

(CD-14E) Structured Decision-Making Family Risk Assessment Tool

The Risk Assessment identifies families, which have Low, Moderate, High, or Very High probabilities of future abuse or neglect. By completing the Risk Assessment, the worker obtains an objective appraisal of the likelihood that a family will maltreat their child(ren) in the next 18 to 24 months. The difference between risk levels is substantial. “High Risk” families have significantly higher rates of subsequent referral and substantiation than “Low Risk” families, and are more often involved in serious abuse or neglect incidents.

When risk is clearly defined and objectively quantified the Children’s Division can ensure that resources are targeted to higher risk families because of the greater potential to reduce subsequent maltreatment.

The Risk Assessment is based on research on cases with substantiated abuse or neglect that examined the relationships between family characteristics and the outcomes of subsequent substantiated abuse and neglect. The tool does not predict recurrence, but simply assess whether a family is more or less likely to have another incident without intervention by the Children’s Division.

Which Cases: All Investigations, Family Assessments, Newborn Crisis Assessments, and Juvenile Assessments.

When: The Family Risk Assessment Tool is completed prior to the closing of the report.

Who: The investigator will complete the Risk Assessment in FACES. A worker and supervisor may choose to have a discussion on the Risk Assessment to make case determinations, but an additional case consult is not required.

The Risk Assessment tool is composed of two indices: the neglect assessment index and the abuse assessment index. Only one household can be assessed per Risk Assessment entry in FACES. If two households are involved in the alleged incident(s), separate Risk Assessment entries should be completed in FACES.

The “household” includes all persons who have significant in-home contact with child(ren), including those who have a familial or intimate relationship with any person in the home.

The “Primary Caretaker” is the adult living in the household where the allegation occurs who assumes the most responsibility for childcare. When two adult caretakers are present and the Children’s Service Worker is in doubt which one assumes the most child care responsibility, the adult with legal responsibility for the child(ren) involved in the report should be selected as the “Primary Caretaker”. For example, when a mother and her boyfriend reside in the same household and appear to equally share caretaking responsibilities for the child, the mother should be listed as the “Primary Caretaker”. If further guidance than the previous example is needed to determine the “Primary Caretaker”, the legally responsible adult who was a perpetrator or alleged perpetrator should be selected as the “Primary Caretaker”. For example, when a mother and a father reside in the same household and appear to equally share caretaking responsibilities for the child and the mother is the perpetrator (or the alleged perpetrator), the mother is selected as the “Primary Caretaker”. In circumstances where both parents are in the household, equally sharing caretaking responsibilities, and both have been identified as perpetrators or alleged

perpetrators, the parent demonstrating the more severe behavior is selected as the “Primary Caretaker”. Only one “Primary Caretaker” can be identified.

The “Secondary Caretaker” is defined as an adult living in the household who has routine responsibility for childcare, but less responsibility than the “Primary Caretaker”. A partner may be a “Secondary Caretaker” even though he/she has minimal responsibility for care of the child.

Appropriate Completion:

The Risk Assessment is completed based on conditions that exist at the time the incident is reported and investigated/assessed, as well as the prior history of the family.

Scoring Individual Items: A score for each assessment item is derived from the worker's observation of the characteristics it describes. Some characteristics are very objective (such as prior CA/N history or the age of the child). Others require the worker to use professional judgment based on his or her assessment of the family. This will provide the worker an opportunity to critically think of the family needs on a deeper level to determine if further services are needed. Consider the components of Framework for Safety.

Things to consider when discussing and completing the Family Risk Assessment Tool in relation to the current report:

- How does the family's past history relate to the current report?
- What services have been previously provided to the family?
- Were the services successful in reducing safety concerns?
- How do the biological and developmental ages of the children affect their ability to protect themselves?
- Does the parent/caretaker(s) exhibit protective capacities consistent with the child(ren)'s needs?
- Is there a history of mental health or substance abuse needs within the family?
- Is mental health or substance abuse a current concern within the family?
- Is there a history of domestic violence within the family?
- Is there a current concern for domestic violence within the family?
- What was the parent/caretaker(s) response to the current report?

The worker should refer to definitions to determine their response for each item. After all items are scored, the worker totals the score and indicates the corresponding risk level for each index. Next, the scored risk level (which is the higher of the abuse or neglect index) is entered. The worker shall complete the Family Risk Assessment in FACES prior to the closing of the report.

Code Mapping for Reference

Physical Abuse	Neglect	Emotional Abuse	Sexual Abuse
Abrasions, lacerations	Abandonment	Blaming, verbal abuse, threatening	Digital penetration
Brain damage	Exposure, freezing, heat exhaustion	Exploitation (non-sexual)	Fondling/touching
Bruises, welts, red marks	Failure to give medication	Rejection through indifference	Genital or anal bleeding
Burns, scalding	Failure to protect		Intercourse
Dismemberment	Failure to thrive (due to neglect)		Oral sex, sodomy
Fractures (other than skull)	Lack of food		Other sexual abuse
Inappropriately giving drugs	Lack of heat		Pornography
Internal injuries	Lack of/inappropriate clothing		Sexually transmitted disease
Meth lab exposure	Lack of supervision		Child sex trafficking
Other physical abuse or injury	Locking in or out, expelling from home		
Poisoning	Malnutrition (due to improper feeding)		
Repeated ingestions	Parents indifferent to educational needs		
Shaking	Poor hygiene (health threatening)		
Skull fracture	Severe untreated dental		
Sprains, dislocations	Unsafe/inadequate shelter		
Subdural hemorrhage/hematoma	Unsanitary living conditions		
Wounds, cuts, punctures	Untreated illness/injury		
	Child sex trafficking		
NOTE: Child sex trafficking is mapped to both neglect and sexual abuse			

Family Risk Assessment Definitions:

NEGLECT INDEX

N1. Current Report is for Neglect.

Score 1 if the current report is for any type of neglect. This includes:

- severe and general neglect;
- exploitation (excluding sexual exploitation); and
- caretaker absence/incapacity.

This includes reported allegations as well as allegations made during the course of the investigation/assessment. Do not score for Newborn Crisis Assessments or Juvenile Assessments.

N2. Prior Investigations/Assessments.

- a) Score 0 if there were no investigations/assessments (do not include referrals that were not assigned for investigation/assessment) prior to the current investigation/assessment.
- b) Score 1 if there was one or more investigations/assessments (do not include referrals that were not assigned for investigation/assessment), substantiated or not, for any type of abuse prior to the current investigation/assessment. Abuse includes physical, emotional, or sexual abuse/sexual exploitation.
- c) Score 2 if there was one or two investigations/assessments (do not include referrals that were not assigned for investigation/assessment), substantiated or not, for any type of neglect prior to the current investigation/assessment, with or without abuse investigations.
- d) Score 3 if there were three or more investigations/assessments (do not include referrals that were not assigned for investigation/assessment), substantiated or not, for any type of neglect prior to the current investigation/assessment, with or without abuse investigations/assessments.

Neglect includes:

- severe and general neglect;
- exploitation (excluding sexual exploitation); and
- caretaker absent/incapacitated.

Note: If reports indicate history from other state jurisdictions, the reports should be verified. Exclude investigations/assessments of out-of-home perpetrators (e.g., day care) unless one or more caretakers failed to protect. Do not include Newborn Crisis Assessments and Juvenile Assessments but they should be noted in the report regarding prior history.

N3. Household has Previously Received Services as a Result of a CA/N Investigation/Assessment.

Score 1 if household has previously received services or is currently receiving services as a result of a prior investigation/assessment. Do not include delinquency services or cases opened at family's request (SS-63 open reason=A or E). Do not include if a family declined services. Services can include Family Centered Services, Intensive In-Home Services, Home Visiting, Family Reunification Services, and Alternative Care.

N4. Number of Child Victims Involved in the CA/N Report.

Score based on the number of victim children under 18 years of age for whom abuse or neglect was alleged in the current investigation/assessment.

N5. Age of Youngest Child in Household

Score based on the current age of the youngest child presently in the household where the neglect reportedly occurred. If a child is removed as a result of the current investigation/assessment, count the child as residing in the home.

N6. Primary Caretaker Provides Physical Care Inconsistent with Child Needs.

Score 1 if physical care of child(ren) (age-appropriate feeding, clothing, shelter, hygiene, and medical care of child[ren]) threatens the child(ren)'s well-being or results in harm to child(ren). Examples include but are not limited to:

- failure to obtain medical care for severe or chronic illness;
- repeated failure to provide child(ren) with clothing appropriate to the weather;

- persistent vermin infestations;
- inadequate or inoperative plumbing or heating;
- poisonous substance or dangerous objects lying within reach of small child(ren);
- poor hygiene as indicated by filthy clothes, lack of bathing, dirt caked on skin and hair, and/or strong odor.

N7. Primary Caretaker has a Past or Current Mental Health Problem.

Score 1 if credible and/or verifiable statements given by the primary caretaker or others indicate that the primary caretaker:

- has been diagnosed with a Diagnostic and Statistical Manual (DSM) condition by a mental health clinician;
- had repeated referrals for mental health/psychological evaluations; or
- was recommended for treatment/hospitalization or treated/hospitalized for emotional problems at any time.

N8. Primary Caretaker has Historic or Current Alcohol or Drug Problem that has interfered or Interferes with his/her/family's Functioning.

Interference with functioning is evidenced or verified by:

- substance use that affects or affected:
- employment,
- criminal involvement,
- marital or family relationships, or
- ability to provide protection, supervision, and care for the child(ren);
- an arrest in the past two years for driving under the influence or refusing breathalyzer testing;
- self report of a problem;
- treatment received currently or in the past;
- multiple positive urine samples;
- health/medical problems resulting from substance use;
- child(ren) was born and identified as affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure or "a Fetal Alcohol Spectrum Disorder" and primary caretaker was birthing parent.

Score the following characteristics and record the sum as the item score.

- a) Score 0 if no past or current substance abuse problems.
- b) Score 1 if past or current alcohol abuse.
- c) Score 1 if past or current drug abuse.

Note: Legal, non-abusive prescription drug use should not be scored. Worker should review prior Newborn Crisis Assessments when discussing substance abuse history.

N9. Characteristics of Children in the Household.

Score based on each characteristic present and record the sum as the item score:

- a) Score 0 if no child in the household exhibits characteristics listed below.
- b) Score 1 if any child in the household is medically fragile, defined as having a long-term (six months or more) physical condition requiring medical intervention or diagnosed as failure to thrive.
- c) Score 1 if any child is developmentally or physically disabled, including any of the following: mental retardation, learning disability, other developmental problem or significant physical handicap.
- d) Score 1 if any child had a positive toxicology report for alcohol or another drug at birth.

Note: May include previous drug-related referrals at birth.

N10. Housing.

Score based on each characteristic present and record the sum as the item score:

- a) Score 0 if the family has housing that is physically safe.
- b) Score 1 if the family has housing but the current housing situation is physically unsafe such that it does not meet the health or safety needs of the child(ren) (for example: exposed wiring, inoperable heat or plumbing, vermin infestations, human/animal waste on floors, rotting food).
- c) Score 2 if the family is homeless or about to be evicted at the time the investigation began.

ABUSE INDEX

A1. Current Report is for Abuse.

Score 1 if the current report is for any type of abuse. This includes:

- physical abuse;
- emotional abuse; or
- sexual abuse/sexual exploitation.

This includes reported allegations as well as allegations made during the course of the investigation/assessment. Do not score Newborn Crisis Assessments and Juvenile Assessments.

A2. Number of Prior Abuse Investigations/Assessments.

Score based on the number of all investigations/assessments, substantiated or not, which were assigned for investigation/assessment for any type of abuse (physical, emotional, or sexual abuse/sexual exploitation) prior to the report resulting in the current investigation/assessment. Where possible, abuse history from other county or state jurisdictions should be checked. Exclude investigations/assessments of out-of-home perpetrators (e.g., day care) unless one or more caretakers failed to protect. Do not include Newborn Crisis Assessments and Juvenile Assessments, but they should be noted in the report regarding prior history.

A3. Household has Previously Received Services as a Result of a CA/N Investigation/Assessment.

Score 1 if household has previously received services or is currently receiving services as a result of a prior investigation/assessment. Do not include delinquency services or cases opened at family's request (SS-63 open reason=A or E). Do not include if a family declined services. Services can include Family Centered Services, Intensive In-Home Services, Family Reunification Services, Home Visiting, and Alternative Care.

A4. Injury to a Child Resulting from Current CA/N Report.

Score 1 if a child(ren) sustained an injury resulting from abuse and/or which resulted in the current investigation/assessment. Injury sustained as a result of abuse or neglect may range from bruises, cuts and welts to an injury which requires medical treatment or hospitalization such as a bone fracture or burn.

A5. Primary Caretaker's Assessment of Current Incident.

Score based on each characteristic and record the sum as the item score:

- a) Score 0 if none of the characteristics below is applicable.
- b) Score 1 if the primary caretaker blames child(ren) for incident. Blaming refers to caretaker's statement that maltreatment incident occurred because of child(ren)'s action or inaction (for example, claiming that child seduced him/her, or child deserved beating because he/she misbehaved).
- c) Score 2 if the primary caretaker justifies maltreatment of child(ren). Justifying refers to caretaker's statement that their action or inaction, which resulted in harm to the child, was appropriate (for example, claiming that this form of discipline was how they were raised, so it is alright).

A6. Domestic Violence (two or more incidents) in the Household in the Past Year.

Score 2 if credible statements or observations by the primary caretaker or others indicate there have been two or more incidents of domestic violence in the household within the past year, or multiple periods of intimidation/threats/harassment between caretakers or between a caretaker and a past or present intimate partner within the past year.

A7. Primary Caretaker Characteristics.

Score based on each characteristic present and record the sum as the item score:

- a) Score 0 if the primary caretaker does not exhibit characteristics listed below.
- b) Score 1 if the primary caretaker provides insufficient emotional/psychological support to the child(ren), such as persistently berating/belittling/demeaning child(ren) or depriving child(ren) of affection or emotional support.
- c) Score 1 if the caretaker's disciplinary practices caused or threatened harm to child(ren) because they were excessively harsh physically or emotionally and/or inappropriate to the child(ren)'s age or development. Examples include but are not limited to:
 - locking child(ren) in a closet or basement;
 - holding child(ren)'s hand over fire;
 - hitting child(ren) with dangerous instruments; or
 - depriving young child(ren) of physical and/or social activity for extended periods.
- d) Score 1 if the primary caretaker is domineering, indicated by controlling, abusive, overly-restrictive, or unfair behavior, or over-reactive rules.

A8. Primary Caretaker has a History of Abuse or Neglect as a Child.

Score 1 if credible statements by the primary caretaker, others, or through the Central Registry indicate that the primary caretaker was abuse/neglected as a child (includes neglect or physical, emotional, or sexual abuse). This can include past history of CA/N reports, Family Centered Services, and Alternative Care.

A9. Secondary Caretaker has Historic or Current Alcohol or Drug Problem that has Interfered or Interferes with his/her/family's Functioning.

Interference with functioning is evidenced or verified by:

- substance use that affects or affected:
 - employment,
 - criminal involvement,
 - marital or family relationships,
 - ability to provide protection, supervision, and care for the child(ren), or
 - an arrest in the past two years for driving under the influence or refusing breathalyzer testing;
- self report of a problem;
- received or is receiving treatment;
- multiple positive urine samples;

- health/medical problems resulting from substance use;
- child(ren) was diagnosed with Fetal Alcohol Syndrome (FAS or FAE) or child had a positive toxicology screen at birth and secondary caretaker was birthing parent.
- Note: May include previous drug-related referrals at birth.

Score the following:

- a) Score 0 if no past or current substance abuse problems.
- b) Score 1 if past or current substance abuse.

Note: Legal, non-abusive prescription drug use should not be scored. Worker should review prior Newborn Crisis Assessments when discussing substance abuse history.

A10. Characteristics of Children in Household.

Score based on each characteristic present and record the sum as the item score:

- a) Score 0 if no child in the household exhibits characteristics listed below.
- b) Score 1 if any child in the household has been referred to juvenile court for delinquent or status offense behavior. Status offenses not brought to court attention but which create stress within the household should also be scored, such as children who run away or are habitually truant.
- c) Score 1 if any child is developmentally disabled, including any of the following: mental retardation, learning disability, or other developmental problem.
- d) Score 1 if any child in the household has mental health or behavioral problems not related to a physical or developmental disability (includes ADHD/ADD). This could be indicated by:
 - a DSM diagnosis;
 - receiving mental health treatment;
 - attendance in a special classroom because of behavioral problems; or
 - currently taking psychoactive medication.