



Risk and Family Assessments Embedded Evaluation Booklet

Module 7: Risk and Family Assessments

Charting the Course towards Permanency
for Children in Pennsylvania:
A Knowledge and Skills-Based Curriculum

Developed by:
The Pennsylvania Child Welfare
Training Program

University of Pittsburgh
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Instructions:

Please be sure to answer each question to the best of your ability.

There is to be no discussion among participants during the embedded evaluation. If you have a question, please raise it to the trainer and he/she will answer your question in large group format, when possible.

1. Turn to page 7 of this booklet;
2. Write your name at the top of the page;
3. Read the enclosed case scenario on pages 4,5 and 6;
4. Complete a risk assessment based on the case scenario. Make the risk rating based as if the children were in the home at the time. A blank Risk Assessment is included on page 7. Use the Risk Severity Continuum on pages 2-3 as a reference;
5. Wait for your trainer's instruction and turn in your entire evaluation booklets to the trainer upon completion of the evaluation.

Good Luck!

RISK/SEVERITY CONTINUUM

NO RISK

LOW RISK

MODERATE RISK

HIGH RISK

1. VULNERABILITY

Over age 18

Cares for and can protect self with minimal assistance and has no physical or mental handicap. Typically age 12-17.

Requires adult assistance to care for and protect self or has minor limitation or has mild to moderate impaired development. Typically age 6-11.

Is unable to care for or protect self without adult assistance. Has severe physical or mental handicap or limitation. Is severely impaired developmentally. Typically age 0-5.

2. SEVERITY, FREQUENCY AND/OR RECENTNESS OF ABUSE/NEGLECT

No injury. No discernable evidence of abuse or neglect. No discernable pattern of inappropriate punishment or discipline. Has basic medical, food and shelter needs met. Receives adequate supervision at all times.

Has minor injury as a result of abuse or neglect which requires no medical attention. May show rare incidence of inappropriate punishment or discipline. Usually has basic medical, food and shelter needs met. On occasion may experience minor distress or discomfort due to neglect or lack of supervision.

Has significant physical injury possibly requiring medical diagnosis or treatment as a result of CAN. May have an ongoing history or pattern of harsh discipline or punishment. CAN is repetitive or cumulative. Injury to torso or back. Implement used resulting in marks or bruises. Not a high risk implement. Imminent risk of above. Child is 6-11 years of age, left alone periodically or left with unsuitable caretakers. Inconsistently has basic medical, food and shelter needs met.

Has serious physical injury. Has been sexually abused. May need immediate medical treatment and/or hospitalization. Suffers severe pain or ongoing history of harsh punishment or discipline. Injury to head, face, neck or genitals internal injuries or sexual assault. High risk implement used. Imminent risk of above. Child is 0-5 years of age, left alone or with an unsuitable caretaker. Rarely has basic medical, food and shelter needs met.

3. PRIOR ABUSE/NEGLECT

No signs symptoms, credible statements or reports that suggest that prior CAN has occurred.

Isolated report or incident of inappropriate physical discipline. No conclusive or credible statement suggesting prior CAN.

Previous substantiated report of abuse and/or neglect. Observable physical signs of previous CAN. Credible statements of previous abuse or neglect not investigated.

Previous substantiated reports of serious bodily injury. Severe abuse or neglect resulting in a serious condition. Credible statements or documentation of serious bodily injury or neglect not previously investigated. Multiple reports of moderate risk issues.

4. EXTENT OF EMOTIONAL HARM

Has no emotional harm or behavioral disturbance related to abuse and/or neglect. Is comfortable in caretakers home.

Has minor distress or impairment in role functioning; or development related to CAN. Has doubts or concerns about the caretaker's home.

Has behavioral problems that impair social relationships, development or role functioning related to CAN. Has fear of caretakers or home environment.

Has extensive emotional or behavioral impairment or serious developmental delay related to CAN. Is extremely fearful about caretakers or home environment.

5. AGE, PHYSICAL, INTELLECTUAL OR EMOTIONAL STATUS

Has no intellectual or physical limitation. Is cognitively able to understand and to provide for child's best needs. Seems mature and able to cope.

Has some physical or mental limitations but there is no evidence of any negative impact on family functioning. Parent is aware of limitations and has made adaptations, including use of appropriate resources.

Is physically/emotionally/intellectually limited. Has past criminal/mental health record/history. Has poor impulse control. Is under 20.

Is severely handicapped; Has poor conception of reality; Has severe intellectual limitations. Is unable to control anger and impulses. Under 16.

6. COOPERATION

Caretaker appropriately responsive to requirements of investigation. Actively involved in case planning and services. Participates in services provided to him/her and child. Acknowledges problems. Initiates contact with Caseworker to improve services and may seek additional services.

Caretaker offers minor resistance to investigation. Does not take initiative in obtaining needed services. Occasionally fails to follow through with services. Requires reminders and encouragement to follow through. Appears to make use of services by altering behavior in ways that reduce risk to the child. Willing to take some responsibility for the problem.

Caretaker is hostile or cooperates reluctantly with investigation only with direct instructions. Fails to follow through with case plan despite repeated reminders. Passively undermines interventions by canceling appointments, failing to attend meetings or follow up with referrals. Although expressing compliance, makes no effort to alter behavior lowering risk to the child. Fails to accept responsibility for the problem or their own behavior.

Caretaker actively resists any agency contact or involvement. Will not permit investigation to occur. Is very hostile or will only cooperate with police involvement, may threaten worker or service provider with physical harm. Refuses to take child for treatment or assessment and is disruptive to the point that makes services impossible to deliver. Completely denies problems and has no motivation to change behavior affecting the risk to the child.

7. PARENTING SKILL/KNOWLEDGE

Exhibits appropriate parenting skills and knowledge pertaining to child rearing techniques or responsibilities. Understands child's developmental needs. Does not use implements or physical means to discipline.

Exhibits minimal deficits in parenting skill and knowledge pertaining to child rearing techniques or responsibilities and/or in understanding child's developmental needs. Does not use high risk implements to discipline.

Is inconsistent or has moderate deficits in necessary parenting skills/knowledge required to provide a minimum level of care. Frequently uses physical means to discipline. Implement used, not a high risk implement.

Is unwilling/unable to provide the minimal level of care needed for normal development. Usually resorts to physical means of discipline. High risk implement(s) used.

8. ALCOHOL/SUBSTANCE ABUSE

No past or present abuse.

History of abuse with no current problem; Use without inappropriate consequences.

Reduced effectiveness due to abuse or addiction; Regular use results in problem behavior and/or incapacity.

Substantial incapacity due to abuse.

9. ACCESS TO CHILDREN

Responsible caretaker is available or perpetrator has no access.

Supervised access or shared responsibility for care of child.

Perpetrator has limited unsupervised access or child being cared for in non-supportive or neglectful environment.

Immediate, unlimited access or full responsibility for care of child.

10. PRIOR ABUSE/NEGLECT

Not neglected or abused as a child. No information or indication of caretaker as perpetrator of abuse or neglect.

No history of abuse or neglect as a victim or perpetrator. Isolated instances of inappropriate discipline as a victim and/or a perpetrator. Inconclusive statements of CAN history by subjects or collaterals.

Prior indicated or substantiated incident of abuse/neglect as a victim or a perpetrator. Admission to prior instances of abuse or neglect (perp. or victim) not yet investigated. Credible statements of above.

History of chronic and/or severe abuse/neglect; or abuse causing serious bodily injury as a perpetrator. Two indicated reports of CAN. Credible statements suggesting history of severe abusive or neglectful incidents towards children.

11. RELATIONSHIP WITH CHILDREN

Caretaker/child interaction is frequent and pleasurable to both. Mutual affection is prominent and appropriate. Child is aware of and consistently responds to verbal cues of caretaker.

Caretaker anger regarding child's behavior is rarely directed toward the child inappropriately. Anger is generally controlled. Child occasionally does not respond to verbal cues. Attachments of caretaker and child are obvious and extensive. No indication of role blurring (scapegoating or parentification).

Caretaker anger is occasionally extreme. Child's behavior regularly serves to provoke negative response; Displays of affection are intermittent or irregular; Child is occasionally scapegoated or parentified.

Caretaker anger is usually extreme and results in physical abuse, verbal abuse or extreme criticism. No appropriate affection shown to child. Child is consistently scapegoated or parentified; Role blurring occurs frequently. There is a complete lack of attachment or positive interaction between caretaker and child; Or conversely child is inappropriately dependent upon or clinging to caretaker. Child's behavior quite provocative.

12. FAMILY VIOLENCE

No use of or threats of violence to resolve conflicts. No history of violence in adult relationships or between adults in family of origin.

Indirect or implied verbal threats only in adult relationships or in family of origin: Some success with problem solving techniques.

Direct physical and/or verbal threats; Use of violence between adults; History of physical threats and injury in family of origin: Other methods of dealing with issues rarely used.

Physical violence between adults resulting in injury. Physical violence primary method of conflict resolution. History of physical violence in family of origin; History of protection orders or criminal charge.

13. CONDITION OF THE HOME

No health or safety concerns on property.

Minor health or safety concerns on property. Some minor problems posing no immediate threat and easily correctable.

Serious substantiated health or safety hazards, i.e. overcrowding, inoperative or unsafe water and utility hazards; other health and sanitation concerns.

Substantiated life threatening health or safety hazards, i.e., living in condemned and/or structurally unsound residence; exposed wiring and/or other potential fire/safety hazards.

14. FAMILY SUPPORTS

Frequent supportive contacts with family/friends. Involved with community resources as needed; Child monitored by two or more outside adults.

Occasional contact with supportive family/friends; Effective use of community resources, but could benefit from a larger variety of resources; Child monitored by one outside adult.

Sporadic supportive contact; under-use of community resources; Child is inconsistently monitored by outside adults.

Caretaker geographically or emotionally isolated; Community resources not available or not used. Child has minimal or no contact with outside adults.

15. STRESSORS

No recent losses or disruptions to family routine. Stable housing history. Coping skills are varied and adequate. One child living in household

Family circumstances have led to anxiety and/or irritation or minor depression. Caretaker appears to have the ability to care for the children in the household. Housing is stable. Coping skills are functional. Two to three children living in the household.

Family crises, losses or circumstances have led to intense anxiety or major depression. Caretaker has difficulty caring for the children in the household. Family has difficulty maintaining stable housing. Coping skills are limited. Four to five children in the household.

Family crises, losses or circumstances have led to serious psychiatric or emotional problems. Caretaker unable to adequately provide for the number of children in the household. Family has a pattern of frequent moves and homelessness. Coping skills are severely limited. Six or more children living in the household

Risk Assessment Case Scenario

Stewart Family Case Information

Children

Wyatt- age 10
Carrie Ann- age 5
May- age newborn

Mother

Lynn- age 25

Father

Marcus- age 28

Current Report:

School Nurse reports that Carrie Ann, age 5, has suspicious burns on her hands and arms. The school nurse describes the burns as 2nd degree and requiring medical attention. Carrie Ann sometimes comes to school tired and dirty, according to the school nurse. Her teacher has reported to the school nurse that frequently Carrie Ann needs reprimanded for “mothering” the children in her class. When asked, Carrie Ann states that she got hurt while making chicken for dinner last night. She says that her brother, Wyatt, age 10, was supposed to help fry the chicken since he’s taller, but he left her alone. Carrie Ann states that she had to climb up on a chair to reach the stove and when she grabbed the handle of the pan she slipped and the “hot stuff” fell on her. She says she tried not to cry loud so as to bother her mother, but her father heard her anyway. He started yelling and “smacked Wyatt good for leaving me alone.” She reports seeing bruising to Wyatt’s arm this morning in the same spot where Marcus had punched him. Last night, her father gave her some ice for her hands, and he even finished cooking dinner.

When asked why she and Wyatt were making dinner, Carrie Ann says that when she’s hungry, she has to make dinner herself, or she won’t get any. She states some days her mom sleeps a lot and Carrie Ann has to watch her baby sister. She reports some days her mom is in bed when she leaves for school and she is still in bed when Carrie Ann comes home from school. Carrie Ann says that after work her daddy likes to watch TV and drink beer until he falls asleep in his chair. Carrie Ann said her dad gets mad more at Wyatt. She says dad yells at him and calls him stupid and sometimes hits him. She states that this occurs more since the baby was born. A few weeks ago, she got Wyatt some ice for a “shiner” dad gave him after Wyatt had a bad report card. She reports that dad usually just yells at her when the baby won’t stop crying or she forgets to bring him a beer.

Wyatt confirms that Carrie Ann had gotten hurt while she was cooking dinner. He said that mom had asked him to fry chicken for dinner. Deciding that cooking was girls’ work, he thought Carrie Ann should do it. The first thing dad did after Carrie Ann started crying when she burned herself was punch Wyatt to his arm. Wyatt did say there was bruising to his arm where dad had punched him. Wyatt said that his dad is meaner to him than to Carrie Ann.

Wyatt states that he likes it when his parents go out to parties especially when he and Carrie Anne and May stay home by themselves. He said he has fun when they have a sitter but the times when he and his sisters were home alone, he watched whatever he wanted to watch on the TV and stayed up as late as he wanted.

Additional Information

Lynn states that she hasn't felt herself since May was born. When her other children were born, she had the "baby blues," but with May it's been worse. Lynn states that May is a colicky baby and the only person she really likes is her sister, Carrie Ann. Lynn also stated that something must be wrong with May for her to cry so much. Lynn would like for things to be different and she says some days she tries to get out of bed to take care of May and the other kids but she is just so tired and down she can't do it. She also says that Carrie Ann does have a way with the baby so as long as no one is screaming or bleeding "then what is the harm".

Lynn says that she and Marcus argue a lot about finances, keeping the house clean and minding the children. She admits that these arguments usually turn into all out shouting matches. Usually Marcus threatens to hit her. She tells him that if he does she'll have him killed and she usually throws something at him. Other times, they both get along well and can have fun together, especially when they go to parties. Lynn also mentioned that the parties help her to get away from it all and that sometimes she drinks too much because it makes the pain go away.

The only thing that makes Lynn feel better is alcohol. Lynne reports she gets drunk when she feels especially down. She knows that she needs to be there for her children; she just doesn't have the energy and doesn't know what to do when the children misbehave. For instance, while she recognizes that Wyatt needs some extra help, she does not have any idea about what to do other than yell at him when he gets out of control. She says she disciplines Carrie Ann the same way, by yelling at her. Lynn expects Carrie Ann, as the oldest girl, to take on some household responsibilities for the care of their family.

Lynn says that she loves her children; she just feels so down all the time. Lynn expressed a willingness to make changes. She tries to talk to her mom about her feelings, but her mother just doesn't understand. Her mother says that she raised 5 children all by herself and worked two jobs and doesn't understand what Lynn has to feel down about. Lynn relays that as a child, often her mother left her and her siblings with friends of friends. Lynn's mom sometimes left them home alone when she worked and told them not to answer the door or the phone.

Marcus reports that although he leaves most of the parenting to Lynn, they do fight a lot about how to discipline. Marcus believes that Lynn "worries about those kids way too much" and that "they'll be fine if she just lets them be." Marcus also states that the kids know when he means business, and that when he's home he usually disciplines Wyatt and Carrie Ann. Marcus admits that he wishes that Wyatt was more like him and not so "slow." He says that he sometimes feels embarrassed because he doesn't want people thinking that Wyatt is slow. He believes that Wyatt acts slow on purpose.

When asked about his childhood, Marcus says that growing up his father was never home a lot because of his job. Marcus says that his mother often hit him, sometimes causing bruises. He says he took these beatings “like a man and did nothing.” Currently, Marcus does not have contact with his mother and he does not know where his father is. His only brother was killed in a car accident when Marcus was still in high school. Marcus does not speak with any of his other relatives. Marcus says that he recently lost his job as a truck driver because of a “bogus” DUI conviction. Marcus admits that, like Lynn, he needs to get away when it gets to be too much at home. Spending time with his friends allows him to let loose and deal with the stress of finding a new job and providing for his family. After approximately ten minutes of talking with Marcus, he abruptly ended the conversation saying that that was enough talking because the problem is Lynn and not him. Two other attempts to arrange an interview with Marcus have been unsuccessful.

The family lives in a three bedroom home that was relatively well cared for at the time of the home visit. The kitchen has about eight bags of garbage piled in the corner and several days worth of dirty dishes in the sink and on the counter. Lynn says that Marcus tells her that since she does nothing all day she can take out the garbage and do the dishes. Lynn said she is tired of doing everything and that Marcus needs to pitch in. There is a broken window in the parents’ bedroom that had been boarded over with plywood.

Risk Assessment Embedded Evaluation Answer Sheet

Name: _____

How many Risk Assessments have you completed to date? _____

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:					CASE #		
A. CHILD FACTORS	NAME: AGE:	Wyatt 10	Carrie Ann 5	May Newborn			HIGHEST RISK FACTOR
1. VULNERABILITY							
2. SEV/FREQ AND/OR RECENTNESS OF ABUSE/NEGLECT							
3. PRIOR ABUSE/NEGLECT							
4. EXTENT OF EMOTIONAL HARM							
B. CARETAKER, HOUSEHOLD MEMBER, PERPETRATOR	NAME: AGE:	Lynn 25	Marcus 28				HIGHEST RISK FACTOR
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	D. PLEASE USE BACK OF PAGE FOR NARRATIVE					RISK FACTOR	
12. FAMILY VIOLENCE							
13. CONDITION OF THE HOME							
14. FAMILY SUPPORTS							
15. STRESSORS							
WORKER				DATE	OVERALL SEVERITY		
SUPERVISOR				DATE	OVERALL RISK		