Assessing Risk:

A Comparison of Tools for Child Welfare Practice with Indigenous Families

Authors:
Nicole Mickelson, MPP
Traci LaLiberte, PhD
Kristine Piescher, PhD

Center for Advanced Studies in Child Welfare

UNIVERSITY OF MINNESOTA

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Risk Assessment in Child Welfare Practice

Widely used in child welfare practice, risk assessment tools are used to identify problems and concerns in families to determine the likelihood of maltreatment occurrence/recurrence. This assessment often involves rating the child and family situation on a set of explicitly stated risk factors to gain a comprehensive understanding of the service needs of a family or individual (Camasso & Jagannathan, 2000; D'andrade, Austin, & Benton, 2008; Keating, Buckless, & Ahonen, 2016). Risk assessments are initiated early in the child protective services process and are used throughout the life of an open case.

Historically, child welfare workers based determinations of risk on their professional knowledge, experience, and understanding of individual children and families. This practice came under increased scrutiny in the 1980s as professionals questioned the accuracy in the absence of scientific research that established reliability and validity. Most child protection agencies began to implement formalized, structured processes to serve as decision aids (Hughes & Rycus, 2007; Keating, Buckless, & Ahonen, 2016). Formal, standard risk assessment became woven into child welfare practice in many Western societies including North America, the United Kingdom, Australia, and New Zealand in hopes of promoting an assessment and decision-making process that was more reliable, more accurate, less biased, and more just for children and families, although little research exists to support the reliability and validity of many models (Barry, 2007; Gambrill & Shlonsky, 2000; Hughes & Rycus, 2007, Pecora, Chahine, & Graham, 2013). When determining risk, two factors are analyzed: (1) the likelihood a harmful event will occur, and (2) if it occurs, the potential severity of harm. Currently, there are two major approaches to formal risk assessment and decision-making in child protective services in North America and Australia: consensus-based and actuarial approaches.

While the challenge of choosing a risk assessment approach (and subsequently a risk assessment instrument) is one that affects broader child welfare practice, there has been an acknowledgement within the literature that risk assessments may in fact disadvantage certain groups of families (Keating, Buckless, & Ahonen, 2016). This recognition is particularly important in jurisdictions where racial and other forms of disproportionality and disparity persist. Of particular interest in this report are risk assessment approaches and/or tools that are available for use with and do not reinforce or increase the disproportionality and disparity that are evident for children and families of color, and in particular, for indigenous children and families. Risk assessment approaches, and the instruments upon which child welfare practitioners rely, are often developed by and normed in predominantly Caucasian populations with little or no input by people of color or indigenous peoples (Bravo, 2003; Lopez, Hofer, Bumgarner, & Taylor, 2017). Problematic in this development approach is that culturally-based protective factors are often absent and some risk factors may not accurately measure risk, which may disadvantage communities outside of those of the developers. Further, approaches to safety planning may be similarly culturally rooted and disallow for the involvement of people or practices that are most relevant to the community.

Worldwide, indigenous children are overrepresented in the child welfare system. International data on rates of maltreatment-related investigations demonstrate that overrepresentation of indigenous children starts at the point of first contact with child welfare agencies, with the rate of

investigations 4.2 times higher and 6.7 times higher for indigenous children compared to non-indigenous children in Canada and Australia, respectively (Child Family Community Australia, 2016; Sinha et al., 2011). In the United States, American Indian/Alaska Native and African American children are subjects of maltreatment allegations at a rate 1.7 and 1.8 times higher, respectively, than Caucasian children (Children's Bureau, 2017; Child Welfare Information Gateway, 2016). However, the disproportionality found in some individual U.S. jurisdictions far exceeds that of the national rates. For example, in Minnesota, American Indian/Alaska Native and African American children are subjects of maltreatment allegations at a rate 5.5 and 3.0 times higher, respectively than Caucasian children (Minnesota Department of Human Services, 2016). Overrepresentation of indigenous children is even more pronounced in cases involving out-of-home care; indigenous children were 12.4 and 9.5 times more likely, respectively, to enter a formal child welfare placement setting than non-indigenous children in Canada and Australia, respectively (Child Family Community Australia, 2016; Sinha et al., 2011). In the United States, American Indian/Alaska Native and African American children experience out-of-home care at a national rate of 3.5 and 2.3 times higher, respectively, than Caucasian children (Child Welfare Information Gateway, 2016). As with allegations of maltreatment, in some U.S. jurisdictions the disproportionality in out-of-home care rates also exceeds national statistics. For example, in Minnesota, American Indian/Alaska Native and African American children experience out-of-home care at a rate of 16.9 and 3.4 times higher, respectively, than Caucasian children (Minnesota Department of Human Services, 2016). Given the disproportionality and disparity that exists among child welfare caseloads and the potential for risk assessment to further reinforce these, a jurisdiction's selection of a risk assessment approach and instrumentation is critical.

Methods

In order to evaluate evidence supporting the various approaches and instruments used to assess risk for families involved in the child welfare system, we conducted a critical review of peer-reviewed, international, published literature. Using Google Scholar and the University of Minnesota's library database "MNCAT Discovery" between the dates of January 5, 2017 to January 18, 2017, we searched for relevant literature using the following terms: "risk assessment in child welfare", "risk assessment tool in child protection", "jurisdictions using risk assessment tools in child welfare", "risk assessment tools in indigenous populations", and "child protection risk assessment in aboriginal populations". Because the available literature was limited and tended to focus on the validity and reliability of risk assessment instruments, we expanded the literature review by targeting websites specializing in systematic reviews, research centers, government child protection websites, and tribal child welfare resource centers. We also conducted a general internet search using the terms previously described to gather additional information. After conducting the formal search, we contacted individuals who authored relevant publications, government officials, individuals working at relevant research centers, and other child welfare professionals.

After conducting the search and selecting relevant sources, we utilized the California Evidence-Based Clearinghouse for Child Welfare (CEBC) rating scales to provide a comparison among research evidence associated with the selected risk assessment approaches. The CEBC provides resources and helps identify and disseminate information regarding evidence-based practices relevant to child welfare that have empirical research supporting their efficacy. The CEBC seeks to advance the effective

implementation of evidence-based practices for children and families involved in the child welfare system (CEBC, 2017). The CEBC has developed two rating scales, the Scientific Rating Scale and the Measurement Tools Rating Scale to assess the research evidence and psychometric properties of child welfare practice approaches. The Scientific Rating Scale is a rating of 1 to 5 based on the strength of the research evidence supporting a practice or program. A rating of 1 represents a practice with the strongest research evidence and 5 represents a concerning practice; some programs do not have enough research evidence and are rated NR - not able to be rated. The Measurement Tools Rating Scale is a three-level rating (A, B, or C) used for screening or assessment, based on the level of psychometrics found in published, peer-reviewed journals (CEBC, 2017). The SDM and NCFAS tools have both been rated by the CEBC. In the examination of tools in this report (Appendix A), we have applied CEBC rating criteria to provide additional information about the evidence-base for approaches not previously rated by the CEBC.

Commonly Used Risk Assessment Approaches

Two common approaches to risk assessment are used in child welfare practice around the world: actuarial and consensus-based approaches. Both approaches ultimately seek to predict the likelihood of maltreatment occurrence/recurrence, yet each approach has a unique set of strengths and weaknesses. Each approach relies on a set of family and case characteristics and situations believed to be associated with future risk of harm, but differs in the process used to identify those factors. It is not always clear that one approach is more effective than the other or guarantees consistently accurate decisions across all case types and situations (D'Andrade, Benton, & Austin, 2005; D'Andrade, Austin, & Benton, 2008; Price-Robertson & Bromfield, 2011). While research evidence suggests that actuarial approaches produce more accurate and reliable prediction, the research base for these approaches is significantly larger than that of consensus-based approaches. Often, studies of risk assessment approaches focus on validity (the accuracy in classifying children at being at risk of harm) and reliability (the extent to which different users of a tool make the same assessment in the same situation compared to other tools; Hughes & Rycus, 2007).

Actuarial approaches.

The vast majority of peer-reviewed literature on risk assessments focuses on the use of actuarial approaches and the instruments employed, which use statistical procedures to identify and weigh factors that predict future maltreatment. Instrument items are empirically derived and incorporate measures that are demonstrated through prior statistical measurement to have high levels of association with recurrence of maltreatment. Items are only included in the assessment protocol after the relationship among the variables have been quantified and tested. Actuarial instruments often contain fewer items than consensus-based instruments (Baird & Wagner, 2000; D'Andrade, Benton, & Austin, 2005; Hughes & Rycus, 2007; Price-Robertson & Bromfield, 2011). Practitioners assess each item (e.g., No=0, Yes=1) according to an instrument protocol; the scores from each item are then summed into overall risk scores and are used to guide decision-making (Australian Institute of Family Studies, 2016; D'Andrade, Benton, & Austin, 2005; Price-Robertson & Bromfield, 2011). While instrument protocols are typically standardized and made available for training and implementation purposes, the level of detail included in such protocols varies dramatically. Lack of detail may result in practitioner bias

unintentionally influencing the overall risk score, especially when the assessment is conducted by a practitioner that is unfamiliar with a family's culture (Keating, Buckless, & Ahonen, 2016). Some actuarial tools also allow practitioners to override overall risk scores at their discretion. Table 1 describes the strengths and weaknesses of actuarial approaches; further discussion of criticisms of risk assessment in indigenous populations will be discussed later in the report.

Table 1. Strengths and weaknesses of actuarial approaches

Strengths	Weaknesses
Have the potential to provide the most, objective, consistent treatment of children and families (Gambrill & Shlonsky, 2000; Barber et al., 2007)	Misunderstandings regarding probabilities can result in faulty problem-solving; limited in predictive capacity (Gambrill & Shlonsky, 2000; Knoke & Trocme, 2005)
Out-predict clinical decisions by providing a precise, analytical form of reasoning (Gambrill & Shlonsky, 2000; Baird & Wagner, 2000; Gillingham & Humphreys, 2010; Price-Robertson & Bromfield, 2011).	Emphasis on family strengths is lost (protect influences that interact with risk factors to minimize maltreatment recurrence) if the tool is deficit-based (Gambrill & Shlonsky, 2000; Gillingham & Humphreys, 2010; Price-Robertson & Bromfield, 2011)
High levels of validity, high levels of reliability (Barber et al., 2007; Gillingham & Humphreys, 2010; Hughes & Rycus, 2007; Price-Robertson & Bromfield, 2011).	Rarely able to predict re-abuse at acceptable levels of sensitivity (creates both a high percentage of True Positives & False Positives) (Gambrill & Shlonsky, 2000; Price-Robertson & Bromfield, 2011)
Tend to use fewer factors than consensus-based, to focus on the most important and influential factors; uses separate variables for different forms of maltreatment (Price-Robertson & Bromfield, 2011).	Practitioners may not use them as intended by their designers (lack of consistency in how the tool is used), and it cannot be assumed that practitioners will use them as intended to, even if mandated to do so (Gillingham & Humphreys, 2010; Knoke & Trocme, 2005)
Often, the statistical analysis is done in the state or country in which the instrument will be applied (Price-Robertson & Bromfield, 2011). This can be a strength when the jurisdiction where the tool is normed has high indigenous populations.	While also a strength, the statistical analysis completed in the state or country in which the instrument will be applied can also be a weakness (D'Andrade, Benton, & Austin, 2005). This is a weakness when it is has been normed for one population in a given jurisdiction, but not properly used/normed for some groups in that jurisdiction.

Consensus-based approaches.

Consensus-based approaches emphasize a comprehensive assessment of risk. Instruments utilized in consensus-based approaches typically contain items that are derived from child maltreatment literature, theory of maltreatment, and/or the opinions of expert practitioners and attempt to bridge

the gap between unstructured clinical judgment and actuarial instruments. Consensus-based instruments are often hybrid instruments, combining items from two or more other instruments that vary according to the needs and beliefs of users (Australian Institute of Family Studies, 2016; D'Andrade, Benton, & Austin, 2005; Hughes & Rycus, 2007; Price-Robertson & Bromfield, 2011). Decisions are reached by utilizing one of two decision-making strategies: 1) individual items guide practitioners to consider risk factors, but the final decision as to the overall level of risk is left to the practitioner's discretion, or 2) the scores of individual items are added and families are assigned a risk level based on the overall score (D'Andrade, Benton, & Austin, 2005; Price-Robertson & Bromfield, 2011). The latter appears to be the most common practice in the available consensus-based instruments, as they grant practitioners greater discretion to override assessment ratings. Table 2 describes strengths and weaknesses of consensus-based approaches; further discussion of criticisms of risk assessment in indigenous populations will be discussed later in the reports.

Table 2. Strengths and weaknesses of consensus-based approaches

Strengths	Weaknesses
Flexibility in adapting to local distinctions and conventions (Hughes & Rycus, 2007; Price-Robertson & Bromfield, 2011).	Lower levels of reliability and validity (Hughes & Rycus, 2007; Price-Robertson & Bromfield, 2011; White & Walsh, 2006).
Well-developed instruments may improve the consistency and accuracy of data collection (Hughes & Rycus, 2007; Rycus & Hughes, 2003).	Use the same instrument to predict all forms of maltreatment (D'Andrade, Benton, & Austin, 2005; Price-Robertson & Bromfield, 2011).
Emphasize a comprehensive assessment of risk by incorporating clinical judgment (Australian Institute of Family Studies, 2016; Price-Robertson & Bromfield, 2011).	Measures are not subject to testing before being implemented or loosely defined, particularly in the jurisdiction where they are being used; adaptations have the potential to degrade the effectiveness of the instrument, undermining reliability & validity (Baird & Wagner, 2000; Hughes & Rycus, 2007; Price-Robertson & Bromfield, 2011).
Incorporate clinical judgment and practice knowledge of practitioners (Price-Robertson & Bromfield, 2011).	Concept of consensus can be overly subjective or variously interpreted and applied (Hughes & Rycus, 2007; Price-Robertson & Bromfield, 2011).
Show some evidence of reliability and validity (Price-Robertson & Bromfield, 2011).	Critical decisions may be made on personal opinions and biases (Hughes & Rycus, 2007).
Often don't impose restrictions on the weighting or combining of different risk factors (Price-Robertson & Bromfield, 2011).	Sometimes factors are assessed numerically, while others simply describe areas to be assessed by the worker (D'Andrade, Benton, & Austin, 2005).

Risk Assessment Instruments Utilized in North America, Europe, and Australia

A comprehensive search of the literature on the use of risk assessments in child welfare practice revealed that of the available literature, much is focused on the general use of risk assessment in child welfare practice, and the strengths and weaknesses of different types of instruments. Further, much of

the research is largely focused on actuarial instruments, particularly the SDM Risk Assessment. Despite that numerous sources have identified a knowledge gap in the use of risk assessment in tribal child welfare or jurisdictions with high indigenous populations, little effort has been made to understand their use in indigenous populations or with people of color. This section describes instruments most prevalently discussed in the literature and the evidence in support of those instruments. Appendix A provides summary detail of these and other instruments utilized for risk assessment in child welfare; Appendix B provides a comparison of content which is the focus of these instruments. Copies of select risk assessment tools can be found in Appendix D.

Actuarial Instruments.

Structured Decision Making (SDM) Risk Assessment.

By far, the majority of extant literature in risk assessment focuses on the SDM. The SDM risk assessment was developed in the 1998 by the National Council on Crime and Delinquency Children's Research Center (CRC) for the California Department of Social Services (National Council on Crime and Delinquency, 2015; National Council on Crime and Delinquency, 2017). The CRC works in partnership with child-serving agencies to improve direct practice and organizational operations through models that integrate evidence-based assessments, family-centered engagement strategies, and implementation science. The SDM uses an evidence- and research-based system to identify key points in the life of a child welfare cases and uses structured assessments to improve consistency and validity of each decision; the risk assessment estimates the likelihood of future harm and assists workers in determining which cases should be continued for ongoing services (National Council on Crime and Delinquency, 2017). The most commonly used SDM Risk Assessment includes 20 items - 10 Neglect items and 10 Abuse items.

The CEBC rated the SDM as a "3" on its Scientific Rating Scale, as promising research evidence (at least one study using some form of control, reliable and valid measures, no data suggesting a risk of harm, and has a manual for practice protocol). The state of California has produced many studies which show high validity of the SDM, but mixed results have been found over the years when considering race and ethnicity (D'Andrade, Austin, & Benton, 2008; Dankert & Johnson, 2013; Johnson & Wagner, 2003). A retrospective validation study in Washington State considered race and ethnicity and found differential effects for Black children, but researchers could not be certain this was due to SDM or unexplained fluctuations in disproportionality for that group of children from year to year (Miller, 2011).

The SDM is used internationally in countries including: the United States (23 states), Canada (5 provinces), and Australia (4 states). According to a Casey Family Programs survey conducted in the United States, of those states using the SDM: 11 states use this model as the only risk assessment tool; 8 use SDM in conjunction with Signs of Safety; and 5 use SDM in conjunction with the ACTION/NRCCPS model. Since the survey was conducted, at least one additional state has implemented the SDM risk assessment, bringing the known total to 24 states (Southern Area Consortium of Human Services, 2012). NCCD works closely with each jurisdiction to ensure assessments are constructed, validated, and customized for the population served and strongly encourages ongoing evaluation of the instrument (D. O'Connor, personal communication, February 24, 2017; National Council on Crime and Delinquency, 2017).

Within jurisdictions using SDM, there are known modifications to the risk assessment specific to the jurisdiction using the instrument. For example, the California SDM includes supplemental information about unmarried partners, as opposed to other SDM risk assessments which only ask about the primary caregiver. The Manitoba SDM asks supplemental questions about the support systems of

the primary and secondary caregivers, which may be protective factors for a family (see Appendix B for further comparisons). The process of making these modifications to the risk assessment happens during the development phase of implementing such a tool, accounting for risk factors specific to that population.

Anecdotally, we learned modifications to the SDM have also occurred in tribal child welfare in the U.S., but documented knowledge of the modifications was more difficult to locate than those used in non-tribal child welfare agencies. The SDM has been modified in tribal child welfare agencies in Alaska and Arizona, by working with the child welfare agency to identify risk factors above and beyond those in a standard SDM risk assessment (see Appendix C for contact information for these agencies). These risk factors are identified through either practitioner expertise or data collected by the agency. Instrument developers then work with the agency staff, community partners, and service providers on training and education of the instrument's use and definitions of risk specific to that particular population, concentrating training efforts on cultural competency (Ahonen et al., 2016; D. O'Connor, personal communication, February 24, 2017).

California Family Risk Assessment (CFRA).

The CFRA was developed in 1998 by the CRC in an effort to develop a preliminary risk assessment instrument and case management procedures to improve the delivery of child protective services. This original SDM risk assessment approach was prospectively validated in the state of California and contained 10 items on abuse and 10 items on neglect and allowed for policy overrides to elevate the risk rating; this version did not contain any supplementary questions. Initial validation of the approach found the tool to have high validity in the population in which it was studied and results were examined by race and ethnicity of children and families (Johnson & Wagner, 2003).

The state of California has consistently used the SDM risk assessment over the years while continuing to re-validate the instrument and make appropriate changes to the instrument as social changes and child welfare practice changes have occurred in the state. CRC worked in partnership with the state to accomplish these changes and validation. The CFRA underwent validation studies in 2003, 2007, and 2013, all of which resulted in revisions and modifications to the risk assessment itself. The 2013 validation study found that there was incremental improvement of the revised assessment (from the 2007 validation study), but did not differentiate Native American families very well and indicated adjustments to the assessment to address these concerns (Dankert & Johnson, 2013). The current version of the CFRA (as of 2015), contains 16 items that ask about either neglect and abuse allegations or a combination of the two. In addition to the typical policy override on this risk assessment, the assessment also asks six supplementary questions relating to child gender identity/sexual orientation, unmarried partner of the primary caregiver, adults in the household who are not caregivers, household employment status, caregiver isolation, and safe and stable housing (see Appendix B). While the CFRA is an SDM risk assessment, it provides an example of how one jurisdiction has worked with CRC to provide ongoing evaluation, validation, and needed adjustments to this risk assessment approach.

North Carolina Family Assessment Scales (NCFAS).

The NCFAS assessment tools were originally developed in 1998 at the University of North Carolina-Chapel Hill, with subsequent versions developed by the National Family Preservation Network, whose mission is to serve as the primary national voice for the preservation of families (National Family Preservation Network, 2015). The NCFAS allows caseworkers working in intensive family preservation services to assess family functioning at the time of intake and again at case closure. The 39-item

instrument provides ratings of family functioning on a six-point scale ranging from "clear strengths" to "serious problems" on five domains: environment, parental capabilities, family interactions, family safety, and child well-being (Johnson et al., 2008).

The CEBC gave NCFAS a rating of "A" on the Measurement Tool rating scale because the psychometric properties of the tool have been well demonstrated (2 or more published, peer-reviewed studies have established the measure's psychometrics). Internal reliability, concurrent validity, and predictive validity proved to be high in two published studies, although neither specified outcomes based on the race or ethnicity of children and families (CEBC, 2017). Additional research shows that it has some degree of predictive validity in relation to placement prevention, but researchers cautioned against using the assessment to screen out families from service at the time of intake because of its weak capability of intake ratings to predict placement at closure or thereafter (Johnson et al., 2008).

The NCFAS assessment tools are used in over 1,000 agencies in the United States and 20 countries worldwide, but the general NCFAS tool is the one recommended for child welfare practice. Although other assessment tools are used worldwide for other purposes, it is known to be used in child welfare practice in Colorado and North Carolina; North Carolina uses the SDM risk assessment instrument in addition to NCFAS (National Family Preservation Network, 2015; Southern Area Consortium of Human Services, 2012). In addition to these statewide child welfare agencies using the NCFAS, one tribal child welfare agency in Alaska was found to be using a modified version of the assessment. The Cook Inlet Tribe near Anchorage, Alaska worked with an evaluator to validate the NCFAS locally, an effort that demonstrated high inter-rater reliability and predictive validity of the instrument (Keating, Buckless, & Ahonen, 2016; Kirk, 2015).

Consensus Instruments.

ACTION/NRCCPS Model.

The Action for Child Protection model was developed with the National Resource Center on Child Protective Services (NRCCPS) to help child welfare agencies improve what they do to serve families and protect children by providing high quality education and technical assistance services directed improving case practice and decision making occurring in child welfare programs (ACTION, n.d.). The three-part assessment includes: identification of safety threats (16 items on both present and impending danger), caregiver protective capacities (16 items on specific "assets that can contribute to reduction, control, or prevention of present and/or impending danger"), and make the safety decision (based on presence of safety threats and potential protective capacities that may control those threats). Decision choices are "safe", "conditionally safe", and "unsafe" (Keating, Buckless, & Ahonen, 2016). This consensus-based model is family-centered and strengths-based.

The CEBC did not include the ACTION/NRCCPS model in their rating scale, but we have applied a rating of NR (No Rating) to this model. A rating of NR simply means that while the practice is accepted as appropriate for the child welfare system, there is insufficient evidence establishing the practice's benefit (e.g., a peer-reviewed study using some form of control). The model is developed for the population in which it is used and those jurisdictions may document outcome measures for children receiving services, but little other published information regarding the reliability and validity of the model has been found.

The Casey Family survey in the U.S. identified 17 states that use the ACTION model alone or in conjunction with another approach. Of those 17 states, 11 use it as the only approach and 5 use ACTION and the SDM risk assessment tool (Southern Area Consortium of Human Services, 2012). While Action for Child Protection's website (n.d.) indicates use of their products and services outside of the U.S., we

were unable to identify which (non-U.S.) locations use this model. Appendix B and D contain the ACTION instruments used in the states of Pennsylvania and South Dakota, but each jurisdiction must work with the instrument developer to create one that is unique to the jurisdiction where it will be used (ACTION 4 Child Protection, n.d.). South Dakota's instrument was obtained through a public record request and in the process it was revealed that one of the four tribal child welfare agencies in the state uses a modified version of the instrument and the remaining three use the appended version (Keating, Buckless, & Ahonen, 2016; V. Weiseler, personal communication, February 24, 2017). The South Dakota Department of Social Services was not authorized to release the modified instrument used by the Oglala Sioux (V. Weiseler, personal communication, February 24, 2017).

Child Endangerment Risk Assessment Protocol (CERAP).

The CERAP was developed in 1994 in response to legislation requiring the Illinois Department of Child and Family Services to develop a standardized risk assessment and submit ongoing, annual evaluations on child and family outcomes to the Illinois legislature (Southern Area Consortium of Human Services, 2012; Illinois Department of Children and Family Services, 1996). The CERAP consists of 14 yes or no questions that assess the presence of specific safety threats, and the investigator is asked to provide detailed information on any present safety threats and to describe family strengths or other mitigating circumstances (Southern Area Consortium of Human Services, 2012). Currently, the CERAP is only used in the state of Illinois, used in conjunction with their Differential Response practice model and there are no known modifications to the instrument, specific to tribal child welfare or otherwise.

In the roll-out training of the CERAP, inter-rater reliability results fell in the good to excellent range. Two types of validity were measured in the protocol development process - construct and content. Content validity was proven through the careful specification and matching of test content with curriculum and extensive expert review. Construct validity was shown by a strong correlations between items derived from trainee groups and expert groups; predictive validity would be established later (Illinois Department of Children and Family Services, 1996). Ongoing evaluation of the CERAP show mixed evidence of predictive validity (Austin et al., 2005).

Although no peer-reviewed publications exist on the CERAP, the State of Illinois contracts with the Children and Family Research Center at the University of Illinois at Urbana-Champaign to conduct and publish an annual evaluation on the fidelity of the instrument, which includes case management goals and reunification (Chiu, Nieto, Wakita, & Fuller, 2015). One such evaluation of the instrument revealed that children were more likely to experience a recurrence of maltreatment when a CERAP re-assessment was not completed at the end of a case and an increase in compliance could potentially have a dramatic effect on recurrence of maltreatment in Illinois (Fuller & Nieto, 2010). No studies were found to assess the use of CERAP with indigenous populations or children of racially diverse backgrounds.

Discussion

While there is no dispute that risk assessment is a standard and important part of child welfare practice, the manner in which risk is assessed remains a topic of debate among practitioners and scholars. Understanding information about both actuarial and consensus tools is important, however, a comparative analysis such as this one is crucial in providing a deeper understanding of these approaches in practice. In general, much of the literature on risk assessment focuses on the strengths and weaknesses of the different approaches (e.g., clinical judgment vs. actuarial vs. consensus-based), rather than the strengths and weaknesses of specific instruments or tools (e.g., SDM vs. ACTION/NRCCPS).

Comparative analyses of risk assessment instruments are rare, specifically those used in indigenous populations. Multiple sources in this review identified this knowledge gap as a significant need both in general child welfare practice, but especially in tribal child welfare and jurisdictions with high populations of indigenous people (K. Deserly, personal communication, February 20, 2017; P. Day, personal communication, January 31, 207). This presents a significant problem for child welfare practitioners and service providers as they work to reduce disparities in the child welfare system.

As stated previously in this report, the most recent comparative analysis of risk instruments in the United States took place in 2011 by Casey Family Programs. The survey focused primarily on the use of SDM, the ACTION/NRCCPS model, and Signs of Safety and found that: 23 states use SDM, alone or in combination with another tool (11 states use SDM as the only tool, 8 states use SDM and Signs of Safety, 5 use SDM and ACTION); 11 states use Signs of Safety, alone or in combination with another tool (3 use this approach alone); and 17 states use ACTION/NRCCPS, alone or in combination with another tool (11 states use this alone). Ten states are using other instruments or have developed their own models (e.g., the CERAP in Illinois), and there is evidence that this survey is already out-of-date, as indicated by pending shifts in practice models. One example of this is in the state of Utah - the Casey survey named a consensus-based model called the Utah Risk Assessment Scales; since this publication, Utah has moved to using the SDM risk assessments (Southern Area Consortium of Human Services, 2012).

While the survey identified states that have tribal child welfare programs, there was no indication as to the use of modified instruments in those agencies (Southern Area Consortium of Human Services, 2012). Although the Casey survey did not identify modifications made to risk assessments in tribal agencies, some evidence does exist of modifications for use in tribal child welfare which have been retrospectively validated to their specific communities and cultural values (D. O'Connor, personal communication, February 24, 2017; K. Deserly, personal communication, February 24, 2017; Keating, Buckless, & Ahonen, 2016; P. Day, personal communication, January 31, 2017). However, National Needs Assessment conducted among American Indian/Alaska Native child welfare programs indicated a strong desire for culturally-competent risk instruments, as well as readily-available information on the use of modified instruments employed in tribal child welfare (K. Deserly, personal communication, February 20, 2017; National Child Welfare Center for Tribes, 2011; P. Day, personal communication, January 31, 2017).

The majority of risk assessment instruments were not developed specifically for indigenous or other minority groups. Additional findings from the Needs Assessment indicated "culture-based services and interventions as being an integral part of the healing of families and communities", and stated that workers expressed a desire to incorporate cultural elements into tribal child welfare practice (National Child Welfare Center for Tribes, 2011; Keating, Buckless, & Ahonen, 2016). Further, many standardized tools have not been adequately tested on children and families from racially diverse backgrounds, and culturally-based approaches are often not considered to be evidence-based until they are adopted and tested in mainstream child welfare practice (National Child Welfare Center for Tribes, 2011). Efforts to develop or modify risk assessments have been a part of a larger effort to develop culturally-appropriate practice models and address racial disproportionality. A common difference often excluded from standardized risk assessment has been the extent to which family and community members contribute to parenting a child. Much of the available literature focuses on a need for assessment to be augmented with culturally competent practices (Australian Institute of Family Studies, 2016; Child Welfare Information Gateway, 2016; Keating, Buckless, & Ahonen, 2016). Without norming instruments in a tribal context specific to communities, critical protective factors may be overlooked.

Many of the instruments reviewed in this report were lacking research evidence to support their use in general, and more specifically with indigenous children and families and children and families of color. As evident in Appendix A, none of the consensus-based tools could be rated using the CEBC rating scales; of the actuarial tools described in Appendix A, only 4 were rated.

Conclusion

As previously noted, it is not always clear whether the actuarial or consensus-based approach is more effective or whether one approach guarantees consistently accurate decisions across all case types and situations (D'Andrade, Benton, & Austin, 2005; D'Andrade, Austin, & Benton, 2008; Price-Robertson & Bromfield, 2011). This may be particularly true for communities of color and indigenous communities, as very little evidence about the effectiveness of either approach exists for these communities. It is important to note that although the utilization of an actuarial approach may appear to be a more reliable and valid indicator of risk, the actuarial approach is subject to many of the same concerns as those of consensus-based approaches.

While there are a variety of ways to conduct risk assessments, the majority of jurisdictions currently rely on actuarial approaches. In particular, most jurisdictions utilize an amended form of the SDM. Considering the utilization and evidence in support of actuarial approaches and the SDM tool itself, the Western Australia Department of Child Protection and Family Support may wish to consider engaging in discussion with the CRC to explore the development of a jurisdictional-specific tool based upon the unique strengths and needs of the specific families and children in the jurisdiction as well as the overrepresentation of indigenous populations across the state. However, the adoption of this approach will not allow for the broader contextual understanding that consensus-based approaches offer (Australian Institute of Family Studies, 2016; Hughes & Rycus, 2007; Price-Robertson & Bromfield, 2011).

If a consensus-based process is most desired, we recommend that the state work with the developers of the Signs of Safety approach that is currently utilized in practice. Existing consensus-based approaches largely mirror the approach currently being utilized in the state, and when implemented with fidelity, reliability and predictive validity can be demonstrated (Price-Robertson & Bromfield, 2011). In addition, the utilization of a consensus-based approach provides an opportunity to include the unique expertise of families and professionals while allowing for an indigenous perspective that may not be linear, but rather relational in nature, while attending to family context. For example, parental disability often elicits an increased risk score using actuarial approaches as disability is measured as a static state (presence or absence). However, in a consensus-based approach the practitioner is given permission to understand the context surrounding the disability while assessing risk, such that the presence of a disability at one point in time may not truly be indicative of risk due to supports that are in place. At another point in time those supports may be absent in which case risk may be increased. Given the expanded focus offered through a consensus-based process and the Signs of Safety approach currently being utilized, working to further enhance current risk assessment approaches with a Signs of Safety framework is both reasonable and economically-prudent.

A third alternative is the development and testing of a new, blended risk assessment tool

specifically designed for the state of Western Australia. In this approach, paying particular attention to cultural relevance in indigenous communities, such as culturally-rooted protective factors and unique risk factors evident in the state's population, could provide a solid foundation for a new and highly-relevant tool. Such a tool would not have to be limited to either of the aforementioned approaches, but rather could incorporate both an actuarial and a consensus approach within a single tool. Such an endeavor is one that would meet the needs of not only the state of Western Australia but also countless jurisdictions across the world. The development and testing of such a model however comes at the cost of considerable time and financial investment.

Regardless of the direction the state is willing to take**,** it is critical to recognize that bias can significantly influence any risk assessment process. Thus, three important aspects must be critically considered during the development and implementation of the risk assessment process: data quality and availability, training, and ongoing evaluation. Data – both quality and availability – are crucial to the risk assessment process. It is imperative that the state constructs or relies upon a data collection system that hosts the specific (and culturally-informed) types of data that will inform safety and risk, keeping in mind how bias may influence the collection of the data itself. Knowing and dedicating appropriate resources to using and interpreting the data coupled with a continuous quality improvement framework will provide maximum assurance that the risk assessment process functions as intended. Initial and on-going training, in conjunction with on-going evaluation is also crucial to ensure the success of the risk assessment process. A well-constructed training plan utilizing adult learning principles as well as coaching and mentoring are needed to achieve fidelity in risk assessment completion. It is well-documented that without fidelity, any evaluative findings about the risk assessment process will be uninterpretable. The success or failure of any instrument or approach will be based less upon whether or not it is actuarial or consensus-based and more about the quality of comprehensive training, implementation, and ongoing fidelity (D'Andrade, Benton, & Austin, 2005; D. O'Connor, personal communication, February 24, 2017).

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Appendix A: Risk Assessment Instrument Grid

	Description	Items included	Evidence base	Jurisdictions using the tool	CEBC Rating
Actuarial Tools					
California Family Risk Assessment (CFRA)	Developed by Children's Research Center. This was one of the first SDM Risk Assessment Instruments.	10 items to assess Neglect 10 items to assess Abuse Overall risk score is added to assign a risk level	Studies of prospective and retrospective validation show high predictive validity. One early study showed that risk assessments are equally valid for white children and families of color; a later study (with a different version) showed it to be valid for different races, but some disproportionality for Native American families & was amended.	Select California counties	3
North Carolina Family Assessment Scales (NCFAS)	The NCFAS is an assessment tool designed to examine family functioning in the domains of Environment, Parental Capabilities, Family Interactions, Family Safety, and Child Well-being.	36 Subscales on 5 domains. Flexibility of rating strategy permits workers to precisely apply what they observe to the ratings at intake and closure – tendency to inflate ratings is mitigated in practice by the requirement to defend ratings.	Complaints by workers of rater bias	Tribe referenced in Tribal child welfare practice findings. North Carolina Colorado	A*
Ontario Child Protection Decision-making Model* Risk Assessment Tool	Based on the SDM, this tool promotes consistency among child protection workers and agencies and organized along two indices: abuse and neglect. It is meant to aid, not substitute	20 items on 2 sub-scales: 10 factors associated with neglect; 10 factors associated with abuse. Risk level based on score – but a worker can indicate if an overriding condition exists		Ontario, Canada	3

	for the exercise of clinical judgment of risk of future harm.				
Structured Decision-making (SDM)	SDM is a comprehensive case management system, where workers employ objective assessment procedures at major case decision points from intake to reunification to improve decision-making. The primary goals of SDM are to reduce subsequent maltreatment and reduce time to permanency. Slightly different versions have been developed for jurisdictions.	2 sub-scales of 10 items each – one for risk of neglect and one for risk of physical or sexual abuse. Based on sub-scale scores, families are classified as low, moderate, high, or very high risk. In most jurisdictions, workers can override the risk classification and increase the risk rating by one level.	Research indicates high predictive validity and inter-rater reliability. Criticisms include rater bias in people of color and indigenous populations. Studies that assess the use in different racial/ethnic groups have produced mixed results; some studies found equal classification at each risk level, but other studies show disproportionality into higher risk rating levels.	US (AK, AR, CA, CT, FL, IN, LA, MD, MA, MI, MN, MO, NE, NH, NJ, NM, NY, NC, TN, TX, UT, VT, VA, WA, WI) Queensland, South Australia Northern Territory New South Wales Manitoba, Canada Ontario Canada Saskatchewan, Canada	3
Consensus-based Tools					
Action/NRCCPS Model	Decision-making support tool that structures the assessment of danger threats, child vulnerability and caregiver protective capacities to arrive at a decision about whether a child is safe or unsafe. Described as a safety assessment, but is also being used as a risk assessment tool.	16 items on present and impending danger; 16 items on "assets that contribute to reduction, control, or prevention of present and/or impending danger" Decision choices are: safe, conditionally safe, or unsafe		Alaska, Alabama, Arizona, California, Delaware, Hawaii, Kansas, Montana, Nevada, New Mexico, Oklahoma, Pennsylvania, South Dakota (1 tribe has modified to be more culturally appropriate), Texas, Washington, West Virginia, Wisconsin, Wyoming	NR (no peer reviewed studies)

California Family Assessment Factor Analysis (CFAFA), or the "Fresno" model	Derived from the Child Abuse & Neglect Tracking System (CANTS 17B), which is no longer in use.	23 items in 5 domains: Precipitating incident, child assessment, caregiver assessment, family assessment, & family-agency interaction; and rated as low, moderate, or high risk	One study looked at inter-rater reliability, which was poor. A second study considered predictive validity and did not perform well. The same study classified approximately equal percentages of Afr. Amer. And White families into each risk level.	Select California counties	4 (2 peer-reviewed studies, but fails demonstrate reliability & validity)
Child At Risk Field System (CARF)	Developed by ACTION for Child Protection, the instrument was meant to be used throughout the life of a case.	14 items 5 domains: child, parent, family, maltreatment, & intervention; in addition to 4 qualifiers to be considered: duration of negative influence, pervasiveness of a negative influence, acknowledgement by parents of a negative influence, & control of the negative influence. Categorized as no risk, low, moderate, significant, or high risk.	Performance on tests of predictive validity was mixed. One study assessing the inter-rater reliability of CARF showed varied results, however the study was conducted using vignettes, not clients. No studies considered the use of CARF with different racial/ethnic groups.	Pennsylvania, New York,	NR (1 peer reviewed study)
Child Endangerment Risk Assessment Protocol (CERAP)	The CERAP is used within the larger protocols of child welfare practice. It is a "life of the case" protocol designed to provide workers with a mechanism for quickly assessing the potential for moderate to severe harm immediately or in the near future and for taking quick action to protect children. It is used at specified time frames and any other time a workers believes the child to be unsafe.	Single list of 16 yes/no questions followed by detailed info on safety threats & describe circumstances that may mitigate these threats; all types of maltreatment are considered together. Children are given a safety decision of "safe" or "unsafe"	No studies considering inter-rater reliability. One internal study of predictive validity. Evaluation of re-assessment and recurrence finds a consistent negative relationship between CERAP re-assessment at investigation conclusion and reoccurrence of maltreatment. No studies considered its use with different racial/ethnic groups.	Illinois (used in conjunction with Differential Response)	NR (no peer reviewed studies)

Ontario Risk Assessment Model	Ontario used this model until 2007, when they switched to an actuarial model based off the SDM (Ministry of Children and Youth Services, 2016)	22 items on 5 domains: caregiver, child, family, intervention, and abuse/neglect and classified into 4 risk levels (low to high). All maltreatment types are considered together.	No studies assessed the predictive validity. One study assessed inter-rater reliability, but results were inconclusive. No studies considered racial/ethnic differences.	Ontario, Canada	NR (no peer-reviewed studies)
Strengths and Stressors Tracking Device	Developed by modifying the NCFAS; it is designed to go beyond simply predicting the immediate danger to the child and the likelihood of the child experiencing maltreatment in the future by also assessing family well-being and psychosocial development.	55 items: Environment (17) Social Support (7) Family/caregiver (14) Child well-being (17)	Psychometric information is limited; one small validation study in a single agency demonstrated high internal consistency on all domains and accurately detected changes during assessment period. However, did not adequately assess validity.	New York	NR (1 peer-reviewed study)
Utah Risk Assessment Scales	Discontinued in 2012 in favor of the SDM Risk Assessment.	32 items in five domains: parent, child, family, maltreatment, & intervention; assessed via a Likert-type scale scoring system. All maltreatment types are considered together.	No studies that considered predictive validity. One study assessed inter-rater reliability using vignettes and established high reliability. No studies considered racial/ethnic differences.	Utah	NR (1 peer-reviewed)
Washington Risk Assessment Matrix (WRAM)	The WRAM considers risk in general, rather than for different kinds of maltreatment separately. It captures the influences of Child Characteristics, Severity of Child Abuse & Neglect, Chronicity of Abuse & Neglect, Caretaker Characteristics, Parent/Child Relationship,	7 subscales with 37 items; rated on a scale of: 0 – No risk 1 – Low risk 3 – Moderate risk 5 – High risk	It was the focus of a number of reliability and validity studies, but has shown less than desirable reliability and mixed results of levels of predictive validity. Limited studies showing mixed results on its use with racial/ethnic groups, however some results showed Native American families over-assigned	Washington (Replaced in 2008 with the SDM Risk Assessment)	NR (was the subject of a number of studies, but is no longer in use by Washington state)

	Social & Emotional Factors, and Perpetrator Access.		to high risk and more likely to be re-referred.		
Other tools that were mentioned in literature, but no information available					
Common Assessment Framework				UK	
Comprehensive Assessment Tool (CAT)			Currently no published, peer-reviewed research studies for CAT	Select California counties	
Signs of Safety Risk Assessment	Used to assess harm and danger; embedded into safety assessment forms			Alberta, Canada	
Texas Enhanced Risk Assessment				Texas (replaced with the SDM Risk Assessment in 2015)	

*The CEBC applied the Measurement Tools Rating Scale to the NCFAS, and the Scientific Rating Scale has been applied to all other instruments. Rating scale definitions are found below.

CEBC Scientific Rating Scale

1 - Well supported by research evidence

2 - Supported by research evidence

3 - Promising research evidence

4 - Evidence fails to demonstrate effect

5 - Concerning practice

NR - Not able to be rated on the CEBC Scientific Rating Scale

For more information on the rating scale, visit http://www.cebc4cw.org/ratings/scientific-rating-scale/

CEBC Measurement Tools Rating Scale

A - Psychometrics well-demonstrated

B - Psychometrics demonstrated

C - Does not reach acceptable levels of psychometrics

NR - Not able to be rated

For more information on the rating scale, visit http://www.cebc4cw.org/assessment-tools/measurement-ratings/

Appendix B: Comparison of Risk Assessment Instruments

Tool	Separates Allegation type	Prior allegations (number, injuries)	# kids in report or in home	Caregiver MH/PH problem	Either Caregiver substance use	Housing Instability	Safety Concerns	Received Ongoing services	Prior injury	Domestic violence	Either Caregiver abuse history	Unmarried partner information	Age of caregiver	Support system	Financial difficulty	Indicator of ICWA eligibility	Child Functioning	Parenting issues	Family Characteristics
Actuarial																			
CFRA (current)	x	x	x	x	x	x		x	x	x	x	x					x	x	x
CFRA (past)	x	x	x	x	x	x			x	x	x						x	x	x
Manitoba SDM	x	x	x	x	x	x		x	x	x	x		x	x	x				x
Minnesota SDM	x	x	x	x	x					x	x	x	x		x		x	x	x
Ontario SDM	x	x	x	x	x	x		x	x	x	x						x	x	x
NCFAS*	x			x		x	x			x				x	x		x	x	x
Consensus-based																			
ACTION (PA)			x				x							x	x		x	x	
ACTION (South Dakota)				x	x	x	x			x				x	x	x	x	x	x
CERAP (current)		x	x	x	x	x	x			x				x	x		x	x	x

CERAP (past)		x	x		x	x	x			x	x			x			x	x	
SSTD				x	x									x	x		x	x	x

* Sample questions were only available - item domains indicated reflect only a portion of questions on the instrument

Appendix C: Contact Information

ACTION for Child Protection

ACTION for Child Protection
http://action4cp.org/our-story/contact-us/
1-704-845-2121

Central Council of the Tlingit and Haida Indian Tribes of Alaska

Tribal Family & Youth Services, ICWA
http://www.ccthita.org/services/family/childwelfare/index.html
1-800-344-1432 ext. 7169

Children's Research Center – National Council on Crime and Delinquency

Deirdre O'Connor
Associate Director for Strategic Initiatives
doconnor@nccdglobal.org

Cook Inlet Tribal Council

Child and Family Services
http://citci.org/child-family/
1-907-793-3132

National Family Preservation Network (NCFAS scale developer)

Priscilla Martens, Executive Director
director@nfpn.org
1-888-498-9047

Salt River Pima-Maricopa

Children and Family Services
Scottsdale, Arizona
1-480-362-5425

South Dakota Department of Social Services

Virgena Wieseler
Division of Child Protection Service, Division Director
virgena.wieseler@state.sd.us
1-605-773-3227

Lisa Schrader
Oglala Sioux Tribe, Pine Ridge Reservation
Child Protection Program
P. O. Box 604, Pine Ridge, SD 57770
1-605-867-5752

Appendix D: Risk Assessment Instruments

CFRA (current)

CFRA (past)

Manitoba SDM

Minnesota SDM

Ontario SDM

NCFAS

ACTION (PA)

ACTION (SD)

CERAP (current)

CERAP (past)

SSTD

CALIFORNIA r: 06/15
SDM® FAMILY RISK ASSESSMENT

Referral Name: _____ **Referral #:** _____ **Date:** _____/_____/_____

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

PRIOR INVESTIGATIONS	**Neglect**	**Abuse**
1. Prior neglect investigations		
○ a. No prior neglect investigations	0	0
○ b. One prior neglect investigation	0	1
○ c. Two prior neglect investigations	1	1
○ d. Three or more prior neglect investigations	2	1
2. Prior abuse investigations		
○ a. No prior abuse investigations	0	0
○ b. One prior abuse investigation	1	0
○ c. Two prior abuse investigations	1	1
○ d. Three or more prior abuse investigations	1	2
3. Household has previous or current open ongoing CPS case (voluntary/court ordered)		
○ a. No	0	0
○ b. Yes, but not open at the time of this referral	1	1
○ c. Yes, household has open CPS case at the time of this referral	2	2
4. Prior physical injury to a child resulting from child abuse/neglect or prior substantiated physical abuse of a child		
○ a. None/not applicable	0	0
○ b. One or more apply (*mark all applicable*) ☐ Prior physical injury to a child resulting from child abuse/neglect ☐ Prior substantiated physical abuse of a child	0	1

CURRENT INVESTIGATION	**Neglect**	**Abuse**
5. Current report maltreatment type *(mark all applicable)*		
☐ a. Neglect	1	0
☐ b. Physical and/or emotional abuse	0	1
☐ c. None of the above	0	0
6. Number of children involved in the child abuse/neglect incident		
○ a. One, two, or three	0	0
○ b. Four or more	1	1
7. Primary caregiver assessment of the incident		
○ a. Caregiver does not blame the child	0	0
○ b. Caregiver blames the child	0	1

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FAMILY CHARACTERISTICS	Neglect	Abuse
8. Age of youngest child in the home		
○ a. 2 years or older	0	0
○ b. Under 2	1	0
9. Characteristics of children in the household		
○ a. Not applicable	0	0
○ b. One or more present (*mark all applicable*)		
☐ Mental health or behavioral problems	1	1
☐ Developmental disability		
☐ Learning disability		
☐ Physical disability		0
☐ Medically fragile or failure to thrive		
10. Housing		
○ a. Household has physically safe housing	0	0
○ b. One or more apply (*mark all applicable*) ☐ Physically unsafe; AND/OR ☐ Family homeless	1	0
11. Incidents of domestic violence in the household in the past year		
○ a. None or one incident of domestic violence	0	0
○ b. Two or more incidents of domestic violence	0	1
12. Primary caregiver disciplinary practices		
○ a. Employs appropriate discipline	0	0
○ b. Employs excessive/inappropriate discipline	0	1
13. Primary or secondary caregiver history of abuse or neglect as a child		
○ a. No history of abuse or neglect for either caregiver	0	0
○ b. One or both caregivers have a history of abuse or neglect as a child	1	1
14. Primary or secondary caregiver mental health		
○ a. No past or current mental health problem	0	0
○ b. Past or current mental health problem *(mark all applicable)*	1	1
☐ During the past 12 months		
☐ Prior to the last 12 months		
15. Primary or secondary caregiver alcohol and/or drug use		
○ a. No past or current alcohol/drug use that interferes with family functioning	0	0
○ b. Past or current alcohol/drug use that interferes with family functioning *(mark all applicable)*	1	1
☐ Alcohol (☐ Last 12 months and/or ☐ Prior to the last 12 months)		
☐ Drugs (☐ Last 12 months and/or ☐ Prior to the last 12 months)		
16. Primary or secondary caregiver criminal arrest history		
○ a. No caregiver has prior criminal arrests	0	0
○ b. Either caregiver has one or more criminal arrests	1	0
	Neglect	**Abuse**
TOTAL SCORE		

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

Neglect Score	Abuse Score	Scored Risk Level
☐ 0–2	☐ 0–1	☐ Low
☐ 3–5	☐ 2–4	☐ Moderate
☐ 6–8	☐ 5–7	☐ High
☐ 9 +	☐ 8 +	☐ Very high

OVERRIDES

Policy Overrides. Mark yes if a condition shown below is applicable in this case. If <u>any</u> condition is applicable, override the final risk level to <u>very high</u>.

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

Discretionary Override. If a discretionary override is made, mark yes, increase risk by one level, and indicate reason.

☐ Yes ☐ No 5. If yes, override risk level (mark one): ☐ Moderate ☐ High ☐ Very High
Discretionary override reason: _____

Supervisor's Review/Approval of Discretionary Override: _____ Date: _____/_____/_____

FINAL RISK LEVEL *(mark final level assigned)*: ☐ Low ☐ Moderate ☐ High ☐ Very high

RECOMMENDED DECISION

Final Risk Level	Recommendation
Low	Do not promote*
Moderate	Do not promote*
High	Promote
Very high	Promote

*Unless there are unresolved safety threats.

PLANNED ACTION

☐ Promote
☐ Do not promote

If recommended decision and planned action do not match, explain why:

_____

_____

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SUPPLEMENTAL RISK ITEMS

Note: These items should be recorded but are not scored.

1. Either caregiver demonstrates difficulty accepting one or more children's gender identity or sexual orientation.
   - ☐ a. No
   - ☐ b. Yes

2. Alleged perpetrator is an unmarried partner of the primary caregiver.
   - ☐ a. No
   - ☐ b. Yes

3. Another adult in the household provides unsupervised child care to a child under the age of 3.
   - ☐ a. No
   - ☐ b. Yes
   - ☐ c. N/A

3a. Is the other adult in the household employed?
   - ☐ a. No
   - ☐ b. Yes
   - ☐ c. N/A

4. Either caregiver is isolated in the community.
   - ☐ a. No
   - ☐ b. Yes

5. Caregiver has provided safe and stable housing for at least the past 12 months.
   - ☐ a. No
   - ☐ b. Yes

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CALIFORNIA
FAMILY RISK ASSESSMENT

Case Name: _____ Case #: _____ Date: _____

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

NEGLECT

N1. Current Complaint is for Neglect — Score
- a. No 0
- b. Yes ..... 1 _____

N2. Prior Investigations (assign highest score that applies)
- a. None 0
- b. One or more, abuse only 1
- c. One or two for neglect 2
- d. Three or more for neglect ..... 3 _____

N3. Household has Previously Received CPS (voluntary/court-order)
- a. No 0
- b. Yes ..... 1 _____

N4. ..... Number of Children Involved in the CA/N Incident
- a. One, two, or three 0
- b. Four or more ..... 1 _____

N5. Age of Youngest Child in the Home
- a. Two or older 0
- b. Under two ..... 1 _____

N6. Primary Caretaker Provides Physical Care Inconsistent with Child Needs
- a. No 0
- b. Yes ..... 1 _____

N7. Primary Caretaker has a Past or Current Mental Health Problem
- a. No 0
- b. Yes ..... 1 _____

N8. Primary Caretaker has Historic or Current Alcohol or Drug Problem. (Check applicable items and add for score)
- a. Not applicable 0
- b. Alcohol (current or historic) 1
- c. Drug (current or historic) ..... 1 _____

N9. Characteristics of Children in Household (Check applicable items and add for score)
- a. Not applicable 0
- b. Medically fragile/failure to thrive 1
- c. Developmental or physical disability 1
- d. Positive toxicology screen at birth ..... 1 _____

N10. Housing (check applicable items and add for score)
- a. Not applicable 0
- b. Current housing is physically unsafe 1
- c. Homeless at time of investigation ..... 2 _____

TOTAL NEGLECT RISK SCORE _____

ABUSE

A1. Current Complaint is for Abuse — Score
- a. No 0
- b. Yes ..... 1 _____

A2. Number of Prior Abuse Investigations (number)
- a. None 0
- b. One ..... 1 _____

A3. Household has Previously Received CPS (voluntary/court-ordered)
- a. No 0
- b. Yes ..... 1 _____

A4. Prior Injury to a Child Resulting from CA/N
- a. No 0
- b. Yes ..... 1 _____

A5. Primary Caretaker's Assessment of Incident (check applicable items and add for score)
- a. Not applicable 0
- b. Blames child 1
- c. Justifies maltreatment of a child ..... 2 _____

A6. Domestic Violence in the Household in the Past Year
- a. No 0
- b. Yes ..... 2 _____

A7. Primary Caretaker Characteristics (check applicable items and add for score)
- a. Not applicable 0
- b. Provides insufficient emotional/ psychological support 1
- c. Employs excessive/inappropriate discipline 1
- d. Domineering parent ..... 1 _____

A8. Primary Caretaker has a History of Abuse or Neglect as a Child
- a. No 0
- b. Yes ..... 1 _____

A9. Secondary Caretaker has Historic or Current Alcohol or Drug Problem
- a. No 0
- b. Yes, alcohol and/or drug (check all applicable) ..... 1 _____
  Alcohol Drug

A10. Characteristics of Children in Household (check appropriate items and add for score)
- a. Not applicable 0
- b. Delinquency history 1
- c. Developmental disability 1
- d. Mental health/behavioral problem ..... 1 _____

TOTAL ABUSE RISK SCORE _____

Risk Assessment Form (con.)

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

Neglect Score		Abuse Score		Scored Risk Level	
	0 – 1		0 – 1		Low
	2 - 4		2 – 4		Moderate
	5 - 8		5 – 7		High
	9 +		8 +		Very High

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

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

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

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

Discretionary override reason: _____

Supervisors Review/Approval of Discretionary Override: _____ Date: _____...../ /

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

Manitoba

SDM® Assessment of Probability of Future Harm

Primary Caregiver:
Referral Date:
Assessment Date:
Authority of Record (ADR):
Worker:

Secondary Caregiver:
Case Reference:
Ethnic/Racial Background: (Primary Caregiver)
Assessment Completed by:
Supervisor:

NEGLECT	Score
N1. Current report is for neglect	
N2. Prior Child Protection Investigations (assign highest score that applies)	
N3. Household has previously received CFS ongoing Protection Services	
N4. Number of children involved in the abuse/neglect incident	
N5. Age of youngest child in the home	
N6. Primary caregiver provides physical care consistent with child needs	
N7. Primary caregiver has a past or current mental health problem	
N8. Primary caregiver has past or current alcohol, drug problem that interferes with family functioning	
N9. Characteristics of children in household	
N10. Housing	
Total Neglect Risk Score (Maximum 16)	

ABUSE	Score
A1. Current report is for abuse	
A2. Number of prior abuse investigations (enter actual number)	
A3. Household has previously received CFS ongoing Protection Services	
A4. Prior injury to a child resulting from child abuse/neglect	
A5. Primary caregiver's assessment of incident	
A6. Domestic violence in the household in the past year	
A7. Primary caregiver characteristics	
A8. Primary caregiver has a history of abuse or neglect as a child	
A9. Secondary caregiver has past or current alcohol or drug problem that interferes with family functioning Not Applicable	
A10. Characteristics of children in household Not applicable	
Total Abuse Risk Score (Maximum 19)	

Preliminary Probability Level

Assign the family's scored risk level based on the highest score on either the neglect or abuse index.

Scored Probability Level

Highest Score
Category of Highest Score
Probability Level

Policy Overrides

Choose yes if a condition shown below is applicable in this case. If any condition is applicable, override final risk level to VERY HIGH.

1. Sexual abuse case AND the perpetrator is likely to have access to the child victim.
2. Non-accidental injury to a child younger than 2 years old
3. Severe non-accidental injury.
4. Caregiver(s) action or inaction resulted in death of a child due to abuse or neglect (previous or current).

Discretionary Overrides

If a discretionary condition is determined, choose yes. Probability level may only be overridden one level higher.

Discretionary Override?

Supervisor review/approval of discretionary overide:

Date:

Final Probability Override

Supplementary Information

Information in this section is not used to determine the level of assigned risk but will be used to assess whether future changes to the tool are required.

S1. Age of Primary Caregiver
S2. Family is experiencing severe financial difficulties
S3. Primary caregiver has limited or no support system
S3b. Secondary caregiver has limited or no support system

For Office Use Only

Preliminary Probability Level:
Policy Override:
Discretionary Override:
Final Probability Level:

Manitoba

SDM® Assessment of Probability of Future Harm

Primary Caregiver: _____ _____
Referral Date: _____ _____
Assessment Date: _____
Authority of Record (ADP): _____
Worker: _____

Secondary Caregiver: [redacted]
Case Reference: _____
Ethnic/Racial Background: _____ _____
(Primary Caregiver)
Assessment Completed by: _____ _____
Supervisor: _____ S _____

NEGLECT	Score
N1. Current report is for neglect	
N2. Prior Child Protection Investigations (assign highest score that applies)	
N3. Household has previously received CFS ongoing Protection Services	
N4. Number of children involved in the abuse/neglect incident	
N5. Age of youngest child in the home	
N6. Primary caregiver provides physical care consistent with child needs	
N7. Primary caregiver has a past or current mental health problem	
N8. Primary caregiver has past or current alcohol, drug problem that interferes with family functioning	
N9. Characteristics of children in household	
N10. Housing	
Total Neglect Risk Score (Maximum 16)	

ABUSE	Score
A1. Current report is for abuse	
A2. Number of prior abuse investigations (enter actual number)	
A3. Household has previously received CFS ongoing Protection Services	
A4. Prior injury to a child resulting from child abuse/neglect	0
A5. Primary caregiver's assessment of incident	0
A6. Domestic violence in the household in the past year	0
A7. Primary caregiver characteristics	
A8. Primary caregiver has a history of abuse or neglect as a child	1
A9. Secondary caregiver has past or current alcohol or drug problem that interferes with family functioning	
A10. Characteristics of children in household	
Total Abuse Risk Score (Maximum 19)	

Preliminary Probability Level

Assign the family's scored risk level based on the highest score on either the neglect or abuse index.

Scored Probability Level

Highest Score

Category of Highest Score

Probability Level

Policy Overrides

Choose yes if a condition shown below is applicable in this case. If any condition is applicable, override final risk level to VERY HIGH.

1. Sexual abuse case AND the perpetrator is likely to have access to the child victim. _____
2. Non-accidental injury to a child younger than 2 years old _____
3. Severe non-accidental injury. _____
4. Caregiver(s) action or inaction resulted in death of a child due to abuse or neglect (previous or current).

Discretionary Overrides

If a discretionary condition is determined, choose yes. Probability level may only be overridden one level higher.

Discretionary Override? _____

Supervisor review/approval of discretionary overide: _____

Date: _____

Final Probability Override

Supplementary Information

Information in this section is not used to determine the level of assigned risk but will be used to assess whether future changes to the tool are required.

S1. Age of Primary Caregiver _____
S2. Family is experiencing severe financial difficulties _____
S3. Primary caregiver has limited or no support system _____
S3b. Secondary caregiver has limited or no support system _____

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Preliminary Probability Level:
Policy Override:
Discretionary Override:

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MINNESOTA DEPARTMENT OF HUMAN SERVICES
SDM® RISK ASSESSMENT OF ABUSE/NEGLECT r: 12/11

SSIS Workgroup Name #: _____

Assessed By: _____ **Assessment Date:** _____/_____/_____

Tool Status: _____ **Finalized Date:** _____/_____/_____

Primary Caregiver: _____ **Secondary Caregiver:** _____

NEGLECT

N1. Current report is for neglect — SCORE _____
- a. No 0
- b. Yes 1

N2. Current report is for educational neglect — SCORE _____
- a. No 0
- b. Yes 1

N3. Number of prior assigned reports — SCORE _____
- a. None 0
- b. One or more 1

N4. Prior CPS history — SCORE _____
- a. Not applicable 0
- b. Prior determination for neglect *and/or* prior investigation resulted in case opening 1

N5. Number of children in the home — SCORE _____
- a. One 0
- b. Two or more 1

N6. Age of youngest child — SCORE _____
- a. 3 or older 0
- b. 2 or younger 1

N7. Child in the home has a developmental disability/emotional impairment — SCORE _____
- a. No 0
- b. Yes 1

N8. Number of adults in home at time of report — SCORE _____
- a. Two or more 0
- b. One or none 1

N9. Age of primary caregiver — SCORE _____
- a. 30 or older 0
- b. 29 or younger 1

N10. Either caregiver has a history of domestic violence — SCORE _____
- a. No 0
- b. Yes 1

N11. Either caregiver has/had an alcohol or drug problem during the last 12 months — SCORE _____
- a. No 0
- b. Yes 1

N12. Primary caregiver has/had a mental health problem — SCORE _____
- a. No 0
- b. Yes 1

TOTAL NEGLECT RISK SCORE _____

S1. Father, stepfather, boyfriend, or male roommate provides unsupervised child care to a child under the age of 3
- ___ a. No
- ___ b. Yes
- ___ c. Not applicable—no father, stepfather, boyfriend, or male roommate in the home

S2. Is the father, stepfather, boyfriend, or male roommate employed?
- ___ a. No
- ___ b. Yes
- ___ c. Not applicable—no father, stepfather, boyfriend, or male roommate in the home

ABUSE

A1. Current report is for abuse — SCORE _____
- a. No 0
- b. Yes, allegation of abuse, any type 1

A2. Current report results in determination of physical abuse — SCORE _____
- a. No 0
- b. Yes 1

A3. Number of prior assigned reports of abuse — SCORE _____
- a. None 0
- b. One or more 1

A4. Prior investigation resulted in case opening — SCORE _____
- a. No 0
- b. Yes 1

A5. Number of children in the home — SCORE _____
- a. One ..... -1
- b. Two to three 0
- c. Four or more 1

A6. Either caregiver was abused as a child — SCORE _____
- a. No 0
- b. Yes 1

A7. Primary caregiver lacks parenting skills — SCORE _____
- a. No 0
- b. Yes 1

A8. Either caregiver employs harmful and/or developmentally inappropriate discipline — SCORE _____
- a. No 0
- b. Yes 1

A9. Either caregiver has a history of domestic violence — SCORE _____
- a. No 0
- b. Yes 1

A10. Either caregiver's parenting style is over-controlling — SCORE _____
- a. No 0
- b. Yes 1

A11. Child in the home has a developmental disability or history of delinquency — SCORE _____
- a. No 0
- b. Developmental disability including emotional impairment 2
- c. History of delinquency 2
- d. Developmental disability including emotional impairment **and** history of delinquency 2

A12. Primary caregiver has/had a mental health problem — SCORE _____
- a. No 0
- b. Yes 1

A13. Alleged offender is an unmarried partner of the primary caregiver — SCORE _____
- a. No 0
- b. Yes 1

TOTAL ABUSE RISK SCORE _____

RISK LEVEL: Assign the family's risk level based on the highest score on either index, using the following chart:

Neglect Score	Abuse Score	Risk Level
0–2	-1–2	Low
3–5	3–5	Moderate
6–12	6–14	High

OVERRIDES. Policy: Increase to high risk.
- __ 1. Sexual abuse cases where the offender is likely to have access to the child victim.
- __ 2. Cases with non-accidental physical injury to an infant.
- __ 3. Serious non-accidental physical injury requiring hospital or medical treatment.
- __ 4. Death (previous or current) of a sibling as a result of abuse or neglect.

Discretionary: Increase one level.
- __ 5. Reason: _____

FINAL RISK LEVEL: _____ Low _____ Moderate _____ High

Supervisor Review/Approval: _____ **Date:** _____/_____/_____

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ONTARIO FAMILY RISK ASSESSMENT

Agency: _____

Family Name: _____

Date of Assessment: ___/___/____
Day/Month/Year

Primary Parent/Caregiver: _____

Secondary Parent/Caregiver: _____

Worker Name: _____

Neglect		Points	Score	Abuse		Points	Score
	Current Complaint is for Neglect			A1.	Current Complaint is for Abuse		
	a. No	0	___		a. No	0	___
	b. Yes	1			b. Yes	1	
N2.	Number of Prior Child Protection Investigations (assign highest score that applies)			A2.	Number of Previous Child Abuse Investigations (number:_____)		
	a. None	0	___		a. None	0	___
	b. One or more, abuse only	1			b. One	1	
	c. One or two for neglect	2			c. Two or more (actual number ___)	2	
	d. Three or more for neglect	3					
N3.	Family Has Previously Received CAS Ongoing Child Protection Services (voluntary/court-ordered)			A3.	Family has Previously Received CAS Ongoing Child Protection Services (voluntary/court-ordered)		
	a. No	0	___		a. No	0	___
	b. Yes	1			b. Yes	1	

N4.	Number of Children Involved in Current Child Abuse/Neglect Incident			A4.	Prior Injury to a Child Resulting from Child Abuse/Neglect		
	a. One, two or three	0	____		a. No	0	____
	b. Four or more	1			b. Yes	1	
N5.	Age of Youngest Child in the Family			A5.	Primary Parent/Caregiver's Assessment of Incident (check applicable items, add for score). Maximum score 3.		
	a. Two or older	0	____		a. ___Not applicable	0	____
	b. Under two	1			b. ___Blames child	1	
					c. ___Justifies maltreatment of a child	2	
N6.	Primary Parent/Caregiver Provides Physical Care Inconsistent with Child's Needs			A6.	Partner/Adult Conflict in the Family in the Past Year		
	a. No	0	____		a. No	0	____
	b. Yes	1			b. Yes (Number of Incidents __)	2	
N7.	Primary Parent/Caregiver has a Past or Current Mental Health Problem			A7.	Primary Parent/Caregiver Characteristics (check applicable items, add for score). Maximum score 3.		
	a. No	0	____		a. __ Not applicable	0	____
	b. Yes	1			b. __ Provides insufficient emotional/ psychological support	1	
					c. __ Employs excessive/ inappropriate	1	

					discipline		
					d. __ Employs overly controlling/abusive or overly restrictive behaviour.	1	
N8.	Primary Parent/Caregiver Has Historic or Current Alcohol, Drug or Substance Problem. (Check applicable items and add for score) Maximum score 2.			A8.	Primary Parent/Caregiver has a History of Abuse or Neglect as a Child		
	a. ___Not applicable	0	____		a. No	0	____
	b. ___Alcohol (current or historic)	1			b. Yes	1	
	c. ___Drug (current or historic)	1					
N9.	Characteristics of Children in Family (Check applicable items and add for score) Maximum score 3			A9.	Secondary Parent/Caregiver Has Past or Current Alcohol , Drug or Substance Problem		
	a. ___Not applicable	0	____		a. No	0	____
	b. ___Medically fragile/ failure to thrive	1			b. Yes, alcohol and/or drug: __Alcohol __Drug	1	
	c. ___Developmental or physical disability	1					
	d. ___Positive toxicology screen at birth	1					
N10	Housing (check applicable item). Maximum score 2.			A10	Characteristics of Children in the Family (check appropriate items & add for score) Maximum score 3.		
	a. ___Not applicable	0	____		a. ___Not applicable	0	____
	b. ___Current housing is physically unsafe	1			b. ___Criminal or acting out behaviour	1	

	c. ___Homeless at time of investigation	2			c. ___Developmental disability	1	
					d. ___Mental health/ behavioural problem	1	
	Total Neglect Risk Score (Maximum 16)		____		**Total Abuse Score (Maximum score 18)**		____

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

Neglect Score	Abuse Score	Scored Risk Level
_____0 to 1	_____0 to 1	_____Low
_____2 to 4	_____2 to 4	_____Moderate
_____5 to 8	_____5 to 7	_____High
_____9 +	_____8 +	_____Very High

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

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

DISCRETIONARY CONSIDERATIONS. If a discretionary consideration is determined, circle yes. Circle the discretionary risk level, and indicate reason. Risk level may only be overridden one level higher.

Yes	No	If yes, circle override risk level:	Low	Moderate	High	**Very High**

Discretionary consideration reason:

_____

Supervisor's Review/ Approval of Discretionary Consideration:

_____

Date: ___/___/____
Day/Month/Year

FINAL RISK LEVEL (circle final level assigned):

Low Moderate High Very High

NCFAS-G

North Carolina Family Assessment Scale
for General Services

Sample Scale & Definitions (v. G2.0)

National Family Preservation Network
Priscilla Martens, Executive Director
(888) 498-9047
director@nfpn.org
http://www.nfpn.org

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The NCFAS-G was developed in cooperation with Raymond S. Kirk, Ph.D.

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Introduction

This scale is used to determine how a family is functioning. There are 8 Domains, each comprising several subscales. For each subscale, rate its influence as a strength or problem for the family along the six-point continuum, using the following schema: +2 = Clear Strength, +1 = Mild Strength, 0 = Baseline/ Adequate, -1 = Mild Problem, -2 = Moderate Problem, and -3 = Serious Problem. To rate each scale, circle the appropriate number. The "overall" Domain ratings (the ones in the shaded areas) should indicate your overall, composite rating for each of the 8 domains. The subscales represent areas of interest relating to the Domain under which they appear (e.g., Housing Stability appears under domain A. Environment). All of the relevant subscales should be rated before assigning an overall Domain rating. Reliability and validity studies of the original Scale have revealed that it is essential to rate each of the subscales before rating the overall domain scale in order to achieve the maximum reliability of Domain ratings.

Use the Definitions for the NCFAS-G scale as guiding language to help you make your ratings. The definition of the **Baseline/Adequate** level of functioning can be thought of as reflecting the community standards in which the scale is applied in practice. The **Baseline/Adequate** level of functioning ***is the threshold above which there is no legal, moral, or ethical reason for public intervention.*** The level of functioning described by this definition does not preclude the offer or acceptance of voluntary services, regardless of assigned rating. If the family is under-resourced or functioning below the Baseline/Adequate level, public services may be warranted, either on a voluntarily or mandatory basis, depending on circumstances and law.

Some content on the subscales can best be obtained by observation or interaction with the family in their home environment. Therefore, it is recommended that home visits be conducted during the assessment process. Case service plans should be closely tied to problems identified during these assessments. It is also helpful to revisit the scales during the service period to monitor progress. After the initial Intake assessment, the Scale should be reviewed periodically to remind service providers of all treatment or service issues, and to document changes, or lack of changes in the Domains that have been the focus of case services. Complete the Intake ratings as early in the service period as possible, but only after sufficient family contact and supportive information has been obtained to assign the ratings confidently. Closure ratings will be informed by the services provided, the work performed during the service period, and by ongoing contact with the family by the worker.

The NCFAS-G has been adapted from the NCFAS (North Carolina Family Assessment Scale, Version 2.0) developed by Kirk, R. S., and Reed Ashcraft, K., 06/98. Information on these scales can be obtained from the Scales' principal author at ray.kirk@ilrinc.com. (NCFAS-G v.G2.0, 1/1/2007)

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A. Environment

Overall Rating	Not Applic.	Clear Strength	Mild Strength	Baseline/ Adequate	Mild Problem	Moderate Problem	Serious Problem	Unknown
1. Overall Environment								
Intake (I)	N/A	+2	+1	0	-1	-2	-3	UK
Closure (C)	N/A	+2	+1	0	-1	-2	-3	UK

Sample Subscales (7 total)

2. Housing Stability								
Intake (I)	N/A	+2	+1	0	-1	-2	-3	UK
Closure (C)	N/A	+2	+1	0	-1	-2	-3	UK
3. Safety in the Community								
Intake (I)	N/A	+2	+1	0	-1	-2	-3	UK
Closure (C)	N/A	+2	+1	0	-1	-2	-3	UK
4. Environmental Risks								
Intake (I)	N/A	+2	+1	0	-1	-2	-3	UK
Closure (C)	N/A	+2	+1	0	-1	-2	-3	UK

Sample Definition of Subscale

3. Safety in the Community	
+2 Clear Strength	Refers to a safe and secure neighborhood for the children. Parents can allow children to play outside without fear. Neighbors look out for each other (i.e., neighborhood "watch").
0 Baseline/Adequate	Refers to minor disturbances in the neighborhood, but disturbances do not prevent family members and children from spending time outside in the community.
-3 Serious Problem	Refers to many disturbances such as fights and/or outbursts in the neighborhood. The neighborhood is not safe for children to play outdoors or walk to the bus or to school. Evidence of violence, "boarded up" or barred windows, gun fire, the use of alcohol or drugs, and/or drug "trafficking" in the neighborhood. Neighbors fearful of "getting involved."

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B. Parental Capabilities

Note: This section refers to biological parent(s), if present, or current caregiver(s).

Overall Rating	Not Applic.	Clear Strength	Mild Strength	Baseline/ Adequate	Mild Problem	Moderate Problem	Serious Problem	Unknown
1. Overall Parental Capabilities								
Intake (I)	N/A	+2	+1	0	-1	-2	-3	UK
Closure (C)	N/A	+2	+1	0	-1	-2	-3	UK

Sample Subscales (8 total)

2. Supervision of Child(ren)								
Intake (I)	N/A	+2	+1	0	-1	-2	-3	UK
Closure (C)	N/A	+2	+1	0	-1	-2	-3	UK
3. Disciplinary Practices								
Intake (I)	N/A	+2	+1	0	-1	-2	-3	UK
Closure (C)	N/A	+2	+1	0	-1	-2	-3	UK
4. Provision of Developmental/ Enrichment Opportunities								
Intake (I)	N/A	+2	+1	0	-1	-2	-3	UK
Closure (C)	N/A	+2	+1	0	-1	-2	-3	UK

Sample Definition of Subscale

2. Supervision of Child(ren)	
+2 Clear Strength	Refers to caregivers' provision of age-appropriate supervision, such as setting limits for activities based on the children's ages. Caregivers are careful and attentive to children's needs in selecting substitute caregivers (babysitter, neighbor). Makes sure children feel comfortable and safe with substitute caregivers. Keeps track of children and knows children's friends.
0 Baseline/Adequate	Refers to caregivers providing satisfactory supervision of children. Some limits are set on activities based on the children's ages. Some consideration given to selecting substitute caregivers, and some concern with children's comfort with the substitute caregivers. Has a basic knowledge of location of children, and has a basic knowledge of children's friends.
-3 Serious Problem	Refers to caregivers' lack of age-appropriate supervision, or any supervision. Limits on activities of children are not set or set inconsistently. Little or no consideration given to selecting substitute caregivers (strangers, known abusers, persons under the influence of drugs/alcohol). No thought about children's comfort and feeling of security with substitute caregivers. Children's friends are not known, and location of children is not regularly known.

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C. Family Interactions

Note: This section refers to family members living in the same or different households.

Overall Rating	Not Applic.	Clear Strength	Mild Strength	Baseline/ Adequate	Mild Problem	Moderate Problem	Serious Problem	Unknown
1. Overall Family Interactions								
Intake (I)	N/A	+2	+1	0	-1	-2	-3	UK
Closure (C)	N/A	+2	+1	0	-1	-2	-3	UK

Sample Subscales (8 total)

2. Bonding with Child(ren)								
Intake (I)	N/A	+2	+1	0	-1	-2	-3	UK
Closure (C)	N/A	+2	+1	0	-1	-2	-3	UK
3. Communication with Child(ren)								
Intake (I)	N/A	+2	+1	0	-1	-2	-3	UK
Closure (C)	N/A	+2	+1	0	-1	-2	-3	UK
4. Expectations of Child(ren)								
Intake (I)	N/A	+2	+1	0	-1	-2	-3	UK
Closure (C)	N/A	+2	+1	0	-1	-2	-3	UK

Sample Definition of Subscale

4. Expectations of Child(ren)	
+2 Clear Strength	Refers to caregivers possessing age-appropriate expectations for the children, and clear expectations of children. Above average understanding of children's development cognitively, physically, socially, and emotionally.
0 Baseline/Adequate	Refers to caregivers' expectations for children as mostly age-appropriate. Caregivers appear to have an average understanding of children's developmental needs, or occasionally fail to attribute normal or age-appropriate expectations, but this behavior does not warrant intervention.
-3 Serious Problem	Refers to caregivers having unrealistic and unclear expectations for the children. Do not tolerate mistakes in children. Children are expected to take on adult responsibilities (i.e., "parentified"). Or, children are not allowed to engage in age-appropriate behaviors (e.g. sports, dating). Little or inappropriate understanding of normal child development.

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D. Family Safety

Note: This section refers to family members living in the same or different households.

Overall Rating	Not Applic.	Clear Strength	Mild Strength	Baseline/ Adequate	Mild Problem	Moderate Problem	Serious Problem	Unknown
1. Overall Family Safety								
Intake (I)	N/A	+2	+1	0	-1	-2	-3	UK
Closure (C)	N/A	+2	+1	0	-1	-2	-3	UK

Sample Subscales (8 total)

2. Absence/Presence of Domestic Violence Between Parents/Caregivers								
Intake (I)	N/A	+2	+1	0	-1	-2	-3	UK
Closure (C)	N/A	+2	+1	0	-1	-2	-3	UK
3. Absence/Presence of Other Family Conflict								
Intake (I)	N/A	+2	+1	0	-1	-2	-3	UK
Closure (C)	N/A	+2	+1	0	-1	-2	-3	UK
4. Absence/Presence of Physical Abuse of Child(ren)								
Intake (I)	N/A	+2	+1	0	-1	-2	-3	UK
Closure (C)	N/A	+2	+1	0	-1	-2	-3	UK

Sample Definition of Subscale

2. Absence/Presence of Domestic Violence Between Parents/Caregivers

Note: This item may not be applicable in all cases. This would be the case if there were only one caregiver involved, and there is no significant other. If this is the case, circle NA on the form.

+2 Clear Strength	Refers to families in which violence has never occurred between caregivers, and all family members are encouraged to solve problems "nonviolently." Also refers to families in which domestic violence has occurred, but no longer occurs due to family's success in counseling, and family actively discourages violence.
0 Baseline/Adequate	Refers to families in which domestic violence has occurred, but no longer occurs. Family is involved in counseling and making some progress. Also, families in which violence has never occurred. Disputes occur, and family members solve problems without violence.
-3 Serious Problem	Refers to incidents, complaints, or arrests for domestic violence. Violence between caregivers negatively affects ability to parent and/or has resulted in physical or emotional harm to children. One caregiver lives in fear of the other, and/or children fear for safety of one caregiver or themselves.

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E. Child Well-Being

Note: This section pertains to all the children in the family. If more than one child, children may have different issues. Rate the family, thus if any child has, for example, a mental health problem, the family as a whole experiences that problem. In this way, all children in the family may contribute to the ratings on a single form.

Overall Rating	Not Applic.	Clear Strength	Mild Strength	Baseline/ Adequate	Mild Problem	Moderate Problem	Serious Problem	Unknown
1. Overall Child Well-Being								
Intake (I)	N/A	+2	+1	0	-1	-2	-3	UK
Closure (C)	N/A	+2	+1	0	-1	-2	-3	UK

Sample Subscales (7 total)

2. Child(ren)'s Behavior								
Intake (I)	N/A	+2	+1	0	-1	-2	-3	UK
Closure (C)	N/A	+2	+1	0	-1	-2	-3	UK
3. School Performance								
Intake (I)	N/A	+2	+1	0	-1	-2	-3	UK
Closure (C)	N/A	+2	+1	0	-1	-2	-3	UK
4. Child(ren)'s Relationship with Parent(s)/Caregiver(s)								
Intake (I)	N/A	+2	+1	0	-1	-2	-3	UK
Closure (C)	N/A	+2	+1	0	-1	-2	-3	UK

Sample Definition of Subscale

4. Child(ren)'s Relationship with Parent(s)/Caregiver(s)	
+2 Clear Strength	Refers to children accepting discipline and supervision. Having open and clear communication with caregivers. Express or exhibit strong affiliation with caregivers.
0 Baseline/Adequate	Refers to children having some problems in accepting discipline and supervision. Also, some problems in communication with caregivers, but doesn't warrant intervention.
-3 Serious Problem	Refers to discipline and supervision problems with children. Lack of open and clear communication, or no communication with caregivers. Do not respect boundaries, and have an abusive or hostile relationship with caregivers. Express desire to leave family as soon as possible.

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F. Social/Community Life

Overall Rating	Not Applic.	Clear Strength	Mild Strength	Baseline/ Adequate	Mild Problem	Moderate Problem	Serious Problem	Unknown
1. Overall Social/ Community Life								
Intake (I)	N/A	+2	+1	0	-1	-2	-3	UK
Closure (C)	N/A	+2	+1	0	-1	-2	-3	UK

Sample Subscales (6 total)

2. Social Relationships								
Intake (I)	N/A	+2	+1	0	-1	-2	-3	UK
Closure (C)	N/A	+2	+1	0	-1	-2	-3	UK
3. Relationships with Child Care, Schools, and Extracurricular Services								
Intake (I)	N/A	+2	+1	0	-1	-2	-3	UK
Closure (C)	N/A	+2	+1	0	-1	-2	-3	UK
4. Connection to Neighborhood, Cultural/Ethnic Community								
Intake (I)	N/A	+2	+1	0	-1	-2	-3	UK
Closure (C)	N/A	+2	+1	0	-1	-2	-3	UK

Sample Definition of Subscale

3. Relationships with Child Care, Schools, and Extracurricular Services	
+2 Clear Strength	Caregivers' relationship with schools, child care providers, and other child serving organizations (e.g., sports, youth groups) is open, respectful, frequent, and honest. Caregivers and teacher or service provider communicate clearly and encourage each other's success. Interactions focus on best interest of children, and each advocates for children's best interest.
0 Baseline/Adequate	Relationship between caregivers and school, child care, or other youth service provider is adequate to insure children's safety and is respectful. Minor difficulties in communications or advocacy may occur but do not significantly impair relationship.
-3 Serious Problem	Relationship between caregivers and schools, child care or youth service providers is unsupportive, critical, disrespectful, hostile, dishonest, or nonexistent. Communication does not focus on best interest of children but may focus on caregivers' convenience or caregivers' interest at expense of children's participation and success.

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G. Self-Sufficiency

Overall Rating	Not Applic.	Clear Strength	Mild Strength	Baseline/ Adequate	Mild Problem	Moderate Problem	Serious Problem	Unknown
1. Overall Self-Sufficiency								
Intake (I)	N/A	+2	+1	0	-1	-2	-3	UK
Closure (C)	N/A	+2	+1	0	-1	-2	-3	UK

Sample Subscales (6 total)

2. Caregiver Employment								
Intake (I)	N/A	+2	+1	0	-1	-2	-3	UK
Closure (C)	N/A	+2	+1	0	-1	-2	-3	UK
3. Family Income								
Intake (I)	N/A	+2	+1	0	-1	-2	-3	UK
Closure (C)	N/A	+2	+1	0	-1	-2	-3	UK
4. Financial Management								
Intake (I)	N/A	+2	+1	0	-1	-2	-3	UK
Closure (C)	N/A	+2	+1	0	-1	-2	-3	UK

Sample Definition of Subscale

2. Caregiver Employment	
+2 Clear Strength	Refers to family having stable, legal employment over the past 12–24 months. Employer provides benefits, such as health insurance, and employer respects caregivers' need to attend to and spend time with family. Caregiver takes advantage of opportunities for training and advancement.
0 Baseline/Adequate	Refers to family having relatively stable, legal employment in the past 12 months. Employment experience may vary between periods of steady employment, layoffs or compulsory overtime that create occasional disruption to family routines or caregiver's availability to family. Benefits are not available or are available at very high cost.
-3 Serious Problem	Refers to caregiver losing employment for "negative" reasons (such as being fired, laid off for substance use or poor attendance) two or more times in the past 12 months. Caregivers work only sporadically by choice, placing extreme stress on family finances. Family is without benefits of any kind. Caregivers' employment may be illegal (unreported earnings, drug trade, prostitution). Caregivers not interested or unable (perhaps due to illiteracy) to participate in advancing employment options.

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H. Family Health

Overall Rating	Not Applic.	Clear Strength	Mild Strength	Baseline/ Adequate	Mild Problem	Moderate Problem	Serious Problem	Unknown
1. Overall Family Health								
Intake (I)	N/A	+2	+1	0	-1	-2	-3	UK
Closure (C)	N/A	+2	+1	0	-1	-2	-3	UK

Sample Subscales (8 total)

2. Parent(s)/Caregiver(s)'s Physical Health								
Intake (I)	N/A	+2	+1	0	-1	-2	-3	UK
Closure (C)	N/A	+2	+1	0	-1	-2	-3	UK
3. Parent(s)/Caregiver(s)'s Disability								
Intake (I)	N/A	+2	+1	0	-1	-2	-3	UK
Closure (C)	N/A	+2	+1	0	-1	-2	-3	UK
4. Parent(s)/Caregiver(s)'s Mental Health								
Intake (I)	N/A	+2	+1	0	-1	-2	-3	UK
Closure (C)	N/A	+2	+1	0	-1	-2	-3	UK

Sample Definition of Subscale

2. Parent(s)/Caregiver(s)'s Physical Health	
+2 Clear Strength	Caregivers enjoy excellent physical health. There are no health problems that interfere with parenting, employment, or participating in everyday life. Caregivers promote good health in family, including keeping watch over diet, exercise, and lifestyle habits of children and other family members.
0 Baseline/Adequate	Caregivers enjoy good basic health. May have some health issues, such as elevated blood pressure or mild diabetes that are under control through medication and routine health care. Health issues may occasionally inhibit caregivers, but do not pose major obstacles in parenting abilities or significantly hinder the caregivers' ability to parent. Caregivers are knowledgeable about health status and normally makes lifestyle and diet choices accordingly.
-3 Serious Problem	Caregivers suffer from one or more chronic debilitating physical health problems (such as serious obesity, high blood pressure, HIV/AIDS), or progressive diseases (such as cancer, AIDS, etc.) that significantly interfere with daily life. Caregivers do not understand implications of diet, lifestyle, or exercise, or of proper medication regimen, and therefore do not manage the health condition(s) to the extent possible. Caregivers project personal health problems on children or other household members, or requires children to provide physical care.

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Safety Assessment Worksheet – In-Home

Date of Safety Assessment:	**Type of Assessment:**

I.	**Family Name:**	**Case number:**	**Caseworker Name:**

Suf	Child's Name	Age	Suf	Child's Name	Age

Caregiver of Origin's Name	Rel	Date Seen	Caregiver of Origin's Name	Rel	Date Seen

II. Identify Safety Threats Below		List each child by name or suffix in the column. Note: only select Yes if the Safety Threshold was met					Explain how Safety Threshold was met/not met (Safety Threshold: vulnerable child, specific, out-of control, imminent, and serious harm likely)
Date of Face-to-Face Contact:							
1. Caregiver(s) intended to cause serious physical harm to the child.	Y						
	N						
2. Caregiver(s) are threatening to severely harm a child or are fearful that they will maltreat the child.	Y						
	N						
3. Caregiver(s) cannot or will not explain the injuries to a child.	Y						
	N						
4. Child sexual abuse is suspected, has occurred, and/or circumstances suggest abuse is likely to occur.	Y						
	N						
5. Caregiver(s) are violent and/or acting dangerously.	Y						
	N						
6. Caregiver(s) cannot or will not control their behavior.	Y						
	N						
7. Caregiver(s) react dangerously to child's serious emotional symptoms, lack of behavioral control, and/or self-destructive behavior.	Y						
	N						
8. Caregiver(s) cannot or will not meet the child's special, physical, emotional, medical, and/or behavioral needs.	Y						
	N						
9. Caregiver(s) in the home are not performing duties and responsibilities that assure child safety.	Y						
	N						
10. Caregiver(s) lack of parenting knowledge, skills, and/or motivation presents an immediate threat of serious harm to a child.	Y						
	N						
11. Caregiver(s) do not have or do not use resources necessary to meet the child's immediate basic needs which presents an immediate threat of serious harm to a child.	Y						
	N						
12. Caregiver(s) perceive child in extremely negative terms.	Y						
	N						
13. Caregiver(s) overtly rejects CPS/GPS intervention; refuses access to a child; and/or there is some indication that the caregivers will flee.	Y						
	N						
14. Child is fearful of the home situation, including people living in or having access to the home.	Y						
	N						

III. Are Safety Threats Present? ☐ Yes? ☐ No? If Yes, complete the following**:**

Protective Capacities: A Protective Capacity is a specific quality that can be observed and understood to be part of the way a caregiver thinks, feels, and acts that makes him or her protective. The purpose of determining whether or not a caregiver has Protective Capacities is to 1) determine if the child can be safe with that caregiver, 2) to determine when a child could be safely returned to the home, and/or 3) to determine if the case can be closed. Protective Capacities can be absent, enhanced or diminished. Consider each identified Safety Threat. What Protective Capacity must be enhanced and in operation to mitigate that threat? For enhanced Protective Capacities, describe specifically how that Protective Capacity would prevent the Safety Threat from reoccurring in the near future.

Caregiver of Origin's Name	Safety Threat By #	Child Suffix/ Name	List the caregiver(s) of origin's Protective Capacities which, when enhanced AND used, would mitigate the Safety Threat.	Indicate if the Protective Capacity is enhanced, diminished, or absent. For enhanced Protective Capacities describe how the selected capacity prepares, enables, or empowers the caregiver(s) of origin to be protective. Will the caregiver(s) be able to put the Protective Capacity into action?

IV. Safety Analysis: As part of your analysis, respond to the following four questions:

How are Safety Threats manifested in the family?

Can an able, motivated, responsible adult caregiver adequately manage and control for the child's safety without direct assistance from CCYA?

Is an in-home CCYA managed Safety Plan an appropriate response for this family?

What safety responses, services, actions, and providers can be deployed in the home that will adequately control and manage Safety Threats?

V. Caregiver(s) of Origin and Children Who Were Not Seen: Every effort should be made to see each caregiver of origin and child in the family face-to-face to determine if the child(ren) is/are safe. If there is a caregiver of origin or child in the family that was not seen (*e.g.* child runaway or adult caregiver of origin out of town), list their name, age, role within the family, and provide justification as to why they were not seen, how long it has been since someone has seen them, and the plan identified to see/locate them and to assure that child's safety.

Individuals Not Seen	Age	Family Role	Justification

VI. Safety Decision	List each child by name or suffix					
Decision Date:						
Safe: Either the caregiver(s) of origin's existing Protective Capacities sufficiently control each specific and identified Safety Threat, or no Safety Threats exist. Child can safely remain in the current living arrangement or with the caregiver(s) of origin. Safety Plan is not required.						
Safe with a Comprehensive Safety Plan: Either the caregiver(s) of origin's existing Protective Capacities can be supplemented by safety actions to control each specific and identified Safety Threat or the child must temporarily reside in an alternate informal living arrangement. No court involvement is necessary; however a Safety Plan is required.						
Unsafe: Caregiver(s) of origin's existing Protective Capacities cannot be sufficiently supplemented by safety actions to control specific and identified Safety Threats. Child cannot remain safely in the current living arrangement or with the caregiver(s) of origin; County Children and Youth Agency must petition for custody of the child. A Safety Plan is required.						

VII. Signatures of Approval (Requires Supervisory Discussion)			
	Caseworker Name	**Signature**	**Date**
	Supervisor Name	**Signature**	**Date**

INITIAL FAMILY ASSESSMENT AND SAFETY EVALUATION
Worksheet and Conclusion

SECTION A: General Information

Family: _____ **RFS ID:** _____

RFS Date: _____ **Date Assigned:** _____

Response Time Indicated: Immediate ( ) _____

Date of Initial Contact With Child: _____ **Date IFA Completed:** _____

Initial Contact:

1. Was initial contact made with the identified victim(s) according to the response time indicated on the Screening Guideline and Response Decision?
   ☐ Yes ☐ No If no, **document explanation.**

Composition: (Name, date of birth, age and role in family)

Household members found to be in the home at the time of the IFA:
(name/ DOB/ age/ role in the family)

Household members found not to be in the home as listed on the RFS:

RFS Address: _____

_____

Current Address: _____

_____

RFS Phone: _____

Current Phone: _____

Family Services Specialist: _____

Supervisor: _____

Initial Family Assessment Contacts/Process: Record the initial family assessment process, identifying dates, times, sources of information, other important specifics and general information which is deemed important. Other information should go in narrative. If IFA interview protocol is not followed document and justify.

SECTION B: Initial Family Assessment Areas and Impending Danger

1. **Maltreatment:** What is the extent of the maltreatment? What is the finding?

Finding:

Substantiation is based upon the following sections of SDCL 26-8A-2. **(If the decision is to substantiate, the worker leaves those definitions that relate to the reason for substantiation and deletes those definitions that are not relevant to the substantiation. If the decision is to unsubstantiate, the worker deletes all of the definitions below for SDCL 26-8A-2.)**

26-8A-2. Abused or Neglected child means a child:

1. Whose parent, guardian, or custodian has abandoned the child or has subjected the child to mistreatment or abuse;
2. Who lacks proper parental care through the actions or omissions of the parent, guardian, or custodian;
3. Whose environment is injurious to the child's welfare;
4. Whose parent, guardian, or custodian fails or refuses to provide proper or necessary subsistence, supervision, education, medical care or any other care necessary for the child's health, guidance, or well-being;
5. Who is homeless, without proper care, or not domiciled with the child's parent, guardian, or custodian through no fault of the child's parent, guardian or custodian.
6. Who is threatened with substantial harm.
7. Who has sustained emotional harm or mental injury as indicated by an injury to the child's intellectual or psychological capacity evidenced by an observable and substantial impairment in the child's ability to function within the child's normal range of performance and behavior, with due regard to the child's culture.
8. Who is subject to sexual abuse, sexual molestation or sexual exploitation by the child's parent, guardian, custodian or any other person responsible for the child's care,

9. Who was subject to prenatal exposure to abusive use of alcohol, marijuana, or any controlled drug or substance not lawfully prescribed by a practitioner as authorized by chapters 22-42 and 34-20B.
10. Whose parent, guardian or custodian knowingly exposes the child to an environment that is being used for the manufacture, use, or distribution of methamphetamines or any other unlawfully manufactured controlled drug or substance.

Sources of Information:

2. Nature of Maltreatment : What surrounding circumstances accompany the maltreatment? Documentation must include caregiver's explanation of circumstances even if the finding is no maltreatment. Circumstances and events associated with maltreatment including duration, progress or pattern, response of non maltreating caregiver, explanation of maltreatment, attitudes of caregiver's perspective of maltreatment.

Sources of Information:

Analysis:

3. Child Functioning: How does the child function on a daily basis? Include pervasive behaviors, feelings, intellect, physical capacity, temperament, vulnerability (child's ability to protect themselves), mental health, physical health, education needs, peer relations, and social and personal development.

Child # _____ Name _____

Non-Resident Parent Information (name, address/phone, frequency of contact with the child, relationship to family, and safety and protection issues):

ICWA Information (Tribal affiliation/enrollment):

Analysis:

Relatives Identified during the Initial Family Assessment (name/role or relationship/address/phone/level of involvement):

Sources of Information:

Impending Danger Threats: Based on case information specific to child functioning, indicate whether or not impending danger threats exist:

☐ **Yes** ☐ **No** **Child has exceptional needs which the parents/caregivers cannot or will not meet.**

☐ **Yes** ☐ **No** **Child is extremely fearful of the home situation.**

4. **Parenting – Discipline:** What are the disciplinary approaches used by the parent, and under what circumstances? Was there any observation of discipline practices? What purpose does discipline serve? Include intent, attitude and expectations about discipline, creativity and versatility, age appropriateness, and varied methods.

Parent 1:

Analysis:

Parent 2:

Analysis:

Sources of Information:

5. **Parenting – General:** What are the overall, typical, pervasive parenting practices used By the parent? Include parenting style and approach, knowledge of child development and parenting, parenting skill, parenting satisfaction, sensitivity to child's limits, expectations, caregiver overall attitude, approach and belief about being a parent. Describe existing and/or diminished protective capacities.

Parent 1:

Analysis:

Parent 2:

Analysis:

Sources of Information:

Impending Danger Threats:

Based on case information specific to parenting discipline and parenting general, indicate whether or not impending danger threats exist:

☐ Yes ☐ No	**One or both parents/caregivers have extremely unrealistic expectations or extremely negative perceptions of a child.**
☐ Yes ☐ No	**No adult in the home will perform parental duties and responsibilities.**
☐ Yes ☐ No	**One or both parents/caregivers fear they will maltreat the child and/or request placement.**
☐ Yes ☐ No	**One or both parents/caregivers lack parenting knowledge, skills, and motivation which effects child safety.**
☐ Yes ☐ No	**Living arrangements seriously endanger a child's physical health.**
☐ Yes ☐ No	**Family does not have resources to meet basic needs.**
☐ Yes ☐ No	**One or both parents/caregivers intend(ed) to hurt the child and shows no remorse.**

6. **Adult Functioning:** How does the adult function with respect to daily life management and general adaptation? Include mental health, physical health, substance use, and social and domestic relations, daily routine and habits, communication, emotional control and presentation, social relationships, problem solving, stress management.

Parent 1:

ICWA Information (Tribal affiliation/enrollment):

Analysis:

Parent 2:

ICWA Information (Tribal affiliation/enrollment):

Analysis:

Sources of Information:

Impending Danger Threats:

Based on case information specific to adult functioning, indicate whether or not impending danger threats exist:

☐ **Yes** ☐ **No** **One or both parents/caregivers are violent.**

☐ **Yes** ☐ **No** **One or both parents/caregivers cannot control their behavior.**

SECTION C. Child Safety Conclusions:

☐ The child(ren) is/are safe because no impending danger was identified or there are sufficient caregiver protective capacities within the home to control or manage identified danger. Based on specific case information, Proceed to section F. Explain how existing protective capacities ensure child safety.

☐ The child(ren) is/are unsafe because impending danger threats were identified and child safety cannot be managed by the caregiver protective capacities. This case must be opened for ongoing services based on specific case information.

Complete sections D, E, and F.

SECTION D. <u>Impending Danger Description</u>

DangerThreshold: *Danger threats are negative family conditions and/or circumstances and/or caregiver behaviors; emotions; attitudes; perceptions; etc. that are out of control in the presence of a vulnerable child and therefore likely to have severe effects on a child at any time in the near future.*

- **Observable** refers to family behaviors, conditions or situations representing a danger to a child that are specific, definite, real, can be seen and understood and are subject to being reported and justified.

- **Vulnerable Child** refers to a child who is dependent on others for protection and is exposed to circumstances that she or he is powerless to manage, and susceptible, accessible, and available to a threatening person and/or persons in authority over them. Vulnerability is judged according to age; physical and emotional development; ability to communicate needs; mobility; size and dependence and susceptibility. This definition also includes all young children from 0 – 6 and older children who, for whatever reason, are not able to protect themselves or seek help from protective others.
- **Out-of-Control** refers to family behavior, conditions or situations which are unrestrained resulting in an unpredictable and possibly chaotic family environment not subject to the influence, manipulation, or ability within the family's control. Such out-of-control family conditions pose a danger.
- **Imminent** refers to the belief that dangerous family behaviors, conditions, or situations will remain active or become active within the next several days to within a month. This is consistent with a degree of certainty or inevitability that danger and severe harm are possible, even likely outcomes, without intervention.
- **Severity** refers to the effects of maltreatment that have already occurred and/or the potential for harsh effects based on the vulnerability of a child and the family behavior, condition or situation that is out of control.

Consider how the negative family conditions are a long standing problem (duration), are becoming increasingly problematic (progressive), is all consuming in terms of how an individual caregiver/family functions (pervasiveness/intensity), is consistently affecting caregiver performance (frequency), and is likely to continue and become progressively worse (continuance).

Specifically describe below how impending danger is currently manifested in the family. All of the criteria of the danger threshold must be included in the description. Details must include how each threat is occurring within the family including when (time of day), how often, under what circumstance, other influences involved, and inability of the family to control the threat to child safety. Describe how the child is vulnerable to these threats. (Make sure to include how diminished protective capacities affect child safety.)
Describe how the child is vulnerable to these threats.

Signature and Approval

Family Services Specialist, Date

Family Services Specialist Supervisor, Date

SECTION E. Safety Analysis and Planning

Justification for the use of an in-home safety plan or out of home safety plan (placement)

Complete safety analysis on all cases where children are identified as unsafe and in need of protection. This establishes reasonable efforts and rationale for the type of safety plan developed (in-home safety plan or out of home safety plan-custody). Justify any case specific information for any/all "no" and "yes" determinations:

1. ☐ **Yes** ☐ **No** The caregivers reside in a place which allows for establishment and sustaining an in-home safety plan.

Justify:

2. ☐ **Yes** ☐ **No** The caregivers and home environment can accommodate and not disrupt scheduled safety services.

Justify:

3. ☐ **Yes** ☐ **No** The caregivers are willing to accept and cooperate with an in-home safety plan response.

Justify:

4. ☐ **Yes** ☐ **No** The caregivers are able to do what is necessary to follow through with requirements of an in-home safety plan.

Justify:

5. ☐ **Yes** ☐ **No** There are family networks, community, and/or agency resources available to create an in home safety plan that is sufficient, feasible, and sustainable.

Justify:

If the answer is "yes" to all of the safety analysis questions, proceed with an in home safety plan.

If the answer is "no" to any of the safety analysis questions then the determination is that an in-home safety plan can not sufficiently control impending danger and assure child safety. Any no response indicates the need to pursue the use of an out of home safety plan (custody).

The State's Attorney or Tribal Prosecutor must be notified if an in-home safety plan will not assure the safety of the child, the family is uncooperative and efforts to remove the child have been unsuccessful. The Family Services Specialist should request the

State's Attorney or Tribal Prosecutor to proceed with the removal of the child and/or file an A/N petition. If the State's Attorney or Tribal Prosecutor denies the petition, consult with the supervisor regarding case closure.

If analysis indicates an in-home plan is not appropriate, an out of home safety plan (custody) is denied and the caregivers are cooperative then develop a more professionally driven in-home safety plan utilizing Child Protection Staff and other safety providers to the extent they are able to increase their visits in the home, in attempt to compensate for the inability to obtain custody.

Section E: Response: Type of Safety Plan and intervention based on unsafe determination:

☐ In home safety plan (non custody)

☐ Out of home safety plan (custody)

Justification (include States Attorney's/Tribal Prosecutor's contacts and response):

SECTION F. Case Opening or Closing: Is the case going to be opened for ongoing services?

☐ **Yes** ☐ **No** ☐ **Already opened**

If the case is not opened for ongoing services, indicate reasons below. If any immediate needs were addressed and/or referrals made for the family document below.

If the case is opened for ongoing services was a Childhood Trauma Screening Tool completed on each child in the home.

☐ **Yes** ☐ **No**

Signature and Approval

Family Services Specialist, Date

Family Services Specialist Supervisor, Date

State of Illinois
Department of Children and Family Services

CHILD ENDANGERMENT RISK ASSESSMENT PROTOCOL

SAFETY DETERMINATION FORM

Case Name	Date of Report	Agency Name
RTO/RSF	Date of this Assessment Date of Certification	SCR/CYCIS #
Name of Worker Completing Assessment		ID#

When To Complete the Form:

CHILD PROTECTION INVESTIGATION (check the appropriate box):

☐ 1. Within 24 hours after the investigator first sees the alleged child.

☐ 2. Whenever evidence or circumstances suggest that a child's safety may be in jeopardy.

☐ 3. Every 5 working days following the determination that a child is **unsafe** and a safety plan is implemented. Such assessment must continue until either all children are assessed as being safe, the investigation is completed or all children assessed as unsafe are removed from the legal custody of their parents/caregivers and legal proceedings are being initiated in Juvenile Court. This assessment should be conducted considering the child's safety status as if there was no safety plan, (i.e., would the child be safe **without** the safety plan?).

☐ 4. At the conclusion of the formal investigation, unless temporary custody is granted or there is an open intact case or assigned caseworker. The safety of all children in the home, including alleged victims and non-involved children, must be assessed.

PREVENTION SERVICES (CHILD WELFARE INTAKE EVALUATION) (check the appropriate box):

☐ 1. Within 24 hours of seeing the children, but no later than 5 working days after assignment of a Prevention Services referral.

☐ 2. Before formally closing the Prevention Services referral, if the case is open for more than 30 calendar days.

☐ 3. Whenever evidence or circumstances suggest that a child's safety may be in jeopardy.

INTACT FAMILY SERVICES (check the appropriate box):

☐ 1 Within 5 working days after initial case assignment and upon any and all subsequent case transfers.
Note: If the child abuse/neglect investigation is pending at the time of case assignment, the Child Protection Service Worker remains responsible for CERAP safety assessment and safety planning until the investigation is complete. When the investigation is completed and approved, the assigned intact worker has 5 work days to complete a new CERAP.

☐ 2. Every 90 calendar days from the case opening date.

☐ 3. Whenever evidence or circumstances suggest that a child's safety may be in jeopardy.

☐ 4. Every 5 working days following the determination that a child is **unsafe** and a safety plan is implemented. Such assessment must continue until either all children are assessed as being safe, the investigation is completed or all children assessed as unsafe are removed from the legal custody of their parents/caregivers and legal proceedings are being initiated in Juvenile Court. This assessment should be conducted as if there was no safety plan (i.e., would the child be safe **without** the safety plan?).

☐ 5. Within 5 work days of a supervisory approved case closure.

PLACEMENT CASES (check the appropriate box):

- ☐ 1. Within 5 working days after a worker receives a new or transferred case, **when there are other children in the home of origin.**
- ☐ 2. Every 90 calendar days from the case opening date.
- ☐ 3 When considering the commencement of unsupervised visits in the home of the parent or guardian.
- ☐ 4. Within 24 hours prior to returning a child home.
- ☐ 5. When a new child is added to a family with a child in care.
- ☐ 6. Within 5 working days after a child is returned home and every month thereafter until the family case is closed.
- ☐ 7. Whenever evidence or circumstances suggest that a child's safety may be in jeopardy.

For any Safety Threat that was marked "Yes" on the previous CERAP that is marked as "No" on the current CERAP (indicating the Safety Threat no longer exists), the completing worker will provide an explanation as to what changed in order to eliminate the Safety Threat on the next page.

SECTION 1. SAFETY ASSESSMENT
Part A. Safety Threat Identification

Directions: The following list of threats is behaviors or conditions that may be associated with a child being in immediate danger of moderate to severe harm**. NOTE: At the initial safety assessment, all alleged child victims and all other children residing in the home are to be seen, and if verbal, interviewed out of the presence of the caretaker and alleged perpetrator. If some children are not at home during the initial investigation, do not delay the safety assessment. Complete a new safety assessment on the children who are not home at the earliest opportunity only if the safety assessment changes. If there is no change, indicate so in the "Reclassify Participant" box in PART B.2. For all other safety assessments, all children residing in the home are to be seen, and if verbal, interviewed out of the presence of the caregiver and alleged perpetrator.** When assessing children's safety, consider the effects that any adults or members of the household who have access to them could have on their safety. Identify the presence of each factor by checking "Yes," which is defined as "clear evidence or other cause for concern."

1.	**Yes** ☐	**No** ☐	A caregiver, paramour or member of the household whose behavior is violent and out of control.
2.	**Yes** ☐	**No** ☐	A caregiver, paramour or member of the household is suspected of abuse or neglect that resulted in moderate to severe harm to a child or who has made a plausible threat of such harm to a child.
3.	**Yes** ☐	**No** ☐	A caregiver, paramour or member of the household has documented history of perpetrating child abuse/neglect or any person for whom there is reasonable cause to believe that he/she previously abused or neglected a child. The severity of the maltreatment, coupled with the caregiver's failure to protect, suggests child safety may be an urgent and immediate concern.
4.	**Yes** ☐	**No** ☐	Child sex abuse is suspected and circumstances suggest child safety may be an immediate concern.
5.	**Yes** ☐	**No** ☐	A caregiver, paramour or member of the household is hiding the child, refuses access, or there is some indication that a caregiver may flee with the child.
6.	**Yes** ☐	**No** ☐	Child is fearful of his/her home situation because of the people living in or frequenting the home.
7.	**Yes** ☐	**No** ☐	A caregiver, paramour or member of the household describes or acts toward the child in a predominantly negative manner.
8.	**Yes** ☐	**No** ☐	A caregiver, paramour or member of the household has dangerously unrealistic expectations for the child.
9.	**Yes** ☐	**No** ☐	A caregiver, paramour or member of the household expresses credible fear that he/she may cause moderate to severe harm to a child.
10.	**Yes** ☐	**No** ☐	A caregiver, paramour or member of the household has not, will not, or is unable to provide sufficient supervision to protect a child from potentially moderate to severe harm.
11.	**Yes** ☐	**No** ☐	A caregiver, paramour or member of the household refuses to or is unable to meet a child's medical or mental health care needs and such lack of care may result in moderate to severe harm to the child.
12.	**Yes** ☐	**No** ☐	A caregiver, paramour or member of the household refuses to or is unable to meet the child's need for food, clothing, shelter, and/or appropriate environmental living conditions.
13.	**Yes** ☐	**No** ☐	A caregiver, paramour or member of the household whose alleged or observed substance abuse may seriously affect his/her ability to supervise, protect or care for the child.
14.	**Yes** ☐	**No** ☐	A caregiver, paramour or member of the household whose alleged or observed mental/physical illness or developmental disability may seriously impair or affect his/her ability to provide care for a child.
15.	**Yes** ☐	**No** ☐	The presence of violence, including domestic violence, that affects a caregiver's ability to provide care for a child and/or protection of a child from moderate to severe harm.
16.	**Yes** ☐	**No** ☐	A caregiver, paramour, member of the household or other person responsible for a child's welfare engaged in or credibly alleged to be engaged in human trafficking poses a safety threat of moderate to severe harm to the child .

For any Safety Threat that was marked "Yes" on the previous CERAP that is marked as "No" on the current CERAP (indicating the Safety Threat no longer exists), the completing worker shall provide an explanation in a contact note as to what changed in order to eliminate the Safety Threat(s).

PART B.1. Safety Threat Description

Directions: **IF SAFETY THREAT(S) ARE CHECKED "YES":**

- Note the applicable safety number and then briefly describe the specific individuals, behaviors, conditions and circumstances associated with that particular threat.

IF NO SAFETY THREATS ARE CHECKED "YES"

- Summarize the information you have available that leads you to believe that no children are likely to be in immediate danger of moderate to severe harm

PART B.2. List Children and Adults Who Were Not Assessed and the Reason Why They Were Not Identify the timeframes in which the assessment will be done.

RECLASSIFY Participant: **Indicate below if no change in the assessment has occurred due to the assessment of the above persons.**
If a change has occurred, complete a new assessment

Worker's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

PART B.3. Family Strengths or Mitigating Circumstances

For each safety factor that has been checked "yes", describe any family strengths or mitigating circumstances. This section is not to be completed if no safety factors are checked "yes".

Safety Factor #	1. Family Strengths	2. Mitigating Circumstances

SECTION 2: SAFETY DECISION

Directions: Identify your safety decision by checking the appropriate box below. (Check one box only.) This decision should be based on the assessment of all safety factors and any other information known about this case.

A. SAFE ☐ There are no children likely to be in immediate danger of moderate to severe harm at this time. No safety plan shall be done.

B. UNSAFE ☐ A safety plan must be developed and implemented **or** one or more children must be removed from the home because without the plan they are likely to be in immediate danger of moderate to severe harm.

SIGNATURE/DATES

The safety assessment and decision were based on the information known at the time and were made in good faith.

Worker _____ Date _____

Supervisor _____ Date _____

RECLASSIFY Participant: **Indicate below if no change in the assessment has occurred due to the assessment of the above persons.**
If a change has occurred, complete a new assessment

Worker's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

PART B.3. Family Strengths or Mitigating Circumstances

For each safety factor that has been checked "yes", describe any family strengths or mitigating circumstances. This section is not to be completed if no safety factors are checked "yes".

Safety Factor #	1. Family Strengths	2. Mitigating Circumstances

SECTION 2: SAFETY DECISION

Directions: Identify your safety decision by checking the appropriate box below. (Check one box only.) This decision should be based on the assessment of all safety factors and any other information known about this case.

A. SAFE ☐ There are no children likely to be in immediate danger of moderate to severe harm at this time. No safety plan shall be done.

B. UNSAFE ☐ A safety plan must be developed and implemented **or** one or more children must be removed from the home because without the plan they are likely to be in immediate danger of moderate to severe harm.

SIGNATURE/DATES

The safety assessment and decision were based on the information known at the time and were made in good faith.

Worker _____ Date _____

Supervisor _____ Date _____

CFS 1441
Rev 12/00

AN EXAMPLE OF ONE STATE'S RISK ASSESSMENT FORM
State of Illinois Department of Children and Family Services

CHILD ENDANGERMENT RISK ASSESSMENT PROTOCOL

Safety Determination Form

Case Name	Date of Report	Agency Name
RTO/RSF	Date of this Assessment Date of Certification	SCR/CYCIS #
Name of Worker Completing Assessment		ID#

When To Complete the Form:

For child protection investigation and child welfare intake purposes, the safety assessment must be conducted, at a minimum, at the following case milestones (check the appropriate box):

- ☐ 1. Within 24 hours after the investigator first SEES the alleged child victim(s).
- ☐ 2. Whenever evidence or circumstances suggest that a child's safety may be in jeopardy.
- ☐ 3. At the conclusion of the investigation unless a service case is opened.
- ☐ 4. At CWS Intake within 24 hours of seeing the children

For intact family purposes, the safety assessment must be conducted, at a minimum, at the following case milestones (check the appropriate box):

- ☐ 1. Within 5 working days after initial case assignment and upon any and all subsequent case transfers.
- ☐ 2. Every 6 months from case opening
- ☐ 3. When considering whether to close an intact service case, a safety assessment must be done immediately prior to supervisory approval of the critical decision.
- ☐ 4. Whenever evidence or circumstances suggest that a child's safety may be in jeopardy.

For placement cases, the safety assessment must be conducted, at a minimum, at the following case milestones (check the appropriate box):

- ☐ 1. Within 5 working days after initial case assignment and upon any and all subsequent case transfers **when there are other children still in the home as part of an open family case assigned to the worker**. Assess safety in the child's return home environment and document the conditions or behavior which continue to prevent return home and document the continuous safety of every child still in the home
- ☐ 2. When considering the commencement of unsupervised visits in home of parent or guardian. (Assess safety in the child's return home environment.)
- ☐ 3. Before an administrative case review when a child in care has a return home goal and there are other children still in the home as part of an open family case **assigned to the worker**.
- ☐ 4. Every six months from family case opening when a child in care has a permanency goal other than return home and other children are still in the home as part of an open family case **assigned to the worker.**. The CERAP is to be completed on the children still at home only.
- ☐ 5. Within 24 hours prior to returning a child home. (Assess safety in the child's return home environment.)
- ☐ 6. Within five working days after a child is returned home and every month thereafter until the family case is closed.
- ☐ 7. When considering whether to close a reunification service case, a safety assessment must be done immediately prior to supervisory approval of the critical decision.
- ☐ 8. Whenever evidence or circumstances suggest that a child's safety may be in jeopardy in home of foster parent, relative caregiver, or pre-adoptive parent.
  Name of caregiver:_____

SECTION 1. SAFETY ASSESSMENT

Part A. Safety Factor Identification

Directions

The following list of factors are behaviors or conditions that may be associated with a child(ren) being in

immediate danger of moderate to severe harm. **NOTE: At the initial safety assessment, all alleged child victims and all other children residing in the home are to be seen and if verbal, interviewed out of the presence of the caretaker and alleged perpetrator, if possible. If some children are not at home during the initial investigation, do not delay the safety assessment. Complete a new safety assessment on the children who are not home at the earliest opportunity only if the safety assessment changes. If there is no change, certify the current assessment at the bottom of page 3. For all other safety assessments, all children residing in the home are to be seen, and if verbal, interviewed out of the presence of the caretaker and alleged perpetrator, if possible.** When assessing children's safety, consider the effects that any adults or members of the household who have access to them could have on their safety. Identify the presence of each factor by checking "Yes," which is defined as "clear evidence or other cause for concern."

1. Yes ☐ No ☐ Any member of the household's behavior is violent and out of control.

2. Yes ☐ No ☐ Any member of the household describes or acts toward child in predominantly negative terms or has extremely unrealistic expectations.

3. Yes ☐ No ☐ There is reasonable cause to suspect that a member of the household caused moderate to severe harm or has made a plausible threat of moderate to severe harm to the child.

4. Yes ☐ No ☐ There is reason to believe that the family is about to flee or refuse access to the child, and/or the child's whereabouts cannot be ascertained.

5. Yes ☐ No ☐ Caretaker has not, will not, or is unable to provide sufficient supervision to protect child from potentially moderate to severe harm.

6. Yes ☐ No ☐ Caretaker has not, or is unable to meet the child's medical care needs that may result in moderate to severe health care problems if left unattended.

7. Yes ☐ No ☐ Any member of the household has previously or may have previously abused or neglected a child, and the severity of the maltreatment, or the caretaker's or other adult's response to the prior incident, suggests that child safety may be an urgent and immediate concern.

8. Yes ☐ No ☐ Child is fearful of people living in or frequenting the home.

9. Yes ☐ No ☐ Caretaker has not, or is unable to meet the child's immediate needs for food, clothing, and/or shelter; the child's physical living conditions are hazardous and may cause moderate to severe harm.

10. Yes ☐ No ☐ Child sexual abuse is suspected and circumstances suggest that the child safety may be an immediate concern.

11. Yes ☐ No ☐ Any member of the household's alleged or observed drug or alcohol abuse may seriously affect his/her ability to supervise, protect, or care for the child.

12. Yes ☐ No ☐ Any member of the household's alleged or observed physical/mental illness or developmental disability may seriously affect his/her ability to supervise, protect or care for the child.

13. Yes ☐ No ☐ The presence of domestic violence which affects caretaker's ability to care for and/or protect child from imminent, moderate to severe harm.

14. Yes ☐ No ☐ A paramour is the alleged or indicated perpetrator of physical abuse.

15. Yes ☐ No ☐ Other (specify) _____

PART B.1. Safety Factor Description

Directions: **IF SAFETY FACTOR(S) ARE CHECKED "YES":**

- Note the applicable safety number and then briefly describe the specific individuals, behaviors, conditions and circumstances associated with that particular factor.

IF NO SAFETY FACTORS ARE CHECKED "YES":

- Summarize the information you have available that leads you to believe that no children are likely to be in immediate danger of moderate to severe harm.

PART B.2. List Children and Adults Who Were Not Assessed and the Reason Why They Were Not
Identify the timeframes in which the assessment will be done.

Certify below if no change in the assessment has occurred due to the assessment of the above persons. If a change has occurred, complete a new assessment.

Worker's Signature:_____ Date:_____

Supervisor's Signature: Date:

PART B.3. Family Strengths or Mitigating Circumstances

For each safety factor that has been checked "yes", describe any family strengths or mitigating circumstances. This section is not to be completed if all the children are safe.

Safety Factor #	1. Family Strengths	2. Mitigating Circumstances

SECTION 2: SAFETY DECISION

Directions: Identify your safety decision by checking the appropriate box below. (Check one box only.) This decision should be based on the assessment of all safety factors and any other information known about this case.

A. SAFE ☐ There are no children likely to be in immediate danger of moderate to severe harm at this time. No safety plan shall be done.

B. UNSAFE ☐ A safety plan must be developed and implemented **or** one or more children must be removed from the home because without the plan they are likely to be in immediate danger of moderate to severe harm.

SIGNATURE/DATES

The safety assessment and decision were based on the information known at the time and were made in good faith.

Worker _____ Date _____

Supervisor _____ Date _____

STRENGTHS AND STRESSORS
TRACKING DEVICE (BERRY—FROM CMHS PCP CONSENSUS CONF WEBSITE)

Case Number_____ Date Intake Assessment Completed _____
Caseworker_____ Date Case Closure Assessment Completed_____
Family Name_____

Introduction

Each of the following factors may be important to the level of maltreatment or risk of out-of-home placement for this family in the context of family strengths and weaknesses. Consider each factor and the items listed under each factor in terms of its importance in reducing risk of maltreatment or diverting the out-of-home placement of children in this family. For each factor, rate its importance on a continuum of strength/weakness by using a 5-point scale of:

+2: Clear Strength, +1: Mild Strength, 0: Adequate, -1: Mild Stressor, -2: Serious Stressor

To do so, circle the appropriate factor at intake and at case closure. Complete these ratings within 1-2 weeks of intake and again within 1-2 weeks of service termination.

A. Environment

	INTAKE					**CLOSURE**				
	Stressor			Strength		Stressor			Strength	
1. Housing Stability										
Pays rent/mortgage on time	-2	-1	0	+1	+2	-2	-1	0	+1	+2
Has not moved in the last 6 months	-2	-1	0	+1	+2	-2	-1	0	+1	+2
2. Safety in Community										
Safe neighborhood for the children (no problem playing outside)	-2	-1	0	+1	+2	-2	-1	0	+1	+2
Neighbors look out for each other	-2	-1	0	+1	+2	-2	-1	0	+1	+2
3. Habitability of Housing										
Good space and privacy for children	-2	-1	0	+1	+2	-2	-1	0	+1	+2
Good adequate furnishings in rooms	-2	-1	0	+1	+2	-2	-1	0	+1	+2
4. Income/Employment										
The family has had stable employment in the last 6 months	-2	-1	0	+1	+2	-2	-1	0	+1	+2
Is receiving total public assistance	-2	-1	0	+1	+2	-2	-1	0	+1	+2
5. Financial Management										
Stable budgeting, seldom in crisis over money	-2	-1	0	+1	+2	-2	-1	0	+1	+2
6. Food and Nutrition										
Prepares balanced, nutritious meals	-2	-1	0	+1	+2	-2	-1	0	+1	+2
Family eats together whenever possible	-2	-1	0	+1	+2	-2	-1	0	+1	+2
7. Personal Hygiene										
Children look clean and well-groomed	-2	-1	0	+1	+2	-2	-1	0	+1	+2
Adults look clean and well-groomed	-2	-1	0	+1	+2	-2	-1	0	+1	+2
8. Transportation										
Has access to public transportation	-2	-1	0	+1	+2	-2	-1	0	+1	+2
Has access to private transportation	-2	-1	0	+1	+2	-2	-1	0	+1	+2
9. Learning Environment										
Provides age-appropriate toys and games	-2	-1	0	+1	+2	-2	-1	0	+1	+2
Attention paid to developmental needs of children	-2	-1	0	+1	+2	-2	-1	0	+1	+2

B. Social Support

1. Social Relationships										
Has frequent interactions with relatives/friends	-2	-1	0	+1	+2	-2	-1	0	+1	+2
Attends civic and religious activities	-2	-1	0	+1	+2	-2	-1	0	+1	+2
2. Regular Services										
Ability to access available services (child care, community svcs, etc.)	-2	-1	0	+1	+2	-2	-1	0	+1	+2
3. Emergency Services										
Has access to emergency help from relatives/friends when in need	-2	-1	0	+1	+2	-2	-1	0	+1	+2
Knows where to obtain emergency services from the community	-2	-1	0	+1	+2	-2	-1	0	+1	+2
4. Motivation for Support										
The family accepts support/services from agencies	-2	-1	0	+1	+2	-2	-1	0	+1	+2
The family is willing to accept support from relatives/friends	-2	-1	0	+1	+2	-2	-1	0	+1	+2

	INTAKE					CLOSURE				
	Stressor			Strength		Stressor			Strength	
C. Family/Caregivers										
1. Parenting Skills										
Can provide consistent discipline	-2	-1	0	+1	+2	-2	-1	0	+1	+2
2. Adult Supervision										
Provides age-appropriate supervision	-2	-1	0	+1	+2	-2	-1	0	+1	+2
3. Personal Problems Affecting Parents										
Few physical/medical problems that affect parenting	-2	-1	0	+1	+2	-2	-1	0	+1	+2
Few mental health problems that affect parenting	-2	-1	0	+1	+2	-2	-1	0	+1	+2
Few alcohol/substance abuse problems that affect parenting	-2	-1	0	+1	+2	-2	-1	0	+1	+2
Few marital problems that affect parenting	-2	-1	0	+1	+2	-2	-1	0	+1	+2
4. Communication with Child										
Can effectively communicate with child	-2	-1	0	+1	+2	-2	-1	0	+1	+2
Can resolve conflict and dispute in the family	-2	-1	0	+1	+2	-2	-1	0	+1	+2
5. Marital Relationship										
Stable marital relationship in the family	-2	-1	0	+1	+2	-2	-1	0	+1	+2
Affection and harmony in the family	-2	-1	0	+1	+2	-2	-1	0	+1	+2
6. Expectation of the Child										
Age-appropriate expectations of the child	-2	-1	0	+1	+2	-2	-1	0	+1	+2
Can tolerate mistakes in child	-2	-1	0	+1	+2	-2	-1	0	+1	+2
7. Mutual Support										
Good emotional support as a family	-2	-1	0	+1	+2	-2	-1	0	+1	+2
Can lend support when needed	-2	-1	0	+1	+2	-2	-1	0	+1	+2
D. Child Well-Being										
Note: This section pertains to the child at highest risk										
1. Child's Physical Health										
Good health	-2	-1	0	+1	+2	-2	-1	0	+1	+2
2. Mental Health										
Emotional stability	-2	-1	0	+1	+2	-2	-1	0	+1	+2
Ability to handle stress	-2	-1	0	+1	+2	-2	-1	0	+1	+2
3. Sexual Abuse										
Has had few incidents of sexual abuse by others	-2	-1	0	+1	+2	-2	-1	0	+1	+2
Has had few incidents of abusing others	-2	-1	0	+1	+2	-2	-1	0	+1	+2
4. Emotional Abuse										
Has not been emotionally abused by family members	-2	-1	0	+1	+2	-2	-1	0	+1	+2
5. Child's Behavior										
Few management problems at home	-2	-1	0	+1	+2	-2	-1	0	+1	+2
Few management problems at school	-2	-1	0	+1	+2	-2	-1	0	+1	+2
Few delinquent behaviors	-2	-1	0	+1	+2	-2	-1	0	+1	+2
6. School Performance										
Good attendance	-2	-1	0	+1	+2	-2	-1	0	+1	+2
Good academic record	-2	-1	0	+1	+2	-2	-1	0	+1	+2
7. Relationship with Caregivers										
Accepts discipline and supervision	-2	-1	0	+1	+2	-2	-1	0	+1	+2
Good communication with the caregivers	-2	-1	0	+1	+2	-2	-1	0	+1	+2
8. Relationship with Siblings										
Gets along with siblings	-2	-1	0	+1	+2	-2	-1	0	+1	+2
9. Relationship with Peers										
Has peers as close friends	-2	-1	0	+1	+2	-2	-1	0	+1	+2
10. Motivation/Cooperation										
Is interested in staying with the family/caregivers	-2	-1	0	+1	+2	-2	-1	0	+1	+2
Is motivated to change behaviors	-2	-1	0	+1	+2	-2	-1	0	+1	+2