

Chapter 21

ASSESSING AND RESPONDING TO RISK

21-1. Purpose. Risk assessment determines a child's risk of future maltreatment. The identification of high and very high risk families during a child protective investigation is critical to the state's effort to target resources to those families most likely to benefit from family support services. The child protective investigator must be able to explain to the parent(s) the difference between unsafe and at-risk. Motivating the parent to be proactive and participate voluntarily in services designed to develop protective factors that promote safe and supportive families and resilience in children results in reduced maltreatment and promotes safe Florida families. While low and moderate risk families should also be provided information on programs designed to reduce the risk of maltreatment, it is essential that investigators become proficient in helping parents in higher-risk households acknowledge the concerns the caregiver already likely recognizes, and to leverage the parent's protective instincts to willingly participate in family support services.

21-2. Scope of Use.

- a. A risk assessment must be completed for all Investigation Type – In Home intakes with a “safe” determination.
- b. Risk assessments are not completed in Investigation Type – Other or Investigation Type – Institutional intakes.
- c. There can only be one risk assessment per investigation.

21-3. Identification of Primary and Secondary Caregivers. Risk factors are primarily scored assessing characteristics of the primary caregiver identified in the home. To distinguish primary from secondary caregivers, the following guidelines should be used:

- a. When two legal parents reside together, the one providing 51% of the care is the primary caregiver.
- b. If the parents provide equal care, then select the parent alleged to have maltreated the child as the primary caregiver.
 - (1) If both parents are alleged to have maltreated the child, select the caregiver who is alleged or is responsible for the most serious type of maltreatment.
 - (2) If both parents contribute equally to the maltreatment, the investigator may select either parent as the primary caregiver.
- c. When a single parent has other adults living in the household contributing to the care of the child, the adult who contributes most to the child's care is listed as the secondary caregiver.

21-4. Risk Assessment Scoring.

- a. The risk assessment should only be completed after the investigator has obtained sufficient information through review of available case records and conducted interviews with all family members and has completed the safety analysis – safe or unsafe determination. The risk assessment should never be scored based solely on a review of written historical case material.
- b. Both indices (i.e., abuse and neglect) are scored regardless of the type of allegation reported or investigated.

c. If no Policy or Discretionary Overrides are used by the investigator, the household's scored risk level is based solely on the higher of the neglect or abuse index score: Low, Moderate, High and Very High.

d. If the child protective investigator determines that any of the following 'Policy Overrides' criteria are applicable to the household, the final risk level is automatically elevated to Very High:

(1) Sexual abuse case AND the perpetrator is likely to have access to the child.

(2) Non-accidental injury to a child younger than 2 years old.

(3) Severe non-accidental injury (any age child).

(4) Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current intake).

e. If there are no child or caregiver criteria requiring a Policy Override, the investigator may increase the established risk score by one level by use of his or her professional judgement with a 'Discretionary Override'. The investigator should provide the rationale for the increase in risk score which may include, but not be limited to:

(1) The investigator believes a risk factor score does not accurately reflect the family's circumstances (e.g., the youngest child in the home is 2 years 1 day old, but behaviorally is more in line with a 1½ year old, etc.). If the change in scoring from 0 to 1 for this one risk factor would change the overall risk classification, then it would be an appropriate Discretionary Override.

(2) The family is undergoing a significant amount of stress (e.g., loss of income, extended illness in family, death of loved one, etc.) that is likely to impair a caregiver's coping skills at least in the short-run.

(3) The investigator has noted a parent or child has suffered a significant amount of trauma, either recently or in the past, with little or no supportive or therapeutic interventions provided for the individual.

21-5. Investigative Response to High and Very High Risk Scores.

a. When the FFA-Investigation Child Safety Determination is Safe but the overall risk assessment score is Very High, a 2nd Tier Consultation shall be conducted to review the sufficiency of the information within the Family Functioning Assessment to ensure that the assessment of the family was thorough and accurate resulting in the correct safety determination.

b. The investigator shall meet with the parent or legal guardian in person to explain the high degree of correlation between High and Very High risk scores and future maltreatment. If the investigator has made several attempts to contact the parent in person to explain the risk score without success, the investigator's supervisor has the discretion to approve the use of telephonic communication from that point forward.

c. The investigator shall engage the parent or legal guardian in a discussion on the importance of participating in a family support program designed to reduce the risk of future maltreatment.

d. Based upon the course and outcome of the discussion, the investigator shall complete one of the following three actions:

(1) With the parent or legal guardian's consent, the investigator shall arrange a follow-up joint visit to introduce family support program personnel to the family for prevention services.

(2) With the parent or legal guardian's approval, the investigator shall complete a referral to a family support program requesting a home visit by program personnel to initiate prevention services for the family.

(3) When the parent(s) or legal guardian(s) does not agree to participate in prevention services, the investigator shall provide the family with prevention material including, but not limited to, prevention fact sheets, informational pamphlets, or other resource material on the availability and program content of local family support programs. The investigator shall then complete a follow-up phone call to a parent or legal guardian within seven working days to revisit the family's decision regarding the initiation of a prevention referral.

e. Prior to closing the investigation, the investigator must confirm with family support staff that the parent or legal guardian has been contacted and has either agreed to meet with program personnel or has already started participating in program activities.

f. If the family support staff does not successfully engage the family, the family fails to make satisfactory progress in reducing risk, or the family quits the program prior to being successfully discharged, the investigator and his or her supervisor shall participate in a "close the loop" staffing with service provider personnel to review any additional information the provider may have obtained related to the initial safety determination (i.e., safe). The investigator and his or her supervisor's participation is required even when the investigation has been closed. The investigator shall document information shared during the staffing and any follow-up actions required as a result of this new information in a chronological note in FSFN.

21-6. Supervisor. When initiated, the Supervisor Consultation should affirm:

a. The investigator waited until completion of the Family Functioning Assessment before scoring the risk assessment instrument.

b. The investigator identified the correct primary and secondary caregivers in the home.

c. In "Safe" but High or Very High risk households, the investigator accurately assessed for the presence of danger threats.

d. The investigator is adequately prepared to discuss the overall safety determination and risk score prior to participation in a 2nd Tier Consultation (i.e., for Safe but High or Very High risk determinations).

e. The investigator is proficient in using engagement strategies to help the parents understanding the meaning and importance of a high risk score to motivate the parent to participate in a family support program to mitigate the risk of future maltreatment.

21-7. Documentation.

a. When the risk assessment score is high or very high, the investigator will document the caregiver's decision to accept or reject family support services, the exchange of referral information with family support staff, and the "close the loop" staffing with the respective family support program

staff when the caregiver drops out of the program prior to successful completion in case notes within two business days of the event's occurrence.

b. In high and very high risk assessments, the investigator will document that the referral information was received by the family support services program.

c. FSFN will still require that the risk assessment tool be launched and saved for all cases. However, for unsafe children who do not meet the requirements for a risk assessment, the investigator will select the "Unable to Assess" checkbox and then select "No Jurisdiction - Official Capacity."

d. The supervisor will document the consultation using the supervisor consultation page hyperlink in the investigation module within two business days.