

Risk Assessment Comprehensive Field Guide

Clinical Risk Assessment

Strengths and Needs Assessment

Strengths and Needs Assessment is a systematic evaluation of all the elements to determine the family's strengths and needs and help identify any contributing factors and underlying conditions that may influence the maltreatment dynamic. It is dependent upon gathering relevant information. Caseworkers should engage family members in a process to understand their strengths and needs. [\(5\)](#) This is done by possessing interviewing skills in order to gather appropriate information from each child in the household, each adult in the household, including the parent, guardian, or custodian, and collateral contacts in relation to assessing the family's functioning. The information gathered from these individuals will be used to assess the strengths and needs of each member of the family as well as the family as a whole.

Four categories with associated elements under each category have been identified. Elements are rated by the caseworker as No Risk Contributor (NRC) or Risk Contributor (RC). The caseworker assesses how each element affects the family's functioning and impacts the risk of child maltreatment. An assessment element would be considered a risk contributor if it contributes to identifying or explaining the child maltreatment dynamic within the family system and/or creates or increases the likelihood of maltreatment to a child. No risk contributor would be an assessment element that neither contributes to identifying or explaining the child maltreatment dynamic within the family system and/or reduces nor has no influence on the likelihood of child maltreatment. Examples of ratings for all elements can be found in the Family Assessment Field Guide.

A family may have many positive attributes or characteristics. Caseworkers should review all the assessment elements which are not contributing to risk identifying how they interact with those elements contributing to risk. Should one element reduce the risk posed by another, a worker should consider the element reducing risk as a strength. Strengths promote child well-being and family functioning. The absence of risk does not always equate with a strength.

The caseworker must provide a rationale for the category to support the ratings for each assessment element contained in that category. The rationale must include each person in the family being rated and should discuss how the individual elements interact with one another, including if any strengths for the individual exist. Specific behavioral facts, observations or statements should be included in the rationale. Caseworkers should strive to describe family traits specifically, not in general terms.

If there is not enough credible information available to evaluate whether an assessment element is contributing to risk, the caseworker may rate this element as "No Risk Contributor." However, in those instances where no information is available and efforts have been made to obtain the necessary information, the element may be rated "Unknown." The use of this rating is permissible only with supervisory approval.

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"Others" residing in the home, but not included within the definition of family, are other adults residing in the household who have no responsibilities for the care of the ACV(s) and his/her sibling(s) and/or other children residing in the home regardless of their parent, guardian, or custodian's status or involvement in the report. These identified "others" will be interviewed and assessed. Their presence and impact on the family will be recorded within each category's rationale.

Child Functioning

The assessment of the child functioning elements is based on the existence of the characteristics and is not conditional to the adult's responses and parenting behaviors for the risk assessment.

Self-Protection

The caseworker should note the child's age and past experiences of abuse and/or neglect, including how the past experiences may increase the risk of the child being abused or neglected. All children 0-5 years of age should be identified as "RC" for this element. Children 6 years of age and older should be assessed per the remaining criteria.

Examples of Risk Contributors

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|---|--|
| Is 0 – 5 years of age. | Is not visible to others outside of the family system. |
| Does not verbalize that maltreatment is occurring. | Denies abuse/neglect. |
| Accepts abusive/neglectful behavior as a way of life. | Blames self for the abuse/neglect. |
| Is passive as a result of history of CA/N. | |

Physical/Cognitive/Social Development

This element refers to the degree to which a child's physical, cognitive, or social development may increase the risk of the child being abused or neglected.

Examples of Risk Contributors

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|---|--|
| Inability to maintain peer relationships. | Is immobile. |
| Unable to recognize actions that are neglectful. | Has a specific learning disability. |
| Unable to problem solve. | Unable to communicate. |
| Has a cognitive disability. | Small stature and under weight. |
| Unable to understand actions of "cause and effect." | Unable to recognize actions that are abusive. |
| The soft spot (on the head) has not yet closed. | Has a cognitive delay relative to age. |
| Requires intensive physical care (medically fragile, hearing impaired, blind). | Physical appearance does not fit cultural norms (disfigured, obese). |
| Tests positive for drugs/alcohol at birth and displays signs of withdrawal or other symptoms. | Physical appearance provokes parental hostility (resembles an individual the caretaker does not like). |
| Has a mental health diagnosis that impacts understanding/reasoning. | Seeks out confrontational interactions with same aged peers. |
| Current stage of development creates parental frustration (e.g., the child is not potty trained, has temper tantrums, bites). | Diseases affecting motor coordination (e.g., cerebral palsy, muscular dystrophy). |
| Displays developmental delays (<i>i.e., 6 month old shows little social/emotional response to environment; 9 month old unable to grasp objects, control head, sit up; 3 year old has little or no language development; 3 year old cannot dress or feed self; 4 year old not engaging in interactive play</i>). | Has a physical disability/diagnosis that requires special care and attention (physical therapy, diabetic, developmentally disabled, hearing impaired). |

Emotional/Behavioral Functioning

This element refers to the child's emotional attachment and behavioral reactions/actions that may increase the risk of the child being abused or neglected.

Examples of Risk Contributors

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|--|---|
| Is argumentative with caregiver. | Has an eating disorder. |
| Seeks negative attention by agitating others. | Cries excessively. |
| Overreacts to audible noises. | Has a high energy level; in constant motion. |
| Is overly sensitive to physical touch. | Unable to soothe self. |
| Lacks the ability to deescalate self. | Runs away from home. |
| Demonstrates sexually provocative behaviors. | Uses or has an addiction to alcohol and/or drugs. |
| Involved with juvenile court (unruly/delinquent). | Resistant to toilet training. |
| Exhibits anti-social behavior (lying, destruction of | Is defiant (physically and/or verbally) to |

| | |
|---|--|
| property, fire-setting, abuses or tortures animals). | caregiver/authority. |
| Engages in committing crimes (vandalism, shoplifting, selling drugs, sex trafficking). | Requires intense emotional support from his or her caretaker. |
| Unable to adapt to intrusions, transitions, and changes without distress. | Does not demonstrate an attachment to his or her caretaker. |
| Unable to tolerate external events or stimulation that interferes with or diverts the child from an ongoing activity. | Unable to tolerate frustration – (how easily the child can withstand the disorganizing effects of limits, obstacles, and rules). |
| Is oppositional to authority (parent, teachers, neighbors, other adults). | Behavior escalates in response to limit-setting or punishment by caretaker. |
| Continues to incite adult even after hostile exchange begins. | Does not demonstrate an attachment to his or her caretaker. |
| | Is sexually and/or physically aggressive toward other children. |

Adult Functioning

The assessment of the adult functioning elements is based on the existence of the adult characteristics and certain elements are relative to the unique child's characteristics for a thorough assessment of risk.

Cognitive Abilities

This element refers to the degree to which a caretaker's/adult's cognitive functioning may increase the risk of the child being abused or neglected.

Examples of Risk Contributors

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|--|---|
| Is not reality oriented. | Lacks understanding and reasoning skills. |
| Organic or inorganic cognitive impairment. | Cognitive delay subjects child to unsafe situations. |
| Cognitive impairment allows child to be exploited. | Does not understand supervision of a child. |
| Does not understand the basic needs of the child. | Does not understand the child's physical abilities in relation to age. |
| Does not have accurate knowledge of age-appropriate supervision for the child. | Cognitive impairment inhibiting adult from responding to an emergency situation. |
| Does not understand the child's development in relation to the child's age | Unable to recognize the child's basic needs due to cognitive impairment. |
| Does not understand the child's ability/inability to complete chores. | Does not understand the common stressors of parenting; has unrealistic expectations of the child. |
| Caretaker does not recognize/understand need to protect child. | Cognitive delay impacts understanding of sanitary home/disposal of waste. |

Physical Health

This element refers to the degree to which a caretaker's/adult's physical health may increase the risk of the child being abused or neglected. The assessment should address the caretaker's/adult's ability to interact, protect, and parent the child.

Examples of Risk Contributors

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| Physical condition inhibits adult from responding to an emergency situation. | Chronic illness reduces capacity to provide for child's basic needs. |
| Episodic physical impairment that results in an inability to provide for child's basic needs. | Physical condition requires lengthy and/or frequent periods of hospitalization during which the adult is unable to care for the child. |
| Permanent physical impairment that results in an inability to provide for child's basic needs. | Physical injury that results in an inability to provide for child's basic needs. |

Emotional/Mental Health Functioning

This element refers to the degree to which a caretaker's/adult's emotional and mental health functioning may increase the risk of the child being abused or neglected. The assessment should address the caretaker's/adult's

ability to interact, protect, and parent the child. The assessment should include the caretaker's/adult's ability to control impulses, anger, hostility, and physical violence.

Examples of Risk Contributors

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|---|---|
| Is not reality oriented. | Lacks understanding and reasoning skills. |
| Actions reflect desire to harm the child. | Describes child in degrading or demeaning way. |
| Mental health impairment allows child to be exploited. | Excludes child from family activities regularly. |
| Does not understand the basic needs of the child. | Does not understand the need to supervise a child. |
| Does not have accurate knowledge of age-appropriate supervision for the child. | Mental health impairment inhibiting adult from responding to an emergency situation. |
| Does not understand the child's ability/inability to complete chores. | Does not understand the common stressors of parenting; has unrealistic expectations of the child. |
| Does not understand the child's development in relation to the child's age | Unable to recognize the child's basic needs due to mental health impairment. |
| Does not understand the child's physical abilities in relation to age. | Caretaker does not recognize/understand need to protect child. |
| Does not demonstrate love, empathy, or sensitivity to child. | Mental health impairment impacts understanding of sanitary home/disposal of waste |
| Blames child for the circumstances/incidents occurring or occurred that are beyond the child's control. | Mental health impairment subjects child to unsafe situations. |
| Frequent and severe alteration in mood produces extreme fluctuation in the adult's response to the child. | Mental health condition requires lengthy and/or frequent periods of hospitalization during which the caretaker/adult is unable to care for the child. |
| Emotional instability during which the caretaker/adult is unable to care for the child's basic needs. | Believes that child's misbehavior is intentional to provoke the caretaker/adult. |

Domestic Relations (Domestic Violence)

This element refers to the degree to which a caretaker's/adult's current and historical relationships and interactions may increase the risk of the child being abused or neglected. The assessment considers the relationship dynamics between the caretakers/adults. The assessment should examine whether a pattern of coercive control exists and results in conflictual or violent interactions thereby impacting the interaction, protection, and care of the child.

Examples of Risk Contributors

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| Uses weapons to threaten or harm another person. | Has visible inflicted injuries. |
| Caretaker/adult believes the other adult will kill him/her. | Family violence in which a child attempts to intervene. |
| Uses strangulation to threaten or harm another person. | The family violence is escalating. |
| Exhibits physical aggression, temper outbursts or unwarranted reactions. | Authoritarian or controlling behaviors over other adult/caretaker. |
| Uses gestures or actions to intimidate or threaten other adults or children in the home. | Exhibits assaultive behaviors toward an caretaker/adult or child. |
| Acts of family violence interferes with parenting practices. | Family violence in which a child is harmed while attempting to intervene. |
| Current moderate level of marital or domestic discord that interferes with family functioning. | Little communication, support or attachment between adults; few positive interactions. |
| Relationships characterized by domestic conflicts, often involving physical violence, that require intervention by police, family, or others. | Caretaker/adult has a history of abusing, torturing or killing a family pet. |
| Acts of family violence impact the child regardless if the child witnessed the incident (disruption of daily routine, injuries on adult, damage to residence, arrest, and interactions between adults). | |

Substance Use

This element refers to the degree to which a caretaker's/adult's substance use may increase the risk of the child

being abused or neglected. The assessment considers the substance use and its impact on the following: emotional responses/attachment, physical health, interactions with the child and adults, family finances, employment, and criminal activity. The severity, frequency and types of substances should be considered including the caretaker's/adult's history of substance use.

Examples of Risk Contributors

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|---|--|
| Has periods of incapacitating intoxication. | Inability to care for child due to substance abuse. |
| Substance use creates problems in social functioning. | Caretaker/adult encourages or allows substance use by minors. |
| Use, abuse or addiction to substances inhibits judgment pertaining to parenting. | Admissions or hospitalizations for detoxification or physical problems due to substance abuse. |
| Abusing substances to the extent that control of actions is significantly impaired. | Patterns and/or frequency of substance use is increasing. |
| Becomes threatening or aggressive during periods of substance use. | The needs of the child become secondary to the use of substances. |
| Caretaker's/adult's substance use subjects child to unsafe situations. | Regularly uses illegal substances in presence of child. |
| Arrest(s) and/or incarceration(s) due to substance trafficking. | Substance use causes conflict in the relationships with other adults or children. |
| Traffic violations, arrest(s) and/or incarceration(s) due to substance abuse/use. | |

Response to Stressors

This element refers to the degree the caretaker's/adult's response to stressors may increase the risk of the child being abused or neglected. The assessment considers the impact the stressors have on the caretaker's/adult's emotional responses/attachments, physical health, and interactions. The assessment should identify the stressor(s), the resulting behavior(s), and the impact on the care of the child. This element is an assessment of the caretaker's/adult's ability to react and "manage" stressors. The caretaker's/adult's reactions to stressors should be documented as well as addressing how the reactions impact parenting practices. Responses to stressors which do not have negative impacts on the child's care, supervision or provision of basic needs should be identified to support the NRC rating.

Examples of Risk Contributors

| | |
|---|--|
| Is not reality oriented. | Lacks understanding and reasoning skills. |
| Caretaker/adult subjects child to unsafe situations. | Has an unrealistic expectation of the child. |
| Inhibits caretaker/adult from responding to an emergency situation. | Does not provide the basic needs of the child. |
| Exacerbates caretaker's/adult's pre-existing condition such as substance use/abuse, mental health, or physical condition. | Caretaker/adult rationalizes his/her lack of intervention or blames the child for the abuse and/or neglect |

Parenting Practices

This element refers to the degree to which the caretaker's/adult's parenting practices may increase the risk of the child being abused or neglected. The assessment considers the caretaker's/adult's view of the child, expectations of the child's behaviors, responsibilities assigned to the child, discipline techniques, limit setting, establishing clear boundaries, and parenting decisions. The assessment is of the parenting skills demonstrated by the caretaker/adult in relation to the elements identified within the child functioning category, such as the child's physical health and development. The assessment should identify the parenting practices which are contributing to risk (RC).

Examples of Risk Contributors

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|--|---|
| Does not provide basic needs of the child regularly. | Child is not fed food consistently. |
| Overwhelmed by task of parenting and results in unsanitary or poor home conditions | Does not dress child in clothes suitable for the season regularly. |
| Caretaker denies child food or water for an extended period of time. | Does not respond to or ignores child's physical, social or emotional needs. |
| Does not attend to child's personal hygiene that results | Does not access resources to provide shelter for |

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| in rashes, dirty hair or body odor regularly. | child. |
| Does not attend medical appointments regularly. | Does not administer required medication to child as directed. |
| Does not use a capable/competent person to supervise the child in the caretaker's absence. | Does not provide the child with supervision appropriate to age/development. |
| Child is given responsibilities beyond his/her capabilities that are potentially dangerous (e.g., young child cooking, ironing, doing carpentry, climbing ladders, caring for infant). | Does not recognize or has little understanding of child's level of development and abilities for behaviors/tasks. |
| Caretaker's behaviors indicate an unwillingness or lack of interest in parenting. | Child's request for attention or affection is ignored or met with hostility. |
| Does not respond to an emergency situation involving the child. | Caretaker/adult knowingly places child at risk (e.g., leaves child with known perpetrator). |
| Caretaker's/adult's typical response to misbehavior is anger and harsh punishment (verbal or physical). | Regularly excludes child from family activities. |
| Provokes child to misbehave (e.g., caretaker/adult teases child to the point that child misbehaves). | Child(ren) appears to be scapegoated in family. |
| Does not establish clear boundaries, limits or consistent consequences. | Actions reflect desire to harm the child. |
| Does not demonstrate love, empathy, or sensitivity to child. | Predominately describes child in degrading or demeaning manner. |
| Only responds to child's negative behavior. | |

Family Functioning

The assessment of the family functioning elements is based on an examination of all members of the family, how they interact and impact one another and the family home environment.

Family Roles, Interactions, and Relationships

This element assesses each member's relationships and roles in the family that may increase the risk of the child being abused or neglected. The dynamics and quality of the relationships between the caretaker and child; child and other adults; child and siblings; and adults should be examined. Caseworkers should also assess the history of these interactions and how they impact family functioning.

Examples of Risk Contributors

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|---|---|
| Caretaker/adult projects blame for family problems onto the child. | Almost complete lack of interaction among family members. |
| Caretaker/adult denies any problem in the family and any ill effects these problems have on the child. | A member of the family demonstrates almost a total inability to form a relationship with other children/adults in the home. |
| Child's physical/cognitive/social development negatively impacts the other family members' relationships/roles. | Child's emotional/behavioral functioning negatively impacts the other family members' relationships/roles. |
| Caretaker's/adult's cognitive abilities negatively impact the other family members' relationships/roles. | Caretaker's/adult's physical health negatively impacts the other family members' relationships/roles. |
| Caretaker's/adult's domestic relations negatively impacts the other family members' relationships/roles. | Caretaker's/adult's substance use negatively impacts the other family members' relationships/roles. |
| Caretaker's/adult's response to stressors negatively impacts the other family members' relationships/roles. | Caretaker's/adult's parenting practices negatively impact the other family members' relationships/roles. |
| Caretaker's/adult's emotional/mental health negatively impacts the other family members' relationships/roles. | |

Resource Management and Household Maintenance

This element refers to the degree to which the family's income, economic resources, and home conditions may

increase the risk of the child being abused or neglected. This element refers to the financial resources available to the family to meet and maintain basic needs. The availability and utilization of familial or community services should be examined. An assessment of whether the family has the economic resources to meet the basic needs of the family, including shelter, utilities, food, medical care, and/or clothing should be completed. Additionally, the information regarding the family's living conditions should be included.

Examples of Risk Contributors

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| Housing is unsanitary, filthy, infested, a health hazard. | Exposed electrical wiring within reach of children. |
| Poor home conditions. | Piles of clothing, trash, boxes, or debris pose a fire hazard. |
| Family is homeless or moves frequently because they cannot afford to pay rent. | The physical structure of the house is unstable: holes in the floor, ceiling, and walls. |
| Excessive cockroaches, mice, rats, etc present in the home. | Caretaker's/adult's decision making regarding how to use available income impacts the ability to meet the basic needs of the child. |
| Family is frequently unable to provide for basic needs, such as food, clothing, utilities, and/or medical care. | Family is not eligible for needed community services to meet basic needs of the family. |
| Excessive garbage or rotted or spoiled food is not disposed in container. | Room covered with animal feces or urine. |
| Services needed by the family are available but unknown to the family. | Services/resources needed by the family are not available. |

Extended Family, Social and Community Connectedness

This element refers to the degree to which the dynamics, quality, and frequency of interactions the family has with extended family, friends, kin, and the community that may increase the risk of the child being abused or neglected. The assessment is to include an examination of the family's extended social support network. The assessment should identify whether familial, social and community connections exist, are available, are accessible and positively impact each family member. This element prompts the identification and assessment of familial activities, family and social connections, and cultural norms to determine how they influence identified risk contributors. Caseworkers should assess whether there is a history of stressful or conflictual interactions between family members and their social supports and how the conflict impacts the family system.

Examples of Risk Contributors

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|---|---|
| Does not utilize resources to assist with meeting the family's need for assistance with housing, utilities, transportation. | Unaware of local resources to assist with meeting the family's need for assistance with housing, utilities, transportation. |
| Lack of or has connections negatively impact the child's physical/cognitive/social development. | Lack of or has connections that negatively impact the child's emotional/behavioral functioning. |
| Lack of or has connections that negatively impact the adult's emotional/mental health. | Lack of or has connections that negatively impact the adult's physical health. |
| Lack of or has connections that negatively impact the adult's domestic relations. | Lack of or has connections that negatively impact the adult's substance use. |
| Lack of or has connections that negatively impact the adult's response to stressors. | Lack of or has connections that negatively impact the adult's parenting practices. |

Historical

The assessment of the historical elements explores the dynamic of the impact on the adults current functioning and risk to the child based on the adults past experiences.

Caretaker's Victimization of Other Children

This element assesses whether the caretaker and any other adults in the home have a history of victimizing children that may increase the risk of the child being abused or neglected. The caseworker should consider a review of all PCSA and law enforcement records, including any court intervention. The assessment should include the identification of any pattern of abusing children such as the age or gender of the child, specific types of maltreatment, and /or the relationship of the alleged perpetrator to the child's parent. Patterns of victimization should be identified within and outside of the children residing in the current household.

Examples of Risk Contributors

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| Caretaker's/adult's past involvement with law enforcement related to crimes against children. | Caretaker/adult has previously had an involuntary termination of parental rights of a biological child. |
| Caretaker/adult has been identified as an alleged perpetrator in previously substantiated report(s) of abuse/neglect. | Caretaker/adult has a pattern of receiving ongoing services by a child protective services agency. |

Caretaker's Abuse/Neglect as a Child

This element assesses the caretaker's/adult's history of abuse and/or neglect as a child that may increase the risk of the child being abused or neglected. The caseworker should consider how past victimization as a child influences the parental role and parenting practices and can be associated with risk contributors identified in the Adult Category and Family Category.

Examples of Risk Contributors

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| Caretaker/adult's childhood physical, sexual or emotional abuse or neglect is impacting cognitive abilities. | Caretaker/adult's childhood physical, sexual or emotional abuse or neglect is impacting physical health. |
| Caretaker/adult's childhood physical, sexual or emotional abuse or neglect is impacting emotional/mental health. | Caretaker/adult's childhood physical, sexual or emotional abuse or neglect is impacting domestic relations. |
| Caretaker/adult's childhood physical, sexual or emotional abuse or neglect is impacting substance use. | Caretaker/adult's childhood physical, sexual or emotional abuse or neglect is impacting response to stressors. |
| Caretaker/adult's childhood physical, sexual or emotional abuse or neglect is impacting parenting practices. | Caretaker/adult's childhood physical, sexual or emotional abuse or neglect is impacting physical family roles, interactions and relationships. |
| Caretaker/adult's childhood physical, sexual or emotional abuse or neglect is impacting resource management and household maintenance. | Caretaker/adult's childhood physical, sexual or emotional abuse or neglect is impacting extended family, social and community supports. |

Impact of Past Services

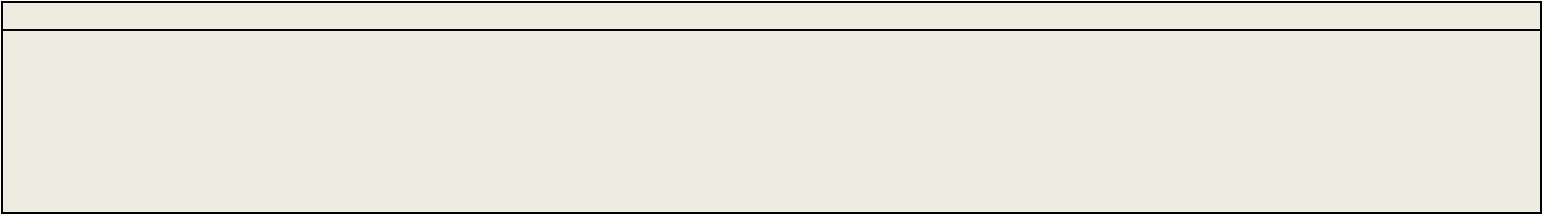
This element assesses the caretaker's/adult's utilization and effectiveness of past services that may increase the risk of the child being abused or neglected. The element considers all of the elements within the adult functioning category that are rated as risk contributors. The caseworker should assess if past parenting practices have been impacted by the past services received. Any behavioral change resulting from the service received should be identified.

Examples of Risk Contributors

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| Caretaker's/adult's are not willing to attend a needed service as a result of a prior negative experience. | Caretakers/adults have felt the need to utilize services but have not used a service. |
| Service providers have refused to provide services to the caretakers/adults as a result of non-compliance or over utilization. | Caretakers/adults have been resistive to receiving any assistance from community support/services. |
| The service available did not target the specified need of the caretaker's/adult's. | |

Assessment Notes

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Actuarial Risk Assessment

Family Risk Assessment of Abuse/Neglect [\(40\)](#)

The family risk assessment is an actuarial risk assessment tool completed as the assessment/investigation is ending and the decision to close the case or open it for ongoing PCSA services needs to be made.

The family risk assessment is a research-based tool intended to assist caseworkers identify how likely families are to maltreat or re-maltreat their children in the future. In CPS, there are thousands of pieces of information a caseworker can know about a family, but to estimate the likelihood of future maltreatment, the list of characteristics must be limited to those with a demonstrated relationship to actual case outcomes. The tool focuses on family characteristics that are likely to be available at the conclusion of an assessment/investigation. Finally, the tool incorporates as many concrete and easily observable characteristics as possible. This increases the reliability of the risk assessment.

Risk Assessment classifies families based on similar characteristics with families who have re-maltreated or not re-maltreated their children. Actuarial risk assessment tools differentiate cases with intensive, high, moderate, or low classification categories. The difference between risk levels is substantial. High risk families have significantly higher rates than low risk families of subsequent child abuse and/or neglect report and substantiation and are more often involved in serious abuse or neglect incidents. Research demonstrates targeting resources to families in the high and intensive risk categories significantly reduces their recidivism rates.

To complete the risk assessment, the caseworker will identify a primary caregiver and if applicable, a secondary caregiver. The primary caregiver is the adult (typically the parent) living in the household who has legal responsibility. When two adult caregivers are present and both have legal responsibility, select the one who provides the majority of child care. When two caregivers are present and only one has legal responsibility, select the one who is legally responsible for the children (even if they do not assume the most responsibility for child care). If this rule does not resolve the question, the legally responsible adult who was a perpetrator should be selected. Only one primary caregiver can be identified.

The secondary caregiver is defined as an adult living in the household who has routine responsibility for child care, but less than the primary caregiver. A paramour residing in the home may be a secondary caregiver even if he/she has minimal responsibility for care of the child(ren).

The risk scales are based on empirical studies of abuse and neglect cases that examine the relationships between family characteristics and the outcomes of subsequent confirmed abuse and neglect. The scales do not predict recurrence for a specific family, rather they estimate how likely it is that families with similar characteristics will have

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another abuse/neglect incident if no intervention is provided. One important result of these studies is the finding that a single instrument should not be used to assess risk of both abuse and neglect. Different family dynamics are present in abuse and neglect situations. Hence separate scales are used to assess the future likelihood of abuse or neglect. The caseworker must complete both the abuse scale and the neglect scale on every assessment/investigation when child abuse or neglect has been alleged.

The actuarial risk assessment is only completed when child abuse and/or neglect has been alleged. If the Family Assessment is being completed in response to a Dependency or a Family in Need of Services report, this section is not applicable. Furthermore, since most of the elements of each risk scale are contained within an assessment element in the Strengths and Needs Assessment, the rationales supporting the score for the risk assessment are provided within the appropriate Strengths and Needs Assessment element.

Neglect Scale

N1. Current Report is for Neglect.

Caseworker will indicate "Yes" if the current assessment/investigation is for neglect or both abuse and neglect. Include any problem under investigation not identified in the original report.

N2. Number of Prior Reports

Count all prior CA/N reports that were assessed/investigated, whether they were substantiated or not. Prior reports for any type of abuse or neglect, even if the perpetrator in prior reports no longer lives in the home or current caregiver(s) has had CA/N reports in another family should be included. CA/N reports which occurred in other counties or states should also be included. Caseworker will not include the current report.

N3. Number of Children in the Home

Count the number of individuals under 18 years of age (or under 21 if developmentally delayed or disabled) residing in the home at the time of the current report. If a child is removed as a result of the assessment/investigation or is on runaway status, the child should be counted as residing in the home.

N4. Number of Adults in the Home at the Time of Report

Count number of individuals 18 years of age or over residing in the home at the time of the current report. Any person 18-21 years old who is developmentally delayed and was counted as a "child" in the prior questions should be excluded.

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N5. Age of Primary Caregiver

Caseworker will determine the age of the primary caregiver at the time of the assessment/investigation.

N6. Characteristics of Either Caregiver - Check and add scores for each caregiver characteristic:

- a. Not applicable
- b. Parenting skills are major problem

This includes an inability or unwillingness to care for/supervise children, or uses excessive physical punishment resulting in significant bruises or injury or use of mechanical restraints; or deprives the child of basic needs as punishment; or minimal knowledge of child development and age-appropriate expectations for children, repeated use of disciplinary methods not appropriate for child's age; and/or fails to keep guns/weapons locked and inaccessible.

c. Mental Health Issue

The caseworker will examine whether the caregiver reports/displays chronic and/or extreme lack of confidence, self-doubt or disparagement, or is withdrawn. It includes whether a caregiver reports or appears overwhelmed to the point of not caring about self or children as evidenced by a recent substantial decline in hygiene, energy level and/or physical appearance (which is not related to illness or injury). It also includes other evidence of mental health problems. The caseworker will consider if the caregiver has been referred by a physician for a mental health evaluation or treatment.

N7. Either Caregiver Involved in Harmful Relationships

- a. No
- b. Yes, some problems, but no history of domestic violence

This includes adult relationships outside the home (e.g., friends involved in drug lifestyle or criminal activities) that are harmful to domestic functioning or child care, or harmful adult relationships inside the home no at the level of domestic violence. Current moderate level of marital or domestic discord that interferes with family functioning should be viewed as affirmative evidence. Lack of cooperation or communication between partners, open disagreements on how to handle child problems/discipline; or frequent and/or multiple live-in partners are also included in this scale.

- c. Yes, major domestic conflict and/or domestic violence

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A relationship characterized by domestic conflicts, often involving physical violence, that require intervention by police, family or others would be included in this scale. Either caregiver has a history of domestic violence defined as adult mistreatment of one another, as evidenced by hitting, slapping, yelling, berating, verbal/physical abuse, physical fighting (with or without injury; with or without weapon), continuing threats, intimidation, frequent separation/reconciliation, involvement in law enforcement and/or domestic violence programs, restraining orders or criminal complaints all would be included in this scale. Chronic serious arguments and disagreements between caregivers and/or other adults in the household or little communication, support or attachment between caregivers are also examples of this scale.

N8. Either Caregiver has a Current Substance Abuse Problem

This includes a current alcohol/drug abuse problem as evidenced by substance abuse causing the CA/N report, ongoing conflict in the home, extreme behavior, financial difficulties, frequent illnesses, job absenteeism, job changes or unemployment, or driving under the influence, traffic violations, criminal arrests, or life organized around substance use. Substance use in and of itself should not be considered a problem unless there have been negative consequences.

N9. Household is Experiencing Severe Financial Difficulty

Determine if family cannot consistently pay for one or more basic household necessities (rent, heat, light, food, and clothing). This includes whether the lack of income or household not living within its means is due to the caregiver's actions. Homeless families should be scored "yes."

N10. Primary Caregiver's Motivation to Improve Parenting Skills

The caseworker assesses the primary caregiver's motivation to improve parenting skills by observing the primary caregiver's response to a tentative service plan or offers of agency assistance made during the investigation. The assessment should be based on the caregiver's motivation at the end of the assessment/investigation period.

a. Motivated and realistic

No need to improve parenting skills has been identified or there is a need and the primary caregiver is willing and able to work with the agency.

b. Unmotivated

The primary caregiver is able, but has not demonstrated a willingness to address issues with parenting skills.

c. Motivated but unrealistic

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The primary caregiver is willing to make agreed upon changes but his/her physical, intellectual, or mental ability precludes making the changes.

N11. Caregiver(s) Response to Investigation and Seriousness of Complaint

The caseworker should base the response on the caregiver who is the least cooperative or whose attitude is least consistent with the seriousness of the allegation. Assessment should be based on the caregiver's overall response at the end of the assessment/investigation period.

- a. Attitude consistent with seriousness of allegation and complied satisfactorily

To make this choice, a single caregiver or both show a level of concern that is consistent with the nature of the allegation. The caregiver's focus is on the well-being of the children and he/she comply by answering questions, making the child(ren) available, making safety plans for the child(ren), etc.

- b. Attitude not consistent with seriousness of allegation (minimizes)

Either caregiver views the allegation less seriously than warranted or minimizes the level of harm to the child(ren) is an example of this scale.

- c. Failed to comply satisfactorily

Either caregiver refuses involvement in the assessment/investigation and/or refuses access to the child(ren) during the assessment/investigation, etc. would be examples of this scale.

- d. Both b and c

Either caregiver has an attitude that is not consistent with seriousness of the allegation and did not cooperate during the investigation would be included in this scale.

Abuse Scale

A1. Current Report is for Physical or Emotional Abuse

The caseworker would mark "Yes" if the current report is for physical or emotional abuse or both physical/emotional abuse and neglect. This includes any problem under investigation not identified in the report.

A2. Prior Abuse Reports

This includes all reports, substantiated or not, assigned for assessment/investigation for any type of abuse prior to the current assessment/investigation, even if the alleged

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perpetrator on prior reports no longer lives in the home or even if the current caregiver(s) has had a CA/N report in another family.

A3. Prior Child Protective Services (CPS) Service History

Consider whether a family received CPS or foster care services as a result of a prior report of abuse and/or neglect.

A4. Number of Children in the Home

Include the number of individuals under 18 years of age (or under 21 if developmentally delayed or disabled) residing in the home at the time of the current report. If a child is removed as a result of the assessment/investigation or is on runaway status, the child should be counted as residing in the home.

A5. Either Caregiver Abused as Child(ren)

Based on agency records and credible statements by the caregiver(s) or others, either or both caregivers were abused as children. Abuse includes physical, sexual and other types of abuse (exclude neglect).

A6. Secondary Caregiver has a Current Substance Abuse Problem

Assess whether the secondary caregiver has a current alcohol/drug abuse problem as evidenced by use causing CA/N report, frequent conflict in home, extreme behavior, financial difficulties, frequent illnesses, job absenteeism, job changes or unemployment, or driving under the influence, traffic violations, criminal arrests, or life organized around substance use.

If responding "Yes" to this scale, check all that apply, but there is only one score.

A7. Either Caregiver has History of Domestic Violence

The caseworker considers whether either caregiver has a history of domestic violence- as a perpetrator or victim- defined as adult mistreatment of one another, evidenced by hitting, slapping, yelling, threats, intimidation, ultimatums, frequent separation/reconciliation, involvement of law enforcement and/or domestic violence programs, restraining orders or criminal complaints.

A8. Either Caregiver has Major Parenting Skills Problem (Uses excessive discipline, over-controlling parenting skills)

The caseworker assesses whether either caregiver employs excessive and/or inappropriate disciplinary practices to punish children in the home. The circumstances of the current incident and past practices may be considered. Examples of excessive or inappropriate disciplinary practices may include discipline that routinely involves use of

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an instrument (belt, board, etc.) that results in marks, bruises, contusions, etc.; restraining a child with rope, duct tape, or other mechanical means; denial of food or other necessities as punishment; or use of disciplinary practices that are inappropriate given the child's age or development.

Assess whether either caregiver over-controls children, as evidenced by unreasonable and/or excessive rules, being overly demanding or overbearing; overreaction, or berating/demeaning responses to relatively minor infractions. Over-controlling parents may be referred to as tyrannical: they use cruel and unjust power and authority. Parents who are simply strict and firm in their disciplinary practices should not be considered over-controlling.

Assess whether the caregiver's inability or unwillingness to care for/supervise children, or use of excessive physical punishment results in significant bruises or injury or use of mechanical restraints; or whether the caregiver deprives child of basic needs as punishment; or whether the caregiver has minimal knowledge of child development and age-appropriate expectations for children and repeatedly uses disciplinary methods not appropriate for child's age; and whether the caregiver fails to keep guns/weapons locked and inaccessible.

A9. Child in the Home has Special Needs or History of Delinquency

(Caseworker scores 1 if either special needs or history of delinquency exist or if both exist)

a. No

No history of either.

b. Yes- Special Needs

There is evidence that a child has a special need including serious medical conditions, mental retardation, attention deficit disorder, learning disability, conduct disorder or other diagnosed psychological/psychiatric disorder.

Yes- History of Delinquency

Any child has been arrested and/or referred to juvenile court for delinquent or status offenses (truancy, runaway, incorrigible). Offenses not brought to court attention but which create within the household should also be scored here (e.g., drug or alcohol problems). If yes, check appropriate boxes.

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Actual Risk Level

The actuarial risk level is determined by scoring each of the scales, totaling the score, and taking the highest level from either the abuse or neglect scale. Using the following matrix, the caseworker will determine the family's scored risk level, called the actual risk level.

| Neglect Score | Abuse Score | Risk Level |
|---------------|-------------|------------|
| 0-3 | 0-2 | Low |
| 4-5 | 3-4 | Moderate |
| 6-9 | 5-7 | High |
| 10-17 | 8-12 | Intensive |

Policy Overrides

After completing the risk scales, the caseworker determines if any of the policy overrides are applicable. Policy overrides reflect the presence of an active voluntary in-home or out-of-home safety plan, non-accidental physical injury to any age child requiring medical treatment and child vulnerability concerns. These policy overrides have been determined to be case situations that warrant the highest level of service from the PCSA regardless of the risk scale score. If any policy overrides apply, the final risk level is increased to intensive. If no policy overrides apply, the final risk level is the higher of the two scored risk levels (the actual risk level).

Policy overrides are as follows:

1. An in-home or out-of-home safety plan is still active.

An active in-home or out-of-home safety plan reflects that active safety threats still exist in the family and without a controlling intervention, there would be a high likelihood of serious harm to a child. Because the only intervention to ensure child safety is by a voluntary agreement with the family, it is imperative that the PCSA provide the family with the highest level of PCSA service. This policy override does not include legally authorized out-of-home placement safety plans (children in substitute care or in custody of a relative) because the safety plan involves a legal transfer of custody away from the parent, guardian, or custodian.

2. Non-accidental physical injury to any age child requiring medical treatment.

Such injuries might include, but are not limited to: brain damage, skull or bone fractures, dislocations, sprains, internal injury, poisoning, burns, scalds, severe cuts, suffocating, gun shot wound, bruises, welts, bite marks, choke marks, etc. which seriously impair the health and/or well-being of the child and require medical treatment.

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3. Death (previous or current) of a caregiver's child or any other child in their care as a result of abuse or neglect.

An example may include a mother who had a child die from shaken baby syndrome and has given birth to another child. Risk is considered intensive in this case. Another example may include a mother who is babysitting her neighbor's child. Mother abuses the neighbor's child resulting in death of that child. Risk is now considered intensive for the mother's own children in her care.

4. Sexual abuse cases where the alleged perpetrator is likely to have immediate access to the child victim.

When considering "immediate access," the caseworker will determine if a non-offending caregiver is available and whether the caregiver demonstrates the ability and willingness to protect the child from any unsupervised contact with or by the alleged perpetrator. No policy override applies if the alleged perpetrator's access to the child is restricted. The policy override only applies if the non-offending caregiver demonstrates questionable willingness and ability to protect the child.

5. Cases with non-accidental physical injury to an infant.

Infant is defined as ages 0-12 months. Non-accidental injuries include, but are not limited to: bruises, bites, burns, and other such injuries. While these types of injuries may not require medical attention/treatment, in this case these injuries are considered very serious. Families with infants who sustain such injuries are considered intensive risk in part because the children cannot talk, defend, or otherwise protect themselves.

6. Positive toxicology screen of child at birth.

A positive toxicology screen (any drug, including alcohol) of a child at birth indicates that the mother used drugs and/or alcohol during the later portion of her pregnancy. Risk in this case is intensive as the mother's possible continued drug use may have a negative impact on her ability to provide for her newborn baby's basic needs.

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Service Review

Risk Reassessment Scale of Abuse/Neglect (51)

The risk reassessment is designed to primarily inform whether the risk of future maltreatment has been reduced, increased, or remained the same following the provision of services or changing circumstances within the family. Risk reassessment also assists in making decisions regarding child permanency planning and service provision.

A risk reassessment is completed on all cases in which an initial risk assessment has been completed. A risk reassessment will not be completed on non-child abuse and/or neglect cases (e.g., Dependency, Unruly/Delinquent).

While the initial risk assessment has separate scales for abuse and neglect, there is only one scale for risk reassessment. The focus at reassessment is the impact of services provided to the family during the period assessed and/or on whether certain events in the family have occurred since the last assessment. The first four (4) items are those strongly related to the probability of subsequent abuse and/or neglect and generally do not change from the initial assessment. The next four (4) items are also strongly related to the probability of subsequent abuse/neglect, but they relate to events that did or did not occur since the last assessment. The final two (2) assessment items specifically relate to the caregiver's progress in relation to the case plan, including participation in services and the extent to which those services have had an impact on problematic behaviors/conditions.

Risk Reassessment Scale of Abuse/Neglect

R1. Number of Prior Reports

Count all reports that were investigated whether substantiated or not. Include investigations for any type of abuse and/or neglect prior to the investigation that led to the current case opening. Do not include the current abuse and/or neglect report if the risk reassessment is being completed due to a subsequent report.

R2. 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 investigation. If a child had been removed as a result of the investigation or was on runaway status, count the child as residing in the home.

R3. Number of Adults in the Home

Number of individuals 18 years of age or over residing in the home at time of the most recent referral. (Exclude here any person 18-21 who is developmentally delayed and was counted as a "child" in the prior question.)

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R4. Current Age of Primary Caregiver

The current age of the primary caregiver (as of the reassessment date).

R5. Either Caregiver Currently has Major Parenting Skills Problems

(a) No- none of the following conditions exist.

(b) Yes- score this item as a "yes" if any of the following circumstances exist:

1. Either caregiver currently uses **excessive and/or inappropriate disciplinary practices** to punish children in the home. Examples include discipline that routinely involves use of an instrument (belt, board, etc.) that results in marks, bruises, contusions, etc.; restraining child with rope, duct tape, or other mechanical means; denial of food or other necessities as punishment; or use of disciplinary practices that are inappropriate given the child's age or development.
2. Either caregiver **over-controls** child(ren) evidenced by unreasonable and/or excessive rules, being overly demanding or overbearing; overreaction and/or berating/demeaning responses to relatively minor infractions. Over-controlling parents may be referred to as tyrannical; they use cruel and unjust power and authority. Parents who are simply strict and firm in their disciplinary practices should not be considered over-controlling.
3. Either caregiver is unable or unwilling to care for/supervise children, or has minimal knowledge of child development and age-appropriate expectations for children, or repeatedly uses disciplinary methods not appropriate to child's age; or fails to keep guns/weapons locked and inaccessible.

If major parenting skills problems previously identified as a risk factor, and the child(ren) have been out of the home since the last assessment, and all visitation has been supervised, and treatment providers report no change in behavior associated with the poor parenting skills, consider the problem to be currently present.

R6. Either Caregiver is Currently Involved in Harmful Relationships

(a) No, none of the following circumstances currently exist.

(b) Yes, some or major problems, and/or domestic violence- score this item as a "yes" if:

1. Adult relationships outside the home (e.g., friends involved in drug lifestyle or criminal activities) are harmful to domestic functioning or child care .

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2. Harmful adult relationships inside the home are characterized by a currently moderate level of marital or domestic discord that interferes with family functioning. This may include lack of cooperation or communication between partners, open disagreements on how to handle child problems/discipline; or frequent and/or multiple live-in partners.

Also score this item as "yes" if there are major problems with adult relationships in the home or any domestic violence. This includes a relationship currently characterized by domestic conflicts, which may involve physical violence, that require intervention by police, family or others. Either caregiver is currently involved in domestic violence defined as adult mistreatment of one another, evidenced by hitting, slapping, yelling, berating, verbal/physical abuse, physical fighting (with or without injury; with or without weapon), continuing threats, intimidation, ultimatum, frequent separation/reconciliation, involvement of law enforcement and/or domestic violence programs, restraining orders or criminal complaints. Chronic or serious arguments and disagreements between caregivers and/or other adults in the household are occurring. Little communication, support or attachment between caregivers exists. There are few positive interactions.

R7. Either Caregiver has a Current Substance Abuse Problem

Caregiver(s) has a current problem of alcohol/drug abuse, evidenced by substance use causing:

- a new child abuse and/or neglect report;
- conflict at home;
- problems providing appropriate care for children;
- extreme behaviors/attitudes;
- financial difficulties;
- frequent illness;
- job absenteeism, job changes, or unemployment;
- driving under the influence, traffic violations, or 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 (may currently be in aftercare) and shows no evidence of current problem.
- b.) Yes- either or both caregivers abuse alcohol and/or other drugs, as defined above. This includes persons currently in substance abuse treatment programs and those in aftercare who show evidence of relapse.
- c.) 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).

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R8. New Reports of Abuse/Neglect Since Last Assessment

Rate this item based on whether reports, alleging abuse or neglect, have been received since the last risk assessment.

a.) No, referral was screened out or report was unsubstantiated.

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No reports have been received since the last risk assessment, or a referral was screened out or a report was unsubstantiated.

- b.) Yes, a new report was received since the last risk assessment and it was substantiated or indicated.

R9. Primary Caregiver's Progress Toward Case Plan Goals

Rate this item based on the primary caregiver's participation in the case plan and whether he/she is mastering skills learned from participation in program(s).

- a) Successfully completed all programs recommended or actively participating in programs; pursuing objectives detailed in case plan; observations/reports show caregiver's application of learned skills in interactions between child(ren) and caregiver, caregiver to caregiver, and caregiver to significant adult(s) or self-care, home maintenance, financial management, or mastery of skills toward reaching the behavioral objectives agreed upon in the case plan.
- b) Moderate participation in pursuing objectives in case plan- The caregiver is participating in services, has made progress, but is not fully complying with the objectives in the case plan. Or, caregiver willing to participate in services, but the services are not available.
- c) Minimal participation or refuses involvement or failed to comply/participate as required- The caregiver refuses services, sporadically follows the case plan or is not demonstrating the necessary skills due to a failure or inability to participate.

R10. Secondary Caregiver's Progress Toward Case Plan Goals

Rate this item based on the secondary caregiver's participation in the case plan and whether he/she is mastering the skills learned from participation in program(s).

- a) Not applicable, only one caregiver in the home. There is no secondary caregiver in the home. **Check line next to a.)**
- b) Successfully completed all programs recommended or actively participating in programs; pursuing objectives detailed in case plans; observation/reports show caregiver's application of learned skills in interaction(s) between child(ren)/caregiver, caregiver to caregiver, and caregiver to other significant adult(s); or self-care, home maintenance, financial maintenance, or mastery of skills toward reaching the behavioral objectives agreed upon in the case plan. **Check line next to b.)**

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- c) Moderate participation in pursuing objectives in the case plan- The caregiver is participating in services, has made progress but is not fully complying with the objectives in the case plan. Or, the caregiver is willing to participate in services, but the services are not available.

- d) Minimal participation or refuses involvement in programs or failed to comply/participate as required. The caregiver refuses services, sporadically follows the case plan or is not demonstrating the necessary skills due to a failure or inability to participate.

Actual Risk Level

The actual risk level is determined by scoring each item and totaling the score. Using the following matrix, the caseworker will determine the family's scored risk level.

| Score | Risk Level |
|----------------|-------------------|
| 0 - 3 | Low |
| 4 - 7 | Moderate |
| 8 - 12 | High |
| 13 - 22 | Intensive |

Policy Overrides

After completing the risk scale, the caseworker then determines whether or not any of the policy override reasons exist. Policy overrides have been determined to be case situations that warrant the highest level of service from a PCSA agency regardless of the risk scale score at the initial assessment or any reassessments. If any policy override reasons exist, the risk level is increased to intensive. Note that the conditions associated with the policy overrides must have occurred during the reassessment period. That is, just because a policy override was applied at the initial assessment, which does not automatically mean that it will be applied now. A policy override is only used at reassessment if the event occurred since the last assessment.

Definitions of the policy overrides can be found in the Family Assessment section of this manual.

Discretionary/Optional Overrides

The caseworker determines whether or not any discretionary/optional override reasons exist. At risk reassessment, a discretionary/optional override may be applied to **increase or decrease the risk level by one level** in any case where the caseworker believes information obtained supports the risk level set by the scales as being too low or too high. All overrides must be approved in writing by the supervisor. If the override is to increase the risk level, approval from additional managers may be required per agency policy.

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Final Risk Level

The final risk level is the risk level with any policy or discretionary/optional overrides applied. If no policy or discretionary/optional overrides were implemented, the scored risk level will be the same as the final risk level.

Case Status

The case status is the determination of whether the agency should continue to provide services to the family. It is based upon the information obtained through the review of safety and case plan, the update of strengths and needs assessment, and the reassessment of risk.

If the **family continues to be in need of agency services**, the caseworker will indicate the type of agency services: in-home supportive services, protective supervision, or out-of-home placement.

If the agency plans to **terminate services**, the caseworker will indicate the reason why agency services will be terminated. These reasons include: family is no longer in need of agency services; services are terminated against agency recommendations; and family refused agency services and/or court petition denied.

The caseworker will also provide a description to support the case status selected above. The description will include a discussion as to how the risk reassessment, safety review, family perception, case progress review (including strengths and needs summary), and services review informs change readiness in the family, permanency planning, and service provision.

If the **case is being closed**, the caseworker will provide a summary justifying case closure.