



**1300:  
Pennsylvania Risk Assessment:  
A Closer Look at the Factors and Summary:  
Booster Shot**

**A Training Curriculum**

**Developed By  
Terry L. Clark, M.P.A.**

**For the  
The Pennsylvania Child Welfare  
Resource Center**

**University of Pittsburgh,  
School of Social Work**

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**Agenda for 3-Hour Workshop on  
1300: Pennsylvania Risk Assessment: A Closer Look at the Factors  
and Summary: Booster Shot**

<b>Estimated Time</b>	<b>Content</b>	<b>Page</b>
10 minutes	<b>Section I:</b> Introduction/Agenda	1
50 minutes	<b>Section II:</b> Clarification and Classification of Risk Factors	2
50 minutes	<b>Section III:</b> Overall Severity and Overall Risk	22
40 minutes	<b>Section IV:</b> Techniques for Insuring Risk Assessment Ratings are Supported in the Summary	28
20 minutes	<b>Section V:</b> Writing Assessment Summaries	36
10 minutes	<b>Section VI:</b> Closing	37

### 1300: Pennsylvania Risk Assessment: A Closer Look at the Factors and the Summary: Booster Shot

Section Name	Est. Time	Content	Resources Used
<b>Section 1:</b> Introduction/ Agenda	10 Minutes	<p>Outline of Presentation</p> <p>Prepare the training room by placing name tent paper and markers on each table.</p> <p>The trainer should then cover the following points:</p> <ul style="list-style-type: none"> <li>• Welcome participants to the training</li> <li>• Introduce trainer</li> <li>• State the rationale for the training</li> <li>• Review the competencies and learning objectives for the training using <b>PowerPoint Slides #2-3 (Competency &amp; Learning Objectives)</b> and explain how they relate to the rationale</li> <li>• Distribute <b>Handout #1 (Competencies &amp; Learning Objectives)</b>, to participants for their reference</li> <li>• Review the agenda for the day using <b>PowerPoint Slide #4 (Agenda)</b></li> <li>• Distribute <b>Handout #2 (Agenda)</b> to participants for their reference</li> </ul> <p>Instruct participants to make a name tent using the paper provided. The participants should be instructed to write their names in the center of the name tent. In the upper right hand corner of name tent, instruct participants to write the name of the county for which they work. In the upper left hand corner of the name tent, instruct participants to write the length of time they have been employed by the agency</p>	<ul style="list-style-type: none"> <li>• Name Tents</li> <li>• Markers</li> <li>• <b>PowerPoint Slide #2:</b> Competency</li> <li>• <b>PowerPoint Slide #3:</b> Learning Objectives</li> <li>• <b>PowerPoint Slide #4:</b> Agenda</li> <li>• <b>Handout #1:</b> Competencies and Learning Objectives (1 page)</li> <li>• <b>Handout #2:</b> Training Agenda (1 page)</li> </ul>

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		The trainer should conclude this section by summarizing the importance of the risk assessment tool and how it guides the interview process.	
<b>Section II:</b> Clarification and Classification of Risk Factors	50 Minutes	<p>Begin this section by having participants be involved in the following activity. Allow 5-10 minutes for completion. This activity will provide a brief overview of the 15 risks factors in the Pennsylvania Risk Assessment Model. Be sure participants each have a copy of <b><i>Handout #3 (The Reference Manual for the Pennsylvania Model of Risk Assessment)</i></b>.</p> <p><b>Step 1:</b> Have participants count off by three (3). Instruct all “1’s” to stand in the front of the room, all “2’s” to stand in the middle of the room, and all “3’s” go to the back of the room.</p> <p><b>Step 2:</b> Assign each subgroup one of the factor categories: Child Factors; Caretaker, Household Member, and Perpetrator Factors; and Family Environment Factors. Give each subgroup flip chart paper with their category written on the top.</p> <p><b>Step 3:</b> Instruct participants to identify all the factors in their category. Record the factors on the flip chart.</p> <p><b>Step 4:</b></p>	<ul style="list-style-type: none"> <li>• <b>PowerPoint Slide #5:</b> Pennsylvania Model Risk Assessment Form</li> <li>• <b>PowerPoint Slide #6:</b> Pennsylvania Model Risk Assessment Form (cont.)</li> <li>• <b>PowerPoint Slide #7:</b> Pennsylvania Model Risk Assessment Form (cont.)</li> <li>• <b>Handout #3:</b> The Reference Manual for the Pennsylvania Model of Risk Assessment (50 pages)</li> <li>• <b>Handout #4:</b> Pennsylvania Model Risk Assessment Form</li> <li>• <b>Handout #5:</b> Risk Assessment Clarifications (4 page)</li> <li>• <b>Poster #1:</b> Enlarged copy of Pennsylvania Model Risk Assessment Matrix</li> <li>• Flip chart paper and markers</li> </ul>

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		<p>Allow each group to report their list. The trainer should ensure the factors are correct using the information recorded in the Clarification of Risk Factors section.</p> <p><b>Child Factors</b> (1-4) include:</p> <ol style="list-style-type: none"> <li>1. Vulnerability</li> <li>2. Severity/Frequency and/or Recentness of Abuse and Neglect</li> <li>3. Prior Abuse/Neglect</li> <li>4. Extent of Emotional Harm</li> </ol> <p><b>Caretaker, Household Member, and Perpetrator Factors</b> (5-11) include:</p> <ol style="list-style-type: none"> <li>5. Age, Physical, Intellectual, or Emotional Status</li> <li>6. Cooperation</li> <li>7. Parenting Skills/Knowledge</li> <li>8. Alcohol/Substance Abuse</li> <li>9. Access to Children</li> <li>10. Prior Abuse/Neglect</li> <li>11. Relationship with Children</li> </ol> <p><b>Family Environment Factors</b> (12-15) include:</p> <ol style="list-style-type: none"> <li>12. Family Violence</li> <li>13. Conditions of the Home</li> <li>14. Family Supports</li> <li>15. Stressors</li> </ol>	

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		<p><b>TRAINER NOTE:</b> The source of the content is <i>PA Model Risk Assessment Reference Manual</i>, the <i>Field Guide to Child Welfare</i> by Judith Rycus &amp; Ronald Hughes, and a Special Transmittal on PA Risk Assessment Clarifications by DHS.</p> <p>The trainer should start the lecture part of this section by displaying <b>Poster #1 (Enlarged copy of the Pennsylvania Model Risk Assessment Matrix)</b> and/or by using <b>PowerPoint Slides #5-7 (Pennsylvania Model Risk Assessment Form)</b>.</p> <p>Distribute <b>Handout #3 (Pennsylvania Model Risk Assessment Form)</b> so that participants have an actual copy of the risk assessment matrix as you begin to review each risk assessment factor.</p> <p>Also, distribute <b>Handout #4 (Risk Assessment Clarifications)</b>. As the handouts are being distributed, explain that we will not go through the Risk Assessment Clarifications Handout page by page but rather as the trainer explains and reviews each risk factor on the matrix, giving special attention to the clarifications made with certain risk factors.</p> <p><b>TRAINER NOTE:</b> Be sure to draw special attention to Concern #5 on <b>Handout #5</b>. Trainers should read out-loud through this section of the handout and make sure participants are very clear as to the concern and clarification of #5.</p>	

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		<p><b>TRAINER NOTE:</b> The trainer should make the participants aware that the clarifications are a result of concerns and questions that county children and youth agencies brought to the attention of the Risk Assessment Task Force (RAT Force), which is responsible for dealing with problems, concerns, and questions regarding risk assessment. Therefore, these clarifications are the responses given by the RAT Force to the questions and concerns raised by the counties.</p> <hr/> <p><b>A. <u>Child Factors:</u></b></p> <p><b><u>Factor #1 – Vulnerability</u></b>—The younger children are, the more developmentally vulnerable they are to maltreatment. Infants and toddlers are the most vulnerable to both abuse and neglect for the following reasons:</p> <ul style="list-style-type: none"> <li>• They cannot protect themselves by running away, ducking, calling for help, or telling someone about the maltreatment.</li> <li>• They are totally dependent upon adults to meet their basic survival needs. Without adequate care from a responsible adult, they will die.</li> <li>• They are very susceptible to physical injury and illness. The bones of the skull are soft, supporting muscles are underdeveloped and weak, and the skeleton and muscle mass are not substantial enough to protect the body from significant trauma. Because their immune systems are less well developed, infants are also more susceptible to infection and illness.</li> <li>• During this time of tremendous growth and development, children have significant nutritional,</li> </ul>	

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		<p>supportive, emotional, protective, and simulative needs. If abuse or neglect prevents a child from having these needs met, growth and development can be disrupted and impaired.</p> <p>Older children will often be more capable of removing themselves from an abusive or neglectful situation, seeking help, finding ways to protect themselves, or meeting some of their own needs. However, the proper assessment of the child's age and level of vulnerability should include the child's developmental capacity for self-care, as well as chronological age. A school-aged child with a disability such as mental retardation, physical handicaps, emotional or behavioral problems, premature birth, or very limited self-care skills may be as vulnerable as a toddler. An alcohol and/or drug addiction of an older child may also affect the child's ability to protect themselves, which could increase the child's reliance on the parent.</p> <p><b><u>Factor #2 – Severity/Frequency/Recentness of Abuse and Neglect</u></b> – Severity of abuse relates to the extent to which a child suffers sexual abuse or exploitation and/or serious physical injury or imminent risk of sexual abuse or serious physical injury due to perpetrator's acts or failure to act. Any blow to the head, chest, or abdomen creates a very high risk of serious injury. Trauma to the brain or internal organs can result in death or chronic disability. Slight to moderate bruising on the buttocks and upper legs, by itself, would probably be of lower risk. The type of injury can help determine risk.</p>	

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		<p>More serious and life-threatening injuries, such as immersion scald burns, fist bruises in the abdominal area, dry contact burns, and injury from the use of dangerous instruments for punishment, such as extension cords, leather straps, etc. may provide information about the volatility and lack of judgment of the caregiver, indicating high risk. By contrast, belt marks or switch lacerations on the buttocks and legs that are minor in nature may be less serious. ALL INDICATED abuses are rated as HIGH in this section.</p> <p><b>NOTE:</b> Injury ratings are raised to the next highest level for all children under five years of age.</p> <p>This factor also analyses the frequency and increased harshness which has occurred. A single incident of maltreatment in an otherwise functional family would suggest acute stress. In general, risk of future harm in these circumstances is lower than in situations where there is a history of chronic and repeated episodes of abuse or neglect.</p> <p>Similarly, localized bruises indicating a single episode of excessive physical discipline would reflect lower risk than many bruises in various stages of healing, or multiple lacerations and scars on different parts of the body.</p> <p>This factor is where the distinction is made between the <u>lack of need</u> for medical attention and the <u>failure to obtain</u> medical attention when assessing a report of neglect.</p>	

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		<p>The rating for this factor will never change throughout the life of the case if no new knowledge or reports are brought to the attention of the agency in regards to abuse and <b><u>neglect</u></b> issues of the children. For example, if six, seven, eight months or two years down the road, no additional information is obtained or provided to the agency regarding abuse or neglect of the children, then this rating continues to be based on the original incident or information that brought the case to their attention. Keep in mind it is likely that the agency is still involved with a family for an extended period of time, as described above, the agency would have gained some knowledge of additional issues of concerns, be it ABUSE or NEGLECT, and therefore the rating WOULD change and be based on new concerns or unresolved issues related to abuse or neglect. Even if children enter placement and are returned home, if there is no new information on abuse or neglect of the child(ren), then the rating continues to be based on the original incident. The original incident is considered to be the most recent incident if no other incidents of abuse or neglect have occurred, despite how long ago it may have occurred.</p> <p><b><u>Factor #3 – Prior Abuse/Neglect</u></b> – This factor measures the number of prior indicated or substantiated reports of child abuse or neglect. It also measures prior incidents of abuse or neglect that may not have been reported or documented in agency files. For example, if a caseworker is investigating allegations of abuse or neglect and learns for the first time that in addition to the current allegations of abuse or neglect, there were incidents that have occurred in the past (that were never reported), then the abuse or neglect from the past</p>	

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		<p>would be rated in this factor as well. Keep in mind that if there is no previous report of abuse or neglect but this is the first-time allegations are being made about abuse or neglect that has occurred in the past, the degree of risk must be based on credible statements being made by all subjects (child, siblings, parents, caregivers, etc.). Simply put, as the frequency of known prior abuse or neglect increases, so does the risk of harm to the child. Research suggests that without intervention, abuse and neglect are likely to continue and increase in severity over time. However, mere existence of previous abuse or neglect does not indicate a high degree of risk. The following must be considered:</p> <ul style="list-style-type: none"> <li>• The number of previous incidents</li> <li>• The type of previous incidents</li> <li>• The physical or mental abilities of the child (behavior problems, handicaps, emotional problems, etc.)</li> <li>• Whether the abuse or neglect has escalated in severity over time</li> <li>• Whether only one perpetrator is continually abusing or neglecting the child or if multiple perpetrators have harmed the child</li> </ul> <p>An assessment of <i>no risk</i> would result when no physical signs of previous abuse or neglect, no previous reports, and no credible statements made during the investigation.</p> <p>An assessment of <i>low risk</i> would result under similar circumstances with the exception of inconclusive statements</p>	

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		<p>with regard to previous abuse or neglect made by subjects or collaterals.</p> <p>An assessment of <i>moderate risk</i> would result when the child was the subject of the previous substantiated report of abuse or neglect. Or if no previous report(s) existed, then based on the credible statements made during the investigation, given the information would be indicatable.</p> <p>An assessment of <i>high risk</i> would result under similar circumstances except that for the risk to be rated high in this category, the previous abuse or neglect would have to have been <b><u>serious</u></b> in nature (sexual abuse, subdural hematoma, or internal injuries) or multiple previous indicated reports of abuse or neglect.</p> <p><b><u>Factor #4 – Extent of Emotional Harm</u></b> – When parents or caregivers do not provide their children with minimal nurturing, stimulation, encouragement, and protection, they place their children at risk for emotional and psychological harm. If their minimal needs for food, clothing, and shelter are not met, they probably received inadequate intellectual stimulation. As a result, these children could be developmentally delayed. Abused children can become very fearful of their parent or caregivers. Thus, they may be unable to trust caregivers. This lack of trust inhibits the child’s ability to form other relationships. So, we need to assess whether the child(ren) have suffered emotionally or psychologically based on the caregiver’s failure to provide their minimal needs or for their nurturing, stimulation, encouragement, and protection. All children respond differently to maltreatment, be careful not to</p>	

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		<p>automatically rate a child who has been abused or neglected as <i>HIGH</i> risk. Look at whether the child is having difficulty forming age appropriate relationships. Look at whether the child is acting out at home, at school, or with other children or adults. Try and tie the child's behaviors to the abuse or neglect that may have occurred; otherwise, this factor may be rated <i>low</i> to <i>no risk</i>.</p> <p><b><u>B. Caretaker, Household Member, Perpetrator:</u></b></p> <p><b><u>Factor #5 – Age, Physical, Intellectual, or Emotional Status</u></b> – If a parent has a physical or mental condition that interferes with the ability to parent, the risk to the child is increased. Included are conditions that seriously limit parental mobility, that impair judgment or rational thought, that result in an inability to master basic parenting skills, or that produce erratic, irrational, impulsive, or other destructive behaviors. Specific conditions that can place a child at high risk are untreated mental illness, clinical depression, intellectual disabilities, abuse of drugs or alcohol, behavior problems, criminal behavior, chronic and debilitating physical illness or injury, and emotional problems or personality disorders.</p> <p>In general:</p> <ul style="list-style-type: none"> <li>• High risk includes parents who have a condition that impairs their functioning, who deny the existence of problems, and who will not seek or follow through with treatment. It also includes parents who deny the negative effects of their condition or behavior upon the care of their child.</li> </ul>	

Section Name	Est. Time	Content	Resources Used
		<ul style="list-style-type: none"> <li>• Moderate risk includes parents with less serious conditions which do not prevent them from providing basic child care or parents whose conditions have been controlled through treatment or other supportive resources. This may also include a mother with intellectual disabilities, whose inherent limitations make it difficult for her to learn complex parenting skills but who can meet very basic needs and who agrees to outside services or enrichment programs for her children.</li> <li>• Low risk includes parents who have no conditions that impairs their functioning or whose conditions are fully controlled and managed through proper medication, therapy, and environmental support.</li> </ul> <p><b><u>Factor #6 – Cooperation</u></b> – This factor is evaluating the caregiver or household members’ level of cooperation during the investigation phase as well as during ongoing services.</p> <p><b><u>Factor #7 – Parenting Skills/Knowledge</u></b> – Parents’/caregivers’ ability to use constructive and age-appropriate parenting practices affects the degree of risk to the child. Parents who use inappropriate discipline practices can harm their children, regardless of their intent. For example, sending a child from the table for throwing food is an appropriate parenting intervention, depriving the child of food for an extended period of time is not.</p> <p>In general:</p>	

Section Name	Est. Time	Content	Resources Used
		<ul style="list-style-type: none"> <li>• High risk would include parents whose parenting skills are grossly deficient, who do not understand basic child development, and who lack even the most fundamental child management skills.</li> <li>• Moderate risk would include parents whose parenting skills are marginal. Their choice of discipline may not be appropriate for a child's age and understanding, they may feed their children but know little about nutrition, they may attempt to supervise or discipline their children, but are unable to control their children's behavior, and they may not provide their children with essential opportunities for stimulation and growth.</li> <li>• Low risk would include parents whose parenting skills are adequate to meet their child(ren's) basic needs, whose parenting interventions enhance their children's development, and who provide basic structure, limits, and stimulation for their children.</li> </ul> <p><b>NOTE:</b> Strengths are sometimes difficult to see when assessing parenting skills but remember even when parenting abilities are ineffective or inappropriate, there may be factors that constitute a strength. For example, a parent may express the desire to accurately interpret their children's cues and respond accordingly. They may demonstrate genuine concern and interest in keeping their children healthy and content. They may demonstrate positive attachments to their children. These are the parents who can use parent education and in-home support to improve their parenting skills, thereby reducing risk. So, do not forget to look for the strengths!</p>	

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		<p><b><u>Factor #8 – Alcohol/Substance Abuse</u></b> – Substance abuse by a parent, caregiver, or adults living in the household may increase the risk to the child(ren). When assessing this factor, an attempt should be made to find out if the parent or anyone in the household is suffering from a substance abuse problem, if they have been referred to but been unable to engage in treatment, or if they have been institutionalized or treated on an outpatient basis (past or present). Pay special attention to the degree and frequency of their incapacitation, their appearance, the condition of their home, their ability to focus attention and eye contact, and their ability to manage their money – all of which can be indicators of a potential substance abuse problem. It is always helpful if their substance abuse problem can be tied into their ability to adequately care for their children, i.e. provide for their basic needs.</p> <p><b><u>Factor #9 – Access to Children</u></b> – If a child can be protected from a perpetrator of abuse or neglect, the risk to the child(ren) is reduced. If the perpetrator can be expected to repeat the abuse or neglect and has unlimited or unsupervised access to the child, the risk is high.</p> <p>A rating of Z is used by the rater when the individual being rated is not the perpetrator of either abuse or neglect on the child(ren). This is also the appropriate rating when there is a case involving status offenses, truancy, or in situations where the non-offending parent is assessed and there is no concern with their ability to provide an appropriate level of care and protection for the children in their care. The perpetrator's access to the child includes several other variables:</p>	

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		<ol style="list-style-type: none"> <li>1. The physical location of the perpetrator with respect to the child. Is the perpetrator in the same home, the same neighborhood, the same community, or the same state?</li> <li>2. The ability of the perpetrator to gain physical access to the child. Is the perpetrator likely to force entry into the home? Is the perpetrator likely to remove the child from a relative's home? Will the perpetrator go to the school to see the child? Is there a restraining order? If so, can it be enforced?</li> <li>3. The willingness and ability of other family members to control the access of the perpetrator to the child – will the spouse, parents, and other children of the perpetrator directly confront to keep him or her from coming near the child? Also, do these people have the physical ability to protect the child? Is the perpetrator violent?</li> </ol> <p>In general:</p> <ul style="list-style-type: none"> <li>• High risk includes situations in which the perpetrator is not controllable by family members, is still in the home or can easily gain access to the home, is likely to become violent if confronted, or will defy any restraining order.</li> <li>• Moderate risk includes situations in which the perpetrator has limited or supervised access to the child and family members demonstrate a willingness to try to intervene to keep the perpetrator from harming the child but are not confident if they can.</li> </ul>	

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		<ul style="list-style-type: none"> <li>• Low risk includes situations where there perpetrator is geographically distant from the child and is not <i>expected</i> to return and/or where family members are willing and able to prevent the perpetrator from having access to the child. A situation would be low risk even if the perpetrator is in the home, if family members can assure that the child will never be left alone with the perpetrator, and/or the child knows how to protect him/herself.</li> </ul> <p><b>Factor #10 – Prior Abuse/Neglect</b> – This factor measures two issues: (1) whether each adult listed on the Risk Assessment has been maltreated as a child and (2) whether they have maltreated other children. Do not rate the incident already rated above in Factors 2 and 3. This is specifically looking at whether they have maltreated <b>OTHER</b> children, since the rating with regard to their part in the abuse or neglect of <b>THEIR</b> child(ren) is done in Section A. A perpetrator who was previously a victim of maltreatment as a child is at moderate risk of performing similar acts on his or her own children. A perpetrator who has previously maltreated or abuse or neglected other children is also at moderate risk of performing similar acts on his or her own children.</p> <p><b>Factor #11 – Relationship with Child(ren)</b> – This factor measures the quality of parent child interactions. It must be rated by looking at each adult in the household (listed on matrix) and rating their most dysfunctional relationship with a specific child in the household. Each adult has a different relationship with the children in their care and that relationship is key in assessing both the safety of the children and the</p>	

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		<p>need for services. However, if there is an indicated abuse or neglect, that is the child who must be rated in relation to each adult in the household. If there is another child who has a very dysfunctional relationship with the parent (possibly a teenager who is out of control), then identify that child in addition to the one rated on the matrix in the narrative page of the summary. If an assessment determines that the adult's relationship is dysfunctional with ALL the children in the household, then this must be explained in the narrative as well. However, the child that is rated on the matrix will then be the youngest child because in a situation where ALL the children have a dysfunctional relationship with the adults in the household, the youngest child is felt to be most at risk. In addition, this is where bonding and attachment between caregiver and child is measured. Failure to establish strong bonds of attachment may put a child at higher risk than a child whose parent speaks positively of the child, expresses affection towards the child verbally and physically, and demonstrates acceptance and approval openly and spontaneously.</p> <p>Abusive parents have been found to expect obedient responses from their children and to have unrealistic expectations for the child's performance. Often the parents will expect the child to take care of him or herself and in extreme cases to engage in role reversal where the child is expected to provide caregiving to the parent. Sometimes the parents will even expect the child to take on many responsibilities in and around the house, normally responsibilities of that of a parent or adult.</p> <p><b>C. <u>Family Environment:</u></b></p>	

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		<p><b><u>Factor #12 – Family Violence</u></b> – This factor looks at how adults manage conflict between themselves. The violence perpetrated on children should not be rated in this category, those elements are captured in Factors 2, 3, and 10. Here we are looking at each ADULT household member both as a child and as an adult. We want to know how their parent(s) resolved conflicts in their adult to adult relationships when they were children. We want to look at how they resolve conflict in their adult to adult relationships NOW. This helps us predict both the impact on children and the likelihood of future abuse, depending on the level of and type of violence. An adult who regularly is involved in physical confrontations, even outside of the family, may be at higher risk for family violence.</p> <p><b><u>Factor #13 – Conditions of the Home</u></b> – This factor measures harm or risk of harm based on conditions in the home which create a risk for the child’s safety and well-being. The presence of such conditions, coupled with the parent or adult’s level of awareness of how they are harming the child or level of concern for how they may harm the child, should be also assessed. To make such an assessment look for the following:</p> <ul style="list-style-type: none"> <li>• Bare electrical wires, dangerous electrical outlets, or frayed electric cords</li> <li>• Exposed heating elements or fan blades</li> <li>• Lack of railings or gates on stairs, broken stairs, or open accessible windows or ineffective or inoperable locks on doors</li> <li>• Broken, jagged, or sharp objects lying around</li> </ul>	

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		<ul style="list-style-type: none"> <li>• Chemical substances or dangerous objects such as guns improperly stored and within reach of children</li> <li>• Human or animal feces, garbage, trash, which has been inappropriately been disposed of</li> <li>• Indoor or outdoor bathroom facilities that are unhealthful or unsanitary</li> <li>• Inadequate sleeping provisions (i.e., beds, cots, mattresses, and blankets) for all</li> <li>• Vicious or uncontrolled animals in the home (i.e., python snakes)</li> <li>• Lack of operable, safe electricity and heating</li> <li>• Small objects that can be swallowed within the reach of the child</li> <li>• Insufficient quantity of nutritious food (i.e., edible, not rotten, moldy, or insect infested)</li> </ul> <p><b>Factor #14 – Family Supports</b> – Support systems are defined by the presence or absence of individuals, agencies, professionals, or other resources that can help the parent or adult care for the child.</p> <p><b>NOTE:</b> This factor should take into consideration how the family may be utilizing those support systems.</p> <p><b>Factor #15 – Stressors</b> – Stress has been identified as a major contributing factor to the abuse or neglect of children. Some of the stresses have already been rated by other factors such as alcohol or substance abuse, family or domestic violence, and physical condition of home. However,</p>	

Section Name	Est. Time	Content	Resources Used
		<p>other less prevalent stresses are just as important. Those stresses are as follows:</p> <ul style="list-style-type: none"> <li>• The number of children in the home</li> <li>• Homelessness and/or frequent moves by family</li> <li>• Poverty</li> <li>• Financial issues</li> <li>• Presence of a serious medical problem in the family and provision of care in the home for a disability</li> </ul> <p>Frequent or major life changing events may also be a source of stress. The premise is that the greater the number of major life changes occurring simultaneously, the less able a person will be to cope with his or her environment and be more likely to harm a child. Those stresses are as follows:</p> <ul style="list-style-type: none"> <li>• Death of a significant other or family member</li> <li>• Divorce</li> <li>• Incarceration</li> <li>• Loss of a job</li> <li>• Birth of a child</li> </ul> <p>Keep in mind that with financial stresses, one cannot assume that just because a family is poor that they will be stressed over this issue. Some individuals are satisfied with their financial state and have no desire to earn more. Example: Take a life-long uneducated recipient of disability payments who is on a fixed income vs. that of an educated out-of-work individual who wants to work but cannot find a job. The educated out-of-work individual who wants to work but cannot</p>	

Section Name	Est. Time	Content	Resources Used
		<p>find a job is going to be more stressed over finances than the life-long recipient of disability payments.</p> <p><b>D. <u>Other Points to Note:</u></b></p> <p>Any child(ren) that are perpetrators of abuse on other children in the household (especially sexual acting out) should be rated in both Section A (child factors) and in Section B (as perpetrator). However, the only factors that should be rated in Section B are those that are applicable, such as Factor 6, because the cooperation of the child (perpetrator) may impact greatly on the risk to the child, who is the victim, Factor 8, because if it is a child who has substance abuse problems and is not following through with treatment or remaining drug or alcohol free, the risk to the victim is higher, and Factor 9 because a safety plan may need to be considered to assure that there is no unsupervised contact with the victim or other children in the home.</p> <p>No X's should appear in Section C or in the Overall Risk or Overall Severity sections. These are factors that should be known by the worker in order to complete their assessment. If the information is not known, then the worker must investigate further to obtain enough information to be able to assess risk levels in these categories.</p> <p><b><u>TRAINER NOTE:</u></b> This is a good time for a 15 minute break.</p>	

Section Name	Est. Time	Content	Resources Used
Section III: Overall Severity and Overall Risk	50 Minutes	<p><b>Trainer Note:</b> The source of the content is the <i>Field Guide to Child Welfare</i> by Judith Rycus &amp; Ronald Hughes and the <i>106: PA Model Risk Assessment</i> curriculum (2 day).</p>	<ul style="list-style-type: none"> <li>Field Guide to Child Welfare by Judith Rycus and Ronald Hughes</li> <li><b>Handout #6:</b> Establishing and Documenting Overall Severity and Overall Risk (1 page)</li> <li><b>Handout #7:</b> Linda Wilson and Tara Case (2 pages)</li> <li><b>Handout #8:</b> Risk/Severity Continuum (2 pages)</li> </ul>
		<p>The trainer should begin the lecture by distributing <b>Handout #6 (Establishing and Documenting Overall Severity and Overall Risk)</b>.</p> <p><b><u>Content of Presentation and Lecture</u></b></p> <p><b>A. Overall Severity</b> is determined by reviewing two of the factors in the Child Factor category. Overall Severity represents the severity of the current abuse or neglect.</p> <ol style="list-style-type: none"> <li>Factor #2: Severity/Frequency/Recentness of Abuse/Neglect <u>and</u> Factor #4: Extent of Emotional Harm are the <u>only</u> factors considered to determine overall severity.</li> <li>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: <ol style="list-style-type: none"> <li>If the highest rating is (Z), the overall severity is No/None.</li> <li>If the highest rating is (L), then the overall severity is Low.</li> <li>If the highest rating is (M), then the overall severity is Moderate.</li> </ol> </li> </ol>	

Section Name	Est. Time	Content	Resources Used
		<p>d. If the highest rating is (H), then the overall severity is High.</p> <p>3. If the highest rating is Unable to Assess (X), the worker must determine how the unknown information impacts the risk to the child.</p> <p>a. Although there may be times when workers are unable to assess factors within the Child Factor Category, those incidents should be extremely rare.</p> <p>b. If the missing information does not impact risk, such as an X rating for Factor #4: Extent of Emotional Harm for an infant or 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.</p> <p>c. If the missing information could impact risk, the worker should consider raising the level of overall severity. For example, an X rating under Factor #3: Prior Abuse/Neglect due to parental refusal to sign releases for medical information could mean that evidence of past abuse exists, but the worker has been unable to access the information.</p> <p>4. Pay close attention not only to the individual's highest ratings for each factor but to how the factors interact with each other.</p> <p>5. It is possible to have a high severity rating and a low overall rating. An example of high severity and low</p>	

Section Name	Est. Time	Content	Resources Used
		<p>overall risk would be a child sexually abused by a babysitter who no longer has access to the child with believing and supportive parents.</p> <p>6. It is also possible to have a low severity rating and a high overall rating. An example of a low severity and high overall risk would be a minor injury on a young child in the care of the abusing parent.</p> <p><b>B. Overall Risk</b> represents the likelihood of future abuse or neglect within the near future.</p> <ol style="list-style-type: none"> <li>1. This rating is based on the interplay of all the factors.</li> <li>2. The rating should reflect the risk to the child, absent of intervention by the agency.</li> <li>3. If the highest rating is Unable to Assess (X), the worker must determine how the unknown information impacts the risk to the child.             <ol style="list-style-type: none"> <li>a. If an X rating was given for a caretaker because that caretaker was an absent parent who has no contact with the child, that X rating would have little or no impact on the risk to the child. However, be careful that when using an X rating for a parent who has little or no contact with a child that there has been no information that has come to the worker's attention which suggests that the absent parent has been making an effort to see or contact the child. For example, a father who has not seen his</li> </ol> </li> </ol>	

Section Name	Est. Time	Content	Resources Used
		<p>child(ren) since birth but is now voicing an interest in a visitation arrangement. In this scenario, the worker may want to consider how the possibility of the father suddenly re-involving himself in the lives of his child(ren) may impact on their risk.</p> <p>b. If an X rating was given for a parent who lives within the home and who refuses to interact with the worker, the unknown information may greatly impact the risk to the child. The worker may want to raise the overall risk level based on the unknown information.</p> <p>4. Current knowledge indicates that overall risk is a product of the interaction of risk factors rather than depending on the presence or absence of any one factor.</p> <p>5. Overall risk is a balance between factors which increase risk and those that diminish risk.</p> <p>a. Factor #1: Vulnerability is critical to overall risk.</p> <p>b. Factor #3: Prior Abuse/Neglect is critical to overall risk. This represents <u>past</u> abuse and neglect. This is a history that cannot be ignored.</p> <p>c. All other factors must be reviewed to determine how they impact the risk level.</p> <p>6. Generally, factors which have been rated Z (no risk) represent strengths and, therefore are especially important.</p>	

Section Name	Est. Time	Content	Resources Used
		<p>7. Strengths must be assessed to determine if they impact the risk level in a way that reduces risk.</p> <p><b>C. <u>Risk Levels</u></b> are defined as follows:</p> <ol style="list-style-type: none"> <li>1. High Risk = A significant possibility or likelihood that a high-risk level of abuse or neglect will occur in the near future               <ol style="list-style-type: none"> <li>a. High risk = a <b><u>severe</u></b> form of abuse or neglect</li> </ol> </li> <li>2. Moderate Risk = A significant possibility or likelihood that a moderate level of abuse or neglect will occur in the near future               <ol style="list-style-type: none"> <li>a. Moderate risk = a <b><u>serious</u></b> form of abuse or neglect</li> </ol> </li> <li>3. Low Risk = A significant possibility or likelihood that a low level of abuse or neglect will occur in the near future               <ol style="list-style-type: none"> <li>a. Low risk = a <b><u>minor</u></b> form of abuse or neglect</li> </ol> </li> </ol> <p><b>Activity: Linda Wilson and Tara</b></p> <p><b>Step 1:</b></p> <p>Divide participants into small groups of about 4 to 5 participants each. Distribute <b><i>Handout #7 (Linda Wilson and Tara Case)</i></b> and <b><i>Handout #8 (Risk/Severity Continuum)</i></b>.</p>	

Section Name	Est. Time	Content	Resources Used
		<p><b>Step 2:</b></p> <p>Instruct participants to read the case of Linda Wilson and her daughter Tara on <b>Handout #7</b>. The case scenario is from the <i>Field Guide to Child Welfare: Volume 1</i> (Scenario #2 on page 117). Instructors can also find the scenario on <b>Trainer Resource #1 (Linda Wilson and Tara Scenario)</b>. After reading the case, participants should work within their small groups and use <b>Handout #4 (Pennsylvania Model Risk Assessment Form)</b>, which they already received earlier in the training to record the risk factors for this case. Also, explain that <b>Handout #8 (Risk/Severity Continuum)</b> will help determine risk levels.</p> <p><b>Step 3:</b></p> <p>Reconvene the large group and solicit responses to how each group rated this case.</p> <p><b>TRAINER NOTE:</b> As a guide to the accurateness of their responses, the trainer must use the <i>Field Guide to Child Welfare Volume I, pages 117-120: Risk Variables and Ratings</i>. The risk factors categories do not match exactly to those on the Pennsylvania Risk Assessment Matrix, but based on the information given in the “Risk Variables and Ratings” section, it is possible to discern whether the groups are on target with their ratings.</p>	
<b>Section IV:</b> Techniques for Insuring Risk Assessment Ratings are	40 Minutes	<b>TRAINER NOTE:</b> This may be a good time to distribute the Resource Center Evaluation/Feedback Form to participants so they can begin completing certain sections. Try not to wait	<ul style="list-style-type: none"> <li>• <b>PowerPoint Slide #8:</b> Risk Assessment Summary Checklist</li> </ul>

Section Name	Est. Time	Content	Resources Used
Supported in the Summary		<p>until the end of the training to distribute feedback forms so that participants do not feel rushed to complete the form</p> <hr/> <p>Begin this section by displaying <b>PowerPoint Slide #8 (Risk Assessment Summary Checklist)</b> and distributing <b>Handout #9 (Risk Assessment Summary Checklist)</b>. Briefly review each item on the checklist reinforcing that this is only a tool to assist in writing the summary. Participants are told to use this tool to help them ensure they have covered all the necessary areas in their summary.</p> <hr/> <p><b>NOTE:</b> Absent parents should be mentioned and included on the first Risk Assessment so that workers can document the parents' level of involvement or lack thereof. However, specify that if the involvement or lack thereof, of the absent parent remains the same at the time of the next Risk Assessment, then that absent parent no longer needs to be included on the matrix. A statement in the summary stating the father or mother's involvement remains the same as in the initial risk assessment" is all that is needed.</p> <hr/> <p>Break</p> <p>After the break, distribute <b>Handout #10 (Risk/Severity Assessment Form (Instructions))</b> and <b>Handout #11 (Risk/Severity Assessment Summary Outline (Blank copy))</b>. A discussion should be held emphasizing that the format outlined on their handout is the actual format in which their risk assessment summary should be written.</p>	<ul style="list-style-type: none"> <li>• <b>Handout #9:</b> Risk Assessment Summary Checklist (1 page)</li> <li>• <b>Handout #10:</b> Risk/Severity Assessment Form (Instructions) (2 pages)</li> <li>• <b>Handout #11:</b> Risk/Severity Summary Outline (Blank Form) (2 pages)</li> <li>• <b>Handout #12:</b> Safety Assessment/Safety Plans (2 pages)</li> <li>• <b>Evaluation Forms</b></li> </ul>

Section Name	Est. Time	Content	Resources Used
		<p><b>NOTE:</b> If time allows, briefly review each of these but structure your discussion around the areas wherein the participants struggle the most.</p> <p><b>#1 <u>Overall Severity and Rationale:</u></b> The first paragraph in their summary should begin with a discussion of Factors #2 and #4. The worker should write about the incident that brought the case to the agency's attention. Was it PHYSICAL ABUSE, NEGLECT, SEXUAL ABUSE, or IMMINENT RISK? What kind of injuries (if physical) were found and where on the body were they located? This all goes to support the rating in Factor #2. Explain how the abuse or neglect has affected the child to support the rating in Factor #4. Workers should be instructed to begin their paragraph with: "The overall severity is _____. " Then get into the written discussion mentioned above. The written explanation of Factors #2 and #4 then automatically supports the overall severity rating.</p> <p><b>#2 <u>Overall Risk and Rationale (evidence to support moderate and high ratings):</u></b> Participants should be informed that this will be the largest section of the summary because this is where the worker must explain Factors #1 and #3 if the factors are rated moderate or high. In this section, participants must write about all the factors in the matrix that support the overall risk rating. Provide some examples of factors and how to include statements in the summary to support the moderate or high ratings, which ultimately will support the overall risk. Again, the participants are told to begin this paragraph or section by writing, "The overall risk is _____."</p>	

Section Name	Est. Time	Content	Resources Used
		<p><b>#3 Interpretation of Factors Rated X (unable to assess ratings):</b> Discuss the fact that any X's which appear on the matrix should be written about in this section. If there are areas where groups of X's, such as in situations with absentee parents, workers are instructed to write a statement or two explaining the X's in general instead of explaining each "X" individually. At this time, discuss the X's for absent parents. If the worker includes an absentee parent, the question becomes, "How do I rate him or her adequately?" If the worker has <b>not</b> been given any information from collateral sources leading them to believe that the absent parent has attempted to contact the family to be involved with his or her children, then the risk factors of the absent parent can be rated as (Z), NO RISK.</p> <p>However, if the worker <b>has</b> any information that the absent parent has attempted to become involved in his or her child(rens) life or if the absent parent has threatened or began the process to involve the courts to establish a custody arrangement, then the worker must put "X" ratings under absent parent risk factors. If the worker can get any information from the current caretaker or collateral sources that enables them to rate some of the risk factors of the absent parent, then those factors should be rated.</p> <p><b>#4 Family Strengths:</b> Ratings with Z's or L's can and should be written about in this paragraph as strengths. Distribute <b><i>Handout #12 (Safety Assessment/Safety Plans)</i></b> prior to reviewing the next section.</p>	

Section Name	Est. Time	Content	Resources Used
		<p><b>#5 Safety Assessment and Plan:</b> The Adoption and Safe Families Act of 1997 (ASFA) identifies a child’s safety as the paramount concern for child welfare systems. In the Children, Youth and Families Bulletin titled “Interim Implementation Guidelines for the Adoption and Safe Families Act of 1997,” it states that, “All decisions made must be based on the child’s safety and well-being. The necessity to provide reasonable efforts to prevent placement or to return a child home hinges on the child’s safety. For each child receiving services, safety must be considered at each step of the case plan and review process whether the child remains home or is in placement. This includes safety considerations and documentation in casework practice and supervision and in the case plan development process.”</p> <p>The Children, Youth and Families Bulletin titled “Safety Assessment Protocol and Format,” states that, “The term risk assessment has become synonymous with the tool used to record the results of the assessment. In some cases, it has come to mean <i>only</i> the document, but nothing is further from the truth or the intent of the Pennsylvania Risk Assessment Model. Risk Assessment is an on-going process placing heavy emphasis on assuring child safety. Safety assessment should not be viewed as separate and distinct from risk assessment. Nor should it be viewed as a new concept in child protection. Safety assessment has always been part of risk assessment, but it will now be included throughout the documentation of the case. Safety assessment, then, becomes a thread that is woven from the initial assessment through case closure.”</p>	

Section Name	Est. Time	Content	Resources Used
		<p>In other words, our initial risk assessment is where we begin to assess safety and plan how we will decrease the risk, but our family service plans, reviews, contact sheets, and subsequent risk assessments are where we continue to document our assessment of safety and our plan to assure that child's safety.</p> <p>When documenting Safety Assessment/Safety Plan in the PA Model Risk Assessment summary, please take into consideration the following information: While the general purpose of risk assessment is to identify risk factors which need to be resolved to improve family functioning, the ultimate purpose is to determine which of the risk factors must be controlled to insure child safety.</p> <p>The primary purpose of the Safety Assessment/Safety Plan is to control the situation in order to prevent harm from occurring to the child(ren). The Family Service Plan and Review is to reduce or resolve risk issues while working with the family on an on-going basis. The decision that was made on how to control the situation in order to prevent harm from occurring to the children must be documented in the Risk Assessment Summary narrative. This is called the Safety Assessment/Safety Plan.</p> <p>The Safety Assessment/Safety Plan section of the narrative must document the following:</p> <ul style="list-style-type: none"> <li>• <u><i>Safety Assessment:</i></u> Document the risk factors which must be controlled in order to provide the child with a</li> </ul>	

Section Name	Est. Time	Content	Resources Used
		<p>safe living environment (immediate and obvious family conditions that threaten a child's safety).</p> <ul style="list-style-type: none"> <li>• <u>Safety Plan</u>: Document the plan that was put into place to control risk factors (a plan which explains step by step actions of how it controls the immediate and obvious family conditions that threaten a child's safety).</li> </ul> <p>This assessment and plan must include:</p> <ol style="list-style-type: none"> <li>1. The presence and capacity (or lack thereof) of the nonmaltreating parent or others to protect the child.</li> <li>2. The family's capacity and willingness to support the safety plan.</li> <li>3. Arrangements made with family and other service providers to carry out the safety plan.</li> <li>4. How each of the identified immediate and obvious family conditions that threaten a child's safety are controlled by the use of the safety plan.</li> </ol> <p>When documenting Safety Assessments/Safety Plans in other parts of the record such as Family Service Plans/Reviews and Contact Sheets, please consider the following information.</p> <p><u>Safety Plan</u>:</p> <p>A safety plan addresses the step-by-step actions needed to assure the safety of children. Within a safety plan, in order to assure safety, the caregivers and all other parties must agree to each step or action in the plan. A safety plan provides conditional safety for children because it is contingent upon the plan being followed as outlined and agreed upon in a</p>	

Section Name	Est. Time	Content	Resources Used
		<p>Family Service Plan/Review or Contact Sheets by all parties. When the safety plan changes, then the county agency must decide if a new Risk Assessment is needed and if the Family Service Plan/Review needs to be changed. A Safety Plan must be completed at the initial in-person contact during the referral process (and documented) and updated as the situation changes.</p> <p><u>Safety Assessment:</u></p> <p>Safety Assessments are not the same as Risk Assessments. Safety Assessments are designed to determine if children remain safe in the environment in which they are living. Safety Assessments are an immediate point in time evaluation. They involve problem solving and decision making using environmental resources and strengths so that an informed assessment can be made to determine whether children remain safe in their current living situation.</p> <p>In addition, Safety Assessments require the worker to identify existing and potential problems in the immediate situation that may jeopardize the safety of children. After the initial contact, Safety Assessments are a required part of each contact. Safety Plans are fluid with each contact and are used as resource data for safety elements in Risk Assessment and Family Service Plans. The worker must evaluate the use and effectiveness of the existing Safety Plan and modify it as necessary.</p> <p>Based on how the family is doing with the Safety Plan set up from the worker's last contact, the subsequent Risk</p>	

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

Section Name	Est. Time	Content	Resources Used
<b>Section V:</b> Writing Assessment Summaries	20 Minutes	<p><b>Trainer Note:</b> Participants were instructed to bring a copy of a Risk Assessment Matrix and Summary that they have written from a case with which they are currently involved.</p> <hr/> <p><b>Step 1:</b> Instruct participants to access the copy of the Risk Assessment Matrix and Summary they were instructed to bring to the training and to review this matrix and summary alongside <b>Handout #11 (Risk/Severity Assessment Summary/Outline)</b>. Ask participants to consider how they would restructure their old summary into the new format we have been reviewing throughout the training. Allow for discussion or questions from participants.</p> <p><b>Step 2:</b> Conclude this section by informing participants that what they have learned may not be able to be used in its entirety due to their agencies having their own policies and procedures with how they want risk assessments completed. Instruct participants to check in with their supervisors for any summary preferences. However, this method for writing summaries has proved to be very helpful to most agencies who now use it.</p>	<ul style="list-style-type: none"> <li>• <b>Handout #11:</b> Risk/Severity Summary Outline (Blank Form) (2 pages)</li> <li>• <b>Handout #12:</b> Safety Assessment/Safety Plans (2 pages)</li> </ul>
<b>Section IV:</b> Closing	10 Minutes	<p><b>Closing</b></p> <p>Start this section by asking the participants to complete the <b>Handout #13 (My Personal Learning</b></p>	<ul style="list-style-type: none"> <li>• Training Evaluations</li> <li>• <b>Handout #13:</b> My Personal Learning Log (1 page)</li> </ul>

Section Name	Est. Time	Content	Resources Used
		<p><b>Log).</b> As a large group, ask participants to share what they have learned today and how they plan to implement it in their work with families.</p> <p>Distribute the evaluation form, if not done so already, and address any unanswered questions that may remain with participants.</p>	