

VIRGINIA DEPARTMENT OF SOCIAL SERVICES r: 07/11
FAMILY RISK ASSESSMENT

OASIS Referral Name: _____ **Case #:** _____ **Date:** ____/____/____

County Name: _____ **Worker Name:** _____ **Worker ID#:** _____

Primary Caretaker: _____ **Secondary Caretaker:** _____

	Total	Neglect	Abuse
Prior Assessments:	_____	_____	_____
Prior Investigations:	_____	_____	_____
Prior Founded Investigations:	_____	_____	_____

NEGLECT	Score	ABUSE	Score
N1. Current complaint is for physical or medical neglect a. No 0 b. Yes 2	_____	A1. Current allegation of physical abuse is founded or supported a. No 0 b. Yes 1	_____
N2. Prior investigations/assessments (assign highest score that applies) a. None -1 b. One or more, <u>abuse</u> only 1 c. One or two for <u>neglect</u> 2 d. Three or more for <u>neglect</u> 3	_____	A2. Number of prior abuse investigations/assessments a. None 0 b. One 1 c. Two or more 2	_____
N3. Household has previously received ongoing services or foster care as a result of CA/N (voluntary/court-ordered) a. No 0 b. Yes 3	_____	A3. Household has previously received ongoing services or foster care as a result of CA/N (voluntary/court-ordered) a. No 0 b. Yes 2	_____
N4. Number of children involved in the CA/N incident (number = ____) a. One, two, or three 0 b. Four or more 2	_____	A4. Prior injury to a child resulting from CA/N a. No 0 b. Yes 2	_____
N5. Age of youngest child in the home (age = ____) a. 2 or older 0 b. Under 2 1	_____	A5. Primary caretaker's assessment of incident a. Not applicable 0 b. One or more apply 1 ___ Blames child AND/OR ___ Justifies maltreatment of a child	_____
N6. Primary caretaker provides physical care inconsistent with child needs a. No 0 b. Yes 1	_____	A6. Two or more incidents of domestic violence in the household in the past year a. No 0 b. Yes 1	_____
N7. Primary caretaker has a history of abuse or neglect as a child a. No 0 b. Yes 2	_____	A7. Primary caretaker characteristics a. Not applicable 0 b. One or more apply 1 ___ Provides insufficient emotional/psychological support ___ Employs excessive/inappropriate discipline ___ Domineering parent	_____
N8. Primary caretaker has/had a mental health problem a. None/not applicable 0 b. One or more apply 1 ___ During the last 12 months AND/OR ___ At any other time prior to that	_____	A8. Primary caretaker has a history of abuse or neglect as a child a. No 0 b. Yes 1	_____
N9. Primary caretaker has/had a drug or alcohol problem a. None/not applicable 0 b. One or more apply 2 ___ During the last 12 months AND/OR ___ At any other time prior to that	_____	A9. One or more caretaker(s) has/had an alcohol and/or drug problem a. No 0 b. Yes (check all applicable) 1 During the last 12 months: [] Primary caretaker [] Secondary caretaker At any other time prior to that: [] Primary caretaker [] Secondary caretaker	_____
N10. Primary caretaker has criminal arrest history as adult or juvenile a. No 0 b. Yes 1	_____	A10. Primary caretaker has criminal arrest history as adult or juvenile a. No 0 b. Yes 1	_____
N11. Characteristics of children in household a. Not applicable 0 b. One or more apply 1 ___ Developmental or physical disability ___ Medically fragile/failure to thrive ___ Positive toxicology screen at birth	_____	A11. Characteristics of children in household a. Not applicable 0 b. One or more apply 1 ___ Delinquency history ___ Developmental disability ___ Mental health/behavioral problem	_____
N12. Current housing a. Not applicable 0 b. One or more apply 1 ___ Physically unsafe AND/OR ___ Family homeless	_____		
TOTAL NEGLECT RISK SCORE	_____	TOTAL ABUSE RISK SCORE	_____

SCORED RISK LEVEL. Assign the family's scored risk level based on the highest score on either the neglect or abuse instrument, using the following chart:

<u>Neglect Score</u>	<u>Abuse Score</u>	<u>Scored Risk Level</u>
_____ -1-0	_____ 0-1	_____ Low
_____ 1-3	_____ 2-4	_____ Moderate
_____ 4-8	_____ 5-8	_____ High
_____ 9+	_____ 9+	_____ Very High

POLICY OVERRIDES. Circle yes if a condition shown below is applicable in this case. If any condition is applicable, override final risk level to very high.

- Yes No 1. Sexual abuse case AND the perpetrator is likely to have access to the child victim.
- Yes No 2. Non-accidental injury to a child under age 3.
- Yes No 3. Severe non-accidental injury.
- Yes No 4. Parent/caretaker action or inaction resulted in death of a child due to abuse or neglect (previous or current).

DISCRETIONARY OVERRIDE. If a discretionary override is made, circle yes, circle override risk level, and indicate reason. Risk level may be overridden one level higher.

Yes No 5. If yes, override risk level (circle one): Low Moderate High Very High

Discretionary override reason: _____

Supervisor's review/approval of discretionary override: _____ Date: ____/____/____

FINAL RISK LEVEL (circle final level assigned): Low Moderate High Very High

VIRGINIA DEPARTMENT OF SOCIAL SERVICES
SDM[®] FAMILY RISK ASSESSMENT
DEFINITIONS

The risk assessment is composed of two indices, the neglect index and the abuse index. Both indices are completed for each investigation/assessment. Only one household can be assessed on a risk assessment. If two households are involved in the alleged incident(s), separate risk assessments should be completed for each household.

The household includes all persons who have significant in-home contact with the child, including those who have a familial or intimate relationship with any person in the home.

The primary caretaker is the adult living in the household where the allegation occurs who assumes the most responsibility for child care. When two adult caretakers are present and the social worker is in doubt as to which one assumes the most child care responsibility, the adult with legal responsibility for the child involved in the incident should be selected as the primary caretaker. For example, when a mother and her boyfriend reside in the same household and appear to equally share caretaking responsibilities for the child, the mother is selected. If this does not resolve the question, the legally responsible adult who was a perpetrator or alleged perpetrator should be selected. For example, when a mother and a father reside in the same household and appear to equally share caretaking responsibilities for the child and the mother is the perpetrator (or the alleged perpetrator), the mother is selected. In circumstances where both parents are in the household, equally sharing caretaking responsibilities, and both have been identified as perpetrators or alleged perpetrators, the parent demonstrating the more severe behavior is selected. Only one primary caretaker can be identified.

The secondary caretaker is defined as an adult living in the household who has routine responsibility for child care, but less responsibility than the primary caretaker. A partner may be a secondary caretaker even though he/she has minimal responsibility for care of the child.

NOTE: Scoring of Mental Abuse/Neglect: Mental abuse/neglect was a relatively rare occurrence in the risk research. As a result, it did not show up as a risk factor in the same way that neglect or physical abuse did and is not scored on the risk assessment.. If the only allegation is mental abuse/neglect, N1 and A1 should be scored “0.” Note that if such cases turn out low or moderate risk as a result, and documentation supports that the nature of the referral in and of itself elevates the risk level, the case still can be opened for services.

NOTE: Scoring of Sexual Abuse: For the same reason above, if the only allegation is sexual abuse, A1 should be scored “0.” Note that if such cases turn out low or moderate risk as a result, and documentation supports that the nature of the referral in and of itself elevates the risk level, the case still can be opened for services.

NOTE: Scoring of Substance Exposed Infant: If the current allegation is for substance exposed infant that should be scored under N1, not under abuse.

NEGLECT

N1. Current complaint is for physical or medical neglect

Note: If the only allegation is mental abuse/neglect, N1 and A1 should be scored “0.” If the current allegation is for substance exposed infant that should be scored under N1, not under abuse.

Score 2 if the current complaint is for neglect. **Neglect** occurs when a parent or other person responsible for child’s care neglects or refuses to provide care necessary for child’s health; when a child is without parental care or guardianship, caused by the unreasonable absence or the mental or physical incapacity of the child’s parent, guardian, legal custodian, or other person standing in loco parentis; when parents or other persons responsible for child’s care abandon such child.

This includes referred allegations as well as allegations made during the course of the investigation/assessment.

For alternative caretaker households, answer “no.”

N2. Prior investigations/assessments

Note: When counting prior investigations/assessments, it does not matter whether the prior investigations were founded or not, or whether the prior assessments resulted in a determination that services were needed. Include all persons who have significant in-home contact with the child when considering priors. If the family does not self-report priors, but the worker is certain that there have been priors that are not in OASIS, that should be counted.

However, do not count screened-out referrals.

- a. Score -1 if there were no investigations/assessments prior to the current investigation/assessment.
- b. Score 1 if there were one or more investigations/assessments for any type of abuse prior to the current investigation/assessment. Abuse includes physical, emotional, or sexual abuse/sexual exploitation.
- c. Score 2 if there were one or two investigations/assessments for any type of neglect (alone or in combination with an abuse investigation/assessment) prior to the current investigation/assessment.
- d. Score 3 if there were three or more investigations/assessments for any type of neglect (alone or in combination with an abuse investigation/assessment) prior to the current investigation/assessment.

Where possible, history from other county or state jurisdictions should be checked. Exclude investigations/assessments of out-of-home perpetrators (e.g., daycare) unless one or more caretakers failed to protect.

N3. Household has previously received ongoing services or foster care as a result of CA/N (voluntary/court-ordered)

Score 3 if household has previously received child welfare services or is currently receiving services as a result of child abuse or neglect. Case may have opened as a result of a referral or court order. Service history includes voluntary or court-ordered family services, but does not include delinquency or CHINS services.

N4. Number of children involved in the CA/N incident

Enter the total number of children involved in the CA/N incident who live in this home. Score the appropriate amount given the number of children under 18 years of age for whom abuse or neglect was alleged in the current investigation/assessment.

N5. Age of youngest child in the home

Enter the age, in years, of the youngest child living in the home. Enter 0 for children under age 1. Score the appropriate amount given the current age of the youngest child presently in the household where the maltreatment incident reportedly occurred. If a child is removed as a result of the current investigation/assessment, count the child as residing in the home.

N6. Primary caretaker provides physical care inconsistent with child needs

Score 1 if physical care of child (age-appropriate feeding, clothing, shelter, hygiene, and medical care of child) threatens the child's well-being or results in harm to child. Examples include, but are not limited to the following:

- Repeated failure to obtain standard immunizations (while this does not constitute neglect, research identified this as risk factor);
- Failure to obtain medical care for severe or chronic illness;
- Repeated failure to provide child with clothing appropriate to the weather;
- Persistent rat or roach infestations;
- Inadequate or inoperative plumbing or heating;
- Poisonous substance or dangerous objects lying within reach of small child;
- Child is wearing filthy clothes for extended periods of time; or
- Child is not being bathed on a regular basis, resulting in dirt caked on skin and hair and a strong odor.

N7. Primary caretaker has a history of abuse or neglect as a child

Score 2 if credible statements by the primary caretaker or others, or state records of past allegations, indicate that the primary caretaker was maltreated as a child (maltreatment includes neglect or physical, sexual, or other abuse).

N8. Primary caretaker has/had a mental health problem

- a. Score 0 if primary caretaker has no current or past mental health problem.
- b. Score 1 if credible and/or verifiable statements by the primary caretaker or others indicate that the primary caretaker:
 - Has been diagnosed as having a significant mental health disorder as indicated by a Diagnostic and Statistical Manual (DSM) condition (excluding diagnosis of mental retardation) determined by a mental health clinician;
 - Has had repeated referrals for mental health/psychological evaluations; or
 - Was recommended for treatment/hospitalization or treated/hospitalized for emotional problems.

Indicate whether the mental health problem was/is present DURING the past 12 months AND/OR was present at any time prior to 12 months.

N9. Primary caretaker has/had a drug or alcohol problem

- a. Score 0 if the primary caretaker does not have and never has had a drug or alcohol problem.
- b. Score 2 if the primary caretaker has a past or current alcohol/drug abuse problem that interferes with his/her or the family's functioning. Such interference is evidenced by the following:
 - Substance use that affects or affected the following:
 - » Employment,
 - » Criminal involvement,
 - » Marital or family relationships, or
 - » Ability to provide protection, supervision, and care for the child;
 - An arrest in the past two years for driving under the influence or refusing breathalyzer testing;
 - Self-report of a problem;

- Treatment received currently or in the past;
- Multiple positive urine samples;
- Health/medical problems resulting from substance use;
- Child was diagnosed with fetal alcohol syndrome or exposure (FAS or FAE) or child had a positive toxicology screen at birth and primary caretaker was birthing parent.

Legal, non-abusive prescription drug use should not be scored.

Indicate whether the drug or alcohol problem was/is present DURING the past 12 months AND/OR was present at any time prior to 12 months.

N10. Primary caretaker has criminal arrest history as adult or juvenile

Indicate whether the primary caretaker has been arrested or convicted prior to the current complaint as either an adult or a juvenile. This includes DUI but excludes all other traffic offenses. Information may be located in the case narrative material, reports from other agencies, etc. Also, review any police reports in the file for this information.

N11. Characteristics of children in household

- a. Score 0 if no child in the household exhibits characteristics listed below.
- b. Score 1 if any child in the household is/has any or all of the following:
 - Developmental or physical disability, including a formal diagnosis of any of the following: mental retardation, learning disability (as indicated by school records), other developmental problem, or significant physical handicap. (NOTE: Do not include ADD/ADHD here.)
 - Medically fragile, defined as having a long-term (six months or more) physical condition requiring medical intervention or diagnosed as failure to thrive.
 - Positive toxicology report for alcohol or another drug at birth. (NOTE: this should be scored if the child tested positive, or a physician's diagnosis is that the child has been exposed to substances.)

N12. Current housing

- a. Score 0 if the family has housing that is physically safe.
- b. Score 1 if any of the following apply:
 - The family has housing, but the current housing situation is physically unsafe such that it does not meet the health or safety needs of the child (for example, exposed wiring, inoperable heat or plumbing, roach/rat infestations, human/animal waste on floors, rotting food).
 - The family is homeless or is about to be evicted at the time the investigation/assessment began. Consider as “homeless” people who are living in a shelter and those living on a short-term basis with relatives or friends.

ABUSE

A1. Current allegation of physical abuse is founded or supported

Score 1 if the physical abuse allegation was investigated and founded OR was assessed and results indicate that physical abuse occurred. (This includes exposure to sale or manufacture of certain controlled substances.) If the only allegation is sexual abuse, A1 should be scored “0.” If the only allegation is mental abuse/neglect, N1 and A1 should be scored “0.” If the current allegation is for substance exposed infant that should be scored under N1, not under abuse.

For alternative caretaker households, answer “no.”

A2. Number of prior abuse investigations/assessments

Score the appropriate amount given the count of all investigations/assessments, founded or not, for any type of abuse (physical, mental, or sexual abuse/sexual exploitation) prior to the complaint resulting in the current investigation/assessment. Where possible, abuse history from other county or state jurisdictions should be checked. Exclude screened-out referrals and investigations/assessments of out-of-home perpetrators (e.g., daycare) unless one or more caretakers failed to protect.

A3. Household has previously received ongoing services or foster care as a result of CA/N (voluntary/court-ordered)

Score 2 if household has previously received child welfare services or is currently receiving services as a result of child abuse or neglect. Case may have opened as a result of a referral or court order. Service history includes voluntary or court-ordered family services, but does not include delinquency or CHINS services.

A4. Prior injury to a child resulting from CA/N

Score 2 if a child sustained an injury resulting from abuse and/or neglect (based on credible information of prior injury regardless of whether there was a referral) prior to the complaint that resulted in the current investigation/assessment. Injury sustained as a result of abuse or neglect may range from bruises, cuts, and welts to an injury that requires medical treatment or hospitalization, such as a bone fracture or burn.

A5. Primary caretaker's assessment of incident

- a. Score 0 if none of the characteristics below is applicable.
- b. Score 1 if any of the following apply:
 - The primary caretaker blames child for incident. Blaming refers to caretaker's statement that maltreatment incident occurred because of child's action or inaction (for example, claiming that the child seduced him/her, or child deserved beating because he/she misbehaved).
 - The primary caretaker justifies maltreatment of child. Justifying refers to caretaker's statement that his/her action or inaction, which resulted in harm to the child, was appropriate (for example, claiming that this form of discipline was how he/she was raised, so it is all right).

A6. Two or more incidents of domestic violence in the household in the past year

Score 1 if in the previous year there have been two or more physical assaults or multiple periods of intimidation/threats/harassment between caretakers or between a caretaker and another adult in the home. Count police reports and credible self-reports by parents, other family members, etc.

A7. Primary caretaker characteristics

- a. Score 0 if the primary caretaker does not exhibit characteristics listed below.
- b. Score 1 if any of the following apply:
 - The primary caretaker provides insufficient emotional/psychological support to the child, such as persistently berating/belittling/demeaning child or depriving child of affection or emotional support.
 - The primary caretaker's disciplinary practices caused or threatened harm to the child because they were excessively harsh physically or emotionally and/or inappropriate to the child's age or

development. Examples include but are not limited to the following:

- » Locking child in closet or basement;
 - » Holding child's hand over fire;
 - » Hitting child with instruments; or
 - » Depriving young child of physical and/or social activity for extended periods.
- The primary caretaker is domineering, indicated by controlling, abusive, overly restrictive or unfair behavior, or overreactive rules.

A8. Primary caretaker has a history of abuse or neglect as a child

Score 1 if credible statements by the primary caretaker or others indicate that the primary caretaker was maltreated as a child (maltreatment includes neglect or physical, sexual, or other abuse).

A9. One or more caretaker(s) has/had an alcohol and/or drug problem

- a. Score 0 if no caretaker has or has ever had an alcohol or drug problem.
- b. Score 1 if any caretaker has a past or current alcohol/drug abuse problem that interferes with his/her or the family's functioning. Such interference is evidenced by the following:
 - Substance use that affects or affected the following:
 - » Employment;
 - » Criminal involvement;
 - » Marital or family relationships;
 - » Ability to provide protection, supervision, and care for the child;
 - An arrest in the past two years for driving under the influence or refusing breathalyzer testing;
 - Self-report of a problem;
 - Received or is receiving treatment;
 - Multiple positive urine samples;
 - Health/medical problems resulting from substance use;

- Child was diagnosed with FAS or FAE or child had a positive toxicology screen at birth and secondary caretaker was birthing parent.

Legal, non-abusive prescription drug use should not be scored.

Indicate whether the primary AND/OR secondary caretaker's alcohol or drug problem is present at this time or DURING the past 12 months.

Indicate whether the primary AND/OR secondary caretaker's alcohol or drug problem was present at some time prior to 12 months. BOTH timeframes may be marked if applicable.

A10. Primary caretaker has criminal arrest history as adult or juvenile

Indicate whether the primary caretaker has been arrested or convicted prior to the current complaint as either an adult or a juvenile. This includes DUI but excludes all other traffic offenses. Information may be located in the case narrative material, reports from other agencies, etc. Also review any police reports in the file for this information.

A11. Characteristics of children in household

- a. Score 0 if no child in the household exhibits characteristics listed below.
- b. Score 1 if any child in the household:
 - Has been referred to juvenile court for delinquent or status offense behavior. Status offenses not brought to court attention but that create stress within the household should also be scored, such as children who run away or are habitually truant.
 - Is developmentally disabled, including mental retardation, learning disability, or other developmental problem.
 - Has mental health or behavioral problems not related to a physical or developmental disability (includes ADHD/ADD). This could be indicated by the following:
 - » A DSM diagnosis;
 - » Receiving mental health treatment;
 - » Attendance in a special classroom because of behavioral problems; or
 - » Currently taking psychoactive medication.

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES
FAMILY RISK ASSESSMENT TOOL
PROCEDURES**

Risk assessment identifies families who have low, moderate, high, or very high probabilities of future abuse or neglect. By completing the risk assessment, the worker obtains an objective appraisal of the likelihood that a family will maltreat their children in the next 18 to 24 months. The difference between risk levels is substantial. High risk families have significantly higher rates of subsequent referral and substantiation than low risk families and are more often involved in serious abuse or neglect incidents.

When risk is clearly defined and objectively quantified, the choice between serving one family or another is simplified: agency resources are targeted to higher risk families because of the greater potential to reduce subsequent maltreatment.

The risk assessment is based on research on cases with substantiated abuse or neglect that examined the relationships between family characteristics and the outcomes of subsequent substantiated abuse and neglect. The assessment does not predict recurrence, but simply assesses whether a family is more or less likely to have another incident without intervention by the agency.

Which Cases: All investigations and assessments except out-of-family caretaker.

Who: The CPS worker who is conducting the investigation/assessment.

When: After the safety assessment has been completed and the worker has reached a conclusion regarding the allegation AND prior to the referral being closed or promoted to a case. This is no later than 45 days after the complaint was received, or within 60 days if an extension was granted.

Decisions: The risk assessment identifies the level of risk of future maltreatment.

The risk level guides the decision whether or not to open a case.

Risk-based CPS Case Open/Close Guide	
Risk Level	Indicated Decision
Low	Close
Moderate	Open to CPS or close
High	Open to CPS
Very High	Open to CPS

Appropriate Completion:

The risk assessment is completed based on conditions that exist at the time the incident is reported and investigated as well as the prior history of the family. Only one household can be assessed on the risk assessment. Choose the household in which the CA/N incident is alleged. If more than one household is involved, there should be a referral on each household and one risk assessment completed for each referral.

Scoring Individual Items:

A score for each assessment item is derived from the worker's observation of the characteristics it describes. Some characteristics are objective (such as prior CA/N history or the age of the child). Others require the worker to use discretionary judgment based on his or her assessment of the family. Sources of information used to determine the worker's endorsement of an item may include statements by the child, caretaker, or collateral persons; worker observations; reports; or other reliable sources.

The worker should refer to the tool's definitions to determine his/her selection for each item.

After all index items are scored, the worker totals the score and indicates the corresponding risk level for each index. Next, the scored risk level (which is the higher of the abuse or neglect indices) is entered.

Policy Overrides:

After completing the risk assessment, the worker determines whether any of the policy override reasons exist. Policy overrides reflect incident seriousness and/or child vulnerability concerns, and have been determined by the agency to warrant a risk level designation of very high regardless of the risk level indicated by the assessment tool. Policy overrides require supervisor approval.

Note: Circle yes or no as appropriate for each policy override.

1. Sexual abuse case AND the perpetrator is likely to have access to the child victim.
2. Non-accidental injury to a child under age 3.
3. Severe non-accidental injury (e.g., brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injury, poisoning, burns, scalds, severe cuts, or any other physical injury that

seriously impairs the health or well-being of the child and requires medical treatment).

4. Parent/caretaker action or inaction resulted in death of a child due to abuse or neglect (previous or current).

**Discretionary
Overrides:**

A discretionary override is applied by the worker to increase the risk level in any case in which the social worker believes that the risk level set by the assessment is too low. This may occur when the worker is aware of conditions affecting risk that are not captured within the items on the risk assessment. Discretionary overrides may increase the risk level by one unit (for example, from low to medium, or medium to high, but NOT from low to high).¹ Discretionary overrides require supervisor approval.

After completing the override section, indicate the final risk level, which is the highest risk level obtained.

¹ At the time of risk reassessment, discretionary overrides may increase *or decrease* risk by one level. However, at the time of initial assessment, risk level may only be increased.