

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 (CPI) 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 or prevention services.

21-2. Scope of Use.

- a. A risk assessment must be completed for all Investigation Subtype – In Home intakes.
- b. Risk assessments are not completed in Investigation Subtype – Other or Investigation Subtype – Institutional intakes.
- c. There can only be one risk assessment per investigation; however, risk should be continuously assessed throughout the investigation, and the risk assessment tool should be completed and updated as information becomes known or changes.
- d. The risk assessment tool must be reviewed prior to closure to ensure it accurately reflects any additional information obtained during the 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 be initiated during the pre-commencement activities by a CPI through review of all available information (i.e., prior history review, criminal history review, etc.).

b. The final risk score should never be assessed based solely on written historical case information; rather, it should instead be continuously updated and assessed throughout the information collection process.

c. Both indices (i.e., abuse and neglect) are scored regardless of the type of allegation reported or investigated.

d. 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.

e. If the CPI 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).

f. 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. During the Initial Consultation, if the risk is identified as High or Very High based on known information at time of the initial consultation, the CPI and CPI Supervisor should consider the option of consulting a Subject Matter Expert or other support resources available.

b. When the 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 as well as review the engagement efforts regarding prevention services of the CPI and providers.

c. 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 whenever the High or Very High-risk score is determined whether that be upon initial review at pre-commencement or later with information gathered during the investigation. 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.

d. The investigator shall engage the parent or legal guardian in a discussion on the importance of participating in a family support services program or other community prevention program designed to reduce the risk of future maltreatment. The investigator should consider family support services as the primary prevention provider unless the program has a waitlist or there is another service available in the community that the investigator, through documented consultation with the supervisor, feels would be more beneficial to the family.

e. 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 approval, the investigator shall complete a referral to a family support program or other community prevention program requesting a home visit by program personnel to initiate prevention services for the family.

(2) With the parent or legal guardian's consent, the investigator shall arrange a follow-up joint connection to introduce family support program personnel or other community prevention program to the family for prevention services. This joint connection may occur by phone, virtual visit, or in person depending on the circumstances and the family's level of engagement.

(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 and other community prevention programs.

f. 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.

g. If the family declines family support services or other community prevention programs after being referred, the provider must email the CPI and CPI Supervisor and document the contact in FSFN within two business days.

(1) A Close the Loop staffing can be requested by the CPI, family support services provider, or prevention service provider when a family declines services or chooses to end services prior to successful completion.

(2) The purpose of the staffing will be to determine if there are any additional engagement strategies to attempt with the family.

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

a. The investigator gathered appropriate information to accurately score the risk assessment.

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

c. 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 Very High-risk determinations).

d. The investigator is proficient in using engagement strategies to help the parents understand 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.

NOTE: The Supervisor should assess whether the CPI has demonstrated proficient engagement skills. If not, the supervisor should assist the CPI with engagement efforts.

e. If the investigator recommends a service other than family support services, the supervisor consultation should document the reason and the supervisor's approval of the alternate referral.

f. The supervisor must review the risk assessment prior to closure to ensure the document is updated to accurately include information obtained during the investigation.

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 and the exchange of referral information with family support staff or other identified provider 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 or other community prevention program and the exchange of information with the provider within two business days of acceptance of the referral.

c. FSN will require that the risk assessment tool be launched and completed for all investigations with the subtype of in-home. However, the investigator will not be required to discuss the risk assessment and the correlation between high/very high-risk and child maltreatment for investigations in which the child(ren) have been deemed unsafe and the case is transferring to ongoing case management services (in-home, out-of-home, judicial, and non-judicial).

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

