

## Emerging Danger

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When a caretaker's maltreatment of a child results in a child's death or serious injury, it is always a tragic event. When the family is currently or previously known to the child protection system, the event not only evokes questions about caretaker responsibility, but also the child protection system's possible contributions. Furthermore, when public scrutiny leads to a conclusion that the agency mishandled its protective mission, focus is often directed toward its failure to follow procedural requirements, such as making required contacts. Less obvious, but often equally or more significant, may be the agency's inability to detect trends in the case that indicated what we call "emerging danger."

Emerging danger is a term for a safety consideration that arises when the underlying conditions and contributing factors associated with dynamic danger related risk elements in the family are escalating and/or protective capacities are diminishing. Current safety and risk protocols cannot readily detect emerging danger because these protocols are usually single "point in time" statements about safety and risk. In addition, many predictive type instruments contain non-dynamic items such as age of the parent and number of children in the family. Detecting emerging danger requires attention to trends over time regarding danger related dynamic risk elements and safety related protective capacities. These trends can change slowly or rapidly.

Emerging danger can be present before or after an incident of child maltreatment. When it is occurring before an initial incident, the CPS agency has no legal basis for intervention and the child's decreasing safety may remain unknown to CPS. However, after an initial substantiated report, the public holds the CPS agency responsible for preventing further serious harm to a child. Using the next substantiated report as the measure of emerging danger may result in interventions coming too late, especially if the next report is associated with actual or likely serious harm to a child. On any given day prior to the serious incident one might apply current safety or risk protocols and not identify the trend.

Safety protocols are most often used in conjunction with a current report or incident. The circumstances of the incident are used as a context to judge the likelihood of immediate danger of serious harm. A commonly used safety protocol states, "Drug and/or alcohol use by any member of the household, or other person having access to the child, suggests that the child is in immediate danger of serious harm." If a maltreated child has been judged "unsafe" due to caregiver drug or alcohol abuse, continued caregiver use at any level may be considered an on-going safety threat. But if drug or alcohol use was identified only as a risk factor, absent another incident of maltreatment, re-application of the same safety protocol is unlikely to alter the assigned safety status.

Similarly, one risk assessment scale includes an item, "Either caregiver has a current substance abuse problem." Although an alcohol abuse problem may be present, how does one know that the problem is approaching the threshold of serious harm? Until the alcohol abuse problem is resolved, this item provides only a dichotomous (yes/no) description of the risk factor's presence. It does not tell the agency about how a caregiver's daily use is dynamically affecting future safety. Current risk and safety classification protocols have very limited sensitivity to emerging danger.

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For on-going cases, many interventions involve monitoring families. In general, agencies would say that their caseworkers are expected to monitor safety and risk. But what are they actually monitoring? Monitoring for signs of subsequent maltreatment is important, but if there are signs, maltreatment and serious harm may have already occurred. Safety interventions are commonly influenced or triggered by the seriousness of the most recent allegation. If the next allegation involves serious harm or death, the next safety response comes too late.

The tendency of some risk classification models to emphasize static predictors may mean that dynamic changes affecting risk are not actively identified. For example, a caretaker may have a substance abuse problem at the time of the initial maltreatment incident. If the caretaker is in treatment, he or she will continue to be classified as having a “current substance abuse problem” and elevated levels of use would not alter the risk score in many models.

For this reason, emerging danger is not exactly the same as “high risk,” as defined by risk classification models. While a family may or may not be classified at a point in time as “high risk,” the classification alone does not tell the caseworker anything about the day-to-day dynamics of family life and whether they are fluctuating or trending in a dangerous direction. For example, at the time of the initial incident there was a report of neglect or abuse, a child is under the age of two, the caregiver was 19 years old and the caregiver has a current alcohol problem. Using one risk scale, these four observations would result in a rating of “moderate risk.” The case would not shift to a classification of “high risk” unless at least one of the following also became risk factors: a new report, a change in the child’s health condition, a change in housing safety, or discovery of a new or past history of caregiver mental health concerns.

Yet consider many other factors that might be occurring in our example: the mother’s alcohol use is increasing; her stress over difficult child behavior is elevating; the child’s grandmother told the mother that she can no longer “dump the child with her” when the mother wants to go out drinking; the mother’s perception of the child is increasingly negative; she reports having to spank the child more often; her frustrations with the demands of the child are increasing; she was not home at the time of the last scheduled caseworker visit and she missed her last two appointments with her drug and alcohol counselor. Based on clinical risk factors, risk of

harm is elevating. Unfortunately, in this instance the child was later admitted to the hospital and diagnosed as having a subdural hematoma, “shaken baby syndrome.” The indicators of emerging danger present in this case would not have been captured by a safety protocol without a new report, or have resulted in an elevated risk classification using many risk assessment instruments.

Detecting emerging danger requires close monitoring of danger related clinical risk factors, such as frequency and amount of alcohol or drug use, frequency and level of physical aggression, current level of mental health symptoms, caregiver stress and negative perceptions of the child. It may require attention to signs that the child and caretaker have become less visible. It also necessitates monitoring the continued presence of protective capacities necessary for the child’s safety. Emerging danger occurs in the context of changes in these factors over time. In some instances the escalation of threats of serious harm and deterioration of essential protective capacities may occur over brief time periods, far short of agency requirements for a three or six month safety review or risk re-assessment. While it may not be possible to detect all children who are about to become “unsafe,” waiting until the child is “unsafe” may mean having waited until the child has suffered serious harm. Current safety protocols and risk classification scales were not designed to measure dynamic changes over brief spans of family life.

The concept of emerging danger needs to be embedded in agency training, day-to-day practice and supervisory consultation. Case contacts need to be structured around monitoring danger related clinical risk factors and currently accessible protective capacities. Where in home safety plans are in place, missed appointments need to be considered as an indicator of urgent necessity to locate the family and assess the current status of danger related clinical risk elements and protective capacities. When supervisors review cases with their staff, they should ask about changes in the family, new dynamics, the interaction of multiple danger loaded risk elements and other “red flags” that indicate a change in seriousness, pervasiveness, duration and/or frequency. To reduce serious harm and fatalities, and improve the public’s faith in the child protection system, CPS agencies should give immediate attention to emerging danger as a “preventive safety” measure.