



204-3
PA Risk Assessment:
A Closer Look at the Factors

A Training Curriculum

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For the
Pennsylvania Child Welfare
Training Program

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204: Pennsylvania Risk Assessment: A Closer Look at the Factors

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An Overview of the Curriculum

Rationale

The Pennsylvania Risk Assessment Model was implemented in June 1996 to assist counties in accurately assessing risk to children in suspected child neglect and abuse situations. The process of risk assessment is, therefore, a methodical review of factors that are known to contribute to child maltreatment, and those that are known to decrease the likelihood of future maltreatment. The process determines the degree to which key risk and safety factors are present in a family situation, and attempts to determine the likelihood of future harm to a child as a result. By identifying the factors that increase risk, and the factors that promote safety in the family environment, and by understanding their individual and inter-relating dynamics, a valid assessment of potential risk of abuse or neglect can be made. Child Welfare Professionals will require additional skills in understanding the risk factors to ensure a safe and permanent family for children.

Learning Objectives

Learning objectives for the curriculum include:

- To create an understanding or rationale for Risk Assessment.
- To assist participants in making judgments about their families and the risk to their children that are less subjective.
- To understand how to relate the 15 risk factors to the allegations and information received during an investigation or during ongoing services.
- To understand how the interaction of factors impacts the level of risk.
- To understand the concepts of Overall Severity and Overall Risk.
- To understand how to analyze the dynamics of a family and document their ratings on the matrix.

Competency

204-3 The Child Welfare Professional knows how to use the risk assessment instrument.

Length of Workshop

3 Hour

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An Overview of the Curriculum (continued)

Materials Needed to Present Workshop

The following materials are needed to present the workshop:

- Color Markers
- Blank paper for name tents
- An overhead projector
- Sufficient copies of handouts for participants
- Flip chart pad & stand
- Curriculum with transparencies

Target Audience

Child Welfare Caseworkers and Supervisors who have had formal training in the two day Pennsylvania Risk Assessment Model.

Summary

This workshop is designed to clarify each risk factor on the Pennsylvania Risk Assessment tool. In addition, participants will develop skills to match case characteristics with correct risk factor(s) and determine individual risk factor levels. Participants must have attended CORE 106 Risk Assessment: Pennsylvania Model prior to attending this workshop.

Expectations of the Trainer

The trainer should be knowledgeable with the Pennsylvania Risk Assessment tool and have a clear understanding of how it is used in the investigation process, as well as how it is used throughout the life of a case. Must be a CORE 106 – Pennsylvania Risk Assessment Trainer.

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PA Risk Assessment: A Closer Look at the Factors Workshop Training Outline 3 Hour Curriculum

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SECTION I INTRODUCTION

Time	30 Minutes
Objectives	<p>Participants will become familiar with competencies, learning objectives, other Risk Assessment Training's, and agenda for this training.</p> <p>Participants will become familiar with trainer and other participants.</p> <p>Create an understanding or rationale for Risk Assessment.</p>
Methods	Trainer introduction, participant self introductions (using small & large group activity), and lecture.
Materials	<p>Name tents and markers</p> <p><i>Handout 1: Competencies and Learning Objectives</i></p> <p><i>Handout 2: Training Agenda</i></p> <p><i>Overhead 1: Competencies and Learning Objectives</i></p> <p><i>Overhead 2: Training Agenda</i></p>

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Introduction

Outline of Presentation

Prepare the training room by placing name tent paper and markers on each table.

The trainer should then cover the following points:

- Welcome participants to the training
- Introduce trainer
- State the rationale for the training
- Review the competencies and learning objectives for the training using *Overhead 1: Competencies & Learning Objectives*, and explain how they relate to the rationale
- Distribute *Handout 1: Competencies & Learning Objectives*, to participants for their reference
- Review the agenda for the day using *Overhead 1: Agenda*
- Distribute *Handout 1: Agenda*, to participants for their reference

Opening Activity

Step 1

Instruct participants to make a name tent using the paper provided. The participants should be instructed to write their names in the center of the name tent. In the upper right hand corner of name tent, instruct participants to write the name of the county for which they work. In the upper left hand corner of the name tent, instruct participants to write the length of time they have been employed by the agency.

Step 2

Arrange participants into groups of 4-6. Using the name tents, have participants introduce themselves. After introductions, have participants form pairs. The trainer should explain that each participant will be allowed two minutes to interview their partner. One participant should assume the role of interviewer, the other interviewee. The Trainer should instruct participants to start the interview. Tell participants a 2 minute signal will be provided at which time the participants should switch roles.

Step 3

Instruct the participants to share with the small group what they have learned about the person. (Allow 10 minutes)

Step 4

The trainer should ask participants the following questions:

1. How difficult was it to interview the person in the time allotted?
2. How accurate was the information given about the person you interviewed?
3. How did you decide what questions to ask and why?
4. Did you document the information and why?

Step 5

The trainer should conclude this section by summarizing the importance of the risk assessment tool and how it guides the interview process.

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SECTION II

Clarification of Risk Factors

Time	1 hour
Objectives	<p>To understand how to relate 15 risk factors to the allegations and information received during an investigation or during ongoing services.</p> <p>To assist participants in making judgements about their families and the risk to their children that are less subjective.</p>
Methods	Lecture
Materials	<p>Enlarged copy of PA Model Risk Assessment Matrix <i>Handout 3: Pennsylvania Model Risk Assessment Form</i> <i>Handout 3: Pennsylvania Model Risk Assessment Form PACWIS</i> <i>Handout 4: Risk Assessment Clarifications</i> <i>Overhead 3: Pennsylvania Model Risk Assessment Form</i> <i>Overhead 3: Pennsylvania Model Risk Assessment Form PACWIS</i></p>

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Clarification of Risk Factors

Outline of Presentation

Begin this section by having participants be involved in the following activity. Allow 5-10 minutes for completion. This activity will provide a brief overview of the 15 risks factors in the Pennsylvania Risk Assessment Model.

Step 1:

Have participants count off by three (3). Instruct all “1’s” to stand in the front of the room, all “2’s” to stand in the middle of the room and all “3’s” go to the back of the room.

Step 2:

Assign each sub group one of the factor categories: Child Factors, Caretaker, Household Member, Perpetrator Factors, and Family Environment Factors. Give each sub group flip chart paper with their category written on the top.

Step 3:

Instruct participants to identify the factors in their category. Record the factors on the flip chart.

Step 4:

Allow each group to report list. Trainer should ensure factors are correct using the information recorded in the Clarification of Risk Factors section.

1-4 are Child Factors. Child Factors include:

1. Vulnerability
2. Severity/Frequency and/or Recentness of Abuse and Neglect
3. Prior Abuse/Neglect
4. Extent of Emotional Harm

Factors 5-11 are Caretaker, Household Member, Perpetrator. These factors include:

5. Age, Physical, Intellectual or Emotional Status
6. Cooperation
7. Parenting Skills/Knowledge
8. Alcohol/Substance Abuse
9. Access to Children
10. Prior Abuse/Neglect
11. Relationship with Children

Factors 12-15 are Family Environment. These factors include:

12. Family Violence
13. Conditions of the Home
14. Family Supports
15. Stressors

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Trainer Note: The source of the content is “PA Model Risk Assessment Reference Manual”, the Field Guide to Child Welfare” by Judith Rycus & Ronald Hughes, and a Special Transmittal on “PA Risk Assessment Clarifications” by DPW.

The Trainer should start the lecture part of this section by displaying an enlarged copy of the Pennsylvania Model Risk Assessment Matrix (Shippensburg University will provide the enlarged matrix) or **Overhead 3: Pennsylvania Model Risk Assessment Form** or, **Overhead 3: Pennsylvania Model Risk Assessment Form PACWIS**. Distribute **Handout 3: Pennsylvania Model Risk Assessment Form** or **Handout 3: Pennsylvania Model Risk Assessment Form PACWIS**, so that participants have an actual copy of the risk assessment matrix as you begin to review each risk assessment factor. *Please note that the PACWIS computer version of the Risk Assessment Model is included as both a handout and an overhead, the trainer may choose which of these forms to use or both.* Also, distribute **Handout 4: Risk Assessment Clarifications**. As the handouts are being distributed, explain that we will not go through the “Risk Assessment Clarifications Handout “ page by page, but rather as the trainer explains/reviews each risk factor on the matrix, special attention will be given to where there were clarifications made with certain risk factors. **NOTE:** The trainer should make the participants aware that the clarifications are a result of concerns and questions that county children and youth agencies brought to the attention of the Risk Assessment Task Force (RAT Force), which is responsible for dealing with problems, concerns and questions regarding risk assessment. Therefore, these clarifications are the responses given by the RAT Force to the questions and concerns raised by the counties.

A. Child Factors:

Factor #1- Vulnerability- The younger children are, the more developmentally vulnerable they are to maltreatment. Infants and toddlers are the most vulnerable to both abuse and neglect for the following reasons:

- They cannot protect themselves by running away, ducking, calling for help, or telling someone about the maltreatment.
- They are totally dependent upon adults to meet their basic survival needs. Without adequate care from a responsible adult, they will die.
- They are very susceptible to physical injury and illness. The bones of the skull are soft, supporting muscles are underdeveloped and weak, and the skeleton and muscle mass are not substantial enough to protect the body from significant trauma. Because their immune systems are less well developed, infants are also more susceptible to infection and illness.
- During this time of tremendous growth and development, children have significant nutritional, supportive, emotional, protective, and stimulative needs. If abuse or neglect prevents a child from having these needs met, growth and development can be disrupted and impaired.

Older children will often be more capable of removing themselves from an abusive or neglectful situation, seek help, find ways to protect themselves, or meet some of their own needs. However, the proper assessment of the child’s age and level of vulnerability should include the

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child's developmental capacity for self care, as well as chronological age. A school-aged child with a disability such as mental retardation, physical handicaps, emotional /behavioral problems, premature birth, or very limited self-care skills may be as vulnerable as a toddler. An alcohol/drug addiction of an older child may also affect the child's ability to protect themselves, which could increase the child's reliance on the parent.

Factor #2 – Severity/Frequency/Recentness of Abuse and Neglect – Severity of abuse relates to the extent to which a child suffers sexual abuse or exploitation and/or serious physical injury or imminent risk of sexual abuse or serious physical injury due to perpetrator's acts or failure to act. Any blow to the head, chest, or abdomen creates a very high risk of serious injury. Trauma to the brain or internal organs can result in death or chronic disability. Slight to moderate bruising on the buttocks and upper legs, by itself, would probably be of lower risk. The type of injury can help determine risk. More serious and life-threatening injuries, such as immersion scald burns, fist bruises in the abdominal area, dry contact burns, and injury from the use of dangerous instruments for punishment, such as extension cords, leather straps, etc., may provide information about the volatility and lack of judgment of the caregiver, indicating high risk. By contrast, belt marks or switch lacerations on the buttocks and legs that are minor in nature may be less serious. ALL INDICATED abuses are rated as HIGH in this section.

This factor also analyses the frequency and increased harshness which has occurred. A single incident of maltreatment in an otherwise functional family would suggest acute stress. In general, risk of future harm in these circumstances is lower than in situations where there is a history of chronic and repeated episodes of abuse or neglect. Similarly, localized bruises indicating a single episode of excessive physical discipline would reflect lower risk than many bruises in various stages of healing, or multiple lacerations and scars on different parts of the body. **NOTE:** Injury ratings are raised to the next highest level for all children under five years of age.

This factor is where the distinction is made between the lack of need for medical attention and the failure to obtain medical attention, when assessing a report of neglect.

The rating for this factor will never change throughout the life of the case if no new knowledge or reports are brought to the attention of the agency in regards to abuse and **neglect** issues of the children. For example: If 6, 7, 8 months or 2 years down the road, no new information is known to the agency about abuse/neglect of the children, then this rating continues to be based on the original incident or information that brought the case to our attention. Keep in mind though, that it is very likely that if we are still involved with a family for an extended period of time as described above, that the agency would have gained some knowledge of additional issues of concerns; be it ABUSE or NEGLECT, and therefore the rating WOULD change and be based on new concerns or unresolved issues related to abuse/neglect. Even if children enter placement and are returned home, if there is no new information on abuse/neglect of

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the child(ren), then the rating continues to be based on the original incident. The original incident is considered to be the most recent incident if no other incidents of abuse/neglect have occurred, despite how long ago it may have occurred.

Factor #3 – Prior Abuse/Neglect – This factor measures the number of prior indicated/substantiated reports of child abuse/neglect. It also measures prior incidents of abuse/neglect that may not have been reported or documented in agency files. For example: If a caseworker is investigating allegations of abuse/neglect and learns for the first time that in addition to the current allegations of abuse/neglect, there were incidents that have occurred in the past (that were never reported), then the abuse/neglect from the past would be rated in this factor as well. Keep in mind that if there is no previous report of abuse/neglect, but this is the first time allegations are being made about abuse/neglect that has occurred in the past, the degree of risk must be based on credible statements being made by all subjects (child, siblings, parents, caregivers, etc.). Simply put, as the frequency of known prior abuse/neglect increases, so does the risk of harm to the child. Research suggests that, without intervention, abuse and neglect are likely to continue and increase in severity over time. However, mere existence of previous abuse/neglect does not indicate a high degree of risk. The following must be considered:

- The number of previous incidents
- The type of previous incidents
- The physical/mental abilities of the child (behavior problems, handicaps, emotional problems, etc.)
- Whether the abuse/neglect has escalated in severity over time
- Whether only one perpetrator is continually abusing or neglecting the child or if multiple perpetrators have harmed the child

An assessment of “no risk would result from no physical signs of previous abuse/neglect, no previous reports and credible statements made during the investigation.

An assessment of “low risk would result under similar circumstances with the exception of inconclusive statements with regard to previous abuse/neglect made by subjects or collaterals.

An assessment of “moderate risk” would result when the child was the subject of the previous substantiated report of abuse/neglect. Or if no previous report(s) existed, then based on the credible statements made during the investigation, given the information would be indicatable.

An assessment of “high risk” would result under similar circumstances except that for the risk to be rated high in this category, the previous abuse/neglect would have to have been **serious** in nature (sexual abuse, subdural hematoma or internal injuries) or multiple previous indicated reports of abuse/neglect.

Factor #4 - Extent of Emotional Harm – When parents/caregivers do not provide their children with minimal nurturing, stimulation, encouragement and protection, they place their children at risk of emotional and psychological harm. If their minimal needs for food, clothing and shelter are not met, they probably received inadequate intellectual stimulation. As a

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result these children could be developmentally delayed. Abused children can become very fearful of their parent/caregivers. As a result, they may be unable to trust caregivers. This lack of trust inhibits the child's ability to form other relationships. So we need to assess whether or not the child(ren) have suffered emotionally or psychologically based on the caregiver's failure to provide their minimal needs or for their nurturing, stimulation, encouragement, and protection. All children respond differently to maltreatment, so be care not to automatically rate a child who has been abused/neglected as "HIGH" risk. Look at whether or not the child is having difficulty forming age appropriate relationships. Look at whether or not the child is acting out at home or at school or with other children or adults. Try and tie the child's behaviors to the abuse/neglect that may have occurred. Otherwise, this factor may be rated "low" to "no" risk.

B. Caretaker, Household Member, Perpetrator :

Factor #5 – Age, Physical, Intellectual or Emotional Status – If a parent has a physical or mental condition that interferes with the ability to parent, the risk to the child is increased. Included are conditions that seriously limit parental mobility; that impair judgment or rational thought; that result in an inability to master basic parenting skills; or that produce erratic, irrational, impulsive, or other destructive behaviors. Specific conditions that can place a child at high risk are untreated mental illness, clinical depression, mental retardation, abuse of drugs or alcohol, behavior problems, criminal behavior, chronic and debilitating physical illness or injury, and emotional problems or personality disorders. In general:

- High risk includes parents who have a condition that impairs their functioning, who deny the existence of problems, and who will not seek or follow through with treatment. It also includes parents who deny the negative effects of their condition or behavior upon the care of their child.
- Moderate risk includes parents with less serious conditions which do not prevent them from providing basic child care, or parents whose conditions have been controlled through treatment or other supportive resources. This may also include a mother with mental retardation, whose inherent limitations make it difficult for here to learn complex parenting skills, but who can meet very basic needs, and who agrees to outside services or enrichment programs for her children.

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- Low risk includes parents who have no conditions that impair their functioning, or whose conditions are fully controlled and managed through proper medication, therapy, and environmental support.

Factor #6 – Cooperation – This factor is evaluating the caregiver/household members' level of cooperation during the investigation phase as well as during ongoing services.

Factor #7- Parenting Skills/Knowledge – Parents'/caregivers' ability to use constructive and age-appropriate parenting practices affects the degree of risk to the child. Parents who use inappropriate discipline practices can harm their children, regardless of their intent. For example, sending a child from the table for throwing food is an appropriate parenting intervention; depriving the child of food for an extended period of time is not. In general:

- High risk would include parents whose parenting skills are grossly deficient, who do not understand basic child development, and who lack even the most fundamental child management skills.
- Moderate risk would include parents whose parenting skills are marginal. Their choice of discipline may not be appropriate for a child's age and understanding; they may feed their children, but know little about nutrition; they may attempt to supervise or discipline their children, but are unable to control their children's behavior; and they may not provide their children with essential opportunities for stimulation and growth.
- Low risk would include parents whose parenting skills are adequate to meet their child(ren's) basic needs; whose parenting interventions enhance their children's development; and who provide basic structure, limits, and stimulation for their children. **NOTE:** Strengths are sometimes difficult to see when assessing parenting skills, but remember even when parenting abilities are ineffective or inappropriate, there may be factors that constitute a strength. For example: A parent may express the desire to accurately interpret their children's cues and respond accordingly. They may demonstrate genuine concern and interest in keeping their children healthy and content. They may demonstrate positive attachments to their children. These are the parents who can use parent education and in-home support to improve their parenting skills, thereby reducing risk. So don't forget to look for the strengths!

Factor # 8 – Alcohol/Substance Abuse – Substance abuse by parent/caregiver or adults living in the household may increase the risk to child(ren). When assessing this factor an attempt should be made to find out if the parent or anyone in the household is suffering from a substance abuse problem; if they have been referred to but been unable to engage in treatment; or if they have been institutionalized or treated on an outpatient basis (past or present). Pay special attention to the degree and frequency of their incapacitation, their appearance, the condition of their home, their ability to focus attention and eye contact and their ability to manage their money – all of which can be

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indicators of a potential substance abuse problem. It is always helpful if their substance abuse problem can be tied into their ability to adequately care for their children, ie., provide for their basic needs.

Factor #9 – Access to Children – If a child can be protected from a perpetrator of abuse or neglect, the risk to the child(ren) is reduced. If the perpetrator can be expected to repeat the abuse/neglect and has unlimited/unsupervised access to the child, the risk is high. A rating of “Z” is used by the rater under the following circumstances: When the individual being rated is not the perpetrator of either abuse or neglect on the child(ren). This is also the appropriate rating when there is a case involving status offenses, truancy or in situations where the non-offending parent is assessed and there is no concern with their ability to provide an appropriate level of care and protection for the children in their care. The perpetrator’s access to the child includes several other variables:

1. The physical location of the perpetrator with respect to the child – is the perpetrator in the same home, the same neighborhood, the same community, or the same state?
2. The ability of the perpetrator to gain physical access to the child – is the perpetrator likely to force entry into the home? Is the perpetrator likely to remove the child from a relative’s home? Will the perpetrator go to the school to see the child? Is there a restraining order? Can it be enforced?
3. The willingness and ability of other family members to control the access of the perpetrator to the child – will the spouse, parents, and other children of the perpetrator directly confront to keep him or her from coming near the child? Also, do these people have the physical ability to protect the child? Is the perpetrator violent?

In general:

- High risk includes situations in which the perpetrator is not controllable by family members, is still in the home or can easily gain access to the home, is likely to become violent if confronted, or will defy any restraining order.
- Moderate risk includes situations in which the perpetrator has limited or supervised access to the child, and family members demonstrate a willingness to try to intervene to keep the perpetrator from harming the child, but are not confident if they can.
- Low risk includes situations where the perpetrator is geographically distant from the child and is not “expected” to return, and/or where family members are willing and able to prevent the perpetrator from having access to the child. A situation would be low risk even if the perpetrator is in the home, if family members can assure that the child will never be left alone with the perpetrator, and/or the child knows how to protect him/herself.

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Factor # 10 – **Prior Abuse/Neglect** – This factor measures two issues: (1) whether or not each adult listed on the Risk Assessment has been maltreated as a child and (2) whether or not they have maltreated other children. Do not rate the incident already rated above in factor 2 and 3. This is specifically looking at whether or not they have maltreated **OTHER** children, since the rating with regard to their part in the abuse/neglect of **THEIR** child(ren) is done in Section A. A perpetrator who was previously a victim of maltreatment as a child is at moderate risk of performing similar acts on his or her own children. A perpetrator who has previously maltreated or abuse/neglected other children is also at moderate risk of performing similar acts on his or her own children.

Factor # 11 – **Relationship with Child(ren)** – This factor measures the quality of parent child interactions. It must be rated by looking at each adult in the household (listed on matrix) and rating their most dysfunctional relationship with a specific child in the household. Each adult has a different relationship with the children in their care and that relationship is key in assessing both the safety of the children and the need for services. However, if there is an indicated abuse/neglect, that is the child who must be rated in relation to each adult in the household. If there is another child who has a very dysfunctional relationship with the parent (possibly a teenager who is out of control), then identify that child in addition to the one rated on the matrix, in the narrative page of the summary. If an assessment determines that the adult's relationship is dysfunctional with ALL of the children in the household, then this must be explained in the narrative as well. However, the child that is rated on the matrix will then be the youngest child because in a situation where ALL of the children have a dysfunctional relationship with the adults in the household, the youngest child is felt to be most at risk. In addition, this is where Bonding and attachment between caregiver/child is measured. Failure to establish strong bonds of attachment may put a child at higher risk than a child whose parent speaks positively of the child, expresses affection towards the child verbally and physically and demonstrates acceptance and approval openly and spontaneously.

Abusive parents have been found to expect obedient responses from their children and to have unrealistic expectations for the child's performance. Often the parents will expect the child to take care of him/herself and in the extreme to engage in role reversal where the child is expected to provide caregiving to the parent. Sometimes the parents will even expect the child to take on many responsibilities in and around the house; normally responsibilities of that of a parent or adult.

C. Family Environment :

Factor #12 – **Family Violence** – This factor looks at how adults manage conflict between themselves. The violence perpetrated on children should not be rated in this category; those elements are captured in factor 2, 3, and 10. Here we are looking at each ADULT household member both as a child and as an adult. We want to know

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how their parent(s) resolved conflicts in their adult to adult relationships when they were children. We want to look at how they resolve conflict in their adult to adult relationships NOW and in the past. This helps us predict both the impact on children and the likelihood of future abuse, depending on the level of and type of violence. An adult who regularly is involved in physical confrontations, even outside of the family, may be at higher risk for family violence.

Factor #13 – Conditions of the Home – This factor measures harm or risk of harm based on conditions in the home which create a risk for the child’s safety and well-being. The presence of such conditions, coupled with the parent/adult’s level of awareness of how they are harming the child or level of concern for how they may harm the child, should be also assessed. To make such an assessment look for the following:

- Bare electrical wires, dangerous electrical outlets or frayed electric cords.
- Exposed heating elements or fan blades.
- Lack of railings or gates on stairs, broken stairs or open accessible windows or ineffective or inoperable locks on doors.
- Broken, jagged or sharp object lying around.
- Chemical substances or dangerous objects such as guns improperly stored and within reach of children.
- Human or animal feces, garbage, trash, which has been inappropriately been disposed of.
- Indoor/outdoor bathroom facilities that are unhealthful or unsanitary.
- Inadequate sleeping provisions (i.e., beds, cots, mattresses, and blankets) for all.
- Vicious or uncontrolled animals in the home (i.e., python snakes).
- Lack of operable, safe electricity and heating.
- Small objects that can be swallowed within the reach of the child.
- Insufficient quantity of nutritious food (i.e., edible and not rotten, moldy or insect infested).

Factor #14 – Family Supports – Support systems are defined by the presence/absence of individuals, agencies, professionals, or other resources that can help the parent/adult care for the child. NOTE: This factor should take into consideration how the family may be utilizing those support systems.

Factor #15 – Stressors – Stress has been identified as a major contributing factor to the abuse/neglect of children. Some of the stresses have already been rated by other factors such as alcohol/substance abuse, family/domestic violence, and physical condition of home. However, other less prevalent stresses are just as important. Those stresses are as follows:

- The number of children in the home
- Homelessness and/or frequent moves by family
- Poverty

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- Financial issues
- Presence of a serious medical problem in the family; and provision of care in the home for a disability

Frequent or major life changing events may also be a source of stress. The premise is that the greater the number of major life changes occurring simultaneously, the less able a person will be to cope with his/her environment and be more likely to harm a child. Those stresses are as follows:

- Death of a significant other/family member
- Divorce
- Incarceration
- Loss of a job
- Birth of a child

Keep in mind though that with financial stresses one cannot assume that just because a family is poor that they will be stressed over this issue. Some individuals are satisfied with their financial state and have no desire to earn more. Example: Take a life-long uneducated recipient of disability payments, who is on a fixed income vs. that of an educated out-of-work individual, who wants to work but can't find a job. The educated out-of-work individual who wants to work but can't find a job is going to be much more stressed over finances than the life-long recipient of disability payments.

D. Other Points To Note :

Any child(ren) that are perpetrators of abuse on other children in the household (especially sexual acting out) should be rated in both Section A (child factors) and in Section B (as perpetrator). However, the only factors that should be rated in Section B are those that are applicable such as: Factor #6, because the cooperation of the child (perpetrator) may impact greatly on the risk to the child, who is the victim; Factor #8, because if it's a child who has substance abuse problems and isn't following through with treatment or remaining drug/alcohol free, the risk to the victim is higher; and Factor #9, because a safety plan may need to be considered to assure that there is no unsupervised contact with the victim or other children in the home.

No "X's" should appear in Section C or in the Overall Risk or Overall Severity sections. These are factors that should be known by the worker in order to complete their assessment. If the information is not known then the worker must investigate further to obtain enough information to be able to assess risk levels in these categories.

TRAINER NOTE: THIS IS A GOOD TIME FOR A 15 MINUTE BREAK !

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SECTION III

Overall Severity and Overall Risk

Time	1 Hour
Objectives	<p>To understand the concepts of Overall Severity and Overall Risk.</p> <p>To understand how to document their rationale for ratings on the matrix and the impact of unknown information.</p> <p>To understand how the interaction of factors impacts the level of risk.</p>
Methods	Lecture, small group activity, large group activity
Materials	<p><i>Handout 5: Establishing and Documenting Overall Severity and Overall Risk</i></p> <p>TRAINER NOTE: THE TRAINER WILL NEED A COPY OF THE <u>FIELD GUIDE TO CHILD WELFARE</u>, VOL. 1, PAGES 117-120, IN ORDER TO HAVE AS A GUIDE FOR THE LINDA WILSON AND TARA CASE EXERCISE.</p>
Activity	<p><i>Handout 6: Linda Wilson and Tara Case</i></p> <p><i>Handout 7: Risk /Severity Continuum</i></p>

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DETERMINING OVERALL SEVERITY AND OVERALL RISK

Trainer Note: The source of the content is the “Field Guide to Child Welfare” by Judith Rycus & Ronald Hughes and the “106: PA Model Risk Assessment Curriculum (2 day).”

The trainer should begin the lecture by distributing *Handout 5: Establishing and Documenting Overall Severity and Overall Risk*.

Content of Presentation and Lecture

A. Overall Severity is determined by reviewing two of the factors in the Child Factor category. Overall Severity represents the severity of the current abuse or neglect.

1. Factor 2, “Severity/Frequency/or Recentness of Abuse/Neglect” and Factor 4, “Extent of Emotional Harm,” are the only factors considered to determine overall severity.
2. Review Factor 2 and 4 to determine the highest rating. If there are no areas that are rated with an “X” (unable to assess), then the following applies:
 - a. If the highest rating is (Z), the overall severity is No/None.
 - b. If the highest rating is (L), then the overall severity is Low.
 - c. If the highest rating is (M), then the overall severity is Moderate.
 - d. If the highest rating is (H), then the overall severity is High.
3. If the highest rating is Unable to Assess (X), the worker must determine how the unknown information impacts the risk to the child.
 - a. Although there may be times when workers are unable to assess factors within the Child Factor Category, those incidents should be extremely rare.
 - b. If the missing information does not impact risk, such as an X rating for factor 4, Extent of Emotional Harm, for an infant/toddler who is too young to assess for this particular factor, the worker should then select the highest rating (Z, L, M, or H) found in Factors 2 and 4 as the overall Severity rating.
 - b. If the missing information could impact risk, the worker should consider raising the level of overall severity. For example: An “X” rating under Factor 3 (prior abuse/neglect) due to parental refusal to sign releases for medical information, could mean that evidence of past abuse exists, but the worker has been unable to access the information.

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4. Pay close attention to not only the individual highest ratings for each factor, but to how the factors interact with each other.
5. It is possible to have a high severity rating and a low overall rating.
An example of high severity and low overall risk would be a child sexually abused by a babysitter who no longer has access to the child, with believing and supportive parents.
6. It is also possible to have a low severity rating and a high overall rating.
An example of a low severity and high overall risk would be a minor injury on a young child in the care of the abusing parent.

B. Overall Risk represents the likelihood of future abuse/neglect, within the near future.

1. This rating is based on the interplay of all the factors.
2. The rating should reflect the risk to the child, absent intervention by the agency.
3. If the highest rating is Unable to Assess (X), the worker must determine how the unknown information impacts the risk to the child.
 - a. If an X rating was given for a caretaker because that caretaker was an absent parent who has no contact with the child, that X rating would have little or no impact on the risk to the child. However, be careful that when using an X rating for a parent who has little or no contact with a child, that there has not been any information that has come to the worker's attention which suggests that the absent parent has been making an effort to see or contact the child. For example: A father who has not seen his child(ren) since birth, but is now voicing an interest in a visitation arrangement. In this scenario, the worker may want to consider how the possibility of the father suddenly re-involving himself in the lives of his child(ren) may impact on their risk.
 - b. If an X rating was given for a parent who lives within the home, who refuses to interact with the worker, the unknown information may greatly impact the risk to the child. The worker may want to raise the overall risk level based on the unknown information.
4. Current knowledge indicates that overall risk is a product of the interaction of risk factors rather than depending on the presence or absence of any one factor.
5. Overall risk is a balance between factors which increase risk and those that diminish risk.
 - a. Factor 1, Vulnerability, is critical to overall risk.

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- b. Factor 3, Prior Abuse/Neglect is critical to overall risk. This represents past abuse and neglect. This is a history that cannot be ignored.
- c. All other factors must be reviewed to determine how they impact the risk level.
6. Generally, factors which have been rated Z, no risk, represent strengths and, therefore are especially important.
7. Strengths must be assessed to determine if they impact the risk level in a way that reduces risk.

C. Risk Levels are defined as follows:

1. High Risk = A significant possibility or likelihood that a high risk level of abuse/neglect will occur in the near future.
 - a. High risk = a **severe** form of abuse or neglect.
2. Moderate Risk = A significant possibility or likelihood that a moderate level of abuse/neglect will occur in the near future.
 - a. Moderate risk = a **serious** form of abuse or neglect.
3. Low Risk = A significant possibility or likelihood that a low level of abuse/neglect will occur in the near future.
 - a. Low risk = a **minor** form of abuse or neglect.

Activity: Linda Wilson and Tara

Step 1

Divide participants into small groups of about 4 to 5 participants each. Distribute ***Handout 6: Linda Wilson and Tara Case*** and ***Handout 7: Risk/Severity Continuum***.

Step 2

Instruct participants to read the case of Linda Wilson and her daughter Tara. The case is scenario #2 on page 117 of Volume I of the *Field Guide to Child Welfare*. After reading the case, participants should work within their small groups and use ***Handout 4: Pennsylvania Model Risk Assessment Form***, which they already received earlier in the training, to record the risk factors for this case. Also explain that ***Handout 7: Risk/Severity Continuum*** will help determine risk levels.

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Step 3

Reconvene the large group and solicit responses to how each group rated this case.

Trainer Note: As a guide to the accurateness of their responses the trainer must use the *Field Guide to Child Welfare Volume I, pages 117-120: Risk Variables and Ratings*. The risk factors categories do not match exactly to those on the Pennsylvania Risk Assessment Matrix, but based on the information given in the “Risk Variables and Ratings” section, it is possible to discern whether or not the groups are on target with their ratings.

Trainer Note: This may be a good time to distribute the Training Program Evaluation/Feedback Form to participants so they can begin completing certain sections. Try not to wait until the end of the training to distribute feedback forms so that participants don’t feel rushed to complete the form.

CASE INTERVAL POLICY CLARIFICATION:

Trainer Note: At this time the trainer should make the participants aware that there has been a clarification given in regards to the number of contacts a worker can make with a family before determining that the allegations received by the agency were “bogus.”

Please have Participants turn to “County Concern #5” on *Handout 4: Risk Assessment Clarifications* (Handout II-4, page 3 of 4) and review this concern and clarification with the participants.

Trainer Note: Trainer should read **out-loud** through this section of handout so that participants are very clear as to the concern and clarification of #5.

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SECTION IV

Closure

Time	15 Minutes
Objectives	To review Learning for the day To recognize new skills learned in the training
Method	Trainer facilitation and discussion
Materials	Training Program Evaluation Form

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CLOSURE

Ask participants to complete any remaining items on the *feedback form*. Collect all *feedback forms* for submission to the Regional Training Center.

Ask participants to share with the large group anything new that they may have learned as a result of coming to this training.

The trainer should also ask if there are any remaining issues to address or questions that participants may still have regarding the Pennsylvania Model Risk Assessment.

Close the training by offering specific compliments to the group for such things as their participation, attention, and cooperation.