

# RESEARCH AND EVALUATION IN CHILD, YOUTH AND FAMILY SERVICES

2021 | Volume 3 (Special Issue). Pages 4-17

## The Use of Safety Assessments

Chu, C., & Warkentin, R.

**Citation:** Chu, C., & Warkentin, R. (2021). The use of safety assessments. *Research and Evaluation in Child, Youth and Family Services*, 3, 4-17. <https://doi.org/10.14288/recyfs.v3i1.197562>

### Abstract

Child protection social workers around the globe assess the safety and well-being of children and youth on a daily basis. This is no easy task, and often these decisions must be made in a timely manner through the use of risk assessments and clinical judgement within the organization where they work. At the Ministry of Children and Family Development (MCFD), a document that evaluates the immediate safety of a child or youth is the safety assessment. The safety assessment is one of six Structured Decision-Making Tools (SDM Tools) that is used by the Ministry to determine whether a child or youth under the age of 19 can remain in the home, whether additional safety measures should be implemented in order to mitigate safety risks, or whether they are at significant or imminent risk of harm and must be placed outside of the home. The Vancouver/Richmond Service Delivery Area (SDA) has been engaged in a model fidelity approach for the past year with the support of the Practice Branch. The Practice Branch has been supporting social workers and team leaders by providing refreshers on how to complete the SDM Tools. The purpose of this research study is to identify whether the safety assessment tool is being completed as intended by child protection teams across the province. To do this, we must understand whether or not social workers are asking all questions to inform the safety factors on the safety assessment tool, and to unveil the reasons (if any) why social workers are not asking all of the questions. If workers are not asking or gathering all the necessary information, it is critical to understand how staff can best be supported to shift their assessment to align with best practice approaches in ensuring safety. Researchers in this study evaluated the use of the safety assessment tool using a mixed- method approach. Qualitative data was gathered from virtual interviews with social workers and team leaders within MCFD about their experiences with the safety assessment tool. From there, researchers used descriptive coding methods and thematic analysis to identify themes in responses to the questions asked in the interview portion. Using these themes gathered in the interviews, the data collection method transitioned to a quantitative approach, where an electronic survey was created and distributed. One major finding that emerged from the data was that more than half of study participants were not asking or gathering information to inform all of the safety factors in the safety assessment and were leaving some of the components incomplete. Central themes around why workers were not asking about all of the safety factors included: 1) That the safety factor they were assessing was not brought up in the initial child protection report; 2) That the questions were intrusive; 3) Discomfort in asking questions outside of the reported concern(s); 4) That asking all questions was seen as an invasion of privacy; 5) That workers did not know enough about the family to complete the safety assessment in its entirety; 6) When asked about how social workers and team leaders can be supported to complete the safety assessment tool as intended, the most recognized recommendation was to have smaller caseloads for staff. High caseloads impacted workers' abilities to complete thorough assessments and contributed to the reason behind not asking questions to inform all safety factors in the tool if it was not the reported concern. Additionally, providing ongoing training to all front-line child protection staff regardless of their experience using the tool was identified as a recommendation so that workers could stay up to date on training and best practice policies. Other recommendations included having regular clinical supervision between social workers and team leaders to review the safety assessment, social workers taking the safety assessment with them into the field when meeting with the family to avoid overlooking any of the safety factors, and providing staff with a guide of questions on how to ask about other safety factors in the assessment tool to alleviate any discomfort on how to ask questions about factors that were not initially reported.

**Keywords:** Child Protection, Safety Assessments, Structured Decision-Making (SDM), Vancouver/Richmond Service Delivery Area, Model Fidelity



DOI:10.14288/recyfs.v3i1.197562

**Correspondence:** Dr. Barbara Lee, University of British Columbia, School of Social Work, 2080 West Mall, Vancouver, BC, Canada

**Email:** [b.lee@ubc.ca](mailto:b.lee@ubc.ca)

## Introduction

The Ministry of Children and Family Development (MCFD) is the governing child protection body throughout the province of British Columbia (BC). MCFD currently uses six Structured Decision Making (SDM) Tools to assess child protection concerns. The safety assessment is one of these six tools. It is designed to provide guidance through the use of clear descriptors to social workers when determining the immediate safety of children. This information guides the decision regarding whether the child may remain in the home without safety interventions, may remain in the home with safety interventions in place, or must be placed out of the home to ensure safety.

The purpose of this research study is to identify whether the safety assessment tool is being completed as intended by child protection teams across the province of BC. Teams within the Vancouver/Richmond SDA have been engaged in a model fidelity approach (using the tools when and how they were intended) using the SDM Tools over the past year. This project has included providing refreshers on each of the tools to teams within the SDA. One issue that has been identified by workers who use the safety assessment tool is that social workers are not always gathering information about every question on the safety assessment. This issue was raised by social workers during SDM Tool refresher training. The safety assessment is a crucial portion of the SDM Tools, as it determines if a child may remain in their home. In order to ensure that the safety of children is assessed thoroughly and consistently across all families, it is critical to understand if the safety assessment tool is being used as intended. If the tool is not being used as intended, supporting staff to increase their capacity to use the tool properly is warranted. This shift in practice is important to ensure that all social workers are modeling best practice approaches in child welfare.

The questions associated with this research are as follows: (1) Are social workers asking or gathering information for all the questions in the safety assessment, regardless of the reported concerns? (2) If not, why not? What are the challenges and barriers? (3) How can staff be better supported to use the safety

assessment as intended?

Goals of this research include identification of how social workers are completing the safety assessment, current gaps within the safety assessment practice across BC, and recommendations on how practice can be improved to support model fidelity and align with best practice approaches within the child welfare system.

## Literature Review

Child protection social workers are tasked with making timely decisions about the safety and well-being of children and youth. To do this, they must come to a conclusion through the use of risk assessments and/or clinical judgement. The safety assessment is one of the six SDM Tools that the MCFD uses to assess the immediate risk to a child when a child protection report is made (MCFD, 2020). Evaluation on whether child protection social workers are asking the necessary questions that guide decision-making in the safety assessment within the MCFD is lacking. Additionally, it is important to understand whether social workers are completing full assessments, and how they can be better supported to use the tool as intended. This literature review will outline the history and purpose of the SDM Tool Model, the intended purpose and utilization of the safety assessment, as well as studies on how risk assessments are completed in different jurisdictions, and practitioner perspectives regarding risk assessments.

### *Structured Decision-Making Tools (SDM Tools)*

The SDM Tools were developed and pioneered by the Children's Research Center in the United States in 1999 to assist decision-making in child protection and target the children most in need (Gillingham & Humphreys, 2009; Pecora et al., 2013). These evidence-based, actuarial risk assessments were designed to help guide key decisions in child welfare, and to help increase consistency and accuracy of decisions made by child protection workers (Pecora et al., 2013). From a review of the literature, the intended purpose behind the development of these risk assessments is clear. The "Good Practice Action Plan" is a document released by MCFD in 2007, prior to the implementation of the SDM Tools within child

protection work (Holman, 2007). This action plan identifies a need for consistency and the implementation of a strengths-based practice approach across all regions, within child protection safety assessments. This action plan identifies the need to review gaps in services, and to implement an approach that is focused on early intervention. As this action plan was released prior to the implementation of the SDM Tools at MCFD, it can be assumed that the SDM Tools were reviewed in response as an early intervention strategy and strengths-based approach within MCFD child protection services.

Since the implementation of the SDM Tool Model in multiple jurisdictions, existing research has been undertaken to determine how front-line child protection workers use the risk assessments in daily practice. The predictive validity of the safety assessment has been tested in the field, with issues such as false positives and false negatives addressed (Gillingham & Humphreys, 2009). One critique of the SDM Tool Model is that the assessments within the model, including the safety assessment, do not reflect the complexity of child protection cases (Gillingham & Humphreys, 2009). Some recommendations made for the improvement of the model include the implementation of concepts of complexity theory; Gillingham & Humphreys (2009) argue that it is difficult to predict abuse and neglect within a complex family system, and it is even more difficult to predict abuse and neglect when linear assessment tools such as the SDM Tools are based on a process of scoring through risk factors.

The flow and utilization of SDM Tools is intended to assist child protection workers in making decisions at specific time frames from case referral to the child welfare agency to case closure (Child Welfare Information Gateway, 2017). These tools include: a screening assessment, a safety assessment, a risk assessment for future maltreatment, a strengths and needs assessment, a family plan, and a reunification assessment (Child Welfare Information Gateway, 2017; MCFD, 2020). For the purposes of this review, the safety assessment will be what we will focus on.

### **Safety Assessment**

It is important to distinguish between the term

safety assessment and risk assessment, as they are often used interchangeably. While risk assessments determine the level of risk for future harm to a child, safety assessments help child welfare workers assess a child's immediate safety (Vial et al., 2020). The assessment is to be completed during the first significant face-to-face contact with a family. The construction of the safety assessment includes a checklist of risk factors to ensure that concerns that are not mentioned within the safety assessment report are identified and assessed (Pecora et al., 2013). A comparison study of 11 child safety assessment instruments which included the SDM Tool Model indicated that a number of child safety factors were consistent in each tool, including physical abuse, neglect, sexual abuse, domestic violence, parent or caregiver's refusal to allow access to the child, substance abuse, and emotional abuse (Vial et al., 2020). From this study, it is assumed that child welfare workers assess each and every family in accordance with the risk factors outlined in the tool. However, it is acknowledged that a significant amount of research on safety assessments is not published in peer reviewed journals and therefore it is unclear whether child welfare workers are properly assessing all the risk factors in the tools (Vial et al., 2020). Research on the predictive validity of the tool has been published, hence why many jurisdictions around the world have adopted this form of assessment, however research on the utilization of the tool is either not happening or not being published.

Within the tool itself, a large amount of information is needed to complete the assessment which is difficult to gather from one home visit or one meeting with parents and children (Broadhurst et al., 2009). As a result of this, social workers may disregard the majority of the risk factors as irrelevant if the risk factor was not the reported concern, which warrants questioning whether the validity of the tool is compromised because workers are not completing the tool properly (Broadhurst et al., 2009). The MCFD "Good Practice Action Plan" identifies this gap in the assessment process and calls for a review to achieve a standardized model to identify all areas of risk within a safety assessment, including potential strengths and

development areas for families, to ensure a reliable and valid assessment has been completed (Holman, 2007). After completing the safety assessment, the child welfare worker should have enough information to determine whether a child is “safe” (remains in the home), “safe with intervention” (requiring some sort of plan), or “unsafe” (child removed from the home) (MCFD, 2020).

Safety assessments can be daunting interventions for children and families, but MCFD outlines a clear description of the process of investigations that is accessible to the public. In the document “Child Protection: What You Need to Know About Investigation,” the roles and expectations of workers within the child protection assessment process are clearly identified (MCFD, 2010). All portions of the safety assessment are explained in detail and the fact-finding nature of the assessment is clearly portrayed. An expectation of workers to complete all areas of this assessment is made explicit. It is of utmost importance that workers fully implement the SDM Tools throughout their safety assessment in order to properly evaluate the safety of the child.

### ***Impacts of Worker Attitudes and Beliefs on Decision-Making***

A consistent point within the literature suggests that a safety assessment tool should be used to supplement rather than replace clinical judgement in decision-making (Broadhurst et al., 2009; Gillingham & Humphreys, 2009; MCFD, 2020; Pecora et al., 2013). Although the safety assessment tool assists workers in making decisions about the immediate safety of children, despite its intention of promoting consistency, individual attitudes and beliefs of child welfare workers impact decision-making. To some extent, worker discretion and clinical judgement when completing this tool is accepted by MCFD. It is important to understand how workers’ beliefs, values, and attitudes impact clinical judgement, as people will naturally look for evidence that confirms their views rather than information that challenges their opinions (Benbenishty et al., 2015). In the context of completing safety assessments, the tool itself can act as a confirmation of intuitive judgements and a guide for social workers to consider if key information was

missed during assessment; however, the importance of proper training of workers utilizing the tool and strong clinical supervision should not be forgotten (Pecora et al., 2013). The proper use of the safety assessment assists social workers to highlight various types of child protection concerns that were not reported but could be impacting the immediate safety of a child. This is why it is important to consider if social workers are utilizing the safety assessment as intended and asking the appropriate questions to complete a full assessment.

Another thematic aspect of decision-making that is highlighted in the literature is a worker’s experience in the field of child welfare. Existing literature suggests that more experienced staff may use the safety assessment tool as a checklist after a decision has been made, and that without proper training, supervision, and promotion of consistency using the tool, the assessment is used in a cursory fashion rather than guiding decision-making (Pecora et al., 2013). Similarly, studies have shown that the safety assessment tool is used differently by child welfare workers, supervisors, and teams depending on level of seniority, qualification levels, personality, and attitudes and beliefs, which compromises the tool’s purpose of promoting consistency (Gillingham & Humphreys, 2009). On the other hand, the existing research shows that the tools are helpful for inexperienced staff but a critique of this is that, by simply following the guide for the tool, it does not allow newer workers to develop critical thinking skills and subsequently “deskilling” the more experienced staff (Gillingham & Humphreys, 2009, p. 12). This suggests that as experience in the field increases, social workers would not rely on the tool as much to inform decision-making but rather use subjective knowledge and clinical judgement (Stokes & Schmidt, 2012). Regardless, SDM Tools help standardize assessments so that the children and families most in need receive appropriate services.

### ***Worker’s Perspectives on Safety Assessments***

When evaluating how the safety assessment tool is utilized, consideration of the social worker’s perspectives on the tool is critical to understand how to improve service provision. Child welfare systems in

many jurisdictions are faced with challenges at the mezzo and macro levels, including high staff turnover rates, recruitment and retention problems, and high caseloads (Canadian Association of Social Workers [CASW], 2018). The implications of these issues include more case transfers and reassignment of files, fewer staff available to respond to reports, and increased workload size for remaining workers which reduces the quality of service provision to families (CASW, 2018). The Child Welfare Report by the CASW (2018) indicated that two negative outcomes are associated with these problems – social workers were not spending adequate time with families to build a collaborative working relationship and social workers were not able to meet the timelines outlined in policy and service standards for completing assessments.

Interviews with social workers suggested that the demands of meeting time scales and performance management took the focus away from the child and family's needs and subsequently safety assessments were not being completed properly (Broadhurst et al., 2009; Gillingham & Humphreys, 2009). Workers were being pressured to respond and initiate new child protection reports meaning that shortcuts would be taken when it came down to completing assessments. From this information, it is important to determine whether social workers are asking the necessary questions to complete the safety assessment, and have the time to do so. In Gillingham & Humphrey's (2009) study, a major theme in the data analysis was that the SDM Tools were seen as more of an administration burden and accountability tool within an organization, and that organizational culture had a significant effect on how the tools were used. This suggests that despite the safety assessment being developed as a critical tool of immediate child safety decision-making, agency expectations and staffing levels heavily impacted the use of the tool.

The intended use of the safety assessment tool is consistent in its purpose and hence why many jurisdictions have chosen to adopt the SDM Tool Model in child welfare. However, given that the tool is standardized, there is a gap in knowledge when it comes to complexity of cases in child protection. The

existing research indicates that the safety assessment supports decision-making among social workers, but the tool is utilized differently depending on seniority and practitioner beliefs and values, which does not support the claim that the safety assessment promotes consistency. Given this information, it is critical to understand whether social workers are using the safety assessment as intended, and if not, understanding the reasons why, so that workers can best support children and families to ensure safety.

### **Methodology**

This research applied a grounded theory approach in conjunction with thematic analysis. The overarching concepts and of the research were identified and highlighted throughout the literature review (see above), which allowed for use of thematic analysis to create interview questions for further data collection. In grounded theory, the data and analysis of the data is seen as being interrelated (Corbin & Strauss, 1990). This was true throughout the course of the study, as analysis of previous research in the literature review allowed for interview questions to be devised and analyzed, which informed the survey creation for further data collection and analysis. The primary purpose of the interviewing process was to allow for open-ended questioning and exploration to further drive data collection of the primary research question. The results from this data were analyzed thematically and allowed for creation of a survey, with primary themes of the research addressed. The data was collected from a larger sample pool with the application of a survey, which allowed researchers to draw richer conclusions from the data collected.

The data from each respective collection process was coded by the researchers using initial, intermediate, and advanced coding. The initial coding of the interview phase included researchers identifying themes in responses to the research questions. This data was then forwarded to intermediate coding, where data was synthesized and collapsed to create more distinct categories pertaining to the research questions. These categories drove the creation of the survey portion of the data. The research was undertaken deductively, as it was driven by previous research. The themes

were identified at an explicit level, where the responses from the participants were interpreted at face meaning.

### ***Sampling and Recruitment***

The sampling and recruitment of participants was completed using purposive and non-probability sampling. Only staff with experience completing safety assessments, including social workers and team leaders, were recruited for the purpose of this research. Participants who met this criterion had the understanding of the complexity of the safety assessment, the safety factors included in the document, and experience completing the tool in their practice. The reason this sampling method was selected was due to the safety assessment being utilized in child protection cases at the initial stage of assessing a new report. As the research question was to understand whether or not social workers were asking all questions to inform the safety factors on the tool itself, the target sample population were MCFD employees who have experience and understanding of the safety assessment.

Participants were recruited via email recruitment posters. The recruitment poster was created by the student researchers and sent to MCFD sponsors. MCFD sponsors then broadcasted the email to child protection teams performing intake duties to three different SDAs within the province of BC. This method of sampling procedure and recruitment plan ensured representation across SDAs. In the evaluation proposal for this study, researchers initially anticipated that the recruitment poster would be broadcasted to five SDAs; however, due to limits to obtaining Executive Director of Service (EDS) approval, the invitation to participate covered three SDAs.

### ***Data Collection and Analysis***

This research study utilized a mixed methods approach through two methods – interviews and one survey. Qualitative data was gathered through virtual interviews with social workers and team leaders within MCFD about their experiences with the safety assessment tool. Interviews were used as the preliminary method for this research as they are exploratory in nature and allowed the researchers to gather more in-depth information regarding a

complex tool. Prior to beginning an interview, participants provided consent to participate and have the interview recorded. The interviews were completed using the Zoom application. The nature of the interview allowed for participants to give more in-depth information regarding the questions asked, and allowed interviewers to seek clarification of any answers provided by the participants. From there, researchers gathered all data and used descriptive coding methods and thematic analysis to identify themes in responses to the questions asked in the interview portion.

Using these themes gathered in the interviews, the data collection method transitioned to a quantitative approach, where an anonymous electronic survey was created and distributed using an application called Qualtrics. The electronic survey consisted of nine questions (Appendix A). A consent form for the survey was attached to the recruitment email and participants had to electronically consent to proceeding with the survey before any of the survey questions were posed. The survey questions consisted of yes/no, multiple choice, Likert style, and short answer questions, allowing the participant to add any supplementary information, thoughts, and/or experiences of using safety assessments. The survey questions clearly referenced the primary research question being posed, and articulated clear follow-up questions regarding barriers to completing the safety assessment that included overarching themes gathered from the interviewing portion of the research (Newcomer & Triplett, 2015). The data gathered through the electronic survey was analyzed using Microsoft Excel.

Researchers initially estimated having 4-6 interview participants and approximately 20-25 survey respondents for this study. To ensure confidentiality, interested participants were asked to contact the student researchers directly to express their interest in participating. Participants were notified and reassured by researchers that their responses would remain confidential to reduce respondent bias. For this study, there were six interviewees and 29 survey respondents, which surpassed the targeted sample size outlined in the research evaluation proposal.

## Findings

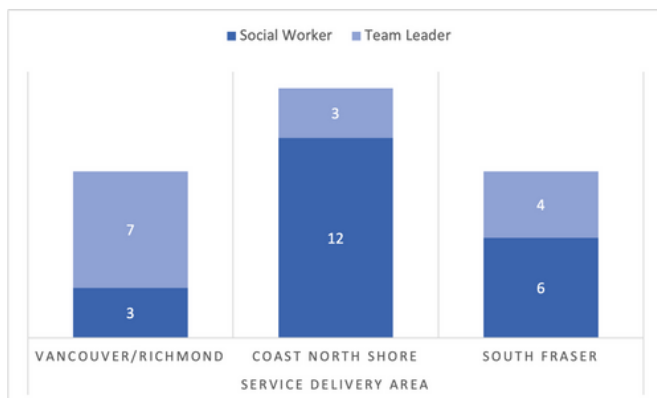
### Respondent Demographics

In total, there were 35 participants for this research study – six interviewees and 29 survey participants (n = 35). The majority of respondents identified as social workers, representing 25 respondents (71%). The remaining 10 respondents identified as team leaders (29%). Given that the literature review for this study suggested that there were differences in practice when utilizing the safety assessment tool depending on experience of workers, additional demographic information was requested in regards to years of experience using the safety assessment tool (see Figure 1). Three respondents had less than one year of experience (8.6%), four had 1-3 years of experience (11.4%), six had 3-5 years of experience (17.2%), four had 6-10 years of experience (11.4%), and 18 respondents had over 10 years of experience (51.4%).



**Figure 1.** Years of Experience using the safety assessment tool

Figure 2 highlights the location in which the social workers and team leaders work. The SDAs included in this research were Vancouver/Richmond (n = 10), Coast North Shore (n = 15), and South Fraser (n = 10).



**Figure 2.** Participant Demographics: Service Delivery Area

### Questions Are Not Being Asked

Overall, social workers and team leaders are not asking all questions or gathering information to inform the safety assessment. 22 respondents (63%) of the total 35 participants in this study stated that they did not ask all of the questions that are on the safety assessment tool. There were various reasons as to why participants were not gathering the necessary information to accurately answer all of the statements on the safety assessment tool, which will be discussed below.

### Safety Factor Was Not a Reported Concern

One of the major reasons why participants stated they were not asking or gathering information to inform all the safety factors in the assessment tool was because some of the safety factors listed were not mentioned in the initial child protection report. Respondents identified that the safety factors listed in the assessment tool are not always applicable to every child protection file. For example, one participant stated that “[if] a child is not attending school and it is a single parent home, [I’m] not going to ask if there is sexual assault happening within the home.” Part of this participant’s explanation for this is because of their belief that asking about concerns that were not reported is “offensive” or intrusive. This will be expanded on below as this was a theme amongst participants.

Another participant stated that they “don’t ask [families] everything, because it depends on the nature of the report.” This participant provided an example that if they have never met with the family they are assessing before, or if the family has no previous MCFD history, they would not be asking questions about domestic violence if the report was not about that concern. The respondent also stated that it is situation-dependent, and that clinical judgement is often used when determining whether or not to ask certain questions. This participant stated that if they were interviewing family members and there was a reasonable explanation for what happened to warrant a child protection response, then the worker believed that:

[they] don’t necessarily go to all of the questions, part of that is because [they] don’t think [they] have to, and [they] don’t want to breach the family’s

privacy where [they are] asking about every single area of [the family's] life when it's not the subject of the report and [the safety factor] doesn't seem to be present.

This speaks to one of the overall themes in the results of this study - that workers are not asking all of the questions to inform all safety factors in the assessment tool.

### Questions are Intrusive

Other reasons as to why workers were not asking all of the questions was due to being uncomfortable asking questions about other safety factors not reported, worker beliefs that the questions were an invasion of the family's privacy, and workers stating that they did not know the family well enough to ask some of the questions on the assessment tool. The overall theme from this finding was that workers believed that asking questions that were not related to the initial report was intrusive for families who who are already going through a stressful time with child protection services involved in their lives.

### Additional Notes and Findings

One aspect of the research data analysis was that a participant believed "newer workers or people who don't understand the research behind the safety assessment might have difficulty gathering information that they don't think is relevant." This finding was attributed to workers who have had professional experiences where they close an investigation without asking all of the safety factor questions, and a subsequent report with a different child protection concern is received not long after the file was closed, causing another investigation to be opened and another full assessment needed to be

focused on answering the questions as to why workers are not asking or gathering information to inform all factors on the safety assessment, the remaining 37% of respondents advised that they were asking all the questions for each file on their caseload.

### Discussion

The literature identifies that the "safety assessment tool should be used to supplement rather than replace clinical judgement in decision-making" (Broadhurst et al., 2009; Gillingham & Humphreys, 2009; MCFD, 2020; Pecora et al., 2013). Our findings support that social workers are using clinical discretion in conjunction with the safety assessment throughout the course of their assessments. However, it is clear that social workers believe that all of the questions on the tool do not need to be asked due to a number of factors, with the primary reason being that certain questions were not regarding the reported concern. The data further expanded on this factor, identifying that social workers did not feel comfortable asking questions that were not outlined in the primary reported concern, and that the questions were intrusive. The research highlighted that the values and beliefs, particularly respecting the privacy and autonomy of families, was a reason why social workers are not asking all of the questions within the safety assessment.

Other research results included workers stating they did not know the family well enough to answer some of the assessment tool questions. As the *Child Welfare Report* (CASW, 2018) noted, social workers were not spending adequate time with families to build a collaborative working relationship. The data presented here clearly identifies that social workers believe there should be a working relationship built with families in order to complete safety assessments in a collaborative manner. It could be concluded that if social workers had time and resources to build more collaborative relationships with families, they may have the opportunity to ask all of the questions outlined within the safety assessment.

Completion of the safety assessment requires that workers ask all of the 14 questions on the safety assessment within 24 hours of meaningful face-to-face contact. A large amount of information is needed to

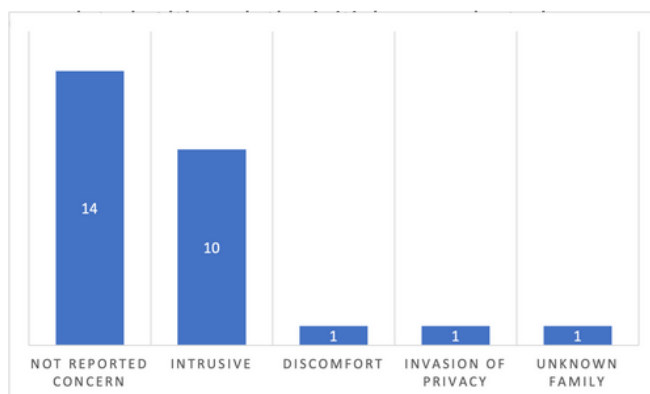


Figure 3. Barriers to Completing Safety Assessments



complete the assessment which is difficult to gather from one home visit or one meeting with parents and children (Broadhurst et al., 2009). The data highlighted the reality that safety assessments are not being fully completed within the expected time frame, due to a number of barriers. Findings showed that social workers did not have enough time or resources to collect all information to fully complete the safety assessment within the 24-hour time frame, leaving gaps in the overall assessment. Findings also highlighted that the average workload of a social worker does not allow them to complete the assessments as per policy, due to the amount of information required to reach full completion. Another barrier to the completion of safety assessments within the allocated time frame included the availability of a supervisor (team leader) to approve and sign off on the completion of the assessment. At times, the team leader was not available to sign off the assessment, which would further delay its completion.

### **Limitations**

The study included a small number of limitations. A noted limitation present for all research projects was the COVID-19 pandemic. Due to the nature of the pandemic, researchers were unable to meet with study participants in person and all interviews were held virtually, which created difficulty for researchers to observe full body language, and other non-verbal communication, when engaging with participants. The researchers also acknowledge that, having conducted this research study during a pandemic, may have impacted participant interest, due to fatigue and workers having to commit additional time to attend a virtual meeting. The majority of the participants involved in this study, would have presumably, completed the interview and/or survey portion of the study during work hours. This environmental factor could create an aura of social desirability within participant response, as they are being interviewed about their overall performance within their occupation and may feel like they were being “tested”. To lower this risk, researchers reminded participants that their responses were anonymous and complete confidentiality would be ensured.

A supplementary limitation is the sample size of participants. The research was only obtained from three geographical areas within the province. The overall results of this study could have been varied depending on the intake demand per office area. There are a total of 13 SDAs within BC, with the research drawing samples from only three areas, which were in geographical proximity to one another. This may be an inadequate representation of the larger province and other SDAs. In the initial evaluation proposal, researchers estimated participation from five SDAs. However, due to difficulty obtaining EDS approval, recruitment posters were sent to three SDAs only. This limitation may have affected the overall richness of data and therefore may not be generalizable to all SDAs.

Student researchers both had previous experience using the safety assessment tool in frontline child protection work. The researchers were mindful of their own biases and ensured open-ended questions were used throughout the interview process. However, the researchers acknowledge that an unconscious bias regarding the researcher’s feelings of the safety assessment tool may be present, which could have affected how the questions were phrased, responded to, and approached during this research.

### **Recommendations & Future Directions**

The following recommendations for future practice are from the perspective of student researchers, independent of MCFD. Based on research participants’ responses to the study questions, it was evident that further training on the utilization of the safety assessment tool would be helpful for staff, regardless of workers’ experience. Some participants admitted that over time, they were not referring to the detailed safety assessment guidelines as much as they used to, so ongoing refreshers would ensure that these guidelines are reviewed regularly by staff. Having said this, participants also indicated that a smaller caseload would enable them to complete more in-depth safety assessments. High caseloads impacted participants’ ability to complete thorough assessments and contributed to why many participants stated they did not ask all the questions to inform all safety factors in their assessments if it was not the reported concern.

Smaller caseloads would enable staff to complete more in-depth assessments. Researchers recognize that future research is needed regarding how to manage caseload sizes and retention of workers.

Social workers who participated in the study agreed that having regular clinical supervision with their team leaders was another way to ensure safety assessments were being completed as intended. This would mean that consultation with team leaders would improve the likelihood that the questions were being asked at the time of assessment, and if not, then social workers and team leaders would have honest and valuable conversations on how to ask the questions appropriately. Additionally, team leaders would be able to identify social workers who may need additional support in the field and assist as needed.

Participants identified that having practice guides with them while completing a safety assessment would be helpful, especially when they were in a different location other than the district office. Having the opportunity to bring the safety assessment tool and descriptors into the field, as well as a practical guide on how to ask or assess other safety factors that were not initially reported would address the reasons why participants were unsure of how to ask all of the questions without being intrusive. This method would also ensure that workers were not missing any of the factors in the assessment, especially in situations where there is high stress or conflict (e.g., police involvement or angry family members).

A future research recommendation that emerged from the study included examining the use of the safety assessment tool and the other SDM tools with Indigenous families. There is a need to evaluate whether the safety assessment tool is culturally sensitive and appropriate given that the right of Indigenous families and communities to retain shared responsibility for the upbringing, training, education, and well-being of their children is a salient component of reconciliation (MCFD, 2020b). The safety assessment, although an empirical tool, can be misconstrued as a “one size fits all” instrument and may not capture the uniqueness of families from different cultural backgrounds.

## Conclusion

This study sought to understand whether social workers are asking or gathering all information to inform all factors on the safety assessment tool in child welfare practice. The aim was also to ascertain the reasons (if any) why social workers were not asking all questions, and to understand how staff can better be supported in completing the safety assessment tool as intended. The research study yielded various findings that can be utilized to inform future practice directives and policies by MCFD.

The majority of research participants are not asking or gathering the necessary information to complete the assessment in its entirety, regardless of the reported concerns. Reasons included that other safety factors in the assessment were not a reported concern, worker beliefs that asking or gathering the information was intrusive, worker discomfort in asking all of the questions, and worker beliefs that asking about all the safety factors when the safety factor was not a reported concern would be an invasion of the family's privacy. These challenges were identified by research participants who had direct experience with and knowledge about the assessment tool.

If the recommendations provided in the study are taken into consideration, some barriers to completing the safety assessment tool can be alleviated. Implications for practice to better support staff in completing the safety assessment tool as intended include ongoing training for staff, smaller caseload sizes, regular clinical supervision between social workers and team leaders, workers bringing the tool form and guide into the field when assessing for child protection concerns, and providing staff with a practice guide containing questions on how to ask about or assess safety factors that were not indicated in the initial report. Future research can expand on these key findings by evaluating caseload sizes and the number of workers available to complete the assessments, as well as the use of the safety assessment tool with Indigenous families. It is the researchers' hope that the findings and recommendations from this study can contribute to future practice directives and support for staff at

MCFD, and ultimately, improved service provision for children and families.

### Acknowledgement

We gratefully acknowledge the financial support of the Province of British Columbia through the Ministry of Children and Family Development.

### References

- Benbenishty, R., Davidson-Arad, B., López, M., Devaney, J., Spratt, T., Koopmans, C., Knorth, E. J., Witterman, C. L., Del Valle, J. F., & Hayes, D. (2015). Decision making in child protection: An international comparative study on maltreatment substantiation, risk assessment and interventions recommendations, and the role of professionals' child welfare attitudes. *Child Abuse & Neglect*, 49, 63-75. doi: 10.1016/j.chiabu.2015.03.015
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478188706qp063oa>
- Broadhurst, K., Wastell, D., White, S., Hall, C., Peckover, S., Thompson, K., Pithouse, A., & Davey, D. (2009). Performing 'initial assessment': Identifying the latent conditions for error at the front door of local authority children's services. *The British Journal of Social Work*, 1-19. doi: 10.1093/bjsw/bcn162
- Canadian Association of Social Workers. (2018). *Understanding social work and child welfare: Canadian survey and interviews with child welfare experts*. [https://www.caswacts.ca/sites/default/files/documents/CASW\\_Child\\_Welfare\\_Report\\_-\\_2018.pdf](https://www.caswacts.ca/sites/default/files/documents/CASW_Child_Welfare_Report_-_2018.pdf)
- Corbin, J., & Strauss, A. (1990). Grounded theory research: Procedures, canons, and evaluative criteria. *Qualitative Sociology*, 13(1), 3-21.
- Child Welfare Information Gateway. (2017). *Showcase: Safety outcomes and decision-making approaches*. Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. <https://capacity.childwelfare.gov/pubPDFs/cbc/safety-outcomes-decision-cp-00050.pdf>
- Gillingham, P., & Humphreys, C. (2009). Child protection practitioners and decision-making tools: Observations and reflections from the front line. *The British Journal of Social Work*, 40(8), 2598-2616. doi: 10.1093/bjsw/bcp155
- Holman, Sean. (2007). *MCFD good practice action plan*. Action Stations: Public Eye Online. [https://vufind.llbc.leg.bc.ca/Record/llbc417451\\_bcdocs2017\\_2\\_417451\\_Action\\_Plan\\_Public\\_Eye\\_Online\\_pdf](https://vufind.llbc.leg.bc.ca/Record/llbc417451_bcdocs2017_2_417451_Action_Plan_Public_Eye_Online_pdf)
- Ministry of Children and Family Development. (2010). *Child protection: What you need to know about investigation*. [https://vufind.llbc.leg.bc.ca/Record/llbc464808\\_bcdocs2010\\_2\\_464808\\_cp\\_investigation\\_pdf](https://vufind.llbc.leg.bc.ca/Record/llbc464808_bcdocs2010_2_464808_cp_investigation_pdf)
- Ministry of Children and Family Development. (2020a). *Child Protection Response Policies - Chapter 3*. [https://www2.gov.bc.ca/assets/gov/family-and-socialsupports/policies/cf\\_3\\_child\\_protection\\_reponse.pdf](https://www2.gov.bc.ca/assets/gov/family-and-socialsupports/policies/cf_3_child_protection_reponse.pdf)
- Ministry of Children and Family Development (2020b). *2020 Service Plan*. <https://www.bcbudget.gov.bc.ca/2020/sp/pdf/ministry/cfd.pdf>
- Newcomer, K. E., & Triplett, T. (2015). Using Surveys. In K. E. Newcomer, H. P. Hatry, & J. S. Wholey (eds.), *Handbook of practical program evaluation* (4th ed., pp. 344-382). John Wiley & Sons, Inc. doi: 10.1002/9781119171386.ch14
- Pecora, P. J., Chahine, Z., & Graham, J. C. (2013). Safety and risk assessment frameworks: Overview and implications for child maltreatment fatalities. *Child Welfare*, 92(2), 143-160.
- Stokes, J., & Schmidt, G. (2012). Child protection decision-making: A factorial analysis using case vignettes. *Social Work*, 57(1), 83-90. doi: 10.1093/sw/swr007
- Vial, A., Assink, M., Stams, G. J. J. M., & van der Put, C. (2020). Safety assessment in child welfare: A comparison of instruments. *Children and Youth Services Review*, 108, 1-18. doi: 10.1016/j.childyouth.2019.104555

## **Appendix A**

### **Interview Questions**

1. Are you a social worker or team leader?
2. How long have you worked on an intake team for?
  - a. Less than 1 year
  - b. 1-3 years
  - c. 3-5 years
  - d. 5-10 years
  - e. 10+ years
3. What SDA do you work in?
4. Can you provide an overview of how you complete the safety assessment?
5. What do you know about what best practice guidelines are regarding the safety
6. assessment tool?
7. Do you assess all factors of the safety assessment tool for every file on your caseload?
8. (note: this may not apply to TLs)
9. If no, can you explain why?
10. Are there any challenges when using this tool?
11. If yes, can you identify what aspects are challenging?
12. How can staff better be supported in using and completing the safety assessment tool as
13. intended?

## Appendix B

### Survey Questions

1. I am a...
  - Social Worker
  - Team Leader
2. How many years have you had experience completing safety assessments?
  - Less than 1 year
  - 1-2 years
  - 3-5 years
  - 6-10 years
  - 10+ years
3. What SDA do you currently work in?
  - Richmond/Vancouver
  - South Fraser
  - North Fraser
  - Coast North Shore
  - Other
  - If other was selected, please share what SDA you currently work in.
4. Do you ask or gather information pertaining to all of the safety factors on the safety assessment regardless of the reported concerns? Example: If the reported concern is physical discipline, would you ask about sexual abuse?
  - Yes
  - No
5. What are the reasons why you are not asking all of the safety assessment questions? Please select all that apply.
  - It was not the reported concern.
  - I do not feel comfortable asking about concerns outside of the reported concern.
  - It is intrusive.
  - Asking would invade the family's privacy.
  - I do not know the family well enough.
  - I do not remember all of the safety factors when I am completing an interview.
  - Other
  - If other was selected, please explain what may be a reason for not asking all of the questions within the safety assessment.
6. Do you complete all safety assessments within the required 24-hour time frame?
  - Always
  - Most of the time
  - Sometimes
  - Rarely

7. If not always, why not?

- Workload is too heavy
- TL is unavailable for consult
- Not enough information has been gathered
- Other
- If other was selected, please explain why the safety assessment is not completed within 24 hours.

8. In your opinion, how can staff be better supported to complete the safety assessment tool, as intended?

Please select all that apply.

- Providing ongoing training to all staff regardless of experience.
- Smaller caseloads to enable more thorough assessments to be completed.
- Having regular clinical supervision with your Team Leader.
- Reviewing the safety assessment tool guide with your team leader during supervision.
- Other
- If other was selected, how else could staff be support to complete the safety assessment?

9. Do you have anything to add?