



**STATE STATUTES**  
CURRENT THROUGH MARCH 2021

# The Use of Safety and Risk Assessments in Child Protection Cases

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The Child Abuse Prevention and Treatment Act requires States to have procedures for the immediate screening, safety and risk assessment, and prompt investigation of child abuse and neglect reports.<sup>1</sup> Safety and risk assessment tools and procedures provide caseworkers with a structured process for collecting information about a family's situation and determining current and potential threats to child safety. This information is used throughout the life of a child protection case.

<sup>1</sup> The Child Abuse Prevention and Treatment Act requires States to include in their State plans "procedures for the immediate screening, risk and safety assessment, and prompt investigation" of reports of alleged child abuse and neglect (42 U.S.C. § 5106a(b)(2)(B)(iv) (2019)).

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Approximately 13 States<sup>2</sup> require safety and risk assessments in statute, but, except for Hawaii, these statutes provide little detail about the process of completing the assessment of a family. To gain a fuller picture of how safety and risk assessments are utilized by State agencies, this publication also examines regulations, policies, and agency manuals that describe safety and risk assessment protocols and procedures from all States and territories. The narrative that follows provides a synthesis of those resources and includes a high-level, generalized discussion of how States approach the safety and risk assessment process.

## **SAFETY ASSESSMENT**

Safety and risk are not interchangeable terms. Safety applies to the need for action based on an immediate threat of harm (i.e., present or impending danger) to the child. Risk refers to the likelihood of future maltreatment, even when immediate safety threats are not present, and is presented on a continuum from low to high. All States require, in response to an accepted report of suspected child abuse or neglect, that the caseworker conduct an initial safety assessment during the first face-to-face contact with the family. Approximately 12 States<sup>3</sup> include formal safety assessment instruments in their policies; others provide narrative guidance for the process in their regulations or policies. Using these tools, the caseworker gathers

information through a series of interviews with the following persons:

- The child victim
- Siblings and other children in the care of the alleged maltreater
- The parent not alleged to have abused the child
- The person allegedly responsible for the abuse
- Collateral contacts, including teachers (if the child is school aged) or other persons whose personal or professional knowledge may help to confirm or rebut the allegations of child abuse and neglect or whose involvement may help ensure the safety of the child

In conducting the safety assessment, the caseworker must—beginning at first contact and continuing throughout the investigation—gather sufficient information to assess family functioning and determine whether the child and other children are safe in the home environment. Although the language used in policy varies from State to State, the information that is collected generally falls within the following six domains:

- The extent of the maltreatment in the current report, including a description of the severity of harm or injuries and the condition of the child

<sup>2</sup> The word "approximately" is used to stress the fact that States frequently amend their laws and applies to all data in this publication. The information in this publication is current only through March 2021. As of this date, Arizona, Arkansas, Connecticut, Florida, Hawaii, Kentucky, Montana, New York, Oklahoma, Pennsylvania, Utah, Vermont, and Wisconsin require safety assessments in statute. Only five States (Arizona, Oklahoma, Pennsylvania, Utah, and Wisconsin) require risk assessments in statute.

<sup>3</sup> California, Delaware, Maryland, Minnesota, Nevada, New Jersey, New Mexico, North Carolina, Ohio, Tennessee, Texas, and Virginia

- The nature of the maltreatment and any history of maltreatment, including an examination of any past involvement with child protection
- Adult functioning (separate from parenting and discipline), including impulse control, use of violence, mental health, and substance use
- Parenting practices, including the overall parenting styles, perception of the child, tolerance as a parent, interaction patterns with the child, ability to meet the child's basic needs, ability to put the child's needs before their own, parenting knowledge and skills, ability to protect, etc.
- Disciplinary practices, including methods, concept and purpose of discipline, context when discipline occurs, cultural practices, and the child's description of the discipline
- Child functioning, including physical health, intellectual and developmental status, behavior, ability to communicate, and peer relations

Based on the information collected, the caseworker will determine whether any child in the home where the abuse or neglect was alleged to have occurred is in present danger. A child is in present danger when there is an immediate, significant, and clearly observable family condition, child condition, or individual behavior that obviously endangers a child right now or threatens to endanger a child at any moment.

## **SAFETY DECISIONS AND SAFETY PLANNING**

The safety assessment provides structured information concerning the presence of any threat to the safety of a child, which is then used to make a safety decision. While the specific language used varies from State to State, the safety decision generally can be described as one of the following:

- **Safe:** No impending danger threats are identified. The child may remain in the home for the present.
- **Safe with agreement:** One or more safety threats are identified, but with sufficient protective interventions (i.e., in-home safety plan), the child may remain in the home for the present time.
- **Unsafe:** One or more impending danger threats are identified, and the child cannot be kept safely in the home even after considering a range of possible interventions.

The safety decision guides the course of action the child welfare agency takes when providing services and supports to the family. For example, when the assessment finds a threat to a child's safety, the agency develops a safety plan with the family. Safety plans are voluntary, temporary, and short-term measures designed to control serious and immediate threats to children's safety. These plans are meant to address unsafe conditions to ensure the child's immediate safety and should be as minimally disruptive to the child and family as is reasonably possible.

State policies generally call for safety plans to be specific, sufficient, feasible, and sustainable in response to the realities of any present danger or threats to child safety and the family's situation. The specific criteria for safety plans vary from State to State, but, in general, plans should include following:

- The plan must have an immediate effect in controlling threats. Strategies for long-term change, such as parenting education, do not belong in a safety plan.
- The caseworker must assess the parents or caregivers to determine their willingness and capacity to agree to and abide by the terms of the safety plan.
- People and services identified in the safety plan must be accessible and available when threats are present.
- The safety plan should employ the least restrictive strategies possible while ensuring child safety.

A safety plan may be an in-home plan, an out-of-home plan, or a combination of both. A safety plan includes tasks or responsibilities for a parent or caregiver. Specific interventions may include any of the following:

- Monitoring and/or using direct services by the child welfare agency
- Using family, neighbors, or other supports in the community in the development and implementation of a safety agreement
- Using community agencies or services

- Having a protective parent or caregiver move to a safe environment with the children with no restrictions on the protective parent's or caregiver's access to the children
- Having the parent or caregiver identify a temporary safety provider who either would move into the family home or provide care for the child in the provider's home (with both options being monitored by the caseworker)
- Having the alleged perpetrator leave the home, either voluntarily or in response to legal action

## RISK ASSESSMENT

Analysis of State laws, policies, and regulations showed that, in general, once the safety assessment has been used to determine both whether the child is currently safe in the home and whether any interventions are immediately needed to protect the child, a risk assessment is completed to determine the likelihood of future maltreatment. The risk assessment can be used for the following purposes:

- To determine risk for future abuse and/or neglect
- To aid in determining if services should be provided
- To aid in determining the appropriate type and level of services

At least 12 States<sup>4</sup> have formal risk assessment instruments, and most of these instruments consist of two indices: a neglect index and an

<sup>4</sup> California, Delaware, Maryland, Minnesota, Nevada, New Jersey, New Mexico, North Carolina, Ohio, Tennessee, Texas, and Virginia have published instruments to agency websites that are accessible to the public.

abuse index. Both indices must be completed, regardless of whether the current allegation involves abuse or neglect. The neglect index examines the ability of the parent or caregiver to provide consistent and appropriate care, the number of children in the home and their characteristics and needs, the parent's or caregiver's physical and mental health and use of alcohol and other substances, and whether the family has safe and stable housing.

The abuse scale examines how any of the following items apply to a parent or caregiver:

- Number of prior reports for abuse or neglect
- Prior involvement with child protective services
- History of childhood abuse or neglect
- Current substance use problem
- History or current evidence of domestic violence
- Significant problems with parenting skills, such as providing physical care inconsistent with the child's needs, providing insufficient emotional support, or the use of excessive or inappropriate discipline
- A child with special needs or a history of delinquency

All items on both scales are scored and totaled to provide a measure of the level of risk (e.g., low, moderate, high, or intensive [very high]).

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<sup>5</sup> California, Delaware, Michigan, Minnesota, New Jersey, North Carolina, Ohio, Tennessee, and Virginia have published instruments for assessing family strengths and protective factors to agency websites that are accessible to the public.

## **FAMILY STRENGTHS AND NEEDS ASSESSMENT TO DETERMINE SERVICE NEEDS**

When formulating the service plan, the caseworker will work with the family to conduct an assessment of the family's strengths and needs, including the presence of protective capacities and/or protective factors that can protect a vulnerable child from safety threats. Research shows that protective capacities are caregiver characteristics directly related to child safety and protective factors are characteristics or strengths of individuals, families, communities, or the larger society that reduce risk and promote healthy development and well-being of children and families. Protective factors include the following:

- Parental resilience
- Nurturing and attachment
- Social connections
- Knowledge of parenting and child development
- Concrete supports in times of need
- Social and emotional competence of children

The family strengths and needs assessment typically is used to evaluate the presenting and current strengths and needs of each family. In many States, this evaluation can be performed as part of the family assessment, but nine States<sup>5</sup> have specific instruments

for this purpose. This assessment can serve several purposes:

- It ensures that caseworkers consider each family's strengths and needs in an objective format when assessing the need for services.
- It provides an important family service-planning reference for caseworkers and supervisors in monitoring and tracking progress.
- It incorporates what has been learned through the safety assessment process in order to focus services on behaviors, knowledge, and emotions that enable caregivers to independently ensure child safety.
- When periodically recompleted, the assessment permits caseworkers to assess changes in family functioning, assess the effectiveness of services in mitigating risk, and determine if additional or different services are needed and the intensity level of services needed.

## **ONGOING ASSESSMENT TO EVALUATE PROGRESS ON THE SERVICE PLAN**

Safety and risk are assessed on an ongoing basis throughout the life of a case. Informal assessment occurs at every visit or interaction between the caseworker and the family or any service providers. Jurisdictions that assess for caregiver protective capacities evaluate for progress at regular intervals. These assessments are called ongoing family

functioning assessments or protective capacity progress assessments.

At least 29 States<sup>6</sup> utilize formal safety or risk reassessment instruments that are completed in the following situations:

- Before any unsupervised visitations between the child and his or her parents or caregiver
- Before returning the child to the custody of his or her parents or caregiver
- Any time a significant event or change occurs while the child is in care that affects the household of the child's parent or caregiver, including, without limitation, a birth, marriage, death, or major illness
- Before each court review

Nine States<sup>7</sup> utilize risk reassessment instruments that determine the following:

- Whether either parent or caregiver has significant parenting skills problems
- Whether either parent or caregiver is currently involved in a harmful relationship
- Whether either parent or caregiver has a current substance use problem
- Whether there have been any new complaints of abuse or neglect since the last assessment
- Whether the parent or caregiver is making progress toward case plan goals or is actively participating in programs and services

<sup>6</sup> Alaska, Arizona, Arkansas, California, Delaware, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Maryland, Michigan, Minnesota, Mississippi, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Pennsylvania, Rhode Island, Tennessee, Texas, Vermont, Virginia, West Virginia, and Wyoming have published safety and risk assessment instruments to agency websites that are accessible to the public.

<sup>7</sup> California, Delaware, Louisiana, Minnesota, New Jersey, New Mexico, North Carolina, Ohio, and Virginia have published risk reassessment instruments to agency websites that are accessible to the public.

The family risk reassessment combines items from the original risk assessment with additional items that evaluate a family's progress toward family service plan goals. Risk reassessment is typically completed for all open treatment cases in which all children remain in the home or cases in which all children have been returned home and family services will be provided. The reassessment is usually required to be completed 90 days after the initial family service plan and every 90 days thereafter. The reassessment can be completed sooner if there are new circumstances or new information that could affect the level of risk.

## **ASSESSMENT FOR REUNIFICATION AND/OR CASE CLOSURE**

In 28 States,<sup>8</sup> a reassessment of the family must be completed before a child who has been placed in out-of-home care may be reunified with his or her family. At least seven States<sup>9</sup> utilize separate reunification reassessment instruments for this purpose. A reunification assessment typically examines how safe the child would be if he or she were to be returned home. Caseworkers are asked to consider current conditions in the home, current parent or caregiver characteristics, child characteristics, and interactions between the parent or caregiver and child during visitation. The following factors are typically assessed:

- Whether the family can manage any remaining risks (i.e., are the family's protective capacity and community

supports adequate to address any remaining risks?)

- Whether the child's needs for permanency and stability have been addressed
- Whether any well-being issues that brought the child into care have been resolved

Numerous jurisdictions structure the reunification decision based upon progress toward achieving conditions for return that are defined at the time of placement. Once these conditions are achieved, a child can be returned home, and the case remains open with an in-home safety plan.

State policies in 35 States<sup>10</sup> and the District of Columbia require reassessment of the family before the case can be closed for all families under the supervision of a social services agency, whether the child is in an out-of-home placement or the family is receiving in-home services. For case closure, the assessment should show that the family's current level of risk is either low or moderate; that the safety threats that led to removal have been mitigated; whether additional safety threats have been identified since removal and, if so, whether those threats have been mitigated; or whether current safety threats can be controlled in home through increased caregiver protective capacities.

The decision to close a case is usually based on documentation that the original factors that caused the abuse or neglect or the risk

<sup>8</sup> Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Idaho, Illinois, Iowa, Kansas, Louisiana, Maine, Maryland, Minnesota, Mississippi, New Jersey, North Carolina, North Dakota, Ohio, Oregon, Rhode Island, Texas, Vermont, Washington, West Virginia, and Wisconsin

<sup>9</sup> California, Delaware, Louisiana, Minnesota, New Jersey, North Carolina, and Ohio have published separate reunification reassessment instruments to agency websites that are accessible to the public.

<sup>10</sup> Alabama, Arizona, Arkansas, Connecticut, Florida, Georgia, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Dakota, Ohio, Oregon, Rhode Island, South Carolina, Tennessee, Texas, Washington, West Virginia, Wisconsin, and Wyoming

of abuse or neglect have been resolved to the extent that the parent or caregiver is able to protect and meet the needs of the child (i.e., protective capacities have been enhanced). When deciding to close a case, the caseworker and supervisor consider if the following apply:

- Agreed-on treatment plan goals that reflect behavioral change to manage child safety independently are completed.
- It has been determined whether the family has had any new reports of abuse or neglect.
- The parent or caregiver is functioning at an acceptably improved level and is better able to cope.
- The parent or caregiver has demonstrated a willingness and an ability to seek help in time of need.
- The problems and situations that required intervention are resolved or under adequate control.
- The parent or caregiver has developmentally appropriate expectations of the child.

This publication is a product of the State Statutes Series prepared by Child Welfare Information Gateway. While every attempt has been made to be complete, additional information on these topics may be in other sections of a State's code as well as in agency regulations, case law, and informal practices and procedures.

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