

**Louisiana Department of Children and Family Services
Child Welfare Assessment and Decision Making Model**

**A model to identify abuse and neglect, along with the needs and strengths of children and families, so that the best decisions are made with and for families.
The Child Welfare Assessment and Decision Making Model is a hybrid approach to assessing risk and safety that informs decision-making.**

Safety - Safety is defined in terms of Safe or Unsafe:

A Child is SAFE when:

- There are no threats of danger, OR
- They are not vulnerable to threats of danger, OR
- The caretaker(s) possess sufficient protective capacity to manage any threat of danger.

A Child is UNSAFE when:

- There are identified threats of danger, AND
- They are vulnerable to a threat of danger, AND
- Caretakers do not possess sufficient protective capacities to manage any threat of danger.

Risk - Refers to the likelihood of child maltreatment in the future.

Three core principles considered when assessing risk and safety while informing decision-making

1. **Threat of Danger** - Caretaker's behavior or family situation indicates imminent serious harm to a child
2. **Child Vulnerability** – The extent that a child can protect themselves from identified threats of danger or risk of repeat maltreatment
3. **Caretaker Protective Capacities** – Strengths in the way a caretaker thinks, feels, and/or acts that prevents or controls threats of danger and guides case planning activities.

The Model

Assessment / Decision Making	Why	Tool	How	Which Cases	Who	When	Next Steps
Centralized Intake – Screening	To determine if report of alleged abuse/neglect meets legal criteria for investigation.	CI Screening	CI assesses information gathered from online reports or hotline calls, and determines the acceptance of a report for investigation.	All reports received by Centralized Intake	CI Staff	Upon receipt of a hotline call or online report.	* If accepted, Investigation case opened by local office. * If not accepted, local office makes required referrals (Refer to Law Enforcement, etc.)
CPS - Gather Information	To gather sufficient information to inform validity decisions, as well as the safety and risk of maltreatment.	CPS – Assessment of Family Functioning (AFF)	Consider DCFS history, worker observations, interviews/collaterals, and supporting documentation to inform 3 assessment areas: Extent and Circumstances of Maltreatment, Adult Functioning/Capacities, and Child Functioning/Vulnerabilities;	All CPS Cases	CPS Worker	Prior to completing the CPS Safety Assessment, and Initial Risk Assessment.	Continue gathering and adding information to the CPS – AFF that will inform decisions about child vulnerability, threats of danger, and caretaker protective capacities in the Safety and Risk Assessments.
CPS - Conduct Safety Assessment	To assess safety for all children in the case and document safety decisions.	Safety Assessment	Consider DCFS history, CPS - AFF, interviews, observations, collaterals, and supporting documentation to complete thorough Safety Assessment	All CPS cases	CPS Worker, approved by Supervisor	Approved by Supervisor within 15 calendar days from date of report; AND/OR any time a threat of danger is identified (approved in ACCESS within 5 days of assessment).	* For an Unsafe child, determine type of safety plan needed: In-Home, Court Ordered Safety Plan, or Foster Care. * If child is Safe , continue to gather information for validity and CPS -AFF. Assess risk of maltreatment.
For an Unsafe child, develop a safety plan	To manage threats of danger.	In-Home Safety Plan; Court Ordered Safety Plan; or Instanter Order for Foster Care	Develop formal plan to manage threats of danger, while making reasonable efforts to prevent entry into foster care. Safety Plans substitute for Caretaker Protective Capacities. Use Safety Assessment guide to determine type of Safety Plan needed.	Any time child determined to be Unsafe	Assigned CPS, FS, or FC Worker/ Supervisor	Immediately when a Safety Assessment identifies an Unsafe child.	* Provide copy of Safety Plan to caretaker and Safety Monitor/Provider. * Staff for case transfer with FS/FC within 5 calendar days of implementing Safety Plan unless unsafe conditions have been resolved, or Manager approves delay in transfer to FS. * Assigned worker to monitor Safety Plan until case has been accepted and transferred to FS/FC.
CPS - Conduct Initial Risk Assessment (SDM)	To determine likelihood of the family coming to the attention of DCFS again if DCFS does not intervene/provide services.	SDM Initial Risk Assessment	* Use information gathered from CPS AFF, Safety Assessment, DCFS history, worker observations, interviews, collaterals, and supporting documentation. * Use Risk Level to guide types/frequency of contact in on-going cases;	All CPS cases	Assigned CPS Worker/ Supervisor	Approved by Sup. prior to Validity approval OR Prior to FS/FC case transfer staffing if transfer occurs prior to Validity Determination.	Use risk tool recommendations to determine if referral to FS needed. If Risk is High/Very High: 1.CPS Supervisor and Manager discuss and document rationale for closing CPS case without referral to FS; OR 2. Staff with FS within 5 calendar days of determination of high or very high risk

Complete transfer to FS or FC	To share case information for the case transfer process to result in a smooth transition for case planning and service provision.	Form 6 – Transfer Staffing Form	Use information gathered from DCFS history, Safety and Risk Assessments, and the CPS AFF, to have a conversation about and document the family's strengths and needs.	All Referrals to FS and FC	CPS/FS/FC Worker/ Supervisor	Staffing to occur within 5 days of determination that transfer needed due to policy requirements, unsafe child or risk level.	FS or FC Worker reviews prior case records/information and begins work with the family. FS/FC considers information from the staffing and additional information gathered to conduct the FS and/or FC Assessment of Family Functioning and case plan. .
FS – Conduct Safety Assessment	To assess safety of all children, and determine if case can be closed.	Safety Assessment	Use information from DCFS history, visitations, case plan updates, interviews, collaterals, worker observations and any supporting documentation	All FS cases	FS Worker/ Supervisor	Every 90 days and prior to closure staffing; AND/OR any time a threat of danger is identified	* For an Unsafe child, review and revise Safety Plan if needed. *Use the assessment of Caretaker Protective Capacities as guide for case planning and need for services. * If the Safety Assessment completed with the Risk Assessment to determine closure, close case if children safe.
FS - Convene FTM to develop case plan	To identify action/services needed to enhance protective capacities, ultimately achieving conditions for return and/or case closure	Assessment of Family Functioning (AFF) and FS Case Plan	Use DCFS History, Risk and Safety Assessments, the CPS AFF, Transfer Staffing info. , and FS involvement to further assess the family's needs. Develop case plan, if needed, that enhances protective capacities to manage safety and reduce risk of repeat maltreatment	All FS cases	FS Workers, Supervisor	Hold FTM meeting within 30 days of FS case acceptance and finalize the case plan within 45 days, if case plan needed. FTM to occur every 6 months thereafter.	Provide services to enhance caretaker protective capacities that will reduce safety and risk concerns. If a safety plan is in place, continue to monitor.
FS– Conduct In-Home Risk Reassessment	To determine if risk for repeat maltreatment has reduced.	SDM In-Home Risk-Reassessment; for children in homes of origin; OR Consult SDM for use of OOH Reunification Reass. for children	Use, DCFS history, worker observations, interviews, collaterals, visitations, and any supporting documentation to answer questions. .	All FS Cases	FS Worker, Supervisor	In-Home Risk Reassessment is completed at least every 90 days from FS case acceptance; Any time significant family circumstances change that affect risk Within 30 days prior to court hearing	* If risk is low or moderate, conduct safety assessment, and staff for potential case closure; * If case remains open, update case plan to address protective capacities. (every 6 months)* * If child is not in home of origin, consider legal options to ensure child's safety, such as custody to a relative. * Staffing with supervisor using reassessment tool as a guide for discussion and decision making
FC- Establish Conditions for Return	To determine what behaviors, conditions, or circumstances are needed that would allow returning a child to their parent's physical care as soon as it is safe to do so, which may not result in DCFS closing case..	Documented within the FC – AFF Case Plan	Use on-going contacts/assessment, Safety and Risk Assessments. Discuss during Transfer Staffing. Use Threats of Danger and Diminished Protective Capacities to develop a clear statement of the Conditions for Return and include in case plan.	All FC cases with goal of Reunification	FC Worker/ Supervisor	Documented within initial and on-going FC case plans. Discussed during supervisory conferences to consider trial placements while continuing to provide services to address safety and risk concerns.	* During Supervision, discuss if there are sufficient protective capacities to manage threats of danger while the child is at home. If so, consider trial placement and/or requesting an earlier court date to achieve permanency; * Continue to provide services, assess safety and risk, and implement safety plan if needed.
FC – Conduct Safety assessment	To assess safety of all children in case; and/or if the FC conditions for return have been met. .	Safety Assessment	Use information from DCFS history, AFF case documentation, visitations, service providers, worker observations, Risk Assessment, Interviews, and collaterals.	All FC Cases	FC Worker/ Supervisor	Anytime a threat of danger is identified (non-custody children with the caretaker, trial placements, and foster care placements; AND/OR As part of the safety review completed within the OOH Reunification Reassessment, when prompted to review Safety.	* Determine if child is safe or unsafe. If unsafe, consult with Supervisor immediately to determine if Safety Plan is feasible or if a change in FC placement needed for a child in DCFS' custody. * If Safety Assessment completed as part of the SDM Safety Review, proceed with recommendations of the Risk Reunification Tool and continue case planning to enhance protective capacities if recommended.
FC – Conduct OOH Reunification Reassessment	To determine likelihood of the family coming to the attention of DCFS again if the child returns home.	SDM OOH Reunification Reassessment	* Risk Assessment contains 3 key indicators that determine recommendation for reunification: Reunification Risk Reassessment; Visitation Plan Evaluation; and Reunification Safety Review; * Use information gathered during involvement with the family to inform the assessment. * A formal Safety Assessment is required if the SDM Assessment prompts the need to review safety.	FC cases with a goal of reunification	FC Worker/ Supervisor	An OOH Reunification Reassessment completed at least every 90 days from FC open date when goal is Reunification. OR Any time significant family circumstances change that affect risk; AND/OR Within 30 days prior to court hearing or when a child is being considered for a trial placement or immediate reunification. .	If Assessment recommends reunification or an alternate goal, staff with Supervisor to determine next steps. Continue to provide services to eliminate threats of danger and/or enhance caretaker protective capacities.
FC - Convene FTM to develop case plan	To identify action/services to enhance protective capacities, and achieving conditions for return and/or case closure	Assessment of Family Functioning (AFF) and FC Case Plan	Use DCFS History, Risk and Safety Assessments, CPS AFF, Transfer Staffing info. , and FC/SP involvement to assess the family's needs. Develop case plan that enhances protective capacities to manage safety and reduce risk of maltreatment	All FC cases	FC Workers, Supervisor	Hold FTM meeting within 30 days of FC open date and finalize the case plan within 45 days, FTM to occur every 6 months.	Provide services to enhance caretaker protective capacities that will reduce safety and risk concerns.