The Perceived Utility of Child Maltreatment Risk Assessment and Clinical Assessment Tools

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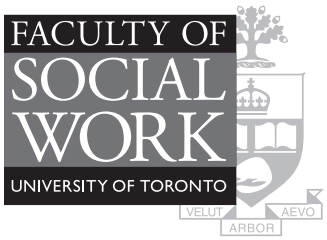

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Executive Summary

The ORAM (Ontario Risk Assessment Model) has been used as the foundation of decision-making in child welfare agencies across the province since 2000. However, as the province moves to a differential response system that hinges on the accurate identification of children at risk of future harm, questions have been raised by the field about the viability of the current system. In response to these concerns and to results from another study currently underway (Barber, Shlonsky, & Black, forthcoming) suggesting the Risk Assessment Tool (RAT) contained in the ORAM is neither valid nor reliable for predicting whether children will be re-abused,,the Ministry of Children and Youth Services (MCYS) decided to "test-drive" alternative tools for use in child welfare practice. These tools were selected after a review of the literature in the field conducted by the Ministry. Ninety-five child welfare workers volunteered to participate in focus groups to provide their feedback about the feasibility and utility of a number of risk assessment and contextual assessment tools, and to compare these measures to similar tools contained in the ORAM. Separate focus groups were conducted for Intake workers (Component I) and Ongoing Services workers (Component II) due to the distinct nature of their respective jobs. The risk assessment tools reviewed by participants in Component I and Component II were different, while the contextual tools were the same. A large proportion of tools were selected from the California version of the Children's Research Center's Structured Decision Making System (SDM) since it appears to have the best track record in the field and is employed in many child welfare systems in the US and Australia. Intake workers in Component I reviewed the California Safety Assessment and the California Risk Assessment; Ongoing workers in Component II reviewed the California Risk Reassessment Tool and the California Family Reunification Assessment. The four contextual tools reviewed by both groups included: Ontario Revised Risk, Strength, and Needs Assessment, California Family Strengths and Needs Assessment, Bristol Core Assessment Form, and Looking After Children-Canadian Version. Focus group participants provided insightful feedback about the utility of the tools as decision aids, and their specific strengths and limitations.

Thematic analyses of the data revealed several themes across risk assessment and clinical tools. These included the desire for tools that are: (1) streamlined, reducing the amount of paperwork child protection workers must complete on each case and avoiding duplication in recording; (2) comprehensive enough to portray an accurate picture of family functioning, but not overly burdensome and time-consuming for workers to complete or too intrusive to engage families. In general, caseworkers and supervisors found that the tools contained in the California SDM were superior in these respects to both the current ORAM and the other proposed tools.

Child welfare staff also had suggestions for improving each of the proposed instruments. They identified the need for: clear, concise definitions in order to reduce worker bias; the inclusion of procedures to identify how parental mental health and/or substance misuse affect parenting capacity; a designated area at the beginning of each tool where workers can provide a case summary, case chronology, and necessary demographic information (e.g., case number, age of children, number of interviews with the family); and a narrative field at the end of each tool to tie the family story together.

Background

Child welfare agencies are charged with investigating allegations of child maltreatment and, finding that such maltreatment has occurred or is likely to occur in the future, are required to decide upon a course of action that protects children from future harm. Yet such decisions are complex and the unassisted clinician is unlikely to be able to accurately predict the threat of harm in either the short or long-term. In order to standardize decision-making and to improve the accuracy of prediction in cases of child maltreatment, many jurisdictions have adopted the use of risk assessment tools and decision-making systems (Baird & Wagner, 2000; Baird, Wagner, Healy, & Johnson, 1999; Wald & Woolverton, 1990). In 2000, Ontario implemented such a system, the Ontario Risk Assessment Model (ORAM), and researchers from the University of Toronto, Faculty of Social Work are conducting an evaluation of the risk assessment tool contained in the decision-making model.

The ORAM is derived from an older system developed in New York and includes a screening instrument (Eligibility Spectrum), a safety assessment instrument (Safety Assessment Protocol) designed to indicate cases where children are at risk of immediate harm, and a Risk Assessment Instrument (RAT) designed to predict both long-term risk of maltreatment recurrence and gather important case information at several points in time. None of the instruments contained in the ORAM are statistically derived. Rather, they are consensus-based or expert-driven tools that have not been validated. Confirming concerns expressed in the field, initial outcomes from the RAT evaluation study (in progress) conducted at the University of Toronto suggest that it is not a reliable and valid tool for predicting whether children will be reabused. In response to these concerns, the Ministry of Child and Youth Services partnered with the University of Toronto to investigate alternative risk assessment and contextual assessment tools for use in child welfare. The Ministry researched a battery of tools used in the United States, the United Kingdom, and Australia as part of its movement toward a differential response system (i.e., diverting low-risk cases into preventive programs and serving high-risk cases more actively) that relies upon quickly and accurately classifying cases into varying levels of risk.

Given the problems experienced by workers using the current system and the difficulty of implementing new decision-making protocols, the Ministry of Children and Youth Services (MYCS) decided to obtain input from the field prior to restructuring the current system. The Ministry chose eight tools to "test-drive" with Intake and Ongoing Services workers from an array of Children's Aid Societies in Ontario. Ninety-two child welfare workers and supervisors volunteered to review the tools, complete a case review using risk assessment tools, and participate in focus groups held across the province.

Methods

Sample

Intake and family service workers and supervisors from a wide range of Ontario's Children's Aid Societies (CAS) were solicited through the Ontario Association of Children's Aid Societies' website and mailing list. Focus groups were held in three locations, Ottawa (East), Sudbury (North), and Toronto (South and West) in order to minimize travel for participants and garner a sample that was representative of the province. In Toronto, the response was higher than expected. To accommodate the high response, additional focus groups were added to maintain an optimal group size of 8-10 people. The clear distinction in job description and types of decision-making needs between Intake and Ongoing Services workers necessitated conducting separate focus groups for each type of worker. Intake workers and supervisors were asked to participate in Component I of the focus groups and Ongoing Services workers and supervisors were asked to participate in Component II.

Procedures

Prior to the focus groups, participants in both components were asked to volunteer to spend a day at their own offices familiarizing themselves and 'testing' two risk assessment instruments on three cases they had recently closed. They were also asked to review four clinical/contextual assessment tools designed to structure information gathering for use in case plan development. Volunteers then participated in focus groups centering on the instrumentation and viability of the risk assessment tools they had completed (morning session), and their opinions about the clinical assessment tools they were asked to review (afternoon session).

Specifically, Intake workers and supervisors in Component I began by reviewing the California Safety Assessment (Appendix I) and the California Risk Assessment (Appendix II). Ongoing workers and supervisors in Component II began by reviewing the California Risk Reassessment Tool (Appendix III) and the California Family Reunification Assessment (Appendix IV). All volunteers were then asked to select and review the charts of three of their own cases that had been closed in the last six months. Component I participants were asked to review at least one case that closed following investigation and one case where the child was taken into the care of the society. Component II participants were asked to review at least one case where the child was reunified with their family and one case where the child remained with their parents or caregivers (i.e., received ongoing services without placement in foster care). Once participants re-familiarized themselves with the cases, the volunteers from Component I were asked to complete a mock California Safety Assessment and a mock California Risk Assessment for each selected case. Volunteers for Component II were asked to complete a mock California Risk Reassessment Tool and a mock California Family Reunification Assessment. For each case, volunteers were asked to use only information that would have been available to them at each respective decision point. While completing this task, they were asked to take notes in relation to the following:

- Ease of use
- Availability of requested information

- Utility as a decision aid
- How the tool compared to the equivalent instruments in the ORAM
- Potential of the tool to work in concert with other, more detailed assessment tools
- Strengths of the tool
- Weaknesses of the tool
- Unintended consequences of its implementation

Volunteers then summarized their comments and turned in their completed instruments to the Principal Investigator. Participants were reminded to review their work to ensure that there was no client identifying information contained in the notes or mock instruments.

One week prior to the scheduled focus group, participants in both components received a package containing four clinical assessment tools for their review:

1. Ontario revised risk, strength, and Needs Assessment (Appendix V)
2. California Family Strengths and Needs Assessment (Appendix VI)
3. Bristol Core Assessment Form (Appendix VII)
4. Looking After Children – Canadian Version (Appendix VIII)

The afternoon session of each focus group gathered the participants' opinions of these four measures.

Instruments

After researching various risk assessment instruments used in child welfare across North America and consulting with several academic sources, MYCS concluded that the California Structured Decision-Making (SDM) system developed by Children's Research Center of Wisconsin represented the current best risk assessment system available. California's SDM is, to date, the only system containing a reliable, valid risk assessment instrument predicting future child maltreatment reports, subsequent substantiated maltreatment, and child injury. The California Risk Assessment instrument has been prospectively validated and predicts maltreatment at levels that appear to be useful for clinical practice (Johnson, 2004). Further, the Michigan model (upon which the California tool is based) out predicts at least two other prominent risk assessment tools (Baird et al, 1999; 2000). California's SDM system is designed to provide a valid classification of risk (into low, moderate, high, and very high) as a decision aid at the close of a child maltreatment investigation. The tool is accompanied by a Safety Assessment and, for families with continued involvement with the child welfare system, a Risk Reassessment and a Family Reunification Assessment. Unique to this decision-making system, risk assessment and clinical or contextual assessment are deliberately separated. That is, instruments designed to produce a risk rating are entirely distinct from instruments designed to gather critical case information that drives the case plan. The risk assessment tools are viewed as decision aids, simply to be used as another piece of information at key milestones during a family's involvement with child welfare. The SDM clinical assessment tool, the California Family Strengths and Needs, is designed to provide detailed, individualized information about the issues that brought the family to the attention of the child welfare system, and is structured in a way that facilitates case planning.

While the Ministry had decided to pursue the risk assessment portions of SDM, there was considerable debate about which clinical assessment tool would be most beneficial for Ontario. Four clinical assessment

tools, representing a range of depth and complexity, were chosen by MCYS as potential candidates for use in the province. These included:

Ontario Revised Risk, Strength, and Needs Assessment: This tool is largely derived from the risk assessment tool (RAT) contained in the ORAM. A few constructs have been added from the California Family Strengths and Needs (e.g., priority strengths and needs), but the instrument essentially resembles the RAT in form and content. Each child is rated on each of 22 items that are arrayed in five sub-domains (Caregiver Factors, Child Factors, Family Factors, Intervention Factors, and Abuse/Neglect Factors). Each item is rated on a continuum ranging from 1-5. After each factor, a space is provided for a narrative explanation of the rating. At the end of the instrument, case workers are asked to provide an overall risk rating for the family (though scores on individual risk items are not summed to generate this rating).

California Family Strengths and Needs Assessment: This tool is contained in the SDM system used in California and elsewhere in the US and Australia. The measure is comprised of 11 caregiver and 9 child factors that are rated on scales that include both negative (area of need) and positive (area of strength) values. Caregiver factors are combined for each item, while child ratings are made for each child separately. The measure also includes a prompt for priority strengths and needs as well as a prompt for other considerations, though space for narrative explanations of factors is not included.

Looking After Children – Canadian Version: The initial child protection assessment module of the Looking After Children – Canadian Version (LAC-CA) assessment system is a detailed, largely narrative assessment tool geared toward ascertaining children's developmental needs, caregiver's parenting capacity, and family and environmental factors, all of which are used to develop a case plan that drives services provision. While the LAC-CA is defined as a 'brief' assessment tool, the level of detail is far greater than the previous tools and requires a relatively long period of time to complete as well as substantial knowledge of the child and family being assessed.

Bristol Core Assessment Form: This instrument is a more detailed and time-intensive version of the Looking After Children Initial Assessment, and also includes a scale for each domain. Similar to the LAC-CA, the domains are comprised of child developmental needs, parenting capacity, and family and environmental factors, but the anchors and discussion points are far more numerous and detailed. Also included are parent and young person perception of individual and family strengths and needs, as well as a detailed analysis of these strengths and needs by the assessor. Again, this information is used to develop a case plan that drives services provision.

Volunteers then participated in a day-long focus group held in one of three locations across the province in order to facilitate an interactive discussion about their experiences completing the tools (morning session) and to gather their opinions about the utility and feasibility of a series of clinical assessment tools (afternoon session). Focus groups were held separately for intake and ongoing services workers and supervisors, with intake workers focusing on the California Safety Assessment and ongoing services staff focusing on California Risk Reassessment and California Family Reunification Assessment.

Each focus group had a facilitator and two note takers, and each session was audio-taped for subsequent transcription and note verification. The focus group facilitator explored with child welfare staff their perceptions about how these tools would enhance or detract from their ability to provide high quality services to the children and families with whom they work. In addition, their opinions were also garnered regarding their experience with the current decision-making system (ORAM).

Data Analysis

The Principal Investigator and research team reviewed the notes and 'mock' risk assessment forms completed by study participants. The content of the notes and forms were analyzed to identify commonly expressed concepts, including concerns or strengths of the tools and opinions regarding their possible implementation in the field. Research assistants coded and labeled these responses and identified themes that were common across participants. Although the names and agencies of volunteers were known to the Principal Investigator in order to monitor form completion, no individual volunteer or agency was identified and results were pooled to maintain confidentiality.

The transcripts were initially reviewed using discourse analysis. Concepts by each group were identified and labeled as codes and the segments in the transcripts/recorder notes that corresponded to these concepts were labeled. Common and related concepts were grouped into common, more abstract categories using axial coding. Once enough categories were identified for a given category, the category was broken down into related subcategories (that describe the phenomenon such as when, where, who, what, when and with what consequences). The second step involved examining the data for related themes (how major categories related to other major categories).

Results

Thematic analysis revealed several relevant themes across risk assessment and clinical assessment tools. These included the desire for tools that are streamlined, reducing the amount of paperwork they must complete on each case and avoiding duplication in recording (workers hinted that the single information system should help fill some of the repetitive fields automatically). Child welfare staff also wanted tools that were comprehensive enough to portray an accurate picture of family functioning, but not overly burdensome and time-consuming for workers to complete or too intrusive to engage families. Further, they identified the need for clear, concise definitions in order to reduce worker bias; the inclusion of mental health and substance/drug use of caregivers and an assessment of how such problems impact their capacity to parent; a designated area at the beginning of each tool where workers can provide a case summary, case chronology, and necessary demographic information (e.g., case number, age of children, number of interviews with the family); and a narrative field at the end of each tool to tie the family story together. Specific to the clinical tools, participants thought it was important to have categories that could tap into the various dimensions of abuse and neglect, including: mental, physical, emotional, and spiritual. The following describes in more depth the participant feedback for each of the tools.

Risk Assessment Tools

The California Safety Assessment

Overall, Intake workers and supervisors responded positively to the California Safety Assessment. They thought it was easy and straightforward to use and was considerably less time-consuming than the ORAM. One participant exclaimed, "Wow it only took me 5 minutes to complete. This would be a major time saver because each field does not require a narrative." Participants were pleased to see the inclusion of domestic violence in the tool since domestic violence is an element present in many of the cases they investigate. Many participants thought that the California Safety Assessment would likely be used as a recording tool or a supervisory tool rather than a decision-making aid, although they pointed out that new workers may rely on it more heavily to make decisions about safety concerns. Participants generally felt that they had learned the previous tool well enough to know the prompts without guidance. According to participants, the primary concern with this tool was the lack of space to write a narrative. There was consensus among participants that a summary narrative or formulation piece at the end of the tool (rather than after each prompt) to allow workers to justify their decisions about whether to open or close a case, and discuss family functioning was critical. Another advantage of the summary narrative cited by participants was that it could eliminate the fractured recording in the ORAM version (i.e., a narrative would 'tie' the important elements together rather than having them parsed out under each item). Some participants advocated for a narrative section after each question but most people agreed that would be overly onerous, could create redundancy with their case notes, and ultimately result in less time available for them to spend with children and their families. Secondary concerns included: a fear that the descriptors highlighted severe abuse cases and may therefore not be sensitive enough to identify less severe cases that nonetheless required attention (a concern that could be addressed by the risk assessment instrument, which predicts subsequent mal-

treatment over the long-term); and a concern that the child's response to the caregiver and caregiver's supervision were not included as discrete categories. Several participants suggested that it would be useful to have a space at the top of the California Safety Assessment to write the referral number, ages of the children, whether the child was placed, and the coding from the Eligibility Spectrum.

The California Risk Assessment

Overall, Intake workers and supervisors reported that the California Risk Assessment was easy to use and fast to complete. "This is great. This will significantly cut down on my paperwork," said one participant, adding, "I hope the expectation won't be that my caseloads are higher." Participants appreciated the space for narrative comments in the override section. In particular, they liked that this tool encouraged workers to look at the pattern/history of neglect or abuse and felt it was effective in capturing serious neglect cases. Participants did not report any major discrepancies in their ratings between this tool and the ORAM.

Some participants were uncomfortable with the California Risk Assessment because they found it very deficit-based. Participants also highlighted several concerns about certain categories that were not inclusive, and issues that were not addressed in any of the categories. More specifically, participants voiced that N9 "characteristics of children in household" and N6 "primary caretaker provides physical care inconsistent with child needs" were not inclusive enough and that N2/A2 "prior investigations" may completely overlook new referrals on a case since a full investigation may not be completed for each new referral. Many participants stressed that a family's visibility in the community, parent-child conflict (as distinct from domestic violence), and failure to protect a child should be incorporated into the tool. Participants, especially those from Aboriginal communities, expressed that this tool was void of cultural constructs that may affect caregiver capacity such as unemployment and poverty. However, they recognized that the cultural context, as well as some of the other concerns, could be addressed in the more detailed family functioning tools instead.

Another major concern with the tool was that it might not be sensitive enough to capture domestic violence cases because gender dynamics are not addressed. Furthermore, there was a fear that emotional and sexual abuse may be minimized or overlooked by workers because the tool does not explicitly identify these as risk factors. Participants made the same recommendation for this tool as for the California Safety Assessment; namely, that it is crucial to have a designated area at the top of the tool for workers to provide a case summary and case chronology.

There was a general sense of confusion about the purpose of the tool and how it fits into differential response. Some participants were confused about why the tool is used to predict recidivism rather than child well-being. On the whole, there was a concern that the California Risk Assessment would not be useful as a decision-making tool because it does not provide guidelines for further action. By the end of the focus groups, after all tools were explored, the participants seemed to better understand the proper use of the tool (i.e., as a decision aid used prior to service decisions and in conjunction with a more detailed clinical assessment tool). However, this highlights a large training concern if the tool is to be implemented. That is, the purpose of the tool, the significance of the risk rating, and how the rating guides further action are essential and time-intensive training needs.

California Risk Reassessment for In-Home Cases

Overall the Ongoing Family Service workers felt that once they became familiar with the definitions used in the tool, it was very easy and quick to fill out and score. They thought the California Family Risk Reassessment did a good job of providing workers with a snapshot of the overall level of risk. Participants reported that there were no major discrepancies in ratings between this tool and the ORAM. Participants identified the following strengths of the tool: it would be useful when workers consider changing the status of a case (i.e., moving toward reunification); it could help create more uniformity in decision-making; the discretionary option forces workers to justify their decisions (as opposed to the disposition, which can be quite subjective); and would help workers identify areas of ongoing risk. One participant expressed "I like how it rates the progress in the case plan because we don't really do that with the ORAM [RAT]."

While reactions were generally positive, there were some areas of concern. Some workers felt that the reliance on numbers in this tool might lead to less detailed assessments. One worker stated, "[the risk reassessment] may really dumb down workers and make assessments a mechanical process but, on the other hand, it could be helpful in standardizing decision-making." As the groups progressed with this topic, there tended to be an overall consensus that adding a designated space for a summary narrative and a case chronology would make the process less mechanical and would be useful not only when transferring a file, but for children who may review their files later in life.

Third, some workers suggested that certain risk factors needed to be added to the tool (such as the mental health of caregivers and the presence of domestic violence) to more accurately predict recidivism and to more adequately capture the family story. Similar to the California Risk Assessment Tool, these suggestions may have arisen from a lack of understanding of the intent of the tool (i.e. to assess risk level for in-home cases) and a tendency to see this tool in isolation (i.e., without the integration of information from the clinical tools). In virtually every focus group, participants struggled to conceptualize that risk and context were treated separately in the tools. Once participants understood how the tools worked together (usually by the afternoon session), their concerns were largely reconciled.

Participants expressed a few secondary concerns. There was some discussion around the inclusion of "number of prior child welfare investigations." Some participants stressed it was crucial to include this in the risk rating, whereas others believed it may unintentionally penalize cases that have too many unsubstantiated ratings. Another issue raised was the lack of separate ratings for individual children. Since the instrument refers to the entire family, workers found it disturbing that they could not obtain risk ratings for individual children. They pointed out that, in a parent-child conflict, only one of the children might be currently at risk. While participants seemed to understand that the current rating system was for abuse and neglect only, they saw this as a very important limitation of the tool.

Training Issues

Many participants expressed that the instructions and anchor descriptions were long and difficult to understand. For example, some participants found the definition of tumultuous relationships (R7) broad and unclear. They also were concerned that R6 did not capture a history of drug and/or alcohol abuse. They identified some of the language as problematic such as the terms "override" and "caretaker" and suggested that these terms and others would need to be made 'Ontario specific.' Several participants also struggled with the term "household" rather than "caregiver," stressing that this distinction would need to

be addressed in training. In order to remedy this confusion, some suggested that workers specify who is living in the household at the top of the tool.

Another training issue that arose was around liability. There were concerns about the liability issue of using the tool and, specifically, the override section. Participants were worried about being questioned by the court about how they generated a particular score. Workers suggested creating a larger narrative field so workers could explain discretionary overrides. Some participants recommended that, when the tools are rolled out, supervisors (and possibly senior workers) be trained first in order to ensure that those who assist and guide workers have a solid grasp of the tools (i.e., a top-down training approach).

Finally, participants felt they needed a firm grasp of how this tool fits into differential response and the manner in which the risk rating is used in decision-making. One participant stressed, "We need to be deprogrammed before we can be reprogrammed. We need to understand the merit of this tool and how it deviates from the risk rating in the ORAM." This comment illustrates a common struggle among participants to conceptualize what exactly the tool was intended to measure and, furthermore, how it would be helpful in practice.

California Reunification Assessment

Overall, participants from the Ongoing Family Services department responded well to the California Reunification Assessment tool, one participant stating that "it specifically adds value to our role as ongoing workers and could be useful to mitigate the risk of sending a child back." They appreciated that it is 'strengths oriented', fast to complete, gives a quick snapshot of the family situation, captures both quantitative and qualitative information about the family, would work well in Aboriginal communities where many children are placed with extended family members, clearly highlights community/neighborhood resources, and there is enough detailed information gathered to explain (to the court or foster parents) the rationale behind the reunification. There were some specific comments and concerns around the visitation plan evaluation, the protective factor identification section, and policy/discretionary overrides. Generally participants were pleased to see a detailed visitation plan since this is often overlooked in child protection work. They pointed out that it was advantageous to provide structured feedback to the system and families about how visitation fits into the reunification process, and also felt the tool would be helpful for auditing purposes. Some participants were initially intimidated and confused by the format, while others thought it was helpful to have a visual representation of the visitation plan. Some participants expressed that ranking visitation by percentage was not a good indicator of the level of harm or benefit experienced by the child. For instance, even in situations where a parent rarely misses a visit, the child can be very distraught. This concern was at least partially mitigated by pointing out that the second dimension of the plan involved assessing the quality of parent-child interaction. Nonetheless, this portion of the instrument clearly requires training on how to integrate both dimensions of the scale. In addition, many participants thought that 65% was too low to qualify as "routine" visits.

Participants vocalized that the protective factors on the instrument were clearly laid out, making them easy to identify. They stressed that a child's age is a protective factor that should be included in the tool (e.g., older children are seen as less vulnerable to physical harm than very young children). Participants also suggested including a space to indicate the mental health functioning of the caregiver, factors related to child resilience, and assessing the caregiver's location on the stages of change continuum.

There was much discussion around policy and discretionary overrides. Some participants wanted clearly articulated guidelines around the use of policy overrides, including identifying who had the authority to override risk levels generated by the tool. Some participants expressed that the overuse of such overrides would increase the workload of supervisors. Most participants appreciated the narrative portion of the override section, but reiterated the need to expand the space in order to adequately document their override decisions.

Training Issues

Three major training issues arose for this tool. First, workers need a detailed understanding of how to complete the visitation plan. Second, some participants were confused about how to score the tool when two or more caregivers lived in the same home, each with a different set of risks. They suggested it might be helpful to use different language for "most recent referral" to ensure that workers better understand what is being asked on the measure. There was also some confusion expressed about how this tool should be used for households that are very fluid (i.e., frequently changing membership). Finally, as with the other tools, workers need to understand the interaction between the various decision aids in order to minimize duplication in recording, especially when it comes to documents like the "court plan to care."

Contextual Tools

Ontario Revised Risk, Strength, and Needs Assessment

The Intake workers recognized that the Ontario Revised Risk, Strength, and Needs Assessment is very similar to the tool they are currently using. They identified several advantages to this tool including: providing an opportunity for workers to write about the interplay of factors that affect family functioning (e.g. physical health, caregiver's mental health, availability of services); taking resilience into account as a factor that mitigates risk; tapping into the various dimensions of domestic violence; clearly highlighting areas of need; and that it is structured in a way that makes it easier to construct a service plan. However, they were quick to point out that the tool seemed to be too deficit focused, paying very little attention to strengths. The desire for a strengths-based model was a recurrent theme articulated by both Intake workers and Ongoing Family Service workers. The Intake workers also stressed the need for a family input section.

There were mixed reviews about the Ontario Revised Risk, Strength, and Needs Assessment among Ongoing Family Service workers. The Ongoing workers, like the Intake workers, thought the service plan was helpful because it requires workers to identify priority needs. However, some Ongoing Service workers could not see the advantage of using this tool over the RAT since the two tools are very similar. They emphasized that the problematic areas of the RAT are still present in the Ontario Revised Risk, Strength, and Needs Assessment. One participant claimed, "there's no added value to using this tool. It's more of a burden than it's worth."

One area that generated a lot of discussion was the alcohol/substance abuse category. Participants highlighted that the category was not inclusive enough because there was no room to capture substance use rather than substance abuse. Another concern was that there was no opportunity to discuss how a caregiver's drug/alcohol use may or may not affect his/her parenting capacity. Participants expressed that it would be more useful to look at the consequences of substance use/abuse on parenting capacity rather than merely identifying the presence of substance use/abuse. In general, they considered the anchor descrip-

tions to lack sufficient detail. They underlined that a section needed to be added at the end of the tool for families to review and sign the assessment.

California Family Strengths and Needs Assessment

The Intake workers reported that the California Family Strengths and Needs Assessment was considerably faster to complete than the RAT portion of the ORAM. The Intake workers agreed it could be completed at the Intake level. They acknowledged several strengths of the tool including: the language promotes a greater distinction between strengths and needs (through the use of positive and negative scores) than the Ontario Revised Risk, Strength, and Needs Assessment; the domains are inclusive; the descriptors are easily comprehensible and straightforward; the tool is more "user friendly" than the Ontario Revised Risk, Strength, and Needs Assessment; there is an education category (which is not included on the Ontario Revised Risk, Strength, and Needs Assessment); the child categories complement the Child Adolescent Functional Assessment Scale (CAFAS), a tool used in Ontario's mental health system; there are questions that specifically address a family's cultural context; and there is a category addressing household history of criminal behavior.

Participants articulated that the California Family Strengths and Needs Assessment could be made more useful by: adding a service plan (like the one from the Ontario Revised Risk, Strength, and Needs Assessment); adding a narrative at the end of the tool to tie all the information together (i.e., worker's overall assessment); adding columns so that each caregiver in a household can be rated; adding sexual abuse as a category in the caregiver section (including third party sexual abuse); and including child mental health and generally expanding the range of prompts for mental health issues. Participants drew attention to the fact that training for this tool would need to be targeted towards helping workers score consistently (though it should be noted that participants were not provided with the anchors for each of the tool's items).

The Ongoing Family Service workers also favored the California Family Strengths and Needs Assessment tool over the Ontario Revised Risk, Strength, and Needs Assessment. Participants highlighted that this tool was more strength-based than the Ontario tool and the guidelines and categories were more easily comprehensible. They thought the straightforward structure and language of the tool would allow it to be reviewed by families more easily than the RAT. They liked the summary at the end of the tool where workers could identify priority needs and strengths. They also thought this tool was successful at capturing both caregivers' and children's cultural identity. In terms of areas of concern, participants acknowledged that the alcohol/drug abuse category was not sensitive enough to distinguish between substance abuse and substance use. They agreed with the Intake workers that additional columns needed to be added for each caregiver, that a service plan needed to be added, and that the mental health category should to be more detailed. They also suggested having a place at the beginning of the document to indicate whether the child is still in care, the time frame that the assessment covers, and a summary from the Intake department outlining why the case is open and key presenting issues.

Both groups emphasized that some of the language in the California Family Strengths and Needs Assessment was problematic because it was not 'Ontario specific.' These language concerns were too numerous to fully document, but such comments speak to the need to have the instruments fully vetted for correct language before implementing them in the province.

The overarching theme was that both the Ontario and California Family Strengths and Needs Assessments are not clinically focused enough for Ongoing Family Service workers to provide a comprehensive assessment of a family situation because the tools rely mostly on a "tick box" style of assessment. Many participants suggested this problem could be alleviated through the inclusion of the case chronology at the top of the tool and a narrative at the end of the tool to allow workers to 'tie it all together.' Both Intake and Ongoing Services workers indicated that either tool could be successfully completed within established timeframes for their respective investigative and casework functions.

Bristol Core Assessment

The Intake workers and supervisors unanimously agreed that the Bristol Core Assessment, while being comprehensive and thorough, was not feasible at the Intake level for several reasons. First, Intake workers do not have sufficient information to complete the tool. Second, it could overwhelm the families being interviewed because of the level of detail needed to adequately complete the instrument. Third, the lengthy nature of the tool would reduce the amount of time workers have to spend with families and possibly back-log the system. Finally, the tool is focused on the developmental needs of children, which may be beyond the scope of the Intake department. For these reasons, they suggested this tool might be more suitable for use with the Ongoing Family Services workers, childcare workers, or as an annual assessment for children in care.

The Ongoing Family Services workers and supervisors echoed that the Bristol is definitely not feasible at the Intake level. However, they also felt it may be overly onerous for Ongoing Family Service workers. One supervisor expressed that "workers are spending 70% of their time doing documentation already. This tool would merely increase their burden of paperwork." Furthermore, since the bulk of files in the Ongoing Services department are responsible for the maintenance and monitoring of cases, it would be challenging to complete this tool and keep it up to date. Both the Intake and Ongoing Family Service workers highlighted that they liked the anchor descriptors of domestic violence and the use of strengths-based language. The Ongoing Family Service workers thought that the narrative sections and the specific prompts in this tool gave them an opportunity to discuss different layers of family functioning. However, they echoed the Intake workers' concern that this tool could be too intrusive because of the level of detail that families would be required to provide and the often adversarial nature of their relationship with clients.

Workers in both the Intake and Ongoing Family Services departments expressed that the Bristol is "a good social work assessment because it taps into parenting capacity and children's needs but in so doing, it deviates from the child protection model." Ongoing Service staff expressed that it would sometimes be redundant for them to complete the Bristol for children in care because childcare workers already gather the same information. One participant expressed that the tool was "wonderful but impossible given the size of caseloads presently." Some of the participants were not comfortable with the rating system used in this tool. They claimed that ratings and numbers could interfere with assessments, and could be manipulated by lawyers.

Looking After Children Initial Assessment – Canadian Version (LAC-CA)

The Intake workers response to the LAC-CA was very similar to their response to the Bristol. They thought the tool was not feasible at the Intake level due to its length and the amount of detailed information workers would be required to gather. One participant expressed "it's a fine balancing act. We want to cut down on paperwork

while also serving families well." Despite the length of the tool, the Intake workers underlined that they liked the parenting capacity section, the service plan, pg. 6 and 7 (which cover family and environmental factors that impact on the child and family and an analysis of information gathered during the initial assessment), and pg. 8 and 9 (outlining further action arising from the initial assessment). The Ongoing Family Service workers agreed that using the LAC-CA in the Intake department was unrealistic and could result in unintended negative consequences such as delaying cases and losing the window of opportunity to intervene.

The Ongoing workers were more receptive to the idea of using the LAC-CA. They appreciated the comprehensive and clinically focused nature of the instrument. They also liked the way the categories are laid out, and agreed with the Intake workers that pg. 8 and 9 would be particularly useful. They also pointed out that the LAC-CA would work well with the California Family Strengths and Needs assessment. Participating workers thought that the LAC-CA had potential to work well with families because it was "a good overall assessment of a child." However, they suggested that adding a section to better capture caregiver functioning would be beneficial. Generally, participants thought the LAC-CA could be useful in guiding service decisions.

Both the Intake and Ongoing workers expressed similar concerns about the tool. First, the LAC-CA assumes that the worker has a goal-directed, working relationship with the parent and child. The tool may be less useful for uncooperative families or in cases where the case is being taken to court. Second, workers expressed a fear that the categories are too vague and open-ended, which may not provide workers with the direction they need to drive a service plan and could lead to worker bias or inconsistency in the way the tool is used (it should be noted, however, that participants were not trained to use the tool nor were they provided with detailed instructions). The open-ended nature of the questions also makes it difficult to get a snapshot of the family situation. Third, the tool may not cover all of the areas needed for child protection. Fourth, the tool does not capture cultural issues very successfully. One participant expressed that "it is absolutely necessary to have cultural considerations woven into the entire tool." Another participant who works in rural communities felt that cultural prompts at the end of each section would be useful. Others disagreed with the need for prompts suggesting that staff training on "cultural sensitivity" issues would be preferable. Finally, some workers were concerned about the amount of time it would take to complete the form. There was a general consensus that the tool would be appropriate to use for children coming into care, but not for all cases.

Summary Table

Instrument	Strengths	Limitations
California Safety Assessment	- easy to use - fast to complete - liked inclusion of domestic violence	- needs summary narrative section - concerns that, like the ORAM safety, it will be used as a reporting or supervisory tool rather than a decision-making aid
California Risk Assessment	- easy to use, fast to complete - would reduce paperwork - no major discrepancies in ratings - highly reliable - proven predictive capacity	- may not be sensitive enough to pick up domestic violence - no room to indicate presence of emotional/sexual abuse - confusion about how tool fits in with differential response and how it is useful in guiding further action
California Risk Reassessment	- easy to use and score - fast to complete - gives overall risk rating - no major discrepancies in ratings - may help create uniformity in decision-making	- mixed feelings about reliance on numbers to assess risk - concerns that key risk factors were missing - needs summary narrative and case chronology - concerns about liability issues - confusion about how it fits into differential response

Summary Table *(continued)*

Instrument	Strengths	Limitations
California Family Reunification	- strengths-based - quick snapshot of family functioning - would work well in Aboriginal communities - detailed enough to justify decision-making - visit plan and visit assessment section	- confusion around discretionary/policy overrides - need to train workers how to use visit assessment - need to add more protective factors.
Ontario revised risk, strength, and Needs Assessment	- clearly highlights areas of need - would help guide service plan - domains are generally inclusive except for alcohol/drug use - familiarity with the tool	- deficit-based, need to incorporate family strengths - too similar to the ORAM, has same problems - anchor descriptions not comprehensive enough - needs section for family input - confusion about how this would fit in with existing documentation
California Strengths and Needs Assessment	- easy and quick to complete - strengths-based language - workers felt it could be completed at intake - inclusive domains - priority areas of strengths and needs - easy to understand descriptors - cultural context captured	- need to add: service plan, summary narrative, columns to rate each caregiver, sexual abuse category, child priority needs and strengths section and expanded mental health category
Bristol Core Assessment	- comprehensive - strengths-based language - plenty of space to discuss family functioning in detail	- may be too intrusive and exhausting for families - not feasible to complete in either Intake or Ongoing services - too child development focused
LAC-CA	- liked parenting capacity section, service plan and pg.6–9 - comprehensive and clinically focused - useful for guiding decision-making - good overall assessment of child	- may be too intrusive and exhausting for families - not feasible to complete in either Intake or Ongoing services - needs to capture caregiver functioning better - categories may be too vague and open-ended which may lead to inconsistency and worker bias - hard to get overall snapshot of family functioning - doesn't capture cultural context well

Participant Reaction to the ORAM and RAT

Though not directly questioned about the ORAM and RAT in the context of the focus groups, key strengths and limitations of these tools emerged as participants sought to evaluate the new risk assessment and contextual tools in relation to what they were currently using as part of the ORAM. The main strengths of the ORAM alluded to by workers were its structure, and its familiarity. By clearly highlighting areas of need, the ORAM helps guide workers to focus on important aspects of a case. Focusing on these areas of need makes it easier for workers to construct an appropriate service plan. Most participants reported feeling competent about completing the ORAM because of its familiarity. While this was reported as a strength of the tool, participants were far more vocal about the limitations of the ORAM and RAT and the impact of these limitations on their work.

Participants' reaction to the ORAM overwhelmingly illustrated that the tool is perceived to be too time consuming. The presence of narrative fields after each question that require a rationale for each score on each item, whether or not the item is relevant to the case at hand, was cited as the most time consuming part of the ORAM. Participants also consistently highlighted that the duplication of recording in the ORAM made the tool more time consuming than necessary. The fractured recording system of the ORAM also emerged as a concern among participants; since all the fields are laid out separately in the tool, it is dif-

ficult for workers to get an accurate picture of family functioning and the overall family story.

With respect to the RAT specifically, participants were dubious about its predictive value; consequently many were using it instead as a recording tool. That is, their assessment of overall risk, while informed by some of the general categories contained in the instrument, was clearly made after most of their casework decisions. For example, when closing a case where a child had been returned to the family, some workers stated that they would invariably rate the case a '3' or less because a score greater than '3' would require that the case be kept open. Many participants perceived that the anchor descriptions in the RAT lacked comprehensiveness and, in some cases, were inaccurate, and these shortcomings were described as another reason that the tool was used primarily as a recording device. One worker explained that trying to show family functioning using the RAT "was like putting a square peg in a round hole. It just didn't fit."

The table below provides a brief summary of the child welfare staff feedback about the ORAM, specifically related to the RAT and Safety Assessment portions of the current model.

Group Feedback about the ORAM (RAT and Safety Assessment)

Positive

- Structures information gathering, guiding workers to focus on what is important to know about a case.
- Familiar tool and most workers feel competent about completing it.
- It provides an opportunity for workers to write about the interplay of factors that affect family functioning (e.g. physical health, caregiver's mental health, availability of services).
- It takes resilience into account as a factor that mitigates risk
- It taps into the various dimensions of domestic violence
- It clearly highlights areas of need and is structured in a way that makes it easy to construct a service plan.

Negative

- Fractured recording system makes it difficult to get an accurate picture of family functioning. All of the fields are laid out separately, making it difficult to tell the overall family story.
- Many workers were dubious about the predictive value of the RAT.
- Many workers have been using the RAT as a recording tool.
- Too time consuming (especially mandatory narrative fields).
- The RAT is often incomplete or inadequately completed when the case is transferred to ongoing services.
- Anchor descriptions in the RAT lack comprehensiveness and may sometimes be inaccurate.
- Inadequacy of the RAT to monitor family progress on the case plan.
- Significant amount of duplication of recording, thereby increasing recording burden.

Recommendations

Discussion among child welfare focus group participants generated several recommendations pertaining to the feasibility and utility of the risk assessment and contextual tools reviewed. Substantial recommendations are as follows:

1. Implement the California Family Strengths and Needs Assessment. The tool was clearly the preferred contextual assessment tool among both Intake and Ongoing Services workers.
2. Complete the Family Strengths and Needs during the investigation stage for all cases being referred to ongoing services. Virtually all focus groups of child welfare intake staff indicated that they could successfully complete the tool within established timeframes, and that such information would help guide their case planning decisions.
3. Ensure that any modifications of the tools increase comprehensiveness, but do not become overly burdensome (e.g., mandatory narrative fields for each item on a tool would be overly burdensome).
4. Create a designated area at the beginning of each tool so workers can provide a case summary, case chronology, and necessary demographic information.
5. Add a narrative field at the end of each tool to allow workers to provide a narrative summary of relevant case information. This will facilitate easy exchanges between caseworkers and supervisors, intake and on-going services staff, and between workers when cases are transferred.
6. Provide training to workers about how each tool fits into differential response.
7. Provide extensive training to workers about the function and limitations of each tool. Specifically, training is necessary to help workers fully conceptualize how risk and context are separated in the tools, and the important but distinct role each plays in making key casework decisions.
8. Provide training to workers about the significance of risk ratings (if present) and how the ratings guide further action.
9. Create guidelines around the use of policy overrides to help workers determine when it is appropriate to use policy overrides, who has the authority to exercise such overrides, and any related liability issues.
10. Reword the language in the California tools to reflect child welfare practice in an Ontario context.
11. Provide comprehensive training to help child welfare workers understand the instructions and anchor descriptions of each tool to ensure the tools are used consistently and as intended.

12. Ensure that definitions used in each tool are clear and concise to reduce worker bias.
13. When rolling out the tools, train supervisors (and possibly senior workers) first in order to ensure that those who assist and guide workers have a solid grasp of the tools (i.e., a top-down training approach).
14. Given the complex and difficult nature of introducing new tools into an existing system, consult frequently and deeply with the tool developers to insure model fidelity.
15. Pilot the new tools prior to full-scale implementation.
16. Prospectively validate risk assessment tools and re-calibrate them based on findings.
17. If these new tools are to be implemented across the province, they represent a substantial change in the way child maltreatment cases are handled by child welfare staff. While this is the first time these tools have been implemented in Ontario, this is not the first time they have been implemented on such a large scale. California, where the instruments were developed and implemented statewide, contains about 20 percent of the foster care population in the US and, much like Ontario, the state is comprised of over 50 jurisdictions (i.e., counties) serving diverse populations. Their experiences in revamping the 'front end' of the system can (and should) be learned from. One way to do this would be to involve Children's Research Center (the developers of SDM) in the training and dissemination of the California material. No matter how good the tools might be, if they are not implemented correctly, they will do little good.

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Barber, J., Shlonsky, A., Black, T. (forthcoming) The Reliability and Predictive Validity of a Consensus-Based Risk Assessment.

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Appendix I – California Safety

CALIFORNIA
SAFETY ASSESSMENT

Referral Name: _____ **Referral #:** _____ **County:** _____

Names of Children Assessed:

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

(If more than six children are assessed, add additional names and numbers on reverse side.)

Are there additional names on reverse? 1. Yes 2. No

Date of Child Maltreatment Referral: _____/_____/_____

Date of Assessment: _____/_____/_____ **Worker:** _____

SECTION 1: SAFETY FACTORS

Assess household for each of the following safety factors. Indicate whether currently available information results in reason to believe safety factor is present. Check all that apply.

_____ 1. Caretaker(s) caused serious physical harm to the child(ren), or made a plausible threat to cause serious physical harm in the current investigation indicated by:
- ____ Serious injury or abuse to child(ren) other than accidental;
- ____ Caretaker(s) fears s/he will maltreat child(ren);
- ____ Threat to cause harm or retaliate against child(ren);
- ____ Excessive discipline or physical force;
- ____ Drug-exposed infant.

_____ 2. Current circumstances, combined with information that the caretaker(s) has or may have previously maltreated child(ren) in their care, suggests that the child(ren)'s safety may be of immediate concern based on the severity of the previous maltreatment or the caretaker(s)' response to the previous incident.

_____ 3. Child sexual abuse is suspected and circumstances suggest that child(ren)'s safety may be of immediate concern.

_____ 4. Caretaker fails to protect child(ren) from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.

_____ 5. Caretaker(s)' explanation for the injury to the child(ren) is questionable or inconsistent with type of injury, and the nature of the injury suggests that the child(ren)'s safety may be of immediate concern.

_____ 6. The family refuses access to the child(ren) or there is reason to believe that the family is about to flee.

_____ 7. Caretaker(s) does not meet the child(ren)'s immediate needs for supervision, food, clothing, and/or medical or mental health care.

_____ 8. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child(ren).

_____ 9. Caretaker(s)' current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child(ren).

_____ 10. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child(ren).

_____ 11. Caretaker(s) describes child(ren) in predominantly negative terms or acts toward child(ren) in negative ways that result in the child(ren) being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.

_____ 12. Caretaker(s)' emotional stability, developmental status, or cognitive deficiency seriously impairs their current ability to supervise, protect, or care for the child.

_____ 13. Other (specify): _____

SECTION 2: SAFETY INTERVENTIONS

If no safety factors are present, skip to Section 3. If one or more safety factors are present, consider whether safety interventions 1-8 will allow child(ren) to remain in the home for the present time. Check the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child(ren) to remain in the home, indicate by checking item nine or ten, and follow procedures for initiating a voluntary agreement or taking child(ren) into protective custody.

Check all that apply:

_____ 1. Intervention or direct services by worker.

_____ 2. Use of family, neighbors, or other individuals in the community as safety resources.

_____ 3. Use of community agencies or services as safety resources.

_____ 4. Have caretaker appropriately protect victim from the alleged perpetrator.

_____ 5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.

_____ 6. Have the non-offending caretaker move to a safe environment with the child(ren).

_____ 7. Legal action planned or initiated -- child(ren) remains in the home.

_____ 8. Other (specify): _____

_____ 9. Have the caretaker(s) voluntarily place the child(ren) outside the home.

_____ 10. Child(ren) placed in protective custody because interventions 1-9 do not adequately assure child(ren)'s safety.

SECTION 3: SAFETY DECISION

Identify the safety decision by checking the appropriate line below. This decision should be based on the assessment of all safety factors, safety interventions, and any other information known about the case. Check one line only.

1. _____ No safety factors were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.

2. _____ One or more safety factors are present, and protecting safety interventions have been planned or taken. Based on protecting interventions, child(ren) will remain in the home at this time.

3. _____ One or more safety factors are present, and placement is the only protecting intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.

   _____ All children placed.
   _____ The following children were placed: *(enter number from page 1)*

   _____ _____ _____ _____ _____ _____

Appendix II – California Family Risk

CALIFORNIA c: 06/02
FAMILY RISK ASSESSMENT

Referral Name: _____ **Referral #:** _____ **County:** _____

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

NEGLECT		**Score**
N1.	Current Complaint is for Neglect	
	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		**Score**
A1.	Current Complaint is for Abuse	
	a. No 0	
	b. Yes 1	_____
A2.	Number of Prior Abuse Investigations/Assessments	
	a. None 0	
	b. One 1	
	c. Two or more 2	_____
	(actual number: _____)	
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 caretaker(s) 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	_____

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. Caretaker(s) 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

Appendix III – California Risk Reassessment

c: 06/02

CALIFORNIA
FAMILY RISK REASSESSMENT FOR IN-HOME CASES

Case Name: _____ **Case #:** _____ **Date:** _____

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

R1. Number of Prior Neglect or Abuse CPS Investigations **Score**
a. None 0
b. One 1
c. Two or more ..... 2 _____

R2. Household has Previously Received CPS (voluntary/court-ordered)
a. No 0
b. Yes ..... 1 _____

R3. Primary Caretaker has a History of Abuse or Neglect as a Child
a. No 0
b. Yes ..... 1 _____

R4. Child Characteristics (check applicable items and add for score)
a. ___One or more children in household is developmentally or physically disabled 1
b. ___One or more children in household is medically fragile or diagnosed with failure to thrive 1
c. ___No child has any of the above characteristics ..... 0 _____

The following case observations pertain to the period since the last assessment/reassessment.

R5. New Investigation of Abuse/Neglect since the Initial Risk Assessment or Last Reassessment
a. No 0
b. Yes ..... 2 _____

R6. Caretaker(s) has not Addressed Alcohol or Drug Abuse Problem Since Last Assessment/Reassessment (check one)
a. ___No history of alcohol or drug abuse problem 0
b. ___No current alcohol or drug abuse problem; no intervention needed 0
c. ___Yes, alcohol or drug abuse problem; problem is being addressed 0
d. ___Yes, alcohol or drug abuse problem; problem is <u>not</u> being addressed ..... 1 _____

R7. Problems with Adult Relationships
a. None applicable 0
b. Yes, harmful/tumultuous relationships with adults 1
c. Yes, domestic violence ..... 2 _____

R8. Primary Caretaker Provides Physical Care Inconsistent with Child Needs
a. No problems 0
b. Yes, problems ..... 1 _____

R9. Primary Caretaker's Progress with Case Plan (check one)
a. ___Not applicable; all services unavailable 0
b. ___Successfully completed all services recommended or actively participating in services; pursuing objectives detailed in case plan 0
c. ___Minimal participation in pursuing objectives in case plan 1
d. ___Has participated but is not meeting objectives; refuses involvement in services or failed to comply/participate as required ..... 2 _____

R10. Secondary Caretaker's Progress with Case Plan (check one)
a. ___Not applicable; all services unavailable 0
b. ___Not applicable; only one caretaker in home 0
c. ___Successfully completed all services recommended or actively participating in services; pursuing objectives in case plan 0
d. ___Minimal participation in pursuing objectives in case plan 1
e. ___Has participated but is not meeting objectives; refuses involvement in services or failed to comply/participate as required ..... 2 _____

TOTAL SCORE _____

SCORED RISK LEVEL. Assign the family's risk level based on the following chart:

Score	Risk Level	
0 - 2	_____	Low
3 - 5	_____	Moderate
6 - 8	_____	High
9 - 16	_____	Very High

POLICY OVERRIDES. Circle <u>yes</u> if a condition shown below is applicable in this case. If <u>any</u> 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. Caretaker(s) 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 or lower.
Yes No 5. If <u>yes</u>, 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

Appendix IV – California Family Reunification

CALIFORNIA
REUNIFICATION REASSESSMENT

Case Name: _____ **Date Completed:** ____/____/____

Case #: _____ **Household Assessed:** _____

Is this the removal household? **Yes** **No** **Assessment # (circle):** **1** **2** **3** **4** **5** **6**

A. REUNIFICATION RISK REASSESSMENT

Score

R1. Risk Level on Most Recent Referral (not reunification risk level or risk reassessment)

a. Low 0
b. Moderate 3
c. High 4
d. Very high ..... 5 _____

R2. Has there been a New Substantiation since the Initial Risk Assessment or Last Reunification Reassessment?

a. No 0
b. Yes ..... 2 _____

R3. Progress Toward Case Plan Goals

a. Successfully met all case plan objectives and routinely demonstrates desired behavior ..... -2
b. Actively participating in programs; routinely pursuing objectives detailed in case plan; frequently demonstrates desired behavior ..... -1
c. Partial participation in pursuing objectives in case plan; occasionally demonstrates desired behavior 0
d. Refuses involvement in programs or has exhibited a minimal level of participation with case plan; rarely or never demonstrates desired behavior ..... 4 _____

Total Score _____

REUNIFICATION RISK LEVEL
Assign the risk level based on the following chart.

Score		Risk Level
-2 to 1	___	Low
2 to 3	___	Moderate
4 to 5	___	High
6 and above	___	Very High

OVERRIDES (During Current Period)
Override to Very High. Check appropriate reason.

Policy Overrides:
_____ 1. Prior sexual abuse; perpetrator has access to child(ren) and has not successfully completed treatment.
_____ 2. Cases with non-accidental physical injury to an infant and caretaker(s) have not successfully completed treatment.
_____ 3. Serious non-accidental physical injury requiring hospital or medical treatment and caretaker(s) have not successfully completed treatment.
_____ 4. Death of a sibling as a result of abuse or neglect in the household.

Discretionary Override: (Reunification risk level may be adjusted up or down one level)
_____ 5. Reason: _____

FINAL REUNIFICATION RISK LEVEL: ____ 1. Low ____ 2. Moderate ____ 3. High ____ 4. Very High

Supervisors Review/Approval of Discretionary Override:

_____ Date: _____

* To be completed for each household to which a child may be returned (e.g., father's home; mother's home).

B. VISITATION PLAN EVALUATION (See definitions below.)

Visitation Frequency Compliance with Visitation Plan	Quality of Face-to-Face Visit			
	Strong	**Adequate**	**Limited**	**Destructive**
Totally				
Routinely				
Sporadically				
Rarely or Never				

Shaded cells indicate acceptable visitation.

Overrides:

_____ Policy: Visitation is supervised for safety
_____ Discretionary (reason): _____

Definitions

Visitation Frequency - Compliance with Case Plan
(Visits that are appreciably shortened by late arrival/early departure are considered missed.)

Totally: Caretaker(s) regularly attends visits or calls in advance to reschedule (90-100% compliance).
Routinely: Caretaker(s) may miss visits occasionally and rarely requests to reschedule visits (65-89% compliance).
Sporadically: Caretaker(s) misses or reschedules many scheduled visits (26-64% compliance).
Rarely or Never: Caretaker(s) does not visit or visits 25% or fewer of the allowed visits (0-25% compliance).

Quality of Face-to-face Visit (Quality of visit assessment is based on social worker's direct observation whenever possible, supplemented by observation of child, reports of foster parents, etc.)

Strong — Consistently:
- demonstrates parental role.
- demonstrates knowledge of child's development.
- responds appropriately to child's verbal/non-verbal signals.
- puts child's needs ahead of their own.
- shows empathy toward child.

Adequate — Occasionally:
- demonstrates parental role.
- demonstrates knowledge of child's development.
- responds appropriately to child's verbal/non-verbal signals.
- puts child's needs ahead of their own.
- shows empathy toward child.

Limited — Rarely:
- demonstrates parental role.
- demonstrates knowledge of child's development.
- responds appropriately to child's verbal/non-verbal signals.
- puts child's needs ahead of their own.
- shows empathy toward child.

Destructive — Never:
- demonstrates parental role.
- demonstrates knowledge of child's development.
- responds appropriately to child's verbal/non-verbal signals.
- puts child's needs ahead of their own.
- shows empathy toward child.

C. IF RISK LEVEL IS LOW OR MODERATE AND CARETAKER(S) HAVE ATTAINED AN ACCEPTABLE LEVEL OF COMPLIANCE WITH VISITATION PLAN, COMPLETE A REUNIFICATION SAFETY ASSESSMENT. OTHERWISE GO TO SECTION D.

CALIFORNIA
REUNIFICATION SAFETY ASSESSMENT

Complete if risk is low or moderate and visitation is acceptable.

SECTION 1: PROTECTIVE FACTOR IDENTIFICATION
(Assessment must include a home visit.)

This assessment covers the entire period of time since the last assessment was completed. It rates the current situation in the household.

Review each of the eight factors. These factors are protective behaviors or conditions that minimize the likelihood of a child(ren) being in immediate danger of serious harm. Check all that apply to any child(ren) in the household, and to any child(ren) who is being considered for return to the household.

_____ 1. Caretaker(s) protects child(ren) from serious physical abuse, sexual abuse, neglect, or threatened harm.

_____ 2. Caretaker(s) allows access to child(ren) and there is no reason to believe that the family is about to flee.

_____ 3. Caretaker(s) is willing and able to meet the child(ren)'s needs for supervision, food, clothing, and medical or mental health care.

_____ 4. The caretaker(s)' current physical living conditions are not hazardous or threatening to the health and safety of the child(ren).

_____ 5. Caretaker(s)' ability to supervise, protect, and care for the child(ren) is not impaired by substance use.

_____ 6. Domestic violence does not exist in the home.

_____ 7. Caretaker(s) describes child(ren) in neutral or positive terms and acts toward child(ren) in positive or neutral ways.

_____ 8. There are no new household members who have a history of child maltreatment, sexual abuse, domestic violence, or a violent record.

If any other condition exists in the household which places child(ren) in immediate danger of serious harm, check item nine and briefly describe the safety factor:

_____ 9. Other (specify): _____

SECTION 2: SAFETY INTERVENTIONS

If all eight protective factors are present AND item nine is not checked, skip to Section 3. If one or more protective factors are absent OR item nine is checked, consider whether protective interventions 1-8 will allow the child(ren) to return to the home. Check the item number for all protective interventions that will be implemented. If there are no available protective interventions that would allow the child(ren) to return to the home, indicate by checking item nine or ten.

Check all that apply:

_____ 1. Intervention or direct services by worker.

_____ 2. Use of family, neighbors, or other individuals in the community as safety resources.

_____ 3. Use of community agencies or services as safety resources.

_____ 4. The caretaker(s) will appropriately protect victim from the alleged perpetrator.

_____ 5. The alleged perpetrator will leave the home, either voluntarily or in response to legal action.

_____ 6. The non-offending caretaker(s) has moved to a safe environment with the child(ren).

_____ 7. Legal action (specify): _____

_____ 8. Other (specify): _____

_____ 9. The caretaker(s) will voluntarily place the child(ren) outside the home.

_____ 10. Child(ren) remains in substitute care because interventions 1-8 do not adequately assure child(ren)'s safety.

SECTION 3: REUNIFICATION SAFETY DECISION

Identify the reunification decision by checking the appropriate line below. This decision should be based on the assessment of all protective factors, safety factors, protective interventions, and any other information known about the case. Check one line only.

1. _____ All protective factors are present at this time, and no safety factor was identified. Based on currently available information, there are no children likely to be in immediate danger of serious harm. Child(ren) will be returned home.

2. _____ One or more protective factors are absent or a safety factor was identified, and protecting interventions have been planned or taken. One or more children will be returned home.

   _____ The following child(ren) will be returned home:

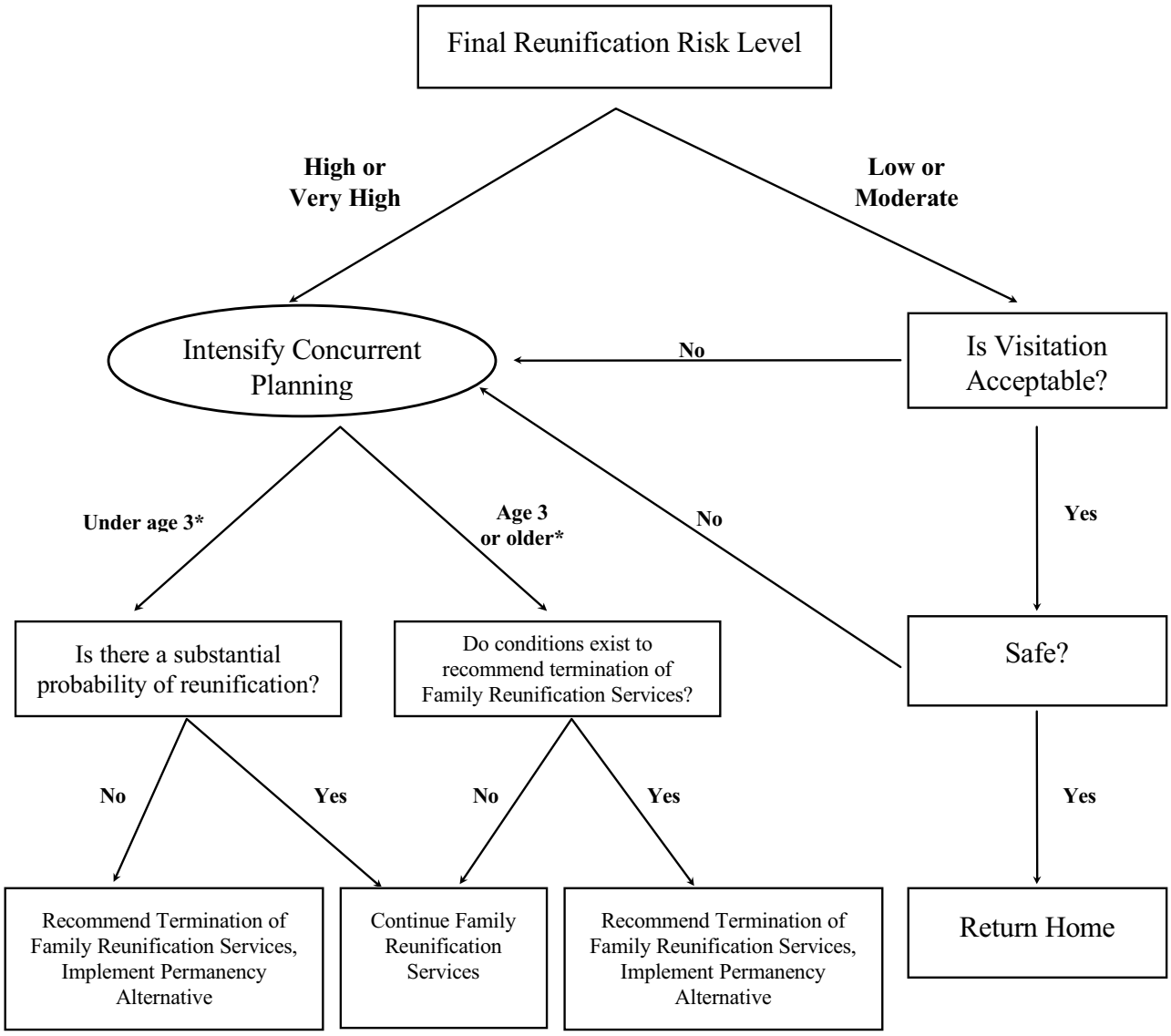
   _____ _____ _____

   _____ _____ _____

3. _____ One or more protective factors are absent or a safety factor was identified, and placement is the only protecting intervention possible for all child(ren). Without remaining in placement, child(ren) will likely be in danger of immediate or serious harm.

D. PLACEMENT/PERMANENCY PLAN GUIDELINES
(Complete for each child receiving family reunification services and enter results in Section E. Consult with supervisor and appropriate statutes and regulations.)

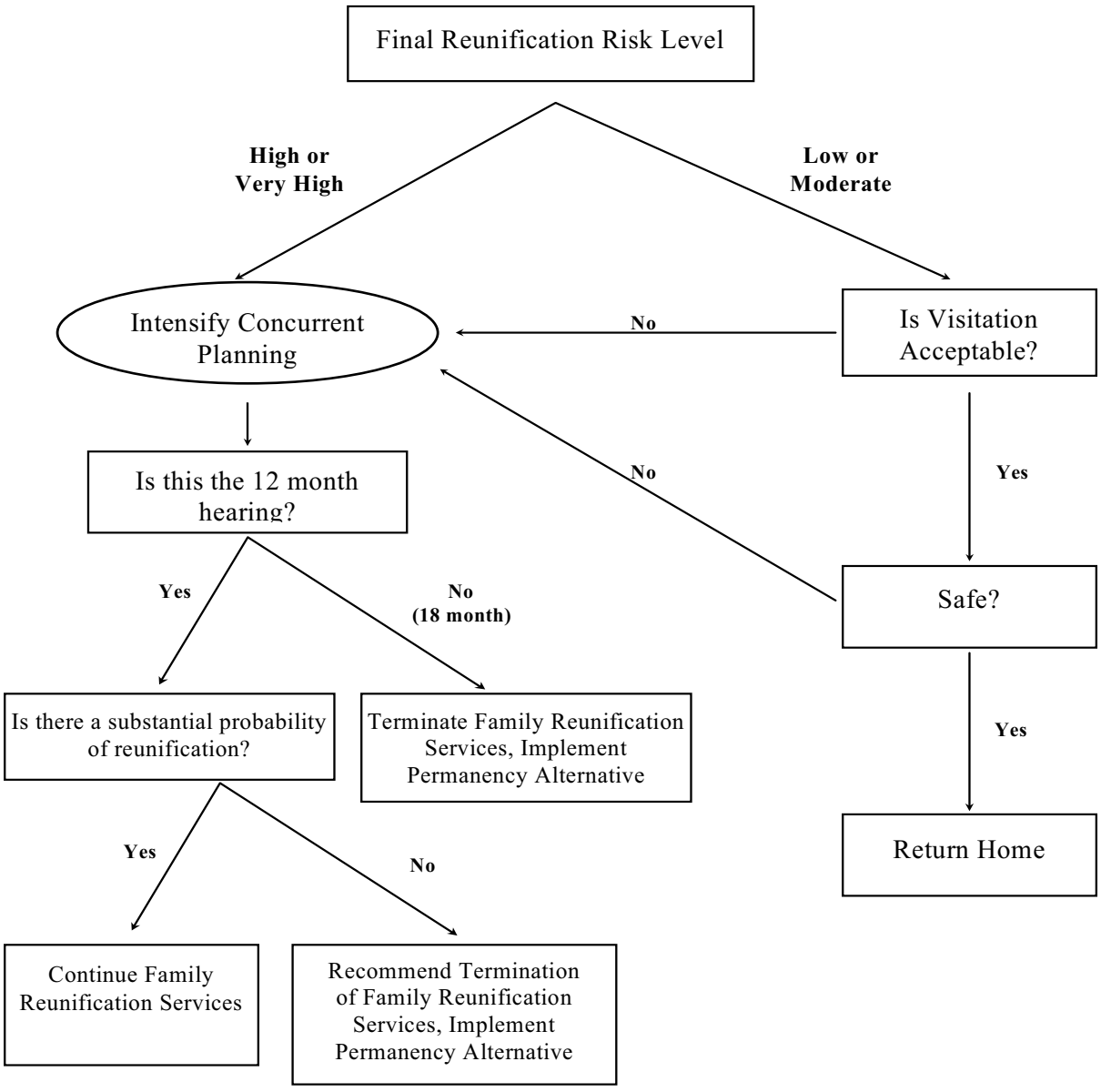
Use up to and including 6 month hearing



Override:
If at any age a child has been in placement for 15 of the last 22 months, it shall result in termination of family reunification services and implementation of permanency alternative.

* If child is part of a sibling group, consider WI code 361.5

Use after 6 month hearing



Override:
If at any age a child has been in placement for 15 of the last 22 months, it shall result in termination of family reunification services and implementation of permanency alternative.

E. RECOMMENDATION SUMMARY

(If recommendation is the same for all children, enter "all" under child # and complete row 1 only.)

Child #	Recommendation		
	Return Home	**Continue Family Reunification Services**	**Terminate Family Reunification Services; Implement Permanent Alternative**
1.			
2.			
3.			
4.			

F. CONTACT GUIDELINES

CONTACT GUIDELINES FOR FAMILY REUNIFICATION CASES	
RISK LEVEL	**DOCUMENTED CONTACTS WITH CARETAKER(S)**
Low	One face-to-face per month with caretaker(s) One collateral contact
Moderate	Two face-to-face per month with caretaker(s) Two collateral contacts
High	Three face-to-face per month with caretaker(s) Three collateral contacts
Very High	Three face-to-face per month with caretaker(s) Three collateral contacts
	DOCUMENTED CONTACTS WITH CHILDREN
	At least one face-to-face per month with each child
ADDITIONAL CONSIDERATIONS	
Contact Definition	During the course of a month, each caretaker and each child shall be contacted at least once.
Designated Contacts	The ongoing worker must always maintain at least one face-to-face contact per month with the caretaker(s). However, the ongoing worker may delegate remaining contacts to service providers outlined in the case plan, or other agency staff.
OVERRIDES	
	A discretionary override to these contact guidelines is permitted based on unique case circumstances that are documented by the ongoing worker and approved by the supervisor. All case contacts must at least meet Division 31 regulations.

Appendix V – Ontario revised risk, strength, and needs assessment

ONTARIO REVISED
RISK, STRENGTH, AND NEEDS ASSESSMENT
(FOR CAREGIVERS AND CHILDREN)

Family Name: _____**Case Number**_____

Worker Name: _____ **Date:** _____

Names of Children Assessed:

1. _____ 3. _____

2. _____ 4. _____

(If more than four children are assessed, add additional names and numbers on reverse side.)
Are there additional names on the reverse? 1. Yes 2. No

Names of Caregivers Assessed:

1. _____ 3. _____

2. _____ 4. _____

(If more than four caregivers are assessed, add additional names and numbers on reverse side.)
Are there additional names on the reverse? 1. Yes 2. No

Date of Child Protection Referral: _____/_____/_____

Date of Assessment: _____/_____/_____ **Time:** _____ **Worker:** _____

SECTION 1: Caregiver Strengths and Needs

CG1. Abuse/Neglect of Caregiver		**Caregiver 1**	**Caregiver 2**	**Caregiver 3**	**Caregiver 4**
Severe abuse/neglect as a child	4				
Recurrent but not severe abuse/neglect as a child	3				
Episodes of abuse/neglect as a child.	2				
Perceived abuse/neglect as a child with no specific incidents	1				
No perceived abuse/neglect as a child.	0				
Insufficient information to make a rating.	9	_____	_____	_____	_____
CG! Summary descriptions - CURRENT					
CG2. Alcohol or Drug Use					
Substance use with severe social/behavioral consequences	4				
Substance use with serious social/behavioral consequences.	3				
Occasional substance use with negative effects on behavior	2				
Occasional substance use	1				
No misuse of alcohol or use of drugs	0				
Insufficient information to make a rating.	9	_____	_____	_____	_____
CG2. Summary Descriptions - CURRENT					

If score is above zero, check all that apply:

_____Heroin	_____Other Stimulants	_____Other Tranquilizers
_____Alcohol	_____Cocaine/ Crack	_____Non-prescriptions Methadone
_____Barbiturates	_____Marijuana/ Hash	_____Other Opiates and Synthetics
_____Other sedatives or hypnotics	_____PCP	_____Inhalants
_____Methamphetamine	_____Tranquilizers (Benzodiazepine)	_____Over-the-Counter
_____Other amphetamines		_____Other (Specify): _____

CG 3. Caregiver's Expectations of Child

Unrealistic expectations with violent punishment	4				
Unrealistic expectations with angry conflict.	3				
Inconsistent expectations leading to confusion.	2				
Realistic expectations with minimal support	1				
Realistic expectations with strong support.	0				
Insufficient information to make a rating.	9				
CG3. Summary Descriptions - CURRENT		_____	_____	_____	_____

CG4. Caregiver's Acceptance of Child

Rejects and is hostile to child.	4				
Disapproves of and resent child.	3				
Indifferent and aloof to child.	2				
Limited acceptance of child.	1				
Very accepting of child.	0				
Insufficient information to make a rating.	9				
CG4. Summary Descriptions - CURRENT		_____	_____	_____	_____

CG5. Physical Capacity to Care for Child

Incapacitated due to chronic illness or disability, resulting in inability to care for child.	4				
Physical impairment or illness which seriously impairs child caring capacity,	3				
Moderate physical impairment or illness resulting in only limited impact on child caring capacity.	2				
Very limited physical impairment or illness with virtually no impact on child caring capacity.	1				
Healthy with no identifiable risk to child caring capacity.	0				
Insufficient information to make a rating.	9				
CG5. Summary Descriptions - CURRENT		_____	_____	_____	_____

CG6. Mental/Emotional/Intellectual Capacity to Care for Child

Incapacitated due to mental/emotional disturbance or developmental disability resulting in inability to care for child.	4				
Serious mental/emotional disturbance or developmental disability, which seriously impairs child caring capacity.	3				
Moderate mental/emotional disturbance or developmental disability with limited impairment or childcare capacity.	2				
Symptoms of mental/emotional disturbance or developmental disability with no impact on child caring capacity.	1				
No identifiable mental/emotional disturbance.	0				
Insufficient information to make a rating.	9				
CG^. Summary Descriptions - CURRENT		_____	_____	_____	_____

SECTION 2: Child Strengths and Needs

C1 Child's Vulnerability		**Child 1**	**Child 2**	**Child 3**	**Child 4**
Child younger than 2 years or older child with special needs.	4				
Child older than 2 years, not regularly visible in the community	3				
Child is under 12 years, attends school, day care or early childhood development program.	2				
Child is over 12 years and younger the 16 years.	1				
Child is 16 years or older with adequate self-sufficiency skills	0				
Insufficient information to make a rating.	9				
C1 Summary Descriptions CURRENT:		_____	_____	_____	_____
C2. Child's Response to Caregiver					
Extremely anxious with uncontrolled fear, withdrawal or passivity.	4				
Very anxious with negative, disruptive and possibly violent interaction.	3				
Moderately anxious with apprehension and suspicion toward caregiver.	2				
Marginally anxious with some hesitancy toward caregiver	1				
Child trusts and responds to caregiver in age appropriate way.	0				
Insufficient information to make a rating.	9				
C2 Summary Description - CURRENT		_____	_____	_____	_____
C3 Child's Behavior					
Dangerous behavior problems	4				
Serious behavior problems	3				
Moderate behavior problems	2				
Minor behavior problems	1				
No significant behavior problems	0				
Insufficient information to make a rating	9				
C3 Summary Description - CURRENT		_____	_____	_____	_____
C4. Child's Mental Health/ Development					
Incapacitated due to mental/emotional disturbance or developmental delay and unable to function independently.	4				
Serious mental/emotional disturbance or developmental delay impairs ability to function in most daily activities.	3				
Moderate mental/emotional disturbance or developmental delay impairs ability to perform some daily activities.	2				
Symptoms of mental/emotional disturbance with minimal impact on daily activities.	1				
No identifiable mental/emotional disturbance.	0				
Insufficient information to make a rating.	9				
C4 Summary Descriptions - CURRENT		_____	_____	_____	_____

C5. Child's Physical Health and Development

Severe physical illness, disability or lack of physical development, requires medical care	4				
Serious physical illness, disability or lack of physical development restricts activities without special care.	3				
Moderate physical illness, disability or lack of physical development, restrict activities somewhat, but overcome with special care	2				
Mild physical illness, disability or lack of physical development, does not restrict activities	1				
Healthy with no obvious physical illness, disability or lack of physical development	0				
Insufficient information to make a rating.	9				
C5 Summary Descriptions - CURRENT		_____	_____	_____	_____

SECTION 3: Family Strengths and Needs

F1 Family Violence Family Situation		**Family Situation**
Repeated or serious physical violence or substantial risk of serious physical violence in the family.	4	
Incidents of physical violence in family; imbalance of power and control/.	3	
Isolation and intimidation, threats of harm.	2	
Verbal aggression.	1	
Mutual tolerance	0	
9 Insufficient information to make a rating.	9	
F1 Summary Description – CURRENT		_____

F2 Ability to Cope with Stress		
Chronic crisis with limited coping	4	
Prolonged crisis strains coping skills	3	
Stabilized after period of crisis.	2	
Resolution without adverse effect	1	
Free from stress influence.	0	
Insufficient information to make a rating.	9	
F2 Summary Descriptions – CURRENT		_____

F3 Availability of Social Supports Family Situation		
Effectively isolated	4	
Some support, but unreliable	3	
Some reliable support, but limited usefulness.	2	
Some reliable and useful support	1	
Multiple sources of reliable and useful support.	0	
Insufficient information to make a rating.	9	
F3 Summary Descriptions – CURRENT		_____

F4 Living Conditions Family Situation		
Extremely unsafe; multiple hazardous conditions that are dangerous to children and have caused physical injury or illness/	4	
Very unsafe, multiple hazardous conditions that are dangerous to children.	3	
Unsafe, one hazardous condition that is dangerous to children.	2	
Family safe; one possible hazardous condition that may harm children.	1	
Safe; no hazardous conditions apparent.	0	
Insufficient information to make a rating.	9	
F4 Summary Description – CURRENT		_____

F5 Family Identity and Interactions

Negative family interactions	4	
Family interactions generally indifferent	3	
Inconsistent family interactions	2	
Family interaction usually positive	1	
Family interactions typically supportive	0	
Insufficient information to make a rating.	9	
F5 Summary Description - CURRENT		_____

SECTION 4: Interventions Strengths and Needs

I 1 Caregiver's Motivation		**Caregiver 1**	**Caregiver 2**	**Caregiver 3**	**Caregiver 4**
No motivation to meet child's needs	4				
Very limited motivation to meet child's needs	3				
Motivated to meet child's needs, but caregiver had multiple impediments to solving problems.	2				
Motivated to meet child's needs, but caregiver has some impediments to solving problems	1				
Motivated to meet child's need and caregiver has no impediments to solving problems	0				
Insufficient information to make a rating.	9				
I1 Summary Descriptions – CURRENT		_____	_____	_____	_____

I2 Caregiver's Cooperation with Intervention					
Refuses to cooperate	4				
Cooperates minimally, but resists intervention	3				
Cooperates, but poor response to intervention.	2				
Cooperates with generally appropriate response to intervention.	1				
Cooperates with intervention.	0				
Insufficient information to make a rating.	9				
I2 Summary Descriptions – CURRENT		_____	_____	_____	_____

SECTION 5: Abuse/Neglect Strengths and Needs

A 1 Access to Child by Perpetrator		**Caregiver 1**	**Caregiver 2**	**Caregiver 3**	**Caregiver 4**
Open access with no adult supervision.	4				
Open access with ineffective adult supervision.	3				
Open access with effective adult supervision	2				
Limited access with effective adult supervision.	1				
No access to child OR no perpetrator.	0				
Insufficient information to make a rating.	9				
A1 Summary Descriptions – CURRENT		_____	_____	_____	_____

A 2 Intent and Acknowledgement of Responsibility					
Deliberate or premeditated abuse or neglect.	4				
Hides or denies responsibility for abuse/ neglect.	3				
Rationalizes abuse/neglect or does not understand role.	2				
Understands role in abuse/neglect; accepts responsibility.	1				
Abuse is accidental or neglect is not deliberate.	0				
Insufficient information to make a rating.	9				
A2 Summary Descriptions - CURRENT		_____	_____	_____	_____

A 3 Severity of Abuse/Neglect

Extreme harm or substantial danger of extreme harm.	4				
Serious harm or substantial danger of serious harm.	3				
Moderate harm or substantial of moderate harm.	2				
Minor harm or substantial risk of minor harm.	1				
No harm or no substantial danger of harm.	0				
Insufficient information to make a rating.	9				
A3 Summary Descriptions – CURRENT		_____	_____	_____	_____

A 4 History of Abuse/Neglect Committed by Parent

Severe or escalating pattern of past abuse/neglect.	4				
Serious recent incident or a pattern of abuse/neglect.	3				
Previous abuse/neglect.	2				
Abuse/neglect concerns.	1				
No history of abuse /neglect.	0				
Insufficient information to make a rating.	9				
A4 Summary Descriptions – CURRENT		_____	_____	_____	_____

Strengths and Needs Analysis:

1 Risk Assessment

A. List all risk factors which received a rating of 1 or higher on the risk assessment.

B. **Family Assessment**

List the factors on the Child and Family Strengths and Needs Assessment (excluding child needs and strengths) that are the three most serious needs that contribute to risk of maltreatment and greatest strengths that are mitigate against risk of maltreatment.

Priority Areas of Need	Priority Areas of Strength
1. ____ _____	1. ____ _____
2. ____ _____	2. ____ _____
3. ____ _____	3. ____ _____

C. **Family Assessment**

List the factors on the Child and Family Strengths and Needs Assessment that are three most serious needs and greatest strengths of each child in the family.

Child 1. Priority Areas of Need	Child 1. Priority Areas of Strength
1. ____ _____	1. ____ _____
2. ____ _____	2. ____ _____
3. ____ _____	3. ____ _____

Child 2. Priority Areas of Need	Child 2. Priority Areas of Strength
1. ____ _____	1. ____ _____
2. ____ _____	2. ____ _____
3. ____ _____	3. ____ _____

2 Other Needs and Strengths
Areas of needs or strengths identified by the child and family that are not included in the categories assessed by this tool.

3 Analysis of Information Gathered During the Assessment
Discuss the interaction of child and family strengths and needs and how they impact on child's safety and development

PLAN OF SERVICE

Priority Needs	Planned Outcomes	Actions or services to be taken/provided	Person/Agency Responsible	Timeframe
Child 1 1. _____ 2. _____ 3. _____				
Child 2 1. _____ 2. _____ 3. _____				
Family/Caregiver 1. _____ 2. _____ **3.** _____				
Other				

Date:_____ Date plan will be reviewed:_____

Appendix VI – California Family Strengths and Needs

CALIFORNIA c: 06/03
FAMILY STRENGTHS AND NEEDS ASSESSMENT
(For Caretakers and Children)

Case Name: _____ **Case Number:** _____

Date of Referral: _____ **Date of Assessment:** _____ **Initial** or **Reassess #:** 1 2 3 4 5 ____

County: _____ **Worker:** _____

1. **Child Name:** _____ **Case #:** _____ 4. **Child Name:** _____ **Case #:** _____
2. **Child Name:** _____ **Case #:** _____ 5. **Child Name:** _____ **Case #:** _____
3. **Child Name:** _____ **Case #:** _____ 6. **Child Name:** _____ **Case #:** _____

The following items should be considered for each family/household member. Worker should base score on their assessment for each item, taking into account family's perspective, child's perspective where appropriate, worker observations, collateral contacts, and available records. Refer to accompanying definitions to determine the most appropriate response. Enter the score for each item.

A. CARETAKER - Rate each caretaker and enter lowest score.

SN1. Substance Abuse/Use **Score**

(Substances: alcohol, illegal drugs, inhalants, prescription/over-the-counter drugs.)

a. Teaches and demonstrates healthy understanding of alcohol and drugs ..... +3
b. Alcohol or prescribed drug use 0
c. Alcohol or drug abuse ..... -3
d. Chronic alcohol/drug abuse ..... -5 _____

If C or D, check all that apply:

_____ Heroin	_____ Other Stimulants	_____ Other Tranquilizers
_____ Alcohol	_____ Cocaine/Crack	_____ Non-Prescription Methadone
_____ Barbiturates	_____ Marijuana/Hash	_____ Other Opiates and Synthetics
_____ Other Sedatives or Hypnotics	_____ PCP	_____ Inhalants
_____ Methamphetamine	_____ Tranquilizers	_____ Over-the-Counter
_____ Other Amphetamines	(Benzodiazepine)	_____ Other (specify): _____

SN2. Household Relationships

a. Supportive ..... +3
b. Minor/occasional discord 0
c. Frequent discord ..... -3
d. Chronic discord ..... -5 _____

SN3. Domestic Violence

a. Individuals promote non-violence in the home ..... +3
b. No threatening or assaultive behaviors among household members 0
c. Physical violence/controlling behavior ..... -3
d. Repeated and/or severe physical violence ..... -5 _____

SN4. Social Support System

a. Strong support system ..... +2
b. Adequate support system 0
c. Limited support system ..... -2
d. No support system ..... -4 _____

SN5. Parenting Skills **Score**

a. Strong skills ..... +2
b. Adequately parents and protects child(ren) 0
c. Inadequately parents and protects child(ren) ..... -2
d. Destructive/abusive parenting ..... -4 _____

SN6. Mental Health/Coping Skills

a. Strong coping skills ..... +2
b. Adequate coping skills 0
c. Mild to moderate symptoms ..... -2
d. Chronic/severe symptoms ..... -4 _____

SN7. Household History of Criminal Behavior or Child Abuse and Neglect (CA/N)

a. Promotes positive values ..... +1
b. No criminal behavior or child maltreatment history, or successful problem resolution 0
c. Active involvement ..... -1
d. Chronic/severe involvement ..... -3 _____

If response is B, C, or D, identify household member involved and type of history (check all that apply):
(If criminal history is not available, write AN/A@ in the space provided.)

Criminal	CA/N	
_____	_____	Primary Caretaker
_____	_____	Secondary Caretaker
_____	_____	Other Adult
_____	_____	Juvenile

SN8. Resource Management/Basic Needs

a. Resources sufficient to meet basic needs and are adequately managed ..... +1
b. Resources are limited but are adequately managed 0
c. Resources are insufficient or not well-managed ..... -1
d. No resources or resources severely limited and/or mismanaged ..... -3 _____

SN9. Cultural/Community

a. Strong cultural/community resources ..... +1
b. Some cultural/community resources 0
c. Some cultural/community conflict ..... -1
d. Significant cultural/community conflict ..... -3 _____

SN10. Physical Health

a. Preventive health care is practiced ..... +1
b. Health issues do not affect family functioning 0
c. Health concerns/handicaps affect family functioning ..... -1
d. Serious health concerns/handicaps result in inability to care for child(ren) ..... -2 _____

SN11. Communication Skills

a. Strong skills ..... +1
b. Functional skills 0
c. Limited skills ..... -1
d. Severely limited skills ..... -2 _____

B. CHILD - Rate each child according to the current level of functioning.

		Child 1 Score	Child 2 Score	Child 3 Score	Child 4 Score	Child 5 Score	Child 6 Score
CSN1.	**Emotional/Behavioral**						
	a. Strong emotional adjustment ..... +3						
	b. Adequate emotional adjustment..... 0						
	c. Limited emotional adjustment ..... -3						
	d. Severely limited emotional adjustment..... -5	_____	_____	_____	_____	_____	_____
CSN2.	**Family Relationships**						
	a. Nurturing/supportive relationships ..... +3						
	b. Adequate relationships..... 0						
	c. Strained relationships..... -3						
	d. Harmful relationships ..... -5	_____	_____	_____	_____	_____	_____
CSN3.	**Medical/Physical**						
	a. Preventive health care is practiced..... +2						
	b. Medical needs met 0						
	c. Medical needs impair functioning ..... -2						
	d. Medical needs severely impair functioning ..... -4	_____	_____	_____	_____	_____	_____
CSN4.	**Child Development**						
	a. Advanced development..... +2						
	b. Age-appropriate development..... 0						
	c. Limited development ..... -2						
	d. Severely limited development..... -4	_____	_____	_____	_____	_____	_____
CSN5.	**Cultural/Community Identity**						
	a. Strong cultural/community identity ..... +1						
	b. Adequate cultural/community identity..... 0						
	c. Limited cultural/community identity ..... -1						
	d. Disconnected from cultural/community identity..... -3	_____	_____	_____	_____	_____	_____
CSN6.	**Substance Abuse**						
	a. No substance use ..... +1						
	b. Experimentation/use 0						
	c. Alcohol or other drug use ..... -1						
	d. Chronic alcohol or other drug use..... -3	_____	_____	_____	_____	_____	_____
CSN7.	**Education**						
	Does child have a specialized educational plan? _____ No _____ Yes, describe: _____						
	a. Outstanding academic achievement..... +1						
	b. Satisfactory academic achievement 0						
	c. Academic difficulty ..... -1						
	d. Severe academic difficulty..... -3	_____	_____	_____	_____	_____	_____

	Child 1 Score	Child 2 Score	Child 3 Score	Child 4 Score	Child 5 Score	Child 6 Score
CSN8. Peer/Adult Social Relationships						
a. Strong social relationships ..... +1						
b. Adequate social relationships 0						
c. Limited social relationships ..... -1						
d. Poor social relationships ..... -2	____	____	____	____	____	____
CSN9. Delinquent Behavior (Delinquent behavior includes any action which, if committed by an adult, would constitute a crime.)						
a. Preventive activities ..... +1						
b. No delinquent behavior 0						
c Occasional delinquent behavior ..... -1						
d. Significant delinquent behavior ..... -2	____	____	____	____	____	____

C. PRIORITY NEEDS AND STRENGTHS

Enter item number and description of up to three most serious needs (lowest scores) and greatest strengths (highest scores) from Section A (items SN1-SN11).

Priority Areas of Need

1. _____ _____
2. _____ _____
3. _____ _____

Priority Areas of Strength

1. _____ _____
2. _____ _____
3. _____ _____

Does family identify areas of needs or strengths that are not included in the categories assessed by this tool?

1. _____ No
2. _____ Yes, describe: _____

_____

_____

Appendix VII – Ontario Looking After Children

Initial Assessment Record

The Initial Assessment Record continues the process of systematic information gathering commenced in the Referral and Initial Information Record.

An initial assessment is deemed to have commenced at the point of referral to social services or when new information on an open case indicates an initial assessment should be repeated.

An initial assessment is defined as a brief assessment of each child referred to social services with a request for services to be provided. This should be undertaken within the timeframe designated by legislation but could be very brief depending on the child's circumstances. In completing this initial assessment, if it is known that a core assessment will be required, social work staff should make a professional judgement about whether it is necessary to complete all sections before beginning a Core Assessment.

Date referral received: ☐☐/☐☐/☐☐☐☐ (DD/MM/YYYY)

Date initial assessment commenced: ☐☐/☐☐/☐☐☐☐ (DD/MM/YYYY)

CHILD/YOUNG PERSON'S DETAILS:

Family name _____ Given names _____

DoB or expected date of delivery: ☐☐/☐☐/☐☐☐☐ (DD/MM/YYYY)

Gender: Male ☐ Female ☐ Unborn ☐

Address _____

_____ Postal code_____ Tel. _____

Child's Case Number: _____

The Initial Assessment Record provides a summary of the work undertaken by social services in collaboration with other agencies.

As part of an initial assessment, the child should be seen. This includes observation and communicating with the child in an age appropriate manner.

Reason for Initial Assessment, including views of child/young person and parent/ caregivers:

Initial Assessment Record

SOURCES OF INFORMATION:

Agencies should be consulted and involved as appropriate as part of the initial assessment. Parental permission to contact other agencies should be obtained unless permission seeking may itself place a child at risk of significant harm.

It should be ascertained whether other professionals agree to the information provided being shared with the child and/or family.

Date(s) child/young person and family members seen/interviewed:

Date	Name(s) of family member(s) interviewed	Please tick if child/ young person seen during interview
☐☐/☐☐/☐☐☐☐	_____	☐
☐☐/☐☐/☐☐☐☐	_____	☐
☐☐/☐☐/☐☐☐☐	_____	☐
☐☐/☐☐/☐☐☐☐	_____	☐
☐☐/☐☐/☐☐☐☐	_____	☐

Agencies contributing to Initial Assessment:

Please Specify

_____

_____

_____

_____

_____

CHILD/YOUNG PERSON'S DEVELOPMENTAL NEEDS

All children and young people develop over time. Parents have a responsibility to respond appropriately to the child/young person's needs. The purpose of this section is to identify areas of strength and areas of developmental need, in order for resources to be allocated appropriately to ensure the optimum development of this particular child/young person. You may consider using the HOME Inventory and relevant Questionnaires and Scales (Department of Health et al, 2000) during the Initial Assessment. The parent's capacity to respond should be considered in relation to basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries and stability. If the child/young person or other children in the household have been the subject of child protection concerns, please record the implications for the child/young person's current circumstances.

HEALTH

Child's needs:

Parenting capacity:

EDUCATION

Child's needs:

Parenting capacity:

EMOTIONAL AND BEHAVIOURAL DEVELOPMENT

Child's needs:

Parenting capacity:

IDENTITY

Child's needs:

Parenting capacity:

FAMILY AND SOCIAL RELATIONSHIPS

Child's needs:

Parenting capacity:

SOCIAL PRESENTATION

Child's needs:

Parenting capacity:

SELF CARE SKILLS

Child's needs:

Parenting capacity:

ATTRIBUTES OF PARENTS'/CAREGIVERS' CAPACITIES WHICH AFFECT THEIR ABILITY TO RESPOND APPROPRIATELY TO THE CHILD/YOUNG PERSON'S NEEDS.

It is important to be aware of parent(s)/caregiver(s) strengths as well as difficulties they are experiencing.

Research shows that the following are most likely to affect parenting capacity: physical illness; mental illness; learning disability; substance/alcohol misuse; domestic violence; childhood abuse; history of abusing children.

It is important to record that an issue is present, to whom it refers and its affect on parenting.

It is also important to record details of adults who might pose a risk of significant harm to the child/young person.

Should a referral be made to adult services? Yes ☐ No ☐

If yes, please specify details in the **Initial Plan** on **page 10**

FAMILY AND ENVIRONMENTAL FACTORS WHICH IMPACT ON THE CHILD AND FAMILY

Please record relevant historical information as well as that relating to the current situation. It is important to record details of any adults who are considered to or are likely to be posing a risk of significant harm to the child/young person.

Family History and Functioning
Wider Family
Housing
Employment
Income (please include information regarding financial difficulties)
Family's Social Integration
Community Resources

ANALYSIS OF INFORMATION GATHERED DURING THE INITIAL ASSESSMENT

The analysis should identify the factors that have an impact on different aspects of the child's development and parenting capacity, and explore the relationship between them. This process of analysing the information available about the child's needs, parenting capacity and wider family and environmental factors should result in a clear understanding of the child's needs, and what types of service provision would best address these needs to ensure the child has the opportunity to achieve his/her potential. It is important to include any evidence that the child is suffering or likely to suffer significant harm.

DECISIONS

This section should be completed following discussion with the supervisor.

Is the delivery of services to the child/young person and his/her family warranted based on any of the following categories?

1. **Child is in need of protection:** ***Yes*** ☐ ***No*** ☐ **This is as a result of:**

   ☐ **Physical harm** (i.e., child/young person has been or is at risk of being physically harmed as a result of an act or action by a caregiver (commission) or is at risk of being harmed as a result of the caregiver's failure to take actions to protect him/her (omission)

   ☐ S**exual harm** (i.e., child/young person has been or is at risk of being sexually harmed as a result of an act or action by a caregiver (commission) or is at risk of being harmed as a result of the caregiver's failure to take actions to protect him/her (omission)

   ☐ **Neglect** (i.e., the child/young person has been or is at risk of neglect as a result of the caregiver's failure to provide adequate care for him/her. This may be by commission or omission)

   ☐ **Emotional harm** (i.e., the child/young person has been or is at risk of being emotionally harmed as a result of specific behaviours of the caregiver towards him/her (commission) or is at risk of being harmed as a result of the caregiver's failure to take actions to protect him/her (omission).

2. **Abandonment/separation** (i.e., the child/young person has been abandoned or is at risk of being separated from the family as a result of intentional or unintentional actions of the caregiver) ***Yes*** ☐ ***No*** ☐

3. **Child is disabled.** ***Yes*** ☐ ***No*** ☐

4. **Voluntary service agreement** ***Yes*** ☐ ***No*** ☐

FURTHER ACTION ARISING FROM THE INITIAL ASSESSMENT

This section is used to record any actions taken during or on completion of the initial assessment. More than one box may be ticked. For example, a family may be allocated a specific service, such as sponsored day care, while a referral is being made to another agency. If a core assessment is to be undertaken, the family should receive services as appropriate during this process. When deciding which services to offer, it is important to take account of the family's likelihood of taking up these services.

Immediate legal action to protect child	☐	Core Assessment	☐
Provide out-of home services (including respite care)	☐	Commission specialist assessment(s)	☐
Provide short term services	☐	Referral to other agency(ies)	☐
No Further Action	☐	Please Specify	

If developmental needs are identified in a child/young person and services are not to be provided or are not available, please explain why:

The completed **Initial Assessment and Plan** should be discussed with the child/young person and their parents/caregivers.

Child/young person's comments on this assessment and plan where completed. Please record any areas of disagreement.

A copy should be provided to the child and appropriate family members, unless to do so would place the child/ young person at risk of significant harm.

Parents'/caregivers' comments on this assessment and plan where completed. Please record any areas of disagreement.

This information should not be shared with other professionals, unless the child (as appropriate) or family member has given their consent for specific information to be shared with a particular agency for a stated purpose.

Third party information should not be shared unless permission to do so has been obtained.

The identity of anonymous referrers should not be disclosed.

Report discussed with child/young person: Yes ☐ No ☐

If No, when will this be done? ☐☐/☐☐/☐☐☐☐ (dd/mm/yyyy)

Report discussed with parents/main caregivers: Yes ☐ No ☐

If No, when will this be done? ☐☐/☐☐/☐☐☐☐ (dd/mm/yyyy)

Child/Young person given copy of report: Yes ☐ No ☐

If No, when will this be done? ☐☐/☐☐/☐☐☐☐ (dd/mm/yyyy)

Parents/Main caregivers given copy of report: Yes ☐ No ☐

If No, when will this be done? ☐☐/☐☐/☐☐☐☐ (dd/mm/yyyy)

Date Initial Assessment completed: ☐☐/☐☐/☐☐☐☐ (dd/mm/yyyy)

If an Initial Assessment was not completed within designated timeframe, please give the reason(s) why:

Name and signature of worker completing initial assessment

_____ Date: ☐☐/☐☐/☐☐☐☐

Name and signature of Supervisor

_____ Date: ☐☐/☐☐/☐☐☐☐

Initial Plan

The Initial Plan should specify the services to be provided to respond to the child/young person's identified developmental needs. Services may be provided while further assessment(s) is/are being carried out. The Initial Plan should include services being provided to parent(s)/caregiver(s). The planned outcomes set out in this plan should be: **S**pecific and **M**easurable, **A**chievable, **R**elated to the assessed needs of the child/young person and **T**ime related**.**

Identified child developmental needs and strengths and difficulties in each domain	**How will these needs be responded to:** *actions or services to be taken/provided*	**Frequency & length of service:** *e.g. hours per week*	**Person/ Agency responsible**	**Date service will commence/ commenced**	**Date service completed (if appropriate)**	**Planned outcomes:** *progress to be achieved by next review or other specified date*	**Actual Outcomes:** ***to be completed at the review or at closure***
Child's Developmental Needs							
Parenting Capacity							
Family and Environmental Factors							

Date **Initial Plan** will be reviewed: ☐☐/ ☐☐/ ☐☐☐☐ (dd/mm/yyyy) Date **Initial Plan** reviewed: ☐☐/ ☐☐/ ☐☐☐☐ (dd/mm/yyyy)

This Canadian adaptation (last updated in July 2004) was prepared by Shannon Balla and Victoria Norgaard in consultation with Dr. Louise Legault (University of Ottawa), Shirley Cole (Government of PEI), Elske Canam and Margaret Cissell (Government of NT), David Regehr, Beverly Carson, Beverly Duke (Government of AB). Financial support was provided by Human Resources Development Canada.

Appendix VIII – Bristol

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CORE ASSESSMENT
BRISTOL SOCIAL SERVICES AND HEALTH

(To be completed within 35 working days)

Attach C1 Basic Information
(and C5 Significant Events if report to conference) Copy Number:

FAMILY'S NAME:_____

CAREGIVER'S NAME:_____

CHILDREN'S NAME / DATE OF BIRTH / STATUS:_____

_____

Date Core Assessment Started:	

Has Social worker gained permission to share information? Yes [ ] No [ ]
If 'No' comment, if "Yes" with whom?

Leaflets given:	Complaints SSL47 [ ]	Case Records SSL65 [ ]	Assessment SSL1 [ ] SSL2 [ ]	Case Conf's SSL27 [ ]	Dis Ch Reg SSL36 [ ]	Dis Ch Info Pk [ ]	LAC [ ]

REASON FOR ASSESSMENT OR S.47 ENQUIRIES

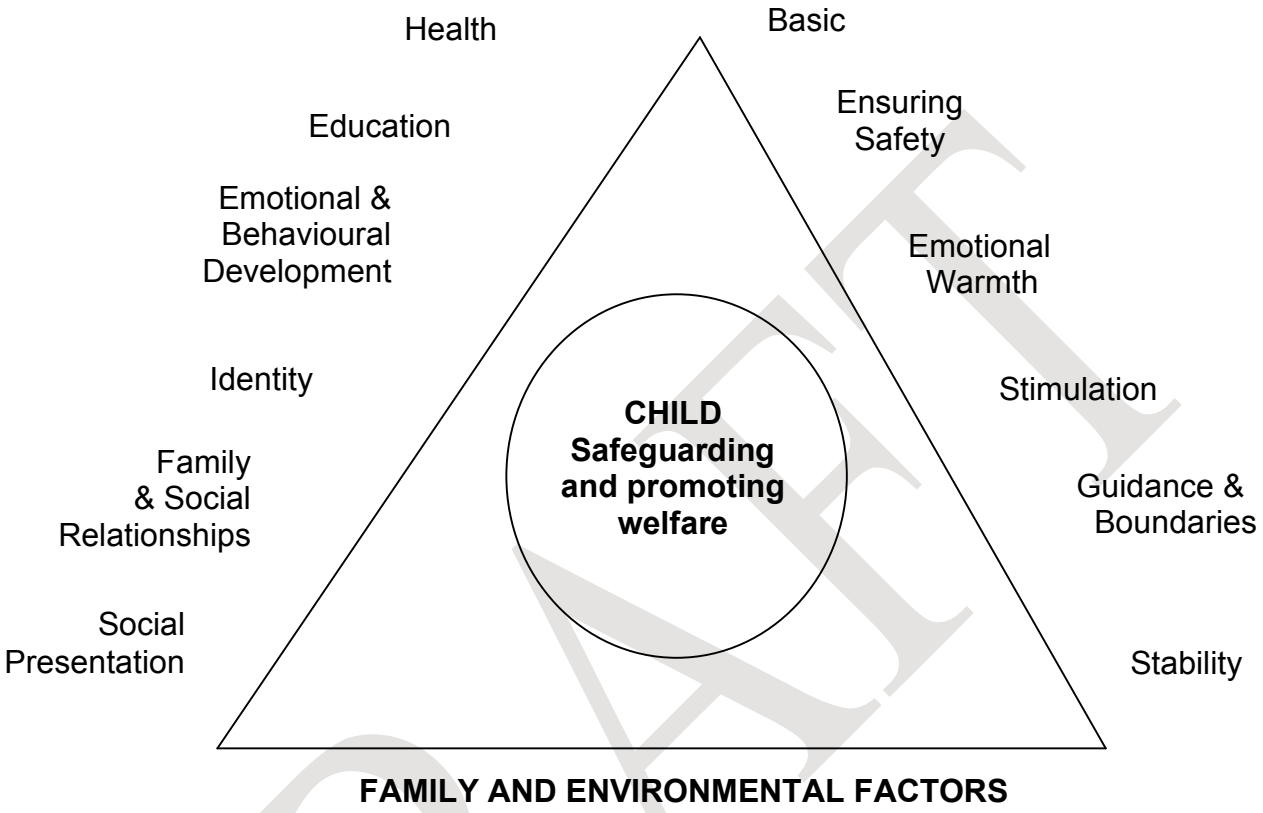
PLAN FOR THE ASSESSMENT

What components are required, and who will contribute these?

Contribution requested from (Name – Agency)	Contribution	Date requested	Date to be returned	Returned	Copy Sent
					1 [ ]

					2 [ ]
					3 [ ]
					4 [ ]
					5 [ ]

The Assessment Framework



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CORE ASSESSMENT
BRISTOL SOCIAL SERVICES AND HEALTH

CHILD'S DEVELOPMENTAL NEEDS

- ***Areas for discussion.***

Physical description of child:

- ***Height and weight.***
- ***Eating and sleeping pattern.***
- ***Diet and exercise.***
- ***Visits to dentist and optician.***
- ***Developmental Delay/impairment***
- ***Immunisations***
- ***Developmental assessments. (NB recorded in parent held child health record.)***

Physical and mental wellbeing including genetic factors

Any formal diagnosis, eg: asthma, eczema, diabetes, hyperactivity.

Risky behaviour i.e _____

Accidents or injuries, hospital contact, last family practitioner, GP, specialist contact.

Any medication or treatment.

Access to health information.

_____

SCALE:

0 1 2 3

Health (Please note sources and dates information obtained)

CHILD'S DEVELOPMENT NEEDS

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CORE ASSESSMENT
BRISTOL SOCIAL SERVICES AND HEALTH

Areas for discussion	**Education** (Please note sources and dates information obtained) Is the child subjecto f a Statement of Special Educational Need? Yes [ ] No [ ]
Pre-school experiences and development. *Any special educational needs (eg behavioural, learning difficulties)* *Support given in school, including any individual Education Plan./Pastoral Support Programme?* *School history – changes, achievements, special aptitudes.* *School attendance and punctuality.* *Behaviour in school – include child, parent and school perspective* *Any exclusions, fixed term and/or permanent and reason.* *Attitude to school – include child, parent and school perspective* *Formal action initiated by EWO regarding non-attendance.* *Transition plan in place* *Qualifications achieved* *Experience of obtaining employment/further or higher education.* *Aspirations*	
SCALE: ***0 1 2 3***	

• *Temperament.* • *Amount of supervision required.* • *Adaptaion to change.* • *Response to stress.* • *Anxiety/worries.* • *Excitement/boredom.* • *Aggression/temper.* • *Impulsiveness and risk-taking.* • *Self-control.* • *Unusual, delayed or recent change in behaviour.* • *Consider using Strengths and Difficulties Questionnaire; the Adolescent Wellbeing Scale. The Parenting Daily Hassle Scale* • *Note any formal assessments underway or completed.*	
SCALE: ***0 1 2 3***	

CHILD'S DEVELOPMENT NEEDS

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CORE ASSESSMENT
BRISTOL SOCIAL SERVICES AND HEALTH

Areas for discussion	**Family and social relationships** (Please note sources and dates information obtained.
• ***Quality*** *of early attachments.* • *Empathy/consideration of others* • *Quality of child's relationships/behavioiur with parents/siblings/other significant adults.* • *Play and interaction with other children/young ones.* • *Communication issues.* • *Friendships/networks/peer group.* • *Integration in neighbourhood/wider community.* • *Use of spare time.* • *Consider use of Parenting Daily Hassles Scale.*	
SCALE: ***0 1 2 3***	

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CORE ASSESSMENT
BRISTOL SOCIAL SERVICES AND HEALTH

CHILD'S DEVELOPMENT NEEDS	
Areas for discussion • *Understanding of personal history.* • *Contact with adults of same ethnic/cultural background/disabled adults as appropriate.* • *Sense of belonging* • *Acceptance by immediate family and extended family and wider community.* • *Self-esteem* • *Self-perception* • *Resilience – personal strength, determination*	***Identity*** *(Please note sources and dates information obtained)*
SCALE: ***0 1 2 3***	
• *Appearance of being well cared for* • *Ability to make self understood outside family* • *Response of others to child's impairment.*	**Social presentation** (Please note sources and dates information obtained)
SCALE: ***0 1 2 3***	

Ability to perform appropriate self care tasks *Age appropriate tasks such as:* *Toileting* *Grooming* *Bathing*	**Self care skills** (Please note sources and dates information obtained)
SCALE: ***0 1 2 3***	

PARENTS CAPACITY TO MEET CHILD/YOUNG PERSON'S NEEDS Note differences between different parental figures	
Areas for discussion • *Note any differences in parenting capacity between different parental figures.* *Awareness and provision of dietary needs.* *Provision of safe, clean, warm (physical/emotional) home environment.* *Provision of appropriate clothing* *Provision of medical/health care* *Provision of appropriate personal assistance* *Ability to communicate with child (e.g. knowledge of sign language)*	**Basic care** (Please note sources and dates information obtained)
SCALE: ***0 1 2 3***	

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CORE ASSESSMENT
BRISTOL SOCIAL SERVICES AND HEALTH

PARENTS CAPACITY TO MEET CHILD/YOUNG PERSON'S NEEDS Note differences between different parental figures	
Ensuring protection from harm and danger *Response to challenging behaviour.* *Use of babysitters./siblings to care for child.* *Ability to provide necessary level of supervision and support* *Protection from witnessing adult violence/sexual behaviour*	**Ensuring safety** (Please note sources and dates information obtained)
SCALE: ***0 1 2 3***	

PARENTS CAPACITY TO MEET CHILD/YOUNG PERSON'S NEEDS Note differences between different parental figures	
Areas for discussion • *Providing the child with a sense of being specially valued.* • *Use of praise* • *Avoidance of criticism* • *Appropriate physical contact.* • *Comfort/reassurance* • *Inclusion in family celebrations and social events* • *Acceptance of child's difference (e.g. in relation to impairment or ethnicity)*	**Emotional warmth** (Please note sources and dates of information obtained
SCALE: ***0 1 2 3***	
• *Provision of toys, books, etc.* • *Playing with child* • *Talking with child* • *Encouragement of learning and independence* • *Encouragement of learning and independence* • *Encouragement of self care skills* • *Encouragement of contact with friends* • *Involvement with child's school/education/home work*	**Stimulation (**Please note sources and dates of information obtained)
SCALE: ***0 1 2 3***	

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CORE ASSESSMENT
BRISTOL SOCIAL SERVICES AND HEALTH

PARENTS CAPACITY TO MEET CHILD/YOUNG PERSON'S NEEDS Note differences between different parental figures	
Areas for discussion • *Demonstrating good behaviour and emotional control* • *Teaching values and encouraging conscience* • *Provision of appropriate privacy* • *Discouragement of violence/unkindness* • *Appropriate guidance re: Puberty, sex and contraception*	**Guidance and boundaries** (Please note sources and dates of information obtained)
SCALE: ***0 1 2 3***	
• *Providing stable family relationships – a sense of belonging with in the family and community at large* • *Being consistent* • *Providing regular rest/sleep pattern*	**Stability** (Please note source and dates of information obtained)
SCALE: ***0 1 2 3***	

FAMILY AND ENVIRONMENTAL FACTORS AND THEIR IMPACT ON THE CHILD/YOUNG PERSON	
Areas for discussion • *Major events in the family/parents history* • *Key events in the child/young persons personal history in more detail as relevant* • *Parental health difficulties/impairments which may affect ability to fulful parenting tasks* • *Substance misuse in family* • *Relationships between adults in home* • *Birth parents' relationship if separated* • *Impact of child's impairment on parents and siblings* • *Consider using the recent Life Events questionnaire; genogram, the Adult Well-being scale; the Alcohol scale*	**Family history and relationships** (Please note sources and dates of information obtained) (Chronology of significant events attached).
SCALE: ***0 1 2 3***	

FAMILY VIOLENCE FACTORS AND THEIR IMPACT ON THE CHILD/YOUNG PERSON AND THE FAMILY ENVIRONMENT	
Areas for discussion • *Incidents / threats of physical violence in the family* • *Verbal aggression* • *Isolation and intimidation* • *Imbalance of power* • *Coercion of children to participate in abuse* • *Primary caregiver overwhelmed and unable to respond to the child's needs, their own needs* • *Denial of consent for child or spouse to seek treatment for mental/emotional condition*	**Family Violence** (Please note sources and dates re information obtained)
SCALE: ***0 1 2 3***	
• *Child is experiencing symptoms suggesting the possibility of emotional harm, i.e.* - *withdrawal* - *feelings of isolation, loneliness* - *fears (excessive, unexplained)* - *eating, sleeping problems* • *aggressive behaviour* • *Self-destructive behaviour, such as suidical ideation, substance abuse*	**Impact on Child(ren) as a result of family violence**
SCALE: ***0 1 2 3***	

FAMILY AND ENVIRONMENTAL FACTORS AND THEIR IMPACT ON THE CHILD/YOUNG PERSON	
Areas for discussion • *Who do the child/young person and parents consider are part of the family? What part do they play in the child/young person's life?* • *Geographical distance between wider family members* • *Caring responsibilities for wider family members e.g. elderly relatives* • *Circumstances of any relationship breakdowns in wider family.*	**Wider family** (Please note sources and dates of information obtained)
SCALE: ***0 1 2 3***	

FAMILY AND ENVIRONMENTAL FACTORS AND THEIR IMPACT ON THE CHILD/YOUNG PERSON	
Areas for discussion • *Does family accommodation have all basic amenities?* • *Is it overcrowded?* • *Is it adapted to meet the needs of disabled family members?* • *Is it in good condition?*	**Housing** (Please note sources and dates of information obtained)
SCALE: ***0 1 2 3***	

FAMILY AND ENVIRONMENTAL FACTORS AND THEIR IMPACT ON THE CHILD/YOUNG PERSON	
Areas for discussion • *Are any household members in employment?* • *What is their pattern of work?* • *How does this impact on their parenting role?* • *Sufficiency of income to meet the family's needs?* • *Debts.* • *Are family receiving all benefits entitled to?*	**Employment and Finance** (Please note sources and dates of information obtained)
SCALE: ***0 1 2 3***	
Areas for discussion • *Existence of friends/social contacts within the local community and support received.* • *Experience of discrimination/harassment.* • *Community resources already used, or which could be used.* • *Any problems with accessibility*	**Family's social integration/Community Resources** ([Please note sources and dates of information obtained)
SCALE: ***0 1 2 3***	

PARENTS/CARERS VIEWS ON STRENGTHS/POSITIVES, NEEDS AND RISKS IN CHILD/YOUNG PERSONS LIFE
CHILD/YOUNG PERSON'S VIEWS

ANALYSIS OF STRENGTHS/POSITIVES, NEEDS AND RISKS IN THE CHILD/YOUNG PERSON'S LIFE

(List key protective and stress factors in each domain, and indicate how they relate to those identified in other domains, identifying strengths and difficulties. Parental and family strengths should be considered and used to inform the plan. Evaluate the impact of any services already provided).

Write separately about each child being considered.

Strengths/Positives:

Needs:

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CORE ASSESSMENT
BRISTOL SOCIAL SERVICES AND HEALTH

ANALYSIS OF STRENGTHS/POSITIVIES, NEEDS AND RISKS IN THE CHILD/YOUNG PERSON'S LIFE.
Risks: **Mitigating of Preventative Factors:**

RECOMMENDED PLAN

NB: If Core Assessment completed for family, children's updated information, Need codes and Priority codes may differ. Please complete separate plan page for each child.

DATE:	**N.F.A. [ ]**	**OPEN FOR SERVICE [ ]**
If report to conference, include recommendation:	Registration: Yes [ ] No [ ]	Category(ies):

ACTION	OUTCOME WANTED	BY WHOM	TIMESCALE

NEED CODE:						**PRIORITY CODE:**		**REVIEW DATE:**	
UPDATED:		**Basic Information [ ]** **Chronology [ ]**		**SEN Statement:** Yes [ ] No [ ]		**Disabled Child:** Yes [ ] No [ ]			
Impairment codes:									

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CORE ASSESSMENT
BRISTOL SOCIAL SERVICES AND HEALTH

SOCIAL WORKER:	SIGNATURE:	DATE:
TEAM MANAGER:	SIGNATURE:	DATE:
Date fpr, semt/given to family members (as appropriate):		

Core Assessment	End Date:	Outcome:	Closure: Destruction Date*	
Service:	Date Started	Nature of Service:		
	Special Hazard:	Risk Factor:	Name of S/W:	Team:
Entered on database by:			Date:	

*When closing case completely, ensure that all screens including Need and Review screens are c;psed/ *(LAC, Adoption, CPR = 75 yrs; S47 and Case Conferences = 5 yrs; Disabled Child, SOs = 21st Birthday; Referral only = 2 yrs; ptjer = 3 yrs)

(TO BE ADDED TO PARENT\'S COPY ONLY)

Name(s) of Child(ren):

Date of completion of Assessment:_____

I/We have seen the contents of the core assessment form

I/We agree with the assessment and plan Yes [ ] No [ ]

Please write any comments on the assessment in this box