

NORTH CAROLINA
FAMILY RISK REASSESSMENT OF ABUSE/NEGLECT

Case Name: _____ Case # _____ Date: _____
County Name: _____ Date Report Received: _____
Social Worker Name: _____ Reassessment #: 1 2 3 4 5 _____
Children: _____
Primary Caregiver _____ Secondary Caregiver: _____

Table with 3 columns: CODE, TITLE, SCORE. Rows include R1. Number of Prior Assigned Maltreatment Reports, R2. Number of Prior Assigned Reports for Abuse/Sexual Abuse, R3. Number of Children in the Home, R4. Age of Primary Caregiver, R5. Caregiver(s) has a Current Substance Abuse Problem, R6. Household is Currently Experiencing Severe Economic Difficulty, R7. Primary or Secondary Caregiver Currently Employs Excessive Discipline and/or Inappropriate Discipline, R8. Primary Caregiver's Use of Treatment/Training Programs, R9. Secondary Caregiver's Use of Treatment/Training Programs, and TOTAL SCORE.

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

<u>Score</u>	<u>Risk Level</u>
___ 0-3	___ Low
___ 4-7	___ Moderate
___ 8-11	___ High
___ 12-18	___ Intensive

OVERRIDES

Policy: Override to intensive. Check appropriate reason.

- ___ 1. Sexual Abuse cases where the perpetrator is likely to have access to the child victim.
- ___ 2. Cases with non-accidental physical injury to an infant.
- ___ 3. Serious non-accidental physical injury warranting hospital or medical treatment,
- ___ 4. Death (previous or current) of a sibling as a result of abuse or neglect.
- ___ Other

Discretionary: Override (increase one level only)

___ 5.Reason: _____

Override Risk Level: ___Moderate ___High ___Intensive

Social Worker: _____ **Date:** _____

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

**NORTH CAROLINA
FAMILY RISK REASSESSMENT OF ABUSE/NEGLECT
RISK LEVEL AT MOST RECENT ASSESSMENT
DEFINITIONS**

The primary caregiver is the adult (typically the parent) living in the household who assumes the most responsibility for childcare. When two adult caregivers are present and the worker is in doubt about which one assumes the most child care responsibility, the adult legally responsible for the children involved in the incident should be selected. If this rule does not resolve the question, the legally responsible adult who is an alleged perpetrator should be selected. **Only one primary caregiver can be identified (per form/household.)**

The secondary caregiver is defined as an adult living in the household who has routine responsibility for childcare, but less responsibility than the primary caregiver. A living together partner can be a secondary caregiver even though they have minimal responsibility for the care of the child(ren).

R1. Number of Prior Accepted Maltreatment Reports

Count all reports accepted for CPS assessment for any type of abuse, neglect or dependency prior to the report resulting in the current open CPS case.

R2. Number of Prior Accepted Reports for Abuse/Sexual Abuse

Count all reports accepted for CPS assessment for physical or sexual abuse prior to the report resulting in the current open CPS case.

- a) **None** - No prior abuse reports investigated.
- b) **Physical abuse only** - There has been a prior investigated report of physical abuse, but not sexual abuse.
- c) **Sexual abuse** - There has been a prior investigated sexual abuse report.
- d) **Both** - There has been a prior investigated report of physical abuse and a prior investigated sexual abuse report..

R3. Number of Children in the Home

The number of individuals under 18 years of age residing in the home at the time of the most recent report. If a child has been removed as a result of the assessment or is on runaway status, count the child as residing in the home.

R4. Age of Primary Caregiver

The *current* age of the primary caregiver.

R5. Caregiver(s) has a Current Substance Abuse Problem

Caregiver(s) has a current problem of alcohol/drug abuse, evidenced by substance use causing conflict in home, problems in providing appropriate care for children, extreme behavior/attitudes, financial difficulties, frequent illness, job absenteeism, job changes or unemployment, or driving under the influence, traffic violations, criminal arrests, disappearance of usual household items (especially those easily sold), or life organized around substance use.

- a) **No** - No problems with substances or has successfully completed treatment and shows no evidence of a current problem.
- b) **Alcohol only** - Either or both caregivers abuse alcohol. This includes persons currently in alcohol abuse treatment programs.
- c) **Other drug(s) (with or without alcohol)** -Caregiver(s) is abusing drugs other than alcohol such as cocaine, marijuana, heroin, barbiturate, prescription, etc. Caregiver(s) may be poly-addicted and may abuse alcohol as well as other drugs. This includes persons currently in a drug abuse treatment program.
- d) **Yes, and refuses treatment** - Caregiver(s) has a current alcohol/drug abuse problem; treatment has been offered or recommended for the caregiver(s) and has been refused by the caregiver(s).

R6. Household Currently Experiencing Severe Economic Difficulty

- a) **No** -- Caregiver(s) consistently pays for basic household necessities or is willing to accept services to correct the financial difficulty.
- b) **Yes** -- Caregiver(s) cannot consistently pay for one or more basic household necessities (rent, heat, light, food, clothing) and/or household is unable to live within its means due to the actions or inactions of the caregivers.

R7. Primary or Secondary Caregiver Currently Employs Excessive and/or Inappropriate Discipline

Rate this item based on disciplinary practices, particularly methods employed to punish children in the home, employed by either or both caregivers **since the last Risk Assessment or last Risk Re-assessment.**

- a) **No** -- Neither caregiver employs excessive or inappropriate disciplinary practices.
- b) **Yes** -- Either caregiver employs excessive and/or inappropriate disciplinary practices. One standard is whether caregiver disciplinary practices caused or threatened harm to a child. This includes disciplinary practices that are physically and emotionally harsh and/or inappropriate given the child's age or development.

R8. Primary Caregiver's Use of Treatment/Training Programs

Rate this item based on whether the primary caregiver has mastered or is mastering skills learned from participation in program(s).

- a) **Successfully completed all programs recommended or actively participating in programs; pursuing objectives detailed in service agreement** - Observation demonstrates caregiver's application of learned skills in interaction(s) between child(ren)/caregiver, caregiver to caregiver, caregiver to other significant adult(s), self-care, home maintenance, financial management, or mastery of skills toward reaching the behavioral objectives agreed upon in the service agreement.
- b) **Minimal participation in pursuing objectives in service agreement** - The caregiver is minimally participating in services, has made progress but is not fully complying with the objectives in the service agreement.

- c) **Refuses involvement in programs or failed to comply/participate as required** – The caregiver refuses services, sporadically follows the service agreement or has not mastered the necessary skills due to a failure or inability to participate.

R9. Secondary Caregiver's Use of Treatment/Training Programs

Rate this item based on whether the secondary caregiver has mastered or is mastering skills learned from participation in program(s).

- a) **Not applicable** - only one caregiver in the home. There is no secondary caregiver in the home
- b) **Successfully completed all programs recommended or actively participating in programs; pursuing objectives detailed in service agreement** - Observations demonstrate caregiver's application of learned skills in interaction(s) between child(ren)/caregiver, caregiver to caregiver, caregiver to other significant adult(s), self-care, home maintenance, financial management, or mastery of skills toward reaching the behavioral objectives agreed upon in the service agreement.
- c) **Minimal participation in pursuing objectives in service agreement** - The caregiver is minimally participating in services, has made progress but is not fully complying with the objectives in the service agreement.
- d) **Refuses involvement in programs or failed to comply/participate as required** – The caregiver refuses services, sporadically follows the service agreement or has not mastered the necessary skills due to a failure or inability to participate.

**NORTH CAROLINA
FAMILY RISK REASSESSMENT OF ABUSE/NEGLECT
POLICY AND PROCEDURES**

The Family Risk Reassessment is a tool used to assist the Case Planning and Case Management and Child Placement social worker in determining risk of future abuse and/or neglect. Together with the Family Strengths and Needs Assessment and the progress made in the service agreement, it assists the social worker in determining the required service level intensity.

Reassessments are performed at established intervals as long as the case is open. Case reassessment ensures that both risk of maltreatment and family service needs will be considered in later stages of the service delivery process and that case decisions will be made accordingly. At each reassessment, the social worker reevaluates the family, using instruments which help systematically assess changes in risk levels. Case progress will determine if a case should remain open or if the case can be closed.

While the initial risk assessment has separate scales for abuse and neglect, there is only one risk scale for reassessment. The focus at reassessment is the impact of services provided to the family during the period assessed or on whether certain events in the family have occurred since the last assessment. The first four items, (R1 - R4), are those strongly related to the probability of subsequent abuse and/or neglect and generally do not change from the initial assessment. The next three items, (R5 - R7), relate to the conditions in the home that did or did not occur since the last assessment/reassessment. The final two assessment items, (R8 and R9), specifically relate to the caregivers' use of treatment/training programs.

Which cases: All Case Planning and Case Management cases or child placement cases when the agency has legal custody and the children have not been removed from the home.

Who completes: Social worker assigned to the case.

When: **Case Planning and Case Management:** Risk Reassessments shall be completed:

- a) At the time of the Service Agreement updates
- b) Whenever a significant change occurs in the family
- c) Within 30 days prior to case closure.

Child Placement: In cases where the agency has legal custody of the child(ren) and the child(ren) has not been removed from the home, the Family Risk Reassessment of Abuse and Neglect shall track with the required scheduled Permanency Planning Action Team meetings and shall occur within 30 days prior to any court hearing or review. (If reviews are held frequently, documentation on the Risk Re-Assessment form may state that there have been no changes since the last update and that the current information is correct)

Trial Home Visit: The Family Risk Re-Assessment shall be completed when the agency has legal custody and the child has been placed back in the home for a trial home visit and a Permanency Planning Action Team meetings falls within that trial home visit period.

Delinquency: For children coming into the agency's legal custody through delinquency, the Risk Re-Assessment shall serve as the baseline assessment documentation.

Decision: The Risk Reassessment is used to guide decision making following the provision of services to clients. While the initial assessment projects a risk level prior to agency service provision, the reassessment takes into account the provision of services. The reassessment of each family provides an efficient mechanism to assess changes in family risk due to the provision of services. At reassessment, a family may be continued for services or the case may be closed.

Appropriate Completion: Complete all identifying information. Indicate appropriate Risk Reassessment by circling either # 1, 2, 3, 4, or 5. If the family has had more than five Risk Reassessments, indicate the reassessment number in the blank provided.

As on the initial Risk Assessment, each Risk Reassessment item is scored by the social worker. All scoring is completed based on the status of the case since the last Risk Assessment/Reassessment, although the first four items, (R1 - R4), generally do not change from one reassessment period to the next.

Using the definitions, determine the appropriate response to each item and enter the corresponding score. After entering the score for each individual item, enter the total score and indicate the corresponding risk level. This level is used to set the appropriate family service level, or to determine whether the risk level is now low enough to close the case.

Policy Override

Policy overrides have been determined by the agency as applying to specific case situations that warrant the highest level of service from the agency regardless of the risk scale score at reassessments. If any policy override reasons exist, the risk level is increased to intensive.

The social worker then indicates if any of the policy override reasons exist. If more than one reason exists, indicate the primary override reason. Only one reason can be selected.

Discretionary Override

Discretionary overrides are used by the social worker whenever s/he believes that the risk score does not accurately portray the family's actual risk level. The social worker can only *increase* the risk level by one step with supervisory approval.

If the social worker applies a discretionary override, the reason should be written in for item #5, discretionary override, and a check should be placed next to the appropriate level.

All overrides must be approved in writing by the supervisor.