

**204: Pennsylvania Risk Assessment: A Closer Look at the
Summary**



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

A Training Curriculum

**Developed by
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**For the
Pennsylvania Child Welfare
Training Program**

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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. Documentation and summarization of facts gathered during the investigation are critical information used in determining the status of the case. Child Welfare Professionals will require additional skills in understanding the risk factors and writing comprehensive summary risk assessments to ensure a safe and permanent family for children.

Learning Objectives

Learning objectives for the curriculum include:

- ◆ Analyze the dynamics of a family by using the risk factors to document the importance of how the risk levels assigned relate to the safety of a child.
- ◆ Discuss how to relate the 15 risk factors to the allegation and information received during an investigation or during ongoing services.
- ◆ Practice documenting evidence, which supports the ratings on the risk assessment matrix.
- ◆ Demonstrate the ability to write an effective summary risk assessment.

Competency

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

Length of Workshop

3 Hours

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
- ◆ Curriculum with transparencies
- ◆ Written summaries with Risk Matrix

Target Audience

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

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An Overview of the Curriculum (continued)

Summary

This workshop is designed to clarify each risk factor on the Pennsylvania Risk Assessment tool. In addition, workers will develop the skills needed to write comprehensive summary risk assessments. Participants must have attended CORE 106 Risk Assessment: Pennsylvania Model prior to attending this workshop. Participants must bring a copy of a written summary which includes the risk matrix to the training.

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. Must be a CORE 106 - Pennsylvania Risk Assessment Trainer.

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Agenda for 3-Hour Curriculum on PA Risk Assessment: A Closer Look at the Summary

Estimated Time	Content	Page
30 minutes	Introduction <ul style="list-style-type: none">◆ Welcome◆ Overview of the Day◆ Learning Objectives◆ Opening Activity	5
30 minutes	Classification of Risk Factors	7
1 hour	Techniques for insuring Risk Assessment ratings are supported in the summary	16
40 minutes	Writing Risk Assessment Summaries	21
10 minutes	Closing	23

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Introduction

Estimated Length of Time

30 minutes

Learning Objectives

- ◆ Discuss the workshop, including the rationale, learning objectives and agenda for the day.
- ◆ Become familiar with other participants.

Method of Presentation

Lecture, small and large group activity

Material Needed

Name tents and markers
Overhead #1 Learning Objectives
Overhead #2 Agenda
Handout #1 Agenda

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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 learning objectives for the training using *Overhead #1, Learning Objectives*, and explain how the objectives relate to the rationale
- ◆ Review the agenda for the day using *Overhead #2, 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 name on the name tent.

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 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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Classification of Risk Factors

Estimated Length of Time

30 minutes

Learning Objectives

- ◆ Analyze the dynamics of a family by using the risk factors to document the importance of how risk levels assigned relate to the safety of a child.
- ◆ Discuss how to relate the 15 risk factors to the allegation and information received during an investigation or during ongoing services.

Method of Presentation

Lecture

Material Needed

- ◆ Flip Chart
- ◆ Enlarged copy of the Risk Assessment Matrix or Overhead 3
- ◆ Handout # 2, Pennsylvania Model Risk Assessment Form Matrix (2 pages)
- ◆ Handout # 2, Pennsylvania Model Risk Assessment Form Matrix for PACWIS (5 pages)
- ◆ Overhead # 3, Pennsylvania Model Risk Assessment Form Matrix (2 pages)
- ◆ Overhead #3, Pennsylvania Model Risk Assessment Form Matrix for PACWIS (5 pages)
- ◆ Handout # 3, Risk Assessment Clarification Handout (4 pages)

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Classification of Risk Factors

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 risk factors in the Pennsylvania Risk Assessment Model.

Step 1:

Have participants count off by three (3). Instruct all A1's to stand in the front of the room, all A2's to stand in the middle of the room and all A3'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 brainstorm 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 Classification 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. Condition of the Home
14. Family Supports
15. Stressors

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Clarification of Risk Factors

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), which should be the size of easel pad paper or by putting up *Overhead 3:: The Pennsylvania Model Risk Assessment Form Matrix* or *Ovehead 3: The Pennsylvania Model Risk Assessment Form Matrix for PACWIS*. Distribute *Handout 2: Pennsylvania Model Risk Assessment Form-Matrix* or *Handout 2: Pennsylvania Model Risk Assessment Form-Matrix for PACWIS*, so that participants have an actual copy of the risk assessment matrix as you begin to review each risk assessment factor. Also, distribute *Handout #3:Risk Assessment Clarification*. 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 child’s developmental capacity for self care, as well as chronological age. A school-aged child

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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 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

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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 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 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.

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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 her to learn complex parenting skills, but who can meet very basic needs, and who agrees to outside services or enrichment programs for her children
- 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

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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 the 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 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

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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 there 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.

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 care giving 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

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

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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.

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Techniques for Insuring Risk Assessment Ratings are Supported in the Summary

Estimated Length of Time

1 hour

Learning Objectives

- ◆ Practice documenting evidence which supports the ratings on the risk assessment matrix.

Method of Presentation

Lecture

Materials Needed

Overhead #4, Risk Assessment Summary Checklist (5 pages)

Handout #4 , Risk Assessment Summary Checklist

Handout # 5, Risk/Severity Assessment Form (instructions) (2 pages)

Handout # 6, Risk/Severity Assessment Form Summary Outline (blank form) (2 pages)

Handout # 7, Safety Assessment/Safety Plans (2 pages)

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Techniques for Insuring Risk Assessment Ratings are Supported in the Summary

The Trainer should begin this section by displaying *Overhead #4, Risk Assessment Summary Checklist* and distributing *Handout #4, Risk Assessment Summary Checklist*. The trainer should briefly review each item on the checklist reinforcing that this is only a tool to assist in writing the summary. Participants are told to use this tool to help them ensure they have covered all the necessary areas in their summary.

Note: Absent parents should be mentioned and included on the first Risk Assessment so that workers can document the parents level of involvement or lack thereof. However, specify that if the involvement or lack thereof of the absent parent remains the same at the time of the next Risk Assessment, then that absent parent no longer needs to be included on the matrix. A statement in the summary stating that the father or mother's involvement remains the same as in the initial risk assessment" is all that is needed.

Break

After the break, the Trainer should distribute *Handout #5, Risk/Severity Assessment Form (instructions)* and *Handout #6, Risk/Severity Assessment Summary Outline (blank copy)*. A discussion should be held emphasizing that the format outlined on their handout is the actual format in which their risk assessment summary should be written.

#1, Overall Severity and Rationale: The first paragraph in their summary should begin with a discussion of factors 2 and 4. The worker should write about the incident that brought the case to the agency's attention. Was it PHYSICAL ABUSE, NEGLECT, SEXUAL ABUSE, or IMMINENT RISK? What kind of injuries (if physical) were found and where on the body were they located? This all goes to support the rating in factor 2. Also, explain how the abuse or neglect has effected the child to support the rating in factor 4. Workers should be instructed to begin their paragraph with: "The overall severity is _____. Then get into the written discussion mentioned above. The written explanation of 2 and 4 then automatically supports the overall severity rating.

#2, Overall Risk and Rationale (evidence to support moderate and high ratings):

Participants should be informed that this will be the largest section of the summary because this is where the worker must explain factors 1 and 3 if the factors are rated moderate or high. In this section participants must write about all of the other factors in the matrix that support the overall risk rating. The trainer should go through some of the factors giving examples of how to include statements in the summary to support the moderate/high ratings, which ultimately will support the overall risk. Again, the participants are told to begin this paragraph or section by writing, "The overall risk is _____."

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#3, Interpretation of Factors Rated X (unable to assess ratings): Discussion should take place on the fact that any X's which appear on the matrix should be written about in this section. If there are areas where there are groups of X's such as in situations with absentee parents, workers are instructed to write a statement or two explaining the X's in general instead of explaining each "X" individually. At this time the trainer should have a quick discussion of X's for absent parents. If the worker includes an absentee parent the question becomes, "How do I rate him/her adequately?" If the worker has **not** been given any information from collateral sources leading them to believe that the absent parent has attempted to contact the family to be involved with his/her children, then the risk factors of the absent parent can be rated as (Z), NO RISK. However, if the worker **has** any information that the absent parent has attempted to become involved in his/her child (ren's) life or if the absent parent has threatened or began the process to involve the courts to establish a custody arrangement, then the worker must put "X" ratings under absent parent risk factors. If the worker can get any information from the current caretaker or collateral sources that enables them to rate some of the risk factors of the absent parent, then those factors should be rated.

#4, Family Strengths: Ratings with Z's or L's can and should be written about in this paragraph as strengths. Trainer should distribute Handout # 7 Safety assessment/Safety Plans prior to reviewing the next section.

#5, Safety Assessment and Plan: The Adoption and Safe Families Act of 1997 (ASFA) identifies a child's safety as the paramount concern for child welfare systems. In the Children, Youth and Families Bulletin (3130-98-01) titled "Interim Implementation Guidelines for the Adoption and Safe Families Act of 1997," it states that: "All decisions made must be based on the child's safety and well-being. The necessity to provide reasonable efforts to prevent placement or to return a child home hinges on the child's safety. For each child receiving services, safety must be considered at each step of the case plan and review process whether the child remains home or is in placement. This includes safety considerations and documentation in casework practice and supervision and in the case plan development process."

The Children, Youth and Families Bulletin titled "Safety Assessment Protocol and Format," states that: "The term risk assessment has become synonymous with the tool used to record the results of the assessment. In some cases it's come to mean *only* the document, but nothing is further from the truth or the intent of the Pennsylvania Risk Assessment Model. Risk Assessment is an on-going process placing heavy emphasis on assuring child safety. Safety assessment should not be viewed as separate and distinct from risk assessment. Nor should it be viewed as a new concept in child protection. Safety assessment has always been part of risk assessment, but it will now be included throughout the documentation of the case. Safety assessment, then, becomes a thread that is woven from the initial assessment through case closure."

In other words, our initial risk assessment is where we begin to assess safety and plan how we will decrease the risk, but our family service plans, reviews, contact sheets, and subsequent risk assessments are where we continue to document our assessment of safety and our plan to assure that child's safety.

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When documenting Safety Assessment/Safety Plan in a PA Model Risk Assessment summary please take into consideration the following information:

While the general purpose of risk assessment is to identify risk factors which need to be resolved to improve family functioning, the ultimate purpose is to determine which of the risk factors must be controlled to insure child safety.

The primary purpose of the Safety Assessment/Safety Plan is to control the situation in order to prevent harm from occurring to the child(ren). The Family Service Plan/Review is to reduce or resolve risk issues while working with the family on an on-going basis. The decision that was made on how to control the situation in order to prevent harm from occurring to the children must be documented in the Risk Assessment Summary narrative. This is called the Safety Assessment/Safety Plan.

The Safety Assessment/Safety Plan section of the narrative must document the following:

Safety Assessment: Document the risk factors which must be controlled in order to provide the child with a safe living environment (immediate and obvious family conditions that threaten a child's safety).

Safety Plan: Document the plan that was put into place to control risk factors (a plan which explains step by step actions of how it controls the immediate and obvious family conditions that threaten a child's safety).

This assessment and plan must include:

1. The presence and capacity (or lack thereof) of the non-maltreating parent or others to protect the child.
2. The family's capacity and willingness to support the safety plan.
3. Arrangements made with family and other service providers to carry out the safety plan.
4. How each of the identified immediate and obvious family conditions that threaten a child's safety are controlled by the use of the safety plan.

When documenting Safety Assessments/Safety Plans in other parts of the record such as Family Service Plans/Reviews and Contact Sheets, please consider the following information.

Safety Plan:

A safety plan addresses the step by step actions needed to assure the safety of children. Within a safety plan, in order to assure safety, the caregivers and all other parties must agree to each step or action in the plan. A safety plan provides conditional safety for children because it is contingent upon the plan being followed as outlined and agreed upon in a Family Service Plan/Review or Contact Sheets by all parties. When the safety plan changes, then the county agency must decide if a new Risk Assessment is needed and if the Family Service Plan/Review needs to be changed. A Safety Plan must be completed at the initial in person contact during the referral process (and documented) and updated as the situation changes.

Safety Assessment:

Safety Assessments are not the same as Risk Assessments. Safety Assessments are designed to determine if children remain safe in the environment in which they are living. Safety Assessments are an immediate point in time evaluation. They involve problem solving and decision making using environmental resources and strengths so that an informed assessment can be made to determine whether children remain safe in their current living situation.

In addition, Safety Assessments require the worker to identify existing and potential problems in

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the immediate situation that may jeopardize the safety of children. After the initial contact, Safety Assessments are a required part of each contact. Safety Plans are fluid with each contact and are used as resource data for safety elements in Risk Assessment and Family Service Plans. The worker must evaluate the use and effectiveness of the existing Safety Plan and modify it as necessary.

So based on how the family is doing with the Safety Plan set up from the worker's last contact, the subsequent Risk Assessment and Family Service Plan may stay the same or need to be altered/changed.

#6, Prioritization of Problems: Participants are informed that this section of the Summary Risk Assessment should begin to address what the family needs to do to resolve the problems which brought them to CYC attention. The trainer should make the statement, *“Now that we have gone through the summary writing about why the family became involved with our agency, what the problems are, and how it all relates to the well-being/risk of the children, we now get to the part in your summary where you should begin prioritizing the issues which need to be addressed in order of importance as they relate to the risk of the children.”* In this paragraph of the summary, workers are instructed to briefly identify the major problems and give reasonable/realistic time frames in which the problems will be addressed. Anything that appears in the prioritization of problems section as a major problem or priority must be put in the Family Service Plan as an objective/goal that will be worked on by the family. If there are issues mentioned in this section that are not a priority or that will be addressed at a later time, then workers are instructed to explain that as the reason these issues are not identified on the current Family Service Plan. **NOTE:** The Family Service Plan should not have things as objectives/goals that have not been identified in the Summary Risk Assessment as a problem area and vice-versa. This will help the worker, stay focused on the real reason(s) the agency is involved with the family.

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Writing Risk Assessment Summaries

Estimated Length of Time

40 minutes

Learning Objectives

- ◆ Practice documenting evidence which supports the ratings of the Risk Assessment Matrix.
- ◆ Demonstrate the ability to write an effective summary of risk assessment.

Method of Presentation

Small group activity
Large group discussion

Material Needed

Handout # 6, Risk /Severity Assessment Form Summary Outline (blank copy)(2 pages)

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Writing Risk Assessment Summaries

The Trainer should begin this section by having participants break up into groups of 3-4. Have each group choose one summary already written by one of the individuals in their group.

Note: Participants were instructed to bring a copy of a risk assessment matrix and summary that they have written from a case with which they are currently involved.

Step 1:

Instruct participants to use the *Handout #6, Risk/ Severity Assessment Summary Outline* to document their summary assessment utilizing the new format that has been reviewed throughout the training. A scribe should be selected to write the risk factors on the risk assessment with a brief explanation to support the risk factors on the handout. Each small group should prepare to explain to the large group how they reconstructed the old summary into the new format, giving special attention to each section of the outline and explaining the risk factors.

Step 2:

Have the small groups present their summary to the large groups. Allow for discussion or question and answer periods after the presentation.

Step 3:

If time permits, review the case internal policy reminding participants that the policy is the minimal requirements set by the state. Explain that county Children and Youth agencies may have higher standards for when and how often Risk Assessments should be completed.

Step 4:

The trainer should conclude this section by informing participants that what they have learned may not be able to be used in it's entirety due to their agencies having their own policies and procedures with how they want Risk Assessments completed. However, this method for writing summaries has proved to be very helpful to most agencies who now use it.

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Closing

Estimated Length of Time

10 minutes

Learning Objectives

Review learning for the day.

Method of Presentation

Discussion

Materials Needed

- ◆ Handout # 8, My Personal Learning Log

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Closing

Start this section by asking the participants to complete the *Handout #8, My Personal Learning Log*. As a large group ask participants to share what they have learned today and how they plan to implement it in their work with families.

The trainer then should distribute the evaluation form and address any unanswered questions that may remain with participants.