



**CHARTING THE COURSE TOWARDS
PERMANENCY
FOR CHILDREN IN PENNSYLVANIA:
A Knowledge and Skills-Based Curriculum**

**MODULE 5:
RISK ASSESSMENT**

Standard Curriculum

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The Pennsylvania Child Welfare

Resource Center

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**Agenda for Two-Day Workshop on
Module 5: Risk Assessment**

Day One

Estimated Time	Content	Page
45 minutes	Section I: Introduction	1
1 hour, 30 minutes	Section II: What Risk Assessment Can and Cannot Do	7
2 hours	Section III: The Need for Accurate Assessments of Risk	16
35 minutes	Section IV: Matrix and Continuum	24
1 hour, 10 minutes	Section V: Understanding and Rating the Risk Factors	28

**Agenda for Two-Day Workshop on
Module 5: Risk Assessment**

Day Two

Estimated Time	Content	Page
2 hour	Section V: Understanding and Rating the Risk Factors, (cont'd)	28
3 hours	Section VI: Completing and Documenting an Assessment of Risk	50
30 minutes	Section VII: Case Transfer	60
30 minutes	Section VIII: Wrap-Up	66

Module 5: Risk Assessment

Section I: Introduction

Estimated Length of Time:

45 minutes

Performance Objectives:

N/A

Methods of Presentations:

Lecture, Individual Activity

Materials Needed:

- ✓ Colored Markers
- ✓ Blank Flipchart Pads
- ✓ Flipchart Stands
- ✓ Masking Tape
- ✓ Name Tents
- ✓ Overhead Projector and Screen
- ✓ Trainer-Prepared Flipchart: *Parking Lot*
- ✓ Trainer-Prepared Flipchart: *WIIFM*
- ✓ **Handout #1: Learning Objectives and Competencies**
- ✓ **Handout #2: Agenda**
- ✓ **Handout #3: Quiz: Pennsylvania Risk Assessment**
- ✓ **Overhead #1: Learning Objectives**
- ✓ **Overhead #2: Competencies**
- ✓ **Overhead #3: Agenda**

Section I: Introduction

Pre-Training Preparation:

In order to adequately facilitate this training, you must thoroughly familiarize yourself with *The Safety Assessment and Management Process Reference Manual* as well as *A Reference Manual for the Pennsylvania Model of Risk Assessment*. Please acquire and review these documents completely before delivering this training.

You should find in your training room, six (6) table copies of:

- *The Safety Assessment and Management Process Reference Manual*
- *The Reference Manual for Charting the Course towards Permanency for Children in Pennsylvania*

Please talk with your Training Specialist and ensure that at least six copies of the items above are available either in your room or in your trainer box.

In addition, please talk with your Training Specialist also about ensuring that two (2) extra copies of the Smith Family Folder are made available to you or are in your training room.

Prepare the training room in advance by placing Charting the Course-specific name tents, markers, and handout packets (if using packets) at each table.

Please note that an optional PowerPoint presentation has been created for this training – essentially the overhead transparencies converted into PowerPoint format. The presentation is available electronically as and can be downloaded from the Resource Center website's Online Curriculum page – <http://www.pacwrc.pitt.edu/Curriculum/default.htm> – or can be made available to you in electronic format upon request. If you plan to use this PowerPoint, please contact the Resource Center to ensure that a laptop and LCD projector are available. The presentation slide numbers are not included in this content nor is the presentation offered as a formal handout. If you want to use the PowerPoint, it is recommended that you review the presentation in conjunction with the content well before the training. In addition, if you would like to the Resource Center to send you the PowerPoint handouts, you will have to work with your Training Specialist to ensure that the handouts are provided.

It is important to note that, while the Resource Center will provide you with a pre-made poster for this training, various portions of the training also require you to make flipcharts ahead of time (e.g., the *WIIFM?* (What's In It For Me) and the *Parking Lot*). Such prepared flipcharts are listed on section cover pages as "Trainer-Prepared Flipchart: *Title of Flipchart.*"

Step 1: Lecture

Participants are asked throughout the modules to bring with them the guidelines that they created the first day of their Charting the Course training. Ask participants whether they have their guidelines. If this training is for a cohort group, participants will be familiar with the training room culture and you will only need to review the guidelines if they need to be reinforced due to lack of compliance.

Welcome participants to the training and introduce yourself. If using PowerPoint (and if group is not part of a cohort), start the training session by reviewing the following concepts regarding training room culture/guidelines (in conjunction with the guidelines participants already created):

- Remind participants of the classroom cultural including:
 - Be on time - 15 minute rule;
 - Training Schedule – 9:00 to 4:00 with Breaks;
 - Document your presence -sign-in sheet;
 - Provide Constructive and Motivational Feedback;
 - Respect;
 - Risk taking;
 - Practice makes permanent; and
 - Focus on Learning - No cell phones & only contact office for emergencies.

Step 2: Individual Activity

If this training is for a cohort group, participants will complete their name tents upon arrival and this step may be skipped. If this training session is not part of a cohort group, guide participants through the completion of their name tents.

Instruct participants to write:

- The county in which they work on the top-right corner of the name tent.
- Write their position in the agency in the top-left corner.
- The amount of time they have been in their position in the bottom-left corner.
- The amount of experience they have in child welfare in the bottom right-corner.

When the name and four corners are completed, ask participants to stand their name tent in front of them. Then, ask participants to share introductory information from their name tents with the group.

Step 3: Lecture

Distribute **Handout #1 (Learning Objectives and Competencies)** and use **Overhead #1 (Learning Objectives)** and **Overhead #2 (Competencies)** to review the learning objectives and competencies. Describe how the learning objectives will be accomplished by using **Overhead #3 (Agenda)** and distributing/reviewing **Handout #2 (Agenda)**.

Step 4: Individual Activity, Lecture

Distribute **Handout #3 (Quiz: Pennsylvania Risk Assessment)** and ask participants (working individually) to identify their current knowledge base regarding assessing risk and using the Pennsylvania Risk Assessment Tool. Review answers as a large group. Do not discuss the answers. Instead, ask trainees to write their questions on a piece of paper, as throughout the two days of training you will provide detailed answers to all of the questions.

The purpose is to engage participants in the training as they identify other learning needs stemming from the quiz and assist them in addressing those needs as they will learn throughout the training the details associated with the quiz answers. Ask participants to place a star next to the questions. Use the answers below in reviewing the handout with participants:

- 1) Safety Assessment is gathering information to identify the presence of *present* and *impending danger* safety threats and protective capacities.
True
- 2) A risk assessment is completed at every contact.
False
- 3) If it is determined that a child's Overall Risk is "High," he/she must be placed out-of-home.
False
- 4) A rating of "X" (Unable to Assess) is considered less of a risk than a rating of "H" (High Risk).
False
- 5) Only an assessment of risk is conducted during the investigative/assessment phase of an investigation.
False
- 6) All adults in a household must be assessed as part of the risk assessment process.
True
- 7) The risk assessment tool will tell you whether a child is going to be abused in the future.
False

- 8) Risk factors are rated considering what the risk would be absent agency involvement.
True
- 9) Only the child who is the object of the report is considered while conducting a risk assessment.
False
- 10) Pennsylvania Model Risk Assessment is absolutely required by state regulations in all cases at the completion of a Child Protective Services (CPS) investigation or General Protective Services (GPS) assessment.
True
- 11) An Overall Risk rating of “High” means that the child has a high likelihood of being abused.
False
- 12) Risk assessment is the same as safety assessment.
False
- 13) The most important part of safety and risk assessment is the documentation of the forms.
False
- 14) Generally speaking, any factor rated as "High" on the Risk Assessment Form should be clearly addressed in the Family Service Plan (FSP) or FSP Review
True
- 15) Best practice standards discourage sharing the results of the risk assessment with the family.
False
- 16) When the child or children are in a safe out-of-home placement, the Risk Assessment should indicate an overall risk of “Low” or “No Risk” since the children are not in the home.
False
- 17) A parent who displays anger and/or defensiveness when a child welfare professional contacts him/her for the first time is clearly being uncooperative and should be rated as “Moderate” or “High” on the *Cooperation* risk factor.
False
- 18) A “Z” rating (i.e., No Risk) generally indicates a positive within the family. As such, a child welfare professional should not be leery of giving a “Z” rating on the form out of fear that the rating might falsely suggest a lower overall risk.
True
- 19) The risk factor for access to child(ren) only applies to the alleged perpetrator since other adults do not present risk to the child.
False

- 20) A home that is dirty and/or cluttered is a substandard home and should not be rated with a “Z.”
False
- 21) For *present danger*, the threat must be happening now. For *impending danger*, the threat may occur within 60 days. For *risk*, there is a potential for something to happen in the future.
True
- 22) Both Safety and Risk Assessment are ongoing processes.
True
- 23) Risk Assessment evaluates risk factors to determine if, (and, if so, to what degree) abuse or neglect of a child may occur in the future.
True

After processing out the answers to the quiz, ask participants to place a star next to the items that they answered incorrectly. Tell participants that these are the items on which they should focus when the topics are presented.

Based on the results on the quiz and their experience at the agency, ask participants to think of one item they discovered they need to learn about risk assessment.

At this time, explain the purposes of both the *WIIFM* and the *Parking Lot*.

Ask participants to stand and write one item they discovered they need to learn about risk assessment on the *WIIFM* poster. If something is already listed that participants believe they now need to learn, prompt participants to place a checkmark next to the respective statement.

Move those items not addressed in this training to the *Parking Lot*.

Trainer Note: Ensure that you review the *WIIFM* poster throughout the training and at the end of the training. Please also ensure that all of the needs and concerns/questions on both the *WIIFM* and the *Parking Lot* are addressed in some fashion.

Module 5: Risk Assessment

Section II: What Risk Assessment Can and Cannot Do

Estimated Length of Time:

1 hour, 30 minutes

Learning Objectives:

- ✓ Given a case scenario, participants will be able to identify a minimum of two safety threats that meet all five safety threshold criteria.
- ✓ Given a case scenario, participants will be able to identify potential risk factors that present a likelihood or chance to cause future harm to a child.
- ✓ Given a case scenario, participants will be able to identify a minimum of five safety interventions that meet the five safety plan intervention criteria.

Methods of Presentation:

Lecture, Large Group Discussion

Materials Needed:

- ✓ Colored Markers
- ✓ Blank Flipchart Pads
- ✓ Flipchart Stands
- ✓ Masking Tape
- ✓ Overhead Projector/Screen
- ✓ Trainer-Prepared Flipchart: *Safety Interventions*
- ✓ Trainer-Prepared Flipchart: *Response to Risk*
- ✓ **Handout #4: Risk Assessment Qualities**
- ✓ **Handout #5: Pennsylvania Risk Assessment Case Interval Policy**
- ✓ **Overhead #4: Types of Assessments**
- ✓ **Overhead #5: Goals of Risk Assessment**
- ✓ **Overhead #6: What is Different About...**
- ✓ **Overhead #7: Risk vs. Safety**
- ✓ **Overhead #8: Global Definitions**
- ✓ **Overhead #9: Safety Threats**
- ✓ **Overhead #10: A Safety Plan Intervention Must...**
- ✓ **Overhead #11: Pennsylvania Risk Assessment Intervals**

Section II: What Risk Assessment Can and Can Not Do

Step 1: Lecture

Ask participants to raise their hand if they have completed a risk assessment. If you have at least four participants who completed a risk assessment, place one participant who has done so at each table so these participants are distributed among all tables. The goal is to have a participant at each table with some level of experience.

Once participants move to the appropriate tables, ask the experienced assessors (even if their experience is the completion of only one assessment) why they completed a risk assessment form. Most likely the answers will vary from: “I was told to complete a Risk Assessment Form/”Matrix”” to, “In order to document the level of risk to a child(ren)”.

Ask participants to tell you who completed their assessment as part of the conclusion of:

- An intake investigation;
- Ongoing services;
- When determining placement of a child; and/or
- When determining whether to return a child home.

Explain that, like safety assessments, assessing risk is something that is done throughout the casework process to inform casework decisions. During this training, they will learn specific intervals, which require the completion of a Risk Assessment Matrix and narrative.

Step 2: Lecture

Display **Overhead #4 (Types of Assessments)** and remind participants that, during *Module 4: In-Home Safety Assessment and Management*, participants discussed the three types of assessments (Safety, Risk, and Family) in child welfare. Review how each of the assessments are distinct from each other but overlap and are three parts of a whole – which always has the “unknown” shadow behind what is known.

- Safety assessment considers any dangers or threats to children. It focus on what is happening now. If a setting is not safe for a child, the assessment leads either to the development of a safety plan to reduce or eliminate the conditions or people in the environment which cause a danger to the child OR to the development of a plan to remove the child from the setting if the threats and dangers cannot be reduced or eliminated. Safety assessment addresses the Adoption and Safe Families Act (ASFA) goals of safety and permanency.
- Risk assessment evaluates a prescribed set of factors that have been identified to determine the risk of harm to children over time. Its focus is beyond the immediate danger or safety of the child and more toward the longer-term influences on the child’s situation. Risk assessment addresses the ASFA goals of safety and permanency.

- *Family assessment* refers to the more general types of assessments we might conduct to evaluate the level of functioning of the family or household, as well as individuals within the family. Family assessment might include any variety of assessments completed by other professionals working with the child welfare agency and the family (such as IQ tests, psychological evaluations, substance use/abuse inventories, domestic violence assessments, psychiatric evaluations, level of stress inventories, etc.). It might also include assessments that the child welfare professional completes based on observations and information provided by the family, such as the Family Assessment Form, a social history or a home study. This assessment addresses the ASFA goal of well-being.

Again, note that both safety and risk assessments are part of every stage of casework intervention. They are the foundation for determining and planning for safety, well-being, and permanency of children.

Inform participants that, at first, the difference between safety and risk assessment might appear hard to understand. Because of this, it is critical that participants ask questions throughout the next two days to assist them in having a clearer understanding of similarities and differences between safety and risk assessments.

Using **Overhead #5 (Goals of Risk Assessment)**, offer and discuss the stated goals of risk assessment (*i.e.*, to evaluate risk of future harm to a child; to assess risk to determine if maltreatment is likely to occur or recur in the future; and, to apply the identified risk factors to case planning).

In conjunction with the *Goals of Risk Assessment* overhead, tell participants that the three ways in which we hope to meet the goals are:

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

Risk assessment is designed to provide agency staff with a structured means to express their analysis of conditions as well as their analysis of the circumstances that contribute to the risk of future child abuse and neglect. Structured and recorded risk assessment provides child welfare professionals with an empirical basis for evaluating and weighing risk factors and for making child protection and case planning decisions.

The Risk Assessment Matrix (discussed in detail in Section IV) identifies elements common to the risk assessment processes and factors common to risk analysis.

Step 3: Lecture

Display **Overhead #6 (What is Different About...)**. Present and discuss each of the scenarios on the *What is Different About...* overhead; and, while doing so, remind participants of the scenarios used in *Module 4: In-Home Safety Assessment and Management* to distinguish between safety and risk:

Remind participants that the differences are apparent with respect to:

- How serious an outcome might be;
- How immediate an outcome might be;
- How intense an issue is in comparison; and
- Whether anything immediately needs to be done

Further emphasize that risk focuses on the factors that are likely to cause harm, where safety focuses on the threats that are causing harm.

Step 4: Comparing Risk and Safety

Review the crosswalk between risk and safety found on **Overhead #7 (Risk vs. Safety)**. Compare each characteristic of risk to that of safety – making sure that participants understand the differences.

Reinforce the main distinctions: unspecified time to immediate, maltreatment generally to specific dangerous situations, and non specified effects to severe effects.

Intervention must proceed differently according to what is occurring with regard to the issue that brought the family to the attention of the agency. Depending on whether the issue involves one of risk or one of safety, the purpose of intervention would and must be different.

Ultimately, risk is about change; safety is about control.

Step 5: Global Definitions

Also introduced in *Module 4: In-Home Safety Assessment and Management* was the concept of global definitions. When participants first learned these definitions, the focus was on understanding how the concept of child maltreatment results in the need to determine if the child(ren) are experiencing immediate harm (safety) or are likely to be harmed or harmed again in the future (risk). Participants were also briefly introduced to the concept of severity. This concept will become much more important as they explore risk assessment. Before delving further into this concept, participants must once again

ensure that they are familiar with a two global definitions: Risk of Child Maltreatment and Safe vs. Unsafe.

Using **Overhead #8 (Global Definitions)** revisit the global definitions (*i.e.*, Child Maltreatment; Risk of Child Maltreatment; Unsafe Child; and, Safe Child) about which they learned in *Module 4: In-Home Safety Assessment Management*.

Child Maltreatment

Ask a participant to read the definition of Child Maltreatment, which is fairly straightforward.

Risk of Child Maltreatment

Ask a participant to read the definition of *Risk of Child Maltreatment*. After the participant finishes reading the definition, note that there are a number of obvious characteristics set forth in this definition. With Risk, the time perspective focuses on the future – but is unspecified. This definition is concerned with a connection or relationship between what parents are doing and what affect it could have on a child. So there is the parent-child interaction issue just as we saw with in home safety assessments. The anticipated maltreatment is expected to affect a child's development. There is no indication within this definition as to how serious the effects of the anticipated maltreatment are likely to be. The results of the maltreatment may be a long time in coming and may or may not be severe.

Unsafe Child and Safe Child

Ask a participant to read the definitions of *Unsafe Child* and *Safe Child*. Stress the concept that safety deals with the present and near-present. Risk deals with the future.

When participants considered the definitions of *Unsafe Child* and *Safe Child* in *Module 4: In-Home Safety Assessment and Management*, the focus was on determining whether there were active present or impending danger safety threats and making the safety decision. Reinforce that these definitions are clearly concerned with specific danger that could have severe effects on a vulnerable child.

Being unsafe is an immediate state of existence. Being unsafe is not something that might happen in the future. This state exists now and relates to the existence of or potential of a severe effect on a child in the very near future. While still important, these definitions are not focused on child development or well-being. These definitions are far more focused on specific threats and caregiver ability to protect (rather than parenting or family conditions in general).

Over the next two days participants (in the effort to predict what parental behaviors, beliefs, or conditions will likely result in future harm to the child) will look at the factors identified in the Pennsylvania Risk Assessment Model. This knowledge is crucial when

one considers the fact that, by conducting accurate risk assessments, child welfare professionals are, in essence, working to prevent future abuse/neglect.

Step 6: Lecture, Large Group Discussion

Participants will now consider an additional example to further differentiate between safety and risk. Read the following sample scenario to the group:

“Father is an alcoholic and works part-time. Mother is sober but works full-time. While mother is at work full-time on the evening shift, dad takes care of the children.

Dad drinks heavily nightly to the point of intoxication, seriously reducing his ability to care for the children. In addition to his inability to care for the children, the father has a tendency to get violent when he is drinking. He frequently uses physical discipline and has caused the children injuries in the past. Grandmother lives next door and is “willing and capable to assist.”

Considering Safety

Ask participants (using the current understanding of In-Home Safety Assessment that they gained in *Module 4: In-Home Safety Assessment and Management*) in conjunction with **Overhead #9 (Safety Threats)** to identify what safety threats may be in operation in the scenario you offered.

Trainer Note: You may have to re-read the scenario; and, you will likely have to switch between the pages associated with the *Safety Threats* overhead to allow participants to fully consider and reconsider all the threats.

Concerning the active safety threats in the scenario you presented, participants should identify at least the two safety threats listed below:

- #5 Caregiver(s) are violent and/or acting dangerously; and
- #6 Caregiver(s) cannot or will not control their behavior.

Acknowledge that, given more information, there may be other safety threats in operation.

Considering Risk

Given participant understanding that a risk factor is a quality or situation that presents a likelihood, (chance, potential, or prospect) for parenting behavior that is harmful and destructive to a child’s cognitive, social, emotional, and/or physical development and those with parenting responsibility are unwilling or unable to behave differently, ask participants to identify the potential risk factors in the scenario. Participants may identify:

- Substance abuse;
- Violent behavior/lack of ability to control anger;
- Reduced parenting skills; and
- Financial stressors, *etc.*

Ask participants, based on their current understanding of the In-Home Safety Assessment and Management Process, what must happen when a safety threat is identified? Participants should respond that a safety plan must be put into place that will control the safety threat. Then, ask participants (as a large group) to call out potential safety interventions that may work to offset the identified safety threats from the scenario above. Write participant ideas on a flipchart titled *Safety Interventions*.

Show **Overhead #10 (A Safety Plan Intervention Must...)**; and, remind participants about the criteria for a safety plan.

Reviewing the list generated by participants, determine if there are any interventions that do not meet the safety plan intervention criteria. If the participant statements are promissory in nature, ask the large group to restate the intervention so that it is not promissory.

For any of the other criteria, ask participants to reflect on when the intervention might have an effect on the situation. Participants should acknowledge that the effect might not be immediate. Reinforce that while an action may not result in an immediate affect; that action might still be an important action to put into place, as the action may work to offset the risk of harm to the children as opposed to controlling the safety threat. Move/rewrite those statements to a flipchart titled *Response to Risk*.

Ask participants for their thoughts on how to respond to the remaining risk factors. Record participant responses on the *Response to Risk* flipchart. Reinforce that the goal of these responses would be to change the caregivers' behavior, thoughts, or emotions. Services/responses will ultimately become the Family Service Plan. Participants will learn more about the process of service planning in *Module 6: Case Planning with Families*.

Trainer Note: Participants may ask about what one does with regard to protective capacities (*i.e.*, where does one capture caregiver protective capacities?). If this question arises, or even if it does not, share with participants that both risk factors and caregiver protective capacities should be incorporated into Family Service Plans.

Summarize this portion of the training by stating that child welfare professionals must constantly assess both what is happening now in the family (safety) as well as what is likely to happen in the future (risk) in order to achieve the outcomes of safety, permanency, and well-being for children. Remind participants that all safety threats are risk factors, but not all risk factors are safety threats.

Step 7: Lecture

Tell participants the following:

It is important to understand that there are things risk assessment can and cannot do for us. Risk assessment is not a magic process; and, the process 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.

Distribute **Handout #4 (Risk Assessment Qualities)** and ask participants to follow on their handout while you highlight a few of the features of risk assessment listed on the handout. In offering some of the points on the handout, provide an overview of some of the "features" about risk assessment to spark discussion. This portion is only meant to be a brief overview that lays the foundation for the remainder of the training.

Be sure to ask participants if there are any qualities listed on the handout that they do not understand or on which they would like further explanation.

Step 8: Lecture, Large Group Discussion

Ask participants when they believe they might need to assess and document risk during the course of their work with a family? Use a flipchart pad to document answers.

Trainer Note: You might see signs of confusion and receive a range of answers stemming from the previous question. Use this as a lead-in to discuss the Pennsylvania Risk Assessment Case Interval Policy. **Handout #5 (Pennsylvania Risk Assessment Case Interval Policy)** is available as a guide for this discussion.

Similar to the In-Home Safety Assessment and Management Process – the Department of Public Welfare, Office of Children Youth and Families developed an interval policy that drives the formal completion of a risk assessment.

Show **Overhead #11 (Pennsylvania Risk Assessment Intervals)**, which offers only the high-level categories that have intervals associated with them. Distribute **Handout #5 (Pennsylvania Risk Assessment Case Interval Policy)**. Tell participants that this formal documentation is in addition to the informal risk and safety assessments completed at every contact. Informal risk assessments, as with informal safety assessments, are documented in the case record either in the Structured Case Note or in dictation. Review the Risk Assessment Interval Policy on the *Pennsylvania Risk Assessment Case Interval Policy* handout.

Trainer Note: Once again, ensure that you stress that the case interval policy covered in the training *is the minimum requirements of the model*. Each county agency may exceed these minimum requirements if they wish.

Explain to the participants that, in later sections of this training, they will be introduced to the actual forms and process associated with completing Pennsylvania's model of risk assessment. This effort will include discussing core factors of risk assessment in addition to some investigative techniques. Participants need to pay careful attention to the information, as one may easily become confused when first hearing the information. However, participants should know that, by the end of this training, they will be able to complete a risk assessment with relative ease.

Module 5: Risk Assessment

Section III: The Need for Accurate Assessments of Risk

Estimated Length of Time:

2 hours

Learning Objectives:

- ✓ Given the Unquiet Death of Eli Creekmore, participants will be able to identify three safety threats, three risk factors and two strengths for Mary Creekmore.
- ✓ Given the Unquiet Death of Eli Creekmore, participants will be able to identify six safety threats, six risk factors and two strengths for Darren Creekmore.
- ✓ Given the Unquiet Death of Eli Creekmore, participants will be able to identify three risk factors and two strengths for Eli Creekmore.
- ✓ Given the Unquiet Death of Eli Creekmore, participants will be able to identify two environmental risk factors and two strengths.

Methods of Presentation:

Lecture, Video, Individual Activity, Large Group Discussion, Small Group Activity

Materials Needed:

- ✓ Colored Markers
- ✓ Blank Flipchart Pads
- ✓ Flipchart Stands
- ✓ Masking Tape
- ✓ Overhead Projector/Screen
- ✓ TV
- ✓ VCR/DVD Player
- ✓ **DVD: The Unquiet Death of Eli Creekmore**
- ✓ **Handout #6: Identification of Risk Factors**
- ✓ **Overhead #12: Video & Group Exercise**
- ✓ **Poster #1: Pennsylvania Model Risk Assessment Form**
- ✓ **Table Resource: The Safety Assessment and Management Process Reference Manual**

Section III: The Need for Accurate Assessments of Risk

Step 1: Lecture

Trainer Note: To facilitate this section and future sections effectively, it is critical that you are familiar with the In-Home Safety Assessment and Management Process, as it is likely that participants will have numerous questions regarding safety and risk. It is important that you take the time to guide participants as they begin to think about and discuss the differences and similarities between the safety and risk assessment processes.

To assist you in delivering the content, table copies of *The Safety Assessment and Management Process Reference Manual* should have been provided. Encourage participants to use that manual as a reference in the training, as needed.

Remind participants that during *Module 4: In-Home Safety Assessment and Management*, they learned several definitions – two of which were *Strengths* and *Protective Capacities*. Review the definitions below and reinforce the fact that participants will need to keep the definitions in mind:

- **Protective Capacities:** Specific and explicit strengths that manage and control safety threats. These strengths are exhibited cognitively, emotionally and behaviorally by a caregiver.
- **Strengths:** Factors or resources within the child's current living situation that may promote the child's safety but may not necessarily be a protective capacity.

Ask a participant to offer examples of protective capacities (ensuring that the examples serve to protect the child from threats) and strengths that may be used to develop effective safety and/or service plans. If necessary, review the definition of protective capacity and strengths with the group.

Trainer Note: If participants need assistance with protective capacities, starting on page 43 of *The Safety Assessment and Management Process Reference Manual*, information is provided concerning protective capacities.

Some examples of strengths might include the presence of a non-abusive adult in the home, supportive services such as the child receiving free breakfast and lunch at school, a child attending daycare and being seen by a professional five days a week, a grandmother who lives close to the family and is willing to help the family as needed, and so on.

Ask a participant to give some examples of risk factors (not safety threats) – *i.e.*, factors that might put the child at risk of harm in the future. Examples include the age of the child, the severity, frequency, and recentness of the abuse or neglect, age, emotional

status of the parents, level of parenting knowledge or skills of the parents, improper nutrition, *etc.*

Step 2: Lecture, Video, Individual Activity

Trainer Note: Risk Factors: The risk factors are listed on **Handout #8 (Pennsylvania Model Risk Assessment Form)**. The factors are also listed on the Risk Assessment Matrix poster on the wall.

With regard to the video, begin the video at the beginning and end it where the doctor says “This one pierced all of our tough hides”. The section of the video that will be viewed is approximately 35 minutes long.

Inform participants that they are about to watch a film during which they are to use their newly-acquired assessment skills. Introduce the **DVD (The Unquiet Death of Eli Creekmore)**, by providing a brief verbal history of the film as follows:

The film, "The Unquiet Death of Eli Creekmore," graphically tells the story of Eli Creekmore, a child who was killed by his father in the mid 1980's when he was only 3 years old. This death occurred before risk and/or safety assessment tools were developed or used.

Distribute **Handout #6 (Identification of Safety Threats & Risk Factors)**. Review the instructions and the questions on the *Identification of Safety Threats & Risk Factors* handout.

Trainer Note: Ensure that you inform participants this is a very intense film. Reinforce the concept that it is okay for them to experience a range of emotions in response to the film and to leave briefly if they feel the need.

Step 3: Individual Activity, Large Group Discussion

After the video, ask participants to use their skill of Tuning into Self and take a couple minutes to answer only the first question on the *Identification of Safety Threats & Risk Factors* handout regarding the emotions they felt while watching the video.

Allow participants to share the emotions they felt. Many different feelings may surface: anger, outrage, disbelief, *etc.* Participants may question their own ability to work in the field of child welfare. Discuss how (as participants learned in *Module 3: Using Interactional Helping Skills to Achieve Lasting Change of Charting the Course*) understanding one's own feeling is essential to realizing how those feelings may impact ability to engage the family or properly interpret what information is gathered. End the discussion by telling participants that now that they have processed their “feelings,” they will need to conduct a case analysis based on the facts – not their emotions.

Step 4: Individual Activity

Give participants at least ten minutes to complete questions two through four on the *Identification of Safety Threats & Risk Factors* handout individually (*i.e.*, the “assessment”). Offer assistance where necessary and ensure that participants are thoroughly completing the handout.

Step 5: Small Group Activity

Trainer Note: Depending upon the size of the group you may assign more than one category to a group.

Also, if some of the participants have not completed the assessment in 15 minutes, inform them that they can complete their handout during the large group discussion. Once you notice most of the class has completed their assessment, conduct the small group activity.

After participants complete the assessment, inform them that they are now going to discuss their findings in small groups. Divide the large group into four smaller groups. Assign Mary, Darren, Eli, and “the environment” to the groups as follows:

- Group 1 (Mary)
- Group 2 (Darren)
- Group 3 (Eli)
- Group 4 (Environment)

Show **Overhead #12 (Video & Group Exercise)**. Tell the small groups that they are to use the information they gathered while watching the video (which they captured on the *Identification of Safety Threats & Risk Factors* handout), discuss it, come to consensus with regard to the individual/category assigned to them. “Category” refers to group 4 and their assignment – “the environment”. *They are only to discuss questions 2-4.*

Trainer Note: Groups 3 and 4 do not have as many areas on which to work when compared to groups 1 and 2. This is because caregivers are the individuals that cause or fail to prevent safety threats. Since groups 3 and 4 do not focus on caregivers, they will not have to identify safety threats.

Step 6: Small Group Presentation and Large Group Discussion

Trainer Note: Content regarding safety threat explanations and general information is not included. Only the safety threats that participants should identify are included below. Ensure that you preview the video and have discussion points prepared. If necessary, use the *Safety Assessment and Management Process Reference Manual* (starting on page 26) in conjunction with your discussion about the identified Safety Threats. For

the following discussion, ensure that you clarify the differences between safety threats and risk factors as needed.

After participants appear to finish discussion, ask each group to present their responses for their particular individual/category.

As you lead the discussion, remind participants that they may have heard or been using the terms *strengths* or *protective capacities*. While strengths are important qualities to have, protective capacities go beyond “simple” strengths and focus specifically on the characteristics that a caregiver has that actively serve to protect their child/ren from harm. Protective capacities were thoroughly reviewed and used in *Module 4: In-Home Safety Assessment and Management*. With risk assessment, in the context of a family-centered, strength-based approach in work with families, it is critical to understand how general strengths can be used and built upon to engage families to understand their difficulties and abilities. General strengths are also critical concepts to keep in mind when developing an effective service plan.

The content of the discussion for each topic must include:

- Group 1 (Mary):
 - Strengths:
 - Mary demonstrated that, in the proper environment, she can care for her child. She has, to some degree, cooperated with services.
 - Safety Threats:
 - Possible threats the participant may want to identify for Mary include #'s:
 - 3) Caregiver(s) cannot or will not explain the injuries to a child;
 - 9) Caregiver(s) in the home are not performing duties and responsibilities that assure child safety; and/or
 - 14) Child is fearful of the home situation, including people living in or having access to the home
 - Risk Factors:
 - Mary, a high school dropout due to getting pregnant, was vulnerable and in a weak position. 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.
- Group 2 (Darren):
 - Strengths:
 - Darren, to some degree, cooperated with agency intervention. While under outside supervision (Home Builders), Darren did not abuse Eli – demonstrating that he can refrain from abusing Eli.

- Safety Threats:
 - Possible threats participants may identify include #'s:
 - 3) Caregiver(s) cannot or will not explain the injuries to a child;
 - 5) Caregiver(s) are violent and/or acting dangerously;
 - 6) Caregiver(s) cannot or will not control their behavior;
 - 10) Caregiver(s) lack of parenting knowledge, skills, and/or motivation presents an immediate threat of serious harm to a child;
 - 11) Caregiver(s) do not have or do not use resources necessary to meet the child's immediate basic needs which presents an immediate threat of serious harm to a child; and/or
 - 14) Child is fearful of the home situation, including people living in or having access to the home
- Risk Factors:
 - Darren was unemployed and a heavy drinker. He was "system-wise" in that he was raised in the foster care system and was incarcerated as an adult. He was violent with his wife, child, and friends. He was a convincing liar and was very good at manipulating the system. He kept his family isolated from support systems.
- Group 3 (Eli):

Trainer Note: If necessary, remind participants that in the Pennsylvania In Home Safety Assessment and Management Process, the focus of the safety threats is whether or not the parents/caregiver caused or failed to prevent the safety threat to the children, not children causing threats to themselves.

- Strengths:
 - Eli was able to and did express his need for help. In addition, he loved his grandmother and tried to use her for help and protection.
- Risk Factors:
 - Eli was a well-cared-for child between the ages of birth and two years old. From two years to two years, three months of age, he resided in the home with his abusive father. Due to Eli's age, Eli was unable to protect himself.
 - 1st report: At two years, three months, Eli had multiple bruises at varying degrees of healing. Darren denied hurting Eli and there were no witnesses to the injuries. Eli was

placed for a brief time and then returned to the home – with day care and homebuilder services in place.

- 2nd report: At two years, nine 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. Child Protective Services (CPS) demanded that Darren leave the home, which he did for awhile. Darren returns to the home without permission; CPS does not make him leave.
- 3rd report: On Eli's third birthday, he is found to be badly bruised, by his grandmother. The grandmother takes Eli to a restaurant where the waitress notices bruises Eli's spoon coming out of his mouth with blood on it after Eli puts each spoonful of food in his mouth. Police later go to the home. Eli is taken to the emergency room where a doctor finds "raccoon eyes" (fractures at the base of skull causing black and blue eyes) and multiple bruises on Elis' body. The doctor's report cites the potential for life-threatening injuries in the future. Eli is placed in foster care. Eli is returned home shortly thereafter with a promise from the parents to submit to psychological tests.
- 4th report: At three years, two months, Eli is beaten with a belt after problems arose at the dinner table. Darren kicked Eli in the stomach after Eli urinated in his pants. Eli dies as a result of the injuries.
- Group 4 (Environment):
 - Strengths:
 - Extended family was ready, willing, and able to participate in Eli's care.
 - Risk Factors:
 - The family was socially isolated from the community, friends and extended family due to Darren's distrust and control issues.
 - Darren was violent with Mary, Eli and others.
 - The home seemed to be located in a business district rather than a residential community.

Step 7: Large Group Discussion

Ask participants, as a large group, to offer a few responses to questions five and six on the *Identification of Safety Threats & Risk Factors* handout regarding Tuning in to Others to identify how others may have felt throughout the process and consequently what the worker could do to engage them to learn additional information as they completed their assessment.

Step 8: Large Group Discussion

After all groups present their information, ask this question:

Who was responsible for Eli's death? If they own responsibility, what could they have done differently to protect Eli?

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 Child Welfare Professional, for not seeing the signs of abuse - many participants will hold the Child Welfare Professional ultimately responsible for the child's death; the "system" for all of its faults; the supervisor, for not supervising this case properly. The trainer must be sure to cover what each responsible person could have done to help protect Eli.

Step 9: Lecture

Ask participants to stand and walk to **Poster #1 (Pennsylvania Model Risk Assessment Form)** and compare the various risk factors on the form to the risk factors they developed on their respective group "Risk Factors" flipcharts. Ask participants to offer their observations.

If participants do not make the connection between the factors they identified to those on the form, make the connection for them. Explain that, later, participants will learn the dynamics of each factor and how to assess the inter-relatedness of each factor to determine the overall risk to a child.

Ask participants to return to their original seats if they would like to do so.

Summarize everything participants did regarding the video by stating something similar to the following:

No one should try to excuse or place blame for tragic cases such as Eli's. Rather our energy should go to identifying the problem and finding a solution that that problem. Used properly, the risk assessment process is a giant step toward achieving this goal.

Emphasize that participants need certain knowledge and skills to assess risk factors in accordance with the Pennsylvania Model Risk Assessment policies and procedural guidelines. To that end, throughout their child welfare career, participants must sharpen their risk assessment skills gained during the certification process and on the job. Further training on risk assessment (advanced risk assessment training, work with supervisors and other mentors, as well as simply through on-the-job experience) is necessary.

It is critical that participants are able to differentiate safety threats (which require immediate intervention) and risk factors (which should be addressed prior to the situation crossing the threshold to become a safety threat).

Module 5: Risk Assessment

Section IV: Matrix and Continuum

Estimated Length of Time:

35 minutes

Learning Objectives:

- ✓ Given the Pennsylvania Risk Assessment Matrix, participants will be able to define the purpose of each field with 100% accuracy.

Methods of Presentation:

Lecture, Large Group Discussion

Materials Needed:

- ✓ **Handout #7: A Reference Manual for the Pennsylvania Model of Risk**
- ✓ **Handout #8: Pennsylvania Model Risk Assessment Form**
- ✓ **Handout #9: Instructions for Completing the Risk Assessment Form**
- ✓ **Overhead #13: Pennsylvania Model Risk Assessment Form**
- ✓ **Poster #1: Pennsylvania Model Risk Assessment Form**

Section IV: Pennsylvania Model Risk Assessment Form and Continuum

Trainer Note: The purpose of this presentation is to familiarize participants with the layout of the Pennsylvania Model Risk Assessment Form. In this section, you are to only introduce and visually illustrate the concepts and factors of risk assessment in conjunction with an overview of its use.

It is important to be sure that **Poster #1 (Pennsylvania Model Risk Assessment Form)** is clearly visible to all participants present, as you will need to be able to point to and highlight the various sections of the form as you discuss it.

You will need to be familiar with the Continuum located in the reference manual (*A Reference Manual for the Pennsylvania Model of Risk Assessment*) when explaining the Assessment Codes and their associated ratings during the overview of the risk assessment form.

Step 1: Lecture

Display **Overhead #13 (Pennsylvania Model Risk Assessment Form)** – which essentially serves a prompt to let participants know what they are about to discuss (*i.e.*, the Pennsylvania Model Risk Assessment Form).

Trainer Note: Although labeled as Handout #7 in this content, please note that *A Reference Manual for the Pennsylvania Model of Risk Assessment* is not labeled as Handout #7 on the actual document.

Distribute **Handout #7 (A Reference Manual for the Pennsylvania Model of Risk Assessment)** to each participant. Ask participants whether they have seen this manual before. If any have, ask them to tell you what it is and what it contains. If no one has seen it, tell participants that the manual is the document that guides completion of the Pennsylvania Risk Assessment Form. As such, they will refer to the handout for the remainder of this training. In addition, they will continue to use the manual as they work with risk assessments as an ongoing part of their job.

Ensure that you tell participants that the manual (and the Risk Assessment Continuum about which participants will learn in the next section) will not inform the level of risk associated with each factor. The manual and continuum simply serve as a guide in the use of the standardized process developed by Pennsylvania.

Step 2: Lecture

Tell participants that they are now going to learn the details of each part of the Pennsylvania Model Risk Assessment Form (sometimes referred to as the Risk Assessment Matrix).

Distribute **Handout #8 (Pennsylvania Model Risk Assessment Form)**. Distribute **Handout #9 (Instructions for Completing The Risk Assessment Form)**. Using the *Instructions for Completing Risk Assessment Form* handout and referring to **Handout #8 (Pennsylvania Model Risk Assessment Form)** and **Poster #1 (Pennsylvania Model Risk Assessment Form)** as a guide, discuss each section of the Pennsylvania Model Risk Assessment Form.

Trainer Note: Specific information concerning each of the fields in the *Pennsylvania Model of Risk Assessment Form* is not provided, as specifics about the form are offered in detail in the risk assessment manual. However, to assist you in delivery, (whenever possible) pages in *A Reference Manual for the Pennsylvania Model of Risk Assessment* are provided next to the specific areas of the risk assessment form that you will discuss with participants. You will need to review the information associated with each section of the risk assessment form in advance of the training to be able to offer an adequate overview of the risk assessment form.

Offer only a brief overview of all of the following fields and related information to be captured in each field. Participants will get a more in-depth review of the form in the next section.

- Introductory Information/Demographics
 - Assessment Codes [not specifically addressed in the manual – self-explanatory after taking into account the 15 factors]
 - Identifying Information (Case Name, Number, Name and Age of Child(ren), Name and Ages of Parent, Perpetrator, and Adult Household Members) [not specifically addressed in the manual – self-explanatory]

During the following portion of the lecture (specifically surrounding each of the 15 factors), ask the trainees the following question:

"How may cultural issues impact a Child Welfare Professional's assessment of this factor"?

Encourage open discussion as to how an individual's values, standards, norms, and perspectives can interfere with making unbiased and informed risk ratings on the various factors. A tool such as the risk assessment form can assist in identifying the pertinent factors; however, only the Child Welfare Professional can be sensitive to cultural differences that can skew their rating of a factor. Tuning in to Self and Tuning in to Others are effective skills to use to aid ensuring that one is culturally-sensitive when rating a factor and properly interpreting the information used to rate a factor.

- The Three Categories and the 15 Factors:
 - A. Child Factors:
 1. Vulnerability; [pp. 6-8]
 2. Severity/Frequency and/or Recentness of Abuse/Neglect; [pp. 9-12]

- 3. Prior Abuse/Neglect; [pp. 13-14]
 - 4. Extent of Emotional Harm. [pp. 15-16]
- B. Caretaker, Household Member, Perpetrator Factors:
 - 5. Age, Physical, Intellectual, or Emotional Status; [pp. 17-18]
 - 6. Cooperation; [pp. 19-21]
 - 7. Parenting Skills/Knowledge; [pp. 21-22]
 - 8. Alcohol/Substance Abuse; [pp. 23-24]
 - 9. Access to Children; [pp. 24-25]
 - 10. Prior Abuse/Neglect; [pp. 26-27]
 - 11. Relationship with Children [pp. 28-30]
- C. Family Environment:
 - 12. Family Violence; [p. 31]
 - 13. Condition of the Home; [pp. 32-33]
 - 14. Family Supports; [pp. 34-35]
 - 15. Stressors. [pp. 36-37]
- Recording the Ratings:
 - Enter ratings on the Pennsylvania Model Risk Assessment Form;
 - Highest Risk Factor (captured in the right column);
 - Overall Severity;
 - Overall Risk.
- Narrative: (Discuss the following) [related information can be found in the risk assessment manual on pp. 39-40]
 - The need to explain recorded High/Moderate risk factors;
 - The need to explain recorded Overall Severity/Overall Risk;
 - The need to record and explain critical information regarding family strengths/needs and intervention strategies.
- Signatures and Dates:
 - Worker and Supervisor. [p. 4, Opening Assessment/Investigation]

Following the discussion, answer any remaining questions that participants might have about the Risk Assessment form. End this section by explaining that participants will now spend the afternoon and most of the remainder of the training learning each individual factor as well as how one factor might affect another factor.

Module 5: Risk Assessment

Section V: Understanding and Rating the Risk Factors

Estimated Length of Time:

3 hours, 10 minutes

Learning Objectives:

- ✓ Given nine statements, participants will be able to accurately identify the correct child factors.
- ✓ Given a matching exercise, participants will be able to correctly match caretaker, household member, perpetrator factors with the provided examples with 100% accuracy.
- ✓ Given the Andy Thompson video, participants will be able to rate risk factors 5 through 15 with a minimum of 80% accuracy.
- ✓ Using their own case examples, participants will be able to determine when a risk factor crosses all five safety threshold criteria to become a safety threat.

Methods of Presentation:

Lecture, Large Group Discussion, Individual Activity, Video, Small Group Activity

Materials Needed:

- ✓ Colored Markers
- ✓ Blank Flipchart Pads
- ✓ Flipchart Stands
- ✓ Masking Tape
- ✓ Overhead Projector/Screen
- ✓ TV
- ✓ DVD Player
- ✓ Trainer-Prepared Flipchart: *Risk Examples*
- ✓ **DVD: The Andy Thompson Case**
- ✓ **Handout #7: A Reference Manual for the Pennsylvania Model of Risk Assessment (revisited)**
- ✓ **Handout #8: Pennsylvania Model Risk Assessment Form (revisited)**
- ✓ **Handout #10: Match That Risk**
- ✓ **Handout #11: Caretaker and Family Environment Video Worksheet**
- ✓ **Handout #12: Risk/Severity Continuum**
- ✓ **Overhead #7: Risk vs. Safety (revisited)**
- ✓ **Overhead #8: Global Definitions (revisited)**
- ✓ **Overhead #14: Task/Questions**
- ✓ **Poster #1: Pennsylvania Model Risk Assessment Form (revisited)**
- ✓ **Table Resource: The Safety Assessment and Management Process Reference Manual (revisited)**

Section V: Understanding and Rating the Risk Factors

Trainer Note: The following content helps participants understand how risk assessment concepts relate to case practice. It is critical that you allow sufficient time for participants to consider and explain their responses regarding the ratings they assign. Be prepared to receive different opinions about the correct answers. Encourage discussion about these differences.

In many cases, you will need to refer participants to **Handout #7 (A Reference Manual for the Pennsylvania Model of Risk Assessment)** for further clarification. In some cases you will need to be flexible and allow more than one rating (if participant rationales are sound).

Because of the complexity of the factors, the material has been divided 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 explaining the knowledge/skill/factor followed by an opportunity for participants to practice the material by considering the factor and assigning a risk rating.

The exercises can be adapted for individuals, small groups, or one large group. In deciding which method to use, consider the size of your training group, their knowledge base, and the physical setting of your training facilities.

Step 1: Lecture, Large Group Discussion

Trainer Note: Whenever applicable in the following discussion, ensure that you emphasize the need to consider the culture of a family when doing a risk assessment. While ensuring the safety of the child and while working with the family to lessen the risk of future harm to the child, the child welfare professional must always consider culture and how it might play a role in the alleged child abuse and/or neglect. Examples of this might be that, while not generally “acceptable” from a societal perspective in the United States, actions/expectations may be acceptable to a given culture/sub-culture (e.g., using corporal punishment, not cooperating with authority, and/or expecting a child to be responsible and mature at a young age). Tuning in to Others is a crucial skill to use when working with families in general but especially important to assessing safety and risk.

Similarly to the previous section, specific information concerning each of the factors in the *Pennsylvania Model of Risk Assessment Form* is not provided, as specifics about the form are offered in detail in the risk

assessment manual. However, to assist you in delivery, (whenever possible) pages in *A Reference Manual for the Pennsylvania Model of Risk Assessment* are provided next to the specific areas of the factors that you will discuss with participants. You will need to review the information associated with each section of the risk assessment form in advance of the training to be able to offer an adequate overview of the risk assessment form

Referencing **Poster #1 (Pennsylvania Model Risk Assessment Form)** and **Handout #8 (Pennsylvania Model Risk Assessment Form)**, explain all the components of each factor in the Child Factors category. Use examples from cases you worked on in addition to asking participants to provide examples from their own experiences to make more concrete to what the factors relate. Ensure that participants understand the concept of each factor before moving to the next factor.

Category I: Child Factors:

Begin the discussion by stating that each child (under age 18 who resides in the home) is rated in the *Child Factors* section. Other children who reside at the home on a part-time basis should also be rated. Make sure to tell participants that, in situations where the child is also the perpetrator, the child would be listed as a child in the *Child Factors* section and as a perpetrator in the *Caretaker, Household Member, Perpetrator* section. The child would be rated in both sections.

In offering the following information, reference **Poster #1 (Pennsylvania Model Risk Assessment Form)**, **Handout #8 (Pennsylvania Model Risk Assessment Form)**, as well as **Handout #7 (A Reference Manual for the Pennsylvania Model of Risk Assessment)** as needed.

- Factor 1: Vulnerability [pg. 6]
 - Here, child welfare professionals consider how vulnerable the child is with regard to being victimized?
 - This factor evaluates each child for three different characteristics:
 - Chronological age;
 - Physical abilities/limitations; and
 - Mental abilities/limitations.
 - The worker assesses each child's ability to care for and protect him/herself based on the above characteristics.
 - The child's age, physical and mental abilities are a major consideration in determining overall severity and overall risk.
- Factor 2: Severity, Frequency and/or Recentness of Abuse/Neglect [pg. 9]
 - Here, the worker considers how much harm the child has or is likely to suffer as a result of abuse/neglect.
 - The types of abuse addressed in this factor include:

- Bodily injury:
 - Impairment of physical condition or substantial pain
- Serious bodily injury is one or more of the following:
 - A risk of death;
 - Permanent disfigurement; and/or
 - Protracted loss of function of body member or organ.
- Serious mental injury: a psychological condition, as diagnosed by a physician or licensed psychologist, including the refusal of appropriate treatment, that:
 - Renders a child chronically and severely anxious, agitated, depressed, socially withdrawn, psychotic or in reasonable fear that the child's life or safety is threatened
 - Seriously interferes with a child's ability to accomplish age-appropriate developmental and social tasks
- Sexual abuse or exploitation – Any sexual abuse is rated “H” for this factor.
- Serious physical neglect: committed by a perpetrator that endangers a child's life or health, threatens a child's well-being, causes bodily injury or impairs a child's health, development, or functioning:
 - Repeated, prolonged or egregious failure to supervise a child in a manner that is appropriate considering the child's developmental age and abilities
 - Failure to provide a child with adequate essentials of life, including food, shelter, or medical care
- In this factor, one:
 - Rates only the harms, which have already occurred, and/or the degree of harm that would potentially occur in cases of neglect.
 - Considers the frequency and increased harshness, which has occurred.
 - Addresses neglect issues in all cases - no matter what the allegations are for all children in the home.
 - Makes a distinction between the lack of need for medical attention and the failure to obtain medical attention.
 - Raises injury ratings to the next highest level for all children under five years of age.
 - Assesses neglect and considers:
 - Whether the injury suffered resulted from neglect caused by acts or failures to act by the child's caretaker;

- The possibility of future injury stemming from neglect/lack of supervision, exposure of child to reasonable likelihood of bodily injury or sexual abuse/exploitation; and
 - The quality of ongoing care the child receives.
- Factor 3: Prior Abuse/Neglect [pg. 13]
 - Here, the child welfare professional considers whether the child previously experienced abuse and/or neglect.
 - This factor examines the following:
 - The number of prior reports/circumstances/incidents;
 - The severity of these incidents and the number of perpetrators; and
 - What occurred in the past and what credible statements were provided – this is not limited to substantiated-reported priors
 - This factor may have ramifications for planning future interventions and/or treatment.
- Factor 4: Extent of Emotional Harm [pg. 15]
 - This factor addresses:
 - The relationship of abuse/neglect to a child's growth and development;
 - The impact of a child's fear on his/her ability to trust and form relationships; and
 - Whether organic causes are the root of developmental delays
 - Reference should be made to behavioral indicators and developmental milestones respectively.
 - Emphasis is needed on the value of comprehensive and current psychological/psychiatric evaluations when the need is indicated.
 - This factor is not limited to substantiated reports of prior emotional abuse.

Step 2: Large Group Discussion

Participants will now have an opportunity to become familiar with the *Child Factors* category and discuss the four factors found in the category. They will also now have an opportunity to practice using their assessment skills in junction with completing the risk assessment form. The brief statements that follow and that you will read to participants are purposefully vague. The vagueness of the statements should prompt discussions that will assist participants in becoming more comfortable with the factors.

Trainer Note: Participants should NOT use the risk continuum while completing this exercise. The information found in each statement is the only information known for the purpose of this exercise.

Facilitate the exercise by first reading the statement and then leading a discussion asking what category (Child Factor/Caretaker, Household Member, Perpetrator) they would use to rate the statement. Then ask them to provide the rating they would assign to the statement. Participants may refer to the *Pennsylvania Model Risk Assessment Form* poster for factors and categories.

1. A 16-year-old who uses a wheelchair:
 - Factor 1 (Vulnerability): Many trainees will readily rate this situation as a High risk factor; however, discussion should be held regarding the true state of the 16-year old youth. For instance, a “normal” 16-year-old would be rated as Low risk. If the physical disability is such that the youth is a person who uses the wheelchair but is able to walk short distances, *etc.*, the rating for the factor would be Moderate. If the youth is *wheelchair-bound*, due to severe physical challenges, it would be appropriate to rate this factor as High.
2. A 17-year-old with an IQ of 30:
 - Factor 1 (Vulnerability): Again, if participants were simply rating the youth’s age, the rating would be Low. Given the youth’s IQ, which means that the youth had totally to rely on others for care, the rating for this factor would be High.
3. A 4-year-old with Attention Deficit/Hyperactivity Disorder (ADHD):
 - Factor 1 (Vulnerability): This information should be rated as 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.
 - Factor 4 (Extent of Emotional Harm): If participants offer a rating for this factor, they should not, as simply having the ADHD is not suggestive of abuse.
4. A 12-year-old molested by her stepfather:
 - Factor 1 (Vulnerability): Low due to the information given regarding age of the child (12).
 - Factor 2 (Severity, Frequency and/or Recentness of Abuse/Neglect): If the sexual abuse is current abuse, it would be rated here as High.
 - Factor 3 (Prior Abuse/Neglect): If the child had been sexually abused in the past by her stepfather, it would be rated here as High.
5. A 4-year-old had a broken arm from abuse 2 & 1/2 years ago:
 - Factor 1 (Vulnerability): The age of the child requires a rating of High.
 - Factor 2 (Severity, Frequency and/or Recentness of Abuse/Neglect): Factor 2 is not relevant in this situation, because the abuse happened 2 ½ years ago and cannot now be investigated.
 - Factor 3 (Prior Abuse/Neglect): The broken arm, given the child's age, would require a rating of High – this child would have only been 2 years old at the time of the injury.
6. Minor bruises on buttocks of a 6-year-old:
 - Factor 1 (Vulnerability): Rated as Moderate.

- Factor 2 (Severity, Frequency and/or Recentness of Abuse/Neglect): Rated as Low. Hold discussion regarding the how they might rate the same minor bruises on a 6-month-old. In that incident, the rating would be Moderate, because you would raise the risk level for factor 2, due to the young age of the child.
7. A child has nightmares about being killed by her mother:
- Factor 4 (Extent of Emotional Harm): 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 and would be rated either Moderate or High.
 - If the child had nightmares because of a non-abusive incident (*e.g.*, the child witnessed something tragic), this would not be rated as emotional harm.
 - Stress several things during the discussion:
 - *First*, Factor 4 (Extent of Emotional Harm) is only rated when information arises 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*, it is not necessary to have a substantiated report to rate Factor 4 (Extent of Emotional Harm). This is based on observable behaviors that can be logically determined to be a result of the abuse/neglect that the child suffered.
8. A handprint on the face of a 17-year-old, which has connected to an abusive situation:
- Factor 1 (Vulnerability): Rated Low due to age (if the 17-year-old did not possess any other factors (mental retardation, etc) that would raise risk.
 - Factor 2 (Severity, Frequency and/or Recentness of Abuse/Neglect): Rated in accordance with the continuum depending upon the extent of the injury.
 - If the handprint is severe, a High rating would be appropriate. (If necessary, refer to the continuum, which requires a high rating due to the location of the injury.)
 - If the handprint was only a "red" mark that appeared only a short time, this could be rated either Low or Moderate, given the information gathered during the investigation.

Ask participants to consider how the ratings would change, if the age of the child changed.

9. A 9-year-old cared for by an intoxicated sitter:
- Factor 1 (Vulnerability): Would be rated as Moderate due to age.
 - Factor 2 (Severity, Frequency and/or Recentness of Abuse/Neglect): Would be rated Moderate per the continuum.

Step 3: Lecture

Explain to participants that the Pennsylvania Model Risk Assessment rates each adult in the household as well as parents that are not living in the household. Furthermore, even if the alleged perpetrator does not live in the home, the alleged perpetrator would still be listed as a household member. This is significantly different from In-Home Safety Assessments where only children and primary caregivers are listed on the In-Home Safety Assessment Worksheet.

The Pennsylvania Model Risk Assessment also rates any perpetrator that is a household member and is 14 through 17 years of age as both a child under *Child Factors* and a perpetrator under *Caretaker, Household Member, Perpetrator*.

Trainer Note: Ensure that, as you explain all the components of each factor in this the Caretaker, Household Member, Perpetrator category, you use examples from the cases you worked on in addition to asking participants to provide examples of their own. It is important that you ask participants if they understand the concept of each factor before moving to the next.

In offering the following information, reference **Poster #1 (Pennsylvania Model Risk Assessment Form)**, **Handout #8 (Pennsylvania Model Risk Assessment Form)**, as well as **Handout #7 (A Reference Manual for the Pennsylvania Model of Risk Assessment)** as needed.

Category II: Caretaker, Household Member, Perpetrator Factors:

- Factor 5 (Age, Physical, Intellectual, or Emotional Status): [p. 17]
 - This factor assesses caretaker/house hold members/perpetrators functioning in three areas – in addition to chronological age:
 - Physical functioning: abilities and limitations;
 - Mental functioning: mental retardation, mental illness, overall mental health; and
 - Emotional behavior: anger control, rationality of behavior, mood, and maturity
- Factor 6 (Cooperation): [p. 19]
 - This factor addresses the family’s response to the investigation/assessment of child abuse/neglect and subsequent involvement in the utilization of resources – including the Family Service Plan.
 - 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 the referral.
 - In rating this factor, workers should consider their access to interview the children and other family members. It relates to the cooperation when conducting the investigation/assessment.

- In rating ongoing services, child welfare professionals are measuring behaviors around cooperation with the agency, family service plan, and court orders.
 - In investigating a report of abuse or neglect on a case already accepted for service, the worker should assess cooperation with both investigation and ongoing services.
- Factor 7 (Parenting Skills/Knowledge): [p. 21]
 - In this factor, the following should be evaluated:
 - Parent/Caretaker's knowledge/awareness of child development;
 - Parent/Caretaker's means of disciplining the children;
 - Parent/Caretaker's expectations of the children; and
 - Parent/Caretaker's description of their roles/responsibilities and those of the children.
- Factor 8 (Alcohol/Substance Abuse): [p. 23]
 - This factor examines the following:
 - Evidence of misuse of alcohol/substance use, including present/prior involvement in treatment;
 - Prior history of referrals, problems, or criminal history related to alcohol or drugs; and
 - Impact of adult's alcohol/substance abuse on child-rearing responsibilities
- Factor 9 (Access to Children): [p. 24]
 - In addressing this factor, the following needs to be considered:
 - The relationship between the alleged perpetrator and the child;
 - The access of a perpetrator to the child;
 - The adult's ability to protect and provide care for the child;
 - Consider who in the family is providing care for the child; and
 - The ability of the non-offending caretaker to protect and care for the child
- Factor 10 (Prior Abuse/Neglect): [p. 26]
 - This factor examines the history of prior abuse/neglect of the adult caretakers as perpetrators or as victims.
 - 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. These do not need to be prior investigations or indicated cases. They are based only on credible information.
- Factor 11 (Relationship with Children): [p. 28]
 - This factor assesses the interaction between parents and their children. It includes a review of the following areas:
 - The nurturing behavior of the parents;

- Caretaker reactions/anger toward both their child(ren) and their behaviors;
- The family roles/rules; and
- The evidence/absence of attachment between parent and child(ren)

Step 4: Individual Activity

Distribute **Handout #10 (Match That Risk)**. Tell participants that this is a brief matching exercise designed to give participants the opportunity to test their current understanding of the caretaker, household member, perpetrator risk factors. Review the instructions on the Match that Risk handout with participants. Allow a few minutes to complete the assignment. When participants appear to finish, read one statement to the large group and seek participant feedback regarding the correct factor. If necessary, explore any wrong answers and provide clarification as needed.

The statements are:

- A. Mother is openly hostile to worker.
- B. Father has been arrested four times for domestic violence.
- C. Family had been active with the agency and received services in 2008 and 2010.
- D. Father (the alleged perpetrator) has weekend visitation by court order.
- E. Rat feces and garbage are observed in the corner of the kitchen.
- F. Mother cannot verbalize one thing that her son (little Johnnie) does right.
- G. Family moved to Pennsylvania from Colorado two months ago.
- H. Mother (age 19) has poor impulse control.
- I. Father expects his 8-month-old son (Robbie) to be toilet trained.
- J. Mother admits to drinking eight to ten beers before arriving home from work.
- K. Father recently lost his job; and the furnace is broken.

The answers are:

- H 1. AGE, PHYSICAL, INTELLECTUAL, OR EMOTIONAL STATUS
- A 2. COOPERATION
- I 3. PARENTING SKILLS/KNOWLEDGE
- J 4. ALCOHOL/SUBSTANCE ABUSE
- D 5. ACCESS TO CHILDREN
- C 6. PRIOR ABUSE/NEGLECT
- F 7. RELATIONSHIP WITH CHILDREN

Trainer Note: This is the approximate end of Day 1. If Day 1 ended here, ensure that, before beginning Day 2, that you ask participants to talk about one new idea/skill they learned from Day 1 training. Discuss the idea/skill as a large group and make any connections to Day 2 training content.

In addition, ask the participants if they have any remaining questions from Day 1 and answer those in large group format. After all questions have been answered, move to the next session. The review should take about 15 minutes. If this is not the end of Day 1, perform the activity listed in this trainer note when you begin Day 2.

Step 5: Small Group Activity, Large Group Discussion

Trainer Note: The purpose of this exercise is to help the participants to gain a greater understanding of some of the very serious conditions with which they will have to work. In addition, the exercise will assist them in better knowing how these situations affect risk of harm to children. As a result of this knowledge, participants will be better prepared to accurately rate the level of risk to some of the key factors in categories II and III (respectively Caregiver, Household Member, Perpetrator and Family Environment).

Divide the participants into four groups and explain that in the next activity each group will be assigned one of the following topics:

- Domestic Violence;
- Psychopathology/Psychotropic Medications;
- Drug/Alcohol Abuse; and
- Intellectual/ Developmental Disabilities

Show **Overhead #14 (Task/Questions)**. Tell participants that each group will be allotted 15 minutes to prepare a presentation in which they will perform the task/answer the questions shown on the *Task/Questions* overhead. Tell participants that they need to identify a recorder and spokesperson, as they will present their work to the large group for open discussion.

After participants appear to have finished their work, have each group present their answers to the larger group. Allow five minutes for each group presentation.

As participants offer their answers, use the following content, encourage feedback from the entire group, and offer answers if participants provide none. Use flipcharts to record additional responses for each section. Caution participants that the warning signs of problems are meant to trigger hunches or help form hypotheses, rather than to be all-encompassing “sure-bet” characteristics.

Trainer Note: The lists that follow are not all-inclusive. Add details as appropriate. Be sure to differentiate safety threats from risk factors; and, remember that all safety threats are risks but not all risks are safety threats. As participants identify areas of concern, when appropriate, engage them in discussion of when it might create safety threat vs. a risk concern. In addition, it is important to note that there are varying degrees of strength and risk in all of the categories. Each family must be assessed based on their individual presentation.

- Domestic Violence:
 - Identify indicators that may signal the presence of a risk factor. This list suggests a need for concern rather than a definite assessment. Stress that; if at all possible, the interview of a victim should never occur in the presence of the abuser. If not offered by participants, ensure that you mention presence of risk factors include:
 - Obvious physical signs of possible abuse to adult victim (e.g., black eye(s), bruises, cut lip, etc.);
 - A “yes” response on the part of the adult victim to the question “Have you been hit, kicked, punched or otherwise hurt?”; and
 - Evidence that animals/family pets in the home are abused/neglected
 - How might the child welfare professional’s own culture impact the observation?
 - One’s own witnessing of parental violence as a child could influence perceptions;
 - One’s own sensitivity to abandonment/rejection;
 - One’s own attitude towards aggression;
 - One’s own level of self-esteem; and
 - One’s own frequency of verbal aggression in a relationship
 - How might the individual/families values, beliefs and culture impact your assessment?
 - One or both parents may have grown up in abusive households; and
 - The family’s cultural background accepts domestic violence
- Psychopathology:
 - Identify indicators that may signal the presence of a risk factor. If not offered by participants, mention.
 - Lack of ability to hold a conversation;
 - Highly-illogical form of thought/speech;
 - Bizarre statements reflecting grandiosity, persecution, bodily sensations;
 - Verbal threats/actual attempts of physical harm to self or others;

- Vague, abstract, repetitive speech;
- Inability to care for one’s own needs or other’s needs;
- Irritable mood that could lead to neglectful or abusive behavior;
- Psychomotor agitation;
- Lethargy or elevated mood;
- Persistent concerns voiced about bodily (physical) complaints;
- Reports of sleep disturbances – too much or too little sleep;
- Psychomotor abnormalities (e.g., rigidity, catatonic stupor);
- Poor attention span;
- Greatly-diminished interest/drive or ability to follow a course of action to its conclusion; and
- Excessive weight gain or loss (without dieting)
- How might the child welfare professional’s own culture impact the observation?
 - Beliefs that certain cultures are prone to a particular diagnosis;
 - Lack of appreciation of other cultures values (e.g., how/why “they” might mistrust “mainstream America,” etc.);
 - Alternative support preferences of other cultures (i.e., they might seek out family, religion, etc. rather than agency services);
 - Denial of problem (e.g., “You cannot find what you are not looking for.”); and
 - Stereotyping (e.g., “You make the circumstance fit a preconceived diagnosis – for example, expectations about different cultural groups lower socio-economic strata, upper socio-economic strata, and/or professional strata)
- How might the individual/families values, beliefs and culture impact your assessment?
 - The family does not believe in mental health treatment.
 - The family believes the behaviors are “normal.”

Trainer Note:

- For the following section, please note that issues with psychotropic medications can be a concern for parents. Keep in mind children can be over medicated as well.
- Provide participants with table resource #2: *Key Questions for Judges to Ask: When a Child is on Psychotropic Medications*

- Psychotropic Medications:

- Identify indications, which may signal the presence of a risk factor. Make sure to note the red flags that are listed on the back of the *Key Questions*

for Judges to Ask: When a Child is on Psychotropic Medications table resource. If participants do not offer the following, mention:

- Three or more psychotropic medications
- More than one medication per drug classification
- Use of medication for purposes other than its primary indication
- Psychotropic medication prescribed for children ages five (5) or younger
- Pediatrician prescribing psychotropic medication without psychiatric consultation
- No plan for transitioning from child to adult system for youth 16 or older with ID/MH issues
- How might the child welfare professional's culture impact the observation?
 - Denial of problem (e.g., "You cannot find what you are not looking for.");
 - Stereotyping (e.g., "You make the circumstance fit a preconceived diagnosis – for example, expectations about different cultural groups lower socio-economic strata, upper socio-economic strata, and/or professional strata); and
 - Beliefs that certain cultures are prone to a particular diagnosis
- How might the individual/ family's values, beliefs and culture impact your assessment?
 - The family believes there is no problem with the child taking that much medication, they believe the child needs it.
 - The family doesn't understand why there should be a psychiatric consultation if a pediatrician is prescribing the medication.
- Drug and Alcohol Abuse:
 - Identify indications that might signal the presence of a risk factor. If not offered by participants, mention:
 - Powdery substance residue;
 - Exposed razor blades;
 - Pipe or other smoking implement;
 - Unidentified pills;
 - Large amounts of cans and bottles of alcohol stored in the home;
 - Presence of hypodermic needles/syringes, tourniquets near Sterno fuel cans, lighters, matches, pipes;
 - Lack of hygienic appearance;
 - Puffiness of the face;
 - Eyes: dilated pupils, red "bloodshot" eyes, unusual tearing;
 - Nose: runny nose, frequent nose bleeds, red or puffy appearance;
 - Skin: excessive sweating, track-marks, bruises, abscesses on legs and arms, excessive scratching and itching;

- Nails: gray, blue or ashen color; and
 - Movement: trembling hands, uncoordinated movement
 - How might the child welfare professional's culture impact the observation?
 - Moral superiority/judgment;
 - Personal/familial experience with alcohol/other drugs;
 - Disdain; and
 - Blame the individual for lack of will power/self-control, *etc.*
 - How might the individual/family's values, beliefs and culture impact your assessment?
 - They might believe that parents are children of those addicted to alcoholic/drugs themselves.
 - The culture encourages drinking (*i.e.*, "If their parents do it, so will the kids.")
- Intellectual/Developmental Disabilities:
 - Identify indications, which may signal the presence of a risk factor. If participants do not offer the following, mention:
 - Living area may seem cluttered (individual may have difficult time removing unnecessary items from what is needed);
 - Personal hygiene may be poor;
 - Person may show very basic expressive language skills (*e.g.*, misuse words, limited vocabulary);
 - Person may respond slowly to questions;
 - Person may not always respond in complete sentences; and
 - Person speaks and responds in very concrete/literal terms and cannot process abstraction concepts. Responses are "black and white" only
 - How might the child welfare professional's own culture impact the observation?
 - Could be judgmental/disdainful;
 - Could behave parentally/authoritatively; and
 - Could perceive mental retardation as a mental illness
 - How might the individual/family's values, beliefs and culture impact your assessment?
 - Family may ignore/deny the problem and/or try to hide it;
 - Family may be ashamed of the person with mental retardation; and
 - Because of embarrassment, denial, *etc.*, needed services may be denied to person with mental retardation in the household

As mentioned at the beginning of this activity, domestic violence, drug and alcohol abuse, developmental disabilities, and mental illness are common concerns faced by many of the families we work with in the field of child welfare. The previous activity

challenged participants to think critically about how these concerns may manifest behaviorally and how our values and beliefs and the values and beliefs of the families might inform and/or skew our assessments. Reinforce for participants that, while it is important to have an understanding of these concerns, it is more important that we do not limit our understanding of how these concerns might manifest in a family in a manner that compares to the generalizations made. It is important to maintain an open mind and engage the family to learn about their unique outlook on life. If child welfare professionals are successful in that engagement, assessments will likely be more accurate and the outcomes for children more positive.

Step 6: Lecture

Share with participants that we will now focus our attention on the remaining four risk factors. In offering the following information, reference **Poster #1 (Pennsylvania Model Risk Assessment Form)**, **Handout #8 (Pennsylvania Model Risk Assessment Form)**, as well as **Handout #7 (A Reference Manual for the Pennsylvania Model of Risk Assessment)** as needed.

Category III: Family Environment Factors:

- Factor 12 (Family Violence): [p. 31]
 - This factor considers how adults manage and resolve conflict. The following areas should be reviewed:
 - The problem solving techniques used by the family;
 - The method(s) the family uses to resolve disagreements/conflicts;
 - Any history of spouse/partner abuse, including filing of Protection From Abuse orders; and
 - Physical assaults or threatened physical assaults between the adults of the family

Tell participants that *Family Violence* deals with the behaviors among the adults of the household. The factor does not address physically-abusive behaviors toward the child(ren) covered in other factors. This is a good time to point out to the group that it is necessary to rate each factor on the identified components of each individual factor. They are not to reiterate the same “negatives” in multiple factors. Considering all the factors and “putting together all the pieces” is the final stage of the Risk Assessment process and will be discussed later in the training.

- Factor 13 (Condition of the Home): [p. 32]
 - This factor considers the presence of health/safety concerns in the physical environment/household. An assessment of the home environment should occur and attention given to the following:
 - Health/safety hazards (*i.e.*, things that may harm the child in the home such as; exposed live electric wiring, structural damage, utility hazards, broken glass, *etc.*). The worker must also consider the hazard in conjunction with how the hazard relates to the child’s

vulnerability (for instance, an infant crawling unsupervised in an area with a space heater versus an adolescent of average intelligence and developmental ability being in the same area).

- Health hazards may include things such as no heat in the winter months, rotting foods laying exposed in a kitchen, filth to the point of the concern of disease, *etc.* Again, the worker must consider the hazard in conjunction with how the hazard relates to the vulnerability of child/youth.
 - This category would not include judgments such as a home being slightly crowded by organized and apparently clean boxes and such, or a home seeming cluttered or dirty (unless the situation rose to the level of being hazardous to the health and well-being of the child/youth). Some of these same concerns could reasonable be entered under factor 15: *Stressors* – keeping in mind that the concern would be captured and rated in only one of the two areas on the risk assessment form.
- Factor 14 (Family Supports): [p. 34]
 - This factor addresses the following:
 - The availability of and relationship with extended/external family members (the worker must also take into account how much the family actually uses familial supports);
 - Availability of and the family's connection/interaction with community supports/services;
 - The family's use of community resources; and
 - The child(ren)'s involvement in schools and school programs
 - Factor 15 (Stressors): [p. 36]
 - This factor considers the type/level and amount of stress and its impact on family life. An examination of the following should occur:
 - The current stressors identified by the family and the case team;
 - The family's stability regarding housing;
 - The number of children in the family and how that affects family life and relationships; and
 - How the family generally copes with stress

Step 7: Video

Distribute **Handout #11 (Caretaker & Family Environment Video Worksheet)**, and explain to the participants that they will be shown a short video of a mock interview concerning a hypothetical child welfare case. Participants are to glean as much information as they can from the video as if they were actually conducting the interview themselves.

Tell participants that **Handout #11 (Caretaker & Family Environment Video Worksheet)**, lists the 11 *Caretaker, Household Member, Perpetrator* and *Family Environment* factors on which they will work. They should use the handout to capture notes; however, it is necessary to pay close attention to the video, as information will be given to participants both verbally and visually.

Introduce the video by explaining that it was developed with funding from the Department of Health and Rehabilitative Services in Florida to assist with the Risk Assessment Research Project conducted in Pennsylvania in 1992. Show the **DVD (The Andy Thompson Case)**.

Step 8: Small Group Activity

Trainer Note: The Andy Thompson case portrays conditions that are in fact safety threats. Trainer may elect to have participants identify both safety threats and risk factors or to just concentrate on the risk factors.

Instruct participants to work in their table groups (using their notes from **Handout #11 (Caretaker & Family Environment Video Worksheet)** and **Handout #8 (Pennsylvania Model Risk Assessment Form)** as a guide) to collectively fill out factors *Caretaker, Household Member, Perpetrator* and *Family Environment* factors (5-15) on one of the group members' **Handout #8 (Pennsylvania Model Risk Assessment Form)**. The groups must come to consensus when ranking each factor.

Tell participants that under normal circumstances they would include all adult household members and parents when assessing risk. However, for the purposes of this activity, they are only to rate Nancy (the mother) and are only to focus on *Caretaker, Household Member, Perpetrator* and *Family Environment* factors (5-15).

When all groups recorded their ratings, review each rating given to each factor. Where there is agreement on the rating, ask the large group to cite reasons for their conclusions. Where there is disagreement on the ratings, solicit feedback from the table group (and possibly the larger group) as to the foundation for their decision. Lead the discussion to the correct ratings. The correct answers for Nancy's ratings are:

- | | |
|--|----------|
| 5) Age, Intellectual or Emotional Status | Moderate |
| 6) Cooperation | Moderate |
| 7) Parenting Knowledge | High |
| 8) Alcohol/Substance Abuse | Moderate |
| 9) Access to Children | High |
| 10) Prior Abuse/Neglect | Moderate |
| 11) Relationship with Children | High |
| 12) Family Violence | Moderate |

13) Condition of the Home	High
14) Family Supports	High
15) Stressors	Moderate

Once all of the risk factors are identified, turn the focus to safety. Ask participants whether they noticed any safety threats as they watched the *Andy Thompson Case* video. Participants may identify safety threat:

- #9: Caregiver(s) in the home are not performing duties and responsibilities that assure child safety;
- #10: Caregiver(s) lack of parenting knowledge, skills, and/or motivation presents an immediate threat of serious harm to a child based on the information learned from the video; and
- #11: Caregiver(s) do not have or do not use resources necessary to meet the child's immediate basic needs which presents an immediate threat of serious harm to a child.

Participants may also identify safety threat:

- #6: Caregiver(s) cannot or will not control their behavior; and
- #12: Caregiver(s) perceive child in extremely negative terms

If participants identify these safety threats, tell them that there is not enough information presented in the video to assess for the presence of these safety threats. Acknowledge participants thought process for these threats (and any other additional threats mentioned); however, reinforce the need to gather sufficient information prior to making a decision as to whether or not the situation crosses the safety threshold.

Ask the large group whether they believe there a correlation to the safety threats they identified and the risk factors.

Explain that whenever there is a risk rating of High, it is imperative that they carefully assess for the presence of safety threats. While a rating of High does not automatically mean there is a safety threat in operation, there is a strong enough probability to warrant a careful assessment of the family situation to ensure that any and all threats are identified and controlled. This is especially true with the caregiver and environmental risk factors.

Step 9: Large Group Discussion

Given the close relationship between risk factors rated as High and safety threats, it is important to be able to determine when a risk factor becomes a safety threat. Earlier in the training, participants explored different topics/concerns that are frequently in operation within the families with whom they work. Those topics included:

- Domestic Violence;

- Mental Health/Illness;
- Intellectual/Developmental Disabilities; and
- Drug and Alcohol Abuse

In addition to these topics, the families with whom they work often struggle with the following concerns:

- Lack of Parenting Knowledge;
- Poor Living Environment/Conditions - Lack of Basic Needs;
- Sexual Abuse; and
- Stressors

Refer to **Overhead #7 (Risk vs. Safety)** and **Overhead #8 (Global Definitions)** and reinforce the concept that all safety threats are risk factors but not all risk factors are safety threats. Despite this fact, it is safe to say that these eight common issues/concerns may present both risk of harm and potentially impending danger.

Tell participants that, because of this fact, they will use the eight issues/concerns to explore the differences between risk of harm and impending danger. Ask participants to locate **The Safety Assessment and Management Process Reference Manual** and to turn to page 5 (*The Relationship between Safety and Risk*). Ask participants, on an individual basis, to read the information only to the title *Information Gathering* on page 7.

Once participants appear to finish reading, reinforce the concept that risk factors look at the long-term risks associated with abuse and neglect on the child.

Conduct a brief large group discussion about how, when conducting a risk assessment, they determine whether maltreatment is likely to occur or recur in the future, while - impending danger considers whether the abuse or neglect will occur within the next 60 days (imminence).

Read the following example:

It is known that there is domestic violence operating in a home in which caregivers tend to fight with physical exchanges occurring. However, to-date, the children have not been physically injured stemming from the domestic violence.

Based on the abbreviated information participants have in this sentence, this statement is more indicative of risk rather than impending danger. Ask participants to consider the how things might change if, in an attempt to gather more information during a home visit, you learn the following:

- Caregiver violence is escalating;
- The child states that he plans to intervene the next time his parents fight; and

- The child tells several people that “I don’t want my mother to get hurt anymore. So, it is up to me to stop my dad.”

Discuss the example with participants. Do participants agree that the first statement is indicative of a risk factor? Based on the limited information learned from the example, there is at least moderate risk related to the family violence.

Do they agree that the additional information learned escalates the first example over the safety threshold – why or why not? In the second part of the example, participants learn that the safety threat is not happening right now (ergo not present danger); however, it could happen at any time in the near future (ergo impending danger).

Direct participants to the listing of impending danger threats listed in **The Safety Assessment and Management Process Reference Manual** [pp. 23-30]. Ask participants to identify the impending danger threats that relate to domestic violence.

Participants should be able to identify the following impending danger safety threats:

- #5: Caregiver(s) are violent and/or acting dangerously;
- #6: Caregiver(s) cannot or will not control their behavior; and
- #9: Caregiver(s) in the home are not performing duties and responsibilities that assure child safety.

The indicator provided with each of these impending danger threats provides insight into how the domestic violence in the home may result in impending danger. This is especially true of safety threat #5 (*Caregiver(s) are violent and/or acting dangerously*) since the child plans to intervene to protect his mother.

Step 10: Small Group Activity

Trainer Note: In advance of this training, prepare risk examples for some or all of the eight topic areas previously discussed (*i.e.*, Domestic Violence, Mental Health/Illness, Intellectual/Developmental Disabilities, Drug and Alcohol Abuse, Lack of Parenting Knowledge, Poor Living Environment/Conditions - Lack of Basic Needs, Sexual Abuse and Stressors). In addition, prepare answers for how your scenarios could be change to cross the safety threshold. You may need the risk scenarios and how they could readily change to cross the safety threshold if time does not allow for the small group delivery method offered below. You presenting the scenarios and asking for feedback will take roughly 15 to 20 minutes. The small group method that follows will take roughly 20 to 30 minutes – depending upon how many participants you have.

Divide participants into four small groups. Give each group two sheets of flipchart paper. Ask participants to title one flipchart *Risk Examples*. Ask participants to title the other flipchart *Safety Examples*.

Assign each group two family issues from the eight topic areas (Domestic Violence, Mental Health/Illness, Intellectual/Developmental Disabilities, Drug and Alcohol Abuse, Lack of Parenting Knowledge, Poor Living Environment/Conditions - Lack of Basic Needs, Sexual Abuse and Stressors).

Instruct participants to identify current situations from their caseload that, in their opinion, represents future risk of harm to a child (e.g., risk resulting from a lack of parenting knowledge). Ask the small groups to briefly report their scenarios to the large group (in order to ensure that the situations related to risk only and do not already cross the safety threshold. Ensure that no scenarios cross the safety threshold.

Now, tell participants that they will have five to ten minutes to work in their small groups to:

- Identify change(s) that would need to occur to change risk factors (captured on their *Risk Examples* flipchart) to an impending danger safety threat;
- Discuss and record (on the *Safety Examples* flipchart) how the changes to the risk situation necessary to meet all five criteria for the safety threshold (i.e., Serious, specific and Observable, Out of Control, Vulnerable child, Imminent: SOOVI); and
- Identify the impending danger safety threat (by maltreatment type and number) they believe they are now describing. Participants should feel free to use the Present Danger list in **The Safety Assessment and Management Process Reference Manual** [p. 26] to assist them with them with identifying the threat to the child/youth.

Trainer Note: Have **The Safety Assessment and Management Process Reference Manual** [p. 26] readily available to confirm (or challenge) the safety threat(s) that participants chose.

Ask each small group to share how their risk example became an impending danger threat. Confirm with the large group that the small groups' example crosses the safety threshold. Ask participants to identify (by number and type of maltreatment) the impending danger threat they believe is now in place. Continue the small group presentation/large group discussion until all of the small groups shared their examples.

Trainer Note: Be prepared to offer additional guidance to the small group that was assigned Sexual Abuse. Depending on participant values, beliefs and county-specific policy, participants may presume that sexual abuse is always a safety threat. Reinforce that sexual abuse will likely always be a risk factor; however, child welfare professionals need to make extra efforts to gather and understand information related to sexual abuse so

as to determine whether the situation truly crosses the threshold and meets SOOVI.

Share with participants that they received a brief overview of sexual abuse in *Module 2: Identifying Child Abuse and Neglect*. Participants are strongly encouraged to attend the Sexual Abuse Certification Series (or at a minimum the Overview of Sexual Abuse), which is the prerequisite for the Sexual Abuse Certification Series and part of the Second Layer CORE courses.

Also, share with participants that if the caregiver is a known sexual offender there is additional information that can be obtained to gain more understanding of when the person offends, what triggers they might have, if they have been ordered never to contact the children, etc. In addition to the level of response that will be necessary to insure child safety, this information will certainly help in determining whether there is present and/or impending danger to the child/youth.

Summarize the activity by stating that it is important to keep in mind that risk and safety assessments are parallel processes. Child welfare professionals must both always work to understand the risk factors operating within a family and be vigilant to uncover when a risk becomes or is becoming an impending danger threat.

Step 11: Lecture

Distribute **Handout #12 (Risk/Severity Continuum)** and explain that participants may use the continuum they now have as a guide while rating the various factors. The continuum is a guide that can assist the child welfare professional while rating the factors. It is not an absolute in that it cannot possibly be all-inclusive and cover all possible scenarios. However, the continuum does give multiple examples of what conditions would qualify as a rating of Low, Moderate, or High within each of the 15 factors.

If a child welfare professional is attempting to rate a factor and cannot find an exact sample in the continuum, he/she should be able to find an example that would be equivalent in severity and therefore offer an equivalent rating. If ever in doubt about a rating or what facts should be taken into consideration when assigning a rating, participants should always talk with their supervisor and or the family's case team – an excellent opportunity in which to use Multi-Disciplinary Teams (MDTs).

The general guidelines while using the Continuum are: in order to qualify for a “Z”- or an “L”-rating, all the examples in the continuum (or their equivalent) should be present; in order to qualify for an “M”- or an “H”-rating, any one of the examples in the continuum (or their equivalent) need apply. Generally, the worker should start by reading the examples in the *High Risk* column. If none apply, then workers should move to the *Moderate Risk* column on the continuum, and so on, until he/she finds the correct rating.

Module 5: Risk Assessment

Section VI: Completing and Documenting an Assessment of Risk

Estimated Length of Time:

3 hours

Performance Objectives:

- ✓ Given the Williams Family case scenario, participants will be able to rate each of the fifteen risk factors with a minimum of 80% accuracy.
- ✓ Given the definitions of Overall Severity and Overall Risk, participants will be able to determine the overall severity and overall risk ratings for the Williams Family case scenario.
- ✓ Given the elements of effective documentation learned in *Module 4: In-Home Safety Assessment and Management*, participants will be able to write a Risk Assessment Summary for the Williams Family and provide a description for each factor rated moderate and high.
- ✓ Given the Smith Family case scenario, participants will be able to rate each of the fifteen risk factors with a minimum of 80% accuracy.
- ✓ Given the definitions of Overall Severity and Overall Risk, participants will be able to determine the overall severity and overall risk ratings for the Smith Family case scenario.
- ✓ Given the elements of effective documentation learned in *Module 4: In-Home Safety Assessment and Management*, participants will be able to write a Risk Assessment Summary for the Smith Family and provide a description for each factor rated moderate and high.

Methods of Presentation:

Lecture, Small Group Activity

Materials Needed:

- ✓ Colored Markers
- ✓ Blank Flipchart Pads
- ✓ Flipchart Stands
- ✓ Masking Tape
- ✓ Overhead Projector/Screen
- ✓ **Handout #13: Williams Family Exercise**
- ✓ **Handout #14: Blank Risk Assessment Form**
- ✓ **Handout #15: Establishing and Documenting Overall Severity and Overall Risk**
- ✓ **Handout #16: Completed Williams Family Risk Assessment**
- ✓ **Handout #17: Completed Williams Family Risk Assessment Summary**
- ✓ **Handout #18: Initial Smith Family Risk Assessment**
- ✓ **Overhead #15: Overall Severity**
- ✓ **Overhead #16: Overall Risk**
- ✓ **Overhead #17: Levels of Risk**
- ✓ **Overhead #18: Risk Assessment Summary**

Section VI: Completing and Documenting an Assessment of Risk

Trainer Note: This is a key knowledge and skill practice section. It is critical that each step in this section is completed and reviewed as instructed.

Step 1: Small Group Activity

Tell participants that they are now going to have the opportunity to integrate the knowledge and skills they learned throughout the training about assessing risk, completing the process, and documenting risk using the Pennsylvania Model Risk Assessment Form.

Distribute **Handout #13 (Williams Family Exercise)**. Ask a participant to read the introductory material on the handout – to the gray line before “... during the exercise.

Tell participants that there is no other information available other than what is available on the handout. Emphasize the concept that participants are practicing their risk assessment and documentation skills. Ask participants whether they have any questions before they start.

Instruct participants to read the Williams Family case scenario on an individual basis.

Distribute **Handout #14 (Blank Pennsylvania Model Risk Assessment Form)**

Once participants finish reading, each table is to work as a group (coming to consensus for each factor rating) to complete **Handout #14 (Blank Pennsylvania Model Risk Assessment Form)**. Groups are to complete the entire first page, except the Overall Severity and Overall Risk [bottom right].

During this exercise, monitor groups and answer questions as they arise.

After the groups complete side one of the blank form, reconvene the large group and (one-at-a-time), ask each table to state the factor that gave them the most difficulty with regard to reaching consensus on the rating. As each group expresses the “troublesome” factor, ask the large group to offer the facts that had an impact on hindering an agreement regarding the rating.

Afterward, follow the content on the upcoming pages ensuring that you offer clear information regarding the proper rating for each factor. Tell participants that they will receive the completed Williams Family risk assessment in a moment.

**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 : WILLIAMS

CASE #

A. CHILD FACTORS	NAME:	Susan	James	David			HIGHEST RISK FACTOR
	AGE:	7	6	3			
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, HOUSEHOLD MEMBER, PERPETRATOR	NAME:	Mary	Frank				HIGHEST RISK FACTOR
	AGE:	Age 25	Age 27				
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	D. PLEASE USE BACK OF PAGE FOR NARRATIVE						RISK FACTOR
12. FAMILY VIOLENCE							M
13. CONDITION OF THE HOME							Z
14. FAMILY SUPPORTS							H
15. STRESSORS							M
WORKER	DATE					OVERALL SEVERITY	M
SUPERVISOR	DATE					OVERALL RISK	M

After the rating discussion, inform participants that they will now learn how to determine overall severity and overall risk ratings.

Step 2: Lecture

Using **Overhead #15 (Overall Severity)**, **Handout #15 (Establishing and Documenting Overall Severity and Overall Risk)** and the information below, explain how to determine the Overall Severity rating.

Overall severity is determined by reviewing two of the factors in the Child Factor category (Factor 2: *Severity/Frequency and/or Recentness of Abuse/Neglect* and Factor 4: *Extent of Emotional Harm*). Overall Severity represents the severity of the current abuse or neglect.

- Factor 2: *Severity/Frequency and/or Recentness of Abuse/Neglect* and Factor 4: *Extent of Emotional Harm* are the only factors considered to determine overall severity.
- Review Factors 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:
 - If the highest rating is "Z", the overall severity is "No/None".
 - If the highest rating is low "L", then overall severity is Low.
 - If the highest rating is moderate "M", then overall severity is Moderate.
 - If the highest rating is high "H", then the overall severity is High.
- If the highest rating is "Unable to Assess" (*i.e.*, "X"), the worker must determine how the unknown information affects the risk to the child.
 - Although there may be times when workers are unable to assess factors within the Child Factor category, those incidents should be extremely rare.
 - 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.
 - If the missing information could affect risk, the worker should consider raising the 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 locate and assess the information.
- Connections between overall severity and overall risk:
 - It is possible to have a high Overall Severity rating and a low Overall Risk rating.
 - An example of high overall severity rating and low overall risk rating would include a child (with believing and supportive parents) being sexually abused by a babysitter who no longer has access to the child.

- It is also possible to have a low overall severity rating and a high overall rating.
 - An example of a low overall severity rating and high overall risk rating would include a minor injury on a young child in the care of the abusing parent.

Step 3: Small Group Activity

Ask participants to think back to the Williams Family case scenario. Tell participants that you would like them to determine the Overall Severity rating for the Williams Family and write that rating on a piece of paper large enough for the other groups to see. Give the group 3 to 5 minutes to complete this assignment in their table groups.

When participants appear to finish discussions, ask each table to hold up a piece of paper that identifies the overall severity. Write the range of answers on a flipchart and ask participants why they chose the rating they did. Write the correct answer on the flipchart: Moderate.

Provide feedback regarding any incorrect answers.

Step 4: Lecture

Using **Overhead #16 (Overall Risk)**, **Handout #15 (Establishing and Documenting Overall Severity and Overall Risk)** and the information below, explain how to determine the Overall Risk rating.

Trainer Note: Emphasize that Overall Risk cannot be determined solely by determining the highest rating of Factors 1 and 3 (respectively *Vulnerability* and *Prior Abuse/Neglect*). The highest rating of Factors 1 and 3 determines a baseline the child welfare professional uses to determine whether the risk level needs raised or lowered, based on interplay of all other factors.

Example: if one needed to use only Factors 1 and 3 to determine Overall Risk, all children under 5 years of age would be rated as a High Overall Risk regardless of the other factors. Additionally, dangerous combinations of risk factors must be intensely scrutinized.

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

- This rating is based on the interplay of all the factors.
- The rating should reflect the risk to the child, absent intervention by the agency.
- If the highest rating is “Unable to Assess” (X), the worker must determine how the unknown information affects the risk to the child.

- If an “X” rating was given to a caretaker because the caretaker was an absent parent who has no contact with the child, that X rating would have little or no affect on the risk to the child.
- If an “X” rating was given to a parent who lives within the home, who refuses to interact with the worker, the unknown information may greatly affect risk to the child. Here, the worker may want to raise the overall risk level based on the unknown information.
- 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.
- Overall risk is a balance between factors that increase risk and those that diminish risk.
 - Factor 1: *Vulnerability* is critical to overall risk.
 - Factor 3: *Prior Abuse/Neglect* is critical to overall risk. This represents past abuse and neglect. This history cannot be ignored.
 - All other factors must be reviewed to determine how they affect the risk level.
- Generally, factors rated “Z” (*i.e.*, no risk), represent strengths and are therefore especially important.
- Strengths must be assessed to determine if they affect the risk level in a way that reduces risk.
- All factors that are extremely intense, of long duration, or are supported by environmental pressures should be given added weight in making an overall assessment of risk. For example:
 - Intensity: feeling blue vs. being clinically-depressed;
 - Long Duration: two months of drug use vs. a 15-year drug addiction; and
 - Environmental Support: a physically-abusive parent who attends a church that promotes physical discipline of children
- Workers must be able to identify constellations of factors that commonly occur in physical abuse/sexual abuse/neglect cases and should give these factors special weight because these factors are mutually reinforcing.
- Whenever possible, workers should identify the underlying causes of child abuse/neglect.
- When a worker selects an overall risk, it represents their assessment of the interrelationship of the risk factors.
- Dangerous combinations of risk factors include:
 - Difficult to care for child in the care of a parent with marginal parenting skills that is socially isolated;
 - Passive mother, violent boyfriend, hyperactive or out-of-control child;
 - Failure-to-thrive baby of depressed young mother that lives in poverty;
 - Male with history of sexual offenses against children that obtained no treatment who lives with a mother with young children and mother denies risk;

- Single parent with several young children; and
- Multiple reports with escalating severity

Once an Overall Risk rating is established, review it per the definitions of High, Moderate, and Low on the continuum to determine if the conclusion makes sense given the case information available.

It is critical that an accurate risk assessment is conducted, as it is directly connects to ensuring the future safety of children/youth by developing an appropriate case plan and planning for the appropriate level of intervention services. Participants will learn about connecting the risk assessment to case planning in *Module 6: Case Planning with Families*.

Step 5: Small Group Activity

Ask participants to think back to the Williams Family case scenario. Tell participants that you would like them to determine the Overall Risk rating for the Williams Family and write that rating on a piece of paper large enough for the other groups to see. Give the group 3 to 5 minutes to complete this assignment in their table groups.

When participants appear to finish discussions, ask each table to hold up a piece of paper that identifies the overall risk. Write the range of answers on a flipchart and ask participants why they chose the rating they did. Write the correct answer on the flipchart: Moderate. The Overall Risk Rating is “Moderate” for the Williams family because of the mother’s lack of control over the children, the financial stressors in the family, James fighting at school, the parentification of Susan, and the father’s lack of cooperation and drinking.

Provide feedback regarding any incorrect answers. For example, if a participant says that the overall rating is “Low” because there are family supports, explain that family support alone cannot always lower a risk level from “Moderate” to “Low”. Feel free to provide case examples to further explain the point.

Step 6: Small Group Activity

Ask the large group if they feel that there are any safety threats in the Williams Family scenario. Participants should responds that even though there are some risk factors (rated as “High”), the information does not support the presence of any active present or impending danger safety threats.

Step 7: Lecture

<p>Trainer Note: This is a critical section. Make sure that all participants understand it before moving on to the next step.</p>
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Using **Overhead #17 (Levels of Risk)** and **Handout #15 (Establishing and Documenting Overall Severity and Overall Risk)**, explain to participants the meanings associated with the levels of risk. Risk levels (which participants discussed at various points but are being offered once again for further clarification) are defined as follows:

- High Risk = A severe form of abuse or neglect
 - A significant possibility or likelihood that a severe form of abuse/neglect will occur in the near future
- Moderate Risk = A serious form of abuse or neglect
 - A significant possibility of likelihood that a serious form of abuse/neglect will occur in the near future
- Low Risk = A minor form of abuse or neglect
 - A significant possibility or likelihood that a minor form of abuse/neglect will occur in the near future
- No risk: self-explanatory

Step 8: Lecture

Trainer Note: Advise participants that different agencies may use different formats for the Risk Assessment summary. Some may use outline form, some use a bulleted format, and some use a long, narrative style. Any of these formats is acceptable as long as all of the required elements are present.

Direct the participants to the third page of **Handout #15 (Establishing and Documenting Overall Severity and Overall Risk)**. Tell participants that after they complete assigning risk ratings, they must now complete a Risk Assessment summary. The Risk Assessment summary is a critical component that provides the details of the assessment. Ask participants what format their agency uses to complete the Risk Assessment summary.

Explain that the narrative must represent a logical progression of thought that indicates the rationale for ratings contained on the matrix, which leads the reader to the apparent overall risk. Using **Overhead #18 (Risk Assessment Summary)**, explain the components of the Risk Assessment summary. The summary must include:

- Specific evidence supporting all High and Moderate risk conclusions;
- Justification for all Unable to Assess ratings;
- Rationale for the Overall Severity Rating;
- An assessment of safety and the plan to provide safety for the child/ren;
- Conclusions regarding Overall Risk ratings – including information regarding how all factors interact as well as the affects of “clusters” of risk factors and/or dangerous combinations of factors; and

- A prioritization of the concerns within the family and an assessment of how the family strengths can be used in case planning

Tell participants that the Risk Assessment summary is one of the most difficult sections of the Risk Assessment to write; however, it is often the most critical. The summary should be clear, concise and concrete, as the risk assessment is completed prior to the Family Service Plan and serves as the basis upon which case goals are selected.

Step 9: Small Group Activity

After reviewing the Risk Assessment summary section and what it entails, distribute **Handout #16 (Completed Williams Family Risk Assessment)** and tell participants that the handout contains the completed Williams Family Risk Assessment form, which corresponds with discussions they held earlier regarding the Williams family.

Distribute a piece of flipchart paper to each table group. Assign each table either *Overall Severity* or *Overall Risk*. Ask the participants to practice (within their small groups) developing a Risk Assessment summary using the information provided in the *Completed Williams Family Risk Assessment* as it relates to their assigned “overall” rating. Participants have roughly ten minutes to complete the task. Once participants appear to finish their summary, ask volunteers from their tables to read their summary aloud to the large group. Offer feedback where applicable.

Once all groups offered their summary, distribute **Handout #17 (Completed Williams Family Risk Assessment Summary)**. Review the summary with the participants.

Tell participants that the summary may differ from worker to worker according to writing style and county-to-county depending on expectations for completing the summary. What is important is that it contains the key content areas and provides a narrative that allows the reader to understand the family strengths in addition to any ratings for moderate and high factors as well as factors that have a direct affect on the risk of future harm/impending danger threats to the child(ren).

Step 10: Connection to the Smith Family Small Group Activity

Inform participants that they will now continue their use of the Smith family scenario by assessing the risk factors associated with the Smith family’s circumstances. After coming to a consensus about the risk factors, emphasize that risks of a moderate or high rating will need to be addressed in the Family Service Plan. Participants will revisit these risk factors and address them in *Module 6: Case Planning with Families*.

Have participants refer to their information of the Smith Family. In their small groups they are to list the children and adult household members on the Pennsylvania Risk Assessment Model Form and then rate each of the 15 factors. The small groups should do their best to come to a consensus about the ratings of each factor. Remind participants, as they complete this activity, to assume that all the information is accurate

and correct. If something is not identified as a concern, it should be considered a strength.

Step 11: Large and Small Group Discussion

Rotating from small group to small group, use a flipchart to record the small group's ratings. Solicit the ratings for each factor that the groups attributed. As each rating is identified, encourage participants to explain what information they used to make that rating. Ask for large group feedback. As any high risk factor is identified, remind the group that a high risk rating qualifies to be reconsidered regarding whether it meets SOOVI and crosses the safety threshold for either present or impending danger. If the factor crosses the threshold, it will be addressed in both the safety plan (and ultimately) the Family Service Plan. Either way, all moderate and high risk factors need to be addressed during the course of working with the family.

Following the conclusion of the large group discussion, distribute **Handout #18 (Initial Smith Family Risk Assessment)**. Tell participants that they are to keep the Smith Family forms with them, as they will use this information again in future modules of Charting the Course.

<p>Trainer Note: It is not necessary to get total group consensus on all 15 factors. Use the factors that the group does agree on for the final step of this exercise.</p>

Module 5: Risk Assessment

Section VII: Case Transfer

Estimated Length of Time:

30 Minutes

Performance Objectives:

- ✓ Using the definitions of Tuning in to Self and Others, participants will describe the potential reactions that families may have to case closure and identify a minimum of 3 strategies to address those reactions.

Methods of Presentation:

Lecture, Large Group Discussion

Materials Needed:

- ✓ Colored Markers
- ✓ Blank Flipchart Pads
- ✓ Flipchart Stands
- ✓ Masking Tape
- ✓ Trainer-Prepared Flipchart: *Feelings*
- ✓ Trainer-Prepared Flipchart: *Questions*
- ✓ Trainer-Prepared Flipchart: *Reasons for Case Transfer*
- ✓ **Handout #19: Steps in Case Transfer**
- ✓ **Table Resource: Reference Book for Charting the Course towards Permanency for Children in Pennsylvania**

Section VII: Case Transfer

Step 1: Transition to Section

Tell participants that, at this point in the training, they looked at the entire Pennsylvania Risk Assessment Model. Refer participants to the Navigational Chart on the back of their Name Tent. Ask participants to reflect on what they learned about Risk Assessment, particularly the intervals for completing a Risk Assessment.

As participants the following questions:

- Aside from Screening the referral, when is the first formal Risk Assessment completed?
 - Participants should readily answer at the conclusion of the Investigation/Assessment. This is also the time when a formal In Home Safety Assessment Worksheet is completed.
- What other steps in the casework process occur at this point?
 - Participants should identify that they are concluding their investigation/assessment, making a status determination, deciding whether the child/family should be accepted/opened for services, potentially completing a Family Service Plan (depending on specific county practice), and transferring the case to an on-going worker (depending on specific county practice). If the family is not going to be opened for services, they should be considering closing the case.

Remind participants that they already learned about making a status determination and documenting the status determination on the CY 48 in *Module 2: Identifying Child Abuse and Neglect*. Ask participants to recall what they learned about the terms indicated, founded and unfounded.

In that same module, they also discussed the requirements of conducting and completing an investigation/assessment. What they have not yet learned about is how to transfer a case. Because of this, participants will now learn (at a global level) what is involved in case transfer. Tell participants that they must talk with their supervisor about their specific county policies and practices related to case closure.

Step 2: Tuning in to the Family's Thoughts, Emotions and Feelings Regarding Transfer

Ask participants if anyone has transferred a case from his/her caseload or received a case from another caseworker. Participant experience in case transfer may vary (e.g., some will have no experience with it, some will have a little experience with it, and some will have transferred multiple cases). If several participants have not experienced case transfer, offer your own anecdotes. Tell participants that most agencies are structured in such a way that many cases are managed by two or more caseworkers during the life of the case.

Ask participants to use their “Tuning in to Others” skill and brainstorm (as a large group) a list of typical feelings/questions a family member might have when their case is assigned to another worker. Record “feelings” on the flipchart that you created (titled *Feelings*). Record “questions” on the flipchart that you created (titled *Questions*).

Some typical feelings include:

- A sense of loss/grief;
- A feeling of hurt stemming from being rejected;
- Confusion about “why”; the case is being closed
- Anger about the change/agency “policy”;
- Relief (opportunity to “start over” with another worker);
- Pride of successful accomplishment of goals and objectives;
- Fear about the ability to maintain changes without agency support/monitoring; and
- Stronger sense of loss/grief over losing the relationship with the worker/agency

Some typical questions include:

- “Why is this necessary?”
- “What did I do to cause this?”
- “Why don’t you like me?”
- “Don’t you like me?”
- “What’s the new worker like?”
- “How many times is this going to happen to me?”
- “How can I keep you as my worker?”
- “Who made this decision?”
- “What happens if I need more service later on?”
- “Will you still visit me/us after the case is closed?”
- “Can I call you if I need help in the future?” “How?”
- “Who do I call if I have a crisis after you close my case?”
- “Does this mean you will never have to come back here again?”

If time allows, ask participants (either as individuals or in small groups) to spend a few minutes identifying what they, as caseworkers, would say to address the feelings and/or answer one or more of the questions they devised.

When working with family to answer the questions participants listed (in addition to others), the child welfare professional is conducting a Transitional Interview. The Transitional Interview is a set of questions that the child welfare professional can use to identify the feelings and understanding of family regarding the agency’s involvement up to the transfer point and to identify expectations and readiness to move from the investigative phase into the next phase of the change process. The Transitional

Interview questions can be used by the newly-assigned caseworker or the same worker who conducted the initial assessment/investigation who carries the case into the ongoing phase. Variations of these questions may be used to promote worker/client engagement any time there is a change in the assigned caseworker.

Briefly share the following suggested questions that may be asked by the caseworker to the client during a transitional interview.

Trainer Note: The questions reviewed below are included on **Handout #19 (Steps in Case Transfer)**. However, do not yet reference this handout.

- “Tell me about your understanding of how and why the agency became involved with your family?”
- “How did you feel when the agency first became involved with you? How do you feel now?”
- “What has changed from the time that the agency first became involved to now?”
- “What is now different about how you care for your children?”
- “What is different about how your children or other family members behave?”
- “What has been useful (or not so useful) about any services in which your family took part?”
- “What did the previous caseworker (or I) do that has been helpful or not helpful?”
- “What do you need from me to work effectively and comfortably to accomplish the goals of the Family Service Plan?”
- “Is there anything else that I need to know about you, your family and culture that will help us to work well together?”
- “If at any time you feel that I do not understand you or that I am doing something that you feel as a barrier to our working together, I need you to tell me. Will you do that?”

After you reviewed the sample questions with participants, ask what impact these questions might have on the family. Participant responses may vary but should include something to the effect of:

- The family will feel valued and empowered; as rapport-building with the new worker is based on the strengths/positives from previous interactions as well as an awareness of what did not work for the family and should be avoided in the future if possible.

Step 3: Lecture

Explain that during any transition, human beings are more vulnerable to negative emotions and a sense of crisis or of having little or no control over the situation. These emotions are also present in families involved in child welfare – especially when a case is either closed or transferred to another caseworker or the agency makes the decision

to close the case. During these periods, families may experience apprehension, a sense of loss, anger, anxiety, fear (of the unknown), and mixed emotions. Moreover, in some cases, family members (including the child/youth) may regress and the original issues that brought them to the attention of the agency may resurface.

When a case is transferred, both the departing and the incoming caseworkers must address these situations. The departing caseworker must deal with the emotional reactions to such a transfer with the child and the family to establish a positive relationship and to once more engage families in the casework process.

During case closure, caseworkers must take time to deal with the separation, anxieties and fears. The worker must support and empower the family to use community resources to deal with any future needs of the family may have. This concept was introduced in *Module 4: In-Home Safety Assessment and Management* as a rationale for why child welfare professionals complete a formal safety assessment at the point of case transfer.

Ask participants (who experienced case transfers) to share case examples of newly-identified safety threats and/or increased risks, as a result of case transfer and/or closure. In addition, share your experiences with this situation. Ask participants how they and/or their supervisors helped the family through these transitions. In addition, offer how you helped families through the transitions with regard to any case examples you offer.

Step 4: Lecture

Tell participants that some agencies have published protocols for case transfer while others do not. Ask participants as a large group to brainstorm a list of reasons for case transfers. Capture these reasons on a flipchart paper titled *Reasons for Case Transfer*. Some of the reasons offered may include:

- ✓ Agency protocol requires it:
 - From one specialized unit to another
 - Structural reorganization
- ✓ Worker's status changes:
 - Promotion/demotion
 - Parental Leave/Family Medical Leave
 - Other leave of absence
 - Request of the worker (due to conflict of interest/ethical considerations)
- ✓ Worker leaves agency employment:
 - Retirement
 - Resignation
 - Employee Fired
 - Death

- Parental Leave/Family Medical Leave
- Request of the Client
- Court Order

Distribute **Handout #19 (Steps in Case Transfer)** and briefly discuss the contents of the handout. Ask participants to offer (as a large group) whether the content matches/differs from their experiences in their agencies. Often, transfers occur without taking all of these steps due to time constraints. Missed steps increase risk of harm and can lead to missing situations where the safety of the child/youth is affected. As such, missed steps must be avoided whenever possible.

On occasion, a county must transfer a case to another county so that the family can continue to receive ongoing protective services. The Protective Services Regulations outline specifically states what a county must do when transferring a case to another county. Refer participants to the second page of **Handout #19 (Steps in Case Transfer)** (specifically § 3490.401. Intercounty transfer of cases.), which provides the regulatory information related to Intercounty case transfer.

Tell participants that the steps identified in the **Handout #19 (Steps in Case Transfer)** exemplify best practice procedures in case transfers. Encourage participants to review this list of steps with their supervisors to determine how the steps on the handout compare with their agency's steps. If the agency transfer procedures are different, remind participants that they should attempt to apply the best-practice skills in their agency work – unless doing so places a child at risk or significantly contradicts agency policies. In such circumstances, participants are always encouraged to refer the matter to their supervisors or the agency administrators for review and decision.

Trainer Note: Ensure that you stress the fact that, if the case is involved in the Juvenile Court system when the case transfer occurs, participants should consult their supervisor and/or agency solicitor to ascertain how to transfer the case from one county court system to another.

Module 5: Risk Assessment

Section VIII: Wrap-Up

Estimated Length of Time:

30 minutes

Performance Objectives:

N/A

Methods of Presentation:

Individual Activity, Large Group Discussion

Materials Needed:

- ✓ Evaluations
- ✓ Trainer-Prepared Flipchart: *Parking Lot*
- ✓ Trainer-Prepared Flipchart: *WIIFM*
- ✓ Overhead Projector/Screen
- ✓ **Handout #20: References**
- ✓ **Overhead #4: Types of Assessments (revisited)**
- ✓ **Overhead #5: Goals of Risk Assessment (revisited)**
- ✓ **Overhead #19: Question and Answer**

Section VIII: Wrap-Up

Trainer Note: This is a critical section and will need the entire 30 minutes assigned.

Step 1: Review of Risk Assessment Purpose

Using **Overhead #4 (Types of Assessments)** and **Overhead #5 (Goals of Risk Assessment)**, briefly summarize the overall purpose of risk assessment. Reinforce the idea that information that child welfare professionals learn by completing both safety and risk assessments assists them in making informed critical casework decisions. Doing so also assists them in engaging families to identify the services necessary to bring about positive change and enhancement of caregiver protective capacities.

Tell participant that they will use the information learned in *Module 5: Risk Assessment* as well as all other previous modules as the focus shifts to case planning with families in *Module 6: Case Planning with Families*. In addition, as safety and risk assessment form the basis of the work that child welfare professionals perform with families, participants will also use this information in future modules.

Step 2: References and Review of the WIIFM

Distribute **Handout #20 (References)**.

Refer participants back to the *WIIFM* flipchart developed during Section I of the training. Work through each of the items listed on the poster, sharing how and when the content was covered. If there were any items of the *WIIFM* flipchart that were not covered, provide guidance on where participants will learn about the items (*i.e.*, in a future Charting the Course toward Permanency modules, another training, and/or another resource altogether). Ask the large group if they have any remaining questions. Ensure that all items on the *Parking Lot* are addressed in some fashion.

Display **Overhead #19 (Question and Answer)** and ask participants whether they have any questions about any of the content presented.

Step 3: Charting the Course Online Transfer of Learning Activities

Remind participants that they need to complete their *Module 5: Risk Assessment* post-work and their *Module 6: Case Planning with Families* pre-work, both of which are part of the online Transfer of Learning activities.

Step 4: Trainer Evaluation

Distribute the workshop evaluation form. Thank participants for their participation.

References

- Commonwealth of Pennsylvania. *Risk Assessment Policies and Procedures Bulletin #3490-97-01*.
- Commonwealth of Pennsylvania. *Administration of County Children and Youth Social Services Programs. (55 Pa. Code Chapter 3130)*.
- Commonwealth of Pennsylvania. *The Child Protective Services Law (23. Pa. C.S. Chapter 63)*.
- Commonwealth of Pennsylvania. *The Juvenile Act (42 Pa.C.S. Chapter 63)*.
- Commonwealth of Pennsylvania. (2009.) *Safety Assessment and Management Process Reference Manual*.
- The Andy Thompson Case: An Initial CPS Interview for Protective Services (1988)*. [Motion Picture]. Omni Systems.
- The Unquiet Death of Eli Creekmore (1988)*. [Motion Picture]. Filmmakers Library.
- University of Pittsburgh: Pennsylvania Competency-Based Training Program, Adams, R., Dougherty, B., Kulik, C., Maddon, J., Mercadante, K., Nowak, E., & Sopko, J. (1996). *CORE 106: Pennsylvania Risk Assessment*. PA: University of Pittsburgh.
- University of Pittsburgh: Pennsylvania Competency-Based Training Program. (2003) *Pilot 2: Charting the Course Towards Permanency for Children in Pennsylvania*. PA: American Humane Association. University of Pittsburgh.