subsequent abuse or maltreatment.
- Instrument is based on scientific data that examined the relationship between family characteristics and the outcomes of confirmed abuse/neglect situations.
- Household based assessment—where the children live. If there are more than two households, two assessments may occur.

What's asked in the SDM-RA?

There are 18 questions



Questions 1-3:
Current referral and prior history



Questions 15-16:
DV & Household safety



Questions 4-8:
Children and other household members



Questions 17-18:
Criminal history and attachment issues



Questions 9-14:
Caregivers, their history and accounts

Questions 1-3: Referral history

1. Current referral type (is it for abuse and/or neglect?)
2. Prior # of CPS referrals resulting in a DCYF intervention

Not included:

- Info only,
- 3rd party referrals
- low risk FAR referrals
- Investigations of out of home perpetrators
- SAY, unless failure to protect

3. Was a case open for services?

Questions 4-8: Children and other household members

4. Four or more children involved in the current incident
5. Prior injury to a child resulting from CA/N?
6. Youngest child in the household is under 2 (0-23 mos)
7. Characteristics of the children:
 - Medically fragile, positive tox screen, physical disability, DD, delinquency hx, mental health/behavior problems (DSM, receiving tx, special classroom, psychotropic meds)
8. # of adults residing in the HH at the time of the incident

Questions 9-14: Caregiver hx and their account of incident

9. Primary caregiver's assessment of incident

- Blames child?
- Justifies maltreatment

10. Primary provides physical care for the child

- Medical care, clean and appropriate clothing, adequate housing, poisonous/dangerous substances are out of harms way, supports appropriate hygiene

11. Caregiver characteristics

- Emotional/psych support of the children, discipline, realistic expectations of the child, parenting skills, apathy, harmful/dv relationships

12. Caregiver has history of CA/N as a child

Questions 15-16: DV and HH safety

15. Two or more incidents of DV

16. Housing assessment

- Physically unsafe, inadequate protection from elements, homeless or about to be evicted

Questions 17-18: Criminal HX and attachment

17. Caregiver has a criminal arrest or conviction HX

18. ~~Attachment~~ **Bonding** and nurturing issues

- Caregiver rejection of the child
- Caregiver lacks engagement in care taking

How are risk assessments scored?

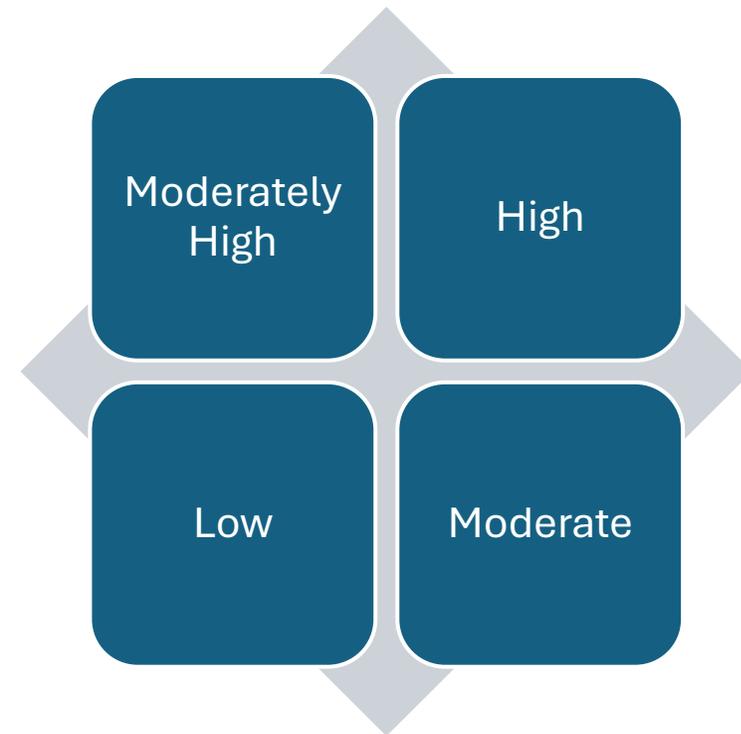
STRUCTURED DECISION MAKING® RISK ASSESSMENT r. 07-07

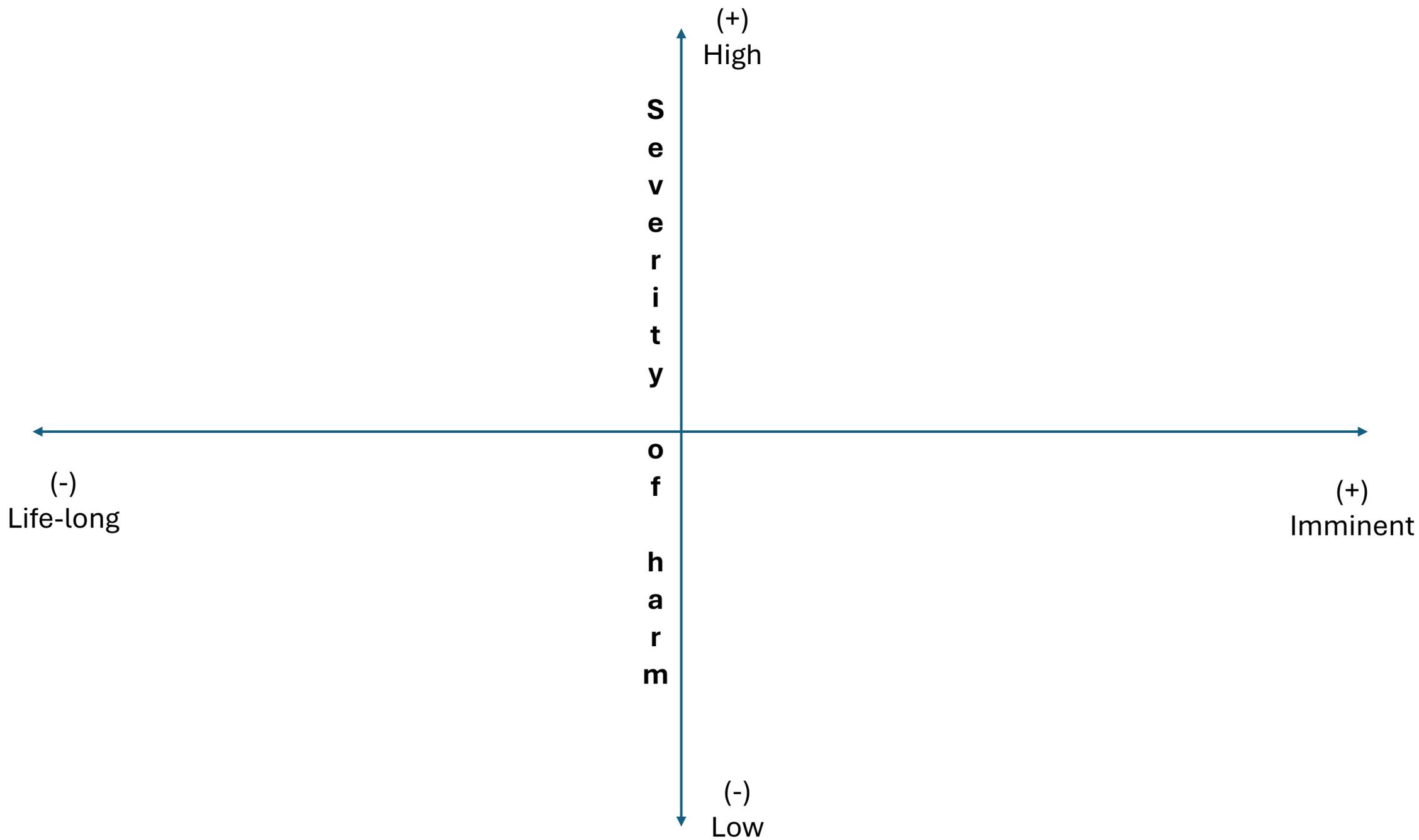
Referral ID: _____ Person ID: _____

Date Completed: ____/____/____ Worker: _____

Primary Caregiver: _____ Secondary Caregiver: _____

Question	Neglect Score	Abuse Score
1. Current referral/ investigation CA/N type	<i>Mark all that apply</i> <input type="checkbox"/> Abuse 0 <input type="checkbox"/> Neglect 1 Score _____	<i>Mark all that apply</i> <input type="checkbox"/> Abuse 1 <input type="checkbox"/> Neglect 0 Score _____
2. Prior number of CPS referrals assigned for investigation	<i>Mark highest score</i> <input type="checkbox"/> None 0 <input type="checkbox"/> One for abuse 1 <input type="checkbox"/> Two or more for abuse 1 <input type="checkbox"/> One or two for neglect 2 <input type="checkbox"/> Three or more for neglect 3 Score _____	<i>Mark highest score</i> <input type="checkbox"/> None 0 <input type="checkbox"/> One for abuse 1 <input type="checkbox"/> Two or more for abuse 2 Score _____
3. Household has previously had a child abuse or neglect investigation that resulted in a case being open for services (voluntary or court ordered).	<input type="checkbox"/> No 0 <input type="checkbox"/> Yes 1 Score _____	<input type="checkbox"/> No 0 <input type="checkbox"/> Yes 1 Score _____
4. Four or more children are involved in the current child abuse/neglect incident.	<input type="checkbox"/> No 0 <input type="checkbox"/> Yes 1 Score _____	
5. Prior injury to a child resulting from CA/N.		<input type="checkbox"/> No 0 <input type="checkbox"/> Yes 1 Score _____
6. The youngest child in the home is under age two years.	<input type="checkbox"/> No 0 <input type="checkbox"/> Yes 1 Score _____	
7. Characteristics of children in the household.	<i>Mark all that apply, add for score.</i> <input type="checkbox"/> Medically fragile/failure to thrive 1 <input type="checkbox"/> Positive toxicology screen at birth 1 <input type="checkbox"/> Physical or developmental disability 1 <input type="checkbox"/> None of the above 0 Score _____	<i>Mark all that apply, add for score</i> <input type="checkbox"/> Developmental disability 1 <input type="checkbox"/> Delinquency history 1 <input type="checkbox"/> Mental health/behavior problem 1 <input type="checkbox"/> None of the above 0 Score _____
8. Number of adults in household at time of the most recent alleged incident.	<i>Supplemental item, no scoring</i>	
9. Primary caregiver's assessment of incident.		<i>Mark all that apply, add for score</i> <input type="checkbox"/> Blames child 1 <input type="checkbox"/> Justifies maltreatment 2 <input type="checkbox"/> None of the above 0 Score _____





What else?

SDM results can be adjusted (up or down!) for items not included on the actual SDM. What are things that you'd include to adjust a risk score?

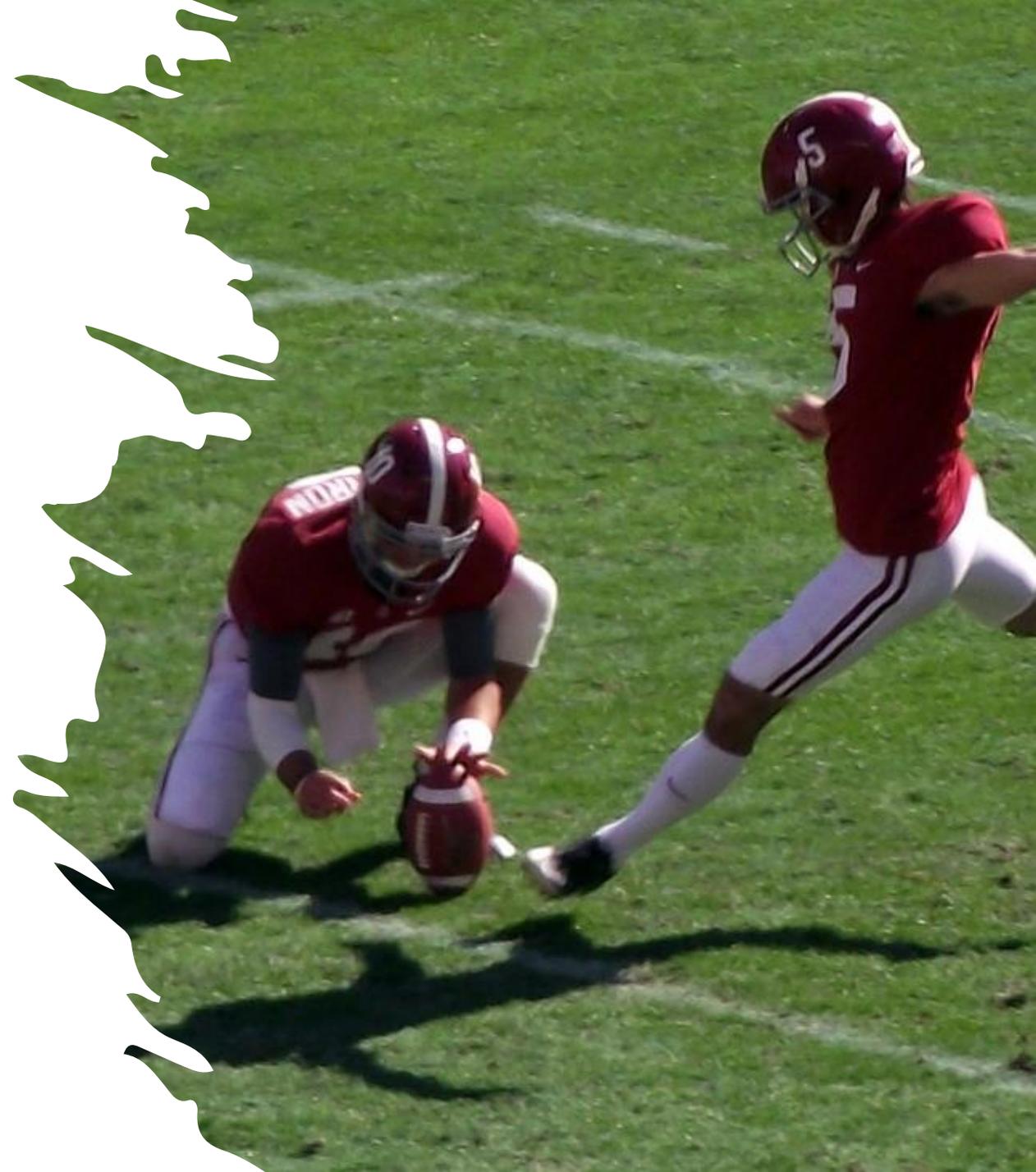
How do we mitigate/ “lower” risk?

CASE PLANS!

This will be the focus of Part 2, but here’s the quick and dirty:

A good case plan:

- Avoids moving the goal posts**
- Asks for a “statement of desired impact/outcome” for any service**
- Sets up clear expectations for the parent; answers the question “We will know this service has been successful when _____ happens or is achieved.”**
- Does not confuse safety threats with case planning needs.**



Questions?