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Safety and Risk Assessment Resource Guide



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The following Safety and Risk Assessment Guide can be used to support the process of effectively assessing for safety and risk, and accurately documenting in Connections.

I. Definition of Safe Protective:

"A child is safe when there is no immediate or impending danger of serious harm to a child's life or health as a result of acts of commission or omission (actions or inactions) by the child's parents and/or caretakers."

II. Determining if a child is in immediate or impending danger of serious harm is a two-tiered process. First, caseworkers assess the environment, the behaviors and situations of families and identify which, if any, of the safety factors are present. Second, they decide which of them, alone or in combination, place any of the children in immediate or impending danger of serious harm by applying the safety criteria. If immediate or impending danger exists, then the caseworker must decide what action needs to be taken and by whom, in order to protect the child from the identified danger.

The status of a children's safety is determined utilizing the **(4) Steps** in the **Safety Assessment Process**:

1. Identify any safety factors currently present in the child(ren)'s living situation.
2. Determine whether any of the identified safety factors (alone or in combination) have created a situation in which the child(ren) is/are in immediate or impending danger of serious harm.
3. Select which of the five safety decisions most accurately reflects the current safety status of the child(ren)/youth and the actions needed to protect them from identified danger..
4. Develop a safety plan, describing a clearly identified set of actions, including controlling interventions when necessary, that have been, or will be taken without delay, to protect the child(ren) from immediate or impending danger of serious harm.

Step 1:

Identify the presence or absence of Safety Factors in the child(ren)'s living situation. Safety factors are parent/caretaker behaviors, conditions, in the home, family dynamics, history and other circumstances that have the potential to place a child in immediate or impending danger of serious harm. The presence of a safety factor(s) does not mean that danger to child(ren) automatically exists, but rather, it is an indicator of a "red flag(s)" that need to be further assessed because of it's potential to be dangerous. When documenting the safety assessment for caseworkers should check off all factors that apply, and describe in a narrative how they apply to the family's situation.

The NYS "**Expanded Safety Factors**" should always be used to support the identification of Safety Factor(s), and to avoid the misinterpretation of the information that is gathered. Staff should be particularly mindful of the safety factors related to **substance abuse**, **domestic violence** and **mental health** because they often co-occur in the majority of our families and play a significant role in creating danger to children.

Expanded Safety Factors:

1. Based on your present assessment and review of prior history of abuse and maltreatment, the Parent(s)/Caretaker(s) is unable or unwilling to protect the child (ren).
 - Prior abuse or maltreatment (may include non-reported accounts of abuse or maltreatment) was serious enough to have caused or could have caused serious injury or harm to the child (ren).
 - Parent(s)/Caretaker(s) current behavior demonstrates an inability to protect the child(ren) because they lack the capacity to understand the need for protection and/or they lack the ability to follow through with protective actions.
 - Parent(s)/Caretaker(s) current behavior demonstrates an unwillingness to protect children because they minimize the child(ren)'s need for protection and/or are hostile to, passive about, or opposed to keeping the child(ren) safe
 - Parent(s)/Caretaker(s) has retaliated or threatened retribution against child(ren) for involving the family in a CPS investigation or child welfare services, either in regard to past incident(s) of abuse or maltreatment or a current situation.
 - Escalating pattern of harmful behavior or abuse or maltreatment.
 - Parent(s)/Caretaker(s) does not acknowledge or take responsibility for prior inflicted harm to the child (ren) or explains incident(s) as not deliberate, or minimizes the seriousness of the actual or potential harm to the child(ren).
2. Parent(s)/Caretaker(s) currently uses alcohol to the extent that it negatively impacts his/her ability to supervise, protect and/or care for the child (ren).
 - Parent(s) Caretaker(s) has a recent incident of or a current pattern of alcohol use that negatively impacts their decisions and behaviors. and their ability to supervise, protect and care for the child. As a result, the caretaker(s) is;
 - unable to care for the child;
 - likely to become unable to care for the child;
 - has harmed the child;
 - has allowed harm to come to the child; or
 - is likely to harm the child.
 - Newborn child with positive toxicology for alcohol in its bloodstream or urine and/or was born with fetal alcohol effect or fetal alcohol syndrome.
3. Parent(s)/Caretaker(s) currently uses illicit drugs or misuses prescription medication to the extent that it negatively impacts his/her ability to supervise, protect and/or care for the child (ren).
 - Parent(s) Caretaker(s) has a recently used, or has a pattern of using illegal and/or prescription drugs that negatively impacts their decisions and behaviors and their ability to supervise, protect and care for the child. As a result, the parent(s)/caretaker(s) is;
 - unable to care for the child;
 - likely to become unable to care for the child;
 - has harmed the child;
 - has allowed harm to come to the child; or
 - is likely to harm the child.
 - Newborn child with positive toxicology for illegal drugs in its bloodstream or urine and/or was born dependent on drugs or with drug withdrawal symptoms.
4. Child (ren) has experienced or is likely to experience physical or psychological harm as a result of domestic violence in the household.

Examples of direct threats to child (ren):

 - Observed or alleged batterer is confronting and/or stalking the caretaker/victim and child (ren) and has threatened to kill, injure, or abduct either or both.
 - Observed or alleged batterer has had recent violent outbursts that have resulted in injury or threat of injury to the child (ren) or the other caretaker/victim.
 - Parent/Caretaker/victim is forced, under threat of serious harm, to participate in or witness serious abuse or maltreatment of the child (ren).

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- Child(ren) is forced, under threat of serious harm, to participate in or witness abuse of the caretaker/victim.

Other examples of Domestic Violence:

- Caretaker/victim appears unable to provide basic care and/or supervision for the child because of fear, intimidation, injury, incapacitation, forced isolation, fear or other controlling behavior of the observed or alleged batterer.
5. **Parent(s)/Caretaker(s)' apparent or diagnosed medical or mental health status or developmental disability negatively impacts his/her ability to supervise, protect, and/ or care for the child (ren).**
- Parent(s)/Caretaker(s) exhibits behavior that seems out of touch with reality, fanatical, bizarre, and/or extremely irrational.
 - Parent(s)/Caretaker(s) diagnosed mental illness does not appear to be controlled by prescribed medication or they have discontinued prescribed medication without medical oversight and the parent/caretaker's reasoning, ability to supervise and protect the child appear to be seriously impaired.
 - The parent(s)/caretaker(s) lacks or fails to utilize the necessary supports related to his/her developmental disability, which has resulted in serious harm to the child or is likely to seriously harm the child in the very near future.
6. **Parent(s)/Caretaker(s) have a recent history of violence and/or are currently violent and out of control.**
- Extreme physical and/or verbal abuse, angry or hostile outbursts of anger or hostility aimed at the child(ren) that are recent and/or show a pattern of violent behavior.
 - A recent history of excessive, brutal or bizarre punishment of child (ren), i.e. scalding with hot water, burning with cigarettes, forced feeding.
 - Threatens, brandishes or uses guns, knives or other weapons against or in the presence of other household members.
 - Violently shakes or chokes baby or young child(ren) to stop a particular behavior.
 - Currently exhibiting, or has a recent history or pattern of behavior that is reckless, unstable, raving, or explosive.
7. **Parent(s)/Caretaker(s) is unable and/or unwilling to meet the child(ren)'s needs for food, clothing, shelter, medical or mental health care and/or control child's behavior.**
- No food provided or available to child, or child starved or deprived of food or drink for prolonged periods.
 - Child appears malnourished.
 - Child without minimally warm clothing in cold months; clothing extremely dirty.
 - No housing or emergency shelter; child must or is forced to sleep in street, car, etc.
 - Housing is unsafe, without heat, sanitation, windows, etc. or presence of vermin, uncontrolled/excessive number of animals and animal waste.
 - Parent/Caretaker does not seek treatment for child's immediate and dangerous medical condition(s) or does not follow prescribed treatment for such condition(s).
 - Child(ren)'s behavior is dangerous and may put them in immediate or impending danger of serious harm, and the parent/caretaker is not taking sufficient steps to control that behavior and/or protect the child(ren) from the dangerous consequences of that behavior.
8. **Parent(s)/Caretaker(s) is unable and/or unwilling to provide adequate supervision of the child(ren) .**
- Parent/Caretaker does not attend to child to the extent that need for adequate care goes unnoticed or unmet (i.e. although caretaker present, child can wander outdoors alone, play with dangerous objects, play on unprotected window ledge or be exposed to other serious hazards).
 - Parent/Caretaker leaves child alone (time period varies with age and developmental stage).
 - Parent/Caretaker makes inadequate and/or inappropriate child care arrangements or demonstrates very poor planning for child's care.

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- Parent/Caretaker routinely fails to attempt to provide guidance and set limits, thereby permitting a child to engage in dangerous behaviors.
9. **Child(ren) has experienced serious and/or repeated physical harm or injury and/or the Parent(s)/Caretaker(s) has made a plausible threat of serious harm or injury to the child(ren).**
- Child(ren) has a history of injuries , excluding common childhood cuts and scrapes.
 - Other than accidental, parent/caretaker likely caused serious abuse or physical injury, i.e. fractures, poisoning, suffocating, shooting, burns, bruises/welts, bite marks, choke marks, etc.
 - Parent/Caretaker, directly or indirectly, makes a believable threat to cause serious harm, i.e. kill, starve, lock out of home, etc.
 - Parent/Caretaker plans to retaliate against child for CPS investigation or disclosure of abuse or maltreatment.
 - Parent/Caretaker has used torture or physical force that bears no resemblance to reasonable discipline, or punished child beyond the duration of the child's endurance.
10. **Parent(s)/Caretaker(s) views, describes or acts toward the child(ren) in predominantly negative terms and/or has extremely unrealistic expectations of the child(ren).**
- Describes child as evil, possessed, stupid, ugly or in some other demeaning or degrading manner.
 - Curses and/or repeatedly puts child down.
 - Scapegoats a particular child in the family.
 - Expects a child to perform or act in a way that is impossible or improbable for the child's age (i.e. babies and young children expected not to cry, expected to be still for extended periods, be toilet trained or eat neatly).
11. **Child(ren)'s current whereabouts cannot be ascertained and/or there is reason to believe that the family is about to flee or refuses access to the child(ren).**
- Family has previously fled in response to a CPS investigation.
 - Family has removed child from a hospital against medical advice.
 - Family has history of keeping child at home, away from peers, school, or others for extended periods.
 - Family could not be located despite appropriate diligent efforts.
12. **Child(ren) has been or is suspected of being sexually abused or exploited and the Parent(s)/Caretaker(s) is unable or unwilling to provide adequate protection of the child(ren).**
- It appears that parent/caretaker has committed rape, sodomy or has had other sexual contact with child.
 - Child may have been forced or encouraged to sexually gratify caretaker or others, or engage in sexual performances or activities.
 - Access by possible or confirmed sexual abuser to child continues to exist.
 - Child may be sexually exploited online and parent(s)/caretaker(s) may take no action(s) to protect the child.
13. **The physical condition of the home is hazardous to the safety of children.**
- Leaking gas from stove or heating unit.
 - Dangerous substances or objects accessible to children.
 - Peeling lead base paint accessible to young children
 - Hot water/steam leaks from radiator or exposed electrical wiring.
 - No guards or open windows/broken/missing windows.

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- Health hazards such as exposed rotting garbage, food, human or animal waste throughout the living quarters.
 - Home hazards are easily accessible to children and would pose a danger to them if they are in contact with the hazard(s).
- 14. Child (ren) expresses or exhibits fear of being in the home due to current behaviors of Parent(s)/Caretaker's or other persons living in, or frequenting the household.**
- Child cries, cowers, cringes, trembles or otherwise exhibits fear in the presence of certain individuals or verbalizes such fear.
 - Child exhibits severe anxiety related to situation associated with a person(s) in the home, i.e. nightmares, insomnia.
 - Child reasonably expects retribution or retaliation from caretakers.
 - Child states that he/she is fearful of individual(s) in the home.
- 15. Child(ren) has a positive toxicology for drugs and/or alcohol.**
- Child (ren) (0-6 mos.) is born with a positive toxicology for drugs and/or alcohol.
- 16. Child(ren) has significant vulnerability, is developmentally delayed, or medically fragile (e.g. on Apnea Monitor) and the Parent(s)/Caretaker(s) is unable and or unwilling to provide adequate care and/or protection of the child(ren).**
- Child(ren) is required to be on a sleep apnea monitor, or to use other specialized medical equipment essential to their health and well-being, and the parent/caretaker is unable to unwilling to consistently and appropriately use or maintain the equipment
 - Child(ren) has significant disabilities such as autism, Down Syndrome, hearing or visual impairment, cerebral palsy, etc., or other vulnerabilities, and the parent(s)/caretaker(s) is either unable or unwilling to provide care essential to needs of the child(ren)'s condition(s).
- 17. Weapon noted in CPS report or found in home and Parent(s)/Caretaker(s) is unable and/or to protect the child (ren) from potential harm.**
- A firearm, such as a gun, rifle or pistol is in the home and may be used as a weapon.
 - A firearm and ammunition are accessible to child (ren).
 - A firearm is kept loaded and parent(s)/caretaker(s) are unwilling to separate the firearm and the ammunition.
- 18. Criminal activity in the home negatively impacts Parent(s)/Caretaker(s) ability to supervise, protect and/or care for the child(ren).**
- Criminal behavior (e.g. drug production, trafficking, and prostitution) occurs in the presence of the child(ren).
 - The child(ren) is forced to commit a crime(s) or engage in criminal behavior.
 - Child(ren) exposed to dangerous substances used in the production or use of of illegal drugs, e.g. Methamphetamines.
 - Child(ren) exposed to danger of harm from people with violent tendencies, criminal records, and people under the influence of drugs.
- 19. No Safety Factors present at this time.**
(with the implementation of **Q2-09 June 27, 2009**, an option is added for the workers to be able to enter comments on the Safety Factors window in the Safety Assessment when "No Safety Factors Present" is selected)

Step 2:

Applying the Safety Criteria

The following **Safety Criteria** must be applied in order to determine whether any of the identified safety factor(s) in Step 1 (alone or in combination) rise to the level of placing the child(ren) in **immediate** (*presently exposed, actively occurring*) or **impending** (*exposure is emerging, about to happen, or reasonably foreseeable consequence*) **danger of serious harm**.

- **Immediate:** A child is in **immediate danger** when **presently exposed to serious harm**. In deciding whether the child(ren) is in immediate or impending danger, consider the following criteria:
 - **the seriousness of the behaviors/circumstances reflected in the safety factor**
 - **the number of safety factors present**
 - **the degree of the child(ren)'s vulnerability and need for protection**
 - **the age of the child(ren)**

Example: Children, ages 2 and 4 years, are found alone on a Friday night in a third-floor apartment with unscreened windows that are wide open, and there are also matches on the coffee table within their reach. Their mother, who is their only caretaker, is several floors away in a drug-induced haze.

- **Impending:** A child is in **impending danger** when **exposure to serious harm is emerging, about to happen**, or is a **reasonably foreseeable consequence of current circumstances**. In deciding whether the child(ren) is in immediate or impending danger, consider the following criteria:
 - **the seriousness of the behaviors/circumstances reflected in the safety factor**
 - **the number of safety factors present**
 - **the degree of the child(ren)'s vulnerability and need for protection**
 - **the age of the child(ren)**

Example: Imagine a situation as described above, except now it is Thursday morning and the sole caretaker, their mother, is there when the worker arrives at the home. The mother says she never leaves the children alone. Her neighbor, who seems very credible, states that the mother leaves the children alone every Friday night, all night long, and that she has seen her entering an apartment on another floor, presumably to use drugs with her friends. At this present moment, there is no *immediate* danger. But the danger is *impending* and the worker needs to take action to protect the children.

Examples of Serious Harm Include:

serious physical injury, sexual abuse, extreme fear, extreme impairment of child's mental health, physical health, or development, significant pain or mental suffering, cumulative effects of long-term neglect. Ultimately, "serious harm" should be concretely described in documentation and an immediate response is necessary.

Applying the Safety Criteria:

- **The Child's Age, Degree of Vulnerability and Need for Protection:** The Age and Developmental Needs of the child(ren) are significant factors when considering Child(ren)'s Vulnerability. Young children are most often the ones hurt or killed in acts of omission or commission. "The age, medical condition and child care needs of 'special medical needs children' increase their vulnerability to harm by placing additional stressors on the family." **Factors contributing to vulnerability are:** age, cognitive level (mental capacity), developmental level, physical or mental disabilities, medical condition or illness, ability to communicate or meet one's own basic needs, targeted/scapegoat child, extremely passive or withdrawn, powerless or defenseless, accessibility to perpetrator, problem behaviors" and child(ren)'s isolation from public contact.
- **The Seriousness of the Behaviors/Circumstances Reflected by each Safety Factor, and the Number of Safety Factors Identified and their Impact on Child(ren):** The presence of **Domestic Violence**, **Mental Illness**, and **Substance Abuse** are contributing factors to most Child Fatalities or Serious Injury cases that come to our attention. During our involvement with a family we must therefore find out whether **any or all** of these factors are present. If any or all of these factors are present we must use the Safety Criteria to assess if the children are in danger and then to take appropriate action if they are, such as calling in a report to the SCR and implementing a safety plan. When documenting your safety assessment be concrete and specific in documenting how the safety factors alone or in combination interact to place the child(ren) immediate or impending danger of serious harm.
- **The Protective Capacity of Parent(s)/Caretaker(s) and Family:** This is the **Ability** of family members to recognize or have **Insight** as to whether the child is in immediate or impending danger of serious harm, and do they possess a genuine **Willingness** and **Commitment to Sustain** the appropriate actions to keep the child(ren) safe." Conversely, the inactions, unwillingness or inability of the parent(s)/caretaker(s) to protect the child(ren) from danger of serious harm should also be considered as this information will inform the actions that need to be taken in order to protect the child(ren).

Step 3: Make a Safety Decision

The **Safety Decision** is a statement of the **current safety status** of the child(ren) and the **actions that are needed to protect** the child(ren) from immediate or impending danger of serious harm. The Safety Decision is "**The Heart of the Protective Process**." It is dynamic, and is always based on the information that is available to you at the time of the decision. Safety decisions are made informally every time you contact and work with a family as circumstances can change quickly and new threats may emerge. However, you are required to periodically document your formal assessment of safety in CONNECTIONS as part of the FASP

When documenting Safety in CONNECTIONS, based on the most current available information, **Select 1 of the 5 Safety Decisions** that most accurately reflects the safety status of the child(ren), and the actions that are needed to protect the child(ren) from immediate or impending danger of serious harm. A safety decision is made for each child. In cases where there is more than one child, the safety decision should **reflect the decision that is applicable to the "most vulnerable child"**.

Statements and Explanation of the 5 Safety Decisions are as follows:

Decision 1: No Safety Factors were identified at this time. Based on currently available information, there is no child(ren) likely to be in immediate or impending danger of serious harm. No Safety Plan/Controlling Interventions are necessary at this time.

- (If #1 is selected, Parent/Caretaker Actions/Safety Plan and Ctrl Interventions/Safety Plan Information are not required.)
- **Protective or Non-Protective program choices for a child(ren) does not necessarily mean that safety factors are currently present.**

Decision #2: Safety Factors exist, but do not rise to the level of immediate or impending danger of serious harm. No Safety Plan/Controlling Interventions are necessary at this time. However, identified Safety Factors have been/will be addressed with the Parent(s)/Caretaker(s) and reassessed.

- If #2 is selected, the Parent/Caretaker Actions/Safety Plan information should be completed but is not required. The Ctrl Interventions/Safety Plan information is not required.
- The presence of safety factor(s) are **red flags and have the potential to cause danger.** Therefore, the identified safety factor(s) will be **addressed** with Parent(s)/Caretaker(s) to enhance their **Protective Capacity and/or increase their awareness, willingness and ability to protect, and reassessed or monitored** on an Ongoing Basis.

Decision #3: One or more Safety Factors are present that place the child(ren) in immediate or impending danger of serious harm. A Safety Plan is necessary and has been implemented/maintained through the actions of the Parent(s)/Caretaker(s) and/or either CPS or Child Welfare staff. The child(ren) will remain in the care of the Parent(s)/Caretaker(s).

- If #3 is selected, both the Parent/Caretaker Actions/Safety Plan and Ctrl Interventions/Safety Plan information are required.
- The child welfare professional is legally expected to make "active efforts" to prevent removal. ***

Decision #4: One or more Safety Factors are present that place the child(ren) in immediate or impending danger of serious harm. Removal to, or continued placement in, foster care or an alternative placement setting is necessary as a Controlling Intervention to protect the child(ren).

- If #4 is selected, you are required to complete placement information. Parent/Caretaker Actions/Safety Plan information is optional. Ctrl Interventions/Safety Plan information is required.
- Document which child(ren) were removed/placed or remain in foster care or an alternative placement, and how the **"Protecting Factors" in the Placement Setting(s)** meet the needs of the child(ren) and keep them safe. [Check child(ren)'s name(s)]
- If applicable, please identify the **Protective Capacity of the Parent(s)/Caretaker(s) (protecting factors)** that allow each child to safely remain in the home. [Required, if any child's name is unchecked]

Protecting Factors:

When applied to the foster care setting in Safety Decision #4, the "protecting factors" concept focuses on the safety of the foster care setting itself, as well as on how well the placement protects the child/youth from dangerous conditions in his/her own home. For protective cases, a child's safety in the foster care placement can be affected by multiple variables including, but not limited to, the adherence to home or facility licensing standards, foster care resources, adequacy of supervision, and living conditions. In addition, safety can be affected by the behaviors of caregivers or other adults and other children who may have access to the child. In foster care settings, strengths and resources that promote current safety are referred to as "protecting factors." Below is an abbreviated list of protecting factors.

In Foster Home: (including kinship homes):

- ⇒ Home meets all applicable licensing requirements, including SCR clearance, fingerprinting and criminal record background checks, capacity limits, training, etc.
- ⇒ Foster parent-child relationship is of sufficient strength that caretaker would not intentionally harm child.
- ⇒ Foster parents have appropriate supports/resources to meet child's needs.
- ⇒ Foster parents have appropriate training to meet child's special needs.
- ⇒ Other children or adults in placement setting have protective capacities.
- ⇒ Community provides appropriate supports to meet child's needs.
- ⇒ Relationship between placement caretakers and child's family supports child's developmental needs.

In a Foster Care Facility: In addition to applicable items above:

- ⇒ Facility/Staff meets all applicable licensing requirements, including SCR clearance, fingerprinting and criminal record background check, capacity limits, training, etc.
- ⇒ Facility maintains appropriate staffing levels to meet needs of children.
- ⇒ Evidence exists of positive staff-resident relationships which are likely to preclude intentional abuse.
- ⇒ Violent/dangerous child is residing in a secure facility.
- ⇒ Facility maintains appropriate crisis response protocols.

In the child's own home:

- ⇒ Parent/caretaker has sufficient supports/resources to prevent recurrence of abuse/maltreatment.
- ⇒ Non-offending parent (or other adult) is present in the home who is willing and able to protect child.
- ⇒ Parent/caretaker recognizes the offending behavior and understands and is willing to implement alternatives.
- ⇒ Child is old enough to recognize danger and to protect self.
- ⇒ Parent/caretaker recognizes child's needs and is committed to meeting child's needs.
- ⇒ Relationship between parent/caretaker and child is of sufficient strength that parent/caretaker would not harm child.

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Decision #5: One or more Safety Factors **are present** that place or may place the child(ren) in immediate or impending danger of serious harm, but Parent(s)/Caretaker(s) has **refused access to the child(ren)** or fled, or the child(ren)'s whereabouts are unknown.

- If #5 is selected, the *Ctrl Interventions/Safety Plan* is required and the *Parent/Caretaker Actions/Safety Plan* information is not required.
- **Document action(s) taken or next steps to be taken to access or locate the child(ren) in the safety plan.** These action(s) may include: involving law enforcement, seeking a court order or a warrant to produce the child(ren) and/or notifying another jurisdiction of the situation.

Step 4: Develop and Implement a Safety Plan if the Children are in Immediate or Impending Danger of Serious Harm

The **Safety Plan** is a clearly identified set of **Parent/Caretaker Actions, and/or Controlling Interventions** (activities or arrangements) that are immediately available and put in place without delay to protect the child(ren) from immediate or impending danger of serious harm. It is imperative that **All Safety Factors** that are causing danger to child(ren) are sufficiently addressed in the Safety Plan.

Safety Plans need to be "actively managed" while continuing to gather information throughout the life of the case to reassess the safety of the child(ren). The control of immediate or impending danger is not a one point in time event – circumstances can change quickly and become dangerous should the controls that were put on the danger not be effective or consistently in place. Preventive caseworkers may need to modify the safety plan and to document that change in the case record (launch a Plan Amendment if between FASP cycles)

The **Safety Plan has Two Components** which are automatically merged by Connections to form the completed Safety Plan:

1. **Parent/Caretaker Actions/Safety Plan:** when engaging the family in safety planning, the caseworker must first consider the Parent/Caretakers' "Protective Capacity" or what actions that they have taken or can take without delay, to protect the child(ren) from immediate or impending danger of serious harm. The Protective Actions of Parent/Caretakers **are** individual and family strengths, resources, or characteristics that must: address specific danger of serious harm; be reliable and currently deployed; demonstrate that the child is being adequately protected. They **are not** general statements of all the family's strengths (e.g. "Parents love their children").
 - Describe the specific actions taken or will be taken by the Parent(s)/Caretaker(s) to protect the children from the specific identified danger.
 - How these actions "fully or partially" protect the child(ren), and their ability to keep the protection in place; and
 - How long, and/or under what circumstance(s) the protective actions must be maintained.

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2. **Controlling Interventions/Safety Plan**: Also when necessary, caseworker must initiate and clearly identify action(s) including controlling/safety interventions that will be taken to address any remaining safety concerns/factor that are causing danger to the child(ren).
- Identify (***check of***) all of the interventions (activities or arrangements) that have been implemented to control for the safety of the child(ren).
 - Describe how each selected controlling intervention is protecting the child(ren) from the identified danger.
 - Identify who is responsible for taking and/or maintaining the specific actions and interventions, and
 - Describe how the implementation of the safety plan will be monitored.

Controlling/Safety Interventions Expanded Definitions:

Controlling interventions are activities or arrangements which protect a child from situations, behaviors or conditions which are associated with immediate or impending danger of serious harm, and without which the dangerous situations, behaviors or conditions would still be present, would emerge, or would in all likelihood immediately return.

1. **Intensive Home Based Family Preservation Services:** Short term, intensive, in-home intervention aimed at restoring family functioning to enable maximum impact of case planning. Program elements include small caseloads (6-10) per caseworker, caseworkers on-call 24 hours to enable intervention at peak crisis points, counseling and parent skill building services provided primarily in-home, 4-6 week intervention aimed at preparing families to be discharged and to avoid dependency and promote skill building.
2. **Emergency Shelter:** Arranging for placement of caretaker(s) and child(ren) in a public or privately run emergency shelter, due to factors such as homelessness, eviction or catastrophe and in the absence of any alternative supportive resources. Emergency shelter situations are intended to be a temporary, rather than a permanent solution to shelter needs.
3. **Domestic Violence Shelter:** Temporary, specialized shelter or other DV residential programs with services for survivors of domestic violence and their children.
4. **The Non-Offending Parent/Caretaker has been Moved to a Safe Environment with the Child(ren):** Arranging for a residential program for victims of domestic violence and their children. This may include domestic violence shelters, safe dwellings, or safe homes, which are usually undisclosed, secure locations that provide for the immediate and basic needs of victims of domestic violence. Services may include food, clothing, shelter, victim advocacy and information and referral.
5. **Authorization of Emergency Food/Cash/Goods:** Arranging for, referring or providing emergency food, clothing, furniture and other basic household items to those clients in need. Resources may include emergency food stamps, emergency authorization payment for clothing, furniture and/or other basic necessities, community-based food pantries and other religious or civic organizations assisting those in need.
6. **Judicial Intervention:** May include filing petitions for Neglect or Abuse (Article 10), PINS (Article 7), JD (Article 3), Orders of Protection, Termination of Parental Rights and related requests for court-ordered supervision and/or services.
7. **Order of Protection**
8. **Law Enforcement Involvement:** May include contacting local, county or state law enforcement agencies to report a crime and/or to seek law enforcement intervention.
9. **Emergency Medical Services:** Arranging for or referring to emergency medical and mental health services including, but not limited to, hospital emergency rooms, ambulance/EMT services, mobile mental health crisis units, walk-in health clinics, and suicide hotlines.
10. **Crisis Mental Health Services:** Arranging for or referring to emergency medical and mental health services including, but not limited to, hospital emergency rooms, ambulance/EMT services, mobile mental health crisis units, walk-in health clinics, and suicide hotlines.
11. **Emergency In-patient Mental Health Services:** Arranging for or referring to emergency medical and mental health services including, but not limited to, hospital emergency rooms, ambulance/EMT services, mobile mental health crisis units, walk-in health clinics, and suicide hotlines.

Safety and Risk Assessment Resource Guide

- 12. Immediate Supervision/Monitoring:** Includes in-home supervision and monitoring, including increased frequency and regularity (above the norm) of home visits and referring or arranging for the provision of immediately necessary in-home services, such as visiting nurse services, public health nurses, home health aides, homemaker services and supervised visitation.
- 13. Emergency Alcohol Abuse Services:** Referring or arranging for the provision of emergency alcohol services including, but not limited to, emergency in-patient medical treatment/detoxification, out-patient treatment for an alcohol overdose and/or placement in a substance abuse residential treatment facility.
- 14. Emergency Drug Abuse Services:** Referring or arranging for the provision of emergency drug abuse services including, but not limited to, emergency in-patient medical treatment/detoxification, out-patient treatment for a drug overdose and/or placement in a substance abuse residential treatment facility.
- 15. Correction or Removal of Hazardous/Unsafe Living Conditions:** Eliminating hazardous or unsafe living conditions which may involve contacting the local Health Department or local Fire Department for a home inspection and recommendations, client advocacy with landlords or public housing authorities and/or assistance in relocating the family.
- 16. Placement - Foster Care:** Protective removal and foster care placement of child(ren) assessed to be in immediate danger of serious harm or who may be a threat to others in the home and/or community.
- 17. Placement - Alternate Caregiver:** Protective or voluntary removal and placement of child(ren) with appropriate alternative caregivers. Alternate caregivers may include, but are not be limited to, non-custodial parents, relatives, friends, or neighbors. Alternate caregivers may petition for custody or guardianship of the child(ren).
- 18. Supervised Visitation:** If a child is in foster care, or other out-of-home placement, supervised visitation protects children from dangers presented by parent behavior.
- 19. Use of Family, Neighbors or Other Individuals in the Community as Safety Resources (Specification Required):** Consider immediate or extended family members, neighbors, co-workers, affiliated religious group members and other community contacts that can play a role in assuring the health and safety of child(ren). These voluntary safety resources may provide temporary child care, temporary shelter, transportation, donations of food, clothing, household goods, in-home monitoring and/or other forms of assistance to the family.
- 20. Alleged Perpetrator has left the Household Voluntarily and Current Caretaker will Appropriately Protect the Victim(s):** The alleged perpetrator has voluntarily left the home and the current caretaker(s) has agreed to protect the child(ren) from further harm and is cooperating with supervision and monitoring.
- 21. Alleged Perpetrator has left the Household in Response to Legal Action:** The alleged perpetrator has left the home as the result of law enforcement intervention and/or a court order to vacate the home, stay away from the child(ren) and/or refrain from committing a family or criminal offense against the children.
- 22. Follow-up to Verify Child(ren)'s Whereabouts/Gain Access to the Child(ren):** If Safety Decision #5 is selected the appropriate intervention is to follow up, with law enforcement, as necessary, to locate the child.
- 23. Other (Specification Required)**

Safety Assessment - Mister, Example - S:XXXXXXXXXX/C:XXXXXXXXXX

File Options Help

Date: 2/22/2008 Type: CPS 7 day

Safety Factors Safety Decision Pmt/Ctrk Actions/Safety Plan **Ctrl Interventions/Safety Plan**

Check all of the Interventions that have been implemented to control for the safety of the child(ren).

Check	Interventions
<input type="checkbox"/>	Intensive Home Based Family Preservation Services
<input type="checkbox"/>	Emergency Shelter
<input type="checkbox"/>	Domestic Violence Shelter
<input type="checkbox"/>	Non-offending Pmt/Ctrk has been Moved to a Safe Environment with the Child(ren)
<input type="checkbox"/>	Authorization of Emergency Food/Cash/Goods
<input type="checkbox"/>	Judicial Intervention
<input type="checkbox"/>	Order of Protection
<input type="checkbox"/>	Law Enforcement Involvement
<input type="checkbox"/>	Emergency Medical Services
<input type="checkbox"/>	Crisis Mental Health Services
<input type="checkbox"/>	Emergency Inpatient Mental Health Services

Describe how each selected controlling intervention is protecting the child(ren) from the identified danger. Describe who is responsible for taking and/or maintaining the specific actions and interventions and how the implementation of the safety plan will be monitored.

Spell Check

Complete? YES Lightbulb Save Save and Submit Cancel

Essentially, the Safety Plan is a written contract or agreement between the caseworker and the family which concretely describes individual roles and responsibilities in protecting the child(ren). It is best practice to engage the parent/caretakers in this process in a formal way. Caseworkers can generate "Safety Plan Outputs" from Connections to be printed and reviewed with parents/caretakers and encourage their signature, along with the caseworker's and others who may be appropriate to sign the plan. For example, a grandmother may sign the safety plan if she has a role in protecting the children.

Formally involving the family in this way is especially important when there are safety threats that will be managed so that the children can remain home. Well documented safety plans will inform the family, the caseworker, their supervisor and any other caseworker who might need to temporarily cover the case the protective actions or who is to do what in order to maintain the child's safety. The safety plan includes demographic information about the people who are a part of the related Connections Stage, the assigned workers, and most importantly, the information that was recorded on the two safety plan tabs that were previously reviewed.

When a Safety Plan is necessary, it becomes a part of each FASP, separate and distinct from the Service Plan which describes the risk reduction and/or "change supporting" outcomes and activities that will support reunification or the resolution of family problems that require Preventive Services. "A Safety Plan is not a set of educational, rehabilitative or supportive activities or services intended to reduce risk, address underlying conditions and contributing factors, or to bring about long-term and lasting change within a family."

Safety and Risk Assessment Resource Guide

CPS and NON CPS: Even though a case originates from CPS and there is a "Protective" Program Choice, the worker may have some Non-Protective Safety Issues/Concerns, and they must be controlled in addition to Safety Factors that are present.

Non-CPS: Conversely, a case may not originate from CPS, nor is there a "Protective" Program Choice, but the worker may have some concerns regarding Non-Protective CPS (i.e. voluntary cases or "walk-ins").

III. Definition of Safety Non-CPS (Non-Protective):

"The decision that one or more children, parents, caretakers, family members, or community members are *not* likely to be in immediate or impending danger of serious harm, or will *not* face a serious threat to their emotional, physical, or developmental well-being."

Although presenting non-cps safety issues do not result from parental actions or inactions causing abuse maltreatment, much of the thinking used in a protective safety assessment is also utilized in a non-protective safety assessment.

The Steps in making Non-Protective Safety Assessments are:

Step 1:

- Identify any "Non-Protective Safety Issues" and Concerns currently present.

Non-CPS Safety Issues:

- ⇒ Suicidal Youngster
- ⇒ Substance-Abusing Child
- ⇒ Violent Child
- ⇒ Gang Involvement
- ⇒ Criminal Activity
- ⇒ Unprotected or Promiscuous Sexual Activity
- ⇒ Family Crisis, such as a Fire or Other Catastrophe
- ⇒ Sudden Loss of Primary Caretaker Due to Death or Serious Illness
- ⇒ Appearance/Reappearance of a Dangerous Individual in the Household
- ⇒ Other

Step 2:

- **Determine how** the Non-Protective Safety Issues pose immediate or impending danger of serious harm for the child, family members and/or community. Assess for the presence of behaviors or conditions **that place someone** in immediate or impending danger of serious harm. The focus is expanded to include danger to the child, family, or community members arising from the child's own behavior that threatens immediate or impending danger to self or others. It also includes family and community conditions that threaten child emotional, physical or developmental well-being.

Step 3:

- Identify and describe any “**Key Protecting Factors**” that are being used to protect children, family and community members from Non-CPS Safety Issues. The term *key protecting factors* is used to identify the relevant strengths, attributes, circumstances and/or resources as well as actions taken by the family, community or DSS to promote safety of the child, family and/or community members.

Examples:

- A Parent recognizes a PINS child’s need for a high level of supervision and utilizes relatives, community and preventive agency resources to meet child’s need for constant adult supervision. **The protecting factors in this example are the parent’s recognition of the child’s needs and acting to meet those needs by utilizing family, community and DSS resources.**
- A Parent has a teenage daughter who has recently begun cutting herself, and has come home intoxicated on two occasions. The parent immediately takes the child to the hospital to be evaluated by medical professionals and immediately schedules an appointment for her daughter to be assessed by a substance abuse professional. She also enlists the aid of her large extended family to assist in providing supervision for her daughter whenever mother is unable to do so. **The protecting factors are the parent’s recognition of the child’s behavior that threatens the child’s safety as well as the mother’s utilization of her family and the community resources to secure her daughter’s safety by helping her address and control the danger.**
- A Family of five loses their home and all of their belongings in a house fire. The family is new to the area and has no relatives or friends who can take them in. The parents contact the local community, preventive agency for assistance in providing food, clothing and shelter for the family. **The protecting factors are the parent’s recognition of the family’s needs and that they took action by contacting DSS and requested community resources to secure the family’s safety and well being.**
- **Note:** This concept applies equally to the child’s own home, foster boarding home, kinship foster home or foster care facility, depending on where the child is living at the current time of the assessment. When applied to a foster care setting, the question focuses on safety of the foster care setting itself, *not* how well the placement protects the child from conditions in his/her home (Refer back to “**Protecting Factor,**” for **Examples in Out-of-Home Care**).

Step 4:

After identifying key protecting factors that promote non-cps safety, caseworkers must also identify any additional actions that are needed to protect the child, family, or community, and provide an immediate response to control the dangerous situation until non-protective safety concerns no longer exist.

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- **Example:** A child is expressing suicidal thoughts, but his parents are meeting his emotional needs and providing close supervision; however, the worker feels the child may not be safe without a risk to himself, his parents and/or his community. Some additional precautions are needed in the home (e.g., removing any weapons, controlling access to medications); without these restrictions and the parents' cooperation, the child would not be in a safe environment.

If safety issues are present, the worker describes the specific steps/interventions taken, including any legal activity. The worker clearly identifies who is responsible for implementing/maintaining any safety intervention(s), specifically what each person must do to ensure its effectiveness, and how these steps protect the children, caretakers, family members and/or community members from serious harm.

Possible safety responses or Non-CPS Interventions could be:

- a suicide prevention plan
- substance abuse treatment
- increased adult supervision
- employing the assistance of an alternative caretaker and/or foster care

Non-CPS and CPS: Finally, caseworkers must always consider caretaker's prior history of abuse/maltreatment, and continue to determine whether any presenting Non-CPS Safety Issues result from parental actions or inactions that could correspond to abuse or maltreatment.

- **Example:**

A youth who is using drugs and having unprotected sex as a result of long term sexual abuse by Stepfather.

Documenting Safety Assessments (Non-CPS/Protective)

The FSS/CWS has **two distinct formats** for Safety Assessments: **The Safety Assessment (CPS)**, which is similar to the Safety Assessment for investigations; and the **Safety Assessment (Non-Protective)**, which is a directed narrative format.

The Safety Assessment (Non-Protective) is a tool for documenting any current safety issues and concerns the worker has identified. To complete the Safety Assessment (Non-Protective) for a FASP, the worker describes the key protecting factors that support the present safety of the child(ren), family or community members.

The Safety Assessment (Non-Protective) can *only* be accessed from the FASP tree in the FSS/CWS. A **Safety** node is created on the FASP tree when there are no children in the case who have a Program Choice of "Protective." Clicking on the **Safety** node on the FASP tree is the only path to create or modify a Non-Protective Safety Assessment for the FASP. Only the Case Planner can complete a Safety Assessment (Non-Protective).

The Safety Assessment (Non-Protective) does not pre-populate with any data. The same format of the Safety Assessment continues unless "Protective" is added as a Program Choice. Each

Safety and Risk Assessment Resource Guide

time a new Safety Assessment (Non-Protective) is started, a worker is presented with a blank narrative. The worker records a narrative, identifying any current safety issues and concerns and describing the key protecting factors that support the present safety of the child, family and/or community members. The Safety Assessment (Non-Protective) for a FASP is not submitted separately for approval; it is approved as part of the overall FASP approval process.

Safety Assessment (Non-Protective) - Hill, Jean - S:22620181/C:21347478

File Help

Identify any current safety issues and concerns. Describe the key protecting factors that support the present safety of the child, family and/or community members.

100%

Save Close

Risk Assessment Process

Risk Assessment is a process of information gathering and analysis that examines the interrelatedness of risk elements affecting family functioning and that informs caseworkers and families of the level of risk to the children of future abuse or maltreatment. The purpose of Risk Assessment is to assist agencies to make decisions regarding the need to initiate or to continue services to families to prevent the occurrence or reoccurrence of abuse or maltreatment. Risk assessment helps agencies decide when cases can be closed. Applying knowledge of the level of risk to case closing decisions is an important function of the CPS Monitor role performed by the agencies. **The tasks in the process for assessing risk include:** gathering information, accurately determining the presence or absence of each discrete risk element, using the calculated risk rating, determining the need for services, and developing or modifying a service plan to lower the level of risk.. *The phrase "at Risk" is used to describe a variety of situations in which children are likely to be harmed as a result of abuse or maltreatment.*

Definition of Risk Protective:

"Risk" refers to the likelihood that a child(ren) will be abused/maltreated in the future.

Findings from research, case reviews and overall child welfare experience has assisted NYS in creating risk assessment protocols that help to predict the likelihood of future abuse or maltreatment. **The Risk Assessment Profile (RAP) and Strengths, Needs and Risk Scales** list risk elements that support the process of identifying and developing an understanding of risk related behaviors and conditions that are associated with family functioning. **The RAP is used in all protective cases**, and it is completed in Connections as part of the Investigation Stage as well as for every Family Service Stage FASPs for ongoing service cases with a protective program choice.. **The SNR Scales is used for protective and non protective cases** and is completed in Connections as part of every Family Service Stage FASPs for ongoing cases.

The Risk Assessment Profile (RAP):

The Risk Assessment Profile (RAP) is a **research based tool** that estimates the likelihood of the reoccurrence of child abuse or maltreatment within the next two years. **The purpose of the Risk Assessment Profile (RAP)** is to guide decision-making by having the Connections system calculate a risk score that is a valid predictor of the likelihood that a child will be abused or maltreated in the future. The RAP classifies cases into one of **four Risk Ratings: Low, Moderate, High, and Very High**. **The intent of the RAP** is to open cases to provide services to the highest risk families who need help and services in order to reduce their risk of subsequent abuse and maltreatment to children.

The RAP provides a framework for information gathering through use of **15 researched-based elements** and that have been statistically determined to influence the likelihood that a child will be abused or maltreated in the future. Each researched-based element has an assigned numerical weight based on the research findings. The RAP also consists of **8 Elevated Risk Elements** which are not numerically scored however they are very serious and have proven to be predictors of very high risk in NYS.

Safety and Risk Assessment Resource Guide

At the completion of the RAP, the risk rating is based on the risk score that is automatically calculated in the electronic case recording system. A **Preliminary and Final Risk Rating** is based on the identified presence or absence of risk elements and specific protective strengths in the family.

Risk Assessment Profile (Investigative/FSS Initial FASP Format):

The **15 RAP Risk Elements** (questions) that are completed during the Investigation Stage and the Initial FASP in the Family Service Stage appear and are formatted in Connections as follows:

RISK ASSESSMENT PROFILE (RAP) – 15 Risk Elements

CONNECTIONS CASE # :		Intake Date:	
Case Name (Last, First):		Local Services Case #:	
Primary Caretaker	First Name:		Last Name:
Secondary Caretaker	First Name:		Last Name:

Elements (Questions)	Current Responses	Comments				
1. Total prior reports for adults and children in RAP family unit:	<input type="checkbox"/> A. No prior determined reports <input type="checkbox"/> B. Prior unfounded reports only <input type="checkbox"/> C. One to two prior indicated reports <input type="checkbox"/> D. Three to four prior indicated reports <input type="checkbox"/> E. Five or more prior indicated reports					
2. Any child in the RAP family unit was in the care or custody of any substitute caregivers (informally or formally) at any time prior to the current report date.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
3. Child under one year old in RAP family unit at time of the current report, and/or new infant since report.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
4. Current or recent history of housing with serious health or safety hazards; extreme overcrowding; unstable housing; or no housing.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
5. Financial resources are mismanaged or limited to the degree that one or more basic family needs are intermittently or chronically unmet.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
6. Caretaker has, and utilizes, reliable and constructive support and assistance from extended family, friends, or neighbors.	<table border="1"> <tr> <td>Primary Caretaker</td> <td>Secondary Caretaker</td> </tr> <tr> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>	Primary Caretaker	Secondary Caretaker	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Caretaker	Secondary Caretaker					
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
7. Caretaker has been a victim or perpetrator of	<table border="1"> <tr> <td>Primary Caretaker</td> <td>Secondary Caretaker</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Primary Caretaker	Secondary Caretaker			
Primary Caretaker	Secondary Caretaker					

Safety and Risk Assessment Resource Guide

abusive or threatening incidents with partners or other adults in family/neighborhood.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Caretaker's alcohol use has had negative effects on child care, family relationships, jobs, or arrests, within the past two years.	Primary Caretaker <input type="checkbox"/> Yes <input type="checkbox"/> No	Secondary Caretaker <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Caretaker's drug use has had negative effects on child care, family relationships, jobs, or arrests, within the past two years.	Primary Caretaker <input type="checkbox"/> Yes <input type="checkbox"/> No	Secondary Caretaker <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Caretaker's behavior suggests a mental health problem exists and/or caretaker has a diagnosed mental illness.	Primary Caretaker <input type="checkbox"/> Yes <input type="checkbox"/> No	Secondary Caretaker <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Caretaker(s) has very limited cognitive skills:	Primary Caretaker <input type="checkbox"/> Yes <input type="checkbox"/> No	Secondary Caretaker <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Caretaker(s) has a debilitating physical illness or physical disability:	Primary Caretaker <input type="checkbox"/> Yes <input type="checkbox"/> No	Secondary Caretaker <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Caretaker demonstrates developmentally appropriate expectations of all children.	Primary Caretaker <input type="checkbox"/> Yes <input type="checkbox"/> No	Secondary Caretaker <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Caretaker attends to needs of <u>all</u> children and prioritizes the children's needs above his/her own needs or desires.	Primary Caretaker <input type="checkbox"/> Yes <input type="checkbox"/> No	Secondary Caretaker <input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Caretaker understands the seriousness of current or potential harm to the children, and is willing to address any areas of concern.	Primary Caretaker <input type="checkbox"/> Yes <input type="checkbox"/> No	Secondary Caretaker <input type="checkbox"/> Yes <input type="checkbox"/> No	

Scoring of 15 Risk Elements

Each of the 15 RAP Risk Elements carries an associated point value. Based on the responses, Connections internally calculates the point values and generates an automatic **Preliminary Risk Score**. If the response to any Risk Element is changed, the Preliminary Risk Score recalculates automatically. The value of the Preliminary Risk Rating is determined by the range into which the Preliminary Risk Score falls. Note: The RAP does not replace worker judgment. For example, there may be valid reasons for opening a case for services for families with low or moderate risk.

Preliminary Risk Score

2 or Lower
 3 to 6
 7 to 9
 10 or Above

Preliminary Risk Rating

Low Risk
 Moderate Risk
 High Risk
 Very High Risk

Safety and Risk Assessment Resource Guide
Explanation of RAP Concepts:

RAP Family Unit:

- **All persons listed in the case**, including, but not limited to all persons residing in the child(ren)'s home at the time of the report
- **Any person** who has child care responsibility or frequent contact with the child(ren) and **assumes a caretaker role**
- Any **child(ren)** who is in **foster care** or alternative placement with a permanency planning goal of **"return home"**
- Any **child(ren)** who has **run away** or is temporarily in another living situation, but who is **expected to return home**

Primary Caretaker:

- An adult who is **legally responsible** and **resides with the child(ren)**) (there can only be one primary caretaker!)
- When there are **one or more** (potential candidates), the **birth mother** is **presumed to be the PC**
- If the **mother does not reside** in the household, the PC is the **adult who resides** in the home with the child(ren) and **assumes primary responsibility for their care**

Secondary Caretaker:

- **There does not have to be a SC**
- The SC is an **adult** who **lives** in the child(ren)'s **home** or assumes **some responsibility** for the care of the child(ren)
- An **adult** who does **not reside** in the child(ren)'s home, but **cares** for the child(ren) on a **regular basis**.
- If there are **two (2) or more potential candidates**, the **SC listed as a subject** in the report should be identified
- In all other situations, select SC that **assumes** the **most responsibility** for the care of the child(ren), (other than the PC), either **within or outside** of the child(ren)'s home

Primary Household:

- PH refers to the **residence where the children reside** with the PC
- **It is usually the case address**

Risk Profile Element Definitions/Explanations:

1. Total Prior Reports for Adults and Children in the RAP Family Unit.

- No prior determined reports
- Prior unfounded reports only
- One to two prior indicated reports
- Three to four prior indicated reports
- Five or more prior indicated reports

Count the number of prior indicated reports in which an adult in the RAP Family Unit was a confirmed subject (regardless of report type) or a child in the RAP Family Unit was a confirmed victim of abuse or maltreatment in a familial report type. Prior indicated reports where an adult in the RAP Family Unit was a subject should be included, regardless of whether the children who were abused or maltreated in the prior report are members of the current RAP Family Unit. Similarly, prior indicated reports where a child in the RAP Family Unit was abused or maltreated by an adult who is not part of the current RAP Family Unit should be counted. Do not consider prior reports in which the subject of the current report or another adult in the current RAP Family Unit was a victim of abuse or maltreatment as a child. Include prior reports that occurred in other states if credible information exists that an adult in the RAP Family Unit was a confirmed perpetrator of abuse or maltreatment or a child was a confirmed victim of abuse or maltreatment.

If only prior Unfounded Reports are included in the Uniform Case Record, verify if any member of the RAP family unit was an alleged subject or an alleged maltreated child. If "Yes," check "prior unfounded reports only." Do not count reports where all of the RAP family unit members had "no role."

If this is the first report, check "no prior determined reports."

2. Any child in the RAP family unit was in the care or custody of any substitute caregivers (informally or formally) at any time prior to the current report date.

Indicate whether any child in the RAP family unit previously resided or currently resides with a substitute caregiver or foster parent. Check "Yes" if any child resided with a substitute caregiver and away from his/her biological parent, either informally or formally, for a significant period of time. The placement does not need to have been because of child protective concerns, and could have been an informal family arrangement for one of many reasons.

3. Child under one year old in RAP family unit at time of the current report, and/or new infant since report.

Indicate whether there are any children under age 1 residing in the home, or who are in foster care with a permanency planning goal of return home, or who are temporarily in another living situation, such as living with a relative or in a hospital, but are expected to return home.

4. Current or recent history of housing with serious health or safety hazards; extreme overcrowding; unstable housing; or no housing.

- Hazardous condition(s) that is dangerous to child(ren) exists.
- Hazardous condition(s) has been on-going and the condition(s) is likely to reoccur.
- Temporary shelter that requires frequent relocation is not adequate, stable housing.

Evidence of inadequate or hazardous housing may include, but is not limited to:

- ← serious overcrowding
- ← furnishings that are seriously inadequate to meet the needs of the family
- ← inadequate heat, plumbing, electricity, or water
- ← lack or inoperability of essential kitchen appliances or bathroom facilities

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- ← multiple, serious health hazards such as rodent or vermin infestation; garbage and junk piled up; perishable food found spoiled; evidence of human or animal waste; and walls, floors, doors, and furnishings thick with dirt and debris
- ← multiple, serious safety hazards such as leaking gas from stove or heating unit; dangerous substances or objects stored in unlocked lower shelves or cabinet, under sink, or out in the open; peeling lead-based paint; hot water or steam leaks from radiator; broken or missing windows; and no guards on open windows

In some cases, one or two isolated hazardous conditions will be corrected prior to the determination of the report, such as restoring heat or installing window bars.

In these cases, the answer to this item would be "No." However, if the hazardous situation has been an ongoing concern, such as a filthy house with multiple hazards, and based on past experience the condition is likely to reoccur even if it has been cleaned up by the time of the determination, the answer to this item would be "Yes."

5. Financial resources are mismanaged or limited to the degree that one or more basic family needs are intermittently or chronically unmet.

- Financial resources that include public assistance, food stamps, and SSI should be sufficient to meet the family's basic needs, but are not, due to the mismanagement or inappropriate use of funds.
- A pattern of financial instability reflecting a shifting from financial crisis to relative financial stability is experienced by the caretaker.

If the family does not have enough financial resources to meet the basic needs of the family for shelter, food, clothing, and health, check "Yes." Benefits such as public assistance, SSI, food stamps, public housing or housing vouchers, HEAP, etc. should be considered as financial resources that help meet the family's basic needs.

Also, if the financial resources should be sufficient to meet the family's basic needs, but are not sufficient due to mismanagement or inappropriate use of funds, check "Yes."

6. Caretaker has, and utilizes, reliable and constructive support and assistance from extended family, friends, or neighbors.

- Reliable, constructive support and assistance that is available to the caretaker is not being used.

Indicate whether the RAP family unit has reliable and useful social support from informal sources, such as extended family, friends, or neighbors. Reliable and useful social support is present when the adult caretaker(s) has a network of relatives, friends, or neighbors that they can freely call upon for assistance in any area where the family may need help, such as child care, transportation, emergency financial or housing help, and emotional support. In addition, the informal social support network is nearby and readily available when needed.

7. Caretaker has been a victim or perpetrator of abusive or threatening incidents with partners or other adults in family/neighborhood.

- Caretaker has violent or threatening relationships with partners, other adults in the extended family, any other adults, including neighbors business or gang associates that may involve volatile arguments, physical fighting, threats with weapons and domestic violence.
- Caretaker engages in threats, harassment, frequent fighting with another adult.
- The police have been called to the home for domestic disturbances between the caretaker and another adult.

Domestic violence is defined as a pattern of coercive tactics that can include physical, psychological, sexual, economic, or emotional abuse perpetrated by one adult against another adult. Examples of domestic violence include: grabbing, pushing, hitting, punching, kicking, choking, biting, and restraining; attacking with weapons; threats to harm the partner or the children; stalking and harassment; intimidation; forced sex; berating and belittling; denying access to family assets; etc. This includes:

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- ← a caretaker who is a victim or perpetrator of domestic violence involving a partner, former partner, or other adult; OR
- ← a caretaker who continues to maintain any type of relationship with an abusive/abused adult and domestic violence remains a threat (the presumption should be that domestic violence remains a threat); OR
- ← an order of protection is in effect against the abusive adult; OR
- ← a caretaker who is involved in serious conflicts (volatile arguments or physical fighting) with other adults within or outside the RAP Family Unit.

8. Caretaker's alcohol use has had negative effects on child care, family relationships, jobs, or arrests, within the past two years.

- Caretaker is currently participating in an alcohol treatment program.
- ← Alcohol abuse means regular or periodic abuse of alcohol, with the risk of not meeting responsibilities or having adverse effects on daily living (e.g., danger of losing job, financial problems, partner threatening to leave, child care undermined, criminal justice system involvement).
- ← Check "No" if the caretaker had an alcohol abuse problem in the past but has completed treatment and remained alcohol-free for at least two years.
- ← If the caretaker is currently participating in an alcohol treatment program, check "Yes."
- ← If the caretaker is participating in a nonprofessional support group, such as Alcoholics Anonymous (AA), without any other evidence of continuing alcohol use within the last two years, do not consider this, by itself, as a current alcohol abuse problem.
- ← If the caretaker was in treatment more than two years ago but there is evidence that the person has resumed using alcohol, consider this as a current alcohol abuse problem.

9. Caretaker's drug use has had negative effects on child care, family relationships, jobs, or arrests, within the past two years.

- Caretaker's drug use has had adverse effects on any facet of relationships or responsibilities such as danger of job loss, financial problems, a partner's threat to leave, child care issues, and criminal justice system involvement.
- ← Drug abuse means regular or periodic abuse of one or more drugs, with the risk of not meeting responsibilities or having adverse effects on daily living (e.g., danger of losing job, financial problems, partner threatening to leave, child care undermined, criminal justice system involvement).
- ← Check "No" if the caretaker had a drug abuse problem in the past but has completed treatment and remained substance-free for at least two years.
- ← If the caretaker is currently participating in a drug abuse treatment program, check "Yes."
- ← If the caretaker is participating in a nonprofessional support group, such as Narcotics Anonymous (NA), without any other evidence of continuing drug abuse, do not consider this, by itself, as a current drug problem.
- ← If the caretaker was in treatment more than two years ago but there is evidence that the person has resumed using drugs, consider this as a current drug abuse problem.

10. Caretaker's behavior suggests a mental health problem exists and/or caretaker has a diagnosed mental illness.

- Caretaker has been assessed by a mental health professional to have a diagnosed mental health illness and is appropriately dealing with his or her mental illness by attending mental health treatment sessions or taking prescribed medication.

The caretaker should be considered as having a mental health problem if he or she:
exhibits symptoms, such as bizarre behavior or delusions, of an undiagnosed mental illness; OR
has recent repeated referrals for mental health evaluation or treatment; OR
takes a prescribed medication for an ongoing or recurring mental health problem; OR

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is currently experiencing depression of an ongoing or recurring nature, or suicidal behavior; OR has a current diagnosed mental illness; OR has attempted suicide in the past.

11. Caretaker has Very Limited Cognitive Skills.

- Caretaker's judgment and reasoning skills are limited to the extent that it negatively impacts his/her ability to care for the child(ren).

Very limited cognitive skills could include mental retardation, brain injury, or some type of cognitive disability that limits the caretaker's ability in major life activities, such as child care, capacity to form positive relationships with others, self-care, self-direction, receptive and expressive language, learning, capacity for independent living, and economic self-sufficiency.

12. Caretaker has a Debilitating Illness or Physical Disability.

- Caretaker's physical illness or physical disability is negatively impacting his/her ability to care for the child(ren).

Indicate whether the caretaker has a serious physical disability or debilitating illness that limits her/his ability to perform any major life activities, such as child care, capacity to form positive relationships with family members or others, self-care, self-direction, receptive and expressive language, learning, mobility, capacity for independent activities, and economic self-sufficiency.

13. Caretaker demonstrates developmentally appropriate expectations of all children.

- Caretaker has knowledge of age-appropriate behaviors and has realistic expectations for all children.

"Realistic expectations" is defined as having an understanding of age-appropriate behavior and setting consistent, realistic standards and safe and reasonable limits with appropriate consequences. In addition, the caretaker provides the child with options, encourages and helps the child with tasks when needed, and adapts parenting practices to the needs of the child and circumstances. Check "Yes" only if the caretaker has realistic expectations of all the children.

14. Caretaker attends to needs of all children and prioritizes the children's needs above his/her own needs or desires.

- Caretaker has shown a capability in meeting basic and individual needs of all children.
- Caretaker is effective in attempts to meet the needs of all children despite difficult circumstances.

Indicate whether the caretaker has a history of recognizing and attending to the daily needs of all the children. This strength would be present if the caretaker has demonstrated competence in meeting the basic and unique needs of all the children; is resourceful in making attempts to meet children's needs despite adverse circumstances; and has demonstrated the ability to prioritize children's needs above the caretaker's.

15. Caretaker understands the seriousness of current or potential harm to the children, and is willing to address any areas of concern.

- Caretaker's attitudes, behaviors, and patterns of behaviors are linked to the likelihood of future abuse maltreatment.
- Caretaker minimizes the harm posed to the child(ren) by their actions and/or inactions and is unwilling to do anything about it.

This element refers to whether the caretaker shares the caseworker's assessment of the seriousness of the child abuse/maltreatment situation. If the caretaker views the situation as less serious than the caseworker does, check "No." If both the caseworker and the caretaker view the situation as not serious (e.g., a patently false report) or both see the situation as serious, check "Yes."

Eight (8) Elevated Risk Elements & O & A Blocks for Service Planning

In addition to the 15 RAP Risk Elements, the **RAP** requires the completion of **(8) Elevated Risk Elements** (questions). The presence of any of these Elevated Risk Elements indicates a heightened risk of **“serious” child abuse/maltreatment in the future.**

If the answer is **“Yes”** to any of the 8 Elevated Risk Elements, the box titled **“Create O&A Block”** is checked.

Elevated Risk Elements	Response	Create O&A Block
Death of a child as a result of abuse or maltreatment by caretaker(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Caretaker(s) has a previous TPR	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Siblings removed from the home prior to current report and remain with foster parents/substitute parents/caretakers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Repeated incidents of sexual abuse or severe physical abuse by caretaker(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>
Sexual abuse of a child and perpetrator is likely to have current access to child	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Physical injury to a child under one year old within the last 6 months as a result of abuse or maltreatment by caretaker(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Serious physical injury to a child requiring hospitalization/emergency care within the last 6 months as a result of abuse or maltreatment by caretaker(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Newborn child has a positive toxicology for alcohol or drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

FINAL RISK RATING: Very High

After the eight (8) Elevated Risk Elements are answered, the **Final Risk Score** and **Final Risk Rating** are automatically calculated in Connections.

Responding **“Yes”** to any of the 8 Elevated Risk Elements will automatically raise the Final Risk Rating to **“Very High.”**

If **“Yes”** is not a response for any of the Elevated Risk Elements, the Final Risk Rating will be the same as the Preliminary Risk Rating.

Explanation and Guidelines of the Eight (8) Elevated Risk Elements (RAP)

The following are the **8** Risk Assessment Profile (RAP) **Elevated Risk Elements** (questions) and explanations (definitions), which are completed in the Investigation Stage RAP and updated in the RAP that is part of the Initial FASP:

1) Death of a child as a result of abuse or maltreatment by caretaker(s)

Applies to a confirmed fatality of a child as a result of abuse or maltreatment by the identified Primary Caretaker or Secondary Caretaker. The death of the child could have occurred at any time prior to the completion of the RAP and in any jurisdiction within or outside New York State.

2) Caretaker(s) has a previous TPR

The identified Primary Caretaker or Secondary Caretaker must have had an adjudication of termination of their parental rights at any time prior to the completion of the RAP. The termination of parental rights (TPR) indicates that a proceeding in family court has occurred and has been ruled upon for the commitment of the guardianship and custody of a child. The TPR may be based upon grounds that the child is a "permanently neglected child," "severely abused child" or a "repeatedly abused child."

The Filing of a TPR with **no adjudication** to date does not apply.

Parental surrenders are not to be considered as circumstances applying to this Elevated Risk Element. Parental surrenders are not a legal indication of a family court finding of permanent neglect, and therefore do not apply in this circumstance.

3) Siblings removed from the home prior to current report, due to abuse or neglect and remain with substitute caregivers or foster parents

Applies to situations or circumstances which result in the removal of a child (or children) from the home, due to alleged or confirmed abuse or maltreatment, and the child(ren) is placed with substitute caretakers or foster parents. This includes removals by law enforcement or any authorized person or entity acting in the best interests of the child(ren).

4) Repeated incidents of sexual abuse or severe physical abuse by caretaker(s)

Applies to confirmed reports in which the Primary Caretaker and/or Secondary Caretaker has *repeatedly* sexually abused or *severely* physically abused one or more children in his/her care or has allowed repeated sexual abuse or severe physical abuse of said child(ren) to occur.

Although a single act of sexual abuse is a serious and grievous assault upon a child, the existence of *repeated* sexual abuse implies an inability on the part of the Primary Caretaker and/or Secondary Caretaker to protect the child(ren) and therefore implies an increased risk of future harm.

Severe physical abuse implies, but is not limited to, a substantial risk of serious and/or protracted physical injury. Examples of severe physical abuse that results in serious physical injury may include, but are not limited to, the infliction of internal injuries, fractures, blunt trauma, shaking, choking, burns/scalding, severe lacerations, hematoma or extensive bruising.

5) Sexual abuse of a child and perpetrator is likely to have current access to child

Applies to situations in which a child (or children) has been sexually abused and the confirmed perpetrator (adult or child) continues to have current access to and/or contact with the child. This situation implies an inability on the part of the Primary Caretaker and/or Secondary Caretaker to protect the child(ren) from the risk of future sexual abuse. This also applies to situations in which the Primary Caretaker and/or the Secondary Caretaker is the perpetrator and resides with, or continues to have access to, the child.

6) Physical injury to a child under one year old as a result of abuse or maltreatment by caretaker(s)

Applies only to a child (or children) younger than one year old. The young age and inherent vulnerability of the child, coupled with the recent physical injury to the child due to abuse or maltreatment, implies an increased risk of future harm.

7) Serious physical injury to a child requiring hospitalization/emergency care within the last 6 months as a result of abuse or maltreatment by caretaker(s)

Applies to situations in which the child(ren) sustained serious physical injury that requires hospitalization, or emergency care provided by any of the following: emergency room, urgent care facility, doctor's office or emergency medical technicians. The physical injury must have occurred within the last six months.

Examples of serious physical injury may include, but are not limited to, internal injuries, blunt force trauma, whiplash/Shaken Infant Syndrome, head injury, serious injury to or loss of limb(s), fractures (including spiral and compound), burns/scalding, eye injuries and severe lacerations.

Malnutrition, Failure to Thrive (FTT) and other serious or life-threatening medical diagnoses directly related to confirmed child abuse or maltreatment may also be included under this Elevated Risk Element.

8) Newborn child has positive toxicology for alcohol or drugs

Applies to situations in which a (newborn younger than 6 months old) who is currently part of the RAP family unit:

- Tested positive for alcohol or drugs in his/her bloodstream or urine; and/or
- Was born dependent on drugs or with drug withdrawal symptoms, fetal alcohol effect or Fetal Alcohol Syndrome

The young age and inherent vulnerability of the newborn child, coupled with any of the circumstances above, implies an increased risk of future harm to the child.

Risk Assessment Profile (FSS-Comprehensive/Reassessment FASPs Format)

Ongoing assessments of Risk for cases with a Protective Program Choice require the completion of the RAP as part of the Comprehensive, Reassessment and Subsequent FASPs.

There are only **5 RAP Family Functioning Risk Elements** and **5 RAP Elevated Risk Elements** in the Comprehensive/Reassessment format which is different from the 15 Risk Elements and 8 Elevated Risk Elements in the Investigative/Initial FASP format. This change in format takes place because the risk elements related to family functioning continues to be assessed through the expansion of the Strengths, Needs, and Risk Scales in the Comprehensive and Reassessment FASPs (refer to SNR Scales).

The **5 RAP Risk Elements in the Comprehensive and Reassessment FASPs** are listed as follows:

1. Indicated report(s) since the last assessment and service plan
2. Child(ren) in RAP family unit is currently or was previously in the care or custody of substitute caregivers or foster parents
3. Child(ren) under one year old in RAP family unit
4. Caretaker(s) views the abuse/maltreatment situation as seriously as the caseworker
5. Caretaker's Progress with Plan:
 - a. Awaiting initiation of services, compliant with referrals
 - b. Participating in services and actively pursuing case plan objectives, or has successfully completed all services recommended
 - c. Participating in services but not actively pursuing case plan objectives, or refused or dropped out of services

The **5 RAP Elevated Risk Elements in the Comprehensive and Reassessment FASPs** are listed as follows:

1. Death of a child as a result of abuse or maltreatment by caretaker(s) (The response to this Elevated Risk Element carries forward from the previous RAP)
2. Parental rights terminated for one or more children within the last year
3. Sexual abuse of a child by caretaker(s) since the last assessment/reassessment
4. Serious physical abuse of a child by caretaker(s) since the last assessment/reassessment
5. A new infant was born with positive toxicology for alcohol or drugs since the last assessment/reassessment

The RAP in the Comprehensive and Reassessment FASPs is **only** available if the Program Choice of "Protective" is selected for any child in that stage. The combination of these elements serves to assess the risk of future abuse or maltreatment and helps in determining if the case should remain open.

Assessing Risk in Non Protective Cases:

Definition of Risk Non-Protective:

The likelihood that a *child welfare outcome will not be achieved.

Examples of Non-CPS Risk Include:

- a youth with a goal of independent living may be at risk of not consistently demonstrating self-sufficiency and end up harming self or others;
- an adoption could be disrupted due to the actions or feelings of the individuals involved
- a child in care could be at risk of not achieving normal developmental milestones
- Also includes: suicidal youngsters, substance-abusing youth, gang involvement, violent children, and criminal activity.

The Non-Protective RAP includes the (11) Risk Elements:

(3) Family Functioning:

1. Inadequate housing with serious health or safety hazards, or extreme overcrowding, or no housing.
2. Financial resources are severely limited or mismanaged to the degree basic family needs are chronically unmet.
3. Caretaker(s) primary household has reliable and useful social support, from extended family, friends or neighbors.

(8) Parent Caretaker:

4. Caretaker is a perpetrator of, or a victim of, domestic violence; or has serious conflicts with other adults.
5. Caretaker(s) with alcohol abuse problem within the past two years with risk of not meeting responsibilities.
6. Caretaker(s) with drug abuse problem within the past two years with risk of not meeting responsibilities.
7. Caretaker(s) has a serious mental health problem.
8. Caretaker(s) has very limited cognitive skills.
9. Caretaker(s) has debilitating physical illness or physical disability.
10. Caretaker(s) has and applies realistic expectations of all the children.
11. Caretaker(s) always or usually recognizes and attends to needs of all children.

**** Child Welfare Outcomes: 1.) children are safe, 2.) families are strengthened, 3.) children and adolescents have permanency, 4.) children and adolescents' developmental needs are met.***

Continuing to Assess Risk using Strengths, Needs and Risk Scales

While the identification of **Risk Elements** and **Elevated Risk Elements** in the **Risk Assessment Profile (RAP)**, help to predict the level of risk and/or “the likelihood that a child may be abused or maltreated in the future,” by themselves, they do not provide a full understanding of how variables (underlying conditions and contributing factors) interact to sustain behaviors and/or conditions that create risk.

- **Underlying Conditions**: perceptions, beliefs, values, emotions, self concepts, experiences, family systems, capabilities, culture
- **Contributing Factors**: (domestic violence, alcohol, substance abuse, mental illness, physical impairment, environment, culture, religion and sexual orientation)

It is important to further assess a family’s strengths and needs in order to make a comprehensive assessment of risk and develop service plans that consist of risk reduction services that address long term changes in caretaker behaviors or the conditions that produce risk.

The **Strengths, Needs and Risk Scales (SNR Scales)** as part of the Initial, Comprehensive and Reassessment FASPs are used to assess the family’s strengths and needs through risk elements related to a variety of domains. The number of scales for **Family, Parent/Caretaker and Child Functioning**” in each FASPs are as follows:

15 SNR Scales in the Initial FASP:

- 8 Parent/Caretaker elements
- 7 Child Functioning elements
- There **are no family functioning scales** in the Initial FASP because key family elements are captured in the first 5 risk elements in the Investigative/Initial RAP.

36 SNR Scales in the Comprehensive and Reassessment FASPs:

- 5 Family Functioning elements
- 18 Parent/Caretaker elements
- 13 Child Functioning elements
- The Comprehensive and Reassessment FASPs Strengths, Needs, and Risk scales provide the worker an opportunity to do a more thorough assessment of the **contributing factors**, **underlying conditions**, and the **family’s readiness for change**.

By completing the Family, Parent/Caretaker and Child Scales, workers document an assessment of overall individual and family functioning. This component of the FASP should be completed in partnership with the family during each FASP cycle. The Family, Parent/Caretaker, and Child scales are part of the ongoing assessment of current individual and family functioning, identified strengths, progress made and areas that require continued services and strengthening. Individual Child scales are completed by the worker who is associated to that specific child.

When a case that originated with CPS, progresses to an open services case, and it has been given a **“Protective Program Choice”**, the Comprehensive FASP, the Reassessment FASP and all subsequent Reassessment FASPs require the assessment of risk to be documented and completed as part of a full assessment of the family’s functioning and needs. The scales are used to document individualized assessments that reflect identification of the strengths, needs and risk of the entire family and all its members.

Questions for Assessment of Strengths, Needs and Risk:

Below are a series of questions to support your assessment of risk with the families and children you serve. Expecting parents to answer such questions assumes that the following criteria have been satisfied:

- ← Service providers and parents have established a level of trust sufficient for the parents to disclose the information sought by the question.
- ← The questions are posed in a nonthreatening manner and/or are perceived as nonthreatening by the parent.
- ← Parent is capable—intellectually and emotionally—to answer the questions.

Generally, people answer the questions of others when they perceive benefit from so doing. Establishing the basis of the interview(s) in a way that incorporates parent needs and perspective is vital to gaining/discovering the desired information.

The questions in this handout can be used to gather information relative to the assessment elements contained in the Risk Assessment Profile (RAP), and the Assessment of Strengths, Needs, and Risk. The questions are organized by strengths, needs, and risk assessment scales and ordered (where feasible) from lesser to greater degrees of potential threat to the parent. If parents do not answer questions at the beginning of each scale, they are conveying that one or more of the above criteria is not satisfied. Also, the scales vary in level of potential threat to the parent. Structuring the interview to anticipate this is wise.

Questions contained in this handout should not be viewed as being asked to a “blank screen,” where the interviewee is seen uniformly capable and willing to objectively and openly answer any and all questions. The implications of this are that the questions must always be balanced by good listening skills and rapport-building behaviors. An area especially important to monitor is the immediate effect of the question on the parent. Reflecting feelings and needs and supporting the parent during this process is crucial.

Besides the information gained from the parent's verbal response to these questions, the interviewer gets nonverbal information—often equally, if not more, important. This level of response reveals mood, intellectual ability, concentration, motivation, trust, and attitude, all of which should be factored into the current and future interview(s).

Since predicting exact parent response to questions is generally impossible, rephrasing or creating follow-up questions is essential. Also, when the parent reveals more information than might be expected by a particular question, continuing to introduce other questions from the handout may not be necessary.

Note: The items marked with an asterisk (*) are elements which contribute to the calculation of a risk score in protective cases.

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Family Functioning:

***Support System**

- ← Tell me about your relationships with people outside of your immediate family – relatives, friends, neighbors, acquaintances? Whom do you see or have regular contact with? How close or far away do they live?
- ← Do these people give you support (emotional, financial), help, or advice when you ask for it? How often do you ask? How often do they give it?
- ← Do you have a telephone? Does not having a telephone cause you problems? Please explain.
- ← What kind of activities or groups are you involved in outside your home? How often? How regularly? How often do you go to someone else's home or have someone else over to your home?
- ← How does it feel when you need to ask someone for help?
- ← How do you think others feel when you ask for help from them?

***Financial Resource Management/Basic Needs**

- ← Have you ever been evicted from where you were living? What led to the eviction? Have you ever been homeless? When? What did you do?
- ← Describe your sources of income?
- ← Have you ever had to rely upon a food pantry? Describe the circumstances.
- ← What utilities (gas, electric, water, cable, etc.) are you currently using. How are they paid?

Stability of Housing:

- ← How long have you lived at your current address?
- ← How often have you moved in the past two years?
- ← Is the title for the house, or the lease on the apartment in your name? If not, what is your relationship to the person who is responsible for the residence?
- ← Is there anything going on now that could result in you having to move in the near future?

***Living Conditions**

- ← How do you feel about your home? What is your home lacking that you wish it had?
- ← How do others in the family view the conditions of the home?
- ← Do your children share their bedrooms with anyone? Please explain? Are there doors on any rooms so you and other family members can have privacy when getting dressed or using the bathroom?
- ← Is there anything in your home that makes it really uncomfortable, unsafe, or unsanitary (e.g., problems with water, heat, gas, electricity, plumbing, peeling paint, broken windows, food storage, dangerous substances, bugs or mice)? Is your neighborhood safe? Can your children play safely outside?

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- ← Do you know how to make home repairs or does your landlord make repairs when you ask? Do you ask?
- ← Have you ever had a fire in your home? Describe.
- ← On a scale of 1-10 with one being “not important at all,” and 10 being “the most important thing to my family,” how would you rate your feelings about the condition of your home?

Neighborhood Environment

- ← Where do you live?
- ← How long have you lived there?
- ← Is your home close to public transportation? Shopping? If not, tell me how you manage.
- ← What kind of community services have you used? Are they easy to use and get to? Do you know what community services are available if you need to use them?
- ← Do you feel safe in your neighborhood? Do you feel that your children are safe there?
- ← On a scale of 1-10, with one being “I need to get out of here,” and 10 being “I would never leave the neighborhood,” how would you rate your neighborhood?
- ← How do others in the family view the neighborhood?

Parent/Caretaker Functioning

- ← Current Age of Parent/Caretaker
- ← How prepared were you to become a parent?
- ← What does your mother/father think about your parenting ability?
- ← Is being a parent easier or harder than you expected? On a scale of 1-10, with one being “impossible” and ten being “piece of cake” how would you rate your experience as a parent?
- ← At what age did your parents first become parents?
- ← Was your pregnancy planned? What led to your decision to have a child?

Caretaker Abused/Neglected as a Child

- ← How would you describe your childhood?
- ← Please share with me your best memories as a child? Your worst memories?
- ← How did you spend time with your family?
- ← Describe how your father treated you. Describe how your mother treated you.
- ← How would your parents describe you?
- ← Explain what your parents/caretakers did that showed they loved you.
- ← Did your parents approve of most of the things you said you did? How did they show their approval?
- ← Did your parents ever disapprove of things you said or did? How did they show their disapproval?

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- ← Share with me the worst thing you ever did that your parents found out about. How did they react to what you did?
- ← What was the usual method of discipline your parents used? Was it the same for all the children?
- ← Did your mother/father ever hit you? How often? For doing what? What were you hit with (open hand, fist, belt, paddle, etc.)? How badly were you hurt?
- ← How else did your parents punish you?
- ← Can you give me some examples of things you do as a parent that are the same as what your parents did? Can you give me some examples of things you do differently?
- ← How do you think the way you were brought up affects your parenting?

***Physical Health**

- ← How's your health? Please explain.
- ← Are you under a doctor's care?
- ← Does your medical condition require medication?
- ← Does the medication/treatment affect you negatively? Please explain.
- ← Describe anything that has been hard for you to do for your child since you've been ill.
- ← What are you still able to do for your child that he/she needs or wants from you?
- ← Is there anything you are unable to do for your child that he/she needs or wants from you?

Physical Health Care

- ← Do you have any medical coverage?
- ← Do you have a primary physician?
- ← How often do you see a doctor?
- ← Describe how you feel about going to medical appointments.
- ← How important is your health to you? On a scale of 1-10, with one being "totally not important" and ten being "the most important thing in life," how would you rate your feelings about your health?
- ← Do you have any physical conditions/ailments that are not being treated?

***Mental Health**

- ← How are you feeling generally – happy, sad, scared, angry, overwhelmed, confused, disappointed, etc.? How long have you been feeling this way?
- ← When was the last time you felt different than you do now? What did you feel then?
- ← Describe something about your life that you like? Don't like?
- ← Tell me how you think your life will be in five years.
- ← How does _____ treat you?
- ← Describe how you are feeling toward _____?

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- ← What does _____ need from you now? Give me an example of how you respond to these needs?
- ← What's easy about taking care of _____? What's hard? Tell me more.
- ← Are there things you need to take care of in your daily life that are hard for you to do (e.g., shopping, cooking, paying bills, taking care of your house, dealing with _____'s teachers and school)? Describe a hard day.

Mental Health Care

- ← Are you currently taking medication for an emotional condition?
- ← Are you currently receiving counseling/mental health treatment?
- ← Have you received mental health services in the past? On a scale of 1-10, with one being "of no use at all" and 10 being "extremely effective," how effective were past mental health services.
- ← How do others in the family view mental health services?

Ability to Cope With Stress

- ← Have you had any major stress or crisis in your family in the last year or so (e.g., unemployment, death of a family member, change in marital relationships, long illness or serious injury, loss of housing)? Please explain these stresses and how often they've happened? Have they affected your children and/or your ability to care for them?
- ← Describe how you handled the major stress or crisis situations?
- ← What things that you do day-to-day are easiest for you? What things are the hardest? How do they affect your children?
- ← Whom do you ask for help when you need it? Tell me what they do.

***Cognitive Skills**

- ← Do you read and write with your children?
- ← Do problems with reading and/or writing ever cause you problems or keep you from getting things you need? Please explain.
- ← Do you maintain a checking account?

***Relationships Among Caretakers & Other Significant Adults**

- ← Who do you consider to be members of your family? Who lives in your house or visits you often? Who has a lot of contact with your children?
- ← How do you and your family get along most of the time? How do you and your family handle things when you disagree—about what to do, what you want, how to deal with your children?
- ← Describe your relationship with _____.
- ← What would you say is one of the best things about _____? What do you wish was different about _____?

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- ← What do you do when you get angry (e.g., leaving, verbal insults, yelling, threats, throwing things, physically attacking each other)?
- ← What does _____ do when he/she is angry?
- ← Is there anyone in your family that you're afraid of? Who? What does the person do that scares you? Is there anyone in your family that your children are afraid of? Who? What does the person do that scares them?
- ← Has anyone in your family ever threatened to hurt another family member? What did the person say or do?
- ← Has anyone in your family ever physically hurt you or another family member? How seriously? How often? Was this done in front of the children?
- ← Have you ever had to ask someone else for help because you were afraid of, threatened by, or hurt by a family member? Who (e.g., family, friends, neighbors, police)?
- ← Has any member forced you or another member to do sexual thing you/they didn't want to?
- ← Have you ever asked the police for help in a family situation? Tell me what happened? How often has this happened? Have you ever had an order of protection against another person?

***Alcohol Use within the Past Two Years**

- ← Do you currently drink alcohol? Do you recall when you first began drinking alcohol? How much do you drink now, on average? (Two drinks a day for men and one drink for women—beer, wine, or liquor—is considered “moderate drinking.”)
- ← Tell me about the times when you drink. With whom?
- ← Has anyone close to you ever commented on your drinking? How much you're drinking? Things that you do when you're drinking? Please explain. How do you feel about their comments?
- ← Do you think that your drinking has any effect on your children, or on your ability to care for your children? Please explain.
- ← Has a professional (or anyone else) ever told you that drinking was causing you health problems? Please explain.
- ← Have you ever had any professional help/treatment for drinking or drinking-related problems? Please explain and give specifics of the treatment.

***Drug Use within the Past Two Years**

- ← Have you ever used any drugs or medications prescribed to you (e.g., painkillers, sleeping pills, tranquilizers) in any way that the doctor didn't prescribe them?
- ← Have you ever used any over-the-counter drugs or medications (ones you brought in a store, such as diet pills, laxatives) in a way different from the directions?
- ← Have you ever used marijuana, acid, cocaine, crack, heroin, methedrine, other drugs? Please explain.
- ← Are you currently using marijuana, acid, cocaine, crack, heroin, methedrine, other drugs? When was the last time that you used this drug?
- ← How often, on average, have you used drugs in the last six months? How much do you use?

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- ← Do you ever use drugs/alcohol while you are caring for your child(ren)?
- ← Has anyone close to you ever commented on your drug use? Please explain.
- ← Do you think that your drug use has any effect on your children, or on your ability to care for your children? Please explain.
- ← Has a professional (or anyone else) ever told you that drug use was causing you health problems? Please explain.
- ← Have you ever had any professional help/treatment for drug abuse or drug-related problems? Please explain and give specifics of the treatment.

Criminal History

- ← Describe any criminal history?
- ← Are you currently on probation, parole?
- ← Are any family members/significant friends involved in criminal activity? How does it affect your life?

Motivation/Readiness to Change

- ← On a scale of 1-10, with one being “everything is terrible,” and 10 being “everything is perfect,” how would you rate your life right now?
- ← Who is most responsible for your involvement with child welfare services? How so?
- ← If child welfare services were to get out of your life today, how would things work out for your family?
- ← What would happen if you complied with all being asked of you by the child welfare system?
- ← What services do you find helpful?
- ← If there was anything you could change about your life, what would it be?
- ← What would a perfect day/week/month look like for your family?

***Parent/Caretaker Expectations of Children**

- ← How old is (the child's name)?
- ← Tell me about some of the things he/she does that you like. When does he/she behave that way? How often?
- ← What do you say/do when _____ behaves well?
- ← Does _____ behave the way you want him/her to? Please tell me more about this.
- ← Give me some examples of when _____ doesn't behave the way you expect? How often does the child behave this way?
- ← What do you say/do when _____ doesn't behave the way you expect?
- ← How do you want him/her to behave? How can you get him/her to do this?
- ← How does _____'s behavior compare with other kids' his/her age?
- ← Share with me how you want your child to turn out as an adult.

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Parent/Caretaker Acceptance of Children

- ← Please describe _____ for me. What would I like about him/her? Not like?
- ← What does _____ do that causes you problems? How often does this happen?
- ← How do you feel when _____ acts in a way you like? Don't like?
- ← Do you ever wish _____ was different in some way? Tell me more. How would your life be better?
- ← Give me an example of when _____ is a good child. How often does _____ act this way?
- ← What do you think _____ thinks of you?

Parent/Caretaker Discipline of Children

- ← How well prepared do you think your child will be to succeed as an adult?
- ← What function do you think you have with regards to their future success? How will you perform that function? What is the relationship to discipline?
- ← When your child fails to perform/behave as you expect, how do you respond? Give examples.

Parent/Caretaker Supervision

- ← When you were a child, how much time did you have without adult supervision at age ____? How did that work out? How did you feel about it?
- ← Describe how you make decisions about whether and how long you can leave _____ alone?
- ← Describe how you make decisions about selecting substitute child care, when you must be elsewhere.
- ← How much unsupervised time does _____ have per day? At what times does this occur?

Problem Solving Skills

- ← Describe some difficulties your family has faced. How did you overcome them?
- ← Who do you look to for support during difficult times?
- ← When you, your friends, your children and/or your employer make different demands upon your time, how do you decide what to do? Describe a time when this occurred.

***Recognizes and Attends to Needs of All Children**

- ← Describe how your children's needs are different?
- ← Describe how your children's needs are the same?
- ← Describe what you do to meet your child/ren's needs
- ← Describe what you have done to overcome obstacles to meeting your children's needs.

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Child Functioning

Physical Health

- ← Do your children suffer from any ongoing physical health conditions?
- ← Have your children had any significant health problems in the past?
- ← Is your child on target developmentally? How have you determined that?
- ← How much school do your children miss during a school year?

Physical Health Care

- ← How do you feel about taking the child for medical care?
- ← Where does your child receive medical care?
- ← Who is the child's primary care physician?
- ← Do you have a record of the child's immunizations?
- ← When was the child's last physical?

Mental Health

- ← **Does your child behave as you expect children should behave? Explain?**
- ← **How does your child's behavior affect others in the family? How do these relate to the child's mental health?**
- ← How do others feel about your child's behavior?

Mental Health Care

- ← Does your child currently receive any mental health services? In the past?
- ← How do you feel about mental health service providers?
- ← How do others feel about your child's condition?

Bonding and Attachment of Child Under Age 2

- ← How do you describe your child?
- ← How does your child respond to members of the family? Strangers? Describe.
- ← How does your child respond when you enter the room? When you leave?

Child Development/Cognitive Skills

- ← Use the *Child Development Guidebook* to gather information necessary to complete this element.
- ← Academic Performance (Children 6 years and older)
- ← Check with school officials. If home-schooled, check to see how progress is being monitored.
- ← Child Behavior
- ← Describe your child's behavior.
- ← How do others in the family describe your child's behavior?

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- ← How does the school describe your child's behavior?
- ← How do your neighbors describe your child's behavior?
- ← What is the child's self-view?
- ← Has your child ever been in trouble with the law?

Alcohol Use within the Past Two Years

- ← Does your child currently drink alcohol? Do you recall when drinking behavior first occurred? How much does your child drink? Tell me about the times when your child drinks. With whom?
- ← Do you think that your child's drinking has any effect on your family, school, or behavior in the community? Please explain.
- ← Has your child ever had any professional help/treatment for drinking or drinking-related problems? Please explain and give specifics of the treatment.

Drug Use Within the Past Two Years

- ← Does your child currently use drugs? Do you recall when this behavior first occurred? What drugs does your child use? How much does your child use? Tell me about the times when your child uses drugs. With whom?
- ← Do you think that your child's drug use has any effect on your family, school, or behavior in the community? Please explain.
- ← Has your child ever had any professional help/treatment for drug-related problems? Please explain and give specifics of the treatment.

Child/Family Relationships

- ← What do your siblings think of ____?
- ← How does ____ get along with his siblings?
- ← What kinds of things does ____ do with members of the family?
- ← How does ____ get along with you?
- ← Describe what disagreements between ____ and members of the family look like.

Note: (A Family Map may be useful in assessing this element)

Interpersonal Skills (Children 6 years and older)

- ← How does ____ express his/her needs?
- ← On a scale of 1-10 with 1=Passive and 10= Demanding, how would you rate your child's interaction with family members? Describe the behaviors that lead to your rating?
- ← How does your child ask for help, if needed?
- ← Does your child have many friends? What are they like?

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Nutrition, Clothing and Personal Hygiene

- ← How well does your child eat?
- ← Are there foods that your child rejects?
- ← Describe your child's diet.
- ← Describe your child's personal care habits and routines.
- ← Are you satisfied with your child's appearance? What do you approve of? What do you dislike?
- ← Does your child's appearance or personal care standards cause him problems in any way?

Basis for Completing the Family Assessment Analysis (FAA) in the FASP:

Together the Safety Assessment, Risk Assessment Profile and the Strengths, Needs, and Risk scales formulate the foundation for the **Family Assessment Analysis** section of the FASP. This protocol in the FASP is also used to assess Risk.

There are **(3) directed narrative questions** that guide the Case Planner (and other workers who contribute to this analysis) through a logical process. As a result of this process, the Case Planner/Caseworker arrives at conclusions regarding the dimensions of individual and family functioning (behaviors, abilities, conditions, coping strategies, etc.) that need to improve or change, which is then recorded in the Service Plan.

The Case Planner/Caseworker documents the results of the assessment that was developed with the family. This assessment includes safety factors, risk elements and family strengths and needs.

The three (3) Family Assessment Analysis (Elements) Questions:

1. Family View:

- What is the family view of the situation? What do they see as their most pressing needs and concerns? What does the family believe needs to happen in order for them to meet the needs of their children for safety, permanency and well-being? What do they want from Child Welfare or other services at this time?

2. Behaviors/Contributing Factors:

- Address the factors and underlying conditions that interact to sustain the behaviors or conditions that warrant child welfare intervention

3. Strengths:

- Identify and focus on the strengths that exist within the family unit and the community that support the family's ability to meet the child's needs for safety, permanency and well-being
- Strengths are the personal, family and community characteristics and abilities that can be the building blocks of coping, problem solving and positive change

These **(3) analysis questions are important** as they serve to remind the Case Planner/Caseworker and the family about the **key areas of concern, strength and need**.

As Case Planner/Caseworker and the family work together in order to help them reach conclusions about what needs to improve or change. They are also able to identify the strengths that will help them achieve the improvements and changes that are reported in the Service Plan.

This Family Assessment Analysis section is the "Bridge" to the Service Plan."

Service Planning Section of the FASP

The **purpose of the Service Plan** is to describe the actions planned to meet the most important needs of the family so that the Permanency Planning Goal (PPG) can be achieved. Service Plans are a required part of a Family Assessment and Service Plan (FASP.)

Preventive and Foster Care Workers have the ability to assess and plan with families continuously over the life of a case, making modifications to changing circumstances and needs as necessary. It is critical that Service Plans are completed in partnership with the family, and they should include a focus on family strengths and resources.

The **Service Plan** is required for each **Initial, Comprehensive and Reassessment FASP** and may be updated for all Plan Amendment status changes. Workers can create, view, and modify Service Plan information and can also print parts of the Service Plan for use in court or when working in the field with the family.

CONTENTS OF SERVICE PLAN BLOCKS include:

- **Problem/Concern:** (What has to change?): Describe the specific behavior or circumstance to be addressed.
- **Outcomes:** (Definition of Achievement): What will be different and how will we know?
- **Strengths:** What family and individual strengths will be used to achieve this outcome?
- **Family Activities:** Who will do what and how often?
- **Worker/Provider Activities:** Who will do what and how often?

The Family Assessment and Service Plans (FASPs):

- For children and families that are in need of child welfare services, the Family Assessment and Service Plan (FASP) is constructed in Connections to be the primary place to reflect the decision making processes that are made in the casework relationship by the child welfare caseworker with the family.
- The purpose of the FASP is to gather information regarding immediate or impending danger of serious harm, risk, family needs and strengths; to document the worker's perspective of how that information warrants continuing child welfare intervention, as well as the family's perspective on that information; and to create (or update) a plan for what needs to change and what strengths will be supported during a specific time period.
- Safety and Risk Protocols should reflect the most current available information regarding the family. This includes current safety plans that protect children from immediate or impending danger of serious harm, and individualized service plans that engage the family in risk reduction activities that promote long-lasting change in behaviors, conditions and/or circumstances that call for child welfare intervention.
- The assessment and planning process of the FASP is designed to guide caseworkers in their use of critical thinking skills in order to make the decisions and plans for needed changes. It supports them to decide if they know enough, and whether they have looked broadly and deeply enough at the information gathered.
- Each FASP is customized for each family, completion will require ongoing communication between all caseworkers involved with the family, timeframes support child safety, well being and permanency.
- In order to document the assessments, all workers assigned to the Family Service Stage will work within a single shared FASP, entering their contribution to the specified FASP, dependent on their roles and any associations they have with the children.
- The Case Planner is considered the author of the FASP and will be responsible for any editing and modification of entries in the specific fields, such as the scales and narrative sections. Thus, the submitted FASP is an integrated record of the assessment and plan for the family.
- The FASP supports key case decisions. The delivery of services decision making process focuses on what needs to be done during a specific time period in order to make changes that support children's safety, permanency and well-being.