



Core 106

Pennsylvania Risk Assessment

A Training Curriculum

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Pennsylvania Model Risk Assessment Training Agenda

- A. Introduction - History
- B. What Risk Assessment Can and Can Not Do
- C. Film with Exercise
- D. Screening
- E. Matrix, Narrative and Continuum
 - 15 Core Factors
 - High - Mod - Low Ratings
 - Instruction to complete forms
- F. Child Abuse, Caretaker/household member and family environment factors
 - Child Abuse Factors
 - Caretaker Factors with Exercise
 - Family Factors with Exercise
- G. Review Case Exercise
- H. Interval Policy

CORE 106: Pennsylvania Risk Assessment

A. INTRODUCTION - HISTORY

THE DEVELOPMENT OF RISK ASSESSMENT IN PENNSYLVANIA: AN HISTORICAL PERSPECTIVE

On August 8, 1988, the Office of Children, Youth and Families and the County Children and Youth Administrators' Association formed the Risk Assessment Task Force. The purpose of the Risk Assessment Task Force was to develop statewide standards and a risk assessment model for use in Children and Youth Agencies.

As a county-administered, state-supervised child welfare system, the Pennsylvania Risk Assessment Task Force had to respond to the following issue:

How to implement a single, formalized risk assessment process throughout the Commonwealth given that some counties had already invested substantial amounts of time and funds in at least three models which were in use.

The Task Force began by analyzing three risk assessment models already in use in Pennsylvania - Illinois, Washington State, and Action for Child Protection - to determine whether they could be merged or adapted to create a single Pennsylvania model. That analysis revealed that the three models do not suggest a single risk assessment process and acknowledged that counties would resist substantive change which would result in their losing what they had already invested. These facts, coupled with the Commonwealth's commitment to preserving the integrity of current county efforts, redirected the Task Force's efforts.

The Task Force identified elements common to the risk assessment processes and factors common to risk analysis. The results suggested that Pennsylvania counties could adopt an approach to allow for the use of any of the three models. [SOURCE: Pennsylvania Risk Assessment Task Force Report on the Pennsylvania Approach to Risk Assessment.]

In late 1989 and early 1990, Children and Youth agencies across the state were urged to select one of the three models. Training programs were offered, and counties were to begin implementation of their selected model in June of 1990. A final count revealed that 54 counties selected the Washington State Model, 10 selected the Philadelphia Model, and three chose the Action Model. The Risk Assessment Task Force continued to meet periodically to evaluate the implementation of the various models in Pennsylvania.

In 1992, the American Humane Association, in conjunction with the American Bar Association's Center on Children and the Law conducted a research study to determine how risk assessment was implemented and what its impact had been on the service delivery system. The results of this effort were published November 19, 1992 in a document prepared by the American Humane Association, entitled Evaluation of the Pennsylvania Approach to Risk Assessment. Additionally, Volume 10, No. 4, 1994 of the American Humane Association's PROTECTING CHILDREN also contains a summary of the research and implication for policy and practice.

Following the research, counties continued to use their chosen models. But, during the March 27, 1995 Risk Assessment Task Force Meeting the discussion focused on the similarities between the Washington State Model and the Philadelphia Model. A sub-committee was formed to evaluate the feasibility of blending the two models and developing a "Pennsylvania Model." Persons with expertise from each model met throughout 1995 and gradually the Pennsylvania Risk Assessment Model took shape. As a final step, the sub-committee developed a 2-day training curriculum containing the best of both models.

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B. WHAT RISK ASSESSMENT CAN AND CAN NOT DO

PURPOSE: To provide the participant with information on what Risk Assessment can and can not do.

RATIONAL: Unreasonable expectations in any decision-making process often result in misunderstanding, polarization, and bad judgments. Understanding what the process of risk assessment can do for a child, his family and the worker's case documentation is necessary to accurately assess risk.

OBJECTIVES:

- Participants will understand what risk assessment is and can do when assessing a family situation.
- Participants will understand what risk assessment is not or cannot do when assessing a case.

MATERIALS REQUIRED:

Prepared F/C
And/ or O/H: Risk Assessment

Handouts: Qualities of Risk Assessment

WHAT RISK ASSESSMENT CAN DO

LECTURE: WHAT RISK ASSESSMENT CAN DO

[Trainer Note: Present the following material to participants before passing out the handouts, or posting the flip chart/overhead.]

From Pennsylvania's earliest excursions into risk assessment, the term **RISK ASSESSMENT** was used "to describe a process in which the Child Protective Services worker determines whether or not a child is safe and unlikely to be harmed, abused or neglected in the near future." Pennsylvania's Risk Assessment Task Force saw risk assessment as a "focal point" in the investigation of reports and likely to affect other decisions and actions taken by the worker. Further, risk assessment was envisioned as an on-going process that would be done whenever the worker obtained new information on the case.

The stated goal of risk assessment was "to form judgments, based on available data, as to children's safety and further apply these judgments to case decisions which will assure the child's safety and will ensure a permanent plan." Three ways in which we hope to meet that goal are:

1. Risk Assessment **thoroughly assesses risk** through a comprehensive evaluation of the family, including all children, to determine the presence or absence of risk variables.
2. Risk assessment **provides agency staff with a means to document a decision regarding level of risk**. It is meant to assist staff in organizing their facts and impressions of the family in order to formulate an objective assessment of risk. In on-going contact with the family, risk assessment provides a consistent barometer by which to judge changes in the family situation.
3. Lastly, risk assessment helps staff to **facilitate the delivery of services** by focusing resources and efforts on moderate and high risk factors in the case, thereby alleviating the condition that might lead to continued abuse and/or neglect.

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Trainer Notes

"Risk assessment is designed to provide agency staff with a structured means to express their analysis of conditions and circumstances which contributes to the risk of repeated child abuse and neglect. Structured and recorded risk assessment provides caseworkers with an empirical basis for evaluating and weighing risk factors and for making child protection and case planning decisions."

[Trainer Note: Post the flip chart/overhead entitled "RISK ASSESSMENT..." and distribute the handout entitled, "QUALITIES OF RISK ASSESSMENT." Then, cover the following points:]

Let's look at a few other things about risk assessment, and what it can and cannot do for us. Risk assessment is no magic process, and only makes sense when we view it as it was intended...as a tool, meant to augment our professional knowledge, skills and abilities. It is never an adequate substitute for sound decision making.

Follow along on your handout while I highlight a few other features about risk assessment.

[Trainer Note: Choose an assortment of "features" about risk assessment that you would feel comfortable discussing for the remainder of the time. Be sure to ask participants if there are any on the handout that they do not understand, or would like explained.]

In the next section, we will introduce the matrix and summary assessment in addition to discussing the core factors and some investigative techniques. Please pay careful attention to the information as it is sometimes confusing when first heard. But, by the end of this training, you will be able to complete a risk assessment with relative ease.

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RISK ASSESSMENT QUALITIES

RISK ASSESSMENT:

- provides a rationale for intervention in family life
- is an attempt to translate present knowledge of abuse/neglect into risk hypothesis
- is an attempt to improve objectivity through the use of standard tools; i.e. - matrices, checklists, etc.
- is a means to provide structure for information gathering
- provides a standardized data base
- is a way in which to make distinctions among types and degrees of child maltreatment
- provides a rational basis for the allocation of limited resources
- provides a philosophical framework for Children and Youth Services
- is prediction oriented, and therefore prevention focused
- directs worker attention to factors that place children at risk when performing a comprehensive assessment
- identifies cases that might be better served by other community agencies
- serves as a training guide for new staff and other community professionals who are involved in assessment of cases
- provides a standardized method of recording the outcome of an investigation
- provides an objective basis for case planning, closing cases, or other decisions
- establishes the degree of intervention that should be used; i.e.- most intrusive response used in the high risk cases
- provides a comparative means to reassess risk throughout the life of the case

RISK ASSESSMENT CANNOT:

- substitute for professional decision making
- cannot provide a complete data base on which to assess a family
- be confused with treatment of child abuse and neglect
- be used as means to exclude appropriate requests for agency service
- substitute for training deficiencies

RISK ASSESSMENT

rational for intervention

transform knowledge into risk hypothesis

improved objectivity

standard tools

comparative means to reassess

provided structure

standardized the data base

makes distinctions between degrees of maltreatment

basis for allocating resources

philosophical framework

prediction-oriented, thus prevention-focused

standardized recording method

objective basis for case planning

delineates degree of intrusiveness

training guide

comparative means to constantly reassess

identifies cases better served by the community

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C. FILM WITH EXERCISE

VIDEO EXERCISE

THE UNQUIET DEATH OF ELI CREEKMORE

PURPOSE: To provide participants with the opportunity to view and analyze the video, The Unquiet Death of Eli Creekmore, in a structured training session.

RATIONALE: The video is a powerful presentation of a serious child abuse case which occurred in the State of Washington in the mid-1980's. It presents an excellent training opportunity for participants to recognize risk factors within the family that increased the potential for abuse. It was this particular case which triggered the development of the Washington Risk Assessment Model, which many Pennsylvania counties adopted. The film is incorporated as part of the curriculum for the new, combined Pennsylvania Risk Assessment Model.

OBJECTIVES: To identify risk factors in the Creekmore family that elevated the level of risk to the child in the general categories of child abuse/neglect, caretaker/household members and family environment factors.

- To understand why it is necessary to evaluate these risk factors when assessing a family.
- To create an understanding or rationale for Risk Assessment.

MATERIALS REQUIRED: **OPTION 1 VIDEO:** The Unquiet Death of Eli Creekmore, Handout: Feature Film Review, Handout: Risk Categories I-III, Easel and Chart Paper, and TV/VCR. **OPTION 2 VIDEO:** The Unquiet Death of Eli Creekmore.

TIME : Video - 1 hour
Exercise - ½ hour

THERE ARE 2 VIDEO OPTIONS FOR THE TRAINER TO USE

OPTION 1 - PAGE 8-12

OPTION 2 - PAGE 13-15

(Option 1)

VIDEO EXERCISE

1) Trainer introduces the video, *The Unquiet Death of Eli Creekmore*, and provides a brief verbal history of the film. Due to the emotional intensity of the video, some trainers may want to allow the class to watch the first ½ hour, take a short break, then watch the remaining ½ hour.

2) Trainer distributes the handout, *Feature Film Review* before beginning the video. Trainer requests participants take notes on any factors/conditions that they believe may have increased the likelihood of abuse occurring to this child as they view the film.

3) Trainer shows the video. At the conclusion, trainer divides the class into 6 small groups of 4-5 people depending on class size.

4) Trainer distributes the handout, *Risk Categories I-III* to all participants. Trainer assigns each group one of the 3 risk categories to discuss and develop responses to the accompanying questions. Each risk category focuses on a particular aspect of the family, and assists the small groups in processing the case in a structured manner. The 3 risk categories include issues about the (a) child abuse factors (b) caretaker/household member factors (c) family environment.

5) Trainer reconvenes the class after approximately 20 minutes. Each group presents their responses to their particular Risk Category, and the trainer records their responses on a flip chart. Trainer leads the discussion, and challenges the participants to brainstorm why it is necessary to evaluate certain risk factors when assessing families. At the conclusion of the discussion, the trainer's flip chart should have many of the risk factors from the Pennsylvania Model listed.

6) Trainer distributes a copy of the Pennsylvania Model Risk Assessment form and requests the participants review it and compare the various risk factors on the form to the risk factors developed by the class on the flip chart. Trainer leads the discussion and elicits any final comments or issues about the video.

Feature Film Review

As you watch the "Main Attraction," please use this form to make notes on any factors/conditions that you believe increased the risk of abuse to this child.

At the conclusion of the film, we will be doing a detailed analysis of the case, and you will be asked to share some of your ideas with the class. As the film is approximately 50 minutes, you will need to keep notes so nothing is forgotten.

Thank you.

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)
- 9)
- 10)

RISK CATEGORY I

CHILD FACTORS

"More recently...we have come to recognize that within the family, abused children have to be considered as potential contributor to their own maltreatment; available models no longer view the child exclusively as an unwitting victim but also as a causative agent in the abuse process." (Belsky, 1980) "Dangerousness of a caretaker's behavior and extent of both physical and emotional harm are strongly related to a child's age and robustness. A blow which could seriously endanger an infant might produce a minor bruise in different developmental ages."(Garbarino and Gillian, 1980)

A) From the video, do you think Eli Creekmore had any particular characteristics or behaviors that contributed to his maltreatment? In general, what characteristics might children have that could make parenting more difficult and place them at higher risk of abuse or neglect? Any assessment of risk must involve weighing the type of abuse or neglect, and the degree of injury that has resulted, (or might result if intervention does not occur).

B) From the video, discuss the types and locations of Eli's injuries. In physical abuse cases, what characteristics make certain injuries more severe, thereby elevating the level of risk?

C) Neglect often involves problems in providing food, clothing, shelter, medical care and supervision of children. Did you see any of these issues in the video, and if so, how did they impact the family?

RISK CATEGORY II

CARETAKER/HOUSEHOLD MEMBER/PERPETRATOR

In review of the characteristics of abusing parents, Spinetta and Rigler (1972) conclude that the interplay of mental, physical, and emotional stresses underlay child abuse. True psychosis is seen in the most violent and abusive parents, but only a few abusing parents show severe psychotic tendencies.

Martin (1976) has found a pattern of role reversal in maltreating families in which parents look to the children to provide emotional support or to "make them happy." Further, children were expected to take on tasks far beyond their developmental ages; to be toilet trained by 6-12 months; to be able to talk before age 2; and to help with the washing, housecleaning, food preparation and serving at a very early age. Steele and Pollack (1968) similarly found that abusive parents look to their children for reassurance, comfort, and support.

A. From the video, discuss Eli Creekmore's parents and their relationship. Compile a list of "characteristics" for both mother and father that may have contributed to the abusive environment in the home.

B. From the video, discuss the relationship that Eli Creekmore had with his parents. If you were assessing this family, what problems would you identify in the relationship between the child and the father? What problems would you identify in the relationship between the child and the mother?

RISK CATEGORY III

FAMILY ENVIRONMENT

"As always in human behavior, the important outcomes...are the product of interacting factors (in this case the personal and social resources of the parent.) It is in this sense that the ecological perspective shed light on child maltreatment. It directs our attention to personally impoverished families clustered in socially impoverished places: high risk families and high risk neighborhoods." (Garbarino in Pelton, 1995)

"A study of parents who had been abused as children attempted to identify factors which could differentiate between those who went on to mistreat their own children and those who broke the cycle and did not abuse. Non-repeating families were observed to be more likely to mention important friends, to be more involved with extended family, to participate in church or other social groups, to use community agencies, to be living with the baby's natural father or with extended family, and to have returned to work or school." (Hunter and Kilstrom, 1979)

A) What economic or social characteristics did the Creekmore family exhibit that may have increased risk to the child?

B) Develop a list of community agencies and other individuals that were involved with the Creekmore family. Discuss a plan that would have better utilized these resources in an effort to protect this child.

(OPTION 2)

VIDEO EXERCISE

THE UNQUIET DEATH OF ELI CREEKMORE

Trainer Response Sheet for Guided Discussion

The film, "The Unquiet Death of Eli Creekmore," graphically tells the story of Eli Creekmore, a child who was killed by his father when he was only 3 years old. Because of the graphic nature of the film, it is important that sufficient time is spent after viewing the film to allow for participants to voice their concerns, outrage, questions and feelings.

The following questions may be used to prompt discussion about the film. Because the film is very intense, the trainer may not have to use many of these questions because the participants will bring up many of these points on their own.

It is important that the trainer is sure to cover the following points:

- Allow participants to vent their feelings. Many different feelings may surface: anger, outrage, disbelief, etc. Participants may question their own ability to work in the field of child welfare.
- Discuss the factors found in the Creekmore family that should have been viewed as "red flags" by the workers.
- Discuss "system problems," i.e. conflict in laws, staffing issues, caseload size.
- Remind participants that even the best system will not be able to stop all child deaths due to abuse.

Prompt Questions

1. What factors about the mother (Mary) need to be highlighted as possible things to consider when determining risk to the child?

Mary, a HS dropout due to getting pregnant, was weak-willed. She wanted her marriage to work out at all costs because of the impact of her parents' divorce on her own life; Because of the domestic violence she experienced, she was too fearful to protect her son.

2. What factors about the father (Darren) need to be highlighted as possible things to consider when determining risk to the child?

Darren was unemployed and a heavy drinker. He was "system wise" in that he was in repeated placements as a child and was also incarcerated as an adult. He was violent with his wife, child, and friends. He had an extensive history of child abuse/neglect as a child. He was a convincing liar and was very good at manipulating the system.

3. What factors about the child (Eli) need to be considered when determining a level of risk?

Eli was a well cared for child between the ages of birth and two years old. From two years to 3.2 years, he resided in the home with his abusive father. Due to his age, he was unable to protect himself.

4. Why was Eli's abusive history documented in the film?

1st report: At 2 years 3 months, Eli had multiple bruises of various degrees. Darren denied hurting Eli and there were no injuries. Eli was placed for a brief time and then returned to the home, with day care and home builder services in place.

2nd report: At 2 years 9 months, (five months before his death) Eli had bruises to his buttock and testicles. Darren admitted to hitting Eli with a ruler. Darren was charged, CPS demanded that Darren leave the home, which he did for awhile. Darren returns to the home without permission, CPS doesn't make him leave.

3rd report: On his 3rd birthday, he is found to be badly bruised, by his grandmother. She takes him to a restaurant and the waitress notices bruises, and that his spoon comes out of his mouth with blood on it. Police later go the home, and Eli is taken to the ER, where a doctor finds "raccoon eyes" (fractures at the base of skull causing black and blue eyes) and multiple bruises on Eli's body. Doctor reports cite potential for life threatening bruises in future. Eli is placed in foster care and returned shortly thereafter with a promise by the parents to submit to psychological tests.

4th report: At 3 years two months, Eli is beaten with a belt after problems arise at the dinner table. Darren kicks him in the stomach after Eli messes his pants. He is also shoved into the toilet. He dies as a result of the injuries.

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Trainer Notes

5. Is there a conflict in Pennsylvania legislation as there was in the State of Washington?

Pennsylvania promotes protecting the child and protecting the family. There is a fundamental right to remain with your family; however, families are the most dangerous institution known to man. The law states that the family has the right to treatment and that the agency must shown that all reasonable efforts to keep the family together have been taken before a child is removed from the home.

6. What impact do organizations such as SOFT (Save Our Family Ties) have on CPS?

Many such agencies are being formed throughout Pennsylvania. These agencies attempt to influence legislation on the broader level and attempt to influence individual cases on the county agency level. A novice caseworker is a prime and easy target for these groups.

7. How do the confidentiality laws impact our jobs?

Parents may speak openly to anyone (press, etc.) but the agency is unable to defend itself. Parents have the right to expect their involvement with the agency to be private, without that protection many families would never work willingly with the agency.

8. Who was responsible for Eli's death?

This is a very different question than "who killed Eli?" Darren killed Eli, but participants may voice that responsibility also rests with others. Such as: The grandmother, for not "stealing" the child; the caseworker, for not seeing the signs of abuse - many participants will hold the caseworker ultimately responsible for the child's death: The "system" for all of its faults; the supervisor, for not supervising this case properly.

9. What risk factors are present in the family that Dorrin (the caseworker in the film) visited?

A recently separated, depressed, young mother

An abusive husband

A very young child with a breathing tube

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D. SCREENING

Purpose: To deepen participants' understanding of the "screening" function, specifically, comprehensive gathering of information based on the Pennsylvania Risk Assessment model, from a referral source.

Rationale: Every CPS agency is mandated to accept referrals from mandated referents and members of the community at large. The agency must be equipped to screen these referrals in a manner that allows for three critical decisions to be made. The screening process identified as part of the Pennsylvania Risk Assessment Model requires that a comprehensive, actively guided interview take place with the referral source to gather information regarding each of the 15 factors in the model.

Objectives: Participants will:

- Describe the screening process
- Describe the difference between a specific allegation and an assessment factor
- Describe active interviewing
- Identify the three major decisions made at the point of screening

Materials: Flip chart, Screening Decisions, Screening Process; Worksheet, Specific Allegations vs. Assessment Factors

Time: 1 hour

Background Information

- A. The legislative authority for the establishment of intake functions in county-operated child welfare agencies falls within the Public Welfare Code enacted June 13, 1967.
 - 1. The provisions of state regulations, Chapter 3130, Administration of County Children and Youth social Service Programs, are issued under this act.
 - 2. Specifically, 3130.31(2i) requires that the agency provide telephone access, 24 hours a day, 7 days per week for the purpose of receiving referrals.

- B. The Juvenile Act and the Child Protective Services Law are the Commonwealth's chief means of intervening in the lives of families when these children are thought to be in need of protection.
 - 1. The Juvenile Act mandates intervention when a child is alleged to be Dependent.
 - 2. The CPSL mandates intervention when a child is alleged to be in need of protection due to serious physical or mental injury, sexual abuse or exploitation, or serious physical neglect.

- C. The size and organizational structure of individual county agencies determines whether or not the screening function is discrete (a separate job function) or not.
 - 1. Some agencies have a discrete unit which is responsible for providing information and referral services to the community and also acts as the conduit for accepting referrals.
 - 2. Other agencies may take a more generic approach; all workers provide all services.
 - 3. Some agencies have identified employees who do nothing but "screen" referrals.
 - 4. All CPS workers have the opportunity to "screen" because they should be doing it every time they receive a call regarding a family on their caseload.

- D. To "screen" well, workers must have several attributes:
1. In-depth knowledge about child abuse and neglect, and how various factors interact with others resulting in significant risk to the child.
 2. In-depth knowledge of the CPSL and Juvenile Act.
 3. In-depth knowledge of services available in the community
 4. In-depth knowledge of the PA Risk Assessment model.
 5. Ability to actively interview people over the phone, in a thorough, respectful manner.
 6. Ability to be tactful when explaining why the agency is unable to intervene in certain situations. This allows the screeners to educate the community.

Screening Process

- A. The screening process is defined as the systematic gathering of information which is then used as the basis upon which three (3) major decisions are made:
1. Should the referral be accepted for evaluation by the agency?
 2. If yes, what is the risk level?
 3. What is the response time?
- B. Screening requires comprehensive gathering of information from the referral source.
1. Gathering information about all the risk factors, instead of just getting the specific allegations, allows the three (3) major decisions made by screeners to be made with the benefit of more information.
 2. More information always allows for better decision making.

Trainer Note: Ask trainees to think about some of the major decisions they have made during their lifetime. List them on a flip chart. Pick one and describe how a little information may result in a different decision.

EXAMPLE: Buying a car. If you bought a car by going to a dealer and picking out a car on the lot that looked "cute", but never took it for a test ride, you may end up with a car you can not drive!

(I did; I picked out the car because it was "cute" - never drove it. When I went to pick it up I had to get someone else to drive it home for me, because it was a standard shift, I didn't have a clue how to drive one!)

- C. The screening process usually begins with a call received from a referral source who is making allegations of child abuse, neglect or dependency.
1. Some referral sources write letters to the agency to maintain their confidentiality.
 2. All referral sources are guaranteed confidentiality if they desire it.
- D. There are two basic types of referral sources:
1. Mandated Sources: They usually call with specific allegations of CA/N but tend to know little or nothing about other risk factor areas.
 2. Family/Friends/Neighbors: They usually have much more in-depth information regarding the family they are referring because they have interacted with the family to a greater degree.
- E. Most referral sources contact CPS because they have genuine concerns regarding the child in question.
1. Genuine concern does not always equal an appropriate referral to the agency.
 - (i) The screener must be able to distinguish between the appropriate referral and those concerns that should be either referred elsewhere or be dealt within the family.

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- (ii) Tact must be used when explaining why the agency can/can't intervene.
 - 2. Most referral sources do not know what type of information the agency needs at the referral process. Many believe that agencies are only interested in the specific allegation.
- F. When a worker is in the "screening" mode and is discussing allegations with a referral source, they must become an active interviewer during the conversation.
- 1. Active means asking specific questions of the referral source.
 - 2. These questions should be based on the categories found on the Matrix.
 - 3. Sample questions might include:
 - Where do the children go to school?
 - What can you tell me about the children in general - how do they do in school, do they have any special problems?
 - Have the parents ever been arrested?
 - How do the parents care for their children generally?
 - What does the physical home look like?
 - Is there any history of family violence?
 - Are the parents involved with any community services in the area?
 - Is there extended family?
- G. Information that is gathered is divided into two (2) types:
- 1. **SPECIFIC ALLEGATIONS** are always past or current events.
 - (i) An event is child abuse, neglect, or dependency as mandated by law or agency policy.

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- (ii) The "who, when where, how and why" of the CA/N related incident or event.
- (iii) Examples of Specific Allegations include
 - a child with a bruised eye, from being hit by father
 - allegations of sexual abuse by a caretaker
 - toddlers left w/o supervision
- (iv) The factors on the matrix that cover specific allegations include:
 - # 2: Severity, frequency and/or recentness of abuse and neglect
 - # 4: Extent of emotional harm

2. **ASSESSMENT FACTORS** are all the other factors on the matrix.

- (i) Information regarding all of the factors listed on the matrix should be gathered.
- (ii) The information should note positive as well as negative information about the family.
- (iii) The other factors include:
 - Vulnerability
 - Prior CA/N
 - Age, Physical, Intellectual or emotional status
 - Cooperation
 - Parenting Skills and Knowledge
 - Alcohol/Substance Abuse
 - Perpetrator Access
 - Prior Abuse or Abuse of or by the Parent/Caretaker

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- Parental Relationship with the Child
- Family Violence
- Condition of Home
- Family Supports
- Stressors

H. The information gathered during the screening process must be documented and should be organized in the same manner as outlined on the Screening Form, which is part of this model.

1. The form can be adopted "as is" by the agency.
2. Most agencies will chose to alter this form to allow for it to be integrated with the screening process of the particular agency.
 - (i) Agencies must submit the revised form to the RATF (or a forum so identified by the RATF) for approval.
 - (ii) Agencies may alter the format to fit their own intake documentation process, however the areas of information that are identified on the sample screening form must be present in any alteration.

TRAINER NOTE: The exercise entitled "Allegations vs. Assessment Factors" will allow trainees to practice identifying the difference between a specific allegation and an Assessment Factor.

The exercise should be done individually by the trainee, and then answers should be gathered using the large group forum.

The exercise sheet and trainer answer sheet are provided.

Specific Allegations vs. Assessment Factors

DIRECTIONS: Review each scenario. Circle the specific allegations; underline the assessment factors. Identify strengths (positive assessment factors with an "S".)

1. Jack is a 10 year old who has a black eye caused by being stuck by his mother's boyfriend because he wet the bed. Jack has mild mental retardation and also stutters. His mother and boyfriend drink alcohol to excess. The boyfriend is a cocaine abuser. School officials are concerned for Jack's safety in the home.
2. Candy is a four year old child who attends Headstart. Candy appears to be afraid of male staff, masturbates constantly, and has been touching other children's genitals on a routine basis over the past few weeks. Prior to 4 weeks ago, Candy appeared to be a happy little girl. She exhibited none of the above behaviors. The only change in the family situation is mom's new boyfriend. Headstart staff observed child with mother on several occasions and the two appear to be very close. Today when the boyfriend picked the child up at Headstart, the child clung to staff members and begged them not to make her go with him.
3. Jennifer is a 19 year old psychotic who just gave birth to a baby boy. She has a history of beating her first son severely. That child was placed in foster care and eventually adopted. Jennifer has not been taking medication because of her pregnancy. She was severely physically and sexually abused as a child by her father. She has stated that she hates males and believes they are "the devil". Hospital staff is requesting intervention.
4. Debbie has 6 children, ages 5, 4, 3, 2 and a set of twins who are 6 months old. Debbie and the children live in a home with broken windows without heat. The children are always begging for food. They are routinely dirty and dressed in clothing that is dirty, torn and too small. The older children have rotten teeth, with the oldest one complaining of a toothache. This morning the police received a call stating the children were home alone. This was verified when the police arrived at the home and learned that the children have been alone for about 3 hours. Police have arrested Debbie in the past for prostitution. Police are requesting assistance.

Trainer Notes

TRAINER RESPONSE SHEET

Specific Allegations

vs.

Assessment Factors

DIRECTIONS: Review each scenario. Circle the specific allegations; underline the assessment factors. Identify strengths (positive assessment factors with an "S".)

NOTE: **SPECIFIC ALLEGATIONS ARE NOTED IN BOLD. Strengths are identified with (S=).**

1. Jack is a 10 year old who has a **black eye caused by being stuck by his mother's boyfriend because Jack wet the bed.** Jack has mild mental retardation and also stutters. His mother and boyfriend drink alcohol to excess. The boyfriend is a cocaine abuser. School officials are concerned for Jack's safety in the home.

2. Candy is a four year old child who (S=attends Headstart.) Candy appears to be afraid of male staff, masturbates constantly, and has been touching other children's genitals on a routine basis over the past few weeks. Prior to 4 weeks ago, Candy appeared to be a happy little girl. She exhibited none of the above behaviors. The only change in the family situation is mom's new boyfriend. Headstart staff observed child with mother on several occasions and (S=the two appear to be very close.) Today when the boyfriend picked the child up at Headstart, the child clung to staff members and begged them not to make her go with him.

*** This technically has no specific allegation, in that the child has not disclosed sexual abuse; however the string of changes in the child's behavior is indicative of possible sexual abuse. This is an example of a referral that should be accepted on risk factors alone.

3. Jennifer is a 19 year old psychotic who just gave birth to a baby boy. She has a history of beating her first son severely. That child placed in foster care and eventually adopted. Jennifer has not been taking medication because of her pregnancy. She was severely physically and sexually abused as a child by her father. She has

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Trainer Notes

stated that she hates males and believes they are all "the devil".
Hospital staff are requesting intervention.

*** Again, no specific allegations, but child is certainly at risk if allowed to leave hospital with mom.

4. Debbie has 6 children, ages 5, 4, 3, 2 and a set of twins who are 6 months old. Debbie and the children live in a home with **broken windows without heat. The children are always begging for food. They are routinely dirty and dressed in clothing that is dirty, torn and too small. The older children have rotten teeth, with the oldest one complaining of a tooth ache. This morning the police received a call stating the children were home alone. This was verified when the police arrived at the home and learned that the children have been alone for about 3 hours. Police have arrested Debbie in the past for prostitution. Police requesting assistance.**

*** This is a general neglect type of referral with the added problem of lack of supervision. The number and ages of the children certainly increases the risk to the children.

SCREENING EXERCISE:

Johnson Family

TRAINER NOTE: Immediately following the completion of the Allegation vs. Risk Factor exercise, move into the screening exercise that follows:

In this exercise, the trainees play the role of the screener. The trainer plays the part of the referral source, who is calling the agency to make a referral.

As with true screening, the screener knows nothing about the referral, and only learns about the referral allegations to the extent that the screener is able to get the information from the referral source.

The trainer may allow trainees to call out their screening questions randomly, or the trainer may start at one end of the room and continue taking one question at a time from trainees, until no more questions are raised.

A trainee should be designated to record the questions on flip chart paper. This recording will be used later in the screening section.

TRAINER SHOULD NOT RELEASE ANY INFORMATION THAT IS NOT ASKED FOR DIRECTLY BY THE "SCREENERS".

The JOHNSON FAMILY scenario on the following page should be used.

SCREENING EXERCISE: JOHNSON FAMILY

Trainer Response Sheet

The trainer should take on the personality of Grace (or Gary), the referral source. Begin the exercise by saying, "I need to talk with someone about a little boy with a black eye." Don't say anything else until questions are asked. You have never made a referral to the agency before and have no idea what to say next. You are also a little nervous, because you aren't sure what the agency response to your concerns will be. You like the Johnson family, and would hate to see the children taken away.

The following information represents what you know:

- Johnson family consists of:
 - April (mom), age 32
 - Bobby (son), age 10
 - Cathy (daughter), age 8
 - David (son), age 5
 - Earl (boyfriend), age 35
 - Frank, (father), age 35

*** Note: Family names use the first 6 letters of the alphabet for the first letter of each name - helps to remember them!

- Referral Source is Grace or Gary (7th letter!) who has lived next door to April for 10 years. Grace/Gary has children the same ages as the Johnson children. This morning she/he learned from her/his oldest son that Bobby was not going to school because he has a black and blue eye, the result of being hit by Earl last night. April and Earl were fighting and Earl began to hit April. Bobby attempted to assist his mother, and Earl hit him also. According to Grace/Gary, her/his son saw the injury when he went to Bobby's home so that the two of them could walk to school together. He asked Bobby what happened. Her son was upset that his friend was hurt, so he came back home to tell his mother/father about it.
- Bobby's eye is swollen and is now a purple bluish color.
- Bobby attends 4th grade at Washington Elementary School.

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Trainer Notes

- Cathy and David attend the same school, in 2nd grade and kindergarten respectively. Bobby is not in school today, but the other children are in school.
- All the children have changed ever since April began to live with her new boyfriend. Bobby has become a neighborhood bully and has been aggressive with other children in the neighborhood. He is often made to play outside with his little brother, and gets mad because he always has to watch David.
- Cathy used to be a sweet, out-going child, but is now rather sullen. She used to do well in school, getting A's and B', but is now failing most of her subjects. She appears to be on the verge of tears all the time.
- Cathy must get in a lot of trouble at home, because she is always grounded. She is not allowed to play outside with her brothers much of the time.
- David used to be outgoing and was a child who always smiled. Now he is very "clingy".
- April works as a waitress/bartender at Benji's Tavern. She usually works evenings from 8 p.m. to closing. Earl watches the children. April also works part-time at a convenience store from 3 p.m. to 7:30 p.m. during the week. She goes directly to the tavern after working at the convenience store.
- Earl doesn't work a regular job, but occasionally earns money under the table by working odd jobs. Earl moved into the Johnson home four months ago, after moving from New York.
- Earl drinks a lot and is often drunk. April never drank in the past when she was living with her ex-husband, but now drinks quite a bit. When Earl drinks he gets violent. The police have been called several times to the Johnson home, because of domestic violence, however April refuses to press charges.
- The referral source thinks that Earl may have been in trouble in the past because a "man from the Courthouse came to my house by mistake looking for Earl a few months ago."

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- The natural father, Frank, lives with his new wife in Ohio. The children visit with him once a month. Frank is a "nice" guy and it is just a shame that he and April got divorced. The divorce happened when David was just a baby.
- The referral source does not like Earl because he is always drunk and nasty to people. The referral source does not let her children have "sleep-overs" at the Johnson home because of Earl. The Johnson boys do stay over at the referral source's home on occasion, but Cathy is no longer allowed to sleep over because she is always in trouble. The referral source does not know what it is that Cathy does to get in trouble.

*** Any information that is not included in the above is not known to the referral source. Do not make up answers - just tell the "Screeners" that you do not know.

TRAINER: At the end of this exercise, the trainer should facilitate a discussion which reminds trainees of the three decisions that must be made at the point of screening (Should the referral be accepted? What is the assigned risk level? and what is the response time? Ask the "screeners" to answer the following:

1. Do the allegations represent something that the agency should accept for evaluation? If so, what type of specific allegations have been made by the referral source?
 - **yes; physical abuse of Bobby**
2. What risk level should be assigned to this case?
 - **moderate; based on injury to child, current access by alleged perpetrator**
3. What response time should be assigned to this case?
 - **immediate because the current safety of the child can not be determined/assured.**
4. If you were assigned this case to investigate, how would you begin your investigation?
 - **interview Bobby at his home**

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Trainer Notes

TRAINER NOTE: We will be coming back to the Johnson family in a few minutes. . . Don't "fill in any gaps" for the trainees about information they have missed, because they didn't ask the right questions. It will come out later.

COLLATERAL CONTACTS

- A. After a referral source has given all the information that they know to the screener, collateral contacts should be considered.
 - 1. Policy governing collateral contacts are agency based and will differ from agency to agency.
 - 2. Trainees should be told that the information on gathering information from a collateral contact is general in nature and that they should review their agency's policy on collateral contacts prior to making a call to a collateral source.
- B. Collateral contacts are professionals within the community that may have knowledge about the child(ren) or family.
 - 1. Collateral contacts can assist the screener in verifying information already gathered.
 - 2. Collateral information may also assist in gathering additional information regarding the family.
 - 3. It is important that the screener does not release information to the professional regarding the allegations made to the agency, but rather acts like a "sponge" to absorb information that the professional may have regarding the family.
- C. A common collateral contact is the school. Teachers, nurses, counselors, and principals often are able to give child-specific information that assists the screener in making the three screening decisions. Because school age children spend so much time in school, school officials should be one of the first collateral contacts made by the screener.
- D. The number of collateral contacts that are possible is limited only by the relationships that have been built by the agency with other community professionals. For example, individual police departments may interact with a county agency differently. One may refuse to give any information, while another may give all the information they have to the screener.
- E. Collateral information may assist the screener in making a determination that a referral should not be accepted for assessment.

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Trainer Notes

1. Consider this example:

It is alleged that three children are being neglected because they are "rarely fed, are always in dirty and torn clothing and appear to be tired and sickly.
 2. Collateral information from the school confirms that these three children come to school each day in clean appropriate clothing; they are bright and cheerful children who do not appear to be tired or sick; they participate in the school breakfast program and always have homemade lunches each day.
 3. It would be appropriate to "screen out" the referral because another professional who knows the children (school) has been able to document that the allegations are not true.
- F. When there is any information that can not be "ruled out" as was shown in "E" above, the referral should be accepted for evaluation.
1. Any information that can not be contra-indicated by a professional collateral contact must be assumed to be valid.
 2. For example: Young children are said to be ill fed, poorly clothed, and left without supervision in the late evening hours. A collateral contact with the school may show that the children are fed and properly clothed, however the school contact can not address the lack of supervision that has been alleged.
- G. Possible collateral contacts are identified during the conversation with the initial referral source.

TRAINER NOTE: At this point, remind the trainees of the Johnson Family exercise. Now is the appropriate time to review the information that they have gathered. Tell them about information that you know, that they did not gather, because they didn't ask specific questions to get that information. Briefly discuss the kinds of questions that could have been asked by the screener to get the information.

After doing the above, move into the collateral contact exercise.

The trainee's stay in the "screener" mode, and now must determine which collateral contacts to contact, if any.

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Trainer Notes

Have the "screeners" identify collateral contacts, one at a time. Once a collateral contact has been identified, the TRAINER should take on the role of that particular collateral contact. Release the information that is specified under that particular contact on the following trainer response sheet that follows.

Don't release any information found listed on the trainer response sheet unless, and until, the screeners have identified the collateral contact in question.

If they identify a contact that is not listed, respond by saying "I don't know anything about the family."

TRAINER RESPONSE SHEET

COLLATERAL CONTACTS

- ✓ Washington Elementary School
 - The school counselor states that the Johnson children do attend the school. Teachers report noted changes in the behaviors of all three children during the past several months. Bobby is now the school "bully"; Cathy seems depressed and withdrawn; David seems to have regressed back to toddler like behaviors. Mom has come in for school conferences but has no explanation for the changes seen in the children.

- ✓ Police Department
 - Police have been to the home on 5 occasions, all within the past 4 months. Domestic violence resulting in various injuries to April by Earl; however none required medical attention. Police always made Earl leave the home, however, April always allowed him back into the home.

- ✓ County Adult Probation Department
 - (Call made because of the statement made by referral source "Man from the Courthouse came looking for Earl")
 - County Adult Probation Department has no information regarding Earl.

- ✓ State Probation and Parole
 - Earl is currently on probation; served 3 years for a rape conviction. Victim was the 9 year old daughter of his former girlfriend. Probation Officer was unaware that there were children in the Johnson home.

- *** TRAINER: Do not disclose any of the information noted under collateral contacts until the collateral contact is identified by the "screeners"

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Trainer Notes

At the end the exercise, the trainer should facilitate the discussion of the following questions:

1. Taking into consideration the new information gathered from the collateral contacts, should this case be accepted and if so, what type of allegations need to be investigated?
 - **yes, accept case**
 - **physical abuse of Bobby**
 - **possible sexual abuse of Cathy**
2. What risk level should be assigned to this case?
 - **moderate to high; based on injury to Bobby; possible sexual abuse of Cathy; current access by alleged perpetrator**
3. What response time should be assigned to this case?
 - **immediate because the current safety of the children can not be determined / assured.**
4. If you were assigned this case to investigate, what would be your first step?
 - **Although Bobby may currently be in the home with the perpetrator, the additional allegation of sexual abuse may lead the investigator to begin by interviewing Cathy and David at school, prior to going to the Johnson home to interview Bobby.**

*** TRAINER: It is important to remind trainees that the collection of collateral information is a policy decision made by each agency. They should check with their respective agencies to determine if collateral contacts can be made at the point of screening.

If the trainees missed any of the "known" information, disclose it at the end of the exercise.

The JOHNSON family is a real case which was accepted by the Erie County Office of Children and Youth shortly after a screening process, which includes contacting collaterals, was introduced.

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Trainer Notes

The Agency responded to the referral by first interviewing the female child at school. She did not disclose any type of sexual abuse. Her younger brother was then interviewed. He disclosed seeing his sister being sexually abused. Armed with that information, the female child was interviewed again, this time she disclosed being sexually assaulted (oral and anal penetration) by her mothers' boyfriend for a 3 month period. The oldest child (with the bruised eye) was interviewed at home after the school interviews were over.

The mother allowed the natural father to take the children until she could get on her feet. The perpetrator was arrested and is currently serving time on the newest convictions. The children remain with their natural father.

LECTURE / TRAINER NOTES

SCREENING DECISIONS

TRAINER NOTE: This information can be used as a review/ closing of the screening exercise.

- A. After all information is gathered, the screener must decide if the referral is appropriate for evaluation by the agency.
 - 1. This is the first decision made by the screener.
 - 2. By making this decision, the screener is a true "gate keeper" for the agency.
- B. If the referral is not accepted, the screener should refer the caller to the appropriate services.
- C. If the decision is made to accept the referral, it means that the screener found the following to be true:
 - 1. There are allegations of abuse/neglect/dependency; or
 - 2. There are risk factors which appear to show that the child(ren) are at risk of being abused, neglected/dependent; or
 - 3. The service being requested is something that the agency supplies to the community.
- D. The second decision that a screener must make is to identify the risk level or "risk tag" for the referral.
 - 1. The risk "tag" is based on all of the information gathered.
 - 2. The screeners must assume that the allegations are true, when assigning a risk tag.
 - 3. An exception to this rule would be if the screener were able to determine that the referral source was not credible.
- E. The third decision that a screener must make is to decide the response time.
 - 1. Response times usually mirror the risk tag.

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Trainer Notes

- (i) When children are thought to be at imminent risk or the immediate safety of the children can not be assured, the response time must be immediate.
- (ii) Most agencies have the following response times:
 - (a) Immediate
 - (b) 24 hours
 - (c) Other
- (iii) If a referral has a ChildLine number, the child must be seen within 24 hrs, or immediately if safety can not be established.

TRAINER NOTE: The Flip chart that was used to record the questions asked by the screeners during the Johnson exercise should be reviewed. The trainer should show that in addition to demographic questions, the questions that were asked can be broken down into categories from the matrix.

SCREENING FORM

Specific Allegations (Describe specific behaviors and conditions. Include where and when incidents occurred.)

Assessment Factors: (Strengths and weaknesses)

1. Child/Children Factors (Vulnerability and history of abuse and neglect)

2. Caretaker Household Member Factors

3. Family Environment

Collateral Contacts

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E. MATRIX/NARRATIVE AND CONTINUUM

PURPOSE: Expose the participants to the PA Risk Assessment forms and give instruction on how to complete the forms. The three categories of factors and the fifteen core factors within the three categories will be explained in this section.

RATIONALE: Participants need to understand how the fifteen core risk factors contribute to risk and how the factors are interrelated in order to accurately assess risk.

OBJECTIVES: - Participants will be able to identify the Pennsylvania Model Risk/Severity Assessment Form and gain a basic understanding of the overall design.

- Participants will know that the Pennsylvania Model is composed of three categories of factors: 4 child factors, 7 adult/caretaker factors, and 4 environmental/ecological factors, all which are separately stated but interrelated.
- Participants will gain the understanding that the Continuum/Ratings Section of their manual is the means by which individual factors are analyzed, rated and documented.
- Participants will be able to recognize the narrative section of the model and have a basic understanding of its purpose.

MATERIALS REQUIRED:

Enlargement of form or Overhead projector
Transparencies
Markers
Summary Form Instructions
Continuum

TIME: 30 Minutes

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Trainer Notes

TRAINER NOTE: The purpose of this presentation is to introduce the actual risk assessment instrument. At this point, the trainer has provided the participant with a comprehensive foundation to risk assessment beginning with the conceptual framework and proceeding through the investigative techniques used in the practice of risk assessment. The trainer and group are now prepared to proceed to the Pennsylvania Model format by which the assessment information is organized and documented.

This section will introduce and visually illustrate the concepts and factor explanations which will be presented for the next day and a half. Although a list of the 15 factors was distributed on day one, this is the point at which the trainer will present the matrix and demonstrate an overview of its use.

The trainer will therefore be prepared to present a sample of the risk assessment instrument by the use of some type of visual aid. Either an enlargement of the form itself or the use of an overhead projector with transparencies are both methods which work well.

It is important to be sure that the sample form will be clearly visible to all participants present. It is therefore necessary to assess the room size where it will be presented ahead of time in order to choose the best method for presentation. As the trainer goes through the explanation of the form she or he will be able to point to and highlight the various sections. Additionally, the trainer will want to be able to write on the visual aid. As various areas are pointed out they can be filled in with sample information.

The trainer will also need a knowledge of the Continuum located in the manual and should be prepared to refer to it when explaining the Continuum/Ratings section of the format.

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Trainer Notes

OUTLINE FOR PRESENTATION:

- I. Identifying Information
 - A. Case name and number
 - B. Name and age of child(ren)
 - C. Name and ages of parent, perpetrator, adult household members
- II. Three Categories of Factors
 - A. 4 Child Factors
 - B. 7 Family/Caretaker/Household Member Factor
 - C. 4 Environment Factors
- III. Record the Ratings
 - A. Enter ratings on matrix
 - B. Highest Factor Carry Over to Right Column
 - C. Overall Severity
 - D. Overall Risk
- IV. Narrative
 - A. High/Moderate factors explained
 - B. Overall severity/overall risk is explained
 - C. Critical information regarding family strengths/needs and intervention strategies are recorded
- V. Signatures and Dates
 - Social Worker and Supervisor

EVALUATION: Feedback and questions from the group to clarify and review as needed to assure presentation is understood.

INSTRUCTIONS FOR COMPLETING RISK ASSESSMENT FORM

In securing information to complete the Risk Assessment Matrix, it is imperative that workers are able to support their rankings with data obtained from family members and collateral contacts. Additionally the assessment of risk should include not only those areas of concern regarding the level of care provided to children and their safety, but also the protective factors available based on family strengths.

If the focus of assessment concentrates only on risk and does not include strengths, decision making will be based on incomplete information and intervention strategies may be not only ineffective, but utilize valuable resources unnecessarily.

The completion of the matrix and the narrative summary should include a compilation of the allegations received, prior case history, and the worker's findings in the interview/assessment process with family members and collateral contacts. Observations should be supported by data and conclusions should be supported by examples of statements and behaviors.

Family strengths include the resources and supports available to, and used by the family, relationships both within the family and with the community at large, the family's problem solving and coping skills, the family's ability to nurture and support each other, the family's identification of problem areas and stresses, and their plans to resolve current difficulties.

In completing the narrative summary there should be a logical progression of thought indicating the rationale for ratings, leading the reader to an apparent conclusion of overall risk. Intervention strategies and case planning should be based on both the findings by worker and the family's needs/strengths, problem identification, resources used, and/or those to be secured.

1. Case Surname(s).
2. Case Number (if applicable).
3. Name of each child under 18 who is in the household and family. Other children who reside at the home on a part-time basis and impact risk should be rated.
4. Age of each child.

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5. Name of each adult in the household and perpetrator. Also, name of any parent, paramour or caretaker who may impact risk to child.
6. Age of each adult.
7. Individual rating for each child. To select appropriate risk rating, worker should review definitions of each category. A general guideline is that when the worker chooses no or low risk, every appropriate trait mentioned in the definition should be present. Moderate and High risk are used when any characteristic in these descriptions is present.
8. Carry-over highest rating for each child listed.
9. Individual rating for each adult listed. This must include perpetrators; adult caretakers and any household member (see No. 7 for specific instructions).
10. Carry-over highest risk rating for each adult listed.
11. Ratings of the Environmental Factors.
12. Overall Severity - consider factors 2 and 4 to determine the seriousness of what has happened.
13. Overall Risk - consider all categories in an attempt to determine the likelihood of future Abuse/Neglect.
14. Worker signature.
15. Date Risk Assessment completed.
16. Supervisor's signature.
17. Date supervisor reviewed Risk Assessment.
18. Explain individual High and Moderate Risk Factors and clarify ambiguous factors. Explain overall ratings of Risk and Severity. Support conclusions and highlight interactive qualities of particular factors. Note any critical information regarding family strengths/family needs and safety issues and intervention strategies. During supervisory review, caution must pervade analysis in any factor bearing an X rating (unable to assess).

**PENNSYLVANIA MODEL
RISK ASSESSMENT FORM**

ASSESSMENT CODES: Z - NO RISK L - LOW RISK M - MODERATE RISK H - HIGH RISK X - UNABLE TO ASSESS

CASE NAME: 1

CASE # 2

A. CHILD FACTORS	NAME:	3					HIGHEST RISK FACTOR	
	AGE:	4						
	1. VULNERABILITY	7						8
	2. SEV/FREQ AND/OR RECENTNESS OF ABUSE/NEGLECT							
	3. PRIOR ABUSE/NEGLECT							
4. EXTENT OF EMOTIONAL HARM								

B. CARETAKER, HOUSEHOLD MEMBER, PERPETRATOR	NAME:	5					HIGHEST RISK FACTOR	
	AGE:	6						
	5. AGE, PHYSICAL, INTELLECTUAL OREMOTIONAL STATUS	9						10
	6. COOPERATION							
	7. PARENTING SKILLS/KNOWLEDGE							
	8. ALCOHOL/SUBSTANCE ABUSE							
	9. ACCESS TO CHILDREN							
	10. PRIOR ABUSE/NEGLECT							
	11. RELATIONSHIP WITH CHILDREN							

C. FAMILY ENVIRONMENT	D. PLEASE USE BACK OF PAGE FOR NARRATIVE	RISK FACTOR
12. FAMILY VIOLENCE		11
13. CONDITION OF THE HOME		
14. FAMILY SUPPORTS		
15. STRESSORS		

WORKER	14	DATE	15	OVERALL SEVERITY	12
SUPERVISOR	16	DATE	17	OVERALL RISK	13

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F. CHILD FACTORS, CARETAKER/HOUSEHOLD MEMBER, PERPETRATOR AND FAMILY ENVIRONMENT FACTORS

PURPOSE: Provide participants with an understanding of how to rate each of the fifteen core factors on the matrix.

RATIONALE: Participants need to understand how each factor is rated and what case characteristics to look for when assessing each factor. A clear explanation to how to rate each factor will help to ensure consistency in the rating of factors.

OBJECTIVES: - At the end of this session, each participant will be able to:

- Use the risk factor continuum appropriately.
- Match case characteristics with correct risk factor(s).
- Determine individual factor's risk level.

TIME: Half an hour to an hour and ten minutes per lecture segment and half an hour to forty five minutes per exercise.

TRAINER NOTE:

Trainers need to be well organized in their presentation of any lecture or exercise. This preparation requires that the trainers be familiar with the subjects and materials. For this particular exercise, the trainer has the option of using multimedia materials such as flip charts, blackboards, overhead projectors, and transparencies. Whichever materials he/she utilizes, the trainer needs to be familiar with its functioning and should test it prior to the actual presentation. Some materials will need to be printed prior to the presentation (e.g. case characteristic continuum, narrative definitions, and risk levels). Trainer will need to develop a system for material distribution. For example, trainer could personally hand out the material or could have participant pick it up from a table as they enter the room.

Whenever we have used these exercises in risk assessment training, participants have enjoyed it and eagerly participated. This exercise has been useful in building participants' confidence and helps them to understand how these concepts relate to their case practice. It is important for the trainer to allow sufficient time for participants to consider and explain their response. This repetition is an important learning technique.

Trainer must be aware that respondents may have different opinions about the correct answers. It is important for the trainer to encourage discussion about these differences. In many cases, the trainer will need to refer the trainees to the reference manual for further clarifications. However, in some cases the trainer needs to be flexible and allow more than one answer.

Because of the complexity of the factors we have divided the material into three lecture/exercise segments. The three parts are child abuse factors, caretaker/household member factors, and family environment factors. Each of these segments will begin with a lecture format presented by the trainer.

After each of the three lecture presentations, the trainer will follow with the factor and risk level identification exercise (e.g. group exercise on child factors).

We have developed an exercise which can be adapted for individuals, small groups, or one large group. In deciding which group mode to use, you should consider the size of your training group, their knowledge base, and the physical setting of your training facilities.

Child Factors: Lecture

TRAINER NOTE: Each child who resides in the house and is under age 18 is rated. Other children who reside at the home on a part-time basis and impact risk should also be rated.

1. Vulnerability

- A. This factor evaluates each child for three different characteristics:
 - 1. Chronological age
 - 2. Physical abilities/limitations
 - 3. Mental abilities/limitations
- B. The worker assesses each child's ability to care for and protect him/herself based on the above characteristics.
- C. The child's age, physical and mental abilities are a major consideration in overall risk/severity decision making.

2. Severity and/or Recentness of Abuse/Neglect

- A. Types of abuse addressed in this factor:
 - 1. Serious physical injury in one or more of the following:
 - a. causes child severe pain
 - b. impairs child's functioning either temporarily or permanently
 - 2. Serious bodily injury is one or more of the following:
 - a. risk of death
 - b. permanent disfigurement
 - c. protracted loss of function of body member or organ
 - 3. Sexual Abuse
 - 4. Serious physical neglect (as defined by Act 151)
- B. This category rates only the harms which have already occurred.

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Trainer Notes

- C. This category also analyses the frequency and increased harshness which has occurred.
- D. The distinction is made between the lack of need for medical attention and the failure to obtain medical attention.
- E. Injury ratings are raised to the next highest level for all children under five years of age.

Assessment of Neglect:

- F. This includes:
 - 1. the injury suffered as a result of neglect, caused by acts or failure to act
 - 2. the possible future injury as a result of neglect/lack of supervision, exposure of child to imminent risk of serious physical injury or sexual abuse/exploitation
 - 3. the quality of ongoing care the child receives
- G. This factor addresses neglect issues in all cases - no matter what the allegations and for all children in the home.

3. Child's Prior History of Abuse and Neglect

- A. This factor examines the following:
 - 1. The number of prior reports/circumstances/incidents.
 - 2. The severity of these incidents and the number of perpetrators.
 - 3. Evaluates what has occurred in the past and what credible statements were provided; this is not limited to Childline's reported priors.
 - 4. This factor may have ramifications for planning future interventions and/or treatment.

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Trainer Notes

4. Extent of Emotional/Psychological Injury or Harm

- A. This factor addresses the relationship of abuse/neglect to a child's growth and development.
- B. It addresses the impact of a child's fear on his/her ability to trust and form relationships.
- C. When developmental delays are noted, it is important to rule out organic causes.
- D. Reference should be made to behavioral indicators and developmental milestones respectively.
- E. Emphasis is needed on the value of comprehensive and current psychological/psychiatric evaluations when the need is indicated.
- F. This is not limited to Childline reports of prior emotional abuse.

CHILD FACTOR EXERCISE

Directions: Review each of the following statements. Identify which factor you would rate the statement under and designate the rating you would assign to the statement.

EXAMPLE: A past indicated physical abuse report shows the child's arm was broken due to abuse by the mother when he was 12 months old. **Factor 3: Past Abuse/Neglect, rated as high.**

	FACTOR(s)	RATING(s)
1. 16 year old wheelchair user	_____	_____
2. 17 year old with an IQ of 30	_____	_____
3. A four year old with ADHD	_____	_____
4. 12 year old molested by her stepfather two years ago	_____	_____
6. Minor bruises on buttocks of a 6 year old	_____	_____
7. Child hit by her mother and lost two teeth	_____	_____
8. An abused child has nightmares about being killed by her mother	_____	_____
9. A hand print from abuse on face of a 17 year old	_____	_____
10. Nine year old being cared for by intoxicated babysitter	_____	_____

CHILD FACTOR EXERCISE TRAINER RESPONSE SHEET

The purpose of this exercise is to allow the trainee to become familiar with the Child/Abuse category and to prompt discussion around all four factors found in this category. The brief statements are purposefully vague, which should prompt discussions that will assist the trainee in becoming more comfortable with the factors. The continuum should be used by the trainee while completing this exercise. The information found in each statement is the only information known for the purpose of this exercise.

1. 16 year old wheelchair user

This information would be rated in **Factor 1 (Vulnerability)**. Many trainees will want to automatically rate this as **high**, however discussion should be held regarding the true state of the 16 year old child. A normal 16 year old would be rated as at low risk. If the physical disability is such that the child is a wheelchair *user* but is able to walk short distances, etc, the rating for the factor would be **moderate**. However, if the child is wheelchair *bound*, due to severe handicaps, it would be appropriate to rate this factor as high.

2. 17 year old with an IQ of 30

This information would be rated in **Factor 1 (Vulnerability)**. Again, if the trainee was simply rating the child's age, the rating would be **low**. Given the child's IQ, which means that the child had to rely on others to provide total care, the rating for this factor would be **high**.

3. A four year old with ADHD

This information is rated in **Factor 1 (Vulnerability) and should be rated high**. The high rating would be based on the child's age. Discussion should be held regarding the vulnerability aspect for children who suffer from ADHD, which can be very trying for any parent.

4. 12 year old molested by her stepfather

There are two factors which are rated in this statement. **Factor 1 (Vulnerability)** should be rated as **low** due to the information given regarding age of the child (12). The sexual abuse could be rated in either **Factor 2: (Sev/Freq. ...)** *If* the abuse is current

abuse. If the child had been sexually abused in the past by her stepfather it would be rated in **Factor 3 (Prior Abuse/Neglect)**. The rating would be **high**.

5. 4 year old had a broken arm from abuse two years ago

Factors 1 (Vulnerability) and 3 (Prior Abuse/Neglect) would both be rated. The age of the child requires a rating of **high**. The broken arm, given the child's age, would require a rating of **high** also. (This child would have only been two years old at the time of the injury.)

6. Minor bruises on buttocks of a six year old

Factor 1 (vulnerability) would be rated as **moderate**. The other factor to be rated would be **Factor 2 (Sev/Freq)** which would be rated **low**. There should be some discussion regarding the same minor bruises on a six months old. In that incident, the rating would be moderate, because you would raise the risk level for factor two, due to the young age of the child.

7. Child hit by her mother and lost two teeth

Factor 2 (sev/freq) would be rated. The trainees will most likely want to discuss whether or not the child's teeth were baby teeth, and whether or not they were loose to begin with at the time of the incident. Remind them that if they were investigating this incident they would have much more information (child's age, etc), however the important factor would be the power with which they were hit. A young child who is about to lose their baby teeth may have been slapped for swearing, causing a loose tooth to come out. However, a four years old with solid baby teeth would have to be hit very hard for their teeth to come out. The same would hold true for a teenager, who would be confronted with losing permanent teeth. In addition to the physical injury, they would need to deal with the emotional impact (which would be rated in factor four.) This statement could be rated either moderate or high under normal circumstances. If it was determined that the slap was light and the teeth were about to fall out anyway, it may be rated lower.

8. Child has nightmares about being killed by her mother

This statement should generate much discussion. *If* the child is an abused child who has reoccurring dreams due to the abuse, this would be rated under **Factor 4 (Emotional Harm)** and would be rated either **moderate or high**. If the child had nightmares as a

result of a non-abusive incident (they witnessed something tragic) this would not be rated as emotional harm. The trainer should stress several things during the discussion. *First*, **Factor 4 (emotional harm)** is only rating information that is the *result* of abuse/neglect and/or the child's level of fear related to being in the care of the parent or caretaker. *Second*, if the child has emotional problems that are not related to abuse or neglect, then that information would be rated under **Factor 1 (vulnerability)**. *Third*, the trainer should stress that it is not necessary to have an indicated or founded ChildLine report to rate **Factor 4 (emotional harm)**.

9. A hand print from abuse on face of a 17 year old

Factor 1 (vulnerability) would be rated **low** due to age (if the 17 years old did not possess any other factors (mental retardation, etc) that would raise risk. **Factor 2 (sev/freq)** would be rated in accordance with the continuum depending upon the extent of the injury. If the hand print is severe, a **high** rating would be appropriate. (Refer to the continuum, which requires a high rating due to the *location* of the injury.) However, there could be an argument regarding a hand print that was really only a "red" mark, lasting only a short time. This could be rated either **low or moderate**, given the information gathered during the investigation. The trainer should discuss how the ratings would change, if the age of the child changed.

10. 9 year old cared for by an intoxicated sitter

Factor 1 (vulnerability) would be rated as **moderate** due to age. **Factor 2 (sev/freq)** would be rated **moderate** per the continuum.

Caretaker/Household Members: Lecture

TRAINER NOTE: The PA Model rates each adult in the household and perpetrators. It also rates any parent, paramour or caretaker who may impact risk to child.

The PA Model also rates any perpetrator that is a household member and is less than 18 years of age as both a child under category 1 and a perpetrator under category 2.

5. Age, Physical, Intellectual or Emotional Status

This factor assesses caretaker/household members/perpetrators functioning in three areas, in addition to chronological age:

- A. Physical functioning: abilities and limitations
- B. Mental functioning: mental retardation, mental illness, overall mental health
- C. Emotional behavior: anger control, rationality of behavior, mood, and maturity

6. Cooperation

This factor addresses the families' response to the investigation/assessment of child abuse/neglect and subsequent involvement in the utilization of resources, including the Family Service Plan.

- A. It is important to note that an individual's initial reaction may be directly related to their perception of the intrusion created by the referral to the agency and subsequent anxiety about referral.
- B. In rating this factor worker should consider worker's access to interview the children and adults in the family.
- C. In rating on-going services we are measuring behaviors around cooperation with the agency family service plan and court orders.
- D. In investigating a report of abuse or neglect on a case already accepted for service, the worker should assess cooperation with both investigation and on-going services.

7. Parenting Skills and Knowledge

In this factor, the following should be evaluated:

- A. Parent/Caretaker's knowledge/awareness of child development
- B. Parent/Caretaker's means of disciplining the children
- C. Parent/Caretaker's expectations of the children
- D. Parent/Caretaker's description of their roles/responsibilities and those of the children

8. Alcohol/Substance Abuse

This factor examines the following:

- A. Evidence of misuse of alcohol/substance use, including present/prior involvement in treatment
- B. Prior history of referrals, problems, or criminal history related to alcohol or drugs
- C. Impact of adults' alcohol/substance abuse on children.

9. Access to Children

In addressing this factor, the following needs to be considered:

- A. The relationship between the alleged perpetrator and the child
- B. The access of a perpetrator to the child
- C. The family's ability to protect and provide care for their children
- D. Consider who in the family is providing care for the children
- E. The ability of the non-offending caretaker to protect and care for the children.

10. Prior Abuse/Neglect

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Trainer Notes

- A. This factor examines the history of prior abuse/neglect of the adult caretakers as perpetrators or victims.
- B. In addition to prior indicated or substantiated cases of child abuse/neglect, it is important to access and assess statements of family members or collaterals regarding history of child abuse/neglect.

11. Relationship with Children

This factor assesses the interaction between parents and their children. It includes a review of the following areas:

- A. The nurturing behavior of the parents
- B. Caretaker reactions/anger toward both their child(ren) and their behaviors
- C. The family roles/rules
- D. The evidence/absence of attachment between parent and child(ren)

Family Environment Factors: Lecture

12. Family Violence

This factor looks at how adults manage and resolve conflict between themselves. The following areas should be reviewed:

- A. The problem solving techniques used by the family
- B. The method(s) the family uses to resolve disagreements/conflicts
- C. Any history of spouse/partner abuse, including filing of Protection From Abuse Orders

13. Condition of the Home

This factor evaluates the presence of health/safety concerns in the physical environment/household. An assessment of the home environment should occur and attention paid to the following:

- A. Health/safety issues in the home

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Trainer Notes

- B. Presence of lead, exposed wiring, structural damage, utility hazards

14. Family Supports

This factor addresses the following:

- A. The availability of, and relationship to, a support system by the family
- B. The family's connection/interaction within the community
- C. The family's use of community resources
- D. The child(ren)'s involvement in programs/schools

15. Stressors

This factor assesses the type/level and amount of stress and its impact on family life. An examination of the following should occur:

- A. The current stressors identified by the family
- B. The family's stability regarding housing
- C. The number of children in the family
- D. The family's coping skills in dealing with stressors

CARETAKER/HOUSEHOLD MEMBER/PERPETRATOR AND FAMILY ENVIRONMENT FACTORS EXERCISE

TRAINER NOTE: Trainer lectures briefly on the seven Caretaker/HHM/Perpetrator factors and the four Family Environment factors. To orient the group to the factors, the trainer (at his/her discretion) can use the NAME THAT RISK handout to start the session. Instructions are on the form.

After completing the exercise, the trainer should discuss the 11 risk factors using the RISK SEVERITY CONTINUUM as a guide. Trainer should be well versed in the factors and their significance. The Risk Assessment Reference Manual should be used to thoroughly acquaint yourself with the information.

Trainer distributes a handout for group to use while watching the Andy Thompson video. Trainer explains the handout and stresses that it follows the Pennsylvania Model Matrix. The participant should use the handout to record their observations of risk factors shown in the video.

Trainer introduces the video, The Andy Thompson Case, and explains that the video was developed with funding from the Dept. Of Health and Rehabilitative Services in Florida to assist with the Risk Assessment Research Project, conducted in Pennsylvania in 1992. The video presents a case vignette about a hypothetical child welfare case. Participants should view the video and glean as much information as possible about the 11 Caretaker and Environmental factors, and be prepared to rate each factor on the Pennsylvania Model Risk Assessment Form.

TRAINER NOTE: The video includes two other case vignettes, the Sanchez and Todd cases. The trainer may opt to show one of the case vignettes, then work on only the Caretaker factors (for example). Then, another vignette can be used to discuss Family Environment factors.

Other variations are permissible, but it should be noted that the Thompson video is the most comprehensive in terms of the numbers of factors presented.

Trainer breaks the class into three to five small groups, depending on the size of the class. Each small group is given a blank matrix and instructed to complete all ratings for Category B and C factors. Group members should use their worksheets to discuss each factor and be prepared to defend their rating. One group member should record their group results on a pre-made flip chart in the front of the room.

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Trainer Notes

Trainer reconvenes the class, and using the pre-made flip chart as a guide, facilitates a discussion on the ratings from each group. The trainer should focus on those factors where there are major inconsistencies in the ratings. (For example, 3 groups rate a factor HIGH, while one rates it LOW.) Each group should be asked to defend their ratings using specific information gathered from the video.

TRAINER NOTE: Trainers should watch the video in advance and rate each factor using a matrix before training this exercise. Trainers should be prepared to share or discuss their completed matrix and defend their ratings.

NAME THAT RISK.....

In 3 minutes, locate an example for each of the risks noted in the left column. Note the example, by letter, in the blank space.

- | | |
|--|--|
| _____ 5. AGE, INTELLECTUAL OR EMOTIONAL STATUS | A. Father has been arrested 4 times for domestic violence |
| _____ 6. COOPERATION | B. Father is openly hostile to worker |
| _____ 7. PARENTING KNOWLEDGE AND SKILLS | C. Family had been active in 1987 and 1994 |
| _____ 8. ALCOHOL/SUBSTANCE ABUSE | D. Father, the alleged perp., has week-end visitation by court order |
| _____ 9. ACCESS TO CHILDREN | E. Mother cannot verbalize one thing that little Johnnie does right |
| _____ 10. PRIOR ABUSE/NEGLECT | F. Rat feces and garbage are observed in the corner of the kitchen |
| _____ 11. RELATIONSHIP WITH CHILDREN | G. Mother, age 19, has poor impulse control |
| _____ 12. FAMILY VIOLENCE | H. Family moved here from Colorado two months ago |
| _____ 13. CONDITIONS IN THE HOME | I. Mother expects young Robbie (8 months old) to be toilet trained |
| _____ 14. FAMILY SUPPORTS | J. Father admits to drinking 8-10 beers before arriving home from work |
| _____ 15. STRESSORS | K. Father recently laid off, and the furnace is broken |

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NAME THAT RISK..... Answer Sheet

In 3 minutes, locate an example for each of the risks noted in the left column. Note the example, by letter, in the blank space.

- | | |
|---|--|
| <u>G</u> 5. AGE, INTELLECTUAL OR EMOTIONAL STATUS | A. Father has been arrested 4 times for domestic violence |
| <u>B</u> 6. COOPERATION | B. Father is openly hostile to worker |
| <u>I</u> 7. PARENTING KNOWLEDGE AND SKILLS | C. Family had been active in 1987 and 1994 |
| <u>J</u> 8. ALCOHOL/SUBSTANCE ABUSE | D. Father, the alleged perp., has week-end visitation by court order |
| <u>D</u> 9. ACCESS TO CHILDREN | E. Mother cannot verbalize one thing that little Johnnie does right |
| <u>C</u> 10. PRIOR ABUSE/NEGLECT | F. Rat feces and garbage are observed in the corner of the kitchen |
| <u>E</u> 11. RELATIONSHIP WITH CHILDREN | G. Mother, age 19, has poor impulse control |
| <u>A</u> 12. FAMILY VIOLENCE | H. Family moved here from Colorado two months ago |
| <u>F</u> 13. CONDITIONS IN THE HOME | I. Mother expects young Robbie (8 months old) to be toilet trained |
| <u>H</u> 14. FAMILY SUPPORTS | J. Father admits to drinking 8-10 beers before arriving home from work |
| <u>K</u> 15. STRESSORS | K. Father recently laid off, and the furnace is broken |

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CARETAKER & FAMILY ENVIRONMENT VIDEO EXERCISE WORKSHEET

INSTRUCTIONS: As you watch the video, you will observe a number of Caretaker, Household Member risks, as well as Family Environment risks. Under the risk factors shown below take note of those risks you observe. (As an additional option, you can count the number of times you observed that factor by crossing out appropriate number next to the factor.)

AGE, PHYS, INTELL. OR EMOTIONAL STATUS 1 2 3 4 5 6 7 8 9 10

COOPERATION 1 2 3 4 5 6 7 8 9 10

PARENTING SKILLS/KNOWLEDGE 1 2 3 4 5 6 7 8 9 10

ALCOHOL/SUBSTANCE ABUSE 1 2 3 4 5 6 7 8 9 10

ACCESS TO CHILDREN 1 2 3 4 5 6 7 8 9 10

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PRIOR ABUSE/NEGLECT 1 2 3 4 5 6 7 8 9 10

RELATIONSHIP WITH CHILDREN 1 2 3 4 5 6 7 8 9 10

FAMILY VIOLENCE 1 2 3 4 5 6 7 8 9 10

CONDITIONS OF THE HOME 1 2 3 4 5 6 7 8 9 10

FAMILY SUPPORTS 1 2 3 4 5 6 7 8 9 10

STRESSORS 1 2 3 4 5 6 7 8 9 10

Additional comments, notes, or questions

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F/C or O/H

GROUP	1	2	3	4	5
B. CARETAKER, HOUSEHOLD MEMBER, PERPETRATOR					
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					
C. FAMILY ENVIRONMENT					
12. FAMILY VIOLENCE					
13. CONDITIONS OF THE HOME					
14. FAMILY SUPPORTS					
15. STRESSORS					

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SUMMARY RISK ASSESSMENT

Purpose: To provide an understanding of the concepts of Overall Severity, Overall Risk and how to complete the summary risk assessment narrative.

Rationale: The most difficult aspect of conducting risk assessment is the analysis of the information once it has been gathered and individual factors have been rated. Workers will be required to provide a logical progression of thought that provides the rationale for specific ratings and the determination of overall severity and overall risk.

Objectives: Participants will:

- Understand the concepts of Overall Severity and Overall Risk
- Understand how to document their rationale for ratings on the matrix and the impact of unknown information
- Understand how the interaction of factors impacts the level of risk

Handout: Establishing and Documenting Overall Severity and Overall Risk

Exercises: William Case

Time: 1 to 1 1/2 hours

DETERMINING OVERALL SEVERITY AND OVERALL RISK

- 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 low (L), then overall severity is low.
 - c. If the highest rating is moderate (M), then overall severity is moderate.
 - d. If the highest rating is high (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.

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Trainer Notes

- c. 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.
 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.
 6. 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.
 7. It is also possible to have a low severity rating and a high overall rating.
 8. 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.

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- 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 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 which diminish risk.
 - a. Factor 1, Vulnerability, is critical to overall risk.
 - b. Factor 3, Prior abuse / Neglect is critical to overall risk. This represents past abuse and neglect. This is a history that can not 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.
8. All factors which are extremely intense or of long duration or which are supported by environmental pressures should be given added weight in making an overall assessment of risk. For example:
 - a. Intensity: feeling blue vs being clinically depressed.
 - b. Duration: a two month drug use vs a 15 year drug addiction.
 - c. Environmental Support: a physically abusive parent who attends church which promotes physical discipline of children.

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Trainer Notes

9. Workers must be able to identify constellations of factors which commonly occur in physical abuse / sexual abuse / neglect cases and should give these factors special weight because these factors are mutually reinforcing.
10. Whenever possible, workers should identify the underlying causes of child abuse / neglect.
11. When a worker selects an overall level of risk, it represents their assessment of the interrelationship of the risk factors.
12. Dangerous combinations of risk factors might include:
 - a. Difficult to care for child, parent with marginal parenting skills, social isolation.
 - b. Passive mother, violent boyfriend, very active or out of control child.
 - c. Failure to thrive baby, depressed young mother, living in poverty
 - d. Male with history of sexual offenses against children, no treatment, mother with young children, mother denies 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 of 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.

RISK ASSESSMENT SUMMARY

- A. The Risk Assessment Summary is on the back of the matrix.
 - 1. This replaces the back of the Summary Risk Assessment form in the Washington model.
 - 2. This section must be completed unless the agency has received permission from RATF to have the narrative incorporated into the dictation format used by the agency.
 - 3. If the agency's dictation format is used, all of the information that is expected on the back of the risk matrix must be in the dictation.

- B. The narrative must represent a logical progression of thought that indicates the rationale for ratings contained on the matrix, leading the reader to the apparent overall level of risk.
 - 1. Specific evidence supporting all high and moderate risk conclusions.
 - 2. Justify all "unable to assess" ratings.
 - 3. Rationale must be stated for the Overall Severity rating.
 - 4. Conclusions regarding Overall Risk ratings must be documented including information on how all the factors are interacting and the impact of "clusters" of risk factors or dangerous combinations of factors.
 - 5. Overall risk always represents risk without agency intervention.

- C. The narrative must include an assessment of safety and the plan to provide safety to the child.

- D. The narrative must include a prioritization of the problems within the family and an assessment of how family strengths can be utilized in case planning.

- E. Workers tend to have great difficulty when asked to complete the written summary. In some cases it is because they have poor writing skills, and in other cases it is due to a reluctance to THINK.

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Trainer Notes

- F. The identification of Overall Level of Risk and the written summary are the most difficult sections of the risk assessment process and the most critical.
- G. Risk Assessment is completed prior to the Family Service Plan and should be the basis upon which goals are selected.

SAMPLE EXERCISE: WILLIAMS FAMILY

TRAINER NOTE: The Williams family exercise should be distributed. Workers should be reminded that all "training" cases are more difficult to complete and usually take more time to do because the worker does not really know the family.

FINAL RISK ASSESSMENT EXERCISE

- A. Instruct participants to review the case narrative and complete the risk matrix, side one.
- B. The trainer should be available to answer questions as they arise.
- C. After participants have completed side one, review the ratings given by participants.
- D. Instruct participants to complete the narrative section (side two).
- E. Review the narratives upon completion.

WILLIAMS FAMILY EXERCISE

Directions: Review the information outlined below. Then document your risk assessment of the family.

The trainer will be available to answer any questions that you have during the exercise.

Family consists of the mother, Mary Williams, age 25; father, Frank, age 27; and their three children, Susan, age 7; James, age 6, and David, age 3. Family resides at 2121 South 21st Street, in a city in your county. A referral was received from school nurse, C. Barton, from Abraham Lincoln Elementary School. James Williams was observed to have three, 1 inch welt marks on his left arm. When asked how he got the marks, James said that he was playing ball in the house and broke a window. His mother became angry and hit him with her belt.

A review of agency records found one prior involvement with the family in August 1993. At that time Susan was referred because she had telephone cord marks on her back from being hit by her mother. A CPS report was indicated due to the severity of the injuries and because Susan had experienced severe pain as a result of being hit. She was unable to lean back in her chair for several days because the injured area was very tender. The family was serviced for six months, no other abusive incidents occurred. The parents were resistant to continued services and the case was closed at that time.

During the CPS investigation, the worker learns the following information: James stated that his mother hit him with a belt. He said that this mother usually disciplines him by hitting him. He appears to be telling the truth. James said that he is not afraid of his mother, except when he does something bad, like breaking a window. The injury consisted of three, nickel sized welts to the left arm. James stated that it hurt when he was being hit, and for a few minutes afterwards, but that it did not hurt now, unless the area was touched "hard." He had no other injuries. James stated that in the past, he had been hit by his mother whenever he was bad, but never had a marks as a result of being hit in the past.

Susan and David were also examined by the worker and found to have no injuries. Interviews revealed that James was the only child who was physically disciplined by the mother at the present time. Susan stated that she had not been hit by her mother since the last time the agency was involved with the family. She also stated that David was never hit by either of the parents because he was the baby of the family. Both children denied ever being hit by their father.

James and Susan are often absent from school and when they do come to school, they are often hungry. Susan has been absent 10 days, and James has been absent 8 days. Both children are frequently late and often appear to be hungry. The children state that they get themselves up for school. The children don't have warm coats or boots.

James frequently gets into fights at school. Susan tries to boss the other children and has few friends. Susan claims that she is the one who cares for David most of the time, because her mother is usually tired. The children denied that their mother used drugs or alcohol. However, they did state that their father drank every night when he was home. They did state that their father and mother routinely had heated arguments and that they always yelled at each other.

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They admitted to seeing the father push the mother on several occasions when he was angry, but denied that they ever saw him hit her. They denied ever seeing the father drunk.

Mother was interviewed and initially denied hitting James, but eventually admitted to hitting him on the day he broke the window. She said that this was the first time that she has ever hit him, and later admitted to hitting him often when confronted with the statements made by James and Susan. She pointed out that she stopped hitting Susan after the last involvement with the agency. Mother seemed overwhelmed with caring for the children. She stated that her husband believed that child care was solely the mother's responsibility and he never helped with the child care responsibilities. She stated that James can get out of control at times and that he rarely listens to her. She denies that her husband was ever abusive to her, and dismissed the yelling and pushing as his way of showing that he loved her. She stated that Frank works as a garbage collector and that they often fight over lack of money.

Frank was home at the time of interviews in the home, but always left the room shortly after the worker arrived. During a brief conversation with the worker he stated that the children were Mary's responsibility and that parenting was the woman's job. He did state that hitting children was all right for a parent to do because they have to learn to listen. He stated that since he was not the one who left the injury he did not see the point of meeting with the worker. He did not mind if the worker wanted to meet with his wife or his children. The worker was unable to observe any interactions between the father and the children. Mother stated that he rarely had any real interactions with the children. She said he drank every night at home, after work. She said that he never gets drunk. Worker could find no criminal history on the father or mother.

The family lives in a two bedroom apartment. Mother and father sleep in one. Susan has her own room and James and David share a sofa bed. All utilities appear to be functioning although the apartment was cool. The home was quite cluttered but clean. David was found to be clean and appeared healthy. Medical records were obtained for all the children. Nothing in the medical records raised concerns regarding the care given to David except for the fact that he was behind in his immunizations.

Mother claims that she rarely sees her family after they had a fight two years ago. The family has moved seven times in the past three years. Mother blames "bad landlords" as the reason for all the moves, but admits to having difficulty with managing her money. During the interviews held with the family, Susan was observed caring for David in the adjoining room. Mother said that Susan is a big help and often assists her in caring for David. James was quite disruptive during interviews with family members. Mother threatened to punish him several times if he did not settle down.

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PENNSYLVANIA MODEL RISK ASSESSMENT FORM

ASSESSMENT CODES: Z - NO RISK L - LOW RISK M - MODERATE RISK H - HIGH RISK X - UNABLE TO ASSESS

CASE NAME: WILLIAM

CASE # 0734

A. CHILD FACTORS	NAME: AGE:	SUSAN 7	JAMES 6	DAVID 3			HIGHEST RISK FACTOR
1. VULNERABILITY		M	M	H			H
2. SEV/FREQ AND/OR RECENTNESS OF ABUSE/NEGLECT		L	M	L			M
3. PRIOR ABUSE/NEGLECT		M	L	L			M
4. EXTENT OF EMOTIONAL HARM		M	M	X			X
B. CARETAKER/ HHM/ PERPETRATOR	AGE:	MARY 25	FRANK 27				HIGHEST RISK FACTOR
5. AGE, PHYSICAL, INTELLECTUAL OR EMOTIONAL STATUS		M	X				X
6. COOPERATION		L	M				M
7. PARENTING SKILLS /KNOWLEDGE		M	H				H
8. ALCOHOL/SUBSTANCE ABUSE		Z	L				L
9. ACCESS TO CHILDREN		H	H				H
10. PRIOR ABUSE/NEGLECT		M	X				X
11. RELATIONSHIP WITH CHILDREN		M	X				X
C. FAMILY ENVIRONMENT							RISK FACTOR
12. FAMILY VIOLENCE	D. PLEASE USE BACK OF PAGE FOR NARRATIVE						M
13. CONDITION OF THE HOME							Z
14. FAMILY SUPPORTS							H
15. STRESSORS							M
WORKER	DATE	OVERALL SEVERITY				M	
SUPERVISOR	DATE	OVERALL RISK				M	

RISK ASSESSMENT SUMMARY

Family: Williams

D. Note specific evidence supporting all high risk and moderate risk conclusions and justify all "unable to assess" ratings. You must provide conclusions regarding overall severity/risk based on the interaction of all factors. Attach extra pages if needed.

The Williams children are living in a family environment that poses **moderate risk of overall severity**. Although the current injuries sustained by James are minor in nature, there is a history of James being physically disciplined and the mother uses an implement (a belt) in the disciplining process. In addition there appears to be a history of the older children caring for themselves as it relates to school attendance and getting ready for school in the morning. The older children appear to have experienced emotional harm as a result of the past and current discipline used in the home. This is shown in the behaviors exhibited by the children as they attempt to interact with other children in an aggressive fashion. The "X" rating for David regarding emotional harm does not appear to impact the severity rating, because there is nothing to indicate that David has been abused or neglected to the point that he has experienced any emotional harm, and his young age prevents a thorough assessment of this factor at this time.

The **overall risk** in the Williams family stays in the moderate range. There is a prior history which indicates that the mother is capable of disciplining her children to the point of more serious injuries, per the past indicated report of abuse regarding Susan. This history, combined with the young ages of the children, makes them vulnerable to further abuse/neglect, supports the continued moderate rating.

Mary Williams appears to be the sole caretaker of the children even though the father, Frank, lives in the home. He subscribes to a strict, stereotypical division of labor within the home, specifically believing that the mother should be the sole caretaker and the father should have no responsibility for child care. This attitude results in Mary being overwhelmed with child care responsibilities, particularly in her attempts to control James. She also is allowing Susan to assume some of the parenting responsibilities for David because she feels overwhelmed. She appears to have a limited knowledge of disciplining measures, relying on the use of a belt to control James.

Although there is no evidence that suggests the father has been abusive to his children, he does believe in physical discipline. His overall parenting ability could not be assessed due to his reluctance to meet with the worker. This reluctance also resulted in the inability to rate the father's current functioning or his history of abuse/neglect as a parent or a child. His

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relationship with the children may be more like that of an absent parent in many respects. He drinks alcohol on a daily basis but there is no evidence that his drinking raising risk to the children at this point.

The mother was at first, deceptive in her responses, however readily admitting once confronted with statements made by her children. She allowed access to her home and children and participated in the interview process. Although the father did not interact, he did not prohibit intervention with the family. The mother has not readily admitting to the problems within the family but there appears to be some recognition on her part that her method of disciplining her children needs to change. This is supported by the fact that she stopped using physical discipline with Susan after the last agency involvement.

The relationship between the parents is of concern because of the constant yelling and the physical pushing by the father. There is no evidence that the interaction between the two has progressed to anything more violent. The absence of supports for the family shows how isolated this family really is, however the two older children do attend school, allowing their day to day care to be monitored.

There are stressors within the family, particularly financial. The living arrangements are small, however there does not appear to be any health hazards or other concerns that would raise risk to the children.

The children appear to be safe in the home at this time, based on mom's history of being able to stop using physical discipline during agency involvement and the lack of fear being expressed by the children.

The major problem within the family appears to be Mary's current state of being overwhelmed with child care and her past reliance on physical discipline when stressed. The children's aggressive behaviors, which appear to mirror the interaction of the adults in the home, need to be addressed. This would help to reduce the mother's need to rely on physical discipline of the children when they are misbehaving, while attempting to teach her more effective disciplining methods. The biggest obstacle to reducing the verbal and physical abuse between the parents is the father's unwillingness to be involved with the agency.

Another problem within the home is the mother's total responsibility for child care. There may be no way to change the father's strict belief in appropriate roles within the family, however the agency could reduce her responsibilities for caring for the children by providing day care for David and other supportive services for the older children. Perhaps, after building a stronger relationship with the mother, and hopefully with the father, additional family supports may be identified.

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ESTABLISHING AND DOCUMENTING OVERALL SEVERITY AND OVERALL RISK

After the fifteen factors have been rated, it is necessary to analyze the information gathered to determine the overall level of severity and the overall level of risk within the family. This is not done by simply finding the highest rating on the matrix, but rather by conducting a thoughtful analysis of the risk factors and determining how those factors may be interacting with each other.

DEFINITIONS OF RISK LEVELS

No Risk: The absence of risk and/or the presence of strengths. Factors rated no risk (Z) may represent strengths which are powerful enough to reduce risk within the family.

Low Risk: A significant possibility that a **minor** form of abuse or neglect will occur in the near future. Low risk factors are rated with a (L).

Moderate Risk: A significant possibility that a **serious** form of abuse or neglect will occur in the near future. Moderate risk factors are rated with a (M).

High Risk: A significant possibility that a **severe** form of abuse or neglect will occur in the near future. High risk factors are rated with a (H).

Unable to Assess: Factors which can not be rated because of insufficient information are rated with an (X).

HIGHEST RISK FACTOR SECTION

Review each of the ratings found in a particular risk factor. Select the highest risk rating found and enter that risk rating in the "highest risk factor section" for the factor being reviewed. An (X) rating should be considered higher than any other risk rating for the purpose of completing the Highest Risk Factor Section.

DETERMINING OVERALL SEVERITY

Overall Severity represents the severity of the **current** abuse and neglect. Review Factors 2 and 4, (Sev/Freq and/or recentness of abuse/neglect **and** Extent of Emotional Harm.) If there are no (X) ratings, the highest rating found represents the **Overall Severity** rating. If any of the ratings in either of these two factors is an (X), the impact of the absent information must be assessed to determine if the risk level should be raised as a result of the missing information.

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Overall Risk represents a logical, thoughtful analysis of the impact on risk made by the interactions of all the risk factors. After determining the overall severity rating, the further analysis of the remaining risk factors must be made. Factors 1 and 3 (Vulnerability and Prior Abuse/Neglect) should be reviewed closely. Moderate or high ratings for these factors may very well require that the overall risk level within the family be raised. These two factors represent the history of abuse/neglect coupled with the vulnerable state of the child(ren). All other factors should be closely reviewed to determine how they impact risk. Special consideration should be given to factors of **high intensity, long duration and which have environmental support**.

Additional things to consider include:

- ✓ The impact of unknown information (factors rated X)
- ✓ Factors, which when found together, (constellations or clusters) should be given added weight
- ✓ Dangerous combinations should raise "red flags" when found
- ✓ Strengths must be analyzed to determine whether or not they are strong enough to lower risk

RISK ASSESSMENT SUMMARY

The narrative must represent a **logical progression of thought** that indicates the rationale for ratings contained on the matrix, leading the reader to the apparent overall level of risk. The following information should be contained in the narrative:

- ✓ Overall Severity and rationale
- ✓ Overall Risk and rationale
- ✓ Specific evidence to support moderate and high ratings
- ✓ Justification for all factors rated with an (X)
- ✓ Identification of strengths found within the family
- ✓ Safety assessment and safety plan
- ✓ Prioritization of problems within the family

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CASE INTERVAL POLICY

Purpose: To introduce trainees to the completion requirements for the Pennsylvania Model of Risk Assessment

Rationale: In order to assure best practice, consistent implementation across the state and proper implementation of the new model, trainees will review the Case Interval Policy and be familiar with the time frames and requirements. Risk Assessment is mandatory per Act 151, beginning July 1, 1996.

Objectives: Participants will:

- Understand when risk assessment is to be done in the life of each case.
- Understand the underlying practice issues that connect risk assessment to planning and case decision making.

Handout: Pennsylvania Model Risk Assessment Case Interval Policy

Time: 15 minutes

CASE INTERVAL POLICY

- A. The case interval policy represents the minimum standards which some counties may chose to exceed. No county may fall below these minimum standards.
1. Risk Assessment is a **process** which must be completed on an ongoing basis, during every contact with families.
 2. **The case interval policy refers to risk assessment documentation not the process of assessing risk.**
- B. The first documentation of risk occurs at the point of screening, for cases accepted for evaluation/investigation.
1. Counties must use a screening form.
 2. The risk level at screening is the level of risk based on the allegations made at the point of referral.
 3. This documentation is done on the screening form - **a risk matrix is not done at this time.**
 4. A referral may be screened out after one contact is made, if the referral is a "bogus" referral. Full risk assessment documentation is not needed in these circumstances.
- C. A risk matrix/assessment summary is completed at the conclusion of the intake investigation/evaluation.
- D. A risk matrix/assessment summary is required every six months, in conjunction with the Family Service Plan or Judicial Review.
1. The expectation is that one risk matrix is completed every six months, either at _____ the point of the FSP or judicial review, not at both times, if different.
 2. Exceptions, meaning risk assessment documentation is not required, under the following circumstances:
 - The case had been accepted and remained at low or no risk.
 - The child/children are in care six months or more, and there are no other children in the family home.

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Trainer Notes

- E. Risk documentation is done when a child or children are being returned home.
 - 1. If the return is a planned return, the risk matrix/summary is completed in conjunction with the judicial review and again 30 days after the actual return.
 - 2. If the return is unplanned, the risk matrix/summary is completed within 2 weeks of the actual return home.
 - 3. Risk assessment documentation is not needed if the case had been accepted and remained at low or no risk.

- F. Risk assessment documentation may be done at any time - agency/supervisor discretion.
 - 1. County agencies may exceed the case interval policy.
 - 2. Supervisors may request that risk assessment documentation be completed at any time during the life of a case.

- G. Risk assessment documentation shall be completed at the time the case is closed.
 - 1. The documentation should be completed within 30 days prior to closing the case.
 - 2. Risk assessment documentation is not required if the case had been accepted and remained at low or no risk.

TRAINER NOTE: The trainer should again stress that the case interval policy covered in the training session is the minimum requirements of the model. Each county agency may exceed these minimum requirements if they wish.

Pennsylvania Risk Assessment Case Interval Policy

Assessments of risk shall be completed at a minimum as follows:

1. **Screening:** An assessment of risk is initially completed on the agency screening form. The referral may be screened out or accepted for assessment/investigation. If a referral is screened out, no risk matrix/assessment summary is necessary. A screen out may also occur after one contact is made on a bogus referral (2nd screen out option).
2. **Conclusions of Intake:** A risk matrix/assessment summary is completed at the conclusion of intake investigation/evaluation.
3. **6 month intervals:** A risk matrix/assessment summary is required every six months in conjunction with the Family Service Plan or judicial review. The expectation is that one risk matrix is completed every six months, either at the point of the FSP or judicial review, not at both times, if different.

exceptions:

- **The case had been accepted and remained at low or no risk.**
- **The child/children are in care six months or more, and there are no other children in the family home.**

4. **Return Home:** A risk matrix/assessment summary is required when a child or children are being returned home.
 - * **Planned:** If the return is a planned return, the risk matrix/summary is completed in conjunction with the judicial review and again 30 days after the actual return home.
 - * **Unplanned:** If the return is unplanned, the risk matrix/summary is completed within two weeks of the actual return home.

exception:

- **The case had been accepted and remained a low or no risk.**

5. **Agency/Supervisor Discretion:** Risk assessment documentation maybe done at any time the agency/supervisor requests. County agencies may exceed the case interval policy.
6. **Case Closure:** A risk matrix/assessment summary is required within 30 days prior to closing the case.

exception:

- **The case had been accepted and remained at low or no risk.**

CULTURE

The training provided by the Pennsylvania Child Welfare Competency-Based Training and Certification Program is designed to promote culturally competent Child Welfare practice throughout Pennsylvania. This curriculum will provide trainers with two possible exercises they can use to ensure that cultural issues are addressed. Trainers will have the option of using whichever method they feel most comfortable with. Trainers who wish to develop their own exercise/method to address cultural issues will need to submit their proposed exercise/method to the Competency-Based Training Program for approval.

Exercise 1

Review the "Selected Multi-Cultural Guidelines for Risk Assessment" information package. During the lecture section discussing the 15 factors, ask the trainees the following question: "How would cultural issues impact the assessment of this factor"? Allow the trainees to discuss this issue and use the "Selected Multi-Cultural Guidelines for Risk Assessment" to guide the discussion.

Exercise 2

Cultural Gallery

This is an exercise which focuses on the natural human reaction of grouping new information with currently known information in order to be able to deal with all of the new information learned over the course of time.

Each group has four people in it, grouped intentionally to provoke discussion around a certain issue that workers may hold values, beliefs or stereotypes and could adversely effect their ability to conduct risk assessment.

The following questions were asked about each group: do the people in this group have similar qualities? Would it be possible to stereotype anyone in the group based on information known about one or more of the group members?

Sample Group: Female Tennis Stars:

C. Everett, S. Graf, B.J. King, and M. Navratilova

Discussion: We could believe they were all gay. Discuss how our personal feeling about sexual choice could affect a risk assessment.

Group 1: People who overcame hardships:

M. Matlin (deaf), S. Wonder (blind), M. Lemieux (Hodgkin), B. Dole (war injury or being Republican - take your pick)

Discussion: We could believe that they were all Republicans!!! Discuss how our personal feelings regarding handicaps could affect a risk assessment.

Group 2: Dead Drug Abusers

J. Belushi J. Hendrix, J. Garcia, J. Joplin

Discussion: We could believe that all entertainers are drug abusers. I upset some "Dead Heads" by putting Garcia in this group because, as they point out, all the others died from a drug overdose, and he did not! Discuss how our personal feelings about drug use/abuse could affect our risk assessments.

Group 3: Middle East Leaders

Sadam, King Fadh, Arafat, and Khomeni

Discussion: We could assume that they are alike because they all are from the Middle East. We discuss how, by making the same assumptions about clients from a particular culture, we may adversely affect our risk assessment.

Group 4 : Black Comedians

Whoopie, Cosby, Pryor, Murphy

Discussion: We could assume they all are drug users (like Pryor) or all are highly educated (like Cosby). If we are quick to assume anything about our clients, we run the risk of doing a poor risk assessment.

Group 5: Jewish Beliefs

H. Cosell, S. Spielberg, Sammy Davis Jr.; and Einstein

Discussion: How do our own religious beliefs impact risk assessment done with clients of another belief system?

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Trainer Notes

Group 6: Reporters

Geraldo, Chung, Bradley, Cronkite

Discussion: We may expect the same type of reporting from all, and be sadly disappointed by Geraldo!! We could expect two sisters, both mothers and clients of the agency, to respond to agency intervention in a similar fashion, making us create similar treatment plans.

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Bibliography

The American Bar Association Center on Children and the Law (1993) Evaluation of the Pennsylvania Approach to Risk Assessment An Executive Summary of the results for project objectives 1, 2 and 4.

The American Humane Association Children's Division (1993) Evaluation of the Pennsylvania Approach to Risk Assessment Objective 1, 2 and 4.

The American Bar Association Center on Children and the Law (1993) Evaluation of the Pennsylvania Approach to Risk Assessment Objective 3: Validity Study of Risk Assessment Factors.

The Philadelphia Department of Human Services On-the-Job Training Unit (1989) Philadelphia Model Risk Assessment.

Washington Model Risk Assessment